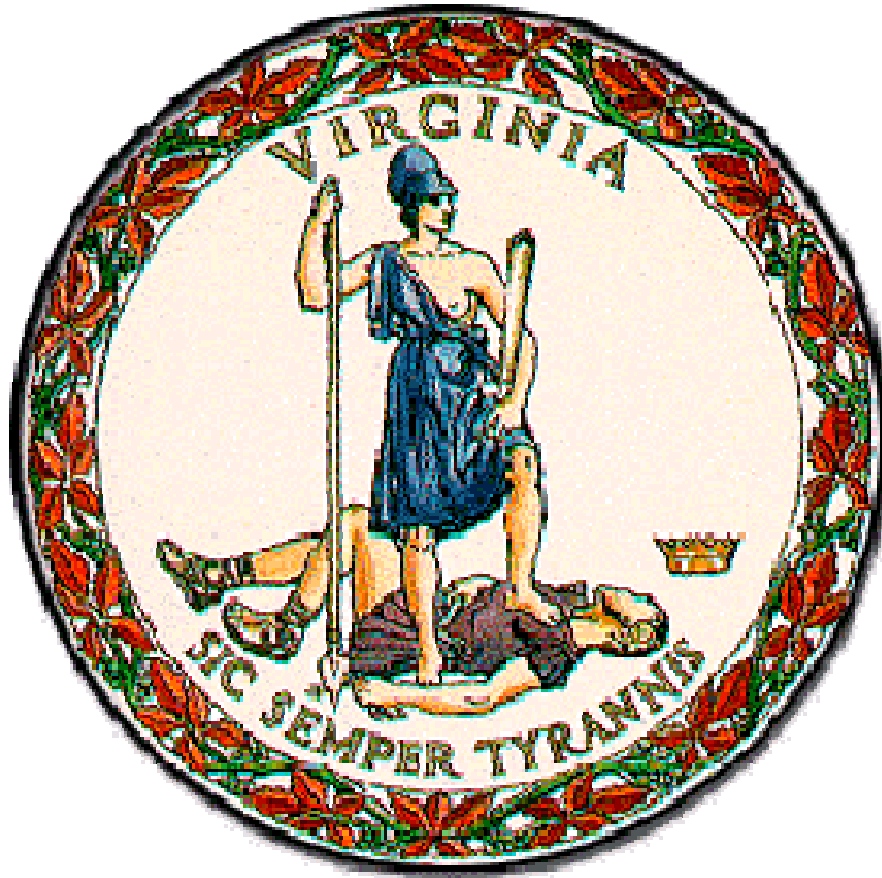


COMMONWEALTH OF VIRGINIA



eHHR Program

(Formerly known as the Health Care Reform Program)

**Quarterly Report to the General Assembly
Updated for the First Quarter of 2014**

June 16, 2014

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
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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/dfd07f46b7d7328285256ee400700119/89a16f058e16918c85257a17007113b5?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: 00
 - Number of projects in the Execution phase: 07
 - Number of projects in the Closeout phase: 01
 - Number of projects Complete: 09

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 and Corrections.
- As part of the Direct Project, ConnectVirginia is supplying Health Information Service Provider (HISP) services to Virginia’s Epic EHR customers. This currently includes Inova Health System and Valley Health System. In addition, HISP services are being provided to Virginia hospitals that have the Meditech EHR system. 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 that was onboarded. The University of Virginia Health System is finishing the process of onboarding as the third node. The Virginia Department of Health has onboarded in order to facilitate the electronic submission of information from health systems necessary for public health reporting and to allow for “meaningful use” attestations. Applications for onboarding have been approved for Sentara Healthcare, Carilion Clinic, Mary Washington Healthcare and Augusta Health.
- ConnectVirginia concluded the preparatory work for onboarding to the Social Security Administration for the electronic flow of patient information necessary for disability determinations. This onboarding has been put on hold until onboarding to eHealth Exchange, formally known as the Nationwide Health Information Network is completed. It is anticipated that this onboarding will be completed in second 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 offered include transitions of care alerts and the Provider Query Portal. Transitions of care alerts are now being piloted with an Independent Practice Association and Inova Health System in Northern Virginia.
- At the conclusion of the Cooperative Funding Agreement, ConnectVirginia HIE was incorporated as a new 501(c)(3) that provides the ongoing governance and business functions of the organization. A new streamlined Governance Body was agreed upon that includes both public and private representation.
- The Centers for Medicare and Medicaid Services (CMS) has approved funding for the Department of Medical Assistance Services to enter into a contract with ConnectVirginia to plan a system to be used for the submissions of clinical quality measures necessary for meeting “Meaningful Use” requirements.

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 56 Medicaid enrolled Eligible Professionals (EPs) into its program in Q1 2014.
- VHIT REC has brought an additional 79 Medicaid enrolled EPs to Adopt, implement, or Upgrade status as defined under the CMS EHR Incentive Program in Q1 2014.
- VHIT REC has provided an additional 243 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.

Governor McAuliffe campaigned on bringing an expanded Medicaid program to Virginia and he is working with state legislators to that end. To be prepared for the possibility, HHR agencies and eHHR have started planning for the changes required. The planning effort allows for an expedited implementation effort once the Expansion decision is finalized. The high priority items required to support the program rollout have been identified. Detailed business requirements and a high-level implementation schedule are expected by the end of May 2014.

The IT software applications needed to support EM are encompassed in three projects:

1. The Modified Adjusted Gross Income (MAGI) project implemented changes to the current online portal, CommonHelp, and to the case management solution, called the Virginia Case Management System, or VaCMS. These changes were 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 were some issues, but none of the issues was severe enough to stop Eligibility and

Enrollment functionality. As of June 2014, fixes and enhancements under the MAGI project will be complete and the project will be closed.

2. The Conversion project officially began in April 2013. The goal of the Conversion project is to convert legacy Medicaid/CHIP cases, beginning:
 - a) The first conversion took place March 2014 for ongoing Medicaid/CHIP cases due for renewal April 2014. A second conversion was performed in April 2014 for May. Both conversions went very well with very little data cleanup required.
 - 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 scope was previously changed to include the additional call center requirements not being implemented as part of the MAGI project. This work effort is also progressing as planned.

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.

The Migration project is progressing as planned, but the plans may change. If the decision is made to expand Medicaid, it is expected that the bulk of the IT work will fold into the Migration project.

2.5. Prioritizing Project Resources Across the Program

There are no updates to the information previously reported.

2.6. Coordinated Approach to 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 included 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 that allows providers that opportunity to electronically share patient information for treatment purposes. These funding opportunities concluded in February 2014. Both organizations continue to be self-sustaining through support from the provider community.

3.1.1. Statewide HIE

ConnectVirginia 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 and Corrections.

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 was the first approved node to join ConnectVirginia and successfully went into EXCHANGE production as of April 2013. Virginia Hospital Center, in Arlington, Virginia is the second node in production. The University of Virginia Health System is completing the onboarding process. In addition, MedVirginia, a central and eastern Virginia Regional Health Information Exchange (RHIO) has also been approved for onboarding and will begin the process in the second quarter of 2014. In addition, the Virginia Department of Health has onboarded to facilitate the electronic flow of information for public health reporting

purposes. Future approved nodes include Sentara Healthcare, Carilion Clinic, Mary Washington Healthcare, and Augusta Health.

ConnectVirginia has begun work for onboarding to the Social Security Administration for the electronic exchange of patient information necessary for disability determinations. This project has been put on hold pending the completion of onboarding to the eHealth Exchange that will provide the capacity for national interstate exchange. This will be completed in the second Quarter of 2014.

ConnectVirginia continues to strategize service enhancements that will drive the overall sustainability plan for the entity. Services include transitions of care alerts, master person index (MPI) and public health reporting. ConnectVirginia provides the mechanism to electronically deliver public health information that is required by law or required for the attestation to “meaningful use” of an EHR system. The Centers for Medicare and Medicaid Services (CMS) has approved funding for the Department Of Medical Assistance Services to enter into a contract with ConnectVirginia to plan a system to be used for the submissions of clinical quality measures necessary for meeting “Meaningful Use” requirements.

At its inception, ConnectVirginia was a partitioned component of Community Health Alliance, an existing 501(c)(3) corporation. At the conclusion of the Cooperative Funding Agreement, the Governance Body approved that ConnectVirginia be incorporated as a new 501(c)(3) to provide the ongoing governance and business functions of the organization. A new streamlined Governance Body was also agreed upon that includes both public and private representation.

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. VHIT REC secured a no cost extension from the ONC to help an additional 400 providers reach “Meaningful Use” by February 2015. Milestone progress is as follows:

1. VHIT REC has recruited 2,285 PPCPs (100%) providers, and has over recruited 39% 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 2,334 PPCPs (102%) 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 1,150 (58%) Medicaid Incentive EPs into its program since June 2012.
2. VHIT REC has brought 802 (40%) 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 243 (12%) 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 working with providers beyond their first year of “Meaningful Use” in 2014, including assisting with Audit and Privacy and Security Risk Assessments. 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 and Children’s Health Insurance Program (CHIP). 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: Previously Completed
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: Previously Completed

Project	Description	State vs. Contractor Resource Use	Status
Other ARRA HITECH HIT Projects			
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 <u>Meaningful Use of EHRs</u> and <u>CMS financial incentives</u> .	No change to what was previously reported.	Project Phase: Complete 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. The University of Virginia Health System is in the process of onboarding as the third node. The Virginia Department of Health has onboarded to facilitate the electronic submission of information necessary for public health reporting. ConnectVirginia has completed preparatory work for onboarding to the Social Security Administration for the electronic exchange of patient information necessary for disability determinations. Testing continues for onboarding to eHealth Exchange, formally known as the Nationwide Health Information Network. It is anticipated that onboarding will be completed Q2, 2014.
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.
MMIS Projects	<p>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.</p> <p>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).</p>		
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.	<p>The EM initiatives are broken into three projects</p> <p>1) MAGI Project Phase: Closeout - Completing June 2014</p> <p> Completing on schedule and within budget. More information is available in section 2.4 of this document.</p> <p>3) Conversion Project Phase: Execution and Control</p> <p> Progressing on the current schedule and within the revised budget. More information is available in section 2.4 of this document.</p> <p>2) Migration Project Phase: Execution and Control</p> <p> Progressing on the current schedule and within the revised budget. More information is available in section 2.4 of this document.</p>

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: Complete Project implemented.
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. DRI will use the new VDH system to source data. The Change Request to support this is going through the approval process without any issues. It is not expected to have any impact to the schedule or 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 IT solution requires support from an external VDH vendor. The vendor has proposed a schedule and budget to implement the solution. Contract terms still need to be prepared and approved.
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 IRI changes may 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.	Project 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.
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 .
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	<p>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.</p> <p>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).</p>	To be determined by the Bureau of Insurance (BOI).	Project Phase: Previously Completed

3.2.2. Project Expenditures

Table 2 - Project Expenditures

<i>Data in this table is cumulative since program inception (June 2011).</i>			Funding Approved	Planned Expenditures (as of 3/31/2014) (3)	Actual Expenditures (as of 3/31/2014)
No.	ARRA HITECH Health Information Technology (HIT) Projects	Phase			
1	eHHR Program Office (HIT)	Execution	5,247,022.09	4,053,921.14	4,088,419.09
2	Standards, Tools, and Professional Development	Execution	76,709.60	36,907.00	19,181.15
3	Service-Oriented Architecture Environment (SOAE)	Complete	18,640,992.24	17,672,248.34	15,001,222.76
4	Enterprise Data Management (EDM)	Complete	8,476,094.53	6,722,544.69	6,837,405.95
5	Commonwealth Authentication Service (CAS)	Complete	5,400,416.17	4,758,762.00	4,611,524.57
6	Health Information Exchange (HIE) ConnectVirginia	Complete	11,613,537.00	11,613,537.00	11,576,650.00
7	Regional Extension Center (REC) (1)	Complete	13,425,318.00	9,707,409.08	9,547,071.65
8	Virginia Medicaid Incentive Program (VMIP) - Administration	Complete	265,217.92	2,871,504.44	1,693,504.95
9	Virginia Medicaid Incentive Program (VMIP) - Payments (4)	Complete	379,317,186.00	379,317,186.00	132,198,211.14
Subtotal			442,462,493.55	436,754,019.69	185,573,191.26
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	2,543,990.36	813,863.26
2	MITA Care Management Business Area Services - Legacy Interfaces/Meaningful use (IRI, RC)	Execution	5,608,000.00	4,113,539.54	837,049.98
3	MITA Member Management Business Area Services	Execution	4,923,000.00	3,081,970.45	2,248,326.98
4	VDSS Eligibility Modernization Development (2)	Execution	78,674,800.00	37,174,910.42	33,201,992.68
5	MAGI Call Center	Execution	8,938,828.00	8,938,828.00	8,670,663.15
6	DMV CAS	Complete	2,000,000.00	611,111.11	-
7	DSS E&E Enterprise Extension	Execution	3,340,000.00	2,356,750.00	1,869,521.83
8	eHHR Program Office (E&E)	Execution	8,500,733.91	2,550,220.17	1,723,410.84
9	VITA MITA Disaster Recovery	Complete	1,540,000.00	1,540,000.00	-
Subtotal			117,002,174.29	62,911,320.05	49,364,828.72
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 Establishment Grant	Complete	4,320,401.00	2,160,200.50	-
Subtotal			5,320,401.00	3,114,466.66	954,266.16
Total			\$ 564,785,068.84	\$ 502,779,806.40	\$ 235,892,286.14
Total Baseline Funding			\$564,785,068.84		

(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.