

**MEMORANDUM OF UNDERSTANDING
BETWEEN THE DEPARTMENT OF VERMONT HEALTH ACCESS AND THE
DEPARTMENT OF INFORMATION AND INNOVATION**

This MOU # 03410-1021-13 will replace #03410-1021-12 in its entirety effective upon signature of all parties. The Department of Vermont Health Access (DVHA) and the Department of Information and Innovation (DII) will collaborate to complete the work associated with Integrated Healthcare and Human Services initiatives. These efforts are in line and in support of AHS Strategic Plan 2011-2015 and State of Vermont IT Strategic Plan 2013-2018. This agreement is for DII support of health services only, not other AHS services.

Purpose

DVHA agrees to transfer up to \$28,161,700, but not to exceed actual expenditures which may be less than \$28,161,700, to the Department of Information and Innovation (DII) for the exclusive purpose of supporting system architecture needs, project management and project management oversight of Integrated Healthcare and Human Services projects through staffing resources and contractual agreements as follows:

Enterprise Architecture - work associated with the Health Services Enterprise Program as directed under the PMO Governance Structure (Appendix C), DII will take the lead and focus efforts in the following Architectural domains: Business (HSE Business Units Lead/ DII EA Secondary), Application (DII EA Lead), Information (DII EA Lead) and Technical Domains (DII EA Lead) for actual documented costs. This MOU will cover what the AHS/DVHA Health Exchange consumed for resources out of the DII Oracle T&M contract;

DII Project Management and related Support Activities - these expenses and reimbursements are intended to cover the Health Services Enterprise Program as directed under the PMO Governance Structure (Appendix C). This service is provided by DII staff, as well as by Contractors such as Desai, Speridian, and Twenty Second Century Technology.

Other Support Activities – Activities as they relate to Staff Augmentation, Independent Review, BA Work, LanDesk and other activities as relating to the scope of work and agreed upon between both parties of this agreement.

LanDesk - to cover DVHA's expenses pertaining to the State contract (#22554) between DII and GovConnection on the subject matter of software and services for the use of LanDesk software products for actual documented costs.

Working in collaboration with Healthcare stakeholders, DII will actively acquire and augment staff to fulfill work requirements in the areas of Enterprise Architecture (EA), Project Management (PM) and PM Support Activities, and PM Oversight. DII will have the responsibility and accountability for all Enterprise Architecture work and alignment related to the Application/Integration, Information/Data, and Technical/Infrastructure domains. In the Business Architecture domain, many sub domains will require healthcare business leadership and DII EA efforts will aid where feasible. DII EA efforts will include aligning State of Vermont Enterprise Architecture with existing Executive and Operational steering committee governance models. Process mapping, design, and modeling processes and standards will be delivered by DII through the States EA efforts.

MOU Terms of Agreement

1. This MOU will be in effect beginning July 15, 2012 and will end on June 30, 2015. In accordance with PM best practice and specific project needs DII, HSE Program Director, AHS CIO and HSE Business Leads will collaborate to develop a work plan and related project artifacts for all 5 major initiatives as outlined in the attached HSE Program Management Organization Governance Structure. As work is performed and expenses paid out, AHS and DII will periodically assess the work and budget remaining to determine if adjustments are required to either, an amendment to this MOU will be issued as necessary. Using the mutually agreed upon

resource plan template, DII agrees to finalize and document the resource plan within 15 days upon execution of the MOU. On a monthly basis, DII, HSE Program Director, HSE Business Leads and DVHA Financial Lead will meet to assess the project and update the resource plan for the required resources (DII Staff, Project Management, and Enterprise Architecture) to address changes such as:

- Emerging project requirements/scope
 - Schedule changes that drive modified requirements in the type of resources, their quantities/levels and/or timing and duration of the resource
 - Circumstances that necessitate increased funding or off-setting reductions in other resource categories.
2. DII and AHS/DVHA agree to the following workflow for invoice approval and payment:
 - a) Contractor submits their invoice to the DII Chief Technology Officer (DII CTO) for EA and other activities or HSE Program Director for PM and other activities. All submitted invoices from the contractor for PM work will include approval by HSE Business Leads for time reports associated to each project under the HSE Program Management Organization Governance Structure.
 - b) DII CTO will review and approve all EA related invoices. In some cases HSE Business Leaders will assist where EA Staff Augmentation have been engaged in Business Architecture domain.
 - c) HSE PMO Director will review and approve PM related invoices.
 - d) Approved invoice is sent to DII Deputy Commissioner or designee for review and approval. Once approved, invoice is routed to Agency of Administration (AOA) Financial Services Office for payment.
 - e) AOA Financial Services Office loads record in VISION System to pay approved amount 30 days from invoice date.
 - f) AOA Financial Services Office sends inter-department invoice to DVHA for reimbursement of actual expenditures as for activities outlined in the approved work plan and attaches copy of approved contractor invoice(s), and VISION expenditure reports as outlined in number 3 below.
 - g) DVHA Business Office and HSE Business Leads and AHS CIO will review DII invoice, contacting the AOA Financial Services Office or the DII CTO/ DII EPMD Director (as applicable) with any questions.
 - h) DVHA transfers approved invoiced amount to DII.
 3. For expenses directly incurred by DII, DII agrees to submit monthly invoices to DVHA with appropriate supporting documentation, e.g. VISION reports, time reports, invoice copies, detailing expenditures, by the 25th day of the month end for expenses relating to the included budget. Expenses incurred during the period of this MOU directly relating to the Exchange Grant and Health Services Enterprise IAPD as outlined in the included budget will be found allowable provided that they comply with federal guidance applicable to the establishment of Health Benefit Exchanges, including but not limited to: ACA 1311, 45 CFR Part 74, 45 CFR Part 92. Additionally, expenses incurred during the period of this MOU must comply with 2 CFR Part 225.
 4. The List of Reimbursable Activities and Eligible Federal Financial Participation (FFP) Rates in Support of the Eligibility and Enrollment (E&E) Functions (June 21, 2011) shall serve as further guidance related to allowable expenses and is attached to this document and labeled Appendix A. When invoicing for expenditures, DII shall indicate to which *Phase* of activities outlined in the first column of the table in Appendix A, the purchase(s)/work qualifies for in order to ensure that DVHA requests federal reimbursement at the correct rate.
 5. DII agrees to use the appropriate program codes related to the major component categories of the IAPD (Appendix B) in reporting both DII staff and contractual work in order to properly report all DII reimbursable expenses for this project. DII agrees to finalize the resource plan and document it using resource plan template which will break down resource plan to the task codes specified in Appendix B.
 6. All expenditures invoiced by DII shall not be included in the internal service fund charges to AHS or to the rest of State government.
 7. Based on the approved monthly VISION expenditure reports, DVHA will initiate an interdepartmental transfer to reimburse DII for these expenditures by the 30th day after receipt of the report. Notification of the transfer will be sent via email to the AOA Financial Services Office.
 8. Funds transferred to DII by DVHA will be for staffing and DII contracts directly related to healthcare. All IT Requests for Proposals (RFPs), contracts, and grants to be charged to these funds must be pre-approved through

the existing PMO structure which supports the AHS Health Services Enterprise. Furthermore, all such agreements must also be approved by CMS prior to issuance. All such documents must be submitted to the AHS Chief Information Officer (AHS CIO), DVHA Financial Manager, and the Health Reform Enterprise Director to route through the PMO structure and CMS for approval prior to release or execution. DII shall grant AHS CIO access to any materials necessary to ensure consistency of work products with the AHS strategic objectives.

9. Current contact information for these and other roles identified in this MOU are listed below.

DVHA

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DII

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AHS-IT

Name: Darin Prail	Title: Chief Information Officer, AHS
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Payment Amounts

Budget Detail			
Budget Period	7/15/2012	-	6/30/2015
Personnel & Operating		Subtotal	\$ 1,784,105.00
Contractual	Enterprise Architecture		\$ 10,100,000.00
	Project Management		\$ 9,000,000.00
	Other Activities		\$ 7,277,595.00
		Subtotal	\$ 26,377,595.00
GRAND TOTAL			\$ 28,161,700.00

Funding

Source of Funds: 100% Federal

CFDA Title: Cooperative Agreements to Support Establishment of State-Operated Health Insurance Exchanges

CFDA Number: 93.525

Award Name: Cooperative Agreements to Support Establishment of State-Operated Health Insurance Exchanges

Award Number: IE-HBE-11-004-012241

Award Year: FFY2012

Federal Granting Agency: HHS, CCIIO

Research and Development Grant? Yes No

Source of Funds: 90% Federal, 10% State

CFDA Title: Medical Assistance Program, Medicaid Title XIX

CFDA Number: 93.778

Award Name: Department of Vermont Health Access- Medicaid - Admin & Program

Award Number: 1105VT5MAP

Award Year: FFY12

Federal Granting Agency: Department of Health and Human Services

Research and Development Grant? Yes No

Source of Funds: 100% Federal

CFDA Title: Cooperative Agreements to Support Establishment of State-Operated Health Insurance Exchanges

The provisions of this Memorandum of Understanding are hereby entered into and agreed to by virtue of the authorized signatures below:

<p>_____</p> <p>Mark Larson, Commissioner Department of Vermont Health Access</p> <p>_____</p> <p>Date</p>	<p>_____</p> <p>Richard Boes, CIO and Commissioner Department of Information and Innovation</p> <p>_____</p> <p>Date</p>
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<p>_____</p> <p>Darin Prail, CIO Agency of Human Services</p> <p>_____</p> <p>Date</p>
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Appendix A**List of Reimbursable Activities and Eligible Federal Financial Participation (FFP) Rates in Support of the Eligibility and Enrollment (E&E) Functions
(Updated - June 21, 2011)**

Phase/Subject	FFP Rate	Activities/Scope/Content/Definition (but not limited to)
Planning	90	<ul style="list-style-type: none"> • Planning, including: impact assessments, gap analyses, requirements analyses (functional/business and technical), and any preparation activities necessary for implementation/administration/operations • Performing a MITA State Self-Assessment (SS-A) • Preparation and development of the related planning Request for Proposal (RFP) for vendor and consulting services • Procurement and acquisition (i.e., solicitation, evaluation, negotiation, contract selection, etc.) • The RFP-related services contract • State personnel • Contractor services • Meetings and travel directly tied to E&E planning • Participation in workgroups directly tied to E&E planning • Facility and equipment (i.e., work spaces, software tool(s), etc.) • Preparation and development of the APD, RFP, and other related procurement instrument(s) for the implementation, enhancement, and/or operation phase
Implementation	90	<ul style="list-style-type: none"> • Preparation and development of the implementation APD, RFP, and other related procurement instrument(s) if applicable (i.e., no planning phase APD performed) • Procurement and acquisition (i.e., solicitation, evaluation, negotiation, contract selection, etc.) • Design, development, installation (DDI) of new system/database, and/or enhancement to existing system/database • Design, development, installation of new web-based portal , and/or enhancement to an existing web base/portal • Interfaces and connectivity (system , web-based portal) • Acceptance testing • Facility (only for use of such facility in the DDI and/or enhancement period) • Equipment and supplies (only for use of such equipment in the DDI and/or enhancement period) • State personnel • Contractor services • DDI services contract • IV&V services contract (see IV&V below) • Project Management/Quality Assurance services contract • Hardware (whether lease or purchase, costs must be prorated/allocated to DDI 90% vs. operation 75%, see example of prorated formulation below) • Software tool(s) (only for use of such tool(s) in the DDI and/or enhancement period) • Travel directly tied to E&E implementation • Participation in workgroups directly tied to E&E implementation

		<ul style="list-style-type: none"> • COTS if fully purchased and owned (see COTS below) • Proprietary Software if fully purchased and owned by the State (acquired in whole or in part with FFP, is subject to the applicable federal regulations governing software ownership and federal rights-in-license, see proprietary software below) • Preparation and development/enhancement of contingency/business continuity/disaster recover/security plans.
	75	<ul style="list-style-type: none"> • COTS leasing/licensing (see COTS below) • Software licensing (both initial and ongoing) • Proprietary software (both initial and ongoing) • Site preparation if applicable • Outreach and training directly tied to E&E activities • Documentation and publications (i.e., system/operating/user manuals)
	50	<ul style="list-style-type: none"> • End-user/Business User training • Indirect personnel and non-personnel costs
	0	<ul style="list-style-type: none"> • Design, development, or modifications of a proprietary system or software (see Proprietary software below)
Maintenance & Operations (M&O)	75	<ul style="list-style-type: none"> • System and/or software maintenance (in-house and/or contract) • Web-based portal/technology maintenance (in-house and/or contract) • System operation (in-house and/or contract) • On-going software leasing or licensing • On-going COTS leasing or licensing • On-going proprietary software leasing or licensing • Call center, i.e., customer/provider relation (in-house and/or contract) • Data center (staff and overhead) • New hardware purchase or lease during operational phase will all be at the 75% match • Hardware update purchase/lease during operational phase will be at the 75% match • Provider outreach and training • Training of personnel directly engaged in the operation of an approved system • Facility/Equipments • Publications necessary for the operation of the system, i.e., paper application, user manual, etc.
	50	<ul style="list-style-type: none"> • Regular Program Administrative Costs (i.e., audit) • End-user/Business User training • Printing of Medicaid/CHIP ID cards • Postage
COTS Software	90	<ul style="list-style-type: none"> • If fully purchased and owned by the State (acquired in whole or in part with FFP, is subject to the applicable federal regulations governing software ownership and federal rights-in-license)
	75	<ul style="list-style-type: none"> • Initial and/or on-going leasing or licensing
	0	<ul style="list-style-type: none"> • COTS software is pre-built, there will be no FFP available for any development and/or modifications to it that are necessary to support specific program/technical requirements and/or adjudications

Transfer of System	90	<ul style="list-style-type: none"> Reconfigurations and/or modifications necessary to meet state specific requirements, including testing, data conversion, system stabilization
	0	<ul style="list-style-type: none"> Transfer of an existing system(s)/application(s) from another state, where such system(s)/application(s) are a public domain and owned by the state
Proprietary Software	90	<ul style="list-style-type: none"> If fully purchased and owned by the State (acquired in whole or in part with FFP, is subject to the applicable federal regulations governing software ownership and federal rights-in-license)
	75	<ul style="list-style-type: none"> Initial and/or on-going leasing or licensing
	0	<ul style="list-style-type: none"> there will be no FFP available for any development and/or modifications to it
MITA	90	<ul style="list-style-type: none"> In-house and/or contractor to perform a Medicaid enterprise MITA State Self-Assessment (SS-A)
IV&V	90	<ul style="list-style-type: none"> Independent Verification and Validation services contract
Medicaid Decision Support System (DSS)/ Data Warehouse (DW)	90	<ul style="list-style-type: none"> Development and/or update of state-owned database and/or software to facilitate conversion of data format System integration/interfaces with E&E system and/or MMIS Initial conversion of data (Medicaid/CHIP data) Hardware (whether purchase/lease or update, costs must be prorated/allocated to DDI 90% vs. operation 75%, see example of prorated formulation below)
	75	<ul style="list-style-type: none"> On-going repetitive cyclic conversion of data (Medicaid/CHIP data) Initial and on-going licensing Maintenance and operations (M&O) only directly to system including qualified staff(s) that set system/data parameters Hardware purchase/leasing or update during operational phase will be matched at 75%
	50	<ul style="list-style-type: none"> End-user/Business Users training
	0	<ul style="list-style-type: none"> If the DSS software is proprietary, i.e., licensed, there will be no FFP available for any development and/or modifications to it

HARDWARE (The costs to purchase or lease the hardware must be prorated between the DDI phase and operational period for the life of the hardware usage, i.e., 5 to 8 years). The table below is an example of prorating a full purchase or lease of 5 servers during the initial DDI phase with a projected usage life of 8 years. The total cost is \$1.6M upfront to purchase the hardware outright or an annual lease agreement of \$200K a year for 8 years, where the APD project calls for 2 years of DDI followed by 6 years of operations.

Phase	Year	FFP Rate	Cost	Federal Share	State Share
DDI	1	90 %	\$200K	\$180K	\$20K
DDI	2	90 %	\$200	\$180	\$20
OPTN	3	75 %	\$200	\$150	\$50
OPTN	4	75 %	\$200	\$150	\$50
OPTN	5	75 %	\$200	\$150	\$50
OPTN	6	75 %	\$200	\$150	\$50
OPTN	7	75 %	\$200	\$150	\$50
OPTN	8	75 %	\$200	\$150	\$50
Total	8	Mix	\$1.6M	\$1.260M	\$340K

Note: HW purchase or lease option during operational phase will all be at the 75% match.

SOFTWARE AND OWNERSHIP RIGHTS

45 CFR Part 95, Subpart F, Section 95.617 - Software and ownership rights

- (a) General. The State or local government must include a clause in all procurement instruments that provides that the State or local government will have all ownership rights in software or modifications thereof and associated documentation designed, developed or installed with Federal financial participation under this subpart.
- (b) Federal license. The Department reserves a royalty-free, nonexclusive, and irrevocable license to reproduce, publish, or otherwise use and to authorize others to use for Federal Government purposes, such software, modifications, and documentation.
- (c) Proprietary software. Proprietary operating/vendor software packages which are provided at established catalog or market prices and sold or leased to the general public shall not be subject to the ownership provisions in paragraphs (a) and (b) of this section. FFP is not available for proprietary applications software developed specifically for the public assistance programs covered under this subpart.

How do we interpret this rule?

- 1) The State and CMS own the MMIS software (programming code) or any modifications to it and (all) associated documentation designed, developed or installed with Federal financial participation (FFP). This is true for any level of FFP (50% or 90%)
- 2) CMS can use the software/code and/or freely distribute to other states or entities as it wishes. Standard software ownership protocols require that States store and maintain the code. The concept is that we pay once for a basic MMIS design and then only for costs associated with modifying it.
- 3) Proprietary vendor MMIS software is not included in this provision. No level of FFP is available for development of proprietary software. However, SMM 11276.3(B) (added on September 10, 1998) allows for 75 percent FFP for the cost of the software licenses to use such proprietary software.

Software and Ownership Rights and the MITA Framework – General Principles

- 1) CMS “owns” the MITA Governance-approved MITA Abstract WSDL that resides in MITA repository
- 2) States and vendors are asked to use the MITA WSDL in their product/application development and implementations
- 3) If the State pays for DDI of an application using the MITA WSDL, and CMS has approved that DDI, the application is eligible for 90% and is public domain. This is for a first time DDI of the business process.
- 4) A vendor can develop its own version of the application using the MITA WSDL.
 - a. The vendor owns the portion of the application built with its own funding (as part of research and development)
 - b. Vendor cannot copyright the MITA WSDL portion of the application and cannot charge for that portion
 - c. Vendor can charge license fee for State use of the application built by vendor
 - d. CMS pays 75% of license fee; State cannot own the vendor’s application; but State could require that it be a perpetual and transferable license
 - e. State can replace vendor’s product in the future. New product must use WSDL. New license fee will be charged
 - f. Assumption is that license fees will be MUCH lower than DDI. Typically there is one license fee paid at installation, then annual renewal fees are paid at much lower rate, e.g., \$100k for installation; \$10k each year for renewal which covers upgrades and corrections to the application
- 5) Plug and play and replaceable work in both the DDI and the COTS use cases:
 - a. For DDI, assume CMS pays 90% for application development that uses the MITA WSDL. That result then is (virtually) available through MITA repository. State X receives the 90% for the initial development. State Y has the option of requesting installation of State X’s application (minor cost of transfer or minor changes to application code = 90% [??]). So cost to State Y should be a small % of cost to State X. If a State wants to make a lot of changes to the open source application, there will be a DDI charge for that (if approved by CMS); however, this could be considered “maintenance” at 75%. The improved application is then made available to the Repository where State Z can pick it up at a much lower cost
 - b. For COTS, assume CMS pays 75% for license fee for State X, Y, Z. Different products will have different license fees driven by market competition, functionality of the product, competitive pricing, etc. The license fee should be a FRACTION of the original DDI cost. Vendors are expected to continuously improve their products, but must continue to use MITA WSDL.

Appendix B
HSE Program Codes for DII Cost Reporting

There are various program codes to be used for direct reporting of time. Use of the program code is for reporting time (via direct time reports/time studies) and also for expense accounts for mileage.

Program Code #	Type	Project	APD Title	Funding	FFP	What Should Be Coded Here?	CAP Description
41607	Staff	VIEWS – DDI (development) (Match from GF and Capital Budget – DII)	Vermont Health Enterprise - IAPD	CMS - E&E CCIIO Exchange	97% Federal 3% State	Health Care Programs only - work that is related to the Eligibility and Enrollment system (VIEWS) Design, Development and/or Implementation efforts as well as Independent Verification and Validation (IV&V) and DII project Management <ul style="list-style-type: none"> • Eligibility and Enrollment • Health Insurance Exchange - HIX 	Staff work related to Health Enterprise Eligibility and Enrollment DDI and IV&V
41609	Contract	VIEWS-enhanced – DDI (development) Funding for Contractor Cost Only (Match from GF and Capital Budget – DII)	Vermont Health Enterprise - IAPD	CMS - E&E CCIIO Exchange	97% Federal 3% State	Health Care Programs only - Contract work that is related to the Eligibility and Enrollment system (VIEWS) Design, Development and/or Implementation efforts, Including Independent Verification and Validation IV&V <ul style="list-style-type: none"> • Eligibility and Enrollment • Health Insurance Exchange - HIX 	Contractual Expenses related to Health Enterprise Eligibility and Enrollment DDI and IV&V
41612	Contract	Provider Directory - Contractual (Match GF and Capital Budget DII)	Vermont Health Enterprise - IAPD	CMS - MES CMS - E&E CMS - HIT CCIIO - Exchange	97% Federal 3% State	Contractual work on Design, Development, and Implementation of the Provider Directory Component of the Health Enterprise.	Contractual Expenses related to Health Enterprise Provider Directory
41613	Contract	MMIS – MES – Contractual (Match GF and Capital Budget DII)	Vermont Health Enterprise - IAPD	CMS - MES	90% Title XIX 10% State	Contractor expenses - Consulting Services to assist Design, Development, and Implementation of MES system. Includes IV&V	Contractual Expenses related to Health Enterprise MES DDI and IV&V
41618	Staff	SOA Infrastructure	Vermont Health	CMS - MES	97% Federal	Direct Development and Implementation work	Staff Expenses

		Components (BUS, Workflow, Rules) – Staff Costs (Match from GF and Capital Budget – DII)	Enterprise - IAPD	CMS - E&E CCIIO - Exchange	3% State	associated with/related to all shared components of the Health Enterprise Project (EXCLUDING Provider Directory)- MDM/ID Mngmt/Workflow/ Rules Engine, EMPI, Portal, Imaging, Data Warehouse, and Call Center. - Includes portion of DII costs for state staff.	related to Health Enterprise shared component design and development
41632	Contract	SOA Infrastructure Components (BUS, Workflow, Rules) – Contractual Costs (Match GF and from Capital – DII)	Vermont Health Enterprise - IAPD	CMS - MES CMS - E&E CCIIO - Exchange	97% Federal 3% State	Contractor expenses - related to all shared components of the Health Enterprise Project (EXCLUDING Provider Directory) - LanDesk, MDM/ID Mngmt/Workflow/ Rules Engine, EMPI, Portal, Imaging, Data Warehouse, and Call Center. Includes portion of DII costs for contracted work.	Contractual Expenses related to Health Enterprise shared component design and development
41634	Contract	Provider Directory - DII charges for Project MGMT (Match GF and Capital Budget DII)	Vermont Health Enterprise - IAPD	CMS - MES CMS - E&E CMS - HIT CCIIO - Exchange	97% Federal 3% State	DII charges for Project Management during Design, Development, and Implementation of the Provider Directory Component of the Health Enterprise.	DII staff expenses related to Health Enterprise Provider Directory
41642	Staff	MES - Design, Development, and Implementation and IV&V (Match GF and Capital Budget DII)	Vermont Health Enterprise - IAPD	CMS - MES	90% Title XIX 10% State	Direct staff work that is related to the replacement of the current MMIS, Medicaid claims payment system. Also known as Medicaid Enterprise System (MES) Design, Development, Implementation (DDI) efforts as well as Independent Verification and Validation (IV&V), Including DII Project Management.	Staff work associated with the development of the MES
41692	Contract	HIT Purchased GC Projects	Vermont HIT	GC/MCO	100% GC	Compuware, Bi-state and any other “non-base” HCR expenses	Blueprint IT Project Management

41702	IT Consulting and Contractual- Level 1	Health Insurance Exchange – IT Consulting and Contractual	Vermont Health Enterprise - IAPD & CCIO Exchange Grant	CMS – E&E OCCIO Exchange – Level I	98% Federal	Direct IT contractual costs related SOLELY to the ACA Level I Insurance Exchange Design, Development, and Implementation Consulting and Contractual costs	IT Consulting and contractual costs related to the Level I OCIO Exchange Grant
41701	IT Staff and Operating - Level 2	Health Insurance Exchange – IT Staff and operating costs	Vermont Health Enterprise – IAPD & CCIO Level 2 Exchange Grant	CMD – E&E CCIO Exchange – Level 2	98% Federal	Direct IT Staff costs related SOLELY to the ACA Level 2 Insurance Exchange Design, Development and Implementation State staffing & Operating	IT Salary and Operating costs related to the level 2 CCIO Exchange Grant
41705	IT Consulting and Contractual – Level 2	Health Insurance Exchange – IT Consulting and Contractual	Vermont Health Enterprise - IAPD & CCIO level 2 Exchange Grant	CCIO – Level 2	100% Federal	Direct IT contractual costs related Solely to the ACA Level 2 Insurance Exchange Design, Development, and Implementation Consulting and Contractual Costs	Non-IT Consulting and contractual costs related to the Level 2 CCIO Exchange Grant

Appendix C
Health Services Enterprise Governance Structure

