

---

---

**Report to  
The Vermont Legislature**

---

---

**Annual Report on the Receipts, Expenditures, and Balances in the Health IT-  
Fund**

**In Accordance with 32 V.S.A. § 10301(g): Health IT-Fund**

**Submitted to:       Joint Fiscal Committee  
                              Green Mountain Care Board**

**Submitted by:       Susanne Young, Secretary  
                              Agency of Administration**

**Prepared by:        Ena Backus, Director of Health Care Reform  
                              Agency of Human Services**

**Report Date:        September 1, 2021**

# TABLE OF CONTENTS

<b>BACKGROUND .....</b>	<b>2</b>
<b>EXAMPLES OF INITIATIVES FUNDED .....</b>	<b>4</b>
<b>APPENDIX I: HEALTH IT-FUND INITIATIVES BUDGETED FOR FY21 .....</b>	<b>6</b>
<b>APPENDIX II: ADDITIONAL CONSIDERATIONS .....</b>	<b>7</b>

## BACKGROUND

In accordance with 32 V.S.A. §10301(g), an annual report on the receipts, expenditures, and balances of the Health Information Technology (Health IT)-Fund is required to be submitted to the Joint Fiscal Committee and the Green Mountain Care Board. The Health IT-Fund was established as a special source of funding for medical health care information technology programs and initiatives, specifically, those described in the Vermont Health Information Technology/Exchange Plan (HIE Plan). The Fund was established to be used for programs and initiatives sponsored by Vermont Information Technology Leaders (VITL) and State entities designed to promote and improve health care information technology. The Health IT-Fund supports the initiatives outlined in the HIE Plan aimed at using health data to bolster the health care system and health care programs.

The Health IT-Fund is supported by revenue collected from the health care claims tax. Revenue from the health care claims tax is paid by the health insurers on private health insurance claims, and the revenue collected from 0.199 of 1% of all health insurance claims is deposited into the General Fund, pursuant to 32 V.S.A. § 10402(b).<sup>1</sup> Act 73 of 2021, *An act relating to miscellaneous changes to Vermont's tax laws*, amended the effective date of the Health IT-Fund sunset from July 1, 2019 to July 1, 2023.<sup>2</sup> The extension of the Fund requires legislative intervention.

A year-by-year summary of the Fund's receipts, expenditures, and balances are provided in Table 1, with the balance at the end of state fiscal year 2021 at \$5,541,004.39.

---

<sup>1</sup> Sec. 73, Act 6 of 2019:

<https://legislature.vermont.gov/Documents/2020/Docs/ACTS/ACT006/ACT006%20As%20Enacted.pdf>

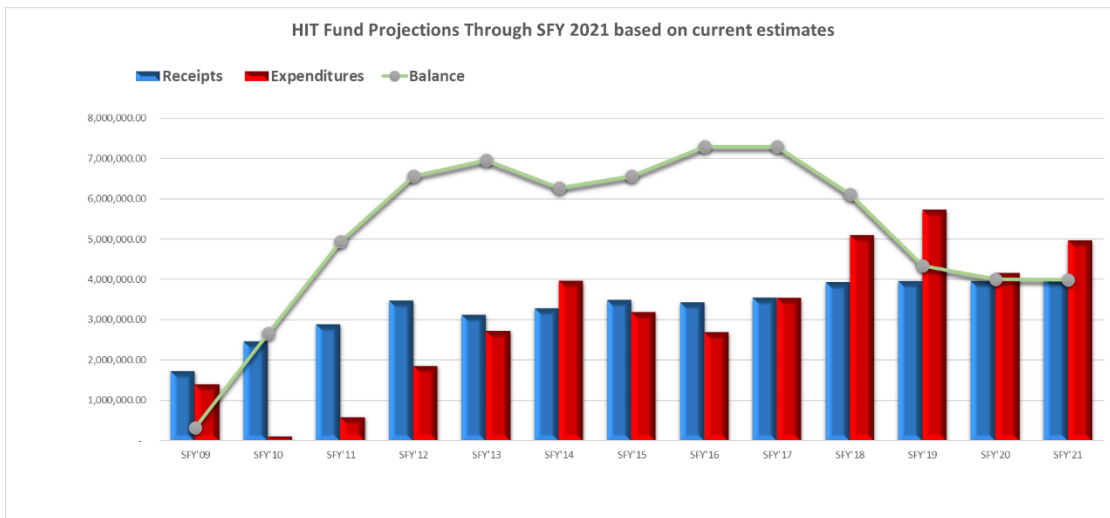
<sup>2</sup> Sec. 13, Act 73 of 2021:

<https://legislature.vermont.gov/Documents/2022/Docs/ACTS/ACT073/ACT073%20As%20Enacted.pdf>

Table 1. Health IT-Fund Receipts, Expenditures, and Balances Since SFY09

<b>HIT Fund Balance Since SFY 2009</b>			
<b>SFY</b>	<b>Receipts</b>	<b>Expenditures</b>	<b>Balance</b>
SFY'09	1,725,505.67	1,404,447.01	321,058.66
SFY'10	2,462,827.92	127,388.62	2,656,497.96
SFY'11	2,877,846.67	589,401.74	4,944,942.89
SFY'12	3,467,955.96	1,856,814.71	6,556,084.14
SFY'13	3,122,198.81	2,721,643.07	6,956,639.88
SFY'14	3,273,051.91	3,964,254.20	6,265,437.59
SFY'15	3,479,090.63	3,183,500.92	6,561,027.30
SFY'16	3,427,185.01	2,691,172.61	7,297,039.70
SFY'17	3,532,426.83	3,541,037.95	7,288,428.58
SFY'18	3,914,003.82	5,090,673.08	6,111,759.32
SFY'19	3,947,054.17	5,711,383.04	4,347,430.45
SFY'20	3,807,317.92	4,151,198.14	4,003,550.23
SFY'21	4,155,236.46	2,617,782.30	5,541,004.39
<b>Total</b>	<b>39,036,465.32</b>	<b>35,032,915.09</b>	
<b>PROJECTED</b>			
SFY'22	4,000,000.00	5,355,038.55	2,648,511.68

Figure 1. Health IT-Fund Receipts, Expenditures, Balances, and Projection through State Fiscal Year 2021, Based on Current Estimates



For years, the State has leveraged the Health IT-Fund to match federal dollars through the federal HITECH Act, the State Innovation Model program, and the Medicaid Global Commitment Waiver, significantly increasing the impact of Fund revenues. The funding match rates ranged from 100% to less than 50% depending on the type of activity and who it ultimately benefited. Some activities, such as those related to the State Innovation Model and the Electronic Health Record Incentive Payment program, were 100% federally funded. Federal HITECH Act funding for HIE services expires in September 2021. The HITECH Act has allowed Vermont to accelerate health IT work through incentivizing the purchase of electronic health records, funding VITL's Health Information Exchange operations, and enhancing technical infrastructure used by the Blueprint for Health and the Department of Health.

The Centers for Medicare and Medicaid Services (CMS) has committed to continuing their sponsorship of health IT/exchange efforts when HITECH Act funding expires. CMS has offered states the opportunity to leverage Medicaid Systems funding to continue their work to digitize health records and interoperate health data systems. However, the Medicaid Systems funding does not offer states the same 90% federal match rate for IT development work as the US HITECH Act did, and it is more focused on the benefits of this work to the Medicaid community. To tackle this challenge, the State in partnership with VITL and the HIE Steering Committee, is pursuing Certification of the Vermont Health Information Exchange (VHIE) system which will offer (1) a chance to propose improved federal investment rates for work that provides benefits to both the Medicaid and non-Medicaid communities and (2) ongoing operations funding for the VHIE, which was previously unavailable. Certification is expected by early 2022, and funding for certified systems is retroactive to the date the state begins the process (May 2021).

## EXAMPLES OF INITIATIVES FUNDED

The following are examples of major initiatives funded by the Health IT-Fund; Appendix I provides additional details.

**The Medicaid Promoting Interoperability Program (formerly the Medicaid Electronic Health Record Incentive Program)** – The HITECH Act funding supports activities incentivizing Medicaid providers for the acquisition and meaningful use of electronic health record technology. The requirements are designed to support evolving electronic health record (EHR) quality measures focused on interoperability and improving provider and patient access to health information. Eligible hospitals and professionals who satisfy the criteria (meeting federal requirements) can receive incentive payments. Eligible hospitals may receive a total of three years of payments, based on a calculated amount derived from

their Cost Data Reports. Other eligible professionals may receive a maximum of six years of fixed payment amounts. The incentive payments themselves are 100% federally funded but are drawn down and distributed by the State. Program operations are supported by a 90/10 federal/state match rate. In SFY21, direct Promoting Interoperability Program (PIP) payments amounted to \$178,500. To date, this program has paid out \$64,406,330 to Vermont and New Hampshire Eligible Hospitals and Professionals, all of whom are registered Medicaid providers in Vermont. The Interoperability Program expires in late 2021. The state is currently exploring a similar state-run program that is eligible for federally matching funds. For more information about this program, visit: <http://healthdata.vermont.gov/ehrip>.

**Vermont Information Technology Leaders (VITL) Health Information Exchange (HIE)** – 18 V.S.A. § 9352 designates VITL, a private non-profit corporation, as the exclusive operator of Vermont’s statewide Health Information Exchange (VHIE). The VHIE allows doctors, nurses, pharmacists, other health care providers to access and share a patient’s health information electronically to improve the speed, quality, safety, and cost of patient care. This data is used for population health measurement and analysis by third parties such as OneCare Vermont and the Blueprint for Health. VITL’s publicly funded work is contracted by the Department of Vermont Health Access, and its budget is reviewed annually by the Green Mountain Care Board. It is expected that following the completion of the Collaborative Services Project – a state-funded effort to update VHIE technologies to position the system as central to health data collection and exchange – VITL will be able to expand data services so organizations, including Vermont Medicaid, can better leverage their data to understand their population’s health. It is also expected that the Agency of Human Services will begin to leverage the VHIE system to support operations, including but not limited to, research and evaluation of delivery system reform efforts. See Appendix I for a listing of the contracts supported by the Health IT-Fund, including DVHA’s contracts with VITL.

**Vermont Department of Health** – The Health IT-Fund supports public health initiatives at the Vermont Department of Health, specifically the public health registries such as the Immunization Registry, Cancer Registry and Birth & Death Registries, and in consulting services to further develop long-term strategy for health information technology within the Department. The Health-IT Fund provided needed match dollars for VITL’s work supporting the Department of Health’s COVID-19 response efforts. With the expiration of the HITECH Act in late 2021, the State expects to leverage Medicaid Systems funding, and potentially short-term CDC funding, to continue its important work of collecting and managing public health data.

**Vermont Health Information Technology/Exchange Strategic Plan (HIE Plan)**– The State’s health information exchange investment strategy is guided by the statewide, strategic HIE Plan. In accordance with 18 V.S.A. § 9351, the Department of Vermont Health Access, in

consultation with the Department's Health Information Exchange Steering Committee, develops and oversees execution of the HIE Plan. The Plan is revised annually and updated comprehensively every five years to provide a strategic vision for health data exchange systems in Vermont. The latest plan, as approved by the Green Mountain Care Board, is posted here: <https://healthdata.vermont.gov/content/vermont-health-information-exchange-program>.

## APPENDIX I: EXAMPLES OF HEALTH IT-FUND INITIATIVES

Grantees/ Contractors	FY21 Agreement Amounts	Summary
Vermont Information Technology Leaders (VITL)	\$3,007,378.00	Contract for core operations and management of Vermont’s Health Information Exchange (VHIE) and related products and services.
Vermont Information Technology Leaders (VITL)	\$6,051,500.00	Contract for VHIE development and expansion projects. This contract leveraged HITECH Act dollars.
Bi-State Primary Care Association	\$280,000.00	Grant to provide health information technology, data analysis, quality improvement, data quality, and project management support to Vermont Federally Qualified Health Centers.
Onpoint Health Data – Blueprint for Health	\$300,000.00	Contract for analysis and reporting regarding healthcare spending, healthcare utilization, healthcare quality measurement, and healthcare outcomes (healthcare analytic services) for the Blueprint for Health program.

Cathedral Square Corp. – Blueprint for Health	\$205,000.00	Grant to provide infrastructure and staffing for the Support and Services at Home (SASH) system as part of the Blueprint's electronic health IT infrastructure.
OneCare Vermont	\$2,800,000	Federally matched funds from the HITECH Act included in DVHA's contract with OneCare Vermont used to support the development and roll-out of the Care Navigator care coordination platform and WorkBench One analytics tool.

## APPENDIX II: ADDITIONAL CONSIDERATIONS

1. In accordance with 18 V.S.A. § 9351, DVHA, with support from the Health Information Exchange (HIE) Steering Committee, develops and maintains the statewide strategic health IT/exchange plan, the HIE Plan. The vision and tactical plans outlined in the HIE Plan guide DVHA's use of HIT Fund investments. As of July 2021, the HIE Steering Committee is executing the HIE Plan and working to develop the 2022 plan update. The Green Mountain Care Board is responsible for reviewing the HIE Plan on an annual basis.

2. Health IT-Fund revenue is generated by a tax on private health insurance claims. As of the submission of this report, it appears that claims tax revenues are up compared with previous years and therefore the balance of the Fund has increased. Programming which relies on this funding is affected by shifts in paid claims due to any variety of changes in the health care system.