

## **GMCB FY24 Budget IT One-Time/Unfunded Projects, Submitted 10-11-2022**

### **Health Finance Database Implementation (\$50,000 new contract, \$70,5000 EPMO costs)**

1. Importance to the business and how we will use it:
  - a. GMCB's current financial database is with Adaptive/Workday and the contract expires in February 2024. We have extended this agreement through Covid so as not to disrupt the hospitals and provide consistency for reporting but as directed by Bulletin 3.5 we will issue a Request for Proposal in early 2023 for this solution. Should a new vendor be selected we will have a period of parallel costs (\$50,000) to transition from the current solution. We also estimate the costs for EPMO services at \$75,000 to support transition to the new solution.
2. Are there any efficiencies to be had (cost savings, business process, etc.)
  - a. Should a new solution be implemented, we do anticipate efficiencies to business processes. The current process is still highly manual and a new solution could bring the ability to automate data collection and reporting.
3. Should tie into either ADS strategic plan, the business strategic plan, and/or the Governor's strategic plan. Please list the specific component of a strategic plan the proposal will improve. Needs to be more than "IT Modernization" or "protecting the vulnerable".
  - a. This effort is a continued investment in technology to support the GMCB regulatory functions. The initial database was a tremendous effort and improvement over a manual system, however that initial procurement took place over six years ago. Should we transition to a new solution there is potential for improved customer service/Vermont experience (to submitters) and potential to improve reporting and analysis which can greater support the Boards regulatory duties around health care access and affordability.

### **VHCURES Database Implementation (\$500,000 new contract, \$120,000 EPMO costs)**

1. Importance to the business and how we will use it:
  - a. The Vermont Health Care Uniform Reporting and Evaluation System (VHCURES) is Vermont's all-payer claims database currently managed via contract that is due to expire in August 2024. We are currently in the requirements gathering phase and plan to issue an RFP in spring of 2023 to be ready for a potentially new contractor in early 2024 and allow for a transition period from our current vendor.

2. Are there any efficiencies to be had (cost savings, business process, etc.)
  - a. As with any competitive bid there is potential for longer term cost savings should a qualified bidder propose lower pricing. In addition, there is potential for business process improvements should a new vendor be selected as there have been innovations in the health care data space that we could leverage (for example, connection to the Vermont Health Information Exchange).
3. Should tie into either ADS strategic plan, the business strategic plan, and/or the Governor's strategic plan.
  - a. The GMCB is statutorily required to manage the all-payers claims data which is a component of improving health care affordability through data driven analyses. VHCURES collects the following data: enrollment, health expenditures, inpatient/outpatient utilization and claims based quality measure which are available to State trained analysts to support regulatory and health care decisions.

#### **Health Resource Allocation Plan tool development (\$50,000)**

1. Importance to the business and how we will use it:
  - a. The Health Resource Allocation Plan (HRAP) is a statutory requirement for GMCB to consider Vermont's critical health needs, goods, services and resources, which shall be used to inform the Board's regulatory processes, cost containment and statewide quality of care efforts, health care payment and delivery reform initiatives, and any allocation of health resources in the State.

The funding is an estimate for potential contract work to either develop an interactive tool or help us strategize to leverage existing state tools in a way that is streamlined and relevant to both GMCB and statewide leadership for planning purposes. Potential to visualize data from multiple sources in one place.
2. Are there any efficiencies to be had (cost savings, business process, etc.)
  - a. There is potential efficiency should we collaborate with the health department and/or AHS more generally in this effort as the data is managed with several different state agencies.
3. Should tie into either ADS strategic plan, the business strategic plan, and/or the Governor's strategic plan.
  - a. This work falls under modernization efforts as well as transparency for statewide data.