1 BALDWIN STREET,
MONTPELIER, VT 05633-5701

PHONE: (802) 828-2295
FAX: (802) 828-2483

STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: James Reardon, Commissioner of Finance & Management

From: Nathan Lavery, Fiscal Analyst

Date: December 12, 2011

Subject: JFO #2543

No Joint Fiscal Committee member has requested that the following item be held for review:

JFO #2543 – $35,627,895 grant from the U.S. Department of Health and Human Services to the Department of Vermont Health Access (DVHA). This grant will fund $32 million of incentive payments for Provider and Hospital Electronic Records, and fund seven (7) limited service positions. The Joint Fiscal Committee previewed this grant at the November 8, 2011 meeting.
[*JFO received 12/05/11*]

The Governor's approval may now be considered final. Please inform the Secretary of Administration and your staff of this action.

cc: Mark Larson, Commissioner

1 BALDWIN STREET,
MONTPELIER, VT 05633-5701

PHONE: (802) 828-2295
FAX: (802) 828-2483

STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee Members

From: Nathan Lavery, Fiscal Analyst

Date: December 6, 2011

Subject: Grant Requests

Enclosed please find two (2) items that the Joint Fiscal Office has received from the administration. Seven (7) limited service position requests are included among these items.

JFO #2543 – $35,627,895 grant from the U.S. Department of Health and Human Services to the Department of Vermont Health Access (DVHA). This grant will fund $32 million of incentive payments for Provider and Hospital Electronic Records, and fund seven (7) limited service positions. The Joint Fiscal Committee previewed this grant at the November 8, 2011 meeting. **Expedited review has been requested. Joint Fiscal Committee members will be contacted by December 12 with a request to waive the balance of the review period and approve this item.**
[*JFO received 12/05/11*]

JFO #2544 – Request to establish a 2.5% fee in order to implement an over-the-counter credit card payment process at DMV branch offices. This fee would be added to the total payment if a customer elects to pay by credit card. Cash and check payment options are unchanged. Joint Fiscal Committee approval of this fee request is required in accordance with 22 V.S.A. § 953 (c)(2).
[*JFO received 12/05/11*]

Please review the enclosed materials and notify the Joint Fiscal Office (Nathan Lavery at (802) 828-1488; nlavery@leg.state.vt.us) if you have questions or would like an item held for legislative review. Unless we hear from you to the contrary by December 12 we will assume that you agree to consider as final the Governor's acceptance of these requests.

VERMONT

State of Vermont
Department of Finance & Management
109 State Street, Pavilion Building
Montpelier, VT 05620-0401

[phone] 802-828-2376
[fax] 802-828-2428

Agency of Administration

JFO 2543

STATE OF VERMONT
FINANCE & MANAGEMENT GRANT REVIEW FORM

Grant Summary:	This grant is for State Medicaid Health Information Technology (SMHP-HIT). It includes several positions for administration of the grant program and funding for Provider and Hospital Electronic Health Records Incentive payments.
Date:	12/2/2011
Department:	Department of Vermont Health Access
Legal Title of Grant:	Health Information Technology (SMHP-HIT)
Federal Catalog #:	93.778
Grant/Donor Name and Address:	DHHS -CMS 233 North Michigan Avenue, Suite 600, Chicago Illinois, 60601
Grant Period: From:	9/23/2011 **To:** 9/30/2013
Grant/Donation	$35,627,895

	SFY 1	SFY 2	SFY 3	Total	Comments
Grant Amount:	$14,990,786	$17,847,238	$2,789,871	$35,627,895	

	# Positions	Explanation/Comments
Position Information:	7	5 new limited service positions and 2 FTE approved already in JFO 2437.

Additional Comments:		
Department of Finance & Management	JH 12/2/11	(Initial)
Secretary of Administration	JH 12/2/11	(Initial)
Sent To Joint Fiscal Office	12/5/11	**Date**

VERMONT

State of Vermont
Department of Vermont Health Access
312 Hurricane Lane, Suite 201
Williston VT 05495-2807
dvha.vermont.gov

[Phone] 802-879-5900
[Fax] 802-879-5651

Agency of Human Services

December 5, 2011

To: Joint Fiscal Committee
From: Terry Bequette, Associate State HIT Coordinator
Subject: Need for Accelerated Approval of the EHR Incentive Program

This memorandum accompanies a request for approval to enable a grant from the Centers for Medicare & Medicaid Services (CMS) supporting Vermont's Medicaid Electronic Health Record Incentive Program (EHRIP). Specifically, this memorandum explains the State's request for accelerated approval to begin spending the associated funds.

Under the HITECH Act, part of the American Recovery and Reinvestment Act of 2009 (ARRA), states can choose to establish an incentive payment program for the adoption and meaningful use of Electronic Health Record systems by eligible hospitals and professionals. Vermont has chosen to implement and support an EHRIP program. The State's proposed program was approved by CMS in September and was officially launched on October 3, 2011. Our proposal included funding for the operation of the program, and estimated the actual incentive payments to providers.

Launching this program involved coordination with CMS and establishing a launch window with them so that we could be scheduled with other states in the queue. In addition, we were delayed as we waited for the software development and testing to complete (we have web-based portal software supporting the provider application process). We also were aware there was a lot of interest from several hospitals and many providers to receive their first incentive payments in 2011 – Hospital fiscal years end on September 30, while eligible professionals participate in the incentive program on a calendar year basis. October 3 was the latest we could launch our program and satisfy all of these needs.

The program is proving very popular. More than 260 providers have now initiated the process of submitting an attestation for a payment, and 101 have completed their attestations, including three hospitals. The incentive payments will help to defray the cost of implementing EHR technology in practices and hospitals including the changes in workflows required to accommodate the EHR requirements. These practices and hospitals have also, in many cases, hired additional staff to support these systems and their operation. There really is a direct connection to the intent of the American Recovery and Reinvestment Act, the source of these funds, as economic stimulus.

Once a state launches its program, there are requirements to begin accepting attestations, making payments, and initiating an audit program, all within specific time windows. These requirements are urgent rather than critical at this point in time, but the success of this program is dependent on establishing the staffing levels sufficient to support the program. To date we have supported the 260 providers mentioned above with existing staff who have taken on the additional work to launch the program. That is not a sustainable approach.

An accompanying memorandum discusses the actual incentive payments. If approved, we expect to pay out in excess of $5,500,000 yet this quarter.

Thank you for your consideration.

VERMONT

State of Vermont
Department of Vermont Health Access
312 Hurricane Lane, Suite 201
Williston VT 05495-2807
dvha.vermont.gov

[Phone] 802-879-5900
[Fax] 802-879-5651

Agency of Human Services

December 5, 2011

To: Joint Fiscal Committee
From: Terry Bequette, Associate State HIT Coordinator
Subject: Incentive Payments for Electronic Health Record Systems

This memorandum accompanies a request for approval to enable a grant from the Centers for Medicare & Medicaid Services (CMS) supporting Vermont's Medicaid Electronic Health Record Incentive Program (EHRIP). Specifically, this memorandum explains the source of the actual incentive payments, and the anticipated schedule of making incentive payments.

Under the HITECH Act, part of the American Recovery and Reinvestment Act of 2009 (ARRA), states can choose to establish an incentive payment program for the adoption and meaningful use of Electronic Health Record systems by eligible hospitals and professionals. Vermont has chosen to implement and support an EHRIP program. The State's proposed program was approved by CMS in September and was officially launched on October 3, 2011. Our proposal included funding for the operation of the program, and estimated the actual incentive payments to providers.

There are two significant points to be made about the incentive payment portion of the estimated spending for this program: 1) the incentive payments are 100% Federal Financial Participation (FFP); and 2) the State's proposal included an estimated incentive payment schedule for the two fiscal years covered by the initial grant (FFY 2012 and 2013), but the actual process of spending and accounting for the incentive payments occurs through established CMS quarterly reporting and estimating. Vermont anticipates spending $32,330,000 for incentive payments during the two Federal Fiscal Years ending on September 30, 2013. The breakdown by quarter is reflected in the following table:

All amounts are shown in thousands:

	FFY 2012				FFY 2013				
Category	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Total
Eligible Professional	$860	$1,290	$2,150	$2,150	$2,150	$2,150	$2,150	$2,150	$15,050
Eligible Hospital	$4,800	$2,400	$2,400	$0	$3,840	$1,920	$1,920	$0	$17,280
Total	$5,660	$3,690	$4,550	$2,150	$5,990	$4,070	$4,070	$2,150	$32,330

Based on the applications received to date, we expect to be very close to the estimated incentive payment payout for this quarter.

If you have any questions about the incentive payment funding or anticipated payouts please contact me at 802.879.5996 or terry.bequette@state.vt.us .

Thank you for your consideration.

STATE of VERMONT
AGENCY of HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS
~ COMMISSIONER'S OFFICE ~
MEMORANDUM

Tel: (802) 879-5901 **Fax: (802) 879-5962**

TO: Toni Hartrich, Budget Analyst
Department of Finance & Management

Molly Ordway-Paulger, Director of Classification, Compensation & HRIS
Department of Personnel

THRU: Doug Racine, Secretary
Agency of Human Services

FROM: Mark Larson, Commissioner
Department of Vermont Health Access

DATE: November 16, 2011

SUBJECT: AA-1 request

Attached is a request for a grant acceptance (AA-1) for the CMS State Medicaid Health Information Technology (SMHP – HIT) Grant. Also, included is the JFO position request for seven (7) limited service positions needed to manage this project. These positions are comprised of 5 new positions and continued funding for 2 positions from the HIT - PAPD approved on JFO #2437.

The grant is for the CMS, HIT funding and requires a 10% match which has been reserved in the State Health Information Technology Special Fund. The funds will be used to support contractual, grant, and the limited service positions who will implement the SMHP. Included in this packet is the originally submitted SMHP IAPD (v1.1) of which CMS has approved of with conditions of submission of a redlined SMHP IAPD (v2.0). This AA-1 package seeks approval for all portions of which CMS has granted approval, totaling $3,664,326 ($3,297,893 in federal dollars). We are currently working closely with CMS to address all identified issues and expect to receive full approval in the coming weeks. Upon receipt of CMS approval of the redline SMHP IAPD (v2.0) we plan to submit a follow up AA-1 for the remaining funds tied to this initiative.

This request also includes $32,330,000 of 100% federal funds for Provider and Hospital Electronic Health Records (EHR) Incentive payments.

All relevant grant documentation has been attached along with all required. If you have any questions or are in need of further information, please feel free to give me a call. Thank you for your attention in this matter.

c: Jim Giffin, AHS
Jill Gould, DVHA

STATE OF VERMONT REQUEST FOR GRANT (*) ACCEPTANCE (Form AA-1)

BASIC GRANT INFORMATION				
1. Agency:	Human Services			
2. Department:	Vermont Health Access			
3. Program:	State Medicaid Health Information Technology (SMHP-HIT)			
4. Legal Title of Grant:	Health Information Technology IAPD			
5. Federal Catalog #:	93.778			
6. Grant/Donor Name and Address: DHHS - CMS 233 North Michigan Avenue, Suite 600 Chicago Illinois 60601				
7. Grant Period: **From:**	9/23/2011	**To:**	9/30/2013	
8. Purpose of Grant: Implementation activities for the State Medicaid Health Information Technology Plan (SMHP)				
9. Impact on existing program if grant is not Accepted: State will not be able to comply with federal requirement to implement the SMHP HIT and providers will not be eligible to receive electronic health record (EHR) meaningful use incentive payments.				

10. BUDGET INFORMATION

	SFY 1	SFY 2	SFY 3	Comments
Expenditures:	**FY** 2012	**FY** 2013	**FY** 2014	
Personal Services	$1,087,338	$1,604,716	$676,804	Staff and contracts
Operating Expenses	$124,646	$136,658	$34,164	Includes SWICAP
Grants	$13,900,000	$16,280,000	$2,150,000	EHR Incentives
Total	$15,111,984	$18,021,374	$2,860,968	
Revenues:				
State Funds:	$121,198	$174,136	$71,097	HIT Special Funds
Cash	$121,198	$174,136	$71,097	
In-Kind	$	$	$	
Federal Funds:	$14,990,786	$17,847,238	$2,789,871	
(Direct Costs)	$14,878,605	$17,724,246	$2,759,123	
(Statewide Indirect)	$7,011	$7,687	$1,922	2.5% direct wages
(Departmental Indirect)	$105,170	$115,305	$28,826	Includes AHS CAP
Other Funds:	$	$	$	
Grant (source)	$	$	$	
Total	$	$	$	

Appropriation No:	3410010000	**Amount:**	$3,664,326
	3410010000		$32,330,000
			$
			$
			$
			$
			$
		Total	$35,994,326

STATE OF VERMONT REQUEST FOR GRANT (*) ACCEPTANCE (Form AA-1)

PERSONAL SERVICE INFORMATION

11. Will monies from this grant be used to fund one or more Personal Service Contracts? ☒ Yes ☐ No
If "Yes", appointing authority must initial here to indicate intent to follow current competitive bidding process/policy.

Appointing Authority Name: Mark Larson, Commissioner Agreed by: MC (initial)

12. Limited Service Position Information:	**# Positions**	**Title**
		See attached list - Includes extending 2 FTE approved in JFO 2437
Total Positions	7	

12a. Equipment and space for these positions: ☐ Is presently available. ☒ Can be obtained with available funds.

13. AUTHORIZATION AGENCY/DEPARTMENT

I/we certify that no funds beyond basic application preparation and filing costs have been expended or committed in anticipation of Joint Fiscal Committee approval of this grant, unless previous notification was made on Form AA-1PN (if applicable):

Signature:	Date: 12.2.11
Title: Mark Larson, DVHA Commissioner	
Signature: Douglas A. Racine	Date: 12/2/11
Title: Doug Racine, AHS Secretary	

14. SECRETARY OF ADMINISTRATION

☒ Approved:	(Secretary or designee signature) Dept.	Date: 12/2/11

15. ACTION BY GOVERNOR

☒ Check One Box: Accepted		12/2/11
☐ Rejected	(Governor's signature)	Date:

16. DOCUMENTATION REQUIRED

Required GRANT Documentation

☒ Request Memo	☐ Notice of Donation (if any)
☐ Dept. project approval (if applicable)	☐ Grant (Project) Timeline (if applicable)
☒ Notice of Award	☐ Request for Extension (if applicable)
☒ Grant Agreement	☒ Form AA-1PN attached (if applicable)
☒ Grant Budget	

End Form AA-1

(*) The term "grant" refers to any grant, gift, loan, or any sum of money or thing of value to be accepted by any agency, department, commission, board, or other part of state government (see 32 V.S.A. §5).

STATE OF VERMONT GRANT SPENDING PRE-NOTICE (Form AA-1PN)

PURPOSE & INSTRUCTIONS:

This form is intended solely as notification to the Joint Fiscal Committee of the unavoidable need to spend State funds in advance of Joint Fiscal Committee approval of grant requests and with the intent of securing a federally or privately funded grant award. Pre-notification is required for expenditures of state funds beyond basic grant application preparation and filing costs. Expenditure of these state funds does not guarantee that a grant will be awarded to the State of Vermont, or that a future grant award will be accepted by the Joint Fiscal Committee. If a grant award is subsequently received, a completed ***Form AA-1 Request for Grant Acceptance*** *must be submitted to the Joint Fiscal Committee for review and approval before spending or obligating additional funds.*

BASIC GRANT INFORMATION

1. Agency:	AHS
2. Department:	DVHA
3. Program:	State Medicaid Health Information Technology (SHMP - HIT)
4. Legal Title of Grant:	Health Information Technology IAPD
5. Federal Catalog #:	93.778

6. Grant/Donor Name and Address:
DHHS - CMS 233 North Michigan Avenue, Suite 600 Chicago Illinois 60601

7. Grant Period:	**From:**	9/23/2011	**To:**	9/30/2013

8. Purpose of Grant:
Implementation activities for the State Medicaid Health Information Technology Plan (SMHP)

9. STATE FUNDS TO BE SPENT IN ADVANCE OF GRANT ACCEPTANCE BY JOINT FISCAL:

Expenditures:	**FY** 2012	**Required Explanation/Comments**
Personal Services	$250,235.00	(Include type of expenditures to be incurred, i.e. training, planning, proposal development, etc.) Staff and contractor expenses from planning activites authorized in PAPD JFO #2437 which were rolled into the IAPD application
Operating Expenses	$	
Grants	$	
Total	$	

10. AUTHORIZATION AGENCY/DEPARTMENT

I/We certify that spending these State funds in advance of Joint Fiscal Approval of a Grant is unavoidable, and that a completed ***Form AA-1 Request for Grant Acceptance*** will be submitted for Joint Fiscal Committee approval if a grant award is received for this program:

Signature:	Date: 11.17.11
Title: Mark Larson, DVHA Commissioner	
Signature: Patrick F Flood	Date: 11/23/11
Title: Doug Racine, AHS Secretary	

11. ATTACHMENTS: Attach relevant documentation that demonstrates the necessity of this expenditure. (example: funding opportunity guidelines require training, etc.)

Distribution:
Original - Joint Fiscal Office;
Copy 1 – Department Grant File;
Copy 2 – Attach to Form AA-1 (if grant is subsequently received).

(End Form AA-1PN – Grant Spending Pre-Notice – Form AA-1PN)

STATE OF VERMONT
Joint Fiscal Committee Review
Limited Service - Grant Funded
Position Request Form

This form is to be used by agencies and departments when additional grant funded positions are being requested. Review and approval by the Department of Human Resources must be obtained prior to review by the Department of Finance and Management. The Department of Finance will forward requests to the Joint Fiscal Office for JFC review. A Request for Classification Review Form (RFR) and an updated organizational chart showing to whom the new position(s) would report **must** be attached to this form. Please attach additional pages as necessary to provide enough detail.

Agency/Department: AHS - Department of Vermont Health Access Date: 10/28/11

Name and Phone (of the person completing this request): Kate Jones

Request is for:

☑ Positions funded and attached to a new grant.

☐ Positions funded and attached to an existing grant approved by JFO #_____

1. Name of Granting Agency, Title of Grant, Grant Funding Detail (attach grant documents):

   DHHS - CMS - Health Information Technology IAPD (HIT)

2. List below titles, number of positions in each title, program area, and limited service end date (information should be based on grant award and should match information provided on the RFR) position(s) will be established only after JFC final approval:

Title* of Position(s) Requested	# of Positions	Division/Program	Grant Funding Period/Anticipated End Date
See attached list of 5 new and 2 extensions - Grant Period: begins 9/23/11, ends 9/30/13			

*Final determination of title and pay grade to be made by the Department of Human Resources Classification Division upon submission and review of Request for Classification Review.

3. Justification for this request as an essential grant program need:

   The State Medicaid Health Plan and Health Information Technology (SMHP-HIT) is a federally required program and is funded 90% by the federal CMS award. The matching funds come form the State Health Information Technology assessment. Without these positions, the State would not be able to meet the federal deadlines for implementation of the SMHP.

I certify that this information is correct and that necessary funding, space and equipment for the above position(s) are available (required by 32 VSA Sec. 5(b).

Signature of Agency or Department Head — Date: 11.17.11

Approved/Denied by Department of Human Resources — Date: 11/29/11

Approved/Denied by Finance and Management — Date: 12/2/11

Approved/Denied by Secretary of Administration — Date: 12/2/11

Comments:

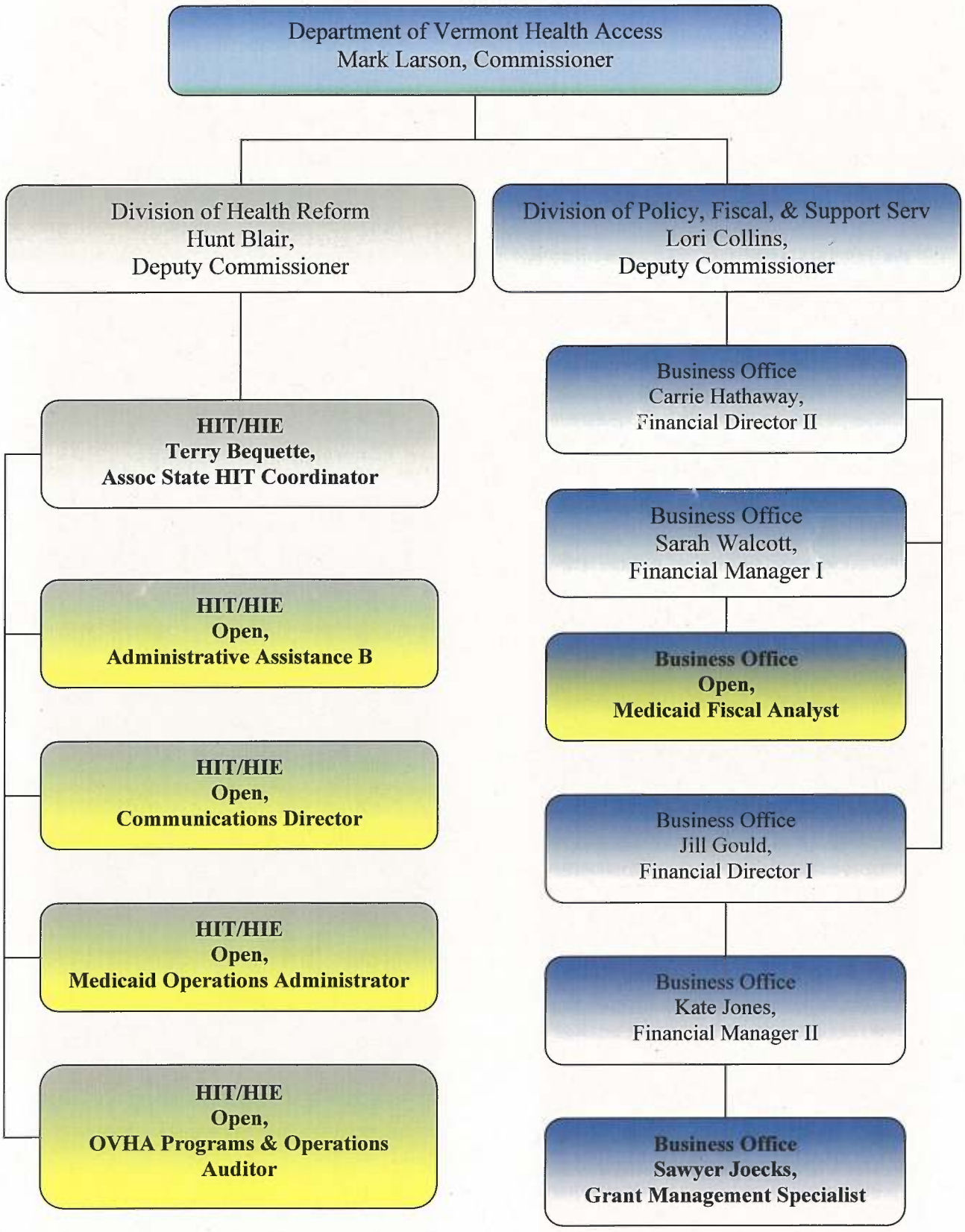
DHR – 11/7/05

RECD DEC 0 1 2011

STATE OF VERMONT AA-1 REQUEST
SMHP HIT IAPD POSITION ATTACHMENT

Title	# Positions	Dept.	Pos #	Period
Administrative Assistant B	1.00	DVHA	New	9/23/11 - 9/30/13
Communications Director	1.00	DVHA	New	9/23/11 - 9/30/13
Medicaid Operations Administrator	1.00	DVHA	New	9/23/11 - 9/30/13
OVHA Programs & Operations Auditor	1.00	DVHA	New	9/23/11 - 9/30/13
Medicaid Fiscal Analyst	1.00	DVHA	New	9/23/11 - 9/30/13
HIT Project Manager	1.00	DVHA	730128	9/23/11 - 9/30/13
Grant Management Specialist	1.00	DVHA	730129	9/23/11 - 9/30/13
Total	7.00			

DVHA Organization Chart Relating to SMHP Positions
Nov. 16, 2011



SECTION I: EXECUTIVE SUMMARY

The State of Vermont Agency of Human Services (AHS) and the Department of Vermont Health Access (DVHA) submit this Implementation Advance Planning Document (IAPD) to notify the Centers for Medicare and Medicaid Services (CMS) of Vermont's intent to implement certain Health Information Technology (HIT) projects to carry out its State Medicaid Health Information Technology Plan (SMHP). This IAPD covers funding required to support an initial portfolio of SMHP-related projects and support, all associated with the State's Electronic Health Record Incentive Payment program (EHRIP),as follows:

Vermont Initial SMHP HIT Portfolio of Projects and Support for EHRIP

Electronic Health Record (EHR) Incentive Program (EHRIP) Project Elements 'EHRIP':

1. payments to eligible providers (Professionals and Hospitals), 'EHRIP Payments'
2. Implementation and ongoing administration and support of the EHRIP in Vermont, 'EHRIP support'
3. Medical Assistance Provider Incentive Repository (MAPIR) Project Elements, 'MAPIR':
    a. Initial MAPIR Multi-state collaborative development of core functionality, Vermont's share, 'MAPIR core'
    b. Initial MAPIR Vermont customization for EHRIP launch, 'MAPIR VT'
    c. Future MAPIR stages of development for Meaningful Use Stages 2 and 3, Multi-state collaborative for core functionality, Vermont's share, 'MAPIR Core Future'
    d. Future MAPIR Vermont customization development, 'MAPIR VT Future'
4. Travel, Conferences, Equipment and other expenses, 'Other'.

An update to this IAPD, expected to be submitted very shortly, will include several other projects and initiatives associated with the State's SMHP.

Additionally, certain planning funding requirements are carried over from Vermont's HIT PAPD and that document is closed out.

Vermont will undertake certain customizations to the existing Medicaid Management Information System (MMIS) to complete the functionality of the (MAPIR) system. MAPIR is a portal application being developed by a 13 state collaboration to provide core

functionality for Registration and Attestation for the Electronic Health Record (EHR) Incentive Payment program (EHRIP). This IAPD includes funding for the subsequent stages of MAPIR development for Meaningful Use Stages 2 and 3, as well as other maintenance and enhancement releases, including Vermont's portion of the Multi-state collaborative common development and Vermont's in-state customization requirements. Additionally, this IAPD covers portions of the State Medicaid Health Information Technology Plan (SMHP) related to the establishment and ongoing administration of the EHRIP in Vermont.

It is imperative to establish approved funding for the launch of Vermont's EHRIP including the incentive money to be paid out, the staffing to support the initial launch and early support of this program, the State's MAPIR customization work, and the State's ongoing participation in the MAPIR multi-state collaborative. The State seeks early consideration of this IAPD request.

We request CMS approval of enhanced Federal Financial Participation (FFP) for expenditures related to the project planning; requirements analysis; and design, development and implementation of the modifications in Vermont's Medicaid Management Information System (MMIS), for the staffing, development and implementation of administrative procedures and functions related to the EHRIP, and any expenses related to training for the MAPIR implementation in Vermont and for external activities related to the launch and ongoing support of the EHRIP. Work will be completed by a team of assigned State staff and contractors, primarily our fiscal agent, Hewlett-Packard(HP) (formerly Electronic Data Systems (EDS))

The MMIS for Vermont is an integrated group of procedures and computer processing operations (subsystems) that enables management of administrative costs; services to recipients; business information to/from providers; inquiries; claims administration; and management reporting. Accommodating the registration and attestation of providers for EHRIP payouts requires modifications to support MAPIR functionality, including validating providers, validating patient volume encounters by time period, and accommodating workflow changes to properly administer the EHRIP program.

Vermont is requesting $3,664,326 in HIT IAPD costs ($3,297,283 Federal Share at 90% FFP) for activities for June 2011 – September 2013. This funding will support EHR Incentive Payments currently estimated at $32,330,000 across the time span of this IAPD. Vermont certifies that matching funds for the work outlined are funded in the current budget. Vermont has a pending request for additional PAPD funds related to this work.

SECTION VII: PROPOSED BUDGET

Vermont's proposed budget for this initial HIT IAPD reflects the total project cost and the overall request for Federal Financial Participation (FFP). Vermont's total budget is estimated at $3,664,326, which includes $3,297,893 (90% Federal share, HITECH), and $366,433 (10% State Share). The State is requesting $3,297,893 in new HIT IAPD funding for activities for June 2011 – October 2013. The portion of the funding request from June 2011 through September 2011 is retroactive to cover a PAPD shortfall of $250,235 (See the Table in Section II for a breakdown of this amount). This retroactive funding is also reflected in the Section VIII table reflecting quarterly estimated administrative costs, as increased spending in FFY12 Q1 spending). Approval of that retroactive funding, currently reflected in a PAPD revision, will allow us to close out the PAPD. **The submitted revision to the State's PAPD, requesting additional funding, is withdrawn and the PAPD is now closed out.**

Vermont Proposed Budget

State Personnel	$1,324,949	$147,217	$1,472,166
Training & Travel	$54,000	$6,000	$60,000
Supplies & Equipment	$27,000	$3,000	$30,000
Total	**$1,405,949**	**$156,217**	**$1,562,166**

Vermont's Contract Proposed Budget (all 90% FFP)

Contract Personnel			
Contract Services			
1. EHRIP contract services	$1,891,944	$210,216	$2,102,160
Total	**$1,891,944**	**$210,216**	**$2,102,160**

SECTION VIII: COST ALLOCATION PLAN FOR IMPLEMENTATION ACTIVITIES

The EHRIP activity, including customization of the MMIS for a MAPIR implementation, establishing the administration, outreach and oversight program of work associated with the EHRIP, and the subsequent future year work to implement additional stages of Meaningful Use is considered HITECH funded work (90% FFP). The incentive payments, of course, are 100% FFP.

Cost allocations are summarized in the table below.

Medicaid EHR Incentive Program		90.00% / $3,216,893	10.00% / $357,433	10.00% / $357,433	$3,574,326
Training and Travel		90.00% / $54,000	10,00% / $6,000	10,00% / $6,000	$60,000
Supplies and Equipment		90.00% / $27,000	10,00% / $3,000	10,00% / $3,000	$30,000
TOTAL		$3,297,893	$366,433	$366,433	$3,664,326

The total cost of this HIT IAPD is $3,664,326.

The total amount of FFP requested is $3,297,893 (details broken out in above table).

EHR Incentive Payment Program Administrative Costs Broken Out by FFY Quarters for Two Years

HIT Implementation and Operation In-house costs	$274*	$171	$171	$171	$171	$171	$171	$171	$1,471
HIT Implementation and Operation Private Contractor Costs	$521**	$98.8	$544**	$98.8	$98.8	$544**	$98.8	$98.8	$2,103
Total Enhanced FFP	$870	$269.8	$715	$269.8	$269.8	$715	$269.8	$269.8	$3,574

*Includes PAPD overspending reflected in this IAPD. A revised PAPD to cover this gap has been withdrawn and the PAPD is closed.

**Includes State contribution to core MAPIR development in Q1 of FFY12, and projected core development stages in Q3 of FFY12 and Q2 of FFY13. The initial core development and cost allocation among the participating states is described in the Commonwealth of Pennsylvania IAPD, included in Appendix F of this document.

APPENDIX B: ESTIMATES OF PROVIDER INCENTIVE PAYMENTS

The following table presents our estimates of provider incentive payments broken out by FFY quarter. These are preliminary estimates and we expect revised future estimates to be strongly influenced by the early results of our EHRIP, which will launch in October, 2011.

	FFY 2012				FFY 2013				
Category	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Total
Eligible Professional	$860,000	$1,290,000	$2,150,000	$2,150,000	$2,150,000	$2,150,000	$2,150,000	$2,150,000	$15,050,000
Eligible Hospital	$4,800,000	$2,400,000	$2,400,000	$0	$3,840,000	$1,920,000	$1,920,000	$0	$17,280,000
Total	$5,660,000	$3,690,000	$4,550,000	$2,150,000	$5,990,000	$4,070,000	$4,070,000	$2,150,000	$32,330,000

These estimates are based on a variety of data source considerations, including our awareness of EHR adoption rates in the provider community, indications of readiness to attest by a growing number of providers, direct contact with certain Vermont hospitals, and our subsequent projections. We are estimating a modest number of provider attestations in the first quarter of operation and increasing to a steady attestation rate of 100 providers per quarter by the third quarter of FFY 2012. Hospital estimates take into account the 50% incentive amount in year 1 of Vermont's payout model, followed by a 40% payout in the second year. This payout model is reflected in the hospital entries above, and assumes a 50% hospital participation rate in the first quarter, with additional 25% participation in each of the second and third quarters. In year three of the program (not shown above), the hospital payment would be reduced to the 10% payout for year 3 and would then be completed, while the provider payments would still continue for some time.

STATE of VERMONT
AGENCY of HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS
~ COMMISSIONER'S OFFICE ~
MEMORANDUM

Tel: (802) 879-5901 **Fax: (802) 879-5962**

TO: Toni Hartrich, Budget Analyst
Department of Finance & Management

Molly Ordway-Paulger, Director of Classification, Compensation & HRIS
Department of Personnel

THRU: Doug Racine, Secretary
Agency of Human Services

FROM: Mark Larson, Commissioner
Department of Vermont Health Access

DATE: November 16, 2011

SUBJECT: AA-1 request

Attached is a request for a grant acceptance (AA-1) for the CMS State Medicaid Health Information Technology (SMHP – HIT) Grant. Also, included is the JFO position request for seven (7) limited service positions needed to manage this project. These positions are comprised of 5 new positions and continued funding for 2 positions from the HIT - PAPD approved on JFO #2437.

The grant is for the CMS, HIT funding and requires a 10% match which has been reserved in the State Health Information Technology Special Fund. The funds will be used to support contractual, grant, and the limited service positions who will implement the SMHP. Included in this packet is the originally submitted SMHP IAPD (v1.1) of which CMS has approved of with conditions of submission of a redlined SMHP IAPD (v2.0). This AA-1 package seeks approval for all portions of which CMS has granted approval, totaling $3,664,326 ($3,297,893 in federal dollars). We are currently working closely with CMS to address all identified issues and expect to receive full approval in the coming weeks. Upon receipt of CMS approval of the redline SMHP IAPD (v2.0) we plan to submit a follow up AA-1 for the remaining funds tied to this initiative.

This request also includes $32,330,000 of 100% federal funds for Provider and Hospital Electronic Health Records (EHR) Incentive payments.

All relevant grant documentation has been attached along with all required. If you have any questions or are in need of further information, please feel free to give me a call. Thank you for your attention in this matter.

c: Jim Giffin, AHS
Jill Gould, DVHA

VERMONT DEPARTMENT OF PERSONNEL

Request for Classification Action
New or Vacant Positions
Existing Job Class/Titles ONLY
Position Description Form C

- **This form is to be used by management to request the allocation of a new position, or reallocation of a vacant position, to an EXISTING class title.**
- Employee requests must be submitted on the separate "Position Description Form A."
- Requests for full classification, to determine the appropriate pay grade for any job class must be submitted on "Position Description Form A."
- This form was designed in Microsoft Word to download and complete on your computer. This is a form-protected document, so information can only be entered in the shaded [ ] areas of the form.
- To move from field to field use your mouse, the arrow keys or press Tab. Each form field has a limited number of characters. Use your mouse or the spacebar to mark and unmark a checkbox.
- Where additional space is needed to respond to a question, you will need to attach a separate page, and number the responses to correspond with the numbers of the questions on the form. Please contact your Personnel Officer if you have difficulty completing the form.
- All sections of this form are required to be completed unless otherwise stated.
- The form must be complete, including required attachments and signatures or it will be returned to the department's personnel office.

Request for Classification Action
New or Vacant Positions
EXISTING Job Class/Title ONLY
Position Description Form C/Notice of Action

For Department of Personnel Use Only

Date Received (Stamp)

Notice of Action #_____

Action Taken: _____

New Job Title _____

Current Class Code _____ New Class Code _____

Current Pay Grade _____ New Pay Grade _____

Current Mgt Level____ B/U ___ OT Cat. ____EEO Cat. ____FLSA _____

New Mgt Level _____ B/U ____OT Cat. ____EEO Cat. ____FLSA _____

Classification Analyst_____Date _____ Effective Date: _____

Comments:

Date Processed: _____

Willis Rating/Components: Knowledge & Skills: _____ Mental Demands: _____ Accountability: _____
Working Conditions: _____ Total: _____

Position Information:

Incumbent: **Vacant or New Position**

Position Number: [ ] Current Job/Class Title: [ ]

Agency/Department/Unit: [AHS/DVHA/HCR] GUC: [73035]

Pay Group: [ ] Work Station: [Williston] Zip Code: [05495]

Position Type: ☐ Permanent ☒ Limited Service (end date) [9/30/2013]

Funding Source: ☐ Core ☐ Sponsored ☒ Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.) [10/90]

Supervisor's Name, Title and Phone Number: [Terry Bequette, Associate State HIT Coordinator, 802-879-5996]

Check the type of request (new or vacant position) and complete the appropriate section.

☒ **New Position(s):**

a. REQUIRED: Allocation requested: Existing Class Code [050200] Existing Job/Class Title: [Administrative Assistant B]

b. Position authorized by:

☒ Joint Fiscal Office – JFO # Pending Approval Date:

☐ Legislature – Provide statutory citation (e.g. Act XX, Section XXX(x), XXXX session)

☐ Other (explain) -- Provide statutory citation if appropriate.

☐ **Vacant Position:**

a. Position Number:

b. Date position became vacant:

c. Current Job/Class Code: Current Job/Class Title:

d. REQUIRED: Requested (existing) Job/Class Code: Requested (existing) Job/Class Title:

e. Are there any other changes to this position; for example: change of supervisor, GUC, work station? Yes ☐ No ☐ If Yes, please provide detailed information:

For All Requests:

1. List the anticipated job duties and expectations; include all major job duties: Manage the daily administrative support, business, personnel operations and resources for a variety of programs and projects within the Health Reform Division of the Department of Vermont Health Access, to ensure that leadership needs are being met thereby allowing program work to be successfully implemented. This involves office management, systems development, operational support, monitoring of budgets and management of resources. Establish operational processes and procedures for these programs and projects that support those of the division and department. continuously review operational processes and procedures to identify problems and implement solutions. Collaborate on department wide initiatives as needed, such as the implementation of the business continuity plan. Manage the process for dientifying and securing necessary IT hardware and software to meet program and project needs. This requires close collaboration with the IT staff. Liaison with HR staff on a regular basis to ensure that program and projects are following appropriate divisional and agency HR processes. Serve as primary resource to the program and projects on procedural HR issues. Generate and distribute reports supporting the EHR incentive payment program on a daily basis. This position requires considerable knowledge of administrative and business principles and practices, working knowledge of principles and practices of personnel administration, working knowledge of computer technology and its applications, an ability to develop and install administrative procedures and to evaluate their effectiveness, an ability to exercise discretion in interpreting and applying policies, rules and regulations of considerable complexity. This position will also support the EHRIP program operations, communications and program integrity functions, as well as other significant project initiatives including the Provider Directory project.

2. Provide a brief justification/explanation of this request: This position is being created with the use of HITECH funds from CMS to support a Medicaid Electronic Health Record Incentive Program (EHRIP). Each state establishes its own EHRIP, through the process of documenting a plan (State Medicaid Health Information Technology Plan (SMHP)). There are several components of establishing and supporting an EHRIP in Vermont, including program operations, program integrity, and communications functions, all of

which require administrative support. Other efforts identified in the State's EMHP, including a Provider Directory project, also require adminsitrative support. This program will run through 2021, the last year in which an incentive payment can be made to a provider.

3. If the position will be supervisory, please list the names and titles of all classified employees reporting to this position (this information should be identified on the organizational chart as well). This position will not be supervisory

Personnel Administrator's Section:

4. If the requested class title is part of a job series or career ladder, will the position be recruited at different levels? Yes ☐ No☒

5. The name and title of the person who completed this form: Terry Bequette, Associate State HIT Coordinator

6. Who should be contacted if there are questions about this position (provide name and phone number): Terry Bequette, 802.879.5996

7. How many other positions are allocated to the requested class title in the department: 0

8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.) Yes

Attachments:

☒ Organizational charts are **required** and must indicate where the position reports.

☐ Class specification (optional).

☒ For new positions, include copies of the language authorizing the position, or any other information that would help us better understand the program, the need for the position, etc.

☒ Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).

Personnel Administrator's Signature **(required)*** — Date

Supervisor's Signature **(required)*** — 11.17.11 Date

11.17.11

Appointing Authority or Authorized Representative Signature **(required)*** Date

* Note: Attach additional information or comments if appropriate.

VERMONT DEPARTMENT OF PERSONNEL

Request for Classification Action
New or Vacant Positions
Existing Job Class/Titles ONLY
Position Description Form C

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- Employee requests must be submitted on the separate "Position Description Form A."
- Requests for full classification, to determine the appropriate pay grade for any job class must be submitted on "Position Description Form A."
- This form was designed in Microsoft Word to download and complete on your computer. This is a form-protected document, so information can only be entered in the shaded [ ] areas of the form.
- To move from field to field use your mouse, the arrow keys or press Tab. Each form field has a limited number of characters. Use your mouse or the spacebar to mark and unmark a checkbox.
- Where additional space is needed to respond to a question, you will need to attach a separate page, and number the responses to correspond with the numbers of the questions on the form. Please contact your Personnel Officer if you have difficulty completing the form.
- All sections of this form are required to be completed unless otherwise stated.
- The form must be complete, including required attachments and signatures or it will be returned to the department's personnel office.

Request for Classification Action
New or Vacant Positions
EXISTING Job Class/Title ONLY
Position Description Form C/Notice of Action

For Department of Personnel Use Only

Date Received (Stamp)

Notice of Action #_____

Action Taken: _____

New Job Title _____

Current Class Code _____ New Class Code _____

Current Pay Grade _____ New Pay Grade _____

Current Mgt Level____ B/U ____ OT Cat. ____EEO Cat. ____FLSA _____

New Mgt Level _____ B/U ____OT Cat. ____EEO Cat. ____FLSA _____

Classification Analyst_____Date _____ Effective Date: _____

Comments:

Date Processed: _____

Willis Rating/Components: Knowledge & Skills: _____ Mental Demands: _____ Accountability: _____
Working Conditions: _____ Total: _____

Position Information:

Incumbent: **Vacant or New Position**

Position Number: [ ] Current Job/Class Title: [ ]

Agency/Department/Unit: [AHS/DVHA/HCR] GUC: [73035]

Pay Group: [ ] Work Station: [Williston] Zip Code: [05495]

Position Type: ☐ Permanent ☒ Limited Service (end date) [9/30/2013]

Funding Source: ☐ Core ☐ Sponsored ☐ Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.) [10/90]

Supervisor's Name, Title and Phone Number: [Terry Bequette, Associate State HIT Coordinator, 802-879-5996]

Check the type of request (new or vacant position) and complete the appropriate section.

☒ **New Position(s):**

a. REQUIRED: Allocation requested: Existing Class Code [857000] Existing Job/Class Title: [Communications Director]

b. Position authorized by:

☒ Joint Fiscal Office – JFO # Pending Approval Date:

☐ Legislature – Provide statutory citation (e.g. Act XX, Section XXX(x), XXXX session)

☐ Other (explain) -- Provide statutory citation if appropriate.

☐ **Vacant Position:**

a. Position Number:

b. Date position became vacant:

c. Current Job/Class Code: Current Job/Class Title:

d. REQUIRED: Requested (existing) Job/Class Code: Requested (existing) Job/Class Title:

e. Are there any other changes to this position; for example: change of supervisor, GUC, work station? Yes ☐ No ☐ If Yes, please provide detailed information:

For All Requests:

1. List the anticipated job duties and expectations; include all major job duties: Coordinate and administer communications for the Electronic Health Record Incentive Program (EHRIP). Develop content for and maintain the EHRIP website. Oversees the overall appearance and content of the site for utility and ease of navigation. Develop data-driven web content to provide consistently updated information illustrating the progress of the EHRIP program in Vermont. Develop strategies for and implement provider outreach and education activities for the EHRIP program. Collaborate with external entities to develop jointly presented material supporting the EHRIP program and the meaningful use of EHR technology (external entities include the Vermont Information Technology Leaders, Inc. (VITL) and associations representing certain provider types such as hospitals. Coordinate the use of materials made available from the Federal agencies with responsibilities for the EHRIP program, including the Office of the National Coordinator (ONC) and the Centers for Medicare and Medicaid Services (CMS).

Requires knowledge of the principles and practices of public and governmental media relations. Requires knowledge of web publishing and content management, grounded in publication layout, graphics and desktop publishing. Awareness of the complexities of the HITECH act as reflected in the EHRIP program, including meaningful use of EHR technology. Ability to conceptualize complex program requirements and procedures into content presentation to inform and educate the provider communities.

2. Provide a brief justification/explanation of this request: This position is being created with the use of HITECH funds from CMS to support a Medicaid Electronic Health Record Incentive Program (EHRIP). Each state establishes its own EHRIP, through the process of documenting a plan (State Medicaid Health Information Technology Plan (SMHP)). There are several components of establishing and supporting an EHRIP in Vermont, including relevant and timely communications about the program to inform and instruct the eligible providers in a variety of media, with an emphasis on web communications. This position will also establish and maintain relationships with other entities, such as VITL, working on certain aspects of the program, to ensure consistent messages across the entities involved. This program will run through 2021, the last year in which an incentive payment can be made to a provider. In the first three years of the program

attestations will be progressively more complex as the program expands to administer and audit the expanding stages of meaningful use of the underlying electronic health record technology. The communications requirements will become increasingly more complex as a result of the meaningful use progression.

3. If the position will be supervisory, please list the names and titles of all classified employees reporting to this position (this information should be identified on the organizational chart as well). This position will not be supervisory

Personnel Administrator's Section:

4. If the requested class title is part of a job series or career ladder, will the position be recruited at different levels? Yes ☐ No☒

5. The name and title of the person who completed this form: Terry Bequette, Associate State HIT Coordinator

6. Who should be contacted if there are questions about this position (provide name and phone number): Terry Bequette, 802.879.5996

7. How many other positions are allocated to the requested class title in the department: 0

8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.) Yes

Attachments:

☒ Organizational charts are **required** and must indicate where the position reports.

☐ Class specification (optional).

☒ For new positions, include copies of the language authorizing the position, or any other information that would help us better understand the program, the need for the position, etc.

☒ Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).

Personnel Administrator's Signature **(required)*** Date

Supervisor's Signature **(required)*** 11-17-11 Date

Appointing Authority or Authorized Representative Signature **(required)*** 11.17.11 Date

* Note: Attach additional information or comments if appropriate.

VERMONT DEPARTMENT OF PERSONNEL

Request for Classification Action
New or Vacant Positions
Existing Job Class/Titles ONLY
Position Description Form C

- **This form is to be used by management to request the allocation of a new position, or reallocation of a vacant position, to an EXISTING class title.**
- Employee requests must be submitted on the separate "Position Description Form A."
- Requests for full classification, to determine the appropriate pay grade for any job class must be submitted on "Position Description Form A."
- This form was designed in Microsoft Word to download and complete on your computer. This is a form-protected document, so information can only be entered in the shaded [ ] areas of the form.
- To move from field to field use your mouse, the arrow keys or press Tab. Each form field has a limited number of characters. Use your mouse or the spacebar to mark and unmark a checkbox.
- Where additional space is needed to respond to a question, you will need to attach a separate page, and number the responses to correspond with the numbers of the questions on the form. Please contact your Personnel Officer if you have difficulty completing the form.
- All sections of this form are required to be completed unless otherwise stated.
- The form must be complete, including required attachments and signatures or it will be returned to the department's personnel office.

Request for Classification Action
New or Vacant Positions
EXISTING Job Class/Title ONLY
Position Description Form C/Notice of Action

For Department of Personnel Use Only

Date Received (Stamp)

Notice of Action #_____

Action Taken: _____

New Job Title _____

Current Class Code _____ New Class Code _____

Current Pay Grade _____ New Pay Grade _____

Current Mgt Level____ B/U ____ OT Cat. ____EEO Cat. ____FLSA ____

New Mgt Level _____ B/U ____OT Cat. ____EEO Cat. ____FLSA ____

Classification Analyst_____Date _____ Effective Date: _____

Comments:

Date Processed: _____

Willis Rating/Components: Knowledge & Skills: _____ Mental Demands: _____ Accountability: _____
Working Conditions: _____ Total: _____

Position Information:

Incumbent: **Vacant or New Position**

Position Number: [ ] Current Job/Class Title: [ ]

Agency/Department/Unit: [AHS/DVHA/HCR] GUC: [73035]

Pay Group: [ ] Work Station: [Williston] Zip Code: [05495]

Position Type: ☐ Permanent ☒ Limited Service (end date) [9/30/2013]

Funding Source: ☐ Core ☐ Sponsored ☐ Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.) [10/90]

Supervisor's Name, Title and Phone Number: [Terry Bequette Associate State HIT Coordinator. 802828]

Check the type of request (new or vacant position) and complete the appropriate section.

☒ **New Position(s):**

a. REQUIRED: Allocation requested: Existing Class Code [499700] Existing Job/Class Title: [Medicaid Operations Administrator]

b. Position authorized by:

☒ Joint Fiscal Office – JFO # Pending Approval Date:

☐ Legislature – Provide statutory citation (e.g. Act XX, Section XXX(x), XXXX session)

☐ Other (explain) -- Provide statutory citation if appropriate.

☐ **Vacant Position:**

a. Position Number:

b. Date position became vacant:

c. Current Job/Class Code: Current Job/Class Title:

d. REQUIRED: Requested (existing) Job/Class Code: Requested (existing) Job/Class Title:

e. Are there any other changes to this position; for example: change of supervisor, GUC, work station? Yes ☐ No ☒ If Yes, please provide detailed information:

For All Requests:

1. List the anticipated job duties and expectations; include all major job duties: Coordinates the Electronic Health Record Incentive Program (EHRIP) with provider and hospital communities in Vermont and with providers in neighboring states who are registered Medicaid providers for Vermont. Coordinates provider outreach, including developing communications, participating in webinars and speaking opportunities, and overseeing an associated website. Coordinate efforts with the Vermont Information Technologies Leaders Inc (VITL) who operates the Vermont Health Information Exchange and also serves as a Regional Exchange Center to provide assistance to providers as they adopt and implements electronic health record system technology. Represent Vermont in a consortium of thirteen states who are developing the core system software to support the attestation process, including electroinc interactions with the CMS Registration and Attestation System. Act as the Vermont Project Manager for the customization of core software to interact with Vermont's Medicaid Management Information System (MMIS), including the scheduling and implementation of system upgrades.. Coordinate with Vermont's Fiscal Agent , Hewlett Packard Enterprise Systems (HPES), to insure proper operation and accuracy of data interchanges with CMS and with the validation data queries to the MMIS. Administer the day to day operation of the program including oversight of the validation process, of the payment schedule, of the program integrity function, and of the reporting of status and results. Establish procedures and provide guidance for processing problems and exceptions with applications and attestations, working with HPES and DVHA staff as needed.

Extensive contact occurs internally with program staff, financial staff, program integrity staff, as well as management. Contact with external entities includes HPES, VITL, CMS, and the 13-state consortium. There is extensive contact with the eligible hospital and professional providers in Vermont and in bordering states.

This position reports directly to the Associate State HIT Coordinator.

2. Provide a brief justification/explanation of this request: This position is being created with the use of HITECH funds from CMS to support a Medicaid Electronic Health Record Incentive Program (EHRIP). Each state establishes its own EHRIP, through the process of documenting a plan (State Medicaid Health Information Technology Plan (SMHP)). There are several components of establishing and supporting an

EHRIP in Vermont, including overall administration of the program, developing outreach to eligible providers, establishing procedures for operating the program (including help desk, reporting, budgeting, and program integrity), and managing the relationship with CMS related to the program through the generation of appropriate budgetary and progress reporting. This position will also establish and maintain contracted services with the Vermont Informantion Technology Leaders, Inc., who are positioned to provide first level support services to providers and to provide certain technical assistance to the program integrity function. This program will run through 2021, the last year in which an incentive payment can be made to a provider. In the first three years of the program attestations will be progressively more complex as the program expands to administer and audit the expanding stages of meaningful use of the underlying electronic health record technology.

3. If the position will be supervisory, please list the names and titles of all classified employees reporting to this position (this information should be identified on the organizational chart as well). This position will not be supervisory

Personnel Administrator's Section:

4. If the requested class title is part of a job series or career ladder, will the position be recruited at different levels? Yes ☐ No☒

5. The name and title of the person who completed this form: Terry Bequette, Associate State HIT Coordinator

6. Who should be contacted if there are questions about this position (provide name and phone number): Terry Bequette, 802.879.5996

7. How many other positions are allocated to the requested class title in the department: 0

8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.) Yes

Attachments:

☒ Organizational charts are **required** and must indicate where the position reports.

☐ Class specification (optional).

☒ For new positions, include copies of the language authorizing the position, or any other information that would help us better understand the program, the need for the position, etc.

☒ Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).

Personnel Administrator's Signature **(required)*** Date

Supervisor's Signature **(required)*** 11/18/11 Date

Appointing Authority or Authorized Representative Signature **(required)*** 11.17.11 Date

* Note: Attach additional information or comments if appropriate.

VERMONT DEPARTMENT OF PERSONNEL

Request for Classification Action
New or Vacant Positions
Existing Job Class/Titles ONLY
Position Description Form C

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- Requests for full classification, to determine the appropriate pay grade for any job class must be submitted on "Position Description Form A."
- This form was designed in Microsoft Word to download and complete on your computer. This is a form-protected document, so information can only be entered in the shaded [ ] areas of the form.
- To move from field to field use your mouse, the arrow keys or press Tab. Each form field has a limited number of characters. Use your mouse or the spacebar to mark and unmark a checkbox.
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Request for Classification Action
New or Vacant Positions
EXISTING Job Class/Title ONLY
Position Description Form C/Notice of Action

For Department of Personnel Use Only

Date Received (Stamp)

Notice of Action #_____

Action Taken: _____

New Job Title _____

Current Class Code _____ New Class Code _____

Current Pay Grade _____ New Pay Grade _____

Current Mgt Level____ B/U ____ OT Cat. ____EEO Cat. ____FLSA _____

New Mgt Level _____ B/U ____OT Cat. ____EEO Cat. ____FLSA _____

Classification Analyst_____Date _____ Effective Date: _____

Comments:

Date Processed: _____

Willis Rating/Components: Knowledge & Skills: _____ Mental Demands: _____ Accountability: _____
Working Conditions: _____ Total: _____

Position Information:

Incumbent: **Vacant or New Position**

Position Number: [ ] Current Job/Class Title: [ ]

Agency/Department/Unit: [AHS/DVHA/HCR] GUC: [ ]

Pay Group: [ ] Work Station: [Williston] Zip Code: [05495]

Position Type: ☐ Permanent ☒ Limited Service (end date) [9/30/2013]

Funding Source: ☐ Core ☐ Sponsored ☐ Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.) [10/90]

Supervisor's Name, Title and Phone Number: [Terry Bequette, Associate State HIT Coordinator, 802-879-5996]

Check the type of request (new or vacant position) and complete the appropriate section.

☒ **New Position(s):**

a. REQUIRED: Allocation requested: Existing Class Code [464900] Existing Job/Class Title: [OVHA Programs and Operations Auditor]

b. Position authorized by:

☒ Joint Fiscal Office – JFO # Pending Approval Date:

☐ Legislature – Provide statutory citation (e.g. Act XX, Section XXX(x), XXXX session)

☐ Other (explain) -- Provide statutory citation if appropriate.

☐ **Vacant Position:**

a. Position Number:

b. Date position became vacant:

c. Current Job/Class Code: Current Job/Class Title:

d. REQUIRED: Requested (existing) Job/Class Code: Requested (existing) Job/Class Title:

e. Are there any other changes to this position; for example: change of supervisor, GUC, work station? Yes ☐ No ☐ If Yes, please provide detailed information:

For All Requests:

1. List the anticipated job duties and expectations; include all major job duties: Administer the program integrity and audit functions for the Electronic Health Record Incentive Program (EHRIP). Develop program integrity and audit policy, procedures and processes for the EHRIP, beginning with the innitial phase of EHR system adoption and implementation. Design a statistically valid sampling approach to the auditing of EHR incentive payments. Continue the development through the three stages of meaningful use as currently defined and as requirements change through federal rulemaking. The program integrity procedures must accommodate tracking providers for six years of incentive payments, where providers have the option to skip a year and to change once between choosing a Medicare or a Medicaid incentive. Program integrity implementation requires investigative, analytical and consultative work at a professional level involving the incentive payment and meaningful use requirements in accordance with the Final Rule of the HITECH Act. Duties include the identification of unusual attestation and provider application patterns including procedural deficiencies in the reporting and claiming of incenitve payments. Extensive interaction with providers is anticipated, and with substantial internal staff working on the EHRIP program. Utilize external entities where possible for technical assistance on progarm audit operations. Duties are performed under the direction of the Associate State HIT Coordinator, with developed policies, procedures and processes being reviewed by Division of Program Integrity in the DVHA. Requires considerable knowledge of the principles and practices of public program administration, and of investigative techniques and procedures. Requires an ability to interpret statutes and regulations of considerable complexity and to apply them to specific cases.

2. Provide a brief justification/explanation of this request: This position is being created with the use of HITECH funds from CMS to support a Medicaid Electronic Health Record Incentive Program (EHRIP). Each state establishes its own EHRIP, through the process of documenting a plan (State Medicaid Health Information Technology Plan (SMHP)). There are several components of establishing and supporting an EHRIP in Vermont, including the establishment and implementation of program integrity and audit functions, with a basis in statistically valid sampling techniques. This position will both develop and implement the program integrity function. This position will also establish and maintain relationships with other entities, such

as VITL, for the provision of technical assistance to the program integrity function. This program will run through 2021, the last year in which an incentive payment can be made to a provider. In the first three years of the program attestations will be progressively more complex as the program expands to administer and audit the expanding stages of meaningful use of the underlying electronic health record technology. The program integrity requirements will become increasingly more complex as a result of the meaningful use progression.

3. If the position will be supervisory, please list the names and titles of all classified employees reporting to this position (this information should be identified on the organizational chart as well). This position will not be supervisory

Personnel Administrator's Section:

4. If the requested class title is part of a job series or career ladder, will the position be recruited at different levels? Yes ☐ No ☐

5. The name and title of the person who completed this form: Terry Bequette, Associate State HIT Coordinator

6. Who should be contacted if there are questions about this position (provide name and phone number): Terry Bequette, 802.879.5996

7. How many other positions are allocated to the requested class title in the department: 4

8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.) Yes

Attachments:

☒ Organizational charts are **required** and must indicate where the position reports.

☐ Class specification (optional).

☒ For new positions, include copies of the language authorizing the position, or any other information that would help us better understand the program, the need for the position, etc.

☒ Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).

Personnel Administrator's Signature **(required)*** Date

Supervisor's Signature **(required)*** 11.17.14 Date

11.17.11

Appointing Authority or Authorized Representative Signature **(required)*** Date

* Note: Attach additional information or comments if appropriate.

VERMONT DEPARTMENT OF PERSONNEL

Request for Classification Action
New or Vacant Positions
Existing Job Class/Titles ONLY
Position Description Form C

- **This form is to be used by management to request the allocation of a new position, or reallocation of a vacant position, to an EXISTING class title.**
- Employee requests must be submitted on the separate "Position Description Form A."
- Requests for full classification, to determine the appropriate pay grade for any job class must be submitted on "Position Description Form A."
- This form was designed in Microsoft Word to download and complete on your computer. This is a form-protected document, so information can only be entered in the shaded [ ] areas of the form.
- To move from field to field use your mouse, the arrow keys or press Tab. Each form field has a limited number of characters. Use your mouse or the spacebar to mark and unmark a checkbox.
- Where additional space is needed to respond to a question, you will need to attach a separate page, and number the responses to correspond with the numbers of the questions on the form. Please contact your Personnel Officer if you have difficulty completing the form.
- All sections of this form are required to be completed unless otherwise stated.
- The form must be complete, including required attachments and signatures or it will be returned to the department's personnel office.

Request for Classification Action
New or Vacant Positions
EXISTING Job Class/Title ONLY
Position Description Form C/Notice of Action

For Department of Personnel Use Only

Date Received (Stamp)

Notice of Action #_____

Action Taken: _____

New Job Title _____

Current Class Code _____ New Class Code _____

Current Pay Grade _____ New Pay Grade _____

Current Mgt Level____ B/U ___ OT Cat. ____EEO Cat. ____FLSA ____

New Mgt Level _____ B/U ____OT Cat. ____EEO Cat. ____FLSA ____

Classification Analyst_____Date _____ Effective Date: _____

Comments:

Date Processed: _____

Willis Rating/Components: Knowledge & Skills: _____ Mental Demands: _____ Accountability: _____
Working Conditions: _____ Total: _____

Position Information:

Incumbent: **Vacant or New Position**

Position Number: [ ] Current Job/Class Title: [ ]

Agency/Department/Unit: [AHS/DVHA/BO] GUC: [73035]

Pay Group: [ ] Work Station: [Williston] Zip Code: [05495]

Position Type: ☐ Permanent ☒ Limited Service (end date) [9/30/2013]

Funding Source: ☐ Core ☐ Sponsored ☒ Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.) [10/90]

Supervisor's Name, Title and Phone Number: [Sarah Walcott, Financial Manager I (802) 879-5924]

Check the type of request (new or vacant position) and complete the appropriate section.

☒ **New Position(s):**

a. REQUIRED: Allocation requested: Existing Class Code [498800] Existing Job/Class Title: [Medicaid Fiscal Analyst]

b. Position authorized by:

☒ Joint Fiscal Office – JFO # Pending Approval Date:

☐ Legislature – Provide statutory citation (e.g. Act XX, Section XXX(x), XXXX session)

☐ Other (explain) -- Provide statutory citation if appropriate.

☐ **Vacant Position:**

a. Position Number:

b. Date position became vacant:

c. Current Job/Class Code: Current Job/Class Title:

d. REQUIRED: Requested (existing) Job/Class Code: Requested (existing) Job/Class Title:

e. Are there any other changes to this position; for example: change of supervisor, GUC, work station? Yes ☐ No ☐ If Yes, please provide detailed information:

For All Requests:

1. List the anticipated job duties and expectations; include all major job duties: Manage the daily financial support for a variety of programs and projects within the Department of Vermont Health Access. This position will be responsible for program financial planning, fiscal reporting and analysis, accounting controls and reports as it relates to the State Medicaid Health Information Technology Plan (SMHP). Specific duties include:

• Analysis of claims and medical expenditures for the SMHP program for capitated managed care programs.

• Generation of reports supporting the $32,330,000 in Electronic Health Record Incentive Payments (EHRIP).

• Perform medical trend analysis and fiscal forecasting and projects future expenditures.

• Review actuarial methods and results for correctness and adequacy.

• Provide data and analysis for budget preparation and forecasting.

• Provide financial analysis and support for plan negotiation, compliance and reporting and for federal reporting requirements and continuous budget negotiation under the Medicaid waiver.

• Prepare analyses for reports to the Legislative Oversight Committee.

• Coordinate data collection and analysis with other State entities.

• Contacts consultants, actuaries, medical plans and others to augment and refine available data.

• Perform other related duties as required/assigned

2. Provide a brief justification/explanation of this request: This position is being created with the use of HITECH funds from CMS to support a Medicaid EHRIP. Each state establishes its own EHRIP, through the process of documenting a plan (SMHP). There are several components of establishing and supporting an EHRIP in Vermont, including program operations, program integrity, and communications functions, all of which require financial support. Other efforts identified in the State's EMHP, including a Provider Directory project, also require financial support.

3. If the position will be supervisory, please list the names and titles of all classified employees reporting to this position (this information should be identified on the organizational chart as well). N/A

Personnel Administrator's Section:

4. If the requested class title is part of a job series or career ladder, will the position be recruited at different levels? Yes ☐ No☒

5. The name and title of the person who completed this form: Kate Jones, Financial Manager II

6. Who should be contacted if there are questions about this position (provide name and phone number): Jill Gould 802.879.8240

7. How many other positions are allocated to the requested class title in the department: 4

8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.) No

Attachments:

☒ Organizational charts are **required** and must indicate where the position reports.

☐ Class specification (optional).

☒ For new positions, include copies of the language authorizing the position, or any other information that would help us better understand the program, the need for the position, etc.

☒ Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).

Personnel Administrator's Signature **(required)*** — Date

Supervisor's Signature **(required)*** — Date 11/16/11

Appointing Authority or Authorized Representative Signature **(required)*** — Date 11/17/11

* Note: Attach additional information or comments if appropriate.

Hartrich,Toni

From: Jones, Kate
Sent: Friday, December 02, 2011 11:52 AM
To: Hartrich,Toni
Subject: SMHP IAPD AA-1

Relating to Enclosure A of the SMHP IAPD AA-1 packet, we are working with CMS to address all modifications within the application. However all negotiations relating to the modifications will not affect the total funding award requested in this packet.

Kate Jones, Financial Manager II
Department of Vermont Health Access (DVHA)
312 Hurricane Lane
Williston, VT 05495-2087
kate.jones@state.vt.us
802-879-8256

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Department of Health & Human Services
Centers for Medicare & Medicaid Services
Consortium for Medicaid and Children's
Health Operations
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601

August 12, 2011

Lori Collins, Acting Commissioner
Department of Vermont Health Access
312 Hurricane Lane, Suite 201
Williston, Vermont 05495

Dear Ms. Collins:

Thank you for Vermont's State Medicaid Health Information Technology Plan (SMHP), submitted to the Centers for Medicare & Medicaid Services (CMS) on April 12, 2011.

The SMHP was submitted to CMS for review and approval to proceed with certain activities authorized under Section 4201 of the American Recovery and Reinvestment Act of 2009 (the Recovery Act), Pub L. 111-5, and our regulations at 42 CFR Part 495, Subpart D. The Social Security Act, as amended under Section 4201 of the Recovery Act, as well as our final regulation, will allow the payment of incentives to eligible professionals and eligible hospitals for the adoption and meaningful use of certified electronic health record (EHR) technology.

CMS approves the State's SMHP effective on the date of this letter. Our approval of the State's SMHP is subject to provisions in regulations at 42 CFR Part 495, Subpart D. As a condition of this approval, issues we have identified and included in Enclosure A must be addressed in a revised, red-lined SMHP and submitted to CMS for our review and approval by September 12, 2011. If the issues identified in Enclosure A aren't resolved to CMS' satisfaction by September 12, it could delay the launch of the State's Medicaid EHR Incentive Program past October 3. When submitting the revised SMHP, please include a change control document specifying where in the SMHP the State has addressed the required changes.

I wish to congratulate you and your staff on the successful completion of initial HIT planning activities. CMS appreciates Vermont's commitment and dedication to implementing this important new program that will lead to improved healthcare for populations served by the Medicaid Program.

If there are any questions concerning this information, please contact Rick Friedman at (410) 786-4451, or via email at Richard.Friedman@cms.hhs.gov.

Sincerely,

Jackie Garner
Consortium Administrator

Enclosure A

As a condition of approval of the SMHP, the following issues must be addressed in a revised SMHP and submitted for CMS review and approval.

1. The State described the methodology and data sources it will use for calculating hospital incentive payments, but the State did not include an actual sample calculation using sample data. Please provide a sample calculation of the hospital incentive payment as an addendum to the SMHP, so that CMS can verify that the hospital incentive calculation methodology is being correctly applied.

2. The State needs to be aware of and in compliance with enhanced funding requirements under the Seven Standards & Conditions in 42 CFR Part 433. If the State has questions on this part of the regulation, please contact your Regional Office HIT coordinator for guidance.

Department of Health & Human Services
Centers for Medicare & Medicaid Services
Consortium for Medicaid and Children's
Health Operations
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

September 23, 2011

Lori Collins, Acting Commissioner
Department of Vermont Health Access
312 Hurricane Lane, Suite 201
Williston, Vermont 05495

Dear Ms. Collins:

Thank you for Vermont's revised State Medicaid Health Information Technology Plan (SMHP), submitted to the Centers for Medicare & Medicaid Services (CMS) on September 4, 2011, and the Health Information Technology Implementation Advance Planning Document (HIT IAPD), submitted to CMS on September 13, 2011.

CMS approves the State's revised SMHP effective on the date of this letter. Our approval of the State's SMHP is subject to provisions in regulations at 42 CFR Part 495, Subpart D.

CMS also approves the State's HIT IAPD, but requires changes to the HIT IAPD as specified in Enclosure A. Please submit these changes to CMS for our review and approval in a red-lined Health Information Technology Implementation Advance Planning Document-Update (HIT IAPD-U) by October 24, 2011. When submitting the HIT IAPD-U, please include a change control document identifying where in the HIT IAPD-U the State has addressed the required changes. We are approving total funding for activities described in the State's SMHP and HIT IAPD in an amount not to exceed $3,664,326 (Federal share $3,297,893). Approval of funding for this phase of the HIT IAPD will expire on September 30, 2013.

Please refer to Enclosure B for additional information about State responsibilities concerning activities described in the HIT IAPD.

I wish to congratulate you and your staff on the successful completion of initial HIT planning activities. CMS appreciates Vermont's commitment and dedication to implementing this important new program that will lead to improved healthcare for populations served by the Medicaid Program.

If there are any questions concerning this information, please contact Rick Friedman at (410) 786-4451, or via email at Richard.Friedman@cms.hhs.gov.

Sincerely,

Jackie Garner
Consortium Administrator

Enclosure A

The following issue must be addressed in a HIT IAPD-U and submitted for CMS review and approval.

1. Page 6, last paragraph: The State shows the 90% Federal Financial Participation (FFP) match as $3,297,283, rather than $3,297,893, as is shown elsewhere in the document. Please correct.

2. Page 10, PAPD Status table: On the "Allocated CAP Costs" line, under "Remaining PAPD Funding," the State shows that adding the State amount of -$9,953 and the Federal amount of -$89,570 equals -$199,523, rather than the correct total of -$99,523. Please correct.

3. Page 21, Vermont Proposed Budget table: Please include the $250,235 requested for planning activities that occurred between June 2011 and September 2011 as a separate line item in the table.

4. General: Please verify that the redlined version of the HIT IAPD-U that the State submits keeps all redlining made to the HIT IAPD since the initial version (except where new changes conflict with previous changes).

Enclosure B

General HIT IAPD Information

All costs identified in this HIT IAPD are understood to be estimated costs only. Allowable costs relating to the Medicaid EHR Incentive Program are determined by CMS regulations and policy described in this HIT IAPD approval notice. Only actual costs incurred are reimbursable. The State must provide adequate support for all costs claimed in addition to providing detailed records and proper audit trails.

This approval does not include the projected provider incentive payments. Upon receipt of this HIT IAPD approval, please coordinate with the State's budget office to include the incentive payments on Form CMS-37, Medicaid Program Budget Report in the appropriate Administrative Section. The State will need to work with the CMS Regional Office Financial Management Group (FMG) staff to submit a supplemental CMS-37 that reflects this HIT IAPD award. The State should be sure to update the 37.12 budget narrative to reflect their expected budgetary needs by quarter.

As required in regulations at 42 CFR 495.340, the State must submit a HIT IAPD update no later than 60 days after the occurrence of project changes including but not limited to any of the following: (1) a projected cost increase of $100,000 or more; (2) a schedule extension of more than 60 days for major milestones; (3) a significant change in planning approach or implementation approach, or scope of activities beyond that approved in the HIT IAPD; (4) a change in implementation concept or a change to the scope of the project; or, (5) a change to the approved cost allocation methodology. As required in regulations at 42 CFR 495.342, the State must submit an annual HIT IAPD 60 days from the HIT IAPD approved anniversary date.

STATE OF VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF VERMONT HEALTH ACCESS

SMHP IAPD

EHR Incentive Payment Startup
MAPIR Customization and Program Support
Planning Activities Funding and PAPD Close-out
Implementation Advance Planning Document

Version 1.1

September 19, 2011

Name of State: **Vermont**

Revision History

Version	Date	Author(s)	Revision Notes
1.0	9/13/2011	Bequette	Initial IAPD submitted
1.1	9/19/2011	Bequette	Added Revision History; Updated TOC Page numbering; Executive Summary, pp 6-7, adjusted amount of request to remove actual incentive payments; clarified retroactive PAPD funding; Section II p8 requests retroactive PAPD funding per 42 CFR 495.362 Section V p16 reflected retroactive PAPD funding; Section VII pp 21-22 adjusted funding amounts to remove incentive payments; described retroactive PAPD funding; Section VIII p23 adjusted amounts to remove incentive payments

Name of State Medicaid Agency:	**Department of Vermont Health Access (DVHA)**
Name of Contacts at DVHA:	**Terry Bequette, Assoc. State HIT Coordinator** **Hunt Blair, Deputy Commissioner – Health Care Reform and State HIT Coordinator**
Email Addresses of contacts:	**terry.bequette@ahs.state.vt.us** **hunt.blair@ahs.state.vt.us**
Phone Numbers of contacts:	**Terry Bequette; 802.879.5996** **Hunt Blair: 802.879.5625**

Date of Submission to CMS Regional HITECH Point of Contact: **September 13, 2011**

Version #: **VT SMHP IAPD 1.0**

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SECTION I: EXECUTIVE SUMMARY

The State of Vermont Agency of Human Services (AHS) and the Department of Vermont Health Access (DVHA) submit this Implementation Advance Planning Document (IAPD) to notify the Centers for Medicare and Medicaid Services (CMS) of Vermont's intent to implement certain Health Information Technology (HIT) projects to carry out its State Medicaid Health Information Technology Plan (SMHP). This IAPD covers funding required to support an initial portfolio of SMHP-related projects and support, all associated with the State's Electronic Health Record Incentive Payment program (EHRIP),as follows:

Vermont Initial SMHP HIT Portfolio of Projects and Support for EHRIP

Electronic Health Record (EHR) Incentive Program (EHRIP) Project Elements 'EHRIP':

1. payments to eligible providers (Professionals and Hospitals), 'EHRIP Payments'
2. Implementation and ongoing administration and support of the EHRIP in Vermont, 'EHRIP support'
3. Medical Assistance Provider Incentive Repository (MAPIR) Project Elements, 'MAPIR':
    a. Initial MAPIR Multi-state collaborative development of core functionality, Vermont's share, 'MAPIR core'
    b. Initial MAPIR Vermont customization for EHRIP launch, 'MAPIR VT'
    c. Future MAPIR stages of development for Meaningful Use Stages 2 and 3, Multi-state collaborative for core functionality, Vermont's share, 'MAPIR Core Future'
    d. Future MAPIR Vermont customization development, 'MAPIR VT Future'
4. Travel, Conferences, Equipment and other expenses, 'Other'.

An update to this IAPD, expected to be submitted very shortly, will include several other projects and initiatives associated with the State's SMHP.

Additionally, certain planning funding requirements are carried over from Vermont's HIT PAPD and that document is closed out.

Vermont will undertake certain customizations to the existing Medicaid Management Information System (MMIS) to complete the functionality of the (MAPIR) system. MAPIR is a portal application being developed by a 13 state collaboration to provide core

functionality for Registration and Attestation for the Electronic Health Record (EHR) Incentive Payment program (EHRIP). This IAPD includes funding for the subsequent stages of MAPIR development for Meaningful Use Stages 2 and 3, as well as other maintenance and enhancement releases, including Vermont's portion of the Multi-state collaborative common development and Vermont's in-state customization requirements. Additionally, this IAPD covers portions of the State Medicaid Health Information Technology Plan (SMHP) related to the establishment and ongoing administration of the EHRIP in Vermont.

It is imperative to establish approved funding for the launch of Vermont's EHRIP including the incentive money to be paid out, the staffing to support the initial launch and early support of this program, the State's MAPIR customization work, and the State's ongoing participation in the MAPIR multi-state collaborative. The State seeks early consideration of this IAPD request.

We request CMS approval of enhanced Federal Financial Participation (FFP) for expenditures related to the project planning; requirements analysis; and design, development and implementation of the modifications in Vermont's Medicaid Management Information System (MMIS), for the staffing, development and implementation of administrative procedures and functions related to the EHRIP, and any expenses related to training for the MAPIR implementation in Vermont and for external activities related to the launch and ongoing support of the EHRIP. Work will be completed by a team of assigned State staff and contractors, primarily our fiscal agent, Hewlett-Packard(HP) (formerly Electronic Data Systems (EDS))

The MMIS for Vermont is an integrated group of procedures and computer processing operations (subsystems) that enables management of administrative costs; services to recipients; business information to/from providers; inquiries; claims administration; and management reporting. Accommodating the registration and attestation of providers for EHRIP payouts requires modifications to support MAPIR functionality, including validating providers, validating patient volume encounters by time period, and accommodating workflow changes to properly administer the EHRIP program.

Vermont is requesting $3,664,326 in HIT IAPD costs ($3,297,283 Federal Share at 90% FFP) for activities for June 2011 – September 2013. This funding will support EHR Incentive Payments currently estimated at $32,330,000 across the time span of this IAPD. Vermont certifies that matching funds for the work outlined are funded in the current budget. Vermont has a pending request for additional PAPD funds related to this work.

This IAPD request includes, retroactively, the additional funding we were requesting in the PAPD update, and this IAPD includes a formal closeout of Vermont's PAPD, with the appropriate tabulation of funding accounting.

SECTION II: RESULTS OF ACTIVITES INCLUDED IN THE PLANNING ADVANCED PLANNING DOCUMENT (P-APD) AND SMHP

The State of Vermont Agency of Human Services (AHS) and the Department of Vermont Health Access (DVHA) submit this Implementation Advance Planning Document (IAPD) to notify the Centers for Medicare and Medicaid Services (CMS) of Vermont's intent to implement certain Health Information Technology (HIT) projects to carry out its State Health Information Technology Plan (SMHP). This IAPD covers work sufficient to launch Vermont's Electronic Health Record Incentive Program (EHRIP).

Vermont's HIT PAPD was submitted on 12/18/2009 and approved by CMS on 1/15/2010. A revised version, making minor changes but requesting additional funding was submitted on 5/18/2011. The additional funding requested in the revised PAPD is $250,235. The State wishes to close out the PAPD as a part of this IAPD submission and has assimilated the additional funding needed to cover PAPD –related expenses for the June 2011 – September 2011 time period into the IAPD funding request. Contract work referenced in the PAPD update was for ongoing development and maintenance of the State's all payer claims database and that expense is also reflected in the IAPD. Per 42 CFR 495.362 the State requests this retroactive approval of FFP for the PAPD.

The purpose of the PAPD is to create the State Medicaid HIT Plan (SMHP) to serve as a documentation of our 5-year Road Map and to plan the EHRIP (Electronic Health Record Incentive Payment program). The draft SMHP was submitted on 12/13/2010, comments were received from CMS on 3/8/2011, and a revised SMHP responding to the CMS comments was submitted on 4/12/2011. We have received a letter of conditional approval dated 8/12/2011. The single remaining item at issue is a demonstration of the State's understanding of the Hospital calculation to determine the Medicaid incentive payment for hospitals. A revised SMHP including a sample hospital calculation has been submitted to CMS.

Most of the work outlined in the PAPD has been successfully completed, with the submission of our SMHP and revised SMHP. There is still planning work to be completed related to launching our EHRIP program, currently scheduled for 10/03/2011. Audit policies and procedures need to be developed and the operational aspects of the EHRIP program need to be developed and staffed for startup. Much documentation needs to be developed – provider manuals, portal website content, and other Department of Vermont Health Access (DVHA) website content – all related to the EHRIP.

Initiatives touched on in the SMHP that are currently being pursued include a Core Components project which introduces SOA-based components to Vermont's technical architecture; a Medicaid Enterprise System (MES) replacement for our MMIS (a revised RFP is under development), Vermont's Integrated Eligibility Workflow System (VIEWS) which will replace a legacy eligibility system and address the emerging needs of an Insurance Exchange and new Vermont legislative mandates (VIEWS is currently in an RFP development phase); and a Provider Directory, currently in a requirements definition stage. More recently we have determined a need for Technical Assistance in four major areas – Strategic approach and alignment, with a refined roadmap to insure appropriate sequencing and staffing of our work; Tactical approach to incorporate innovative technologies; Communications and Change Management Support; and Program and project assistance for specific projects (Insurance Exchange IT Gap Analysis; Eligibility System IAPD development, and a review of the VHIE). An RFP for this higher level "Portfolio Management" set of activities was issued and we are completing vendor selection for this work.

With respect to the EHRIP program, Vermont has participated in the MAPIR collaborative solution with twelve other states (led by Pennsylvania) and we will continue to participate through the subsequent developments to accommodate Meaningful Use Stages 1 and 2. We have contracted HP as both our MMIS operator and our Fiscal Agent to complete the customization of the core MAPIR product.

Significant outreach work has been done with the Eligible Professional community through the Vermont Information Technology Leaders, Inc, which serves as both Vermont's HIE and Regional Exchange Coordinator, including contracts in place with providers and practices and the hiring of implementation specialists. Webinars are held on a regular basis to communicate with this community. VITL held its annual conference on September 7, 2011 and EHRIP and Meaningful Use were prominently featured in the program (with participation from CMS staff). VITL will also play a role in assisting with EHRIP support following the launch in October.

The Status of expenditures related to the PAPD is summarized in the table below. Additional planning-related funding is identified later in this IAPD, including coverage of expenditures beyond the original PAPD approval levels. **With the issuance of this IAPD funding request, Vermont's PAPD is hereby formally closed out. The following table reflects the final disposition of PAPD funds.**

VT SMHP HIT IAPD I: P-APD STATUS									
ACTIVITY TYPE	**APPROVED P-APD**			**P-APD EXPENDITURES TO DATE (estimated; includes committed amounts)**			**REMAINING P-APD FUNDING**		
	State	**Federal**	**Total**	**State**	**Federal**	**Total**	**State**	**Federal**	**Total**
Planning Activities:									
Start-up Project Planning (Complete)									
Assess Current As-Is Landscape (Complete)									
Articulate Vision of To-Be Landscape (Complete)									
Develop EHRIP Program (Remaining work for audit; outreach; administration)									
Complete SMHP	(Submitted December 2010; resubmitted April 2011; Approved 8/12/2011)								
Subtotal - Planning Activities	$10,078	$90,698	$100,775	$23,016	$207,140	$230,155	-$12,938	-$116,442	-$129,380
Travel	$233	$2,101	$2,334	$367	$3,299	$3,666	-$133	-$1,199	-$1,332
Contract				$22,800	$205,200	$228,000	-$22,800	-$205,200	-$228,000
Equipment	$20,000	$180,000	$200,000				$20,000	$180,000	$200,000
Other	$800	$7,200	$8,000				$800	$7,200	$8,000
Allocated CAP Costs	$1,555	$14,000	$15,555	$11,508	$103,570	$115,078	-$9,953	-$89,570	-$199,523
Total Original P-APD	**$32,666**	**$293,998**	**$326,664**	**$57,690**	**$519,209**	**$576,899**	**-$25,024**	**-$225,211**	**-$250,235**

[redacted]

SECTION III: STATEMENT OF NEEDS AND OBJECTIVES

1. MAPIR Development and EHRIP Implementation

The American Recovery and Reinvestment Act of 2009 (ARRA) has established a program to provide incentive payments to providers for the adoption of Electronic Health Records (EHRs) and the subsequent "meaningful use of those EHRs. Under ARRA, states will be responsible for identifying providers who are eligible for these payments, making payments, and monitoring the use of the payments. In addition to providing the funding for the incentive payments, ARRA also makes Federal funding available to states to encourage providers to implement EHR systems and participate in health information exchanges (HIEs) to share this information across providers.

In order to administer this program, providers who wish to receive payment from the states will need to register at the federal level and submit an application at the state level. A new National Registration and Attestation (NR&A) system has been developed at the federal level to allow providers to register for EHR incentive payments. The NR&A will pass data to the states via a daily interface and states are required to support the application process and if appropriate, payment of EHR incentive to providers. In a multiple state collaborative that includes Vermont, the Commonwealth of Pennsylvania's Office of Medical Assistance Programs (PA OMAP) has taken the lead with HP Enterprise Services (HP) and States with an HP MMIS, to build a new application. The application has the capability to accommodate the payment provisions of the ARRA that relate to provider and hospital incentive payments for the adoption and meaningful use of an EHR system. HP (in Pennsylvania) has developed an initial core application that will interface with the NR&A as well as Vermont's MMIS to allow providers to complete applications and, if approved, generate EHR incentive payments. This application is known as the Medical Assistance Provider Incentive Repository (MAPIR).

The MAPIR system is a stand-alone, web-based application capable of interfacing with any MMIS system. The MAPIR application is designed with the following functionality:

1. Interfaces with the NR&A
2. Eligibility Verification and Notification
3. Provider and Hospital Attestation
4. Incentive Payment Calculation and Distribution
5. Appeals Tracking
6. User Interface for state resources to be able to view, monitor and support applications submitted by providers

The application will be phased-in over a period of two years and will have the flexibility to be modified to accommodate the reporting of new meaningful use criteria as CMS expands the requirements over the course of the incentive program.

The HP multi-state collaborative was formed to work through all issues related to the development of an application to meet the requirements of the EHR incentive program in the most cost-effective manner. PA OMAP, with HP, outlined an approach, identified business requirements, created initial screen mock-ups and formulated a business and technical plan for execution.

The core MAPIR functionality will now be supported in Vermont through the customization of interfaces to the existing MMIS system and the customization of web portal pages supporting the user interface. This work will be done by a Project Team consisting of subject matter experts and technical staff representing the State and HP. The team will determine the impact of the modifications to business rules and system functions in all areas impacted, with consideration given to any operational impacts. Design documents will then be created, system development will occur, the changes will be fully tested and documented, and implementation will be scheduled and carried out.

The strategy to perform the necessary remediation and complete the work plan requires the use of experienced and knowledgeable state staff as well as that of the expert contractors who support Vermont's MMIS. The HP contract has been amended and approved by CMS, because enhanced FFP was requested. The amended contract includes the contractual obligation both to the core MAPIR development and to the Vermont customization. Vermont had previously submitted a letter of intent for the core MAPIR participation.

Due to the somewhat unique nature of this project, with HP doing the core development in Pennsylvania, HP in Vermont (along with the other states) has had good and detailed awareness of the application functionality and the customization requirements throughout the MAPIR development. For this reason, we feel the requirements are well defined, supported by a good estimate of the work to be performed, and can be accomplished in our desired timeframe to support an October 3, 2011 launch of our EHRIP.

We are making final decisions related to web portal content options and any workflow adjustments, and HP has moved into their development phase. HP had previously developed a high level scope and custom estimate for Vermont detailing the Statement of Work (SOW) for this effort

A comprehensive Testing Phase will take place to be certain that the MAPIR and MMIS systems are properly interfaced for incentive payment registration, attestation, payment and administration. This testing will include the requisite interface testing to the National Registration and Attestation System.

In addition to the development and customization work included in this IAPD, we are also including funding requirements to support the development of the EHRIP program in Vermont. This includes establishing procedures for the oversight and administration of the program, including auditing, establishing an EHRIP provider relations function, ongoing maintenance of the web portal content, reporting, and administrative assistance to program management.

As we move into the actual EHRIP program we will identify any additional work that would require us to submit an amendment to this IAPD for the unanticipated work.

Future MAPIR core development will include the accommodation of Meaningful Use Stages 2 and 3, as well as more routine maintenance and enhancement updates. As core MAPIR releases occur, Vermont will have an ongoing need to meet those releases with customization work for the Vermont provider portal and the MAPIR interfaces to the MMIS.

Implementing our EHRIP will help Vermont meet its strategic goals and objectives of enhancing our providers' capabilities to achieve the meaningful use of EHR technology. In addition to developing the MAPIR-related technical support for EHRIP our strategy also includes promoting the EHRIP to maximize participation and working closely with VITL (in both its HIE and REC functionalities) to facilitate the adoption of EHRs and the development of Health Information Exchange and Electronic Data Sharing.

This IAPD requests the funding for all of the development and activities described here, as well as the anticipated incentive payments to Eligible Professionals and Hospitals.

2. Travel, Conferences, Equipment and Other Expenses

Maintaining Vermont's participation in recognized gatherings of states for the many aspects of HITECH related activities is essential to our success with the HIT work we are doing. Various All Grantee and regional meetings have become a useful and accepted means of keeping the states engaged in HIT progress while providing a forum for sharing and capturing best practices. As the complexities of implementing new architectures (MITA) and networks (NwHIN; DIRECT) overlap with the expansion of the VHIE and the

introduction of MMIS and Eligibility replacements and an Insurance Exchange, the need for frequent and organized dialog will grow. While funding overlaps may occur in consideration of a given conference (e.g., MMIS; HITECH), the State is requesting funding to support its participation in HIT related conferences, training and other travel in support of its efforts. Specific determinations of the applicability or share of HITECH travel and training funds to be used will be made as occasions warrant.

Some equipment and incidental software will be required to support staff engaged in this EHRIP work. This will include, but not be limited to, desktop and laptop computers, portable devices, projectors, servers for prototype development, media/communication software and hardware, and more.

The IAPD also includes funding for other unanticipated expenditures not identified at the current time.

SECTION IV: STATEMENT OF ALTERNATIVE CONSIDERATIONS

The State is establishing an EHR Incentive Payment program to satisfy the requirements of the ARRA. This is in keeping with several initiatives at the state level focused on improving health outcomes. The use of certified EHR technology, combined with the timely exchange of health information and the updating of our immunization registry will contribute to this effort. In order to implement the EHRIP, the functionality embedded in the MAPIR application is required. The alternatives to using the collaborative core functionality consisted of doing our own stand-alone development, or of doing something with less automation and supporting it with additional administrative staffing. Participating in the MAPIR collaborative has been the best approach for Vermont.

Given the participation in the MAPIR core development, the need to complete the application with the customization proposed here is a necessity.

SECTION V: PERSONNEL RESOURCE STATEMENT

Vermont is proposing funding for the positions described below within this IAPD to conduct planning and implementation activities, for June 2011 – September 2013. The period from June 2011 through September 2011 reflects retroactive funding associated with PAPD activities (see Sections II and VII for budgetary explanations). These staffing levels are maximum estimates given initial assumptions about the magnitude of incentive program applications and complexity of tasks. Actual staffing levels will reflect actual workload.

The SMHP Portfolio projects will be supported by a project sponsor, Hunt Blair, Deputy Commissioner, Health Reform Division & State HIT Coordinator. His role will be to coordinate the projects across functional areas, serve as a liaison with external entities affected by the projects, and ensure that properly skilled resources are available. A strong relationship has been established with Angela Rouelle, Chief Information Officer for the Vermont Agency of Human Services, who oversees all IT projects across the agency. Vermont has strategically determined that the centralization of IT resources is the best and most effective way of pursuing the aggressive schedule of IT work represented by the SMHP Portfolio and the other major initiatives. Vermont is fortunate to have this close alignment of program and IT leadership.

Personnel resource requirements for the EHRIP program are documented in the table which follows. Contracted consultant help is further identified in the budget tables in Section VII.

1. Personnel Resources for the EHRIP Project

State Personnel Resource Statement:

EHRIP Program Staffing Table				
State Staff Title	% of Time	Annual Project Hours	Cost with Benefits	Description of Responsibilities
Deputy Commissioner of Health Care Reform and State HIT Coordinator	5	100	$19,386	Oversees HIT which includes the HIE, Vermont's Blueprint for Health, Medicaid HIT Projects, and the strategic planning for Health Care Reform in the state of Vermont. Serves as the project sponsor for activities in this IAPD.
Associate State HIT Coordinator	100	2000	$372,314	Project Management program oversight, HP contract management, direct work of team including program administration for EHRIP.
DVHA IT Manager	25	500	$100,413	Primary relationship manager with HP for technical work; monitor project and advise for adherence to Agency practices and procedures for IT projects.
Senior Business Analyst	50	1000	$125,209	Lead initiatives planning, policy analysis, policy and rule development and updates; software requirements and design; data analysis and program/stakeholder outreach.
Incentive Program Operations Specialist	100	2000	$204,909	Coordinates EHRIP program with provider and hospital communities; provider outreach; coordinate efforts with REC, HIE; leads/supports incentive program operations, analyzes program data and develops status and other related reports; processes problems and exceptions with applications and attestations, working closely with HP and DVHA staff as needed.

EHRIP Program Integrity Specialist	100	2000	$182,033	Develops and documents the audit and oversight program for the EHRIP; administers and conducts PI; Develops PI reports as necessary.
EHRIP Program Web Administrator	100	2000	$192,822	Serves as the webmaster for EHRIP related pages and content on the State website; develops requirements for portal customization for MAPIR implementations; Creates and manages content across all domains, including Social web applications.
Administrative Support	50	1000	$68,830	Support team and project management
Contracts Administrative Support	50	1000	$100,082	Manage contract files; support staff
Fiscal Analyst	50	1000	$106,186	Program financial planning; accounting controls and reports; manage program fiscal reporting and analysis requirements; respond to audit reports.
Grand Total		12,600	$1,472,166	

EHRIP Contractor Program Personnel and Services Resource Statement				
Contractor Staff Title / Service	% of Time	Project Hours	Cost	Description of Responsibilities
Vermont share of MAPIR Multi-state collaboration Costs	NA	NA	$276,560	Vermont's share of the Core MAPIR development as completed by and funded through an IAPD in Pennsylvania on behalf of the 13 MAPIR states.
MAPIR installation and customization	NA	1320	$145,200	HP implementation costs for initial MAPIR development for Vermont customizations.

Outreach and Help Desk Support	NA	NA	$400,000	REC services contracted for outreach to the provider community and help desk support services supporting the EHRIP. Amount is a placeholder; actual costs to be based on time and material.
Database operations and Data Analysis and reporting from the All Payer Claims Database to support patient volume validation	10	200	$390,000	OnPoint support to maintain and operate the State's All-Payer Claims Database, and to build reports from the All Payer Database to support validation of the total patient encounters, across all payers, to validate the denominator submitted for patient volume calculations.
Placeholder - Future Core MPAIR development and support through the Multi-state Collaboration.	NA	NA	$600,000	MAPIR will have to be upgraded to support the implementation of Meaningful Use stages 2 and 3, and other releases of system enhancements.
Placeholder - Add MU Stage 2 - state customization	NA	1320	$145,200	The Stage 2 Core MAPIR release will have to be customized to support Vermont's implementation.
Placeholder - Add MU Stage 3 - state customization	NA	1320	$145,200	The Stage 3 Core MAPIR release will have to be customized to support Vermont's implementation.
Grand Total		4160	$2,102,160	

SECTION VI: PROPOSESD ACTIVITY SCHEDULE

Project Schedule – EHRIP Program	Estimated Start Date	Estimated Finish Date
Assessment	5/1/2011	5/31/2011
Design Specification Document	6/1/2011	6/30/2011
Development	7/1/2011	7/31/2011
Testing	8/1/2011	9/15/2011
Operational Readiness Plan	8/15/2011	9/1/2011
Training	9/1/2011	9/30/2011
Implementation – A/I/U EHRIP	10/3/2011	10/3/2011
MAPIR – Develop requirements for MU Stage 1	8/1/2011	10/1/2011
MAPIR – Develop and design MU Stage 1	11/1/2011	2/29/2012
Vermont – Develop, design and implement MU Stage 1	8/1/2011	3/31/2012
Stage 2 MU activity	4/1/2012	12/31/2012
Stage 3 MU Activity	1/1/2013	9/30/2013
Ongoing EHRIP Program support	10/01/2013	9/30/2021

SECTION VII: PROPOSED BUDGET

Vermont's proposed budget for this initial HIT IAPD reflects the total project cost and the overall request for Federal Financial Participation (FFP). Vermont's total budget is estimated at $3,664,326, which includes $3,297,893 (90% Federal share, HITECH), and $366,433 (10% State Share). The State is requesting $3,297,893 in new HIT IAPD funding for activities for June 2011 – October 2013. The portion of the funding request from June 2011 through September 2011 is retroactive to cover a PAPD shortfall of $250,235 (See the Table in Section II for a breakdown of this amount). This retroactive funding is also reflected in the Section VIII table reflecting quarterly estimated administrative costs, as increased spending in FFY12 Q1 spending). Approval of that retroactive funding, currently reflected in a PAPD revision, will allow us to close out the PAPD. **The submitted revision to the State's PAPD, requesting additional funding, is withdrawn and the PAPD is now closed out.**

Vermont Proposed Budget

State Cost Category	90% Federal Share	10% State Share	Total
State Personnel	$1,324,949	$147,217	$1,472,166
Training & Travel	$54,000	$6,000	$60,000
Supplies & Equipment	$27,000	$3,000	$30,000
Total	**$1,405,949**	**$156,217**	**$1,562,166**

Vermont's Contract Proposed Budget (all 90% FFP)

Contractor Cost Category	90% Federal Share	10% State Share	Total
Contract Personnel			
Contract Services			
1. EHRIP contract services	$1,891,944	$210,216	$2,102,160
Total	**$1,891,944**	**$210,216**	**$2,102,160**

SECTION VIII: COST ALLOCATION PLAN FOR IMPLEMENTATION ACTIVITIES

The EHRIP activity, including customization of the MMIS for a MAPIR implementation, establishing the administration, outreach and oversight program of work associated with the EHRIP, and the subsequent future year work to implement additional stages of Meaningful Use is considered HITECH funded work (90% FFP). The incentive payments, of course, are 100% FFP.

Cost allocations are summarized in the table below.

Federal/State Program	Medicaid Share (%/$)	Federal Share (%/$)	State Share (%/$)	State HIT Fund (%/$)	Total Program Cost ($)
Medicaid EHR Incentive Program		90.00% / $3,216,893	10.00% / $357,433	10.00% / $357,433	$3,574,326
Training and Travel		90.00% / $54,000	10,00% / $6,000	10,00% / $6,000	$60,000
Supplies and Equipment		90.00% / $27,000	10,00% / $3,000	10,00% / $3,000	$30,000
TOTAL		$3,297,893	$366,433	$366,433	$3,664,326

The total cost of this HIT IAPD is $3,664,326.

The total amount of FFP requested is $3,297,893 (details broken out in above table).

EHR Incentive Payment Program Administrative Costs Broken Out by FFY Quarters for Two Years

(Amounts in thousands)	FFY 2012				FFY 2013				
Cost Description	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Total
HIT Implementation and Operation In-house costs	$274*	$171	$171	$171	$171	$171	$171	$171	$1,471
HIT Implementation and Operation Private Contractor Costs	$521**	$98.8	$544**	$98.8	$98.8	$544**	$98.8	$98.8	$2,103
Total Enhanced FFP	$870	$269.8	$715	$269.8	$269.8	$715	$269.8	$269.8	$3,574

*Includes PAPD overspending reflected in this IAPD. A revised PAPD to cover this gap has been withdrawn and the PAPD is closed.

**Includes State contribution to core MAPIR development in Q1 of FFY12, and projected core development stages in Q3 of FFY12 and Q2 of FFY13. The initial core development and cost allocation among the participating states is described in the Commonwealth of Pennsylvania IAPD, included in Appendix F of this document.

SECTION IX: ASSURANCES, SECURITY, INTERFACE REQUIREMENTS, AND DISASTER RECOVERY PROCEDURES

Procurement Standards (Competition / Sole Source)

42 CFR Part 495.348	☒ Yes	☐ No
SMM Section 11267	☒ Yes	☐ No
45 CFR Part 95.615	☒ Yes	☐ No
45 CFR Part 92.36	☒ Yes	☐ No

Access to Records, Reporting and Agency Attestations

42 CFR Part 495.350	☒ Yes	☐ No
42 CFR Part 495.352	☒ Yes	☐ No
42 CFR Part 433.112(b)(5)-(9)	☒ Yes	☐ No
45 CFR Part 95.615	☒ Yes	☐ No
SMM Section 11267	☒ Yes	☐ No

Software & Ownership Rights, Federal Licenses, Information Safeguarding, HIPAA Compliance, and Progress Reports

42 CFR Part 495.360	☒ Yes	☐ No
45 CFR Part 95.617	☒ Yes	☐ No
42 CFR Part 431.300	☒ Yes	☐ No
42 CFR Part 433.1112	☒ Yes	☐ No

Security and interface requirements to be employed for all State HIT systems.

45 CFR 164 Securities and Privacy	☒ Yes	☐ No

APPENDIX A: ALLOWABLE EXPENDITURES FOR MMIS FFP

This Appendix contains a breakout of allowable expenditures for MMIS FFP, and how they will be integrated in the projects. We have attempted to follow the guidance of State Medicaid Director Letter 10-016 in presenting this material.

This discussion is reserved for an IAPD update which will be submitted shortly.

APPENDIX B: ESTIMATES OF PROVIDER INCENTIVE PAYMENTS

The following table presents our estimates of provider incentive payments broken out by FFY quarter. These are preliminary estimates and we expect revised future estimates to be strongly influenced by the early results of our EHRIP, which will launch in October, 2011.

	FFY 2012				FFY 2013				
Category	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Total
Eligible Professional	$860,000	$1,290,000	$2,150,000	$2,150,000	$2,150,000	$2,150,000	$2,150,000	$2,150,000	$15,050,000
Eligible Hospital	$4,800,000	$2,400,000	$2,400,000	$0	$3,840,000	$1,920,000	$1,920,000	$0	$17,280,000
Total	$5,660,000	$3,690,000	$4,550,000	$2,150,000	$5,990,000	$4,070,000	$4,070,000	$2,150,000	$32,330,000

These estimates are based on a variety of data source considerations, including our awareness of EHR adoption rates in the provider community, indications of readiness to attest by a growing number of providers, direct contact with certain Vermont hospitals, and our subsequent projections. We are estimating a modest number of provider attestations in the first quarter of operation and increasing to a steady attestation rate of 100 providers per quarter by the third quarter of FFY 2012. Hospital estimates take into account the 50% incentive amount in year 1 of Vermont's payout model, followed by a 40% payout in the second year. This payout model is reflected in the hospital entries above, and assumes a 50% hospital participation rate in the first quarter, with additional 25% participation in each of the second and third quarters. In year three of the program (not shown above), the hospital payment would be reduced to the 10% payout for year 3 and would then be completed, while the provider payments would still continue for some time.

APPENDIX C: OTHER FUNDING SOURCES AVAILABLE TO THE STATE

This Appendix contains information about other funding sources that are available to Vermont and that will contribute to the costs of activities for which the State is requesting HITECH matching funds. We have attempted to follow the guidance set out in State Medicaid Director Letter 10-016 in presenting this information.

For information purposes, the State is providing a table of grant and funding sources that relate to the overall effort of extending HIT in Vermont. However, the grant and funding sources listed in the table are not directly related, as funding sources, to the projects and initiatives for which Federal FFP is being sought in this IAPD. The one exception is the State-supported funding for the HIE, which comes from the State HIT Fund. That funding mechanism will be described in an update to this IAPD, to be submitted shortly. The State HIT Fund is not the only funding available to the HIE, and some of those other sources are described in the table below.

Grant/Funding Sources	Timing of the Funding Contribution (e.g., current, FY11, TBD)	Lead Agency	Contact Information
State HIE Cooperative Agreement Program	Current; Vermont State grant to VITL has an 18-month term with full expectation of future renewals. State FY12 funding is $5,306,000.	Department of Vermont Health Access (DVHA), Division of Health Reform Subcontracted to Vermont Information Technology Leaders, INC (VITL)	Hunt Blair, Deputy Commissioner, Division of Health Reform, and State HIT Coordinator Phone: 802.879.5625 Email: hunt.blair@ahs.state.vt.us David Cochran, MD President and CEO, VITL Phone: 802.223.4100 Email: dcochran@vitl.net
ONC Regional Extension Center Cooperative Agreement Program	Current; grant in the amount of $7,066,775 for the period 2/8/2010 through 2/7/2014.	VITL	David Cochran, MD President and CEO, VITL Phone: 802.223.4100 Email: dcochran@vitl.net

CHIPRA Quality Demonstration grant	Current; five-year grant. With Maine, $2,030,721 first year with a 5-year total of $11,277,362.	Maine Department of Health and Human Services; Vermont Department of Vermont Health Access	Vermont contact: Kathy Browne, CHIPRA Grant Manager DVHA Phone: 802.872.7522 Email: kathy.browne@ahs.state.vt.us
HRSA grant to BiState Primary Care Association	Current; award to extend EHR connectivity to FQHC members of the Association, with inclusion of newborn screening measures. State of Vermont has provided a grant of $546,314 to provide the matching requirement for the HRSA grant. That amount is composed of $442,312 from the State HIT Fund, and $104,002 from the Global Commitment.	Bi-State Primary Care Association (not a State agency)	BiState: Kate Simmons, Project Coordinator Phone: 802.229.0002 x217 Email: ksimmons@bistatepca.org DVHA: Kate Jones, Financial Manager Phone: 802.879.8256 Email: kate.jones@ahs.state.vt.us
Dual Eligible Managed Care Planning Grant	Current; a $1,000,000 grant to develop a plan for Vermont to assume Medicare managed care for the dual eligible population in Vermont.	Vermont Agency of Human Services (AHS)	Patrick Flood, Deputy Secretary, AHS Phone: 802.241.2220 Email: patrick.flood@ahs.state.vt.us

APPENDIX D: REQUESTS FOR FFP FOR ACTIVITIES RELATED TO HEALTH INFORMATION EXCHANGE

This Appendix contains information required per State Medicaid Director Letter 11-004 to support requests for FFP for activities related to health information exchange. Justification is presented for our HIE approach, and details regarding other payer and provider contributions and cost allocation are presented.

This discussion is reserved for an IAPD update which will be submitted shortly.

APPENDIX E: ALIGNMENT WITH THE 7 STANDARDS AND CONDITIONS

APPENDIX E contains information about how the system plans supported under this HIT IAPD are aligned with the 7 standards and conditions in 42 CFR Part 433. The State has developed a chart that describes how its proposed IT solutions will meet each of the 7 standards and conditions and how the State will ensure that the HIT-related systems are integrated within the total Medicaid IT enterprise, as appropriate, rather than being a stand-alone system.

7 Standards and Conditions	Comments for Vermont	Comments Specific to IAPD
1. Modularity Standard • Modular flexible approach to systems development; • Use of open interfaces and exposed APIs; • Separation of business rules from core programming; • Formal system development methodology; • Open reusable system architecture; • Submission of business rules to an HHS-designated repository.	Vermont has recognized the need for the introduction of appropriate components to support modularity in its approach to introducing new systems. The State has completed the procurement process for Service Oriented Architecture (SOA) core components including an Enterprise Service Bus (ESB), a Workflow component (WF), a Rules Engine (RE), an electronic Master Person Index (eMPI) component, and an Identity Management (ID) component. The introduction of these components reflects a transformation in Vermont's approach to system development that is aligned with the Modularity Standard. The first two sections of the State's approved IAPD (Introduction and Statement of Purpose; Statement of Needs) are attached as Appendix F to provide a fuller response to the seven standards and conditions consideration. It is important to note that the core components procurement was initiated prior to requirements related to an Insurance Exchange, but, significantly, were procured with the procurement of a new eligibility system in mind.	The MAPIR application, part of the EHRIP program included in this IAPD, incorporates the capability to interface with both the National Registration and Attestation system and with Vermont's MMIS system utilizing messages that are processed in real or near-real time. The Public Health applications and the Provider Directory application described in the IAPD follow the State's current waterfall system development methodology, as depicted in the Project Timeline tables associated with these projects in Section VI of the IAPD. The Provider Directory will be developed making use of the Core Components.
2. MITA Condition • Align and advance increasingly in MITA maturity (business, architecture, data); • Measurable progress in MITA roadmap; • Update MITA self assessment; • Provide a MITA Maturity Model	Vermont is prepared to initiate a second MITA self-assessment within 12 months of the release of the MITA 3.0 standard. The SOA core components procurement discussed in item 1 above was initiated in large part as a response to the low maturity level documented in the first MITA assessment. The State recently halted its Medicaid Enterprise System procurement	Vermont, as depicted in this IAPD, is implementing an architecture that aligns with the MITA strategy and guidelines. The SMHP program is one of the first of many initiatives to be completed that will lead Vermont in providing a robust, automated and 21st century experience within

Roadmap; • Concept of operations and business work flows.	because it was felt that the responses to the MITA considerations in that RFP were insufficient. The RFP will be revised to place the proper emphasis on this area and a new procurement cycle will be initiated. Perhaps the decision to redo the RFP is itself a sign of MITA-influenced maturity.	our health care enterprise environment.
3. Industry Standards Condition • HIPAA Standards; • Accessibility standards in section 508 of the Rehabilitation Act; • Standards under section 1104 of the Affordable Care Act; • Standards and protocols under section 1561 of the Affordable Care Act.	Vermont is aware of and is following HIPAA standards and the section 508 accessibility standards. Standards and protocols described in sections 1104 and 1561 of the Affordable Care Act are reflected in the development of an Insurance Exchange currently being developed as a multi-state collaboration funded by an Early Innovator Grant. The State also has the document and appendices released by the Secretary as recommendations for Section 1561 of the ACA. In addition, the State is aware of and giving consideration to the requirements of 4201 Part II of the HITECH Act.	All of the work proposed in this IAPD is being undertaken with a commitment to maintaining or implementing the appropriate industry standards, especially including HIPAA, Section 508 accessibility standards, and HITECH 4201 Part II.

4. Leverage Condition Promote sharing, leverage, and reuse of Medicaid technologies and systems within and among states: • Multi-state efforts; • Availability for reuse – make artifacts available to a repository; • Identification of open source, cloud-based and commercial products – service-based and cloud-first strategy; • Off-the shelf or open source solutions; • Identify customization and how it will be minimized; • Transition and retirement plans of duplicative systems services.	Vermont is one of the New England states participating in an Early Innovator Grant to develop an Insurance Exchange for Massachusetts. The collaboration is fully engaged in insuring the sharing and leveraging of this development, which is being done following the Modularity Standard. The State expects to obtain components and/or system and process details and requirements from this effort. This information will provide an advanced basis for the completion of a Vermont insurance exchange. Vermont participates as an Early Innovator state in the CALT cloud environment, but has not had an opportunity to submit any artifacts to that repository.	The MAPIR application, included as part of the EHRIP program portion of this IAPD, is an excellent example of multi-state collaboration resulting in core functionality readily shared and leveraged by the participating states (and available to other states as well). The use of the common core development allows for minimal customization for Vermont's Medicaid instance, as reflected in the modest price of that effort.

5. Business Results condition • Degree of automation in systematic processing of claims; • 21st century customer service and partner experience for all individuals, with web and self-management features; • Performance standards and testing – Service Level Agreements (SLA) and Key Performance Indicators (KPI).	The Medicaid Enterprise System procurement has automation in the systemic processing of claims as a requirement, including performance standards. The Early Innovator State insurance exchange grant development includes a development requirement for a 21st-century customer service experience, and includes web and self-management features. Vermont's eligibility system RFP, soon to be released, also addresses the Business Results condition.	Vermont's implementation of its EHRIP technology provides for a semi-automated processing of provider attestations. The State is deliberately pending attestations to introduce a pre-payment check of provider submitted data, to test for a reasonable match with State data sources (additionally, a post-payment statistically reliable audit program will be implemented). The MAPIR system application allows for a degree of self-management in its web-based implementation; providers can avail themselves of summary lists at any point in the process, can easily mark their progress, and can save and return to the system and their attestation at any time prior to final submission of a claim attestation.
6. Reporting Condition • Produce transaction data, reports and performance information; • Electronically expose accurate data for oversight, administration, evaluation, integrity, and transparency; • Automatically generated through open interfaces to federal repositories or data hubs, with audit trails.	The Reporting condition is reflected in the MES procurement requirements, as it will be in the Eligibility procurement. The condition aspect of automatic generation through open interfaces to federal repositories and hubs will be addressed as more refined guidance becomes available from CMS. However, the Early Innovator State insurance exchange project is likely to be an early example of working with a federal data hub to make this happen.	The MAPIR application includes a set of default reports that can be executed electronically within the administration function for oversight, administration, and integrity. Transaction data is also reported on. In addition, message transactions occur automatically with the National Registration and Attestation System at CMS.

7. Interoperability Condition • Seamless coordination and integration with the Insurance Exchange and allow interoperability with health information exchanges, public health agencies, human services programs, and community organizations; • Medicaid agency works with Exchanges to share business services and technology investments for seamless and efficient customer experiences; • Appropriate standardized messaging and communication protocols; • Data-sharing architecture to address data semantics, data harmonization strategies, shared-data ownership, security and privacy implications of shared data, and the quality of shared data; • Open interfaces are established with federal data services hub, including the real-time requests to hubs following applications for eligibility; • Describe how shared services will support both the Exchange and Medicaid; • Interact with other entities to support interoperability with health information exchanges, public health agencies, and others to promote customer service and clinical management and health services; • Engage community service	Vermont is pursuing many of the points in the Interoperability Condition set. The Eligibility system, based on Vermont's SOA core components, will be a major system component in the State's architecture for interoperability. It will interface with both the insurance exchange and the Medicaid systems, and will have the ready capability to interface with the additional types of agencies and programs identified in the Interoperability Condition. In Vermont, the Department of Vermont Health Access is the organizing force for the State's Medicaid operation, for the Insurance Exchange, and for a Health Reform Division focused on Interoperability across the full spectrum of Health Care landscape in Vermont. This is illustrated in the base health care architectural diagrams describing Vermont's To-Be landscape (attached). Having these programs in a common organizational entity is a huge advantage in creating the potential for interoperability to the fullest extent possible. There are several examples of promoting both standardized messaging and communication protocols, AND engaging community service organizations and other agencies in the general push to interoperability. The Blueprint for Health has at its core the utilization of EHR technology and the accumulation of demographic and clinical data in a data repository. The Blueprint program incorporates, as a first initiator, data-sharing architecture, shared data ownership, and security and privacy as well. The State has also awarded a grant to an	See item 6 above for a brief discussion of the MAPIR system's use of standardized messaging and communication protocols. To a limited extent, the data contained in these exchanged messages also reflect on the data architecture, sharing, ownership and security aspects of the Interoperability Condition.

organizations to determine how eligibility systems will be used to assist applicants for health care coverage with electronic form submissions.	organization of designated agencies who provide substance abuse and mental health care services for the State. This grant will be used to survey and assess their EHR systems and identify gaps that exist to those system capabilities to exchange data with the HIE. The grant will also identify the meaningful data, in the form of a measure set, that would have value for exchange.	

Following is additional information, in the form of excerpts from Vermont's Core Components IAPD application, to further explain its future direction. These excerpts provide documentation of the State's commitment to the Seven Standards and Conditions.

1 (Appendix E, continued) Introduction and Statement of Purpose (Excerpt from SOA Core Components IAPD)

The State of Vermont Agency of Human Services (AHS) (the single state Medicaid Agency) and the Office of Vermont Health Access (OVHA) submit this Implementation Advance Planning Document (IAPD) to notify the Centers for Medicare and Medicaid Services (CMS) of Vermont's intent to procure infrastructure components to provide key mechanisms of our health information technology (HIT) infrastructure as part of Vermont's Health Information Exchange (VHIE) and Vermont's Medicaid Management Information System (MMIS). These components are consistent with Vermont's MITA based enterprise architecture (EA) and will allow us to fully participate with our MMIS in Statewide HIE and fulfill the goals set forth in the State Medicaid Health Information Technology Plan (SMHP). The components will include an Enterprise Services Bus (ESB), a Workflow component (WF), a transformation hub (TH), an electronic Master Person Index (eMPI) component, and an Identity Management (ID) component.

The purpose of this IAPD is to request CMS approval of enhanced Federal Financial Participation (FFP) for expenditures related to this procurement including but not limited to project planning and requirements analysis associated with the Request for Proposals (RFP) to procure this suite of components. This includes the implementation efforts associated with installing and preparing to utilize these solutions. Work will be completed by a team of assigned State staff working under our EA governance model. This model is strategically aligned to oversee the growth of the infrastructure horizontally and vertically paying close attention and alignment with Vermont's HIT efforts. These components may be procured as a suite of components in a bundled package by a particular vendor or individually on their own from multiple vendors. It is imperative that Vermont procure and implement these components to guarantee an HIT infrastructure that will improve efficiencies, boost productivity, and expedite savings.

The HIT is vital to Vermont's fulfillment of the State Medicaid Health Information Technology Plan (SMHP). The HIT provides the infrastructure necessary to transfer data securely, seamlessly, and in a timely way. It is essential that the State be able to provide not only this rapid and judicious exchange of data via the transformation hub (sometimes referred to as a platform for rules management) but the State needs to be able to delve further into this data such as:

- Transform claims transactions allowing for recording and tracking of provider information enabling the State to account for:
    - Identification of potential providers for enhanced payments (VT Blueprint and Meaningful Use)

- Monitoring of providers to eliminate 'double billing...especially since Vermont has a number of providers that provide services across State borders
- Distinguish provider types and provider associated agencies
- Ensure compliance with Managed Care Regulations regarding access and quality

- Transform claims transactions allowing for the recording and tracking of beneficiary information allowing the State account for:
  - Identifying clinical findings and rendered services for care coordination and case management
  - Audit and investigate beneficiaries to reduce fraud and pharmacy abuses, especially since Vermont has a number of providers that provide services and supplies across State borders
  - Reporting and evaluating beneficiary data regarding outcomes
  - Effective transmission of Continuity of Care Record (CCR), Continuity of Care Document (CCD) and other Federal prescribed data files

The Enterprise Services Bus (ESB) will ensure that data and information is routed to the appropriate component; multiple data formats are mapped correctly; and streamline data integrity. ESBs are scalable vertically to provide facilities for individual services and horizontally to provide available services across the State's Agency. The robust functionality of the ESB has will give the State's infrastructure the ability to share and re-use business services throughout the single State Medicaid Agency.

The Workflow Component (WF) will create efficiencies such as abridging claims procedures, simplification of appointments, and improved avenues of communication. These are among the many benefits and the result is a health care delivery infrastructure that is fast, efficient and effective. This WF is consistent with Medicaid Information Technology Architecture (MITA) initiatives and will focus on improving our business processes, driving enterprise architecture and the implementation of "automated workflows" by:

- Adding Business Services which workflow can call
- Adding Business Process Management (BPM) Governance that governs creating, deploying, executing and managing reasonable business services

Along with automating certain pieces of our workflow, these efforts also allow the single state Medicaid agency to use tools to enable and track communications across internal and external entities.

The electronic Master Person Index (eMPI) and Identity Management solutions are closely coupled and will provide the State with critical software functionality to accomplish the following:

- Unambiguously identify individuals in a secure, efficient and timely manner
- Track, manage and provide auditing capabilities for de-duplicating individuals across various Medicaid programs and services
- Identify, transform, and link encounter and other data from disparate Medicaid tracking systems
- Assign and manage user privileges once an individual is identified and successfully logged-in to our various portals and systems
- Provide role based authentication, authorization, provisioning and auditing for our enterprise that meets all necessary compliance regulations for identification management

The implementation of these key components will maximize the customer's (whether provider, beneficiary or state staff) health care experience: A user of the health care system will have access to the necessary data in a very timely, secure and complete manner based on the privileges assigned to the user.

Vermont is in the process of establishing a robust infrastructure, capable of completing these tasks and more. Vermont is one of the leaders in health care reform and our visionary initiatives encompass everything from: identifying new beneficiaries or providers and assigning them a unique master person index number to the creation of an infrastructure having the bandwidth, shared services and functionality to meet out current short-term goals along with our MMIS transformation efforts, the growth potential to expand associated with Nation Healthcare Reform (PPACA) and be the foundation of a regional (i.e. New England) health information exchange. The procurement of these infrastructure components is vital to this success as it will provide the State with the ability to meet its goals and strategic initiatives leading the way as a leader in development of a health information network.

2 (Appendix E, continued) Needs and Objectives (Excerpt from SOA Core Components IAPD)

Vermont is recognized as a national leader in the alignment and integration of Health Information Technology (HIT), Health Information Exchange (HIE), and reform of the health care delivery system. The Commonwealth Fund States in Action October / November 2009 newsletter notes that "Minnesota, Wisconsin, and Vermont are among the states involved in cutting-edge HIT initiatives to support evidence-based medicine and improved patient care through transparent reporting of health outcomes and costs."

For five years, Vermont has been developing an integrated approach to HIT/HIE within a wider context of health care reform that specifically includes the state Medicaid program as an integral component. Vermont's State Medicaid agency, the Office of Vermont Health Access (OVHA), includes the Division of Health Care Reform (DHCR) and is designated by the Governor as the state lead for HIT. With the new resources made available under ARRA, the state stands ready to dramatically expand HIT adoption and HIE connectivity statewide, building on the five year base of HIT planning, consensus building, governance refinement, and initial deployment of a standards-based HIT technical architecture. In addition, Vermont plans to strengthen and expand its HIE network, operated by the Vermont Information Technology Leaders, Inc. (VITL), from its current somewhat limited capacity to a mature system capable of exchanging a wide variety of health information statewide.

Currently, Vermont is in the midst of many initiatives to modernize not only its technology (systems, hardware, software, etc.) but also its business processes. This is a tremendous opportunity for the State to modernize its infrastructure and be able to reap the benefits of Service Oriented Architecture (SOA). These initiatives must include a full integration and work seamlessly with Vermont's HIT/HIE enterprise architecture. This involves ensuring Vermont's HIT/HIE architecture is prepared to interchange information with State systems where appropriate. Specifically, this includes developing and strengthening electronic interchange standards for HIE and ensuring that other HIT systems can interact reliably and securely with State data repositories.

The single State Medicaid Agency (AHS) currently has an IT Governance structure in place that focuses on the changing business processes and IT systems that support coordination of benefits, claims processing, clinical care efforts, economic services, and Medicaid systems. This work group has been expanded to ensure that current and planned Medicaid and non-Medicaid IT projects which intersect with Vermont's larger HIT and HIE initiatives will include interoperability and enterprise standards as required design elements for all involved initiatives.

Health information exchange and technology are a consistent focus of Vermont health policy attention, but always in the broader context of enabling transformative delivery system change. Because of this systems-focused approach, meaningful use of HIT has been built into Vermont's vision from the outset. The VITL HIE network, for instance, is a critical component of the Vermont Blueprint for Health IT infrastructure, enabling both personalized and population-based care coordination and management for the Blueprint's integrated primary care medical homes and community health teams.

The scope of Vermont's HIT-HIE vision is embedded in Vermont's larger health care reform agenda. Guiding legislation calls for a highly coordinated and integrated approach to health care statewide, with an emphasis on wellness, disease prevention, care coordination, and care management, and a particular focus on primary care, with participation by all payers, including Medicaid. These efforts all lead to the State's over-arching goals to: transfer beneficiary and provider data timely and securely, enhance quality of health care delivery, improve health care outcomes, and reduce overall health care costs.

The key component for effective statewide information sharing is the utilization of these infrastructure components to identify the data components and effectively manage them. These components will be fully integrated with many of the State's systems including the Health Information Exchange (HIE), and the Medicaid Management Information System (MMIS).

Some initial scoping of this project has been done to provide the foundation for this request. This scoping included work estimates by State and VITL staff to make the associated system changes. The next steps in this process will be to complete a detailed Request for Proposal (RFP) including system (technical) and functional requirements to be released. Subsequent to that the State will select a solution and work on setting up and implementing that solution and be well on the way to have a mature, stable and expandable Health Information Platform that is capable of participating in the Statewide HIE network.

APPENDIX F: Pennsylvania Core MAPIR IAPD

This Appendix consists of the Commonwealth of Pennsylvania's IAPD for the core MAPIR development, as approved by CMS

(*To view the document, right-click within the border of the front page image on the next page and choose 'open' from the 'document object' line, or double-click to open*).

pennsylvania
DEPARTMENT OF PUBLIC WELFARE

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE

IMPLEMENTATION ADVANCE PLANNING DOCUMENT

for

THE MEDICAL ASSISTANCE PROVIDER INCENTIVE REPOSITORY (MAPIR)

for

Health Information Technology under American Recovery and Reinvestment Act

Submitted: September 27, 2010
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