

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 2014**

February 12, 2015

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.
Health Care Reform Program Quarterly Report to the General Assembly 2014Q1	05/16/2014	Final version of the Q1 2014 update.
Health Care Reform Program Quarterly Report to the General Assembly 2014Q1	06/16/2014	Revisions to the Final version of the Q1 2014 update.
Health Care Reform Program Quarterly Report to the General Assembly 2014Q2	09/15/2014	Draft version of the Q2 2014 update.
Health Care Reform Program Quarterly Report to the General Assembly 2014Q3	12/18/2014	Final version of the Q3 2014 update.
Health Care Reform Program Quarterly Report to the General Assembly 2014Q4	02/12/2015	Draft version of the Q4 2015 update.
Health Care Reform Program Quarterly Report to the General Assembly 2014Q4	02/12/2015	Final version of the Q4 2015 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: 05
 - Number of projects in the Closeout phase: 02
 - 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 began the pilot of its Encounter Alert Service with the Inova Health System and with Health Connect, a 6-practice IPA. Public Health Reporting via ConnectVirginia's Public Health Reporting Pathway continues to onboard additional providers and hospitals for submission of Immunizations, Syndromic Surveillance and Electronic Lab Reporting to VDH.

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

Virginia HIT Regional Extension Center (REC) has cumulatively recruited 3,256 Virginia primary care providers for assistance in implementing electronic health records (EHRs) and achieving Meaningful Use of their systems. As of January 26, 2015, 2,394 of these providers have fully achieved Stage 1 Meaningful Use and received either Medicare or Medicaid payment incentives.

Virginia HIT Regional Extension Center also has a contract with Virginia Department of Medical Assistance Services to assist up to 2,000 non-REC eligible Medicaid providers statewide to achieve their EHR incentives for Adopting, Implementing or Upgrading (AIU) their EHR and achieving Meaningful Use (MU).

As of January 26, 2015 Virginia HIT Regional Extension Center has:

- recruited 1350 Medicaid enrolled Eligible Professionals (EPs) into its program;
- brought 897 Medicaid-enrolled EPs to Adopt, Implement, or Upgrade status as defined under the CMS EHR Incentive Program; and
- provided 365 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.

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/CHIP 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 and is executing a plan to implement seven of the ten initiatives:

- 1. Governor’s Access Plan;
- 2. Health Homes for Behavioral Health;
- 3. Children’s Outreach;
- 4. Federal Open Enrollment;
- 5. State Workers Access to FAMIS;
- 6. Dental for Pregnant Women; and
- 7. Enhancement of Cover Virginia Website.

The other three originate at OSHHR:

- 1. Veterans;
- 2. Responding to the Substance Abuse Epidemic; and
- 3. SIM Grant.

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
<p>MMIS Projects</p>	<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) 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> <ol style="list-style-type: none"> 1) MAGI Project Phase: Previously Completed More information is available in section 2.4 of this document. 2) Conversion Project Phase: Previously Completed More information is available in section 2.4 of this document. 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>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: Closeout All project work is complete and deployed in production. Closeout documentation is complete and the project is being closed out in Commonwealth Technology Portfolio (CTP).
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 All project work is complete and deployed in production. Closeout documentation is complete and the project is being closed out in Commonwealth Technology Portfolio (CTP).
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 Closeout
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 Level 1 Establishment Grant Marketing and Outreach</p>	<p>The Department of Medical Assistance Services was awarded a Level One Exchange Establishment Grant (Funding Opportunity Number: IE-HBE-12-001, CFDA: 93.525) of approximately \$4.3 million in February 2013 to continue planning and development for a state-based Health Benefits Exchange. As the Exchange was not authorized by the General Assembly, this funding has been repurposed and extended through 2015 to enable outreach and marketing activities to inform uninsured Virginia residents of the health insurance opportunities available through the Federal Health Insurance Marketplace and Cover Virginia.</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 12/31/2014) (3)	Actual Expenditures (as of 12/31/2014)
No.	ARRA HITECH Health Information Technology (HIT) Projects	Phase			
1	eHHR Program Office	Execution	5,334,035.58	4,166,175.30	4,090,958.14
2	Standards, Tools, and Professional Development	Execution	100,709.60	31,275.76	19,275.76
3	Service-Oriented Architecture Environment (SOAE)	Execution	18,640,992.24	15,001,538.00	15,001,538.00
4	Enterprise Data Management (EDM)	Execution	8,476,094.53	12,171,317.87	6,806,283.59
5	Commonwealth Authentication Service (CAS)	Execution	5,400,416.17	4,611,524.57	4,611,524.57
6	Health Information Exchange (HIE) ConnectVirginia	Execution	11,613,537.00	-	-
7	Regional Extension Center (REC) (1)	Execution	13,425,318.00	13,390,989.45	12,084,537.45
8	Virginia Medicaid Incentive Program (VMIP) - Administration	Execution	8,579,880.42	2,549,655.63	2,641,903.23
9	Virginia Medicaid Incentive Program (VMIP) - Payments (4)	Execution	379,317,186.00	201,324,209.14	146,602,084.88
	Subtotal		450,888,169.54	253,246,685.72	191,858,105.62
No.	MMIS Enhanced Funding Eligibility and Enrollment (E&E) Projects	Phase			
1	MITA Care Management Business Area Services - MITA Interfaces (BRI, DRI)	Execution	2,373,261.40	2,237,261.40	2,279,555.21
2	MITA Care Management Business Area Services - Legacy Interfaces/Meaningful use (IRI, RC)	Execution	2,177,864.34	1,544,364.34	1,423,531.25
3	MITA Member Management Business Area Services	Execution	9,319,337.67	3,907,435.92	6,038,795.53
4	VDSS Eligibility Modernization Development (2)	Execution	162,735,524.09	93,511,577.39	75,547,634.54
5	CoverVa (MAGI) Call Center	Execution	14,376,261.15	10,572,529.15	8,670,663.15
6	DMV CAS	Execution	2,649,032.36	506,674.06	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	3,987,499.61	3,804,819.44
9	VITA MITA Disaster Recovery	Execution	-	-	-
	Subtotal		201,985,860.72	118,165,415.70	100,114,191.45
No.	PPACA Projects	Phase			
1	Health Benefits Exchange (HBE) Planning Grant	Complete	1,000,000.00	-	-
	Subtotal		1,000,000.00	-	-
Total			\$ 653,874,030.26	\$ 371,412,101.42	\$ 291,972,297.07
Total Baseline Funding			\$653,874,030.26		

- (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.