# COMMONWEALTH OF VIRGINIA

# eHHR Program

## (Formerly known as the Health Care Reform Program)

## Quarterly Report to the General Assembly

**December 19, 2012**

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# 1. Executive Summary

The eHHR Program Office was formed to manage the Health and Human Services Secretariat projects initiated under the American Recovery and Reinvestment Act (ARRA), the Patient Protection and Patient Affordability Act (PPACA), and the Medicaid Information Technology Architecture (MITA). The eHHR Program's vision is to collectively improve healthcare and human services for Virginians by providing access to the right services for the right people at the right time and for the right cost. While the initial focus is on interoperability within the HHR Secretariat, later phases will enable far broader use of the technology to promote increased interoperability throughout the Commonwealth. With this broader focus, the name of the initiative was changed from the Health Care Reform Program to the eHHR Program to underscore that the value and benefits extend beyond Health Care Reform. The eHHR Program relies on a close collaboration across several Secretariats, including HHR, Technology, Transportation, and General Services. Multiple agencies are involved to break down individual silos and align with federal direction. CMS has pointed to Virginia as an example for other states planning their future IT landscapes.

As the eHHR Program Sponsor, William A. Hazel Jr., M.D. will provide leadership, keep the program aligned with the strategy and portfolio direction, govern program risk and ensure continuity of sponsorship. A Program Oversight Committee (POC), chaired by Dr. Hazel, provides eHHR Program oversight and direction. The POC will also assist in issue resolution at their level of authority and approve Change Requests.

This document reports the progress made by the eHHR Program to implement new information technology systems to address requirements in the ARRA, the PPACA, and MITA. This document will describe the progress of programs and projects under the HHR Secretariat.

## 1.1. Progress and Expenditures

All projects in the Execution phase are progressing on schedule and within budget. Planning being done for projects in the Initiation phase is also progressing on schedule. More detail will be known about the final schedule for these projects once more detailed planning is complete.

- Total number of projects (excluding HBE): 15
  - Number of projects in the Initiation phase: 06
  - Number of projects in the Execution phase: 09

The vendor procurement contract for Eligibility Modernization (EM) is finalized and the vendor will start work mid-December, 2012. One of the first tasks is to finalize the schedule for the three projects under EM. The vendor has committed to the federally mandated dates of:

- October 01, 2013 for modernized Eligibility Determination (MAGI specific) and Health Benefits Exchange (HBE);

- October 01, 2013 for an interface between Medicaid/CHIP Eligibility Determination IT systems and HBE Eligibility Determination IT systems; and
- January 01, 2014 for MAGI health coverage under Medicaid/CHIP or under a Qualified Health Plan (QHP) purchased via the HBE.

Required under PPACA, MAGI uses Adjusted Gross Income as determined under the federal income tax, plus any foreign income or tax-exempt interest that a taxpayer receives. A Modified AGI (MAGI) will be used to determine financial eligibility for Medicaid and CHIP services.

More detailed information about progress and expenditures can be found in section 3. This includes:

- Specific content for each initiative, ARRA, PPACA and MITA;
- A table listing the related projects, along with
    o Project Description
    o Resource Utilization Breakdown: and
    o Status
- A table listing budget information as well as planned and actual expenditure for each project.

## 1.2. Prioritizing Project Resources Across the Program

The eHHR Program Office is the focal point to ensure that lower level agency program management offices and individual projects prioritize project resources across eHHR. Project schedules and deliverables are developed in coordination with eHHR, based on the program level objectives and deliverables each individual project is chartered to produce. Project priorities, resource usage and resource availability is coordinated and negotiated between eHHR and the various programs to ensure the overall goals and objectives for the program are met. More detail about this can be found in section 4.

## 1.3. Coordinated Approach the Program Management Across All Projects

The eHHR Program Office is accountable for ensuring that a coordinated approach to program management is undertaken using formal structures and processes across all lower level agency program management offices and projects. This begins with an organizational hierarchy under which all lower level agency program management offices and projects report to eHHR. It is supported by a group of operational governance plans developed by eHHR and used by the lower level agency program management offices and projects under eHHR. These plans are based on industry standard program and project management methodologies that are approved by VITA PMD. This helps facilitate a consistent set of processes to be used across all lower level agency program management offices and projects, reducing confusion, uncertainty and ambiguity. It

also sets clear expectations about how the projects should be managed. More detail about this can be found in section 5.

## 1.4. Program Governance and Communication

The eHHR Program Office is accountable for ensuring that program governance and communication activities are sufficient to achieve benefit and stakeholder management objectives. This is done by continuously monitoring and verifying that the work being done by the all lower level agency program management offices and projects meets the overall goals and objectives of eHHR. A program level Quality Management Plan is utilized at the project level to verify adherence to processes defined in the operational plans mentioned in the section above. The Risk and Issue Management Plan documents and tracks the information required to effectively manage eHHR Program risks and issues. The aim of risk and issue management is to manage risks and issues at the appropriate program or project level. Risks and issues are input and maintained in a central repository allowing everyone easy access to all eHHR risks and issues across all lower level agency program management offices and projects involved. The POC is informed of eHHR Program level risks and issues for their assistance and guidance, as appropriate. The eHHR Program Operational Communications Plan outlines the communication approach of how project information is communicated to help motivate, involve, and inform project stakeholders. More detail about this can be found in section 6.

## 1.5. Program Change Management

The eHHR Program Office processes and procedures ensure that any changes in program and project-level objectives and resource needs are identified. eHHR developed a program level Change Management Plan with the primary purpose of documenting and tracking the information required to effectively manage program/project change from program/project charter approval to final delivery of each project within the eHHR Program. Change requests are input and maintained in a central repository allowing everyone easy access to all proposed eHHR changes across all lower level agency program management offices and projects involved. The POC is informed of eHHR Program level changes for their assistance, guidance and approval, as appropriate. More detail about this can be found in section 7.

# 2. Overview

The purpose of this document is to satisfy the requirement to provide the following to the Virginia General Assembly.

*"Quarterly written assessment of the progress made by the Health Care Reform program office to implement new information technology systems to address the American Recovery and Reinvestment Act (ARRA), the Patient Protection and Patient Affordability Act (PPACA), and the Medicaid Information Technology Architecture (MITA). The report shall provide a program-level assessment, including a description of the expenditures that have been made and the activities to which any State or contract staff are assigned. The report shall also include a program-level description of steps taken to ensure that (i) individual projects and the use of project resources are prioritized across the program, (ii) a coordinated approach to program management across all projects is undertaken through the use of formal structures and processes, (iii) program governance and communication activities are sufficient to achieve benefit and stakeholder management objectives, and (iv) any changes in program and project-level objectives and resource needs are identified."*

More information about this requirement can be found at the website:

http://leg2.state.va.us/DLS/H&SDocs.NSF/fdf07f46b7d7328285256ee400700119/89a16f058e16 918c85257a17007113b5?OpenDocument

If the Commonwealth of Virginia (COV) decides to participate in Medicaid Expansion by 2014 as it is described in the PPACA mandates it is predicted to increase Virginia's Medicaid membership by 30% to 35%. Virginia state government does not currently have the business process or technology capacity to manage the additional membership. The ARRA and the PPACA provide federal funding assistance for States to modernize IT systems. MITA, an initiative of the Centers for Medicare and Medicaid Services (CMS) and the Center for Medicaid & State Operations (CMSO), is intended to foster integrated business and IT transformation across the national Medicaid enterprise that will enable successful administration of the expanded Medicaid program under the PPACA. Using the MITA State Self Assessment (MITA SS-A), Virginia identified the future state agency IT capabilities needed to meet the MITA objectives, and a series of enterprise-level IT projects that will support those capabilities. Virginia has succeeded in obtaining federal funding for these projects under MITA initiatives, independent of the ARRA and the PPACA. The eHHR Program Office was formed under Secretary of Health and Human Resources William A. Hazel Jr., M.D. to promote and manage eHHR enterprise IT projects in close coordination with our federal and state government partners.

Whether or not the COV participates in Medicaid Expansion, replacement of eligibility systems is necessary to address the growing population of citizens needing services provided by HHR. The systems will build on the investments made for Health Reform and will still provide significant value for the additional investment:

- Reduced opportunities for fraud and abuse;
- Better detection of fraud and abuse;
- Increased operational efficiencies;
- Better management of operational cost;
- Improved enrollment accuracy; and
- Improved government services to all Virginians.

Virginia's strategic direction is well aligned with federal direction, MITA, National Information Exchange Model (NIEM), etc.

## 2.1.  Vision

The vision behind this effort is to promote and manage eHHR Enterprise projects in close coordination with federal and state direction in ways that collectively improve healthcare and human services to Virginians by providing access to the right services for the right people at the right time and for the right cost.  The Commonwealth views the eHHR Program as a way to not only avoid cost increases but also to increase the value of our services through increased quality and efficiency.

## 2.2.  Goals

Goal 1:  Leverage the Medicaid Information Technology Architecture (MITA) as the forward vision to align Virginia's efforts to the federal direction and thereby enable maximum federal funding participation.

Goal 2:  Fulfill federal requirements for Health Information Exchange (HIE) and Meaningful Use under the ARRA.

Goal 3:  Fulfill federal requirements for Medicaid Expansion, if Virginia decides to participate, and the Health Insurance/Benefit Exchange (HBE) under the PPACA to minimize long-term fixed cost increases.

Goal 4:  Communicate progress, status, issues, and risks for a complex program to stakeholder groups in an understandable manner.

Goal 5:  Provide a program management infrastructure that each chartered project can leverage to eliminate duplicative efforts and reduce project management overhead.

Goal 6:  Provide change management assistance, coordination, and support to impacted organizations as part of business process reengineering (BPR) efforts.

# 3. Summary Quarterly written assessment of the progress and expenditures

## 3.1. American Recovery and Reinvestment Act (ARRA)

The American Recovery and Reinvestment Act of 2009, abbreviated ARRA (Pub.L. 111-5) and commonly referred to as the Stimulus or The Recovery Act, is an economic stimulus package enacted by the 111th United States Congress in February 2009 and signed into law on February 17, 2009, by President Barack Obama.

To respond to the late-2000s recession, the primary objective for ARRA was to save and create jobs almost immediately. Secondary objectives were to provide temporary relief programs for those most impacted by the recession and invest in infrastructure, education, health, and 'green' energy. The approximate cost of the economic stimulus package was estimated to be $787 billion at the time of passage, later revised to $831 billion between 2009 and 2014.[1] The Act included direct spending in infrastructure, education, health, and energy, federal tax incentives, and expansion of unemployment benefits and other social welfare provisions.

As a result of ARRA, several funding opportunities were made available to states and territories to improve the delivery of healthcare through improvements in health information technology. These two funding opportunities include the creation of Regional Extension Centers (REC) to assist providers in garnering electronic health record capabilities and the creation of a statewide Health Information Exchange capability which allows providers that opportunity to electronically share patient information for treatment purposes.

### 3.1.1. Statewide HIE

The Virginia Department of Health is the state agency charged with managing the cooperative funding agreement to develop and maintain the statewide health information network. Through a competitive bid process, VDH awarded a contract to Community Health Alliance to develop and implement the exchange utility. Community Health Alliance is a Virginia-based non-profit organization that aims to enhance continuity of care for patients that require coordination and communication across multiple providers. It provides a safe, confidential, electronic system to support the exchange of patient medical records among healthcare providers, both here in Virginia and beyond. ConnectVirginia is the Statewide Health Information Exchange (HIE) for the Commonwealth of Virginia. It maintains a governing body led by Secretary William A. Hazel Jr., M.D. with membership from health care professional and executives from across the Commonwealth.

ConnectVirginia utilizes secure, electronic, internet-based technology to allow medical information to be exchanged by participating health care providers. As a result, health care providers will have more complete medical information to provide higher quality care for

patients and will be able to more easily coordinate treatment with other health care providers. Patients will need to give permission to ConnectVirginia in order for their information to be shared among the health care providers who care for them.

### 3.1.2.    Regional Extension Center

The Virginia HIT Regional Extension Center (VHIT REC) is a service line under VHQC, a nonprofit quality consulting firm that serves as Virginia's Quality Improvement Organization under contract to the Centers for Medicare & Medicaid Services.  VHQC established the Virginia Health IT Regional Extension Center (VHIT) in February 2010 with funding from the Office of the National Coordinator for Health Information Technology.  VHIT serves the entire state of Virginia and is centrally located in Richmond, with proximity to state health agencies and health IT stakeholder organizations.  VHIT has strongly positioned itself in the medical community to support state health IT initiatives.  Meaningful Use Stage 1 funding supports our mission to "…provide comprehensive, low-cost technical assistance to the state's priority primary care providers to facilitate adoption of electronic health records (EHRs), integration of EHRs into the patient care process, and attainment of meaningful use…".

Of the estimated 11,400 priority primary care providers (PPCPs) in Virginia, including family practitioners, internists, pediatricians, and obstetrician/gynecologists, more than 5,000 PPCPs are solo practitioners, practice with a group of 10 or fewer providers, or practice in a federally Qualified Health Center or Critical Access Hospital.  Our goal is to bring 2,285 PPCPs to meaningful use by February 2014.  Currently, VHIT has recruited over 120% PPCPs, has brought 96% of PPCPs to go live and is anticipating 100% by end of 2012.  Over 775 (34%) providers have achieved MU with VHIT's assistance.

### 3.1.3.    Provider Incentive Program

The Virginia Provider Incentive Program was officially launched on August 1, 2012 and incentive payments began shortly after.  The incentive payments to eligible hospitals and professions to adopt, implement, or upgrade and meaningful use of certified electronic health record (EHR) technology is 100% federally funded.  Program administration is federally funded at 90%.

Recently, Washington D.C. has contacted Virginia to discuss the possibility of D.C. eligible hospitals and professionals using the Virginia incentive program.  Under the CMS final rules for the incentive program, providers can choose any state they are licensed in to receive their incentive payments.  At the time this report was prepared, impacts are being evaluated.

## 3.2.    Patient Protection and Patient Affordability Act (PPACA)

Satisfying PPACA mandates required the modernization and/or replacement of many of the Eligibility and Enrollment (E&E) applications and data services supporting Medicaid, CHIP and other assistance programs.  PPACA makes significant federal funding available to upgrade these

Information Technology (IT) Systems.  HHR already started initiatives to modernize IT systems to comply with MITA and saw a great opportunity to leverage increased federal funding under PPACA to address PPACA and MITA compliance requirements.  Following the MITA Framework methodology of separating the Technical Architecture, the Information Architecture, and the Business Architecture HHR and VITA have defined several projects.  They have also determined the inter-dependencies and schedules for these projects, which are being managed across the enterprise by the eHHR Program Office.  All of this is described in more detail in later sections of this document.  The following is a summary description of the progress being made on those projects, as well as the state versus contractor resource plans and the expenditures as of October 31, 2012.

### 3.2.1. Project Resource Use and Status

The following table lists the projects, along with a description, plans for state versus contractor resource use and the current status. Generally speaking, projects are progressing on schedule and within budget. The Eligibility Modernization (EM) vendor will start work in December of 2012 and has a plan in place to meet the PPACA mandated dates of October, 2013 for eligibility determination and January, 2014 for health coverage.

**Table 1 - Project List Resource Use and Status**

| Project | Description | State vs. Contractor Resource Use | Status |
|---------|-------------|-----------------------------------|--------|
| **ARRA HITECH HIT Foundational Projects** | Foundational projects are those supporting the enterprise level Technical and Information Architecture layers within MITA. There are also foundational tools that support the Business Architecture, but are not specific to the business application software. This includes the Business Rules Engine as well Business Process Management and Business Process Execution tools. | | |
| Service-Oriented Architecture Environment (SOAE) | A suite of several tools will expedite connecting legacy applications to new services, support sharing and reuse of Web services across agencies, facilitate the automation of business rules and much more. | This project utilizes VITA state resource Subject Matter Experts (SMEs) for project management, functional requirements, governance and oversight and to ensure all applicable standards and guidelines are followed throughout all phases of the project's System Development Life Cycle (SDLC). Northrop Grumman SMEs are utilized through the VITA IT infrastructure partnership in operating the state's information technology (IT) infrastructure. IBM is providing SMEs to implement and configure the IBM tools used as part of SOA. VITA SMEs are working closely with IBM to ensure knowledge transfer that will allow VITA to operate and maintain the IBM tools once the IBM service engagement ends. | Project Phase: Execution The project is progressing on schedule and is within budget. At this point the project is forecasted to be completed under budget, taking into account the percentage of work completed, the amount of planned expenditure and the amount of actual expenditure. |

| Project | Description | State vs. Contractor Resource Use | Status |
|---|---|---|---|
| Enterprise Data Management (EDM) | Is "John Smith" the same person as "Jonny Smyth?" EDM's sophisticated logic can be used in bringing together data from multiple sources to provide a single, "trusted" view of data entities for any user or application. | This project utilizes VITA state resource SMEs for project management, functional requirements, governance and oversight and to ensure all applicable standards and guidelines are followed throughout all phases of the project's SDLC.<br><br>IBM is providing SMEs to implement and configure the IBM tools used as part of EDM. VITA SMEs are working closely with IBM to ensure knowledge transfer that will allow VITA to operate and maintain the IBM tools once the IBM service engagement ends. | Project Phase: Execution<br><br>The project is progressing on schedule and is within budget. At this point the project is forecasted to be completed under budget, taking into account the percentage of work completed, the amount of planned expenditure and the amount of actual expenditure |
| Commonwealth Authentication Service (CAS) | Offered by the Department of Motor Vehicles (DMV) in collaboration with VITA, CAS will provide improved verification of identity, expediting citizens' access to services while protecting against identity theft and fraudulent activities. | This project utilizes VITA and DMV state resource SMEs for project management, functional requirements, governance and oversight and to ensure all applicable standards and guidelines are followed throughout all phases of the project's SDLC.<br><br>IBM is providing SMEs to implement and configure the IBM tools used as part of EDM. VITA SMEs are working closely with IBM to ensure knowledge transfer that will allow VITA to operate and maintain the IBM tools once the IBM service engagement ends.<br><br>DMV will also use contractor services for custom software development and potentially to configure Commercial Off The Shelf (COTS) application software to meet DMV CAS functional requirements. | Project Phase: Execution<br><br>The project is progressing on schedule and is within budget. |

| Project | Description | State vs. Contractor Resource Use | Status |
|---|---|---|---|
| **Other ARRA HITECH HIT Projects** | | | |
| eHHR Program Office | The eHHR Program Office was formed under Secretary of Health and Human Resources William A. Hazel Jr., M.D. to promote and manage eHHR enterprise IT projects in close coordination with our federal and state government partners. eHHR also ensures (i) individual projects and the use of project resources are prioritized across the program, (ii) a coordinated approach to program management across all projects is undertaken through the use of formal structures and processes, (iii) program governance and communication activities are sufficient to achieve benefit and stakeholder management objectives, and (iv) any changes in program and project-level objectives and resource needs are identified. | eHHR utilizes VITA, DMV, DSS, VDH and DMAS state resource SMEs resources for functional requirements, governance and oversight and to ensure all applicable standards and guidelines are followed throughout all phases of the project's SDLC.  State resources are augmented by contractor resources to support eHHR program management and operations as well as project management of some PPACA/MITA projects. | Project Phase: Execution<br><br>eHHR is progressing on schedule and is within budget. |
| Health Information Exchange (HIE) | Health information exchange is the electronic movement of health-related information among organizations according to nationally recognized privacy and security standards.  In addition, the ability to exchange clinical information with other providers is a key component of achieving Meaningful Use of EHRs and CMS financial incentives. | This project utilizes Community Health Alliance which is under contract to the Virginia Department of Health to develop and implement the statewide HIE known as ConnectVirginia.  Community Health Alliance (CHA) is a Virginia-based 501(c)(3) organization that was created by a consortium of non-pprofit hospitals in 2002 to improve access to healthcare services and resources for those in need.  CHA contracts with MedFX to provide the technical infrastructure necessary for exchange. | Project Phase: Execution<br><br>Project Direct messaging protocol (secure point-to-point messaging) is available for individual or organizational use.  Query and retrieve functionality is being made available to the first node on the statewide exchange by end of 2012. |

| Project | Description | State vs. Contractor Resource Use | Status |
|---|---|---|---|
| Regional Extension Center (REC) | A Regional Extension Center (REC) is an organization that has received funding under the Health Information Technology for Economic and Clinical Health Act (HITECH Act) to assist health care providers with the selection and implementation of electronic health record (EHR) technology.<br>Under the HITECH Act, RECs have three specific objectives:<br>1. Provide training and support services to assist in EHR adoption.<br>2. Offer information and guidance with EHR implementation (but not to carry out such an implementation).<br>3. Give other technical assistance as needed. | Sole-source contract with VHQC. VHQC is the ONC grant holder as the single Virginia Health Information Technology Regional Extension Center (VHIT REC). VHIT REC is providing a variety of services to Medicaid/CHIP providers that build on the ONC grant efforts. Tasks include provider communications and outreach, technical support on EHR adoption and meaningful use, reporting adoption statistics, and a program review in late years.<br><br>VHIT serves as the Virginia Health Information Technology Regional Extension as a Cycle 1 awardee. VHIT has an internal team of approximately 20 employees with a small number of sub-contractors and sub-recipients in place to carry out all REC operations and deliverables. | Project Phase: Complete<br><br>Completed and launched on August 1, 2012, it is now in its operations phase.<br><br>VHIT has a target of 2285 PPCPs and to date is at 120% of this recruitment target. Additionally, VHIT is at 96% (2194) grant credit of target at Go-live and 33% (758) grant credit having successfully reached MU.<br><br>VHIT is meeting all internal as well as external performance goals and is often recognized by ONC as a leading REC in the nation. |
| Provider Incentive Payments (PIP) | The Medicare and Medicaid EHR Incentive Programs will provide EHR incentive payments to eligible professionals (EPs) and eligible hospitals (EHs) as they adopt, implement, upgrade, or demonstrate meaningful use of certified electronic health record (EHR) technology. | Competitively bid contract. CGI provides a web application as well as a call center and operational staff. The CGI application interfaces with the federal incentive payment system as well as the DMAS Medicaid Management Information System (MMIS) for payments. CGI also uses the technology and staff to support incentive programs in Texas and Ohio. | Project Phase: Complete<br><br>Completed and launched on August 1, 2012, it is now in its operations phase. |

| Project | Description | State vs. Contractor Resource Use | Status |
|---|---|---|---|
| **MMIS Projects** | CMS in a final rule issued in early 2012 considers the eligibility and enrollment systems as part of the MMIS. This enables MMIS enhanced funding to be obtained for these systems. In addition, a tri-agency federal waiver for OMB circular A-87 was issued for these systems in order to expedite the Medicaid/CHIP efforts needed to support the HBE. CMS accounts for this using two categories: Eligibility and Enrollment (E&E) systems and the MMIS. For example, DSS activities fall under E&E and MMIS systems changes supporting E&E come under enhanced MMIS funding.<br><br>For E&E systems, 90% federal match is available for implementation through CY2015 (payments must be made by then); after that 75% federal match is available for ongoing systems maintenance (same as MMIS). | | |
| Department of Social Services (DSS) Enterprise Delivery Service Program (EDSP)<br><br>Eligibility Modernization (EM) | This project will create and enhance a customer portal, known as CommonHelp (CH) in support of the replacement of legacy eligibility systems. Another initiative will be to interface existing HHR systems via the state wide ESB using standards-compliant interfaces to share information and to automate cross-agency workflows. Additional projects include Modernization of VaCMS and implementation of a Document Management and Imaging System (DMIS). | This project utilizes VITA, DMV, DSS and DMAS state resource SMEs for functional requirements, governance and oversight and to ensure all applicable standards and guidelines are followed throughout all phases of the project's SDLC.<br><br>Contractor services and state resources will be utilized for project management, custom software development and potentially to configure Commercial Off The Shelf (COTS) application software to meet functional requirements. Contractor services and state resources will be utilized to support project execution throughout all phases of the project's SDLC. | Project Phase: Initiation<br><br>Progressing on schedule through Initiation. More information will be available on schedule and budget once detailed planning is complete. |
| Birth Registry Interface (BRI) | This project will establish a birth reporting service/interface between the birth registry and the ESB. The system of record for all birth records will be Virginia Vital Events and Screening Tracking System (VVESTS). The proposed functionality must support a HITSAC approved data standard which should align with the EDM standards. The project requires use of HITSAC endorsed messaging standards. | This project utilizes VDH and DMAS state resource SMEs for functional requirements, governance and oversight and to ensure all applicable standards and guidelines are followed throughout all phases of the project's SDLC.<br><br>Contractor services and state resources will be utilized for project management, custom software development and potentially to configure Commercial Off The Shelf (COTS) application software to meet functional requirements. Contractor services and state resources will be utilized to support project execution throughout all phases of the project's SDLC. | Project Phase: Initiation<br><br>Progressing on schedule through Initiation. More information will be available on schedule and budget once detailed planning is complete. |

| Project | Description | State vs. Contractor Resource Use | Status |
|---------|-------------|-----------------------------------|--------|
| Death Registry Interface (DRI) | This project is designed to establish a death reporting service/interfaces between the death registry and the ESB. In addition to supporting an inquiry death service on the ESB, a publish and subscribe model will be developed so the registry can actively publish new death notices as they occur. This will allow subscribers to trigger appropriate processing based on the notification. | This project utilizes VDH and DMAS state resource SMEs for functional requirements, governance and oversight and to ensure all applicable standards and guidelines are followed throughout all phases of the project's SDLC.<br><br>Contractor services and state resources will be utilized for project management, custom software development and potentially to configure Commercial Off The Shelf (COTS) application software to meet functional requirements. Contractor services and state resources will be utilized to support project execution throughout all phases of the project's SDLC. | Project Phase: Initiation<br><br>Progressing on schedule through Initiation. More information will be available on schedule and budget once detailed planning is complete. |
| Immunization Registry Interface (IRI) | This project will address the interface between the Immunization Registry and providers. Participating organizations such as hospital providers create a file to include new and updated immunization activity for import into the Virginia Immunization Information System (VIIS) and receive an acknowledgement of their transmission from the VIIS. | This project utilizes VDH and DMAS state resource SMEs for functional requirements, governance and oversight and to ensure all applicable standards and guidelines are followed throughout all phases of the project's SDLC.<br><br>Contractor services and state resources will be utilized for project management, custom software development and potentially to configure Commercial Off The Shelf (COTS) application software to meet functional requirements. Contractor services and state resources will be utilized to support project execution throughout all phases of the project's SDLC. | Project Phase: Initiation<br><br>Progressing on schedule through Initiation. More information will be available on schedule and budget once detailed planning is complete. |

| Project | Description | State vs. Contractor Resource Use | Status |
|---------|-------------|-----------------------------------|--------|
| Rhapsody Connectivity (RC) | This project will address the Rhapsody connectivity. The Orion Rhapsody data integration engine is used by the VDH to facilitate the accurate and secure exchange of electronic data using with the ESB. The Rhapsody Connectivity project is needed for the VDH to support VDH services needed by Eligibility Modernization. | This project utilizes VDH and DMAS state resource SMEs for functional requirements, governance and oversight and to ensure all applicable standards and guidelines are followed throughout all phases of the project's SDLC.

Contractor services and state resources will be utilized for project management, custom software development and potentially to configure Commercial Off The Shelf (COTS) application software to meet functional requirements. Contractor services and state resources will be utilized to support project execution throughout all phases of the project's SDLC. | Project Phase: Initiation

Progressing on schedule through Initiation. More information will be available on schedule and budget once detailed planning is complete. |
| DMAS Eligibility System Support (DESS) | This funds the DMAS support for the EM effort being done by DSS to support PPACA mandates for Medicaid/CHIP. | The project primarily uses DMAS state resource SMEs with support from the DMAS fiscal agent contractor. | Project Phase: Initiation

DMAS activities are part of the Department of Social Services (DSS) Enterprise Delivery Service Program (EDSP) Eligibility Modernization (EM) project planning. |

| Project | Description | State vs. Contractor Resource Use | Status |
|---|---|---|---|
| **PPACA Projects** | | | |
| Health Benefits Exchange (HBE) Planning Grant | On behalf of the Commonwealth of Virginia, the Department of Medical Assistance Services was awarded a State Planning and Establishment Grant for the Affordable Care Act's Exchanges (Funding Opportunity Number: IE-HBE-10-001, CFDA: 93.525) for the period of September 30, 2010, through September 29, 2011 and subsequently extended through September 29, 2012.  Virginia received the full base grant funding amount of $1,000,000, to assist the state with initial planning activities related to the potential implementation of an Exchange in Virginia. As a result of this grant, the Virginia Health Benefit Exchange Project has enabled the Commonwealth to make significant progress in the planning process. | State resources were supplemented by contractors. | Project Phase: Complete |

| Project | Description | State vs. Contractor Resource Use | Status |
|---|---|---|---|
| HBE | The Patient Protection and Affordable Care Act (PPACA) requires each state (or the federal government acting on behalf of each state) to create a HBE to facilitate the purchase and sale of "qualified health plans" (QHPs) in the individual market in the state and to provide for the establishment of a Small Business Health Options Program (SHOP Exchange) to assist qualified small employers in the state in facilitating the enrollment of their employees in QHPs offered in the small group market. The intent of the Exchange is to reduce the number of uninsured; provide a transparent marketplace and consumer education; and assist individuals with access to programs, including Medicaid, premium assistance tax credits and cost-sharing reductions. | To be determined, once HBE implementation decisions are made. | Project Phase: Pre-Select<br><br>All exchanges must be fully certified and start accepting benefits applications to determine eligibility by October 01, 2013. They must be fully operational and providing coverage by January 1, 2014 under federal law.<br><br>Provisions for an optional state based exchange were included in the DSS Eligibility Modernization RFP. Based on the U.S. Supreme Court decision on PPACA and the Governor's decision to wait until after the election, federal funding was not requested and the optional state based exchange option was not exercised.<br><br>Awaiting direction from legislative process. |

## 3.2.2. Project Expenditures

**Table 2 - Project Expenditures**

| No. | ARRA HITECH Health Information Technology (HIT) Projects | Phase | Funding Approved | Planned Expenditures (as of 10/31/2012) | Actual Expenditures (as of 10/31/2012) | Funding Conditionally Approved | Funding Requested |
|---|---|---|---|---|---|---|---|
| 1 | eHHR Program Office | Execution | 4,773,695.00 | 2,351,905.25 | 2,189,084.00 | | |
| 2 | Standards, Tools, and Professional Development | Execution | 55,915.00 | 21,067.93 | 10,970.00 | | |
| 3 | Service-Oriented Architecture Environment (SOAE) | Execution | 16,309,617.00 | 9,501,722.22 | 9,242,746.00 | | |
| 4 | Enterprise Data Management (EDM) | Execution | 8,085,177.00 | 6,725,085.75 | 3,985,983.00 | | |
| 5 | Commonwealth Authentication Service (CAS) | Execution | 4,408,762.00 | 2,032,429.41 | 712,115.00 | | |
| 6 | Health Information Exchange (HIE) ConnectVirginia | Execution | 11,613,537.00 | 6,485,414.00 | 5,020,873.00 | | |
| 7 | Regional Extension Center (REC) (1) | Execution | 13,425,318.00 | | 5,549,944.00 | | |
| 8 | Virginia Medicaid Incentive Program (VMIP) - Administration | Execution | 9,753,311.00 | 2,446,017.37 | 669,603.22 | | |
| 9 | Virginia Medicaid Incentive Program (VMIP) - Payments | Execution | 84,225,000.00 | 64,125,000.00 | 25,382,752.68 | | 24,150,000.00 |
| **No.** | **MMIS Enhanced Funding Eligibility and Enrollment (E&E) Projects** | **Phase** | | | | | |
| 1 | MITA Care Management Business Area Services - MITA Interfaces (BRI, DRI) | Initiation | | | | 4,224,000.00 | 3,640,000.00 |
| 2 | MITA Care Management Business Area Services - Legacy Interfaces/Meaningful use (IRI, RC) | Initiation | | | | 3,464,000.00 | 5,760,000.00 |
| 3 | MITA Member Management Business Area Services | Initiation | | | | 3,904,000.00 | 3,920,000.00 |
| 4 | VDSS Eligibility Modernization Development (2) | Initiation | | | | 51,000,000.00 | 83,430,000.00 |
| 5 | eHHR Program Office | Execution | | | | | 7,940,000.00 |
| **No.** | **PPACA Projects** | **Phase** | | | | | |
| 1 | Health Benefits Exchange (HBE) Planning Grant | Complete | 1,000,000.00 | 1,000,000.00 | 1,000,000.00 | | |
| 2 | HBE | Pre-select | | | | | |
| **Total** | | | **$ 153,650,332.00** | **$ 94,688,641.93** | **$ 53,764,070.90** | **$ 62,592,000.00** | **$ 128,840,000.00** |
| **Total Baseline Funding** | | | **$282,490,332.00** | | | | |

(1) The REC line only represents the Federal share of project expenses. The REC must also match 10% of total costs.

(2) This is a budget item that accounts for the DMAS required work to support the E&E projects and related MMIS enhancements.

## 3.3.  Medicaid Information Technology Architecture (MITA)

MITA initiatives are being addressed and consolidated along with PPACA initiatives as part of the eHHR Program.  Expenditures are also consolidated and are not separated from PPACA since many of the projects supporting PPACA are the same projects supporting Virginia's progress regarding MITA and the MITA Maturity Model.  MITA is not a separate funding stream; rather it is a strategic planning tool that enables states to obtain MMIS enhanced funding. Please refer to the PPACA section above.

# 4. Steps taken to ensure that individual projects and the use of project resources are prioritized across the program

## 4.1. American Recovery and Reinvestment Act (ARRA)

### 4.1.1. Statewide HIE

VDH and CHA coordinate project progress with the eHHR Program Office. There is also coordination with the VITA/MITA Program, which is included under the eHHR Program Office and oversees the Foundation Projects listed in the Project table above. This coordination will produce the business and technical requirements necessary to develop the infrastructure that will allow connection of the state agencies to ConnectVirginia.

### 4.1.2. Regional Extension Center

VHIT has undergone a workflow process evaluation resulting in streamlined educational project plan assistance in guiding providers through the implementation/optimization process, ultimately reaching Meaningful Use of the Electronic Health Record. Key stakeholder partnerships are leveraged and resources within the Commonwealth of Virginia are appropriately utilized in assisting providers mitigate risk and remove barriers.

The steps taken to ensure that individual projects and the use of project resources are prioritized across the VHIT REC program include:

1. VHIT REC was formed and staffed in February of 2010 under the funding of ONC, to support PPCPs across the Commonwealth of Virginia facilitate, integrate, implement and optimize the electronic health record and attain meaningful use in direct alignment with CMS EHR MU incentives. VHIT employs the scope of work responsibilities outlined in the REC Funding Opportunity Announcement, including roles and responsibilities and project objectives. The FOA serves as the scope of work charter reference.

2. VHIT REC has formed an ongoing relationship with ONC for grant direction. VHIT's ONC project officer assists in identifying grant redirection opportunities and recognizing successful progression.

3. VHIT REC has developed and adheres to its operational plan for all programs and efforts across the program. The purpose of the REC operational document is to serve as the principle financial, operational, staffing, key activity, and risk mitigation plan for the program.

4. VHIT REC has incorporated an internal milestone tracking that reports deliverables and milestones, barriers, and projected dates.

5. VHIT REC has incorporated a comprehensive training program for its internal employees, encompasses elements of project management planning.

### 4.1.3. Provider Incentive Program

The Provider Incentive Program has been implemented and is in its operational phase. Prioritization is not required.

## 4.2. Patient Protection and Patient Affordability Act (PPACA)

There are more than seventeen different projects and work efforts underway to support initiatives under PPACA and MITA. The eHHR Program Office was formed to ensure that the proper resources were working on the proper projects and the proper time. In addition to the projects listed in the Project List table above:

1. Three separate projects are defined under Eligibility Modernization;
2. Organization Change Management (OCM) strategy is being defined and managed at the eHHR Program level;
3. Communications and Outreach are defined and managed at the eHHR Program level;
4. Four new candidate projects that may make use of Eligibility Modernization components have been identified as potentially being within the eHHR Program;
   i. TANF Automation - Develop, implement and evaluate cost-effective approaches to reducing improper payments and improving participant access to TANF assistance.
   ii. Homeless Support - Assist citizens currently being served by short-term homeless services to gain access to social service support programs in a timely manner.
   iii. Veterans/Wounded Warriors - Work with Wounded Warriors to assist military veterans in gaining access to social service support programs in a timely manner.
   iv. Prisoner Reentry – DOC - Assist people previously incarcerated to gain access to social service support programs in a timely manner.

Steps taken to ensure that individual projects and the use of project resources are prioritized across the program:

1. Formed and staffed the eHHR Program. The purpose of the eHHR Program is to align the Commonwealth with federal direction relative to ARRA, PPACA, MITA and Health Care reform in the Commonwealth.
2. Formed the Program Oversight Committee (POC) that includes representatives across all the secretariats and agencies affected by ARRA, PPACA and MITA initiatives. The POC fulfills much the same purpose as the Internal Agency Oversight Committee (IAOC) does for projects, providing program oversight and direction. The POC will also assist in issue resolution at their level of authority and approve Change Requests.
3. Developed the eHHR Program Charter and obtained POC approval. The program charter describes the scope, objectives and participants in the program. It provides a preliminary

delineation of roles and responsibilities, outlines the project objective, identifies the main stakeholders, and defines the authority of the program manager. It serves as a reference of authority for the future of the program.

4. Developed several operational plans to be used across all projects within the program. These operational plans define the guidelines project within eHHR will follow. These plans can be leveraged as the plans required for projects in the VITA PMD *Project_Management_Standard_CPM_112_03* document describing project management standards and guidelines. The operational plans include:

    i. Change Management Plan
    ii. Communications Plan
    iii. Organizational Change Management Plan
    iv. Program Orientation Guide
    v. Quality Management Plan
    vi. Risk and Issue Management Plan

5. Aligned all PPACA/MITA projects under the eHHR Program.

6. Developed a program level master schedule that incorporates:

    i. Deliverables and milestones, along with completion dates, from all projects within the program that support program level deliverables and milestones.
    ii. Federally mandated dates under PPACA.
    iii. Project level dependencies and inter-dependencies, identifying deliverable and milestones from one project that depend on deliverables or milestones from another project.

7. Worked with projects to develop project schedules and resource plans to establish individual project plans required support the program level objectives and master schedule.

All of the plans and schedules are stores and accessible in a central eHHR SharePoint Repository that also include Microsoft Project Server 2010 to integrate and manage the Program Master Schedule and the project plans.

## 4.3. Medicaid Information Technology Architecture (MITA)

MITA requirements for Eligibility and Enrollment are being addressed by the PPACA projects. The systems being developed, purchased and integrated comply with the MITA Framework. Organizational change and business process re-engineering efforts to use these new systems are also being implemented to make the most efficient use of the new technology. Please refer to the PPACA section above.

# 5. Steps taken to ensure that a coordinated approach to program management across all projects is undertaken through the use of formal structures and processes

## 5.1. American Recovery and Reinvestment Act (ARRA)

### 5.1.1. Statewide HIE

VDH manages the project progress through weekly status meetings with CHA. VDH and CHA provide project progress status to eHHR on a weekly basis. CHA is contractually obligated to adhere to COV technology and security standards.

### 5.1.2. Regional Extension Center

Each practice brings unique educational needs to VHIT. Project management plans are tailored to practice specific concerns and reviewed regularly with office staff. Key stakeholder partnerships are leveraged and resources within the Commonwealth of Virginia are appropriately utilized in assisting providers mitigate risk and remove barriers. VHIT has structured internal workflow and policies and procedures to support internal administrative and project description activities.

### 5.1.3. Provider Incentive Program

The Provider Incentive Program has been implemented and is in its operational phase and is managed by the DMAS Program Operations Division as are other DMAS business programs.

## 5.2. Patient Protection and Patient Affordability Act (PPACA)

All projects except HIE, REC and PIP report to the eHHR Program Office, either directly or through programs set up to manage projects within an agency. HIE, REC and PIP are separate because they were all well underway at the time the eHHR Program Office was initiated. Still, HIE coordinates and reports status to the eHHR and has periodic meetings to determine the best use of shared services offered the Foundation projects, listed above in the Project Table. The figure below depicts the eHHR Program hierarchal structure.
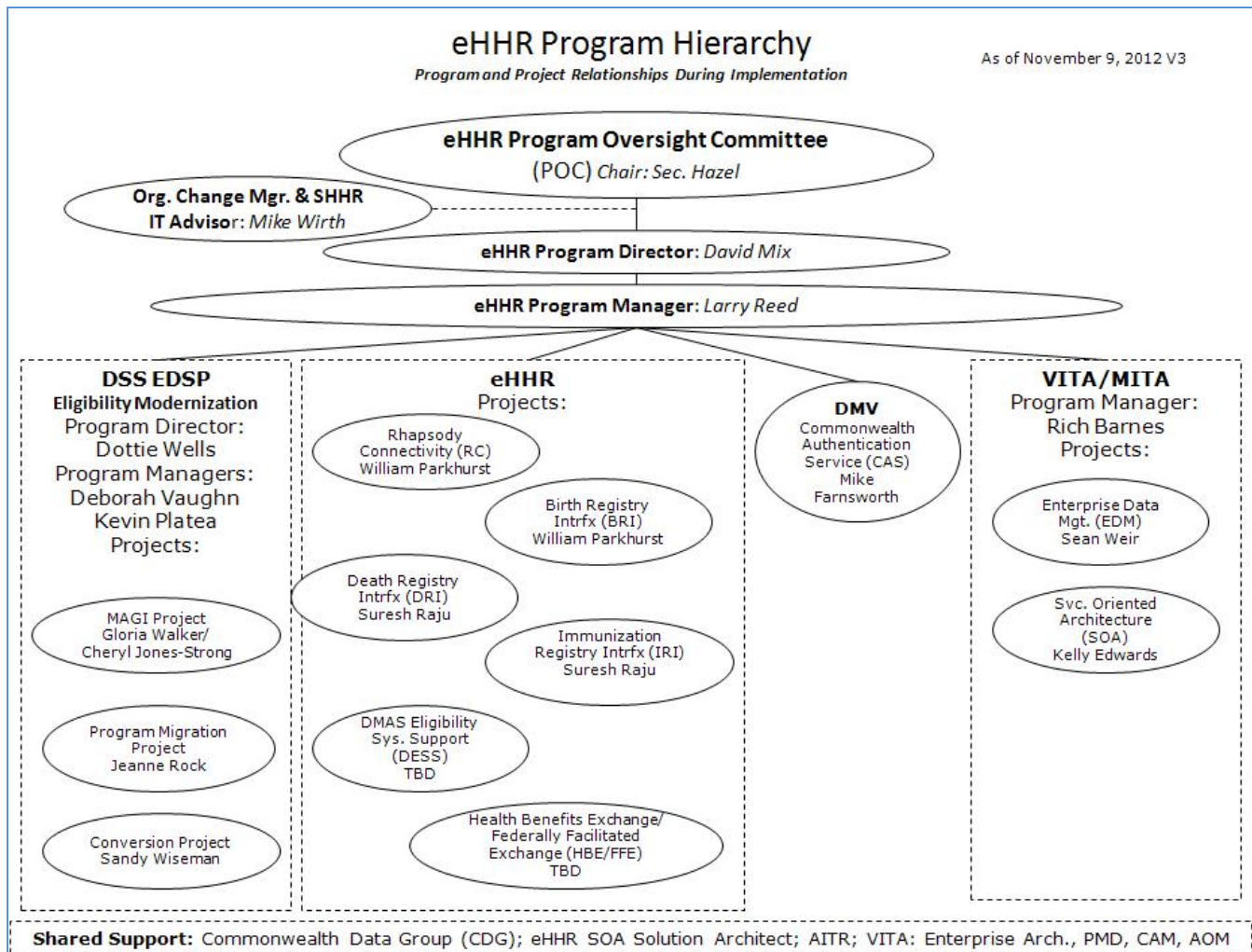
**Figure 1: eHHR Program Hierarchy Chart**

While project managers are responsible for project planning and management through the SDLC, guidance, direction and oversight are under eHHR Program governance. eHHR has created planning documents describing standards and guidelines for many of the project management operational activities described in VITA PMD standards and guidelines, including:

- Change management;
- Communication management;
- Quality management;
- Risk management; and
- Issue management.

eHHR has also developed a Program Orientation Guide presented to project managers as projects are initiated. It notifies project managers about the purpose of the eHHR Program and how the projects fit into the program. It describes the eHHR Program content repositories in SharePoint

and Project Server 2010 and how to navigate the repositories to access the operational planning documents described above.

eHHR also coordinates project planning. eHHR has oversight over standards and guidelines, consulting with VITA PMD, for the detail and content project plans should include. eHHR has also established a Microsoft Project Server 2010 repository that includes the Program Master Schedule and all the project plans for projects within the program. The Program Master Schedule contains the deliverables and milestones required to meet the program objectives under PPACA and MITA. Project plans for projects within the program are integrated into Project Server as subprojects within the Program Master Schedule. Program deliverables and milestones are traceable down to the projects satisfying them as deliverables and milestones within the project plan. While the project plans contain more detailed information, all project activities can be tied up to program level deliverables and milestones. Project level dependencies and inter-dependencies are also documented, identifying deliverable and milestones from one project that depend on deliverables or milestones from another project.

This ensures the work being done at the project level is being done to meet a requirement of the program. It also allows any project manager to know how the objectives of that project affects the objectives of the program as a whole. Project managers maintain and update the project plans stored in Project Server. This supports automated project status reporting and quick identification of project schedule discrepancies that need to be addressed.

## 5.3.  Medicaid Information Technology Architecture (MITA)

Project management support for MITA is incorporated into project management support for PPACA. Please refer to the PPACA section above.

# 6. Steps taken to ensure that program governance and communication activities are sufficient to achieve benefit and stakeholder management objectives

## 6.1. American Recovery and Reinvestment Act (ARRA)

### 6.1.1. Statewide HIE

The ConnectVirginia Governing Body is responsible for setting the overall strategic direction for ConnectVirginia as well as overseeing its development and implementation. The Governing Body is led by Secretary William A. Hazel Jr., M.D. with membership of healthcare leaders and professional from across the Commonwealth. Working with the ConnectVirginia Executive Director and the other strategic advisors, the ConnectVirginia Governing Body will guide the implementation of technical and policy components that are critical to a successful health information exchange.

### 6.1.2. Regional Extension Center

VHIT REC's positioning and key messaging promotes its purpose as the trusted advisor regarding EHR meaningful use. This focus has allowed us to differentiate VHIT from EHR vendors and other organizations that offer EHRs. Positioning VHIT as Virginia's meaningful use leader also is consistent with the role that ONC has defined for RECs. VHIT's mission is supported by more than 20 healthcare organizations, including, but not limited the COV technology resources division, Community Care Network of Virginia, Medical Society of Virginia, Virginia Academy of Family Practice (VAFP), Virginia Department of Health, Virginia Hospital & Healthcare Association and the Commonwealth of Virginia's Department of Medical Assistance Services.

VHIT has positioned itself as the local, affordable resource that supports PPCPs across the Commonwealth of Virginia attain meaningful use and qualify for the Medicare or Medicaid EHR incentives. VHIT participants have access to tools, training and information that go well beyond knowing how to use EHR software. Topics include workflow redesign, change management, EHR privacy and security, and available resources to COV technology in support of the optimization of the EHR. VHIT's Community of Practice (CoP) offers providers the opportunity to learn from Virginia practices on the forefront of attaining meaningful use, as well as from other PPCPs enrolled in VHIT. Our monthly topics have included COV HIE enrollment and best practice to utilizing the COV VIIS.

### 6.1.3.  Provider Incentive Program

The Provider Incentive Program has been implemented and is in its operational phase and is managed by the DMAS Program Operations Division.  The PIP is based on the CMS approved State Medicaid HIT Plan (SMHP).  An approved communications plan is being executed by the Regional Extension Center (REC) that supports communications and outreach for this DMAS program.

## 6.2.  Patient Protection and Patient Affordability Act (PPACA)

The eHHR Program a set of operational documents describing the standards and guidelines projects within the program are expected to follow.  All of these documents are available on the eHHR Program SharePoint site.

The Quality Management Plan documents eHHR program and project quality standards, procedures and activities to verify that quality is built into and continually added to processes and deliverables.  It serves as a framework through which quality processes are established and maintained throughout the life of the program and subsequent projects.  This includes both technical and management oversight.  The Quality Management Plan will ensure stakeholder expectations are met at the program level, aligning project requirements and quality assurance to the requirements and expectations of the overall program.  The objective is to review and coordinate the projects (projects within the Program) Quality Assurance Test Plans to focus and prioritize the project inter-dependencies and resources (infrastructure, staff, etc.).

The Risk and Issue Management Plan documents and tracks the information required to effectively manage eHHR Program risks and issues.  A risk is a possible future event that could occur.  If the event occurs, it would have a significant impact on the program, affecting scope, schedule, cost, and/or quality.  An issue is present concern which, if not dealt with, will adversely impact the project or program.  Once a risk has materialized it becomes an issue.

The aim of risk and issue management is to manage risks and issues at the appropriate level and to ensure, if a risk or issue is identified:

- A plan is in place to prevent derailment or diversion of focus from important project or program  activities should a risk or issue arise;
- Improved decision making by allowing the decision maker to weigh potential alternatives or trade-offs in order to maximize the reward/risk ratio;
- The effects of project or program risks are minimized;
- A mechanism is in place to track and resolve issues; and
- Stakeholders have an opportunity to participate in the management of risks and issues.

The plan's intended audience is the Program Sponsor, Program Director, Program Manager, Project Managers, and any senior leader whose support is needed to carry out the plan.

Information on risks and issues is documented and maintained in a central repository accessible through the eHHR Program SharePoint site.

The eHHR Program Operational Communications Plan (CP) outlines the communication approach of how project information is communicated to help motivate, involve, and inform project stakeholders as a means to build awareness, understanding, and acceptance of the program and projects. The CP details specific objectives and activities for communicating across the Program. The CP is focused on ensuring that the eHHR Program Office progress, risks, and issues are communicated in a clear, consistent way to the appropriate stakeholders. The CP will be updated as necessary.

The CP describes:
- Communication Needs - The audiences to which the Program communicates operational information have different characteristics and communication needs.
- Communication artifacts and the responsible artifact preparer.
- A program team contact table.

Program and project communication is facilitated though impromptu meetings and daily communication as well as two primary periodic meetings.

1. A weekly Program Coordination Meeting. Project status reports are reviewed with all project managers and several project and program stakeholders present. The meeting focuses on the deliverables and milestones for a four week period, two weeks prior and two weeks after the date on which the meeting is held. Project managers document and describe:
     i.    Accomplishments towards meeting the focused deliverables and milestones.
     ii.   Planned activities to accomplish the focused deliverables and milestones.
     iii.  Any barriers being encountered regarding the focused deliverables and milestones.

   Discussion during the meeting primarily concerns the barriers and alternatives to remove the barriers.

2. A monthly POC meeting presenting:
     i.    Program and project status and financial performance
     ii.   Risk and issue status updates and any action requested from the POC to facilitate issue resolution.
     iii.  Presentation of Change Requests requiring POC approval.
     iv.   Presentation of program level documents and decision papers requiring POC approval.

## 6.3.  Medicaid Information Technology Architecture (MITA)

Governance and communication activities for MITA are incorporated into those supporting PPACA. Please refer to the PPACA section above.

# 7. Steps taken to ensure that any changes in program and project-level objectives and resource needs are identified

## 7.1. American Recovery and Reinvestment Act (ARRA)

### 7.1.1. Statewide HIE

The cooperative funding agreement is under the oversight of the federal Office of the National Coordinator (ONC), Health and Human Services. This funding agreement requires adherence to the state's strategic and operational plans for the HIE. Financial resources for this project are provided through the federal funding agreement and approved in-kind contributions. Any changes in the state's plans must be approved by the ONC.

### 7.1.2. Regional Extension Center

Risk mitigation is a necessary and daily strategy to evaluate the alignment of grant movement. Risks to project success are reviewed daily and barriers are documented and reported at the project management level in order to take necessary steps of corrective action. VHIT monitors for changes in program and project-level objectives through continuous connection to our Office of the National Coordinator's project officer. Through regular updates and risk review with the VHIT Director and Leadership Team, VHIT's project officer assists in identifying targeted risks and providing resources for improvement.

### 7.1.3. Provider Incentive Program

The Provider Incentive Program has been implemented and is in its operational phase and is managed by the DMAS Program Operations Division. Any future changes will be the result of CMS action; states are not allowed much variance on the program.

## 7.2. Patient Protection and Patient Affordability Act (PPACA)

The primary purpose of the Change Management Plan is to document and track the information required to effectively manage program change from program charter approval to delivery of each project within the eHHR Program. The plan's intended audience is the Program Sponsor, Program Director, Program Manager, Project Managers, and any senior leader whose support is needed to carry out the plan.

The aim of change control is to ensure that if a change is proposed for an approved item then:

- All stakeholders have an opportunity to participate in the control of changes;
- All recipients are made aware of any changes that occur; and
- An audit trail is created, that includes:

- o The reason for the change;
- o Indication that the concerned people have participated with the change; and
- o Indication that the change is authorized.

The eHHR Program will use a Managed Baseline approach to execute the program's schedule, budget and scope (deliverables). Managed Baseline approach means the program scope, schedule and budget are considered baselined and locked at charter approval. However, the relatively long duration and adaptive nature of a program suggests that things will change over time. Accordingly, the Program Oversight Committee (POC) is authorized to approve changes to the program as necessary to accommodate changing business needs and priorities, as well as to gain more meaningful and effective governance over the projects which comprise the program. Project and program baselines will be managed in a formal, rational, structured and transparent process when the POC deems necessary to better fulfill the business value proposition.

The Change Management Plan describes the use of the eHHR Change Request Form to initiate a change request. It describes the Change Work Process Flow and the need to determine the program and/or project impact to cost (including resources), schedule and scope. It also describes the level of approval required depending the significance of the change to the program and/or project.

## 7.3.  Medicaid Information Technology Architecture (MITA)

Change management activities for MITA are incorporated into those supporting PPACA. Please refer to the PPACA section above.

# Appendices

## A: Glossary

| Acronym | Description | Comments |
|---|---|---|
| **APA** | Auditor of Public Accounts | The APA is the independent auditor serving the Commonwealth of Virginia. APA was elected by the General Assembly and organized under the legislative branch of government. |
| **ARRA** | American Recovery and Reinvestment Act | An act making supplemental appropriations for job preservation and creation, infrastructure investment, energy efficiency and science, assistance to the unemployed, and state and local fiscal stabilization, for the fiscal year ending September 30, 2009, and for other purposes. |
| **BRI** | Birth Reporting Interface | This project will establish a birth reporting service/interface between the birth registry and the Enterprise Service Bus (ESB). The system of record for all birth records will be VVESTS (Virginia Vital Events and Screening Tracking System). The proposed functionality must support a HITSAC approved data standard which should align with the EDM standards. The project requires use of HITSAC endorsed messaging standards. |
| **CAS** | Commonwealth Authentication Service | CAS is a system/service offered by the Department of Motor Vehicles (DMV) in collaboration with VITA, CAS will provide improved verification of identity, expediting citizens' access to services while protecting against identity theft and fraudulent activities. |
| **CGI** | | CGI is the vendor DMAS selected through a competitive procurement. CGI is providing the Commonwealth with its Medicaid Incentive360™ (MI360), a turnkey end-to-end program. |

| Acronym | Description | Comments |
|---|---|---|
| CMS | Centers for Medicare and Medicaid Services | The federal agency that runs the Medicare program. In addition, CMS works with the states to run the Medicaid program. CMS works to make sure that the beneficiaries in these programs are able to get high quality health care. |
| CTP | Commonwealth Technology Portfolio | The Commonwealth Technology Portfolio Tool (CTP) is a secure website that uses single sign authentication using the COV domain login id and password to provide access to the tool. |
| DBHDS | Department of Behavioral Health and Developmental Services | The Department of Behavioral Health and Developmental Services (DBHDS) provides leadership in the direction and development of public mental health, intellectual disability and substance abuse services. This leadership involves: obtaining and allocating resources to Community Services Boards (CSBs) and state facilities in an effective and efficient manner; monitoring field operations; providing technical assistance and consultation; promoting client advocacy; systems planning; regulating and licensing programs and maintaining relationships with other human resource agencies. |
| DBVI | Department for the Blind and Vision Impaired | The Department for the Blind and Vision Impaired (DBVI) is guided by their mission: to enable blind, visually impaired, and deaf/blind individuals to achieve their maximum level of employment, education, and personal independence. To assist individuals in achieving economic independence, the Department provides vocational assessments and training, job development, placement and follow-up. Residential and home instruction is provided in independent living, orientation and mobility, counseling, Braille, and training in the use of various adaptive technologies. DBVI collaborates with public school systems to assist in the education of blind, deaf/blind and visually impaired students. The Department also provides employment options for blind persons through the Business Enterprises and Virginia Industries for the Blind and its satellite store operations. |

| Acronym | Description | Comments |
|---------|-------------|----------|
| DCLS | Division of Consolidated Laboratory Services | The Virginia Division of Consolidated Laboratory Services (DCLS) is a Division of the Virginia Department of General Services (DGS).  DCLS was formed in 1972 when laboratories from several Virginia agencies were combined to provide more efficient and cost-effective testing.  DCLS was the first consolidated laboratory in the nation and offers a wide variety of analytical testing in support of state programs. |
| DESS | DMAS Eligibility System Support | This joint effort between the DSS and the DMAS supports development, approval and distribution of the RFP required to procure the IT systems and services to support the Eligibility System Replacement. |
| DGS | Department of General Services | DGS serves as the infrastructure for state government by serving in a support capacity with four separate divisions 1) Division of Purchases and Supplies (DPS) 2)  Division of Consolidated Laboratory Services (DCLS) 3) Division of Real Estate Services (DRES)  4) Division of Engineering & Buildings (DEB) and eight business units. |
| DHP | Department of Health Professions | The Virginia Department of Health Professions (DHP) works to assure the safe and competent delivery of health care to the citizens of the Commonwealth of Virginia through the process of examining, licensing and disciplining health care practitioners governed by one of the 13 state health care boards. |
| DMAS | Department of Medical Assistance Services | The Department of Medical Assistance Services (DMAS) strives to provide a system of high quality comprehensive health services to qualifying Virginians and their families.  DMAS works to ensure that program integrity is maintained in the array of preventive, acute and long-term care services it provides, and that fraud, abuse, and waste are detected and eliminated to the maximum extent possible. DMAS encourages beneficiaries to take responsibility for improving their health outcomes and achieve greater self-sufficiency. |

| Acronym | Description | Comments |
|---------|-------------|----------|
| DRI | Death Reporting Interface | This project is designed to establish a death reporting service/interfaces between the death registry and the Enterprise Service Bus (ESB). The service will be supported by an extract of the minimum required fields to identify a death record. Additional development may be required to add a match code (Yes/No) and an MPI placeholder. In addition to supporting an inquiry death service on the ESB, a publish and subscribe model will be developed so the registry can actively publish new death notices as they occur. This will allow subscribers to trigger appropriate processing based on the notification. |
| DSS | Department of Social Services | The Virginia Department of Social Services (DSS) operates under their mission: to serve Virginia's citizens in need by providing services that nurture human dignity; creating and maintaining a stable environment for the children and families in Virginia; promoting responsible parenting; establishing the infrastructure that allows for the delivery of services at the local level; and fostering independence. |
| DURSA | Data Use and Reciprocal Support Agreement | The DURSA is the legal, multi-party trust agreement that is entered into voluntarily by all entities, organizations and federal agencies that desire to use the Exchange to transact health information |
| EDM | Enterprise Data Management | Enterprise Data Management is a concept referring to the ability of an organization to precisely define, easily integrate and effectively retrieve data for both internal applications and external communication. EDM's sophisticated logic can be used in bringing together data from multiple sources to provide a single, "trusted" view of data entities for any user or application. |
| EDSP | Enterprise Delivery System Program | EDSP is run by DSS and will be responsible for all projects managed under the Eligibility Modernization RFP No. DIS-12-055. |
| eHHR | electronic Health and Human | This is the Commonwealth of Virginia name for the eHHR Program. |

| Acronym | Description | Comments |
|---|---|---|
| | Resources | |
| ELRI | Electronic Lab Reporting Interface | This project interfaces Department of Consolidated Laboratory Services (DCLS) to the Commonwealth's Enterprise Service Bus (ESB) for access by the Health Information Exchange.  Clinical laboratories throughout Virginia, including DGS Department of Consolidated Laboratory Services (DCLS) and national clinical reference laboratories, submit reportable disease findings to Virginia Department of Health (VDH).  Test orders are submitted to DCLS and DCLS returns test results.  Current partners include VDH and a growing number of Virginia hospitals.  Additional legacy formatted exchanges between DCLS and VDH will continue until they are converted to HL7, but the legacy messages will not be managed through the interface. |
| EM | Eligibility Modernization | A set of four projects described in RFP No. DIS-12-055 to modernize eligibility determination and document management.  Goals are to increase automation and staff efficiency and provide more self-directed services to the citizens of Virginia. |
| ESB | Enterprise Service Bus | Consists of a software architecture construct which provides fundamental services for complex architectures via an event-driven and standards-based message-engine (the bus). |
| HIE | Health Information Exchange | The mobilization of healthcare information electronically across organizations within a region, community or hospital system. |
| HIT | Health Information Technology | Health information technology provides the umbrella framework to describe the comprehensive management of health information across computerized systems and its secure exchange between consumers, providers, government and quality entities, and insurers.  Health information technology (HIT) is in general increasingly viewed as the most promising tool for improving the overall quality, |

| Acronym | Description | Comments |
|---|---|---|
| | | safety and efficiency of the health delivery system. |
| HITECH | | Federal Act that amends Public Health Service Act by adding a number of funding opportunities to advance health information technology. The Act seeks to improve American health care delivery and patient care through an unprecedented investment in health information technology. |
| HITSAC | Health Information Technology Standards Advisory Committee | This committee advises the Information Technology Investment Board (ITIB) on the approval of nationally recognized technical and data standards for HIT systems or software. |
| HL7 | Health Level 7 | Health Level 7 (HL7) is a standards development organization that is accredited by the American National Standards Institute (ANSI). The HL7 creates standards that define how to represent and communicate data related to healthcare. |
| IAOC | Internal Agency Oversight Committee | Committee that will oversee projects within the eHHR Program. |
| IRI | Immunization Registry Interface | This project will address the interface between the Immunization Registry and providers. Participating organizations such as hospital providers create a file to include new and updated immunization activity for import into Virginia Immunization Information System (VIIS) and receive an acknowledgement of their transmission from VIIS. All content processing and data duplication will be performed by VIIS. Business partners may also create a query message to which VIIS will generate a response message. There will be a component to the Immunization Registry Interface project in which VDH is expected to participate in the HIE Pilot Phase. Current immunization service/interfaces include: Immunization DE, Immunization DE –Carilion Hospital, and Immunization DE – UVA. Current messaging partners: Sentara, Coventry, Air Force, CHKD, Fairfax |

| Acronym | Description | Comments |
|---|---|---|
| | | County, Anthem, UVA, VA Premier, Carilion Hospital, and UVA. |
| IV&V | Independent Verification and Validation | IV&V is a reliable and trusted way to ensure that the system is being developed as per requirements of the customer and that the system is reliable as it is built with sound engineering practices. |
| MAGI | Modified Adjusted Gross Income | MAGI uses Adjusted Gross Income as determined under the federal income tax, plus any foreign income or tax-exempt interest that a taxpayer receives. A Modified AGI will be used to determine financial eligibility for Medicaid and CHIP services. |
| MI360 | Medicaid Incentive 360 | Medicaid Incentive360™ is a turnkey end-to-end program offered by CGI. |
| MITA | Medicaid Information Technology Architecture | A national framework supporting improved systems development and health care management for the Medicaid enterprise. |
| NIEM | National Information Exchange Model | National Information Exchange Model is an XML-based information exchange framework from the United States. NIEM represents a collaborative partnership of agencies and organizations across all levels of government (federal, state, tribal, and local) and with private industry. |
| ONC | Office of the National Coordinator | The Office of the National Coordinator for Health Information Technology (ONC) is at the forefront of the administration's health IT efforts and is a resource to the entire health system to support the adoption of health information technology and the promotion of nationwide health information exchange to improve health care. ONC is organizationally located within the Office of the Secretary for the U.S. Department of Health and Human Services (HHS). |
| PIP | Provider Incentive Payments | The Medicare and Medicaid EHR Incentive Programs will provide EHR incentive payments to eligible professionals (EPs) and eligible hospitals (EHs) as they adopt, |

| Acronym | Description | Comments |
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|  |  | implement, upgrade, or demonstrate meaningful use of certified electronic health record (EHR) technology. |
| **PMD** | Project Management Division | The Division of Project Management is assigned the following general technology management responsibilities:<br><br>• Assist the CIO in the development and implementation of a project management methodology to be used in the development of and implementation of information technology projects in accordance with this article;<br>• Provide ongoing assistance and support to state Agencies and public institutions of higher education in the development of information technology projects; and<br>• Provide oversight for state agency information technology projects. |
| **POC** | Program Oversight Committee | Committee that will oversee the eHHR Program. |
| **PPACA** | Patient Protection and Affordable Care Act | The Patient Protection and Affordable Care Act is a United States federal statute signed into law the president.  The law (along with the Health Care and Education Reconciliation Act of 2010) is the principal health care reform legislation of the 111th United States Congress. |
| **QHP** | Qualified Health Plan | For purposes of the PPACA, a "qualified health plan" is a "health plan" that has in effect a certification that the plan meets certain criteria for certification, issued or recognized by each HBE through which the plan is offered that provides the "essential health benefits package." |

| Acronym | Description | Comments |
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| RC<br><br>RCL | Rhapsody Connectivity<br><br>Rhapsody Connectivity Lab | This project will address the Rhapsody connectivity.  The Orion Rhapsody data integration engine is used by Department of General Services (DGS) Department of Consolidated Laboratory Services (DCLS) and Virginia Department of Health (VDH) to facilitate the accurate and secure exchange of electronic data using with the COV Enterprise Service Bus (ESB).  VDH and DCLS interfaces use Rhapsody for messaging.  Rhapsody connectivity project is needed for DCLS and VDH to participate in the HIE Pilot Phase. |
| REC | Regional Extension Center | A Regional Extension Center (REC) is an organization that has received funding under the Health Information Technology for Economic and Clinical Health Act (HITECH Act) to assist health care providers with the selection and implementation of electronic health record (EHR) technology.<br>Under the HITECH Act, RECs have three specific objectives:<br><br>1. Provide training and support services to assist in EHR adoption.<br>2. Offer information and guidance with EHR implementation (but not to carry out such an implementation).<br>3. Give other technical assistance as needed. |
| SDLC | Systems Development Life Cycle | A conceptual model used in project management that describes the stages involved in an information system development project, from an initial feasibility study through maintenance of the completed application. |
| SCOTUS | Supreme Court Of The United States | The highest federal court in the United States.  It has final appellate jurisdiction and has jurisdiction over all other courts in the nation. |
| SHARP | Strategic Health IT Advanced Research Projects | SHARPS is a multi-institutional and multidisciplinary research project, supported by the Office of the National Coordinator for Health Information Technology, aimed at reducing security and privacy barriers to the effective use of health |

| Acronym | Description | Comments |
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| | | information technology. |
| SOA | Service Oriented Architecture | A set of principles and methodologies for designing and developing software in the form of interoperable services.  These services are well-defined business functionalities that are built as software components (discrete pieces of code and/or data structures) that can be reused for different purposes. |
| SSI | Syndromic Surveillance Interface | This project will address the Syndromic Surveillance Interface.  Participating organizations create a file to include data transmitted to the Virginia Department of Health (VDH) from facilities on a daily basis.  The data is grouped into syndromes and statistical algorithms and are run to identify unusual temporal and geographic patterns that might indicate situations of concern. |
| VDA | Virginia Department for the Aging | The Department for the Aging (VDA) works with public and private organizations to help older Virginians and their families find the services and information they need.  The Department operates the Center for Elder Rights, which is a central point of contact for older Virginians to access information and services.  The Department's objective is to help Virginians, as they grow older, find the information and services they need to lead healthy and independent lives.  VDA's mission is to foster the dignity, independence, and security of older Virginians by promoting partnerships with families and communities. |
| VDBVI | Virginia Department for the Blind and Vision Impaired | The Virginia Department for the Blind and Vision Impaired (VDBVI) is guided by their mission: to enable blind, visually impaired, and deaf/blind individuals to achieve their maximum level of employment, education, and personal independence.  To assist individuals in achieving economic independence, the Department provides vocational assessments and training, job development, placement and follow-up.  Residential and home instruction is provided in independent living, orientation and mobility, counseling, Braille, and training in the use of various adaptive technologies.  VDBVI collaborates with public school |

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| | | systems to assist in the education of blind, deaf/blind and visually impaired students. The Department also provides employment options for blind persons through the Business Enterprises and Virginia Industries for the Blind and its satellite store operations. |
| VDDHH | Virginia Department for the Deaf and Hard of Hearing | The Virginia Department for the Deaf and Hard of Hearing (VDDHH) operates with the full understanding that communication is the most critical issue facing persons who are deaf or hard of hearing. VDDHH works to reduce the communication barriers between persons who are deaf or hard of hearing and their families and the professionals who serve them. The foundation of all programs at VDDHH is communication - both as a service (through interpreters, technology and other modes) and as a means of sharing information for public awareness (through training and education). You may view more information about the Department for the Deaf and Hard of Hearing by visiting www.vddhh.org. |
| VDSS | Virginia Department of Social Services | The Virginia Department of Social Services (DSS) operates under their mission: to serve Virginia's citizens in need by providing services that nurture human dignity; creating and maintaining a stable environment for the children and families in Virginia; promoting responsible parenting; establishing the infrastructure that allows for the delivery of services at the local level; and fostering independence. |
| VHIT REC | Virginia Health Information Technology Regional Extension Center | The organization offering technical assistance guidance and information on best practices to support and accelerate health care provider efforts to become meaningful users of electronic health records (EHRs) in Virginia. |
| VHQC | Virginia Health Quality Center | Virginia Health Quality Center (VHQC) was an independent, not-for-profit corporation that primarily focused on health care quality assessment services. |
| VIIS | Virginia Immunization | Virginia Immunization Information System is an immunization registry for the state that contains immunization data of persons of all ages. VIIS is a free, web- |

| Acronym | Description | Comments |
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|  | Information System | based computerized medical record system for immunization data that documents all immunizations a person has received from all medical sources into one definitive, accurate record. |
| VITA | Virginia Information Technologies Agency | The Virginia Information Technologies Agency (VITA) is an executive department which provides computer services to other Virginia departments and agencies. |
| VVESTS | Virginia Vital Events and Screening Tracking System | The system of record for all birth records. |