

# 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 2016**

**May 10, 2016**

### Version History

<b>Version</b>	<b>Date</b>	<b>Comments</b>
Health Care Reform Program Quarterly Report to the General Assembly 2015 Q3	12/17/2015	Draft version of the Q3 2015 update.
Health Care Reform Program Quarterly Report to the General Assembly 2015 Q4	4/12/2016	Updated financial tables
Health Care Reform Program Quarterly Report to the General Assembly 2016 Q1	5/10/2016	Updated financial tables

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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: 01
  - Number of projects in the Closeout phase: 00
  - Number of projects Complete: 17

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
  - Status
- A table listing budget information as well as planned and actual expenditure for each project

### **2.1. Statewide HIE – ConnectVirginia**

ConnectVirginia HIE, Inc. continued its Encounter Alerts service with the Inova Health System and with Health Connect, a northern Virginia IPA. This service is expanding to include Virginia Hospital Center as a supplier of data and Privia practices are now subscribing to receive alerts based on hospital admissions. Testing is in process to include CRISP (the Maryland HIE) data for Virginia patients who have encounters in a Maryland or Washington DC inpatient facility.

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. Submissions to the Cancer Registry are now in production as an additional data set utilizing the Public Health Reporting Pathway.

Virginia health systems that have successfully on-boarded for query-retrieve functionality via eHealth Exchange as ConnectVirginia participants include Inova, Valley Health, UVA, and Virginia Hospital Center. Other Virginia health systems accessible via eHealth Exchange connectivity include Carilion, Sentara, and Bon Secours. Additionally, the capability for query-retrieve of patient care summaries includes other eHealth Exchange Participants, Veteran’s Health Administration, Department of Defense and Social Security Administration.

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

Virginia HIT Regional Extension Center (REC) has cumulatively recruited 3,284 Virginia primary care providers for assistance in implementing Electronic Health Records (EHRs) and achieving Meaningful Use of their systems. As of November 18, 2015, 2,499 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 September 30, 2015 Virginia HIT Regional Extension Center has:

- recruited 1466 Medicaid enrolled Eligible Professionals (EPs) into its program;
- brought 1,024 Medicaid-enrolled EPs to Adopt, Implement, or Upgrade status as defined under the CMS EHR Incentive Program; and
- provided 501 Medicaid enrolled EPs with technical assistance in achieving Meaningful Use.

Also, the updated expenditures amount as of 9/30/15 is: \$12,461,245.

## **2.3. Health Benefits Exchange**

There are no updates to the information previously reported.

## **2.4. Eligibility Modernization**

The Migration project is progressing as planned, with implementation of Phase 1 over the 2015 Labor Day weekend. Phase 1 primarily automates eligibility and enrollment for:

1. Medicaid Aged, Blind and Disabled (ABD)
2. Medicaid Long Term Care (LTC)

The Phase 1 release also includes a Document Management Information System (DMIS) to significantly reduce the dependence on maintaining paper-based documentation.

Migration Phase 2 will implement in November of 2016, automating eligibility and enrollment for:

1. Supplemental Nutrition Assistance Program (SNAP)
2. Temporary Assistance for Needy Families (TANF)
3. Low Income Home Energy Assistance Program (LIHEAP)

## **2.5. Prioritizing Project Resources Across the Program**

The eHHR Program Office that was overseeing the elements in this report formally closed on September 30, 2015 and contractors were released. The work efforts completed are in their operational phases.

## **2.6. Coordinated Approach to the Program Management Across All Projects**

The eHHR Program Office that was overseeing the elements in this report formally closed on September 30, 2015 and contractors were released. Any residual work and operations are overseen by the respective agency project management offices.

## **2.7. Program Governance and Communication**

The eHHR Program Office that was overseeing the elements in this report formally closed on September 30, 2015 and contractors were released. Governance and communication are overseen by the respective agency project management offices.

## **2.8. Program Change Management**

The eHHR Program Office that was overseeing the elements in this report formally closed on September 30, 2015 and contractors were released. Program change management is overseen by the respective agency project management offices.

### **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 the 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. 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 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
<b>ARRA HITECH HIT Foundational Projects</b>	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
<b>Other ARRA HITECH HIT Projects</b>			
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
<b>MMIS Projects</b>	<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&amp;E) systems and the MMIS. For example, DSS activities fall under E&amp;E and MMIS systems changes supporting E&amp;E come under enhanced MMIS funding.</p> <p>For E&amp;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 statewide 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"> <li>1) MAGI Project Phase: Previously Completed More information is available in section 2.4 of this document.</li> <li>2) Conversion Project Phase: Previously Completed More information is available in section 2.4 of this document.</li> <li>3) Migration Project Phase: Post-implementation Implemented Program migration phase 1 over labor day weekend (effective on September 8, 2015).  Program migration phase 2 contains SNAP, TANF, and LIHEAP programs. Those are planned for implementation in April 2016 and will be piloted and rolled out through the end of CY2016 at which point the program migration project will be closed out. The Phase II project will be overseen by the DSS EDSPO.</li> </ol>

<b>Project</b>	<b>Description</b>	<b>State vs. Contractor Resource Use</b>	<b>Status</b>
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: Previously Completed
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: Previously Completed
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: Completed.
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 Previously Completed
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 EDSP projects. Efforts are transitioning to operational support as DSS has implemented all Medicaid/CHIP program functionality as part of the program migration project phase I.

<b>Project</b>	<b>Description</b>	<b>State vs. Contractor Resource Use</b>	<b>Status</b>
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.	The eHHR Program Office was formally closed on September 30, 2015.	Project Phase: Completed
<b>PPACA Projects</b>			
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

<b>Project</b>	<b>Description</b>	<b>State vs. Contractor Resource Use</b>	<b>Status</b>
<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: Completed.</p>

### 3.2.2. Project Expenditures

**Table 2 - Project Expenditures**

			Funding Approved	Planned Expenditures (as of 3/31/16) (3)	Actual Expenditures (as of 3/31/16)
<b>No.</b>	<b>ARRA HITECH Health Information Technology (HIT) Projects</b>	<b>Phase</b>			
1	eHHR Program Office	Execution	5,334,035.58	4,166,175.30	4,110,625.78
2	Standards, Tools, and Professional Development	Execution	100,709.60	34,246.55	13,946.55
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	7,969,769.05	7,293,408.42	5,603,537.70
8	Virginia Medicaid Incentive Program (VMIP) - Administration	Execution	8,579,880.42	4,782,422.49	5,025,602.62
9	Virginia Medicaid Incentive Program (VMIP) - Payments (4)	Execution	379,317,186.00	315,936,299.14	193,505,503.10
	<b>Subtotal</b>		<b>445,432,620.59</b>	<b>363,996,932.34</b>	<b>234,678,561.92</b>
<b>No.</b>	<b>MMIS Enhanced Funding Eligibility and Enrollment (E&amp;E) Projects</b>	<b>Phase</b>			
1	MITA Care Management Business Area Services - MITA Interfaces (BRI, DRI)	Execution	2,888,874.51	2,888,874.51	2,888,874.51
2	MITA Care Management Business Area Services - Legacy Interfaces/Meaningful use (IRI, RC)	Execution	2,584,887.41	2,584,887.41	3,601,036.91
3	MITA Member Management Business Area Services	Execution	14,194,592.14	14,167,592.14	5,771,233.60
4	VDSS Eligibility Modernization Development (2)	Execution	135,918,468.29	131,582,002.89	111,746,259.43
5	MAGI Call Center	Execution	8,670,663.15	8,670,663.15	8,670,663.15
6	DMV CAS	Execution	3,043,420.18	3,043,420.18	2,435,760.11
7	DSS E&E Enterprise Extension	Execution	1,898,073.83	1,898,073.83	1,898,073.83
8	eHHR Program Office	Execution	8,520,251.78	6,392,993.59	5,219,652.90
9	VITA MITA Disaster Recovery	Execution	-	-	-
	<b>Subtotal</b>		<b>177,719,231.28</b>	<b>171,228,507.69</b>	<b>142,231,554.45</b>
<b>No.</b>	<b>PPACA Projects</b>	<b>Phase</b>			
1	Health Benefits Exchange (HBE) Planning Grant	Complete	1,000,000.00		
	<b>Subtotal</b>		<b>1,000,000.00</b>	<b>-</b>	<b>-</b>
<b>Total</b>			<b>\$ 624,151,851.87</b>	<b>\$ 535,225,440.03</b>	<b>\$ 376,910,116.36</b>
<b>Total Baseline Funding</b>			<b>\$624,151,851.87</b>		

- (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 completed a MITA state self-assessment effort as required by CMS to continue enhance funding. This process ensures strategic alignment is maintained between Virginia and federal direction.