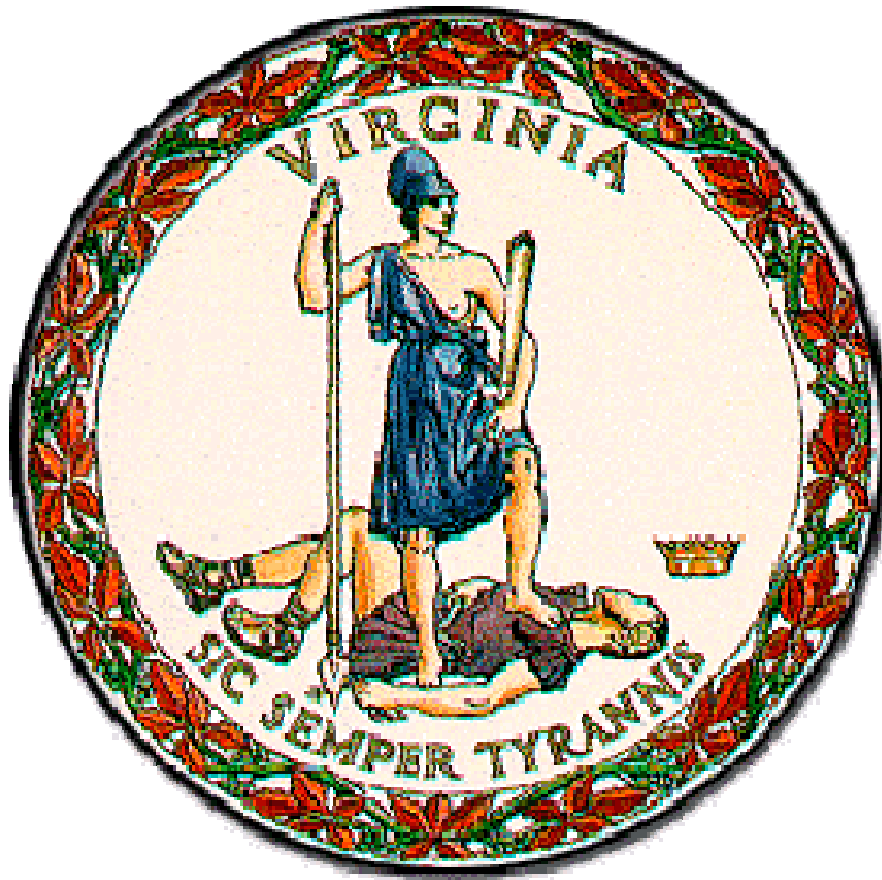


COMMONWEALTH OF VIRGINIA



eHHR Program

(Formerly known as the Health Care Reform Program)

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

December 23, 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
Health Care Reform Program Quarterly Report to the General Assembly 2013Q1	3/18/2013	Final version of the Q1 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/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.

- Total number of projects: 18
 - 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: 00
 - Number of projects Complete: 11

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 ConnectVirginia HIE, Inc. (CVHIE) board continued to review value and sustainability of its HIE services in conjunction with available resources. CVHIE recognized the necessity for change given the conclusion of the contract with VDH. It also recognized that technology, adoption, and funding were going to require additional time to mature. To provide a “bridge” to long-term sustainability, key stakeholders were enlisted to support the “Join the Journey” campaign. “Join the Journey” was a term coined to convey that, while significant progress has been made, additional support is necessary to fully implement a viable business model. To that end, health plans, health systems and the Commonwealth of Virginia were engaged in discussions to review a 3-phased approach to sustainability:

- Phase 1 (October 2011 – February 2014): This is the period of Federal funding and VDH contracting with CHA.
- Phase 2 (February 2014 – August 2016): This is the period of growth in both value-added services and in adoption and use of the HIE itself.
- Phase 3 (August 2016 – ongoing): This is the period of full sustainability, ongoing operations, value creation, and stakeholder engagement.

The stakeholders above (i.e., health plans, health systems, Commonwealth of Virginia) were requested to participate in funding support during the 30-month Phase 2 period. This request took the form of “per member per year” funding from health plans; “per staffed bed” funding from health systems; and a variety of funding mechanisms with the Commonwealth of Virginia. The health systems, led by the Virginia Hospital and Healthcare Association, demonstrated impressive and early commitment to this approach. A Memorandum of Understanding was signed by health systems representing over 90% of the staffed beds in Virginia and accounting for approximately \$2.5M in revenue over the duration of Phase 2. The Commonwealth of Virginia likewise demonstrated strong support, including the provision of General Funds, along with a variety of other potential opportunities such as grants and Medicaid 90/10 funding. Health plans, at this juncture, have not elected to participate, despite numerous conversations with the Virginia Association of Health Plans and leading managed care organizations.

As funding commitments were being secured from health systems and the Commonwealth, attention turned to overhauling the technical and operational foundation for ConnectVirginia, while preserving and expanding value for key stakeholders. Limited cash reserves necessitated this work to be done expeditiously. To that end, the CVHIE Board appointed a Tiger Team to lead this effort and develop recommendations for the full Board.

The Tiger Team recommended and the CVHIE Board approved a new technical business strategy with the following key attributes:

- Public Health Reporting services are maintained without interruption.
- A compelling new service, Encounter Alerts, will be launched in northern Virginia and quickly rolled out across the state. This service will be offered at *no* cost to partner physician practices.
- ConnectVirginia EXCHANGE will continue, but with a new and lighter weight approach to interoperability:
 - ConnectVirginia will maintain a strong and responsible policy framework, including state-level trust agreements;
 - ConnectVirginia will maintain the eHealth Exchange DURSA on behalf of ConnectVirginia EXCHANGE participants;
 - Rather than incurring the cost of maintaining state-level EXCHANGE infrastructure, ConnectVirginia EXCHANGE will leverage the mature and much-expanded eHealth Exchange by providing technical assistance for Virginia providers to onboard directly to eHealth Exchange in a streamlined and expedited process; and
 - By connecting to eHealth Exchange through ConnectVirginia, fees for eHealth Exchange will be much lower than if health systems onboarded directly with eHealth Exchange.
- The Provider Portal offers Virginia providers one-stop access to all state-based eHealth Exchange Participants, plus the VA and DoD, at no cost.

- The PMP database will be integrated into the Provider Portal, providing access to clinical data highly valued in other statewide HIEs.
- This platform provides a cost-effective approach for launching future high-value services.
- All of these services are provided at a funding level (from health systems) approximately half of what is being charged for comparable services in other states.
- The Commonwealth of Virginia remains a committed and engaged partner in ConnectVirginia, bringing credibility, thought leadership, and business opportunities that would otherwise be unavailable.

The technical and business strategy described above represents a prudent and responsible approach for supporting meaningful health information exchange across the Commonwealth of Virginia. Recommended services reflect priorities defined by providers and health systems, and a platform is in place for launching new value-added services in the future.

Transitioning from a federally funded contractual activity to a viable and sustainable business is a challenging proposition. Many HIEs have failed to successfully make this transition. However, ConnectVirginia has the leadership and expertise to be successful. With the continued extraordinary commitment of the Commonwealth of Virginia, CVHIE Board, and stakeholders across the state, the future for ConnectVirginia is brighter than ever.

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

There are no updates to the information previously reported.

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.

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.

All work under the MAGI project completed June 2014.

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.

Conversion of all Medicaid/CIP cases completed in November 2014.

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.

Currently, Virginia does not plan to participate in Medicaid Expansion. Governor McAuliffe and the Secretary of Health and Human Resources have presented a plan entitled “A Healthy Virginia”, a ten point plan to address some of the most pressing health care needs of the Commonwealth. The majority of the plan’s points fall under the domain of DMAS.

Since A Healthy Virginia was announced in early September 2014, DMAS has put together a plan to implement the different health care programs described on the schedule prescribed. The plan describes methods and criteria used to

1. Determine eligibility;
2. Enroll members;
3. Enroll providers;
4. Manage benefits and care;
5. Provide member and provider support; and
6. Describe reimbursement.

eHHR has also started an Integrated Analytics effort with a Mission Statement to:

- Develop an agency culture based on advanced analytics
- Contribute strongly to the Governor’s vision to build a new VA economy
- Contribution based on improved agency efficiency, cost savings and proactive identification of citizen needs

This is a multi-secretariat initiative to provide a holistic profile of a Commonwealth citizen without violating the citizen's privacy. The goals are to:

- Respect current privacy and security requirements;
- Advance cross agency analytic capabilities;
- Provide shared governance, organizational and technical solution ;
- Increase the velocity of new data being available;
- Include data from unstructured and social media sources;
- Support the identification of risk groups that would benefit from coordinated agency services; and
- Facilitate the collection of citizen consent to enable coordinated agency services

The charter is currently being developed and funding options are being explored.

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

There are no updates to the information previously reported.

3.1.2. Regional Extension Center

There are no updates to the information previously reported.

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: Previously Completed The HIE is now in an operational mode, planning for and onboarding new organizations.
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
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. The Virginia Provider Incentive Program sunsets in 2021. The Virginia Provider Incentive Program continued normal operations during this reporting period.

Project	Description	State vs. Contractor Resource Use	Status
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>		
<p>Department of Social Services (DSS) Enterprise Delivery System Program (EDSP)</p> <p>Eligibility Modernization (EM)</p>	<p>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).</p>	<p>No change to what was previously reported.</p>	<p>The EM initiatives are broken into three projects</p> <p>1) MAGI Project Phase: Previously Completed More information is available in section 2.4 of this document.</p> <p>2) Conversion Project Phase: Previously Completed More information is available in section 2.4 of this document.</p> <p>3) Migration Project Phase: Execution and Control Progressing on the current schedule and within the revised and approved budget. More information is available in section 2.4 of this document.</p>
<p>Birth Registry Interface (BRI)</p>	<p>This project will establish a birth reporting service/interface between the birth registry and the ESB.</p>	<p>No change to what was previously reported.</p>	<p>Project Phase: Previously Completed</p>

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.	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. Progressing on the current schedule and within the revised and approved 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 contract is finalized. Schedules between the vendor, VDH and eHHR are set and work is progressing on schedule and within the revised and approved 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
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.

Project	Description	State vs. Contractor Resource Use	Status
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
<p>HBE Level 1 Establishment Grant</p>	<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>	<p>To be determined by the Bureau of Insurance (BOI).</p>	<p>Project Phase: Previously Completed</p>
<p>HBE Marketing and Outreach</p>	<p>The governor’s health care report “A Healthy Virginia” released September 08, 2014 contains a ten-point action plan to extend the promise of health care to more Virginians. One point in that plan is "Supporting Enrollment in the Federal Marketplace". To support that, HHR has asked for approval to repurpose money that was originally approved for the HBE Level 1 Establishment Grant. On September 05, 2014, Virginia received approval from CMS/CCIIO.</p>	<p>Partnerships with other state-based organizations.</p>	<p>Project Phase: Execution</p>

3.2.2. Project Expenditures

Table 2 - Project Expenditures

			Funding Approved	Planned Expenditures (as of 9/30/2014) (3)	Actual Expenditures (as of 9/30/2014)
No.	ARRA HITECH Health Information Technology (HIT) Projects	Phase			
1	eHHR Program Office	Execution	5,334,035.58	4,166,175.30	4,086,937.84
2	Standards, Tools, and Professional Development	Execution	100,709.60	25,275.76	19,275.76
3	Service-Oriented Architecture Environment (SOAE)	Complete	18,640,992.24	15,001,538.00	15,001,538.00
4	Enterprise Data Management (EDM)	Complete	8,476,094.53	12,171,317.87	6,806,283.59
5	Commonwealth Authentication Service (CAS)	Complete	5,400,416.17	4,611,524.57	4,611,524.57
6	Health Information Exchange (HIE) ConnectVirginia	Complete	11,613,537.00	10,824,469.80	9,776,494.00
7	Regional Extension Center (REC) (1)	Complete	13,425,318.00	13,390,989.45	12,084,537.45
8	Virginia Medicaid Incentive Program (VMIP) - Administration	Complete	8,579,880.42	2,549,655.63	2,641,903.23
9	Virginia Medicaid Incentive Program (VMIP) - Payments (4)	Complete	379,317,186.00	159,089,133.14	141,410,006.37
	Subtotal		450,888,169.54	221,830,079.52	196,438,500.81
No.	MMIS Enhanced Funding Eligibility and Enrollment (E&E) Projects	Phase			
1	MITA Care Management Business Area Services - MITA Interfaces (BRI, DRI)	BRI - Complete DRI - Execution	2,373,261.40	1,861,587.29	1,861,587.29
2	MITA Care Management Business Area Services - Legacy Interfaces/Meaningful use (IRI, RC)	Execution	2,177,864.34	1,242,843.01	1,242,843.01
3	MITA Member Management Business Area Services	Execution	9,319,337.67	3,141,400.94	3,141,400.94
4	VDSS Eligibility Modernization Development (2)	Execution	162,735,524.09	58,421,800.31	58,421,800.31
5	MAGI Call Center	Execution	14,376,261.15	8,670,663.15	8,670,663.15
6	DMV CAS	Complete	2,649,032.36	451,118.50	451,118.50
7	DSS E&E Enterprise Extension	Execution	1,898,073.83	1,898,073.83	1,898,073.83
8	eHHR Program Office	Execution	6,456,505.87	3,234,729.13	3,234,729.13
9	VITA MITA Disaster Recovery	Complete	-	-	-
	Subtotal		201,985,860.72	78,922,216.16	78,922,216.16
No.	PPACA Projects	Phase			
1	Health Benefits Exchange (HBE) Planning Grant	Complete	1,000,000.00		
2	Health Benefits Exchange (HBE) Level 1 Establishment Grant	Execution	4,320,401.00	-	-
	Subtotal		5,320,401.00	-	-
Total			\$ 658,194,431.26	\$ 300,752,295.68	\$ 275,360,716.98
Total Baseline Funding			\$658,194,431.26		

(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)

The Department of Medicaid Assistance Services is currently conducting a MITA state self-assessment effort. The CMS required state self-assessment must be completed within a year of the release of version 3 of the MITA enterprise framework in order to continue to obtain CMS approvals for future funding requests. This process ensures strategic alignment is maintained between Virginia and federal direction.