

MEMORANDUM

To: Rep. Janet Ancel and Sen. Timothy Ashe, Health Reform Oversight Committee

From: Lawrence Miller, Senior Advisor, Chief of Health Care Reform, Agency of Administration

Cc: Harry Chen, Interim Secretary, Agency of Human Services
Robin Lunge, Director of Health Care Reform, Agency of Administration
Stephanie Beck, Health and Human Services Enterprise Program Director, Agency of Human Services

Date: September 29, 2014

Re: Request for Additional Information about the Health & Human Services Enterprise

Below are responses to the specific request for information you made via email on September 22, 2014. This information follows the outline you provided. Please contact me directly if you have additional questions.

1. Original projected completion date

Integrated Eligibility

The Integrated Eligibility project is expected to roll-out in two phases. The first will involve health projects – integration of access remediation, common services and general health care programs – and will align with the 2015 enhanced funding deadline. The second phase will add integration of additional human service programs and access remediation that is not health care-related.

Medicaid Management Information System (MMIS)

The MMIS project is separated into three distinct areas –Pharmacy Benefit Management, Care Management, and Core Operations (contact center, data analysis, finance and reporting and payments).

Pharmacy Benefit Management (PBM) is projected to go-live in January 2015. Care Management is expected to go-live in 2015 starting with the release of the Chronic Care Initiative and followed by additional releases to support up to 17 other programs. The contact center portion of Core Operations is slated to go-live in July 2015 and the remainder of the functionality will be rolled-out in succession beginning January 2017.

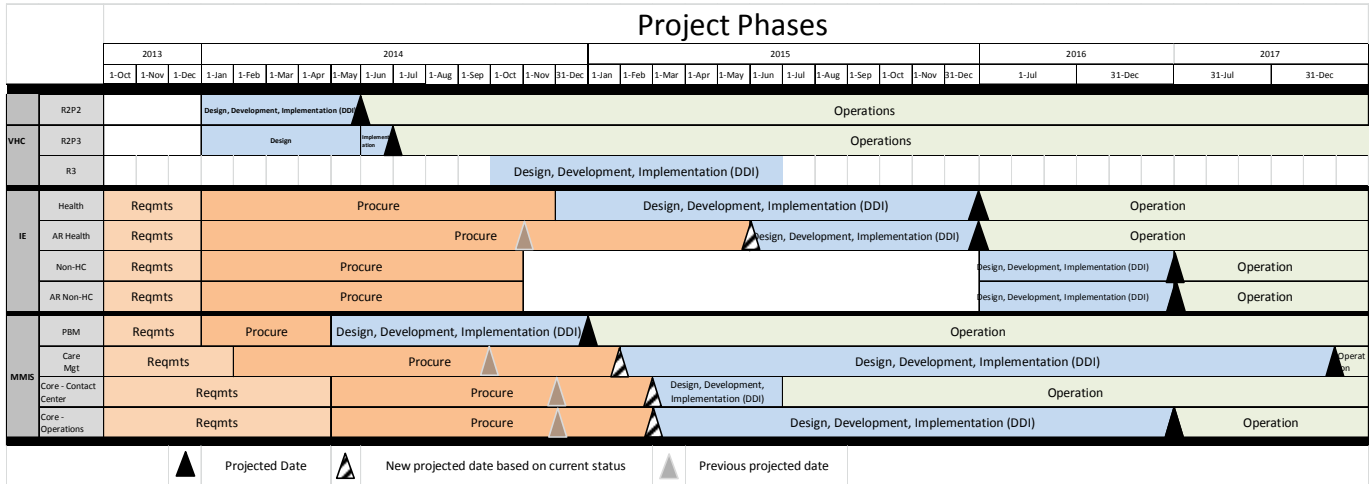
Health Information Exchange

The Health Information Exchange (HIE) is a large program consisting of many projects/ solutions. Some have operated for many years, others are in development, and others are in early planning stages. Major components of the HIE Program are owned and operated by private organizations external to the State of Vermont, such as Vermont Information Technology Leaders (VITL) and many health care providers, who are directly responsible for project development and completion.

Vermont Health Connect

Vermont Health Connect was projected to go-live on October 1, 2013, which it did. The current Vermont Health Connect system allows customers to compare plans, find out if they are eligible for Medicaid or financial help and enroll. The web-based portion of the system is temporarily unavailable and will return prior to the next open enrollment period which begins on November 15, 2014. There are various aspects of the system that are under development or are currently being improved including self-automated change of circumstance functionality.

2. Current projected completion date



Vermont Health Connect – VHC **Integrated Eligibility – IE**

Integrated Eligibility

Currently, federally enhanced funding for health care aspects are only available until the end of 2015. We are looking to capitalize on this funding to the fullest extent possible, beginning with health care programs first and following with the remaining human services. This deadline is expected to be extended. If so, the project phases will be reviewed and the first phase likely extended.

MMIS

See above.

Vermont Health Connect

Vermont Health Connect will continue to be modified and improved through the entirety of its existence. However, it is expected that development of the major components of the system will be completed after open the “code freeze” for open enrollment. Day-to-day operations, such as call center support, will be ongoing.

3. Original project budget & 5. Original contribution to project expected to come from state funds

The budget below is from the submission on May 4, 2012. The budget below does not represent actual spending. At the time of submission, the Exchange was in the process of applying for and receiving additional grant funds. All states were asked to apply for funding at various stages of work and are mandated to report on progress and allocation of funds.

	CMS-MMIS	CMS-E&E	CMS-HITECH	Exchange Grants	VT HIT Fund	Total
Enterprise (Platform/PMO)	\$ 12,511,858	\$ 12,511,858	\$ 641,970	\$ 73,250,441	\$ -	\$ 98,916,127
VHC	\$ -	\$ -	\$ -	\$ 14,993,450	\$ -	\$ 14,993,450
VHC E&E / IE	\$ -	\$ 8,958,702	\$ -	\$ 25,568,335	\$ -	\$ 34,527,037
MMIS	\$ 112,180,900	\$ -	\$ -	\$ -	\$ -	\$ 112,180,900
HIT/HIE	\$ -	\$ -	\$ 10,786,898	\$ -	\$ 4,507,358	\$ 15,294,256
Total Gross	\$ 124,692,758	\$ 21,470,560	\$ 11,428,868	\$ 113,812,227	\$ 4,507,358	\$ 275,911,770
Federal Subtotal	\$ 112,223,482	\$ 19,323,504	\$ 10,285,981	\$ 113,812,227		\$ 255,645,193
State Subtotal	\$ 12,469,276	\$ 2,147,056	\$ 1,142,887		\$ 4,507,358	\$ 20,266,577

Qs 3 & 5: HSE-APD 2.0 (budget as submitted 10/1/2013)

	CMS-MMIS	CMS-E&E	CMS-HITECH	Exchange Grants	VT HIT Fund	Total
Enterprise (Platform/PMO)	\$ 18,023,897	\$ 18,740,854	\$ 1,849,815	\$ 54,212,080		\$ 92,826,646
VHC				\$ 111,677,795		\$ 111,677,795
VHC E&E / IE		\$ 47,548,771		\$ 5,751,205		\$ 53,299,976
MMIS	\$ 86,072,589					\$ 86,072,589
HIT/HIE	\$ 500,000		\$ 17,599,249		\$ 4,507,358	\$ 22,606,607
Total Gross	\$ 104,596,486	\$ 66,289,625	\$ 19,449,064	\$ 171,641,081	\$ 4,507,358	\$ 366,483,613
Federal Subtotal	\$ 94,136,837	\$ 59,660,662	\$ 17,504,158	\$ 171,641,081		\$ 342,942,738
State Subtotal	\$ 10,459,649	\$ 6,628,962	\$ 1,944,906		\$ 4,507,358	\$ 23,540,875

4. Current project budget & 6. Current contribution to project expected to come from state funds

The budget below was submitted to the Center for Medicare & Medicaid Services (CMS) on August 1, 2014 and has not yet been approved. The State is currently working with CMS to finalize budget figures. The budget below does not represent actual spending and is in draft form.

	CMS-MMIS	CMS-E&E	CMS-HITECH	Exchange Grants	VT HIT Fund	Total
Enterprise (Platform/PMO)	\$ 22,869,802	\$ 22,104,098		\$ 46,831,080		\$ 91,804,980
VHC		\$ 4,037,175		\$ 124,188,074		\$ 128,225,249
VHC E&E / IE		\$ 74,387,428		\$ 4,970,931		\$ 79,358,359
MMIS	\$ 100,283,650					\$ 100,283,650
SMHP (HIT/HIE)	\$ 1,539,306		\$ 15,403,978		\$ 4,507,358	\$ 21,450,642
Total Gross	\$ 124,692,758	\$ 100,528,701	\$ 15,403,978	\$ 175,990,086	\$ 4,507,358	\$ 421,122,881
Federal Subtotal	\$ 112,223,482	\$ 90,475,831	\$ 13,863,580	\$ 175,990,086		\$ 392,552,979
State Subtotal	\$ 12,469,276	\$ 10,052,870	\$ 1,540,398		\$ 4,507,358	\$ 28,569,902

7. Any substantive changes in how the product will perform for Vermont

The Agency's Health and Human Services Enterprise (HSE) is Vermont's next generation of coordinated, integrated and more cost-effective health and human services capabilities. Connecting information and promoting collaboration in a service-oriented, person-centric environment, it will result in improved access to health care and

delivery of human services programs available from the State. This in turn will yield better outcomes for Vermonters.

This fall, Vermont Health Connect will begin to accommodate plan renewals through non-automated functionality. In the next year, the usability of the site will continue to be improved and additional resources will be offered to customers to aid in their plan selection and use. The small business marketplace and self-automated change of circumstance functionality will be deployed in 2015, after open enrollment.

Additionally, with the growing need for the exchange of and access to clinical data in Vermont health care system, the HIE Program is now working on aligning its efforts with VITL, the provider population, and other entities to define a clear vision for HIE for 2019 and beyond. The HIE Program expects that a majority of clinical and social services data will be interoperable and accessible in an accurate, up-to-date state by July 2019. There are plans in place to implement more rigorous program and project management principles and processes to ensure a greater likelihood of success of future developments.

8. Current Administration view of how the project relates to a statewide unified, universal health care system.

Health & Human Services Enterprise projects will proceed on timelines that are most likely to result in successful implementation within CMS approved budgets. The functions of the HSE go far beyond delivery of universal coverage, and neither should be dependent upon the other. Long term efficiencies will be gained by maximizing use of the HSE platform, but having a transition that is operationally sound is critical and at this time it would be imprudent to plan on availability of the new MMIS systems for implementation of Green Mountain Care.