

## I. Project Identification

**Project Title:** ELECTRONIC VITAL RECORDS REGISTRATION SYSTEM - MODULE

<b>Agency Name</b>	<b>Agency Business Unit</b>
Dept of Public Health	DPHM1

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## II. Project Details

### A. Project Dates

<b>Proposed Start Date (MM/DD/YYYY)</b>	<b>Expected Completion Date (MM/DD/YYYY)</b>	<b>Project Duration (in months)</b>
07/01/2014	06/30/2017	36

B. **Project Description** - This information will be used for listings and report to the Governor and General Assembly on capital funded projects.

The Electronic Vital Records Registration System Module Integration Project is proposed to add three software modules to the EVRRS Birth/Core Registration System to complete the implementation of the comprehensive Vital Records Registration System at the Department of Public Health. The modules to be added into the system are for Death, Fetal Death and Issuance (Point of Sale).

C. Summary.

**Summary - Describe the high level summary of this project in plain English without technical jargon**

The Electronic Vital Records Registration System for Birth Registration is presently under development and implementation at DPH. It is scheduled to be completed and in use, state-wide by December 2014. That system will provide a web-based data collection and registration software application that is used state-wide by hospitals and 169 towns for the recording and registration of all births for Connecticut and allow issuance of Birth certificates.

This proposed Vital Records Module Integration Project under this funding request would provide for the expansion of that system to include the collection and registration of all CT Deaths and Fetal Deaths into a unified database, and provide the capability for the State Vital Records Section to issue Birth and Death Certificates. The enhanced EVVRS system will also allow the State of CT to provide timely reporting of all CT birth, death and fetal death data to the National Center for Health Statistics (NCHS), which mandates revised electronic data submission by January 2014.

This Module Integration Project will encompass the procurement, development and implementation state-wide to provide a Web Based user friendly, easy to use, efficient method for recording and registering CT Deaths and Fetal Deaths as well as adding an integrated financial tracking (POS) module.

**Purpose – Describe the purpose of the project**

This project is proposed to simplify and modernize the processes for the collection and registration of death and fetal deaths from hospitals, nursing homes, funeral homes, and town halls across the state of Connecticut. This EVRRS application update will result in replacement of the current paper based death registration process, and several stand-alone computer systems that use various collection techniques, tracking processes and databases (including MS Access 2000 and Oracle 10g).

With the integration of these three modules into the EVRRS Birth/Core application, DPH Vital Records Section (VRS) will be able to record, register and issue Birth, Death and Fetal Death certificates from a single, comprehensive and integrated Vital Records platform. In addition, CT VRS is required by contract with NCHS to provide the timely and accurate submittal of all birth, death and fetal death records in a format that meets the mandatory federal reporting requirements specified in the 2003 Revisions for the Standard Birth and Death Certificates, and the Report of Fetal Deaths. This data must be provided to the National Center for Health Statistics (NCHS) with specific parameters and file format, and shortened reporting schedule which the current systems will not support.

Not meeting these requirements by January 1, 2014 will put CT in violation of our NCHS contract. We will lose our federal reimbursements for data submissions.

We cannot meet these shortened time constraints with our current processes and resources. The Electronic Vital Records Registration System Module Integration Project will allow us to comply with the federal contract stipulations.

**Importance – Describe why this project is important**

This funding is needed to integrate and implement the remaining modules into the Electronic Vital Records Registration System. The Electronic Birth Registration System (EBRS) component of this system is currently funded through a NCHS special project provision in the current Vital Statistics Cooperative Program (VSCP) contract and is in the design process now. This proposed project funding will expand the scope of the current effort to include collection and reporting of all CT Deaths and Fetal Deaths.

Addition of the Point of Sale module will expand the capabilities of the State VRS to issue birth and death certificates, and to allow improved tracking of funds and fees collected for issuances of certificates.

It will also provide NCHS with a means to electronically process all CT births and deaths in a timely and efficient way. The CT DPH is required to provide this mandatory data on a specific schedule and format to the NCHS starting in January 2014. The VRS is provided with compensation from the federal government (NCHS) for the submittal of that data. Failure to provide the birth and death data in a timely manner and in the required file format will result in the loss of this compensation. This currently totals approximately \$185,000 annually for births and \$152,000 annually for deaths.

The existing Death registry system operates with an MS Access 2000 database that has become unsupported by Microsoft and has reached its capacity limits for the Access database. In addition, the data collected and registered through this system will not conform to the mandated new reporting format requirements.

#### **Outcomes – What are the expected outcomes of this project**

The Death and Fetal Death Registration modules would allow for the electronic web-based processing of death records, resulting in the simplification of the recording process for medical practitioners to certify the cause of death on-line. This would significantly reduce the funeral director travel time, and eliminate the major delay in processing death certificates. The system would provide a multi-point data entry process that streamlines accessibility for the hospital and medical facility staff, medical certifiers, medical examiners, funeral directors, local town registrars and State of CT VRS staff.

Automated Social Security Number (SSN) verification is built into these processes, and provides connection to the Social Security Administration (SSA) On-line Verification System (OVS). This feature streamlines the verification process and greatly reduces staff efforts and time response which represent significant delays in processing death records. SSA will provide \$2.93 per death record submitted to OVS within 6 business days of the date of death. Death records submitted after the 6 days only provide \$0.82 per record. Based on the current death rates, this could generate an additional \$71,000 annually for the VRS.

With the on-line death record processing, the required Death Certificates, and various permits, may be printed out by any authorized system user, providing significant time savings for processing death certificates as well as added automation and convenience to each of the reporting towns.

The Issuance / Point Of Sale (POS) module would be utilized within the State Vital Records Section to provide a web-based point of sale system supporting customer service requests for birth and death certificates. The POS system provides reporting capabilities for financial and inventory accounting, and would provide an integrated and automated ability to handle and account for cash and money order receipts from the public.

#### **Approach and Success Evaluation – Provide details of how the success of the project will be evaluated**

Program Success measurements:

- Successful implementation would provide the capability to collect, edit, file, register and disseminate, death and fetal death records into the Electronic Vital Records Registration System (EVRRS) application from any web based location throughout the state.
- Provides a platform for the migration of existing Vital Records into the new data bases.
- Simplified data entry and ease of use for authorized state users, providing access to VR data from any computer with web connectivity
- Timely, efficient submittals of CT death data to NCHS resulting in continued compensation for CT VRS of \$152,000 annually
- The EVRRS will increase the VRS Section revenues for death certificate sales by 30% to \$14,180 annually.
- Increase of the reimbursement from SSA for electronic death records utilizing the OVS from \$28,500 to \$99,600 annually.

D. **Business Goals.** List up to 10 key business goals you have for this project, when (FY) the goal is expected to be achieved, and how you will measure achievement, Must have at least one. Please use action phrases beginning with a verb to state each goal. Example: "Reduce the Permitting process by 50%". In the Expected Result column, please explain what data you will use to demonstrate the goal is being achieved and any current metrics.

<b>Business Goal (Action Phase)</b>	<b>Target FY for Goal</b>	<b>Current Condition</b>	<b>Expected Result</b>
Implement the web-based electronic system that will provide the 2003 Revision file format allowing submittal of all CT Vital Records births, deaths and fetal deaths to the National Center for Health Statistics (NCHS) to be in compliance with the VSCP contract requirements by 2016.	FY17	Existing systems generate the 1989 Revision file formats and will be non-compliant starting in January 2014.	Provide the on-line system to collect, edit, register, record and disseminate 100% of all CT Vital Records births, deaths and fetal deaths in the required 2003 Revision format to NCHS by 2017.
Increase the annual revenue in VRS from the Social Security Administration re-imbursements for timely death record SSN submittals (under 6 business days) utilizing the EVRRS death registration module On-Line Verification System (OVS).	FY17	SSNs are presently submitted later than 6 business days due to manual processing of the death records. SSA only reimburses CT VRS about 35% of the available re-imbursement funds.	Collect and disseminate 100% of the CT death record SSNs in less than the 6 business days through utilization of the EVRRS death module OVS. VRS revenues should see an increase from \$28,500 to \$99,600 annually.
Maintain the annual federal (NCHS) re-imbursements to the CT VRS of \$152,000. The VSCP contract requires the timely submittal of all CT deaths and fetal deaths in the 2003 Revision format. These requirements can only be achieved through implementation of the EVRRS web-based death registration system.	FY17	Present systems require manual entry of all death and fetal death data which would fail to meet the VSCP contractual requirements for the timely submittal to NCHS starting in January 2014. Failure to meet these requirements will result in the loss of this revenue. Data entry is presently being done by an external vendor at a cost of \$58,200 annually.	Implementation of the EVRRS death and fetal death web-based system allows submittal of the CT deaths and fetal deaths in the 2003 Revision format and within the time constraints specified in the VSCP contract. Meeting these requirements will guarantee that the annual re-imbursement of \$152,000 will be maintained. Elimination of the external vendor data entry costs will be possible, resulting in a savings of \$58,200 annually.
Increase the CT VRS customer service revenue from sales of birth and death certificates through the EVRRS web-based Issuance/Point of Sale module implementation.	FY16	Presently there is no integrated sales and financial tracking done with an automated system. Current accounting is accomplished manually with spread-sheets and tracking software.	The Issuance/Point of Sale module implementation will provide a single point system for the financial tracking and issuance of certificates from VRS and the towns. The system will simplify the issuance

			process and is expected to increase VRS revenues by 30%.
Provide the web-based EVRRS death registration system that will enable all certifying physicians to enter cause of death information and electronic signature from any internet connected computer. The system will allow a reduction in the major processing delay with death registration for the funeral directors and town registrars, and enable the expeditious issuance of permits for transports and burials.	FY17	Funeral Directors must physically meet with certifying physicians to obtain medical information and death certification signatures on the existing paper death certificate. This process very often delays death registration and funeral proceedings by two days.	Implementation of the web-based EVRRS death registration module will allow certifying physicians 24 hour access to certify the death certificate on-line. This convenient easy access will result in reducing the death certificate registration process and the issuance of the transit and burial permits by two days.

E. **Technology Goals.** From a technical perspective, following the above example, list up to 10 key technology goals you have for this project and in which Fiscal Year (FY) the goal is expected to be achieved. Please use action phrases beginning with a verb to state each goal. Example: "Improve transaction response time by 10%".

Technology Goal	Target FY for Goal	Current Condition	Expected Result
Install a fully web-based EVRRS application providing statewide access to authorized users for the efficient, simplified entry of all CT birth, death and fetal death information allowing the registration and issuance of certificates through state and local town customer service. The system would be user role based with access being granted to all required Hospitals, Funeral Homes, Nursing Homes, Office of the Chief Medical Examiner and Town Halls responsible for collecting vital records.	FY16	The current electronic system for the collection of data and reporting of death is a MS Access database system. Paper based processes are used for the death and fetal death reporting. This paper process requires manual entry of the data into the system by VRS staff and an external third party data entry contractor (current contract is held by Data Prep).	The integrated modules will be installed into a unified system on a hosted server platform at BEST. Accounts will be maintained for approved user access for Hospitals, Nursing Homes, Funeral Homes, Medical Certifiers, Medical Examiners and Town Halls allowing access to the application directly from any available internet accessible computer. This system allows the real time vital record data entry from the point of origin resulting in improved accuracy and efficiency.
Provide a single URL with role based access to a web-based application that is linked to a MS SQL database backend secured and hosted at CT DAS/BEST.	FY15	There are currently mismatched and unlinked systems operating on now obsolete software (MS-Access 2000, Oracle 10g),	The EVRR system will be hosted on a series of Windows virtual servers with links to a standard based 2008 MS SQL

		and hosted on hardware platforms that are no longer supported by the vendors.	database maintained with appropriate backup and security procedures. Standard procedures for backups will be implemented, and all pertinent data will be moved from the application layer to the database, allowing for easy restoration of the application servers when needed.
Provide the EVRR System platform that will result in the timely electronic transmittal of death and fetal death records to NCHS in the required 2003 Revision format. This system will validate and transmit data that conforms to the 2003 Revision of the US Standard Certificate of Death and Reporting of Fetal Death.	FY17	Most of the record processing is reliant on mail and hand processing of paper based submittals for death and fetal death certificates. File extracts are done, but are presently not in the 2003 Revision NCHS mandated format. Hand processing by VRS staff and external contractors results in significant delays in the file transmittals, which will not meet the timely reporting requirements that will be in effect in January 2014.	The EVRRS death module would provide for the simple and efficient web-based entry of all CT death and fetal death information in the format that will meet the 2003 Revision requirements. The system will eliminate the manual processing of death and fetal death records. This will result in improved quality and more timely transmittal of death and fetal death data to NCHS through electronic file transmissions.
Implement the EVRRS application that will be compliant with the State of Connecticut Enterprise Architecture - Technology Architecture (CTEA-TA) guidelines and standards defined by BEST.	FY17	The electronic vital records system complies with the BEST CTEA-TA guidelines and standards that were in place in the 2003 time period when the system was developed and installed in production. Updates have been introduced since that time, to improve user access control and secure the record data. The system does not meet requirements for a web-based application.	The EVRR system will be compliant with all DAS/BEST CTEA-TA guidelines and standards.

F. **Priority Alignment.** The criteria in this table, in concert with other factors, will be used to determine project priorities in the capital funding approval process. Briefly describe how the proposed projects will align with each criterion.

Priority Criterion	Y/N	Explanation
Is this project aligned with the Governor's Key Priorities?	y	<p>This project aligns with several of the governor's initiatives:</p> <p>More transparent government – By converting to a web-based VR reporting system that allows easy and approved user access to state birth, death, and fetal death records, and provides for town and State Vital Records office issuance of birth and death certificates.</p> <p>This will promote the e-government enterprise approach for a web-based system for collection and reporting of the state and federally mandated CT vital records.</p> <p>Improve efficiency and productivity and overall public service by providing a simplified data entry platform for medical facilities, funeral homes and towns to utilize in reporting and retrieving data.</p> <p>Make state government more cost effective by increasing the federal reimbursement contribution for CT Vital records data. Current federal reimbursement is partially based on timeliness and quality of the records submitted. This system update will provide a consistent method to provide that timely and quality data to take full advantage of the available federal funds.</p> <p>The vital statistics information will be accessed and made secure through utilization of the CT state web portal. This system update will provide improved security of the CT birth, death and fetal death record data and limit access to authorized users.</p>
Is this project aligned with business and IT goals of your agency?	y	<p>DPH recently made a significant effort to replace the existing death registry through implementation of a Pilot Electronic Death Registration System. That Pilot Project was terminated without successful completion in 2012. This project would allow accomplishment of that long standing objective by utilizing a vendor that has their EVRRS application up and running in production in at least 2 other jurisdictions.</p> <p>An identified strategy for the DPH-IT department has been to reduce our dependency on Oracle databases. This project will allow DPH-IT to convert this current dependency on the expensive Oracle database platform to the more cost effective MS SQL server platform.</p>
Does this project reduce or prevent future increases to the agency's operating budget?	y	<p>This project update will allow DPH VRS to be compliant with the NCHS requirements to provide consistent quality birth, death and fetal death data in a timely manner in the specified format. Full compliance will provide federal reimbursement dollars to VRS in the amount of \$279000 annually, with an additional annual savings through elimination of vendor expenditures of \$58,200. This project would provide \$337,200 annually to support the Vital Records Section Operating Budget.</p> <p>Funding breakdown is as follows: The new revenue received for compliance with submittals of birth, death</p>

		<p>and fetal death records will be \$152,000 annually.</p> <p>The anticipated increase in SSA reimbursement (anticipated at \$71,000) should provide extra funding to the DPH VRS Operating budget.</p> <p>Additional funding obtained from the sales of certificates through the Issuance module is estimated at \$56,000.</p> <p>This project update will allow the elimination of the external vendor manual entry of the electronic death registration data which will save approximately \$58,200 annually.</p>
<p>Will this project result in shared capabilities?</p>	<p>y</p>	<p>This project will be rolled out and available through the web to all 169 of the vital records registrars for the local communities in the state of Connecticut. There will be an immediate improvement in the ability to issue birth and death certificates. Authorized town users will be able to issue certificates for records in the system database. Convenience and accessibility for the citizens of the state will be significantly improved. Modernization to the web-based user interface will provide simplification for ease of use, as well as functional improvements for all authorized users.</p> <p>This project will replace much of the paper reporting processes presently in place. The new web-based system will provide significant reductions in processing time required for data entry and the reporting of births and deaths. Stakeholders throughout CT will all benefit from this simplified system. Data is currently shared with:</p> <ul style="list-style-type: none"> <li>DMHAS – Is provided the death record data for their Agency use.</li> <li>DOL – Is provided the death record data for their Agency use.</li> <li>CT Judiciary Branch - Is provided the death record data for their Agency use.</li> <li>CT Centralized Court Services – Is provided the death record data for their Agency use.</li> <li>DPH – HIV Surveillance - Is provided the death record data for their Agency use.</li> <li>DMV – Is provided with the death record data for their Agency use.</li> <li>DSS – Is provided with the birth record data for their Agency use.</li> </ul> <p>Data feeds will be provided from this single authoritative source for their continued use.</p> <p>This will provide a web-based application for all authorized statewide users who contribute to the State Vital Records Section. Including:</p> <ul style="list-style-type: none"> <li>- Hospitals</li> <li>- Nursing Homes</li> <li>- Funeral Homes</li> <li>- Medical Certifiers</li> <li>- Medical Examiners</li> <li>- Town Halls (Vital Records Offices and registrars)</li> <li>- State of CT Vital Records Section</li> </ul>
<p>Is this project being Co-developed through participation of multiple</p>	<p>y</p>	<p>The EVRRS Birth Registration Project is presently in progress and has been funded through the 2012 VSCP Special Programs initiative with the</p>



agencies?		<p>National Center for Health Statistics. That project provides the platform for implementing the additional Death, Fetal Death and Issuance (POS) modules requested in this IT Investment Brief.</p> <p>The additional modules being requested in this proposal will integrate into the EVRRS Birth/Core System. This request for funding for the additional modules is a DPH initiative but it is being developed and deployed with multiple local registrar's offices. The Death, Fetal Death and Issuance (POS) modules requested in this IT Investment Brief will complete the EVRRS Vital Records modernization project.</p>
Has the agency demonstrated readiness to manage project of this size and scope?	y	<p>The CT Department of Public Health has several similar ongoing projects currently in process:</p> <p>ABCMS Criminal Background Check - a legislatively mandated multi-agency initiative with DESPP and a SCOTS software provider that will be web-based and rolled out to 2000 long-term care agencies in the state to monitor employees arrests and conviction records. This is a multiple agency project presently managed by the DPH IT staff.</p> <p>LIMS – Laboratory Information System is in place and running in the new DPH State Laboratory collecting and analyzing Laboratory results including newborn screening information.</p> <p>WIC Modernization project is currently underway with a similar architecture but with a more complex EBT and retail store interface. This is a project of similar scope involving close coordination with the US Department of Agriculture. This is being run by the DPH with anticipated eventual hosting at BEST or on the USDA Cloud.</p> <p>The ability to manage these multiple major cross agency development initiatives is an example of the ability of DPH IT department to handle this additional project.</p>
Is the agency ready to deliver the business value proposed?	y	<p>The agency is currently using antiquated non-integrated standalone systems or processes to perform this function. This project will provide simplified and enhanced web based capabilities which may be quickly rolled out to all approved users state-wide as soon as the new system is certified as production ready and new user account setup and system training has been completed.</p>

G. **Organizational Preparedness.** Is your agency prepared to undertake this project? Is senior management committed, willing to participate, and willing to allocate the necessary time, energy and staffing resources? How will the project be managed and/or governed and who will make the key project decisions?

DPH is prepared to manage this project. A PMP project manager was contracted for the Birth/Core Project, and the project team has been fully engaged with the application vendor since July 2013, and is presently in the Design Phase of that project. DPH VRS and IT have completed the Birth/Core requirements phase and have been actively testing the second prototype version with the vendor. Anticipated production implementation for the Birth Registry is on schedule for completion in December 2014.

- H. **Project Ramp Up.** If capital funds are awarded for this project, how long will it take to ramp up? What are the key ramp-up requirements and have any off these already been started? For example, has a project manager been identified? Has an RFI been issued? Is a major procurement required such as an RFP?

If capital funds are awarded for this project with July 2014 availability, the Death/Fetal Death and POS Requirements phase could start immediately. Since the Birth/Core Project team is presently working on the Design phase of that project, they could easily be phased in to this project. The Birth/Core Project is scheduled for completion with the Birth Registry Go-live in December 2014. The Project team would then easily be transitioned into the Death/Fetal Death and POS module development by January 2015.

The Birth/Core Project Purchase Order has been in place with the application vendor since July 2013. The PO has been structured to allow the Death/Fetal Death and POS Project to be added. Since the existing vendor for the Birth/Core Project will be the vendor for this project, no RFI or RFP are required.

The Production and Staging hardware system platforms for the Birth/Core Project are scheduled for completion by June 2014. This hardware has been appropriately designed to operate the Death/Fetal Death and POS application along with the Birth/Core application. The Test and Development hardware platforms will also be in place for performing the design and development activities for this project. No new hardware would be required to support the implementation of the Death/Fetal Death and POS modules into the system.

- I. **Organizational Skills.** Do you have the experienced staff with the proper training to sustain this initiative once it's a production system? Do you anticipate having to hire additional staff to sustain this? What training efforts are expected to be needed to maintain this system?

Contract technical skills (database administration) will be contracted on a time and material basis or through additional consultant resources.

Existing Vital Records staff and IT personnel are available and ready to maintain the system after the upgrade has been fully implemented.

Infrastructure and system support calls will be managed by our existing DPH Help Desk. Trouble Calls will be monitored and assigned through Track-It and responded to by the current help desk staff. Additional system training will be required and is built into the project plan for this implementation.

It is anticipated that software updates and ongoing maintenance support for the product will be available from the vendor and ongoing software support will be licensed by the DPH at the conclusion of the implementation phase of the contract with the selected vendor.

J. **Financial Estimates.** From IT Capital Investment Fund Financial Spreadsheet

Estimated Total Development Cost	Estimated total Capital Funding Request	Estimated Annual Operating Cost	One Time Financial Benefit	Recurring Annual Financial Benefit
\$2,254,715	\$1,685,715	\$121,000	\$47,200	\$440,342
<b>Explanation of Estimates</b>				
<p>These estimates are based on a combination of project planning that was done for a potential upgrade to the standalone Death Registration System, and the ongoing assessment and project plan for the Vital Records Electronic Birth Registration System.</p> <p>These figures include:</p> <ul style="list-style-type: none"> <li>- Software licensing and customization</li> <li>- Hardware procurement, Server infrastructure only - No Client upgrades are necessary</li> <li>- Consulting resources to implement and provide the data conversion and</li> <li>- Training and roll out processes for the appropriate personnel</li> </ul> <p>The estimate does include ongoing IT maintenance contracts with the vendor, and for additional IT personnel to provide sustained support of the systems for five years beyond implementation, out to 2022.</p> <p>The one time and recurring annual financial benefits include cost avoidance obtained through the elimination of the existing Death Registry System and the associated support costs.</p>				
<p><b>Assumptions: Please list key assumptions you are using to estimate project development and implementation costs</b></p>				
<p>The primary key assumption is that the EVRRS implementation of COTS Birth/Core application will be in place. If that project does not go as planned, the additional modules cannot be installed.</p> <p>The required server hardware will be purchased under the VSCP Special Project for the EBRs. No new hardware or operating system software would be needed.</p> <p>Massachusetts has made available program costs from 4/1/2010 through 7/1/2012. These actuals were used for a cost estimate for the CT configuration. ManTech International is one of the 2 viable COTS providers for CT and was the EVRRS system provider for MA.</p> <p>The ManTech actuals were adjusted up by a factor of 1.2 to define the 2012/13 labor rates for this estimate. We have reviewed price estimates from a second vendor, Genesis Systems, and they are comparable. DPH assumes that this pricing will be competitive. Program Manager daily rates were increased by 2% annually through 06/2017.</p>				

**III. Expanded Business Case**

- A. **Project Impact.** Beyond the top business goals identified in Section II, 1) What impacts will this project have, if any, in the targeted areas below, 2) What would be the impact of not doing this project, 3) How will the project demonstrate benefits are achieved.

(1) Impact Area (Vision)	Y/N	Description of Project Impact
Will this project provide efficient and easily accessible services for all constituents?	y	This system will provide access to the EVRRS through a simplified standard web-based application controlled by password access for the authorized users, and available from anywhere a high speed internet connection is available. Public accessibility for obtaining Birth and Death Certificates, and providing local town issuance of Transit and Burial Permits enables significant availability and convenience to provide public services to all constituents.
Will this project promote open and transparent government with the citizens of the state?	y	This system will make Vital Records data available to authorized users from anywhere in the state through a web-based connection to the internet. This will allow for controlled access to all CT Vital Records birth and death records at the Hospitals, Nursing Homes, Funeral Homes, Medical Certifiers, Medical Examiners, Towns and State VRS Office, based on user permissions. Ability for any Town to issue birth and death certificates will be available with access to the centralized databases of State Vital Records.
Will this project establish efficient and modern business processes?	y	Implementation of the module integration project will allow improved and simplified data collection, and birth and death certificate and permit issuance using automated processes, and utilizing a secure web-based portal accessible to any authorized user throughout the state of CT. The database technology is MS SQL based, which is easily supported using common programming techniques.
Will this project increase accuracy and timeliness of data for policy making, service delivery and results evaluation?	y	This will improve the timeliness of submissions and accuracy of data by allowing data entry and editing at the point of origin. It will also eliminate the lengthy hand processed paper based certificate issuance. These process improvements will allow CT DPH to avoid penalties that would be imposed for failing to meet the 2003 format for the revised standard Death certificates and Fetal Death reporting mandated by NCHS. This project will allow CT DPH to continue to be eligible for federal reimbursement for record submissions beyond the year 2014. Providing electronic web-based processing capabilities from a central point will reduce the manual effort currently required in all of the 169 towns and within the State Vital Records Section office. Local issuance of Birth and Death Certificates, and Permits will greatly improve service to the public sector.

2) What is the expected impact of NOT doing this project?

Beginning in 2014, NCHS has indicated that they will withhold federal funding to those states that do not submit 2003 compliant data. During state fiscal year 2014, this could reduce DPH's reimbursement for six months of data by \$92,904. In SFY 2015 the loss of revenue could be expanded to a full year to \$152,000.

Beginning this winter 2014, NCHS will be sending out the first of its kind Vital Status Report to each state's health officer. It will be noted in this report that Connecticut is non-compliant in its reporting of Vital Records data.

**(3) How will you demonstrate achievement of benefits?**

- Timely Submittal of the NCHS extract files will result in CTDPH VRS receiving consistent reimbursement for reporting of Death and Fetal Deaths at the rate of \$152,000 annually
- Meeting the SSA/OVS notification of death within 6 days will result in an estimated increase of \$71,000 of reimbursement annually to DPH VRS from the Social Security administration to a total of \$99,600.
- Elimination of the external contractor used for data entry from paper death certificates into the electronic database will save \$58,200 annually.
- Reduced processing time to complete the registration and reporting of all births and death records.
- Simplify the issuance of Birth and Death Certificates for CT citizens by providing local availability through any of the town registrars' offices.

**B. Statutory/Regulatory Mandates.** 1) Cite and describe federal and state mandates that this project is intended to address. 2) What would be the impact of non-compliance?

**(1) Statutory / Regulatory Mandates:**

The NCHS contract stipulates that jurisdictions must be using the revised standard certificates for births, deaths and fetal deaths by January 1, 2014.

In addition, the NCHS contract has specific timeliness milestones:

for reporting Births, Deaths and Fetal Deaths

Year 85% due in      Remainder must be submitted:

2013 35 days      70 days

2014 30 days      60 days

2015 25 days      50 days

2016 25 days      50 days after the date of registration.

**(2) Impact of non-compliance:**

Not meeting these guidelines will put CT in violation of our NCHS contract which stipulates that jurisdictions must be using the revised standard certificates for births, deaths and fetal deaths by January 1, 2014. We will lose our federal reimbursements for submissions.

**(1) Statutory / Regulatory Mandates:**

To comply with SSA requirements, Automated Social Security Number (SSN) records must be submitted to the Social Security Administration (SSA) and processed through their On-line Verification System (OVS). Death records must be submitted within 6 days.

**2) Impact of non-compliance:**

If we fail to meet the 6 day requirement; DPH VRS will not receive the full SSA reimbursement of \$2.93 per death record submitted. Death records submitted after the 6 days only provide \$0.82 per record. Based on the current death rates, this could generate a loss of revenue of \$71,000 annually for the VRS.

**C. Primary Beneficiaries.** Who will benefit from this project (citizens businesses, municipalities, other state agencies, staff in your agency, other stakeholders) and in what way?

In addition to making records more secure through their inclusion in a standard relational database, this would benefit the users who typically contribute into the system as well as those who retrieve and analyze that data in the system.

The primary users who will benefit from the improvements provided are:

- Towns - Birth and Death Certificates, Permits
- Hospitals - Birth Records, Fetal Death Records, Death Records
- Funeral Homes – Death Certificates, Permits
- State Vital Records Office – Birth and Death Certificates issuance and sales tracking
- NCHS – Receipt of 2003 Revision Birth, Death and Report of Fetal Death data in electronic format
- CT DPH Epidemiologists - for tracking trends in birth, death and fetal death rates throughout Connecticut
- Public Sector – Faster access to Registered Records
- Medical Certifiers – Birth and death certificates

**Important:**

- **If you have any questions or need assistance completing the form please contact Jim Hadfield or John Vittner**
- **Once you have completed the form and the [IT Capital Investment Fund Financial Spreadsheet](#) please e-mail them to Jim Hadfield and John Vittner**

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