VITL Budget Presentation & Quarterly Update

June 9, 2021



Agenda

- Overview
- ■FY22 Budget Request
- ■COVID-19 Support Update
- ■Collaborative Services Update
- Consent Update
- ■Security Update
- Quarterly Report



Overview



FY21 Achievements

- Ongoing support for the Vermont Department of Health's COVID response
- Continued implementation of the MedicaSoft platform
 - Blueprint extract delivered in April
- Led planning for the collection and sharing of 42 CFR Part 2 data
- Ensured compliance with ONC's 21st Century Cures Act Final Rule
 - Solution for new Certificate of Participation requirement
- Assisted partners with data needs during cyberattack
- Created plan, policies, and procedures to use VHIE in emergencies
- Continued ongoing efforts to maintain the security and availability of the VHIE
- Initiated strategic planning



CY21 Contract Changes

- DVHA priority to expand claims implementation
- Agreed to CY21 contract changes to:
 - Develop implementation guides and standards
 - Ingest claims data from private payers
 - Create linked data extracts
 - Initiate planning for some CY22 deliverables



FY22 Budget Overview

Explore opportunities to expand support for VDH

Complete implementation of MedicaSoft platform, FHIR R4, and APIs

Expand data types: claims, use cases for social determinants of health

Launch enhanced provider portal

Implement sustainable business model

Continue program of outreach and client engagement

Enhance and maintain system security and availability



FY22 Challenges

- Based on lessons of the last year, balancing flexibility for the unexpected with delivering planned commitments
- Sunset of HITECH funding on September 30, 2021, and expectation of lower Centers for Medicare and Medicaid Services (CMS) allocation levels
- Implementation of a sustainability model that involves financial commitment of participants



Proposed FY22 Budget



FY21 Year End Forecast

			FIZI
	FY21		Year End
Item	Updated Budget	Variance	Forecast
SOV-DVHA	8,895,802	(1,091,552)	7,804,251
OCV	810,000	39,996	849,996
All other revenue	190,000	39,666	229,666
Potential impacts to revenue	(98,958)	98,958	
Total Revenue	9,796,844	(912,931)	8,883,913
Total personnel costs	3,295,637	2,951	3,298,589
VHIE hosting costs	1,045,885	-	1,045,885
Information Technology	2,170,334	(357,840)	1,812,494
Consulting/Legal/Accounting	2,069,222	(297,079)	1,772,143
Occupancy	145,980	-	145,980
All Other Expenses	501,219	(31,500)	469,719
Contingency	150,000	(150,000)	
Total Expenses	9,378,277	(833,468)	8,544,809
Change in Net Assets	418,568	(79,464)	339,104
CAPEX	(328,238)	257,710	(70,528)
Change in Net Assets (with CAPEX)	\$ 90,329 \$	178,246	268,576

 Year end forecast reflects reallocation of some CY21 revenue from FY21 to FY22

FY21

- Shift in work scope reduces consulting and IT expenses
- Use of contingency was not necessary

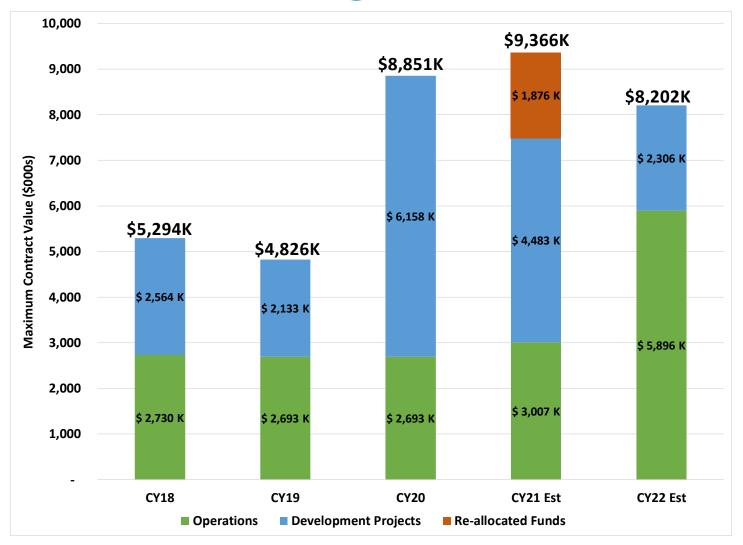


FY22 Budget Assumptions

- Seeks to maintain the right balance of staff, with contractors and consultants to support variable work volume and periodic needs
- Depends on continued availability of skilled consultants/ contract labor
- Based upon agreed changes to CY21 contract and projections for CY22, assumes final contracts align to those projections
- Costs trend as projected



State Funding by Year



- CY21: reallocation for expanded claims project and planning for CY22 deliverables
- CY22: increase in Operations reflects shift of collaborative services projects to operations, support for Blueprint, and interface remediation



FY22 Revenue

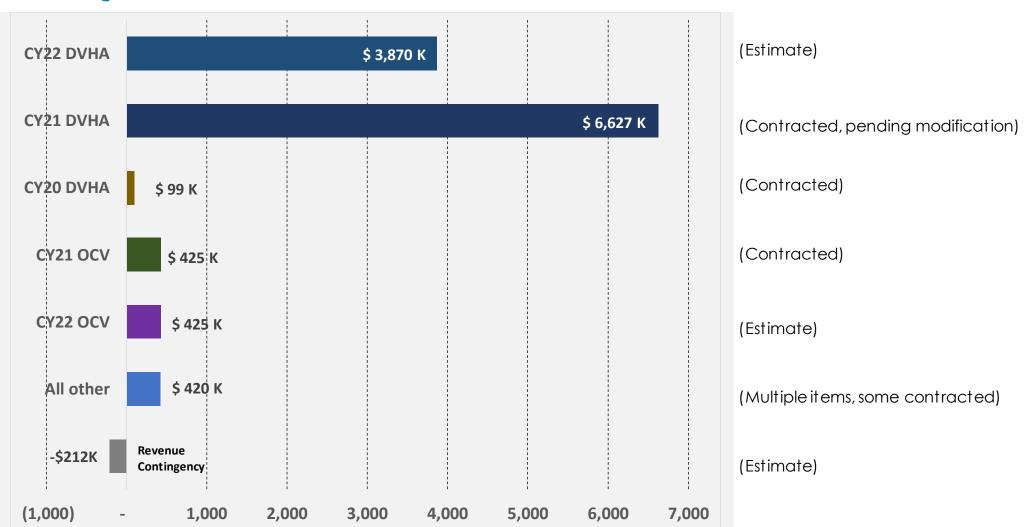
		FY21	FY21		
	FY20	Updated Budget	Year End	FY22	
Revenue source	Audited	(Jan. 2021)	Forecast	Budget	
Prior State contracts					
CY19	2,398,867				
CY20	3,459,527	5,201,852	5,105,238	98,924	
CY21	-	3,693,950	2,699,013	6,627,115	
CY22 (est.)			-	3,870,225	
Total State Contracts	5,858,394	8,895,802	7,804,251	10,596,264	
OCV	812,290	810,000	849,996	849,996	
All Others	197,033	190,000	229,666	420,604	
Potential impacts to revenue	-	(98,958)	-	(212,499)	
Total Revenue	6,867,717	9,796,844	8,883,913	11,654,365	

- CY21 contract reflects reallocation of funds to expand claims work scope and to perform preparatory work and planning for CY22 deliverables
- CY22 estimate developed in collaboration with DVHA
- Potential impacts to revenue is a contingency of about 2% for potential negative impacts to VITL's revenue projection



FY22 Projected Revenue

Total FY22 Forecast Revenue \$11,654K





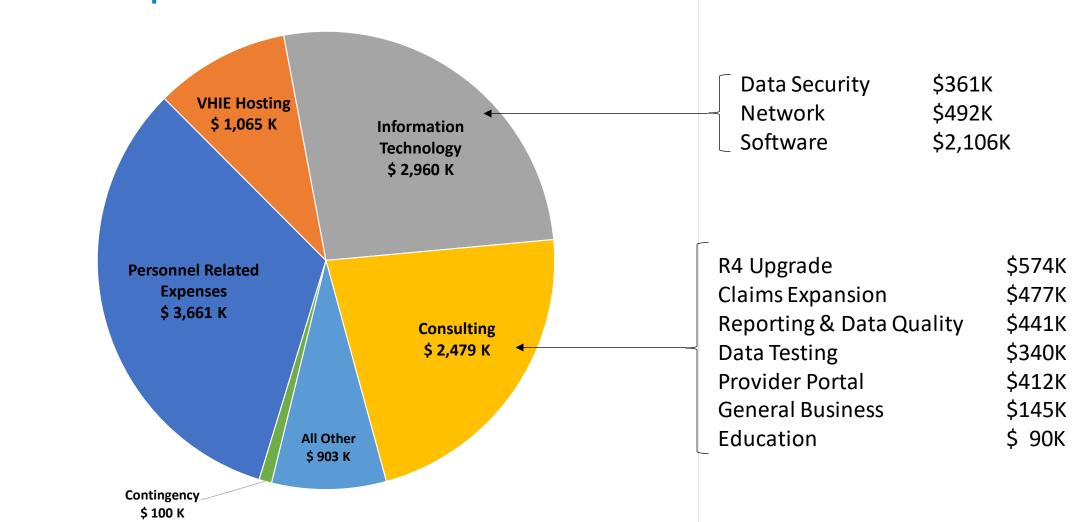
FY22 Expenses

•			FY21	FY21	
	FY20	Upo	lated Budget	Year End	FY22
	Audited	(,	Jan. 2021)	Forecast	Budget
Revenue	6,867,717		9,796,844	8,883,913	11,654,366
Expenses					
Labor Cost	2,064,138		2,440,741	2,370,375	2,634,226
Fringe Related Costs	755,161		854,897	928,213	1,026,674
Personnel Related Expenses	2,819,298		3,295,637	3,298,589	3,660,900
VHIE Hosting	974,384		1,045,885	1,045,885	1,064,679
Information Technology	1,456,697		2,170,334	1,812,494	2,959,774
Consultants	225,960		1,863,270	1,556,191	2,478,865
Occupancy	143,638		145,980	145,980	147,837
Legal & Accounting	196,621		205,952	215,952	207,798
Education	36,356		49,522	19,522	50,550
Insurance	83,625		88,594	88,594	102,848
EE Recruitment/Prof. Dev.	23,821		160,828	160,828	159,488
Telecommunications	52,860		52,457	52,457	59,241
All Other	136,160		149,819	148,319	175,590
Contingency	 		150,000	 	 100,000
Total All Expenses	6,149,422		9,378,277	8,544,809	11,167,570
Change in Net Assets (w/o CAPEX)	\$ 718,296	\$	418,568	\$ 339,104	\$ 486,796
CAPEX	-		(328,238)	(70,528)	(431,177)
Change in Net Assets (with CAPEX)	\$ 718,296	\$	90,329	\$ 268,576	\$ 55,619

- Labor represents 33% of total spend
- Information
 Technology costs are
 27% of total spend
- Consultants/contract labor are 22%
- VHIE Hosting costs are 10%

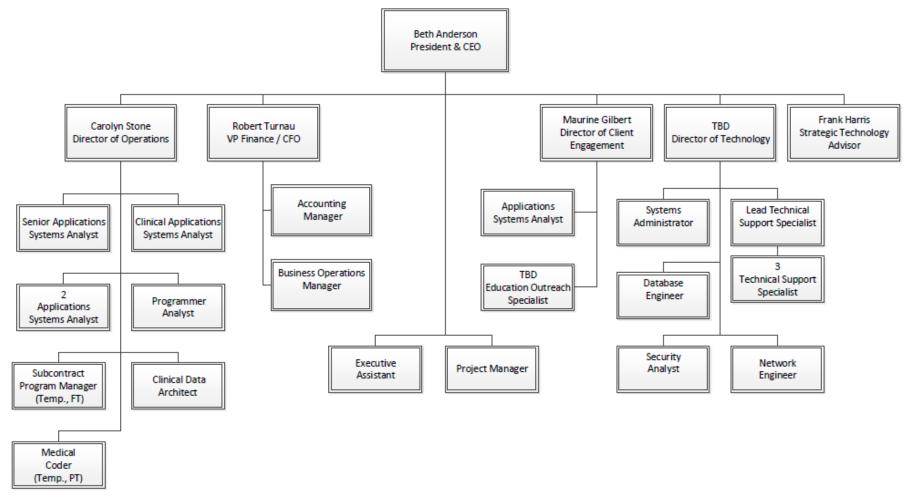


FY22 Expenses





VITL Organization Chart



Current as of May 2021



FY22 Headcount

End of Year FTEs						variance
			FY21	FY21	FY22	Forecast
	FY20	FY21	Jan	Year End	Proposed	to
Department	Actual	Budget	Forecast	Forecast	Budget	Budget
Administration	6.0	6.0	7.0	6.0	6.5	0.5
Client Engagement	1.0	3.0	3.0	2.0	3.0	1.0
Technical Support	4.0	4.0	4.0	4.0	4.0	0.0
Operations	6.6	6.6	9.0	8.4	10.0	1.6
Technology	5.0	5.0	6.0	6.0	5.0	(<u>1.0</u>)
Total	22.6	24.6	29.0	26.4	28.5	2.1
Subtotal core staffing	22.6	24.6	25.6	25.0	25.6	0.6
Subtotal temporary staffing	0.0	0.0	3.4	1.4	2.9	1.5

- A lean organization focused on meeting stakeholder requirements
- Org chart reflects current staffing including open positions
- FY22 Budget adds 2.5 new FTEs (two operations analysts, PT financial support)



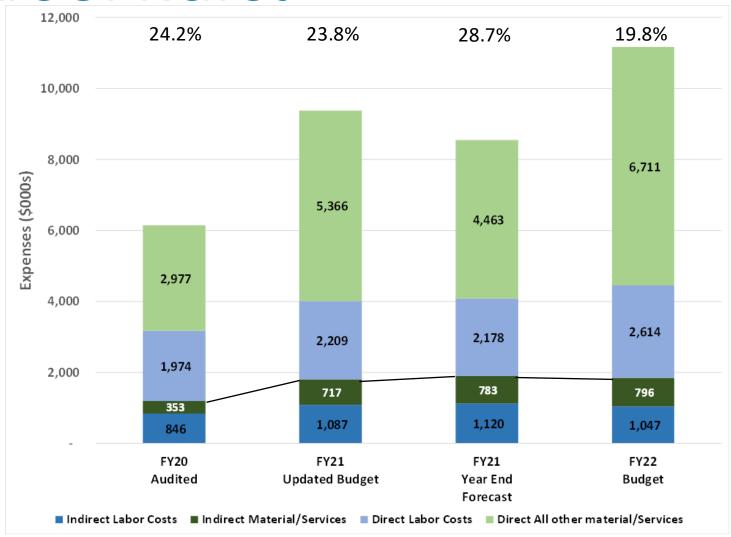
FY22 Personnel Costs

		FY21	FY21	
	FY20	Updated Budget	Year End	FY22
Personnel Costs	Audited	(Jan. 2021)	Forecast	Budget
Labor Cost-Core	2,064,138	2,263,343	2,262,461	2,386,836
Labor Cost-Temporary		177,397	107,914	247,390
Total Labor Cost	2,064,138	2,440,741	2,370,375	2,634,226
Employee Benefits	262,201	311,808	320,878	345,863
Payroll Taxes	186,557	224,182	208,383	231,579
PTO Expense	203,165	249,238	320,400	356,064
Retirement Contributions	56,399	69,668	67,640	75,168
All Other	46,838		10,913	18,000
Total Fringe Costs	755,160	854,896	928,214	1,026,674
Total Personnel Costs	2,819,298	3,295,637	3,298,589	3,660,900

- New FTEs assumed to begin in July
- Cost of Living Increase included 2.5% (none in FY21)
- No significant changes to benefits plan



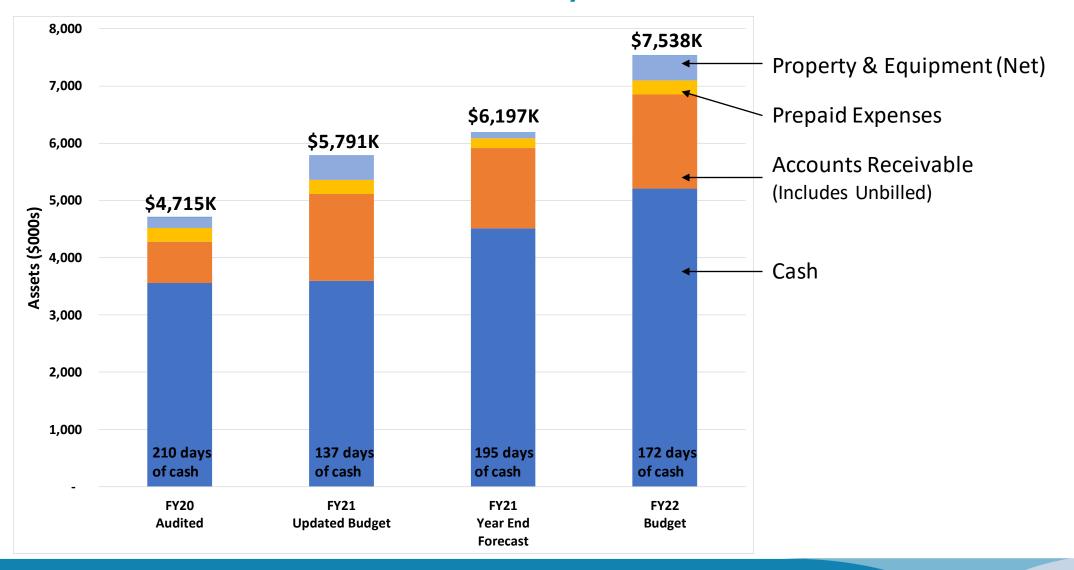
Indirect Rates



- VITL has worked hard to keep indirect costs in check over the past three years
- Small organization, where the changes in direct cost or indirect drive large changes in the rate
- FY22 includes indirect costs to address business sustainability, training and development needs



Balance Sheet Assets by Year





COVID Update



COVID-19 Support

- Began work with VDH to support State's pandemic response in April 2020
- Data access and reporting to minimize manual data collection burden for staff and health care professionals
 - Provider portal access to Epidemiology team for case reporting
 - Automated data for daily HHS reporting
 - Data to support high risk immunization registration
- Interfaces for testing and immunization data
 - 14 new testing labs
 - 108 new immunization sites
- Provider portal roll out to EMS/EMT teams
- Many future opportunities for HIE to support public health activities



Collaborative Services



MedicaSoft Platform Implementation Update

- First major deliverable completed in April
 - Blueprint clinical data extract was delivered
- Project schedule updated to reflect capabilities and prioritization of claims - Next wave of deliverables planned by September 30
 - Full clinical database live
 - Claims database established with first production data
 - Provider portal pilot kicked off
- Future phases will include OneCare Vermont reporting, claims reporting, platform expansion, and patient Application Programming Interfaces (APIs)



MedicaSoft Status and Next Steps

- Complete remaining validation and data quality work on the full clinical database
- Finalize claims requirements, create submission guide for claims data ingestion, and validate first file ingestion
- Portal requirements were finalized in May, and validation of data and functionality has started



Consent Update



Consent Update

- VITL has continued providing consent education to participating organizations & offering consent education tools for their use with patients
 - Includes development of new website (coming soon) with updated consent education toolkit for partners
- VITL is continuing to hold on broad direct-to-the-public education tactics while COVID-response and vaccinationpromotion messages require full attention



Sensitive Data Sharing Project Changes

- VITL anticipated federal guidance clarifying CARES Act's changes to the 42 CFR Part 2 data sharing regulations by late March
- On April 9, SAMSHA announced it intends to publish amendments later in 2021
- VITL will wait for these amendments before further exploring options for sensitive data sharing design – for clarity for patients, providers, and other stakeholders, and to minimize burden on participating organizations
- In the interim, VITL will pursue opportunities to educate and engage the substance use disorder and mental health treatment communities on health information exchange, building a foundation for future data sharing



Security Update



Security Enhancements

Identifying and Analyzing Risk

- Annual assessment
- Plan of action & milestones

Protecting Endpoints

- Application control
- Next generation antimalware

Ensuring Resilience

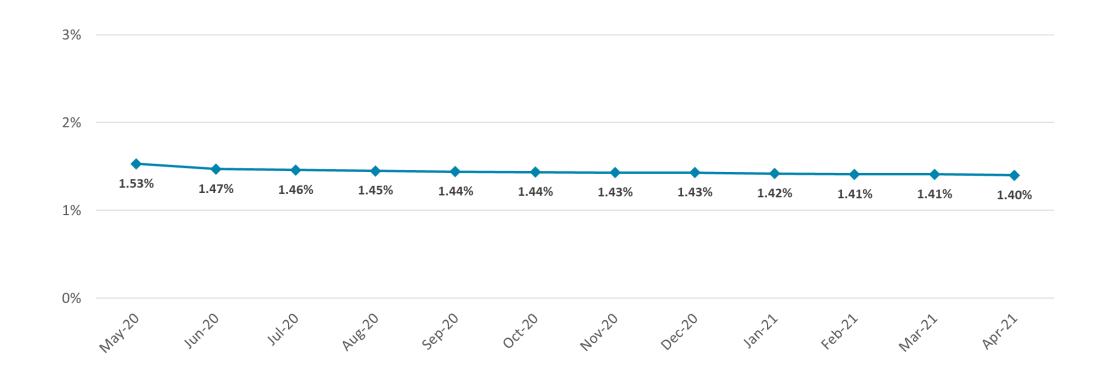
- 24/7 monitoring and rapid response
- Reviewing opportunities for further enhancements



Quarterly Report

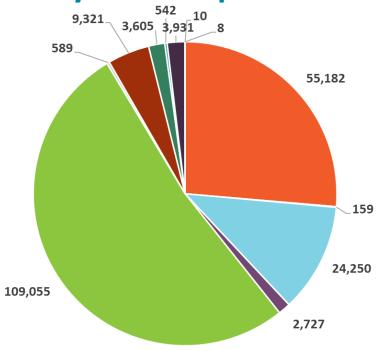


Percent of Vermont Patients Opted Out of the VHIE





VITLAccess Queries by Organization Type May 2020 - April 2021



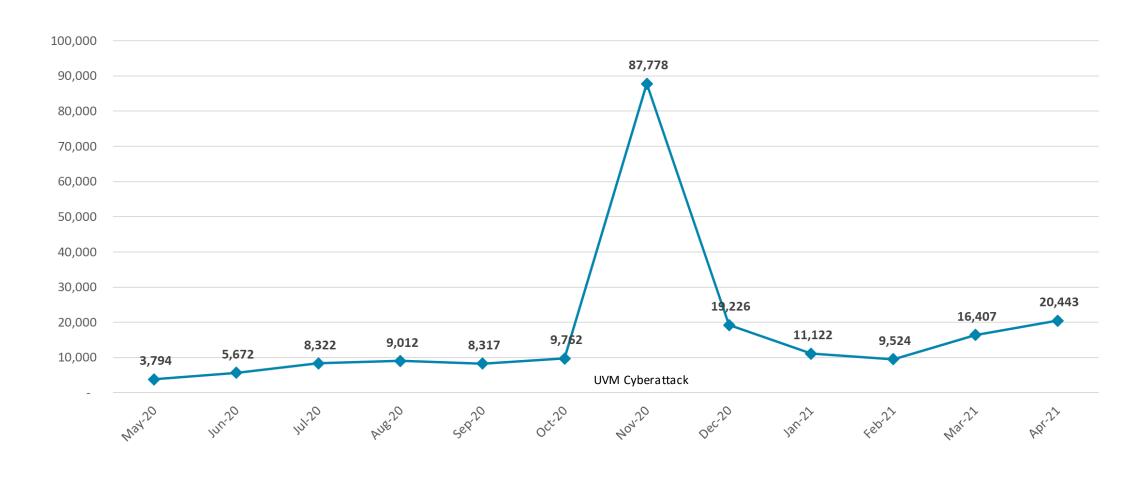
- Federal/State Agency: 55,182
- Hospital Owned Practice: 2,727
- Federally Qualified Health Center: 9,321
- Emergency Services: 3,931

- Long-Term Care: 159
- Hospital: 109,055
- Designated Agency: 3,605
- Retail Pharmacy: 10

- Independent Practice: 24,250
- Home Health Agency: 589
- Community Health Center: 542
- Specialized Services Agency: 08



VITLAccess Queries by Month





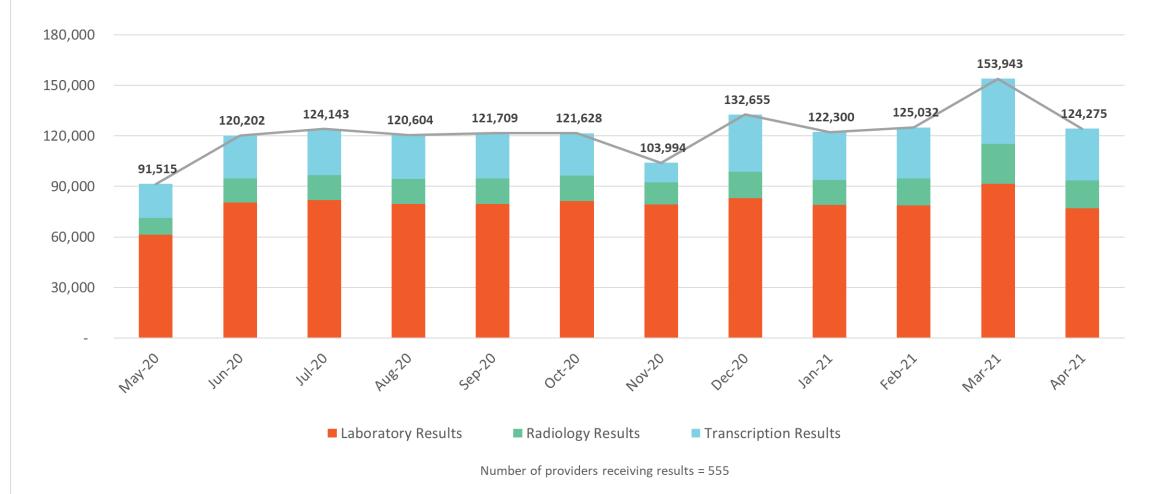
Queries of the VHIE via eHealth Exchange

(University of Vermont Medical Center, Veterans Affairs, Department of Defense)



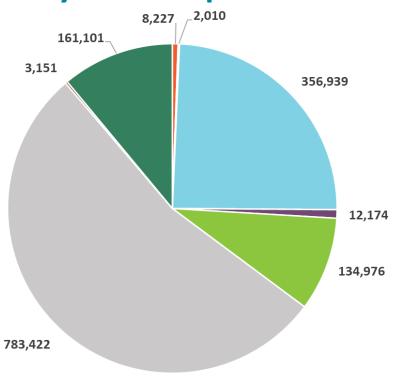


Results Delivery by Result Type





Results Delivery by Organization Type May 2020 - April 2021



- Federal/State Agency: 8,227
- Hospital Owned Practice: 12,174
- Designated Agency: 3,151

- Long-Term Care: 2,010
- Hospital: 134,976
- Rural Health Center: 161,101

- Independent Practice: 356,939
- Federally Qualified Health Center: 783,422



Interfaces & Connectivity Criteria

- VITL has a contract target of 30 interfaces and 25 Public Health interfaces in 2021, and has met both targets by supporting COVID interface needs this year
- VITL will continue to work with the Department of Vermont Health Access, the Agency of Digital Services, the Vermont Department of Health, and other agencies to support their data needs in responding to COVID in the second half of 2021
- VITL will be working with the HIE Steering Committee on creating claims data Connectivity Criteria and reviewing the existing criteria in Q3 for submission with the HIE plan in the Fall.



Meaningful Use and Security Risk Assessment Consultation



