

Operating FY15, FY16 Total 5 Year Costs As Reported to DII

4/9/15 testimony by Richard Boes

| Department | Title | Application Description | Reason for Increase | SOV FY15 Operating | Non State FY15 Operating | SOV FY16 Operating | Non State FY16 Operating | Total Five Year Operating Cost |
|----------------------------|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------|--------------------------|--------------------|--------------------------|--------------------------------|
| Aging & Independent Living | DAIL DVR/ DBVI Case Management System | Development and implementation of a comprehensive and integrated case management system that replaces multiple systems that are on limited functionality platforms and have no inter-connectivity capabilities. This new CMS will satisfy the needs of both managers and front-line staff and assure DVR and DBVI meet all Federal requirements for a modern platform case management system and reporting mandates. System will have expansion capabilities to incorporate data and reporting needs for future programs. | Not reported to DII. | \$ - | \$ - | \$ 39,135 | \$ 147,222 | \$ 745,428 |
| Aging & Independent Living | DAIL Harmony for APS Information system | A vendor hosted SaaS solution that provides one system to manage statewide caseload from initial intake to final notification. The system supplies accurate data collection and reporting, improved quality management and a streamlines work process | Hosted solution - usage increase for services | \$ - | \$ 66,250 | \$ - | \$ 71,500 | \$ 363,265 |
| Aging & Independent Living | DAIL Harmony SAMS Information Management System | Harmony for Aging and Adult Services SAMS Case Management is a comprehensive integrated case management system that enables DAIL to share and manage all consumers in a single, secure database across the state, including local agencies and providers. Purpose-built to help DAIL and providers better manage Medicaid waivers and Older Americans Act-funded programs as well as services funded by grants and local funds. SAMS Case Management supports the full service delivery life cycle—from initial inquiry or referral to assessment, service delivery, and reporting—and provides care managers the tools they need to efficiently serve consumers, no matter what type of care they are receiving. | Hosted solution - usage increase for services | \$ - | \$ 61,950 | \$ - | \$ 65,050 | \$ 338,730 |
| Aging & Independent Living | DAIL Video Conferencing - DVR Pilot Project | An assessment will be done to assist AHS in defining a video conferencing platform that is sustainable, extendable and provides superior user experience for B2B and B2C video collaboration. DAIL will be the pilot for this initiative | To accomodate rise in rates/additional licensing | \$ - | \$ 16,036 | \$ - | \$ 16,837 | \$ 69,115 |
| AHS Central Office | AHS Cost Allocation Services | Replace aging system current written in Microsoft Access and seek advice and assistance federal regulations on cost allocation plans. The current system is functional. A major reason for issuing an RFP at this time is that we have had a sole source contract since 2005 and we are putting it to bid to be compliant with Bulletin 3.5. Additionally a web-hosted solution would allow the vendor to make updates easily. At present, an update to the Access program requires that a CD or USB drive be brought or mailed to/from the vendor in Boston. The funding is spread via Admin Fund across benefitting state and federal sources throughout AHS. | Not reported to DII. | \$ - | \$ - | \$ 9,288 | \$ 12,312 | \$ 86,400 |

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| AHS Central Office | AHS IFS - Case Review Committee (CRC) | Currently this group is made up of DMH/DCF/DVHA/DOE and external partners that review and recommend residential placements for children and youths. This group relies on binders to track the necessary information, each week these binders are carted to an off site meeting to review the cases. The goal is to create a system that will integrate or be replaced by the larger IFS solution. The system will track information necessary for the CRC group to determine residential placements as well as the referrals and placements that are the outcome of their meetings. | | \$ - | \$ - | \$ - | \$ - | \$ - |
| AHS Central Office | AHS/DII ITOP | The SOV's goal is to begin to leverage Infrastructure/Virtualization technology so we can gain the most efficiency out of this technology. By establishing core infrastructure and virtualization environments with in designated SOV data centers, we can fully utilize central storage, failover and disaster recovery practices. Virtualization is the practice of running multiple independent operating systems and applications on a single physical computer. Instead of buying one server for every application, multiple applications can be run on a single server. | | \$ 271,992 | \$ 271,992 | \$ 270,816 | \$ 270,816 | \$ 2,168,881 |
| Children & Family Services | DCF FSD Results Oriented Management (ROM) Reporting Tool | A Results Oriented Management (ROM) Reporting Tool is needed to allow end users to create and run reports easily in order to assist in making improvements in practice as part of the Vermont's Continuous Quality Improvement efforts in FSD based on Federal requirements. | New System, no previous operating | \$ - | \$ - | \$ - | \$ 46,320 | \$ 185,280 |
| Children & Family Services | AHS Video Conferencing | An assessment will be done to assist AHS in defining a video conferencing platform that is sustainable, extendable and provides superior user experience for B2B and B2C video collaboration. DCF would like to become part of this effort as it moves into an AHS Enterprise level project. | Not reported to DII. | \$ - | \$ - | \$ 30,000 | \$ - | \$ 90,000 |
| Children & Family Services | DCF FSDNet Maintenance | Annual maintenance for Family Services' Online Case Tracking Web application; Automated Case Notes; Child Abuse and Neglect Intake and Approval System. | | \$ - | \$ 15,000 | \$ - | \$ 15,000 | \$ 75,000 |
| Children & Family Services | DCF Juvenile Sealing of Records | (In House project) FSD needs an automated way to know which records have been sealed and when, and that information needs to create flags in other parts of the system ? master index, supervisory track form, case notes ? to reduce the likelihood that staff will inappropriate share information from a record that has been sealed. | | \$ - | \$ 10,000 | \$ - | \$ 10,000 | \$ 30,000 |
| Children & Family Services | DCF BFIS Maintenance | CDD Child Care licensing and Regulatory System | | \$ 50,000 | \$ - | \$ 50,000 | \$ - | \$ 250,000 |
| Children & Family Services | DCF ACCESS (Mainframe) Maintenance | Ongoing maintenance for Mainframe ACCESS. | | \$ 256,000 | \$ - | \$ 256,000 | \$ - | \$ 1,280,000 |
| Children & Family Services | DCF GAC | Annual Maintenance of Grant and Contract routing workflow system | | \$ 5,000 | \$ - | \$ 5,000 | \$ - | \$ 25,000 |
| Children & Family Services | DCF BFIS System Modifications | Enhance the way BFIS works for the CDD staff. Improve BFIS in ways which will provide more efficient processes for the administration of childcare in Vermont. | | \$ - | \$ - | \$ - | \$ - | \$ - |
| Children & Family Services | DCF Childrens Integrated Services Data System | Children's Integrated Services is seeking an interim data management solution to retain current business processes of data capture and reporting while preparing for eventual conversion into the MMIS Care Management solution. | | \$ 12,048 | \$ 228,918 | \$ 12,048 | \$ 228,918 | \$ 1,219,830 |

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| Children & Family Services | DCF ESD Business Process Re-Engineering (PATHOS) | Business process change to automate a new way of managing the work in the district offices. The purpose is to work the case using first contact resolution. CIA (Changes and Innovation Agency) tracker will be part of this project. | | \$ 2,484 | \$ 1,116 | \$ 2,484 | \$ 1,116 | \$ 18,000 |
| Children & Family Services | DCF FSD YASI Upgrade to CaseWorks | Software upgrade of the Family Services software application - Youth Assessment Screening Instrument (YASI) to the newest version called Caseworks. | | \$ 16,364 | \$ - | \$ 16,364 | \$ - | \$ 84,820 |
| Children & Family Services | DCF ESD Web Portal | Maintenance of the Economic Services Division Client Self-Serve and Benefit Application Website. | | \$ 10,000 | \$ - | \$ 10,000 | \$ - | \$ 50,000 |
| Children & Family Services | DCF Mainframe Upgrades | This project will result in the successful installation of Natural Engineer, a tool that will aid Information Services Division to re-organize the ACCESS database more efficiently. Also, there are upgrades of Adabas, CICS, APAS and databases. | | \$ - | \$ - | \$ - | \$ - | \$ - |
| Children & Family Services | DCF OCS Child Support System Replacement (CRISys) | The Office of Child Support currently has many outstanding IT issues that have not been able to be addressed under the current system due to system constraints and a lack of programming resources to perform the tasks. Following the feasibility study completed in March of 2014 OCS is looking to replace its current Access system. | | \$ 1,340,274 | \$ 2,601,707 | \$ 1,340,274 | \$ 2,601,707 | \$ 17,306,804 |
| Children & Family Services | DCF OCS VRU | New IVR. The Voice Response Unit (VRU) that the Office of Child Support (OCS) currently uses is outdated and unmanageable. In order to handle the telephone volume it is necessary to automate the current call center environment. | | \$ - | \$ - | \$ - | \$ - | \$ - |
| Children & Family Services | DCF OnBase Maintenance | Annual Maintenance for DCF OnBase document management system | | \$ 300,000 | \$ - | \$ 300,000 | \$ - | \$ 1,500,000 |
| Children & Family Services | DCF PEAKS Maintenance | Annual Maintenance costs for the Office of Child support decision support system/data warehouse | | \$ 40,800 | \$ 79,200 | \$ 40,800 | \$ 79,200 | \$ 600,000 |
| Children & Family Services | DCF Spec-C-Forms | Add NOMI, 202C & 202CRU to Spec-C-Forms functionality in ACCESS. | | \$ - | \$ - | \$ - | \$ - | \$ - |
| Children & Family Services | DCF SSMIS Maintenance | Ongoing maintenance for SSMIS. Project for system upgrade opened Aug 2014. | | \$ 27,750 | \$ 47,250 | \$ 27,750 | \$ 47,250 | \$ 354,750 |
| Children & Family Services | DCF Weatherization System | Utilize an automated system to track energy audits, home inspections, materials, etc. for the State's Weatherization Program. This will provide a system capable of capturing data and generating required federal reports. | | \$ 19,118 | \$ 37,882 | \$ 19,118 | \$ 37,882 | \$ 285,000 |
| Children & Family Services | DCF Fuel Payment Re-Structuring | The new system will require providers to enter the details of fuel disbursements at the current time and allow the state to pay the bills at the time of data entry. This is a State mandated project. It will provide cost benefits in a variety of ways: it will reduce the amount of staff time required to try and recoup the funds that the fuel providers have not claimed. It will also give the state the opportunity to receive interest on the Low Income Heating Assistance Program block grant, which has traditionally been something that the fuel providers have had the ability to do | | \$ - | \$ 522,626 | \$ - | \$ 404,151 | \$ 2,139,230 |
| Children & Family Services | DCF ESD EBT Economic Services Contract | Current EBT Services vendor is not renewing EBT services contracts therefore requiring DCF/ESD to seek an alternative EBT vendor. | | \$ 375,000 | \$ 375,000 | \$ 178,500 | \$ 178,500 | \$ 2,178,000 |
| Corrections | DOC Offender Management System | This will replace the existing obsolete offender system with newer technology, using the core components of AHS enterprise architecture as a foundation. | Allocation for bar code scanners | \$ 182,500 | \$ - | \$ 371,563 | \$ - | \$ 1,714,676 |

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| Corrections | DOC Electronic Legal Research Retrieval System | Provide incarcerated inmates with a secure web-based, custom-designed legal research interface developed specifically for use by inmates at correctional facilities. The modernized upgrade allows for the most up to date and accurate legal information required fulfilling the federal mandate for inmate access to courts. | New Contract, negotiated increase. | \$ 132,219 | \$ - | \$ 177,311 | \$ - | \$ 682,944 |
| Corrections | DOC Alcohol Monitoring | Contract for alcohol monitoring of offenders that are released back into the community. | 3% inflation costs - COLA increase | \$ 176,576 | \$ - | \$ 181,873 | \$ - | \$ 937,468 |
| Corrections | DOC VANS Enhancement Project | A robust notification & information sharing system (VANS + CHOICE) that allows victim/survivors/affected persons to access a greater amount of information about an offender and to share information with VT DOC staff to help them make safe & well informed release decisions. The current service includes:• Options for victims to upload Victim Impact Statements, weigh in on release locations and restrictions and communicate concerns to DOC casework staff• Opportunities to share information about an offender's restitution and child support obligations and existing court orders such as Relief from Abuse Orders, No Trespass Orders, other DCF restrictions• Victim related case notes and other important correspondences that will enhance DOC's ability to provide safety and accountability. | COLA increase | \$ 74,878 | \$ 74,878 | \$ 77,125 | \$ 77,125 | \$ 795,078 |
| Corrections | DOC Telephone Monitoring | The DOC is currently providing field offices with the ability of supervising low risk offenders on Telephone Monitoring. The Dept's goal is to continue to maximize its resources and cut costs while continuing to provide public safety. The Dept would like to continue a working relationship with Fieldware INC. The service allows DOC to continue to monitor 1300-1700 offenders through this technology. | COLA increase | \$ 122,632 | \$ - | \$ 126,311 | \$ - | \$ 651,069 |
| Corrections | DOC Data Remedies | IT Licensing/Training for Transition Housing and Victims Services Staff. This is a consolidation of two services into one. The purpose is to allow services to still be given to those who are now homeless. | Applied COLA of contract | \$ 27,715 | \$ - | \$ 30,486 | \$ - | \$ 166,618 |
| Corrections | DOC Inmate Healthcare Services Project | Current health services contract is ending 1/31/2015 and DOC will need to contract with another vendor to provide health services to inmates in the State of Vermont. The new vendor will be required to possess or purchase/contract an electronic health record system for our use. | Received bid information | \$ 540,617 | \$ - | \$ 542,333 | \$ - | \$ 2,709,949 |
| Corrections | DOC VOWP Accounting System | Replacement of current Macola accounting system for DOC. | COLA increase | \$ 22,661 | \$ - | \$ 23,341 | \$ - | \$ 120,310 |
| Corrections | DOC PAS Maintenance | Used for the care and feeding of the DOC's primary operational system. It is an in-house system, there is no vendor contract. This system is slated to be replaced by the Offender Management System project. It will be maintained on-going for approximately one year after the new system is up and running so there is no gap in reporting. | | \$ 134,265 | \$ - | \$ 6,714 | \$ - | \$ 140,979 |
| Corrections | DOC Electronic Monitoring | Provide the VT DOC with products, training & services to allow for electronic monitoring of offenders in the community via GPS technology. Vendor is 3M Electronic Monitoring, Inc.. IT Activity Necessary for offender monitoring / public safety. | | \$ 388,387 | \$ - | \$ 170,465 | \$ - | \$ 1,137,871 |

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| Health | VDH Conference Rooms Technology Upgrade | Deployment of audio visual (AV) technology to support the Health Operations Center (HOC) for continued exercises and emergency events. When activation occurs information sharing is vital with neighboring states, Canada and other departments of state government. The AV equipment, specific cabling, data and phones are integral to the response plan for the department. We need to display concurrently on multiple and strategically placed SMART boards, GIS maps, Disaster-Lan software, Situation Reports and streaming news coverage for viewing by numerous HOC ICS positions. This equipment is also vital to the department's needs of monthly Grand Rounds, conferencing, training's and press conferences. | New service. | \$ - | \$ 22,698 | \$ - | \$ 2,269,790 | \$ 2,360,582 |
| Health | VDH Women Infant Children (WIC) System Replacement/EBT Implementation | In 2010, a Congressional Mandate was enacted that every State have a WIC information management system (MIS) capable of operating in an EBT environment. This project will replace the current VDH WIC (MIS) system and implement EBT solution to provide WIC benefits. | New system implementation | \$ - | \$ - | \$ - | \$ 55,608 | \$ 623,976 |
| Health | VDH Oleen Pinnacle Batch Process Technical Support | VDH requires contracted support for supporting the needs of the State's immunization registry provided by health insurers and medical providers. | Cost increase of \$2,000 per year from the vendor. | \$ - | \$ 87,000 | \$ - | \$ 89,000 | \$ 443,000 |
| Health | VDH Board of Medical Practice Licensing System | The system has been upgraded to use an eLicense system from Iron Data/Cavu and accepts online applications and payments via VIC. | | \$ 60,000 | \$ - | \$ 60,000 | \$ - | \$ 300,000 |
| Health | VDH Document Management | ON HOLD Decrease storage of documents by scanning and storing electronically. | | \$ 100,000 | \$ - | \$ 100,000 | \$ - | \$ 400,000 |
| Health | VDH Electronic Laboratory Reporting | Project is to modify the National Electronic Disease Surveillance System (NEDSS) to accept HL7 electronic lab reports (ELR) that will allow hospitals and medical providers to meet their Meaningful Use requirements in order to receive Incentive payments. | | \$ - | \$ 12,000 | \$ - | \$ 12,000 | \$ 48,000 |
| Health | VDH EMS Incident Reporting System | Maintenance, support and hosting by a vendor, ImageTrend for an incident reporting system. For every EMS incident, the responding crew documents the location and nature of the call and the assessment and treatment of the patient. An amendment in 2013 included an additional module called a Field Bridge from ImageTrend which will allow the information to be saved on a laptop when the ambulance is not connected to the Internet and to be later uploaded to the central repository when connected to the Internet. | | \$ - | \$ 82,320 | \$ - | \$ 82,320 | \$ 411,600 |
| Health | VDH EMS Licensing System | This is to replace the current GL Suite EMS licensing product with something new. The current application does not allow online renewal of licenses nor does it integrate with the EMS incident reporting system. | | \$ 20,000 | \$ - | \$ 20,000 | \$ - | \$ 100,000 |
| Health | VDH Food and Lodging Licensing and Permitting System | Food and Lodging Licensing and Permitting system replacement. The current food and Lodging system resides on the VDH legacy 1032 system. VDH needs to retire system 1032 due to its age and lack of IT Support. | | \$ - | \$ 74,880 | \$ - | \$ 74,880 | \$ 374,400 |
| Health | VDH Health Alert Network (HAN) and Volunteer Mobilizer Systems | This activity being reported is for an extension of services provided via a contract. (Contract #23595) Response Manager & Volunteer Mobilizer, which are proprietary products of EMSystems, are flexible, comprehensive web-based software systems designed to meet the Public Health information Network (PHIN) guidelines surrounding health alert networks as specified by CDC federal grant requirements and the ESAR_VHP federal grant requirements around the advanced registration of the statewide health alert network. | | \$ - | \$ 200,000 | \$ - | \$ 200,000 | \$ 1,000,000 |

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| Health Access | DVHA MMIS - PBM | Vendor that will be responsible for all facets of the day-to-day operational administration of the Vermont's pharmacy benefit including managing the State's pharmacy benefit programs, adjudication of pharmacy claims, call center operations, utilization management and drug utilization review programs, benefit design and clinical support, rebate management, and reporting and analysis. | | \$ - | \$ - | \$ 490,000 | \$ 510,000 | \$ 19,000,000 |
| Health Access | AHS Health Information Exchange (HIE) | <p>To ensure the exchange of accurate clinical data through 2021 in at least the following project areas:</p> <ul style="list-style-type: none"> • Electronic Health Record (EHR) adoption by healthcare providers and the associated incentive payment program • EHR and other interface connectivity to the VHIE (Vermont HIE) operated by Vermont Information Technology Leaders (VITL) • Expansion of provider types and groups into the State-wide clinical registry (DocSite) operated by Covisint • Data analytics in partnership with Onpoint and the University of Vermont (UVM) • Public health initiatives for Meaningful Use, including immunization registries and electronic lab reporting • Clinical master patient index and provider directory • Telehealth, e-Prescribing, and other future initiatives <p>The State HIT Fund collects 0.199 of 1% of all health insurance claims paid by the health insurer (\$3 million per year, and, if it is not spent in its entirety, the money can be rolled over from year to year for future projects).</p> | No increase shown. | \$ 115,200 | \$ 204,800 | \$ 223,200 | \$ 396,800 | \$ 3,100,000 |
| Health Access | AHS Health Services Enterprise Platform (HSEP) | <p>This project is to create a comprehensive directory of reusable application services that can be used in health care reform efforts, Medicaid systems, Health Insurance Exchange and related systems. The State of Vermont will be establishing a State operated authoritative source of record regarding Vermont providers index, member index, identity services and other application services. It will reside on AHS Service Oriented Architecture (SOA) and will be utilized across the State for identity and rights managementservices among others within the health domain.</p> <p>NOTE: Includes cloud hosting services, software licenseing and O&M. Some IR related review done with VHC/IE IR.</p> | | \$ - | \$ - | \$ - | \$ - | \$ - |

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| Health Access | DVHA Health Reform Medicare/Medicoids Duals program | Modifications to the existing Medicaid processes and systems to meet regulatory requirements if we are granted this waiver. Support system (people, processes, reports, etc) in support of VT duals managed care (FMAP Funded) 90% CMS, shared equally by the MMIS replacement project; the Integrated Eligibility Project; and the SMHP HIT funding stream. 10% match can come from the State HIT Fund; or from the General Fund. Global Commitment money cannot be used to match for this project. projected operations = 1.150M/4 yrs x 10% (28,750) | | \$ 2,875 | \$ 25,875 | \$ 2,875 | \$ 25,875 | \$ 143,750 |
| Health Access | DVHA HIT State Medicaid Health Plan (SMHP) implementation | The project is to create and implement a State Medicaid Health Information Technology Plan. This plan is currently in initial evaluation stages and complete estimates and summary is not available at this time but it is readily apparent that the cost will exceed \$100,000. A PAPD is in place with CMS for the planning portion of the project. Federally mandated under the ARRA High Tech regulations. | | \$ 63,647 | \$ 572,824 | \$ 63,647 | \$ 572,824 | \$ 3,182,355 |
| Health Access | DVHA HSE Project Portfolio Mgmt Tool | Project Portfolio Mgmt Tool for integreted view accross HSE | | \$ 2,220 | \$ 34,780 | \$ 2,220 | \$ 34,780 | \$ 111,000 |
| Health Access | DVHA MMIS - Care Management | The project objectives are to acquire, design and implement a Care Management Solution for the entire Agency of Human Services enterprise to support individual and population based approaches to health management, beginning with the care management activities of the VCCI as a "proof of concept." Current contract with APS. | | \$ - | \$ - | \$ - | \$ - | \$ 1,500,000 |
| Health Access | DVHA MMIS - Core Operations | Core replaces the work performed by HP for nearly 30 years. The modern system will support improved functionality, efficiencies, etc., be MITA compliant and support the objectives of Vermont's Universal Care and Coverage plan. Core work stream includes contact center functionality that includes both member outreach and provider enrollment processes. It also includes the 2014 MITA 3.0 State Self-Assessment (SS-A). | | \$ - | \$ - | \$ - | \$ - | \$ 22,000,000 |
| Health Access | DVHA Ops CMS mandated State Self Assessment (SS-A) | New federal requirements which are pending approval require the States Medicaid entity to perform and record an audit of processes and system to evaluate the level of meeting CMS standards. Once the initial SS-A has been conducted there are requirements for an annual refresh. | | \$ 8,000 | \$ 72,000 | \$ 8,000 | \$ 72,000 | \$ 400,000 |
| Health Access | DVHA Ops HEDIS reporting data analysis operations | Operation and maintenance of VT existing data analytics system/services for HEDIS reporting. Contract extended with current vendor for 2 years or is to be replaced to provide for ongoing operations while new MMIS analytics applications are brought on board and replace this systems functions. | | \$ 22,500 | \$ 27,500 | \$ 22,500 | \$ 27,500 | \$ 250,000 |
| Health Access | DVHA Ops HP MMIS operations | Operation and maintenance of VT existing legacy Medicaid information system. Contract extended with HP for 4 years plus 2 one year renewls to provide for ongoing operations while new MMIS applications are brought on board and replace this systems functions anticipated to be CY 2015 - 2016. Amendment 14 adds 4,725,834.59. Divided by 4, that's 1,181,458 per year. TH. | | \$ 4,840,000 | \$ 6,160,000 | \$ 4,840,000 | \$ 6,160,000 | \$ 33,000,000 |

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| Health Access | DVHA Ops McKesson Interqual clinical reference system | McKesson provides clinical information that is used as reference material to determine if diagnoses and procedures associated with requests for authorization for services conform to normal and best practices. This contract and the associated services have been in use for 3 years is expected to end within the next 2 years and should be replaced in the new MMIS. | | \$ 55,440 | \$ 70,560 | \$ 55,440 | \$ 70,560 | \$ 630,000 |
| Health Access | DVHA Ops MMIS changes Health Plan Identifier (HPID) | Modifications to the existing Medicaid processes and systems to meet regulatory requirements existing and or forthcoming associated with the Affordable Care Act (ACA) associated with the adoption of the national Health Plan Identifier (HPID) sometime in 2014. | | \$ - | \$ - | \$ - | \$ - | \$ 100,000 |
| Health Access | DVHA Ops MMIS changes ICD10 | Modifications to the existing Medicaid processes and systems to meet regulatory requirements existing and or forthcoming associated with the implementation of ICD10 due by 10/01/14. | | \$ - | \$ - | \$ - | \$ - | \$ - |
| Health Access | DVHA Ops Optum Program Integrity data analysis operations | Operation and maintenance of VT existing data analytics system/services for Program Integrity operations. Contract extended with Optum for 2 years or is to be replaced to provide for ongoing operations while new MMIS analytics applications are brought on board and replace this systems functions. Contract/activity originally for data services for Program Integrity from Ingenix which was later acquired by Optum. Ingenix is now a Division of Optum. That contract lapsed. these services are now part of the MMIS RFP and therefore part of that project, but DVHA wants to maintain this | | \$ - | \$ - | \$ - | \$ - | \$ - |
| Health Access | DVHA Ops Catamaran PBM operations | Operation and maintenance of VT existing legacy Pharmacy Benefits information system. Contract extended with Catamaran for 2 years to provide for ongoing operations while new MMIS/Pharmacy applications are brought on board and replace this systems functions. | | \$ 87,500 | \$ 162,500 | \$ - | \$ - | \$ 250,000 |
| Health Access | DVHA Ops MMIS changes ACA | Modifications to the existing Medicaid processes and systems to meet regulatory requirements existing and or forthcoming associated with the Affordable Care Act (ACA). The changes will result in more timely and improved eligibility and beneficiary benefit information for providers. | | \$ 132,000 | \$ 168,000 | \$ - | \$ - | \$ 300,000 |
| Health Access | DVHA Ops MMIS changes T-MSIS | Modifications to the existing Medicaid processes and systems to meet regulatory requirements existing and or forthcoming from CMS associated with regulations for modernization of the Medicaid States Information System (MSIS) as the Transformed MSIS (T-MSIS) in early 2014. | | \$ 40,000 | \$ 360,000 | \$ - | \$ - | \$ 400,000 |
| Health Access | DVHA Ops APS Care Management Operations | Operation and maintenance of VT existing APS chronic care information system. Contract extended or replaced with APS for 2 years to provide for ongoing operations while new care management applications are brought on board and replace this systems functions. | | \$ 210,000 | \$ 390,000 | \$ - | \$ - | \$ 600,000 |
| Health Access | AHS HSEP Platform Hosting | Support ongoing hosting and maintenace thereof for HSE Platform. Initial contract to cover period from 7/1/2015 to | | \$ 1,900,000 | \$ - | \$ - | \$ - | \$ 1,900,000 |
| Health Access | DVHA Ops MAXIMUS Member Benefits operations | Operation and maintenance of VT existing legacy Member Benefits call center system. Contract extended with MAXIMUS for 2 years (to 6/30/14) or replaced to provide for ongoing operations while new Call Center applications are brought on board and replace this systems functions. | | \$ 2,880,000 | \$ 9,120,000 | \$ 1,440,000 | \$ 4,560,000 | \$ 18,000,000 |

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| Mental Health | DMH Vermont State Hospital Electronic Health Record (EHR) | The state of Vermont has been charged to "have an EHR in place" as a key requirement for the Certificate of Need established under 18 V.S.A. § 9351 for rebuilding of a new State hospital and integrate physical, behavioral, pharmacy, dietary, billing and lab functions in a single system; functions not currently in place at VPCH. The current perspective of the Legislature is that VPCH's EHR must include features and functions to help facilitate the attainment of "Meaningful Use" attestation (Stages 1-3) as charted in the Federal HITECH ACT of 2009, and must have interoperability with Vermont Health Information Exchange (VHIE) through Vermont Information Technology Leader (VITL), 18 V.S.A. § 9352. | Not reported to DII. | \$ - | \$ - | \$ 1,357,040 | \$ 2,035,560 | \$ 4,352,600 |
| Mental Health | DMH Copley Hospital Pharmacy Services | This is sole source agreement between VPCH and Copley Hospital for pharmacy services which includes IT Systems, and IT Staff. Cost of the agreement is largely made up of Pharmacy personell cost (\$675,000). | | \$ 327,996 | \$ 400,884 | \$ 327,996 | \$ 400,884 | \$ 1,457,760 |
| Total Costs | | | | \$ 30,500,367 | \$ 58,261,772 | \$ 42,366,240 | \$ 47,949,061 | \$ 213,742,024 |
| | | | | | | | | |
| | Color Key: | Approximate number as the actual is not broken out in the grant. | | | | | | |