COMMONWEALTH of VIRGINIA

Office of the Governor

William A. Hazel, Jr., MD
Secretary of Health and Human Resources

January 8, 2014

Robert F. McDonnell
Governor
Commonwealth of Virginia
1111 E. Broad Street
Richmond, Virginia 23219

Dear Governor McDonnell:

Please find enclosed the Quarterly Reports on the eHHR Program for the periods of July to Sept and October to December 2013, respectively. I am submitting this report pursuant to the requirements of Irem 282 D of the 2013 Appropriations Act. All projects are progressing on schedule and within the anticipated budget as of the submission of these reports.

If you have any questions, please contact Michael Wirth, Special Advisor on eHHR Integration, at (804) 586-8354 or via email at Mike.Wirth@governor.virginia.gov.

Sincerely,

William A. Hazel, Jr., M.D.

Cc: The Honorable Lacey E. Putney, Chair, House Appropriations Committee
The Honorable Walter A. Stosch, Chair, Senate Finance Committee
Susan Massart, Legislative Analyst, House Appropriations Committee
Joe Flores, Legislative Analyst, Senate Finance Committee

Enclosure

COMMONWEALTH OF VIRGINIA

eHHR Program

(Formerly known as the Health Care Reform Program)

Quarterly Report to the General Assembly
Updated for the Fourth Quarter of 2013

December 31, 2013

Version History

Version	Date	Comments
Health Care Reform Program Quarterly Report to the General Assembly	12/19/2012	Final version of the first Quarterly Report
Health Care Reform Program Quarterly Report to the General Assembly 2013Q1	3/18/2013	Final version of the Q1 2013 update.
Health Care Reform Program Quarterly Report to the General Assembly 2013Q2	6/20/2013	Final version of the Q2 2013 update.
Health Care Reform Program Quarterly Report to the General Assembly 2013Q3	10/1/2013	Final version of the Q3 2013 update.
Health Care Reform Program Quarterly Report to the General Assembly 2013Q4	12/31/2013	Final version of the Q4 2013 update.

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1. Purpose

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/fdf07f46b7d7328285256ee400700119/89a16f058e16918c85257a17007113b5?OpenDocument

This document describes the progress made by the eHHR Program to implement new information technology systems to address requirements in the ARRA, the PPACA, and MITA. It provides a summary update to reports submitted each quarter, starting with the fourth quarter of 2012, without repeating the bulk of the information from previous reports. If the reader wants more detail, the previous reports are posted on Virginia's Legislative Information System.

2. Progress and Expenditures

Due to the aggressive implementation timeline mandated under the PPACA and the late delivery of finalized federal regulations there have been some changes to scope and budget. Updates are being made to the federal funds requested to account for this. The federal agencies anticipated this and are being very cooperative. The projects have been able to adjust to these changes without impacting the final dates required under the PPACA.

- Total number of projects: 17
  - Number of projects in the Initiation phase: 00
  - Number of projects in the Planning phase: 01
  - Number of projects in the Execution phase: 09
  - Number of projects in the Closeout phase: 00
  - Number of projects Complete: 07

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
  - Project Description
  - Resource Utilization Breakdown: and
  - Status
- A table listing budget information as well as planned and actual expenditure for each project.

2.1. Statewide HIE – ConnectVirginia

- The Direct Project is a federal government standard designed to enable simple, secure, email-based exchange of clinical documentation between providers. Private provider organizations continue to activate DIRECT Messaging capabilities. State and local organizations are also using DIRECT Messaging including the Departments of Health, Corrections and Behavioral Health and Developmental Services.
- As part of the Direct Project, ConnectVirginia is supplying Health Information Service Provider (HISP) services to Virginia's Epic EHR customers. This service will assign and administer a health domain address for each provider in their network. This will enable providers the ability to send Direct messages within their respective EHR system.
- ConnectVirginia is participating in the southeast Regional HIT-HIE Collaboration (SERCH) comprised of 10 states that have been working on policies and procedures necessary for interstate health information exchange in the event of a disaster. Agreements have been

established with West Virginia, Florida, North Carolina and South Carolina for the use of DIRECT messaging to electronically communicate patient information.

- Health Care Organizations must meet legal, technical, and financial requirements to onboard to EXCHANGE. EXCHANGE functionality within the statewide Health Information Exchange refers to the query and retrieval of data via a certified electronic health record. This allows for a secure mechanism for health care providers using certified EHRs to access clinical information for patients. EXCHANGE applicant nodes must sign the ConnectVirginia Trust Agreement, a legally binding comprehensive agreement that reflects the policy decisions that have been made by the ConnectVirginia Governing Body. Inova Health System, headquartered in Fairfax, Virginia was the first node to successfully onboard to ConnectVirginia. Virginia Hospital Center in Arlington, Virginia is the second node for exchange and is currently in the process of onboarding. The University of Virginia Health System is in the process of onboarding as the third node. The Virginia Department of Health will also onboard the first quarter of 2014 in order to facilitate the electronic submission of information necessary for public health reporting.
- ConnectVirginia has begun the preparatory work for onboarding to the Social Security Administration for the electronic flow of patient information necessary for disability determinations. In addition, testing continues for onboarding to eHealth Exchange, formally known as the Nationwide Health Information Network. It is anticipated that onboarding will be completed the first quarter of 2014.
- Members of the ConnectVirginia Governing Body continue to strategize service enhancements that will drive the overall sustainability plan for the entity. Services being considered include transitions of care alerts, Provider Query Portal and public health reporting.
- Members of the ConnectVirginia Governing Body agreed that the incorporation of a new 501(c)(3) was the best mechanism to provide the ongoing governance and business functions of ConnectVirginia at the conclusion of the Cooperative Funding Agreement. Although ConnectVirginia is a partitioned component of Community Health Alliance, an existing 501(c)(3), this company also conducts many other services and is governed by its own Board of Directors. It was felt necessary to establish a new entity that will have its unique Governance Body comprised of the various HIE stakeholders including the public sector.
- ConnectVirginia is entering into a contract with the Department of Medical Assistance Services to plan and implement a system to be used for the submissions of clinical quality measures necessary for meeting "Meaningful Use" requirements required under ARRA legislation.

2.2. Regional Extension Center – Virginia Health Information Technology Regional Extension Center

- Virginia HIT Regional Extension Center was awarded a sole source contract with Virginia Department of Medical Assistance Services to assist an additional 2,000 non-REC eligible Medicaid providers statewide to achieve their EHR incentives for Adopt, Implement or Upgrade (AIU) and Meaningful Use (MU).
- Virginia Health Information Technology Regional Extension Center (VHIT REC) recruited an additional 28 Medicaid enrolled Eligible Professionals (EPs) into its program in Q4 2013.
- VHIT REC has brought an additional 55 Medicaid enrolled EPs to Adopt, implement, or Upgrade status as defined under the CMS EHR Incentive Program in Q4 2013.
- VHIT REC has provided an additional 177 Medicaid enrolled EPs with technical assistance in achieving Meaningful Use.

2.3. Health Benefits Exchange

There are no updates to the information previously reported.

2.4. Eligibility Modernization

Oversight for Eligibility Modernization (EM) is directly under the DSS Enterprise Delivery System Program Office (EDSPO). The eHHR Program Office coordinates with EDSPO on EM, which consists of three projects:

1. The Modified Adjusted Gross Income (MAGI) project is the first project to commence. The MAGI project requires changes to the current online portal, CommonHelp, and to the case management solution, called the Virginia Case Management System, or VaCMS. These changes are necessary to meet the mandated 10/1/2013 date to determine eligibility as defined under PPACA.

   The MAGI project went into production on 10/1/2013, meeting CMS requirements and critical success factors. Requirements specific to Virginia were also satisfied. As is common for any IT implementation of this scale under such an aggressive timeline, there are some issues being addressed, but none of the issues is severe enough to stop Eligibility and Enrollment functionality. It is anticipated that there will be fixes and enhancements to MAGI IT systems and business processes through the second quarter of 2014.

   Telephonic applications and renewals are federal requirements administered through the Centers for Medicare and Medicaid Services (CMS). External delays in finalizing the CMS requirements for call center functionality and design resulted in new requirements that missed the MAGI project Design Phase cutoff date. The MAGI project scope was increased to include a portion of the additional call center requirements. The result is an

increase in the budgeted amount from $22,525,210 to $28,157,425 and an extension of the schedule from 12/31/2013 to 04/30/2014. The additional scoped and budget and the schedule extension is approved by the VITA CIO. An APD update must be submitted to CMS for approval. Updates will be made to section 3.2.2 of this document once Virginia receives CMS approval.

2. The Conversion project officially began in April 2013. The goal of the Conversion project is to convert legacy Medicaid/CHIP cases, beginning:

    a) First conversion will take place March 2014 for ongoing Medicaid/CHIP cases due for renewal April 2014
    b) Rolling conversion approach continues every month until all existing Medicaid/CHIP cases are in the VaCMS and assessed against MAGI rules.

    The Conversion project was also affected by external delays in finalizing the CMS requirements for call center functionality and design resulted in new requirements that missed the Design Phase cutoff date. The Conversion project scope was increased to include the additional call center requirements not being implemented as part of the MAGI project. The result is an increase in the budgeted amount from $10,569,816 to $16,481,824 and an extension of the schedule from 07/10/2014 to 10/31/2014. The additional scoped and budget and the schedule extension is approved by the VITA CIO. An APD update must be submitted to CMS for approval. Updates will be made to section 3.2.2 of this document once Virginia receives CMS approval.

3. The Migration project started up in February 2013. This project focuses on:

    a) Automating eligibility for Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Low Income Home Energy Assistance Program (LIHEAP) and remaining Medicaid categories using the external rules engine;
    b) Implementing a single Case Management system for SNAP, TANF, Child Care, LIHEAP and remaining Medicaid categories using the Virginia Case Management System (VaCMS);
    c) Implementing a statewide Document Management & Imaging System. (DMIS); and
    d) Sunsetting Application Benefit Delivery Automation Project (ADAPT), Employment Services Program Automated System (ESPAS) and Energy legacy systems.

    As a result of the requirements elicitation phase, several key functional requirements were identified that were not part of the original scope when the schedule and budget were created. The schedule extension and budget increase allow for the additional work to support the expanded scope.

The Migration project was separated into two phases. The first phase focuses on Medicaid and CHIP functionality to ensure ample time for the full development and implementation of this functionality before the expiration of the 90/10 funding on 12/31/2015. The second phase focuses on the benefit programs not tied to 90/10 funding (e.g., LIHEAP, TANF, SNAP).

The result is an increase in the budgeted amount from $75,207,016 to $98,170,272 and an extension of the schedule from 02/1/2016 to 07/30/2016. The additional scoped and budget and the schedule extension is approved by the VITA CIO. The Migration project requires an additional 3.6 million dollars in additional state general funds between FY14 and FY16, but this is more than offset by an increase in federal funding for operations and maintenance that will save Virginia 8.2 million dollars per year. An APD update must be submitted to CMS for approval. Updates will be made to section 3.2.2 of this document once Virginia receives CMS approval.

2.5. Prioritizing Project Resources Across the Program

There are no updates to the information previously reported.

2.6. Coordinated Approach the Program Management Across All Projects

There are no updates to the information previously reported.

2.7. Program Governance and Communication

There are no updates to the information previously reported.

2.8. Program Change Management

There are no updates to the information previously reported.

3. Summary Quarterly written assessment of the progress and expenditures

3.1. American Recovery and Reinvestment Act (ARRA)

Several funding opportunities were made available to states and territories through ARRA 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

ConnectVirginia currently offers two services to allow providers the ability to achieve interoperability of Protected Health Information (PHI). These services are known as DIRECT and EXCHANGE. Regular e-mail is not appropriate for the exchange of PHI due to the inherent risk of information being compromised or accessed by unauthorized users. ConnectVirginia DIRECT Messaging mitigates these risks by providing an easy way for any licensed and regulated health care provider to share information electronically in a secure way, even if they do not have an Electronic Health Record (EHR). Many private provider organizations employ the use of DIRECT messaging to communicate PHI with other providers. State and local organizations are also using DIRECT Messaging including the Departments of Health, Corrections, and Behavioral Health and Developmental Services.

The ConnectVirginia EXCHANGE Trust Agreement is one component of the comprehensive trust framework that will allow each of the ConnectVirginia EXCHANGE Nodes to feel comfortable participating in ConnectVirginia EXCHANGE. An applicant node must technically connect to EXCHANGE through a multi-step process that involves interoperability services testing, Continuity of Care Document (CCD) (payload) content testing and integrated testing. Inova Health System in northern Virginia is the first approved node to join ConnectVirginia and has successfully gone into EXCHANGE production as of April 2013. Virginia Hospital Center, in Arlington, Virginia is the second node and is currently in the onboarding process. The University of Virginia Health System is initiating the onboarding process. In addition, MedVirginia, a central and eastern Virginia Regional Health Information Exchange (RHIO) has also been approved for onboarding in early 2014. The Virginia Department of Health will be onboarding to facilitate the electronic flow of information for public health reporting purposes. Future nodes may be health system sponsored, EHR vendor sponsored, RHIO sponsored, or government sponsored.

ConnectVirginia has begun preparatory work for onboarding to the Social Security Administration for the electronic exchange of patient information necessary for disability determinations. They have also begun preparatory work for onboarding to the eHealth Exchange that will provide the capacity for national interstate exchange.

Members of the ConnectVirginia Governing Body continue to strategize service enhancements that will drive the overall sustainability plan for the entity. Services being considered include transitions of care alerts, master person index (MPI), and public health reporting. ConnectVirginia plans to enter into a contract with the Department of Medical Assistance Services to plan and implement a system to be used for the submissions of clinical quality measures necessary for meeting "Meaningful Use" requirements.

Members of the ConnectVirginia Governing Body agreed that the incorporation of a new 501(c)(3) was the best mechanism to provide the ongoing governance and business functions of ConnectVirginia at the conclusion of the Cooperative Funding Agreement. Although ConnectVirginia is a partitioned component of Community Health Alliance, an existing 501(c)(3), this company also conducts many other services and is governed by its own Board of Directors. It was felt necessary to establish a new entity that will have its unique Governance Body comprised of the various HIE stakeholders including the public sector.

3.1.2. Regional Extension Center

The Virginia HIT Regional Extension Center's (VHIT REC) goal is to bring 2,285 priority primary care providers (PPCPs) to meaningful use by February 2014. Milestone progress is as follows:

1. VHIT REC has recruited 2,285 PPCPs (100%) providers, and has over recruited 24% PPCPs, into its program since 2010.
2. VHIT REC is assisting over 395 Health System ambulatory providers across the Commonwealth with technical assistance in reaching clinical meaningful-use (MU) of the EHR system.
3. VHIT REC has brought 2,285 PPCPs (100%) providers to go live of their EHR, optimizing its use to include e-prescribing and clinical data reporting.
4. VHIT REC has assisted 2,204 PPCPs (89%) providers with technical assistance in achieving MU of the EHR as defined under the CMS EHR Incentive Program.

VHIT REC was awarded a sole source contract with Virginia Department of Medical Assistance Services to assist an additional 2,000 non-REC eligible Medicaid providers statewide to achieve their EHR incentives for Adopt, Implement or Upgrade (AIU) and Meaningful Use (MU). Milestone progress is as follows:

1. VHIT REC has recruited 1,102 (55%) Medicaid Incentive EPs into its program since June 2012.

2. VHIT REC has brought 705 (35%) Medicaid Incentive EPs to AIU (Adopt, Implement, or Upgrade) status as defined under the CMS EHR Incentive Program since August 2012.
3. VHIT REC has assisted 177 (9%) Medicaid Incentive EPs with technical assistance in achieving MU as defined under the CMS incentive Program since April 2013.

VHIT is well positioned and is continuing pilot testing of a group model integrating Stage 2 MU criteria into our current work plan for assisting providers with Stage 1 MU. VHIT is also piloting a program to prepare providers for a Meaningful Use Audit. As a leading REC VHIT has developed solid expertise in guiding eligible professionals to meaningful use and is consistently among the top 10 RECs according to ONC metrics for milestone achievement.

3.1.3. Provider Incentive Program

The Virginia Provider Incentive Program sunsets in 2021. The Virginia Provider Incentive Program continued normal operations during this reporting period.

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, Children's Health Insurance Program (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 an 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. 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.

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.

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.	No change to what was previously reported.	Project Phase: Complete
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.	No change to what was previously reported.	Project Phase: Previously Completed
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.	No change to what was previously reported.	Project Phase: Complete

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.	No change to what was previously reported.	Project Phase: Execution and Control eHHR is progressing on schedule and is within budget.

Project	Description	State vs. Contractor Resource Use	Status
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.	No change to what was previously reported.	Project Phase: Execution and Control Inova Health System, headquartered in Fairfax, Virginia was the first node to successfully onboard to ConnectVirginia. Virginia Hospital Center in Arlington, Virginia is the second node for exchange and is currently in the process of onboarding. The University of Virginia Health System is in the process of onboarding as the third node. The Virginia Department of Health will also onboard this quarter in order to facilitate the electronic submission of information necessary for public health reporting. ConnectVirginia has begun preparatory work for onboarding to the Social Security Administration for the electronic exchange of patient information necessary for disability determinations. In addition, testing continues for onboarding to eHealth Exchange, formally known as the Nationwide Health Information Network. It is anticipated that onboarding will be completed this quarter.
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.	No change to what was previously reported.	Project Phase: Previously Completed

Project	Description	State vs. Contractor Resource Use	Status
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.	No change to what was previously reported.	Project Phase: Previously Completed.

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. 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 System Program (EDSP) 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).	No change to what was previously reported.	The EM initiatives are broken into three projects 1) MAGI Project Phase: Execution and Control Progressing on schedule and within budget based on revised and approved project changes. More information is available in section 2.4 of this document. 3) Conversion Project Phase: Execution and Control Progressing on schedule and within budget based on revised and approved project changes. More information is available in section 2.4 of this document. 2) Migration Project Phase: Planning Progressing on schedule and within budget based on revised and approved project changes. More information is available in section 2.4 of this document.

Project	Description	State vs. Contractor Resource Use	Status
Birth Registry Interface (BRI)	This project will establish a birth reporting service/interface between the birth registry and the ESB.	No change to what was previously reported.	Project Phase: Execution and Control Progressing on schedule and under budget. There are still some questions to resolve regarding billing but they are not currently affecting the project.
Death Registry Interface (DRI)	This project is designed to establish a death reporting service/interfaces between the death registry and the ESB.	No change to what was previously reported.	Project Phase: Execution and Control In October of 2014, VDH is implementing a new system to support Death Registry information. Delays in the Migration project's scheduled integration with DRI have led to a change in scope for the DRI project. DRI will use the new VDH system to source data. The impact to the project schedule is being evaluated. It is not expected to have a significant impact to the budget.
Immunization Registry Interface (IRI)	This project will address the interface between the Immunization Registry and providers	No change to what was previously reported.	Project Phase: Execution and Control The late engagement of a business Subject Matter Expert (SME) to define requirements has caused a schedule delay. The impact will be determined once requirements are finalized. It is not expected to have a significant impact to the budget.
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.	No change to what was previously reported.	Project Phase: Execution and Control DRI changes will require RC changes.

Project	Description	State vs. Contractor Resource Use	Status
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.	No change to what was previously reported.	Phase: Execution and Control DMAS activities are part of the Department of Social Services (DSS) Enterprise Delivery Service Program (EDSP) Eligibility Modernization (EM) project planning. These activities support all three EDSP projects.
PPACA Projects			
Health Benefits Exchange (HBE) Planning Grant	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.	No change to what was previously reported.	Project Phase: Previously Completed

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 support HBE business services 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. Virginia deferred to the federal government to operate and administer the HBE. To do this, the federal government established the Health Information Marketplace (HIM), working with Virginia's Bureau of Insurance to coordinate with insurers and evaluate their applications for QHPs that are offered through the HIM. The eHHR program interfaces with the HIM went live on 10/1/2013, to coordinate eligibility determination and transfer application information between the HIM and the Virginia eligibility and enrollment system (VaCMS).	To be determined by the Bureau of Insurance (BOI).	Project Phase: Complete

3.2.2. Project Expenditures

Table 2 - Project Expenditures

			Funding Approved (as of 11/30/2013)	Planned Expenditures (as of 11/30/2013) (3)	Actual Expenditures (as of 11/30/2013)
No.	**ARRA HITECH Health Information Technology (HIT) Projects**	**Phase**			
1	eHHR Program Office	Execution	5,247,022.09	4,053,921.14	3,963,886.82
2	Standards, Tools, and Professional Development	Execution	76,709.60	36,907.00	19,181.15
3	Service-Oriented Architecture Environment (SOAE)	Execution	18,640,992.24	17,672,248.34	15,250,019.57
4	Enterprise Data Management (EDM)	Execution	8,476,094.53	6,722,544.69	6,837,405.95
5	Commonwealth Authentication Service (CAS)	Execution	5,400,416.17	4,758,762.00	3,949,635.34
6	Health Information Exchange (HIE) ConnectVirginia	Execution	11,613,537.00	10,824,469.80	9,776,494.00
7	Regional Extension Center (REC) (1)	Execution	13,425,318.00	8,470,716.55	8,200,870.26
8	Virginia Medicaid Incentive Program (VMIP) - Administration	Execution	1,501,910.45	2,871,504.44	1,483,664.50
9	Virginia Medicaid Incentive Program (VMIP) - Payments (4)	Execution	379,317,186.00	379,317,186.00	97,140,074.00
		Subtotal	***443,699,186.08***	***434,728,259.96***	***146,621,231.59***
No.	**MMIS Enhanced Funding Eligibility and Enrollment (E&E) Projects**	**Phase**			
1	MITA Care Management Business Area Services - MITA Interfaces (BRI, DRI)	Execution	3,476,812.38	3,476,812.38	467,785.45
2	MITA Care Management Business Area Services - Legacy Interfaces/Meaningful use (IRI, RC)	Execution	5,608,000.00	5,608,000.00	546,456.61
3	MITA Member Management Business Area Services	Execution	4,923,000.00	4,362,475.06	1,866,639.82
4	VDSS Eligibility Modernization Development (2)	Execution	108,302,042.00	79,379,421.23	24,304,930.65
5	MAGI Call Center	Execution	8,938,828.00	8,938,828.00	3,575,531.00
6	DMV CAS	Execution	2,000,000.00	2,000,000.00	-
7	DSS E&E Enterprise Extension	Execution	3,340,000.00	2,254,775.02	80,725.02
8	eHHR Program Office	Execution	8,500,733.91	5,937,801.42	895,682.89
9	VITA MITA Disaster Recovery	Execution	1,540,000.00	1,540,000.00	1,540,000.00
		Subtotal	***146,629,416.29***	***113,498,113.11***	***33,277,751.44***
No.	**PPACA Projects**	**Phase**			
1	Health Benefits Exchange (HBE) Planning Grant	Complete	1,000,000.00	954,266.16	954,266.16
2	Health Benefits Exchange (HBE) Level 1 Establisment Grant	Execution	4,320,401.00	2,160,200.50	-
		Subtotal	***5,320,401.00***	***3,114,466.66***	***954,266.16***
Total			**$ 595,649,003.37**	**$ 551,340,839.73**	**$ 180,853,249.19**
Total Baseline Funding			**$595,649,003.37**		

(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) Planned expenditures are based on the amounts projected in the CMS approved HIT and E&E I-APD-U.

(4) Funding Approved and Planned Expenditures are based on the projections through sunset of the program in 2020.

3.3. Medicaid Information Technology Architecture (MITA)

There are no changes regarding MITA.