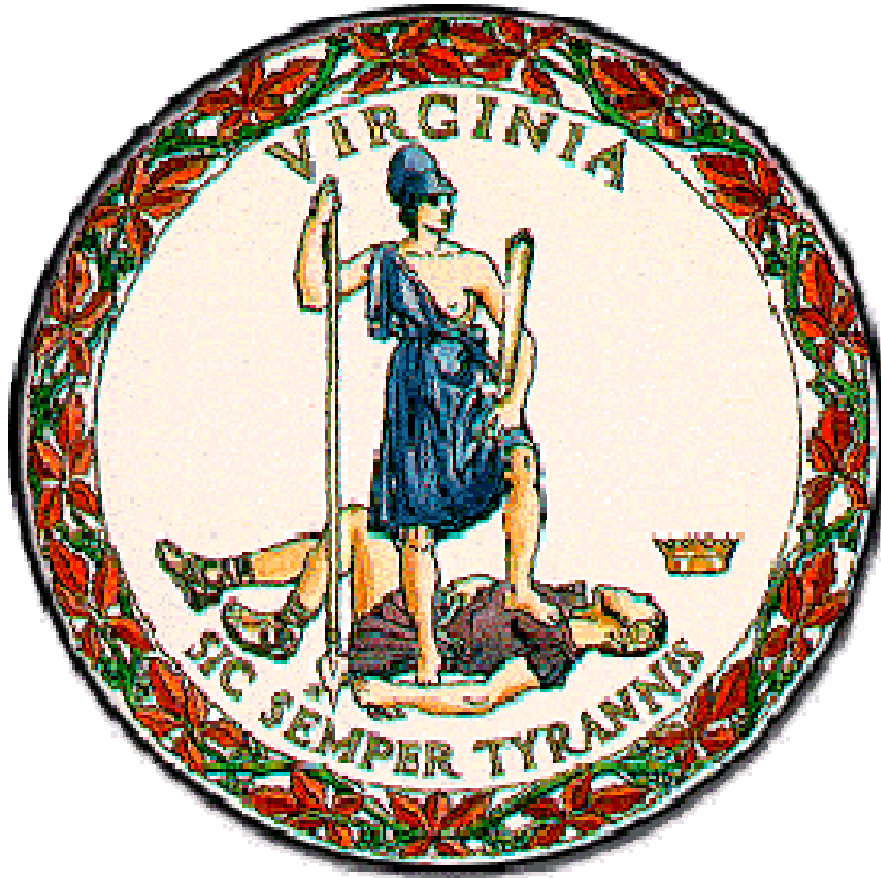


COMMONWEALTH OF VIRGINIA



eHHR Program

(Formerly known as the Health Care Reform Program)

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

September 15, 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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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 2014Q2	10/1/2014	Revisions to the Final version of the Q2 2014 update.

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1. Purpose

The purpose of this document is to satisfy the requirement to provide the following to the Virginia General Assembly.

“Quarterly written assessment of the progress made by the Health Care Reform program office to implement new information technology systems to address the American Recovery and Reinvestment Act (ARRA), the Patient Protection and Patient Affordability Act (PPACA), and the Medicaid Information Technology Architecture (MITA). The report shall provide a program-level assessment, including a description of the expenditures that have been made and the activities to which any State or contract staff are assigned. The report shall also include a program-level description of steps taken to ensure that (i) individual projects and the use of project resources are prioritized across the program, (ii) a coordinated approach to program management across all projects is undertaken through the use of formal structures and processes, (iii) program governance and communication activities are sufficient to achieve benefit and stakeholder management objectives, and (iv) any changes in program and project-level objectives and resource needs are identified.”

More information about this requirement can be found at the website:

<http://leg2.state.va.us/DLS/H&SDocs.NSF/fdf07f46b7d7328285256ee400700119/89a16f058e16918c85257a17007113b5?OpenDocument>

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

2. Progress and Expenditures

Due to the aggressive implementation timeline mandated under the PPACA and the late delivery of finalized federal regulations there have been some changes to scope and budget. Updates are being made to the federal funds requested to account for this. The federal agencies anticipated this and are being very cooperative.

- 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 Direct Project is a federal government standard designed to enable simple, secure, email-based exchange of clinical documentation between providers. ConnectVirginia provided a DIRECT Messaging capability as part of the ONC requirements during the federal funding period, which has now terminated. A recent analysis was conducted to evaluate the continued use and sustainability of the ConnectVirginia DIRECT. The results found that adoption has been minimal, despite promotional efforts with providers in Virginia. While there is acknowledgement that some value for DIRECT remains, the CVHIE Board has determined that ConnectVirginia DIRECT can no longer be maintained as an ongoing line of business, especially given the available alternatives in the marketplace
- Health Care Organizations must meet legal 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. ConnectVirginia has eliminated its technical infrastructure to support EXCHANGE and has substituted the use of the eHealth Exchange as the technology for clinical data exchange.

- ConnectVirginia will be serving as the coordinating partner between EXCHANGE Nodes and the Social Security Administration for the electronic flow of patient information necessary for disability determinations.
- 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.
- Although 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, that contract is still pending.

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.

Governor McAuliffe and state legislators have not been able to agree on Medicaid Expansion. HHR Secretary William A. Hazel Jr., M.D. will deliver a plan to the governor for Medicaid reform and expansion on September 01, 2014. State legislators have agreed to debate this plan in a special session and the end of September 2014. The Department of Medical Assistance

Services (DMAS), the Department of Social Services (DSS) and eHHR have planned for the possibility of Medicaid Expansion, but plans cannot be finalized until the decision is finalized.

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 is complete.

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 additional call center requirements not implemented as part of the MAGI project. The "project" part (development, testing and deployment) is considered complete. It is now in an "operational" mode, finishing the last few months of conversion through 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, 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.

Work scope was approved and added to Migration to account for operational efficiencies and service delivery improvements identified in the first several months running the MAGI IT systems. Additional scope was also approved to address CMS mandated application workflow requirements. All of these changes are integrated into the Migration project plan with minimal impact (six weeks) to the Migration Phase 1 deployment and no impact to Migration Phase 2.

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 transitioned from a federally funded VDH contractual activity in early February 2014 and positioning to become a viable and sustainable business continues to be a challenging proposition. As funding commitments were being secured from health systems and the Commonwealth it became apparent that the health plans were unlikely to participate and the previous sustainability model would need adjustment. Attention turned to overhauling the technical and operational foundation for ConnectVirginia, while preserving and expanding value for key stakeholders. To that end, the CVHIE Board appointed a Tiger Team to lead this effort and develop recommendations for the full Board during the second quarter of 2014

Based on the recommendations from the Tiger Team, the CVHIE Board determined that two core services are essential to offer moving forward:

- Public Health Reporting (PHR): Hospitals and providers are required to submit certain clinical data to VDH, and VDH has adopted a policy that electronic reporting be conducted through CVHIE. This service has been implemented and is now being used by 20 health systems representing 70 hospitals, with another 3 health systems in the onboarding queue. A high premium was placed on maintaining continuity of this service as technology options were being considered.
- Encounter Alerts (EA): With the increased emphasis on population health and improved clinical outcomes, much more attention is being paid to the critical period after a patient is discharged from an inpatient or ED facility. Notifying the patient's medical home and care management team of such a discharge can often mean the difference between a successful outcome and a readmission. The EA service is designed to do just that, enabling enrolled providers to be notified when certain clinical events (admissions and discharges) occur with

their patients. A pilot of this service was designed for northern Virginia, but implementation was suspended temporarily while the overall business strategy was re-assessed.

An existing service that underwent a fresh assessment was ConnectVirginia DIRECT. This is a secure clinical messaging service that was mandated for implementation by the Cooperative Agreement with ONC. Adoption has been minimal, despite promotional efforts with providers in Virginia. While there is acknowledgement that some value for DIRECT remains, the CVHIE Board determined that ConnectVirginia DIRECT could not be maintained as an ongoing line of business, especially given the available alternatives in the marketplace.

By far, the most effort and most resources by ConnectVirginia have been expended on ConnectVirginia EXCHANGE. This model of health information exchange is based on query/retrieve, also known as a “pull” technology, whereby an authorized and credentialed user can access standards-based content from participating data “suppliers”. This approach was required by the VDH contract and ONC Cooperative Agreement. ConnectVirginia EXCHANGE was successful in:

- Establishing a policy framework and associated trust agreements;
- Implementing the EXCHANGE technical infrastructure;
- Onboarding the first EXCHANGE Participants (INOVA and VHC); and
- Onboarding to the nationwide health information network (eHealth Exchange).

The CVHIE Board recognized the value of query-based exchange in an overall HIE framework, especially for exchanging information with Federal agencies such as Veterans Health Administration, Department of Defense and Social Security Administration. However, the Tiger Team also looked at conditions in the marketplace that should be considered when deciding how query-based exchange should be conducted in the future. First, EPIC is a dominant EHR vendor in Virginia, and they have worked diligently to provide EPIC-to-EPIC interoperability. Second, certain health systems have already onboarded directly to eHealth Exchange, including Bon Secours and VCU (through MedVirginia), Sentara Health and Carilion Clinic. The majority of health systems in Virginia thus have some capability to exchange data with other health systems and Federal agencies. The relatively massive current technical infrastructure for supporting ConnectVirginia EXCHANGE therefore brings diminished incremental value to health information exchange in the Commonwealth. This led the Tiger Team to explore how the objectives of query-based exchange could be met in a much lighter weight approach.

After much deliberation, the Tiger Team recommended and the CVHIE Board decided that ConnectVirginia EXCHANGE would evolve materially as follows:

- ConnectVirginia will maintain its DURSA with eHealth;
- As such, ConnectVirginia can continue to support a state-level policy and trust framework for HIE as it does today.

- However, the technical infrastructure in place today would no longer be used to support ConnectVirginia EXCHANGE.
- Instead, ConnectVirginia EXCHANGE Participants will test and onboard directly with eHealth Exchange.
- Interoperability between Virginia-based providers and health systems will then be based on eHealth Exchange transactions and not transactions across a ConnectVirginia EXCHANGE technical infrastructure.

This approach to ConnectVirginia EXCHANGE will result in dramatically lower operating costs, while preserving the core functionality and benefits for Participants.

ConnectVirginia and HealtheWay have designed an expedited on-boarding process for ConnectVirginia EXCHANGE participants. This is important both for those who have already on-boarded or are in the testing process, as well as those who have yet to begin the on-boarding/testing process. CVHIE participants will benefit from having a well-coordinated testing and activation process to accelerate the CVHIE participant's ability to exchange with Virginia-based health care providers, VA medical centers and providers across the country. Any testing and onboarding already underway with ConnectVirginia will be fully leveraged in a simplified and streamlined testing process.

The CVHIE Board also decided that a ConnectVirginia-branded Provider Portal be launched to support state-level exchange, as well as, exchange with Federal and other Participants on eHealth Exchange. Within the portal, drop-down menus of all state-level Participants, select eHealth Exchange Participants and Federal Participants will be made available for Users to choose which systems to query. Retrieved clinical data can then be presented in its entirety in a CCD/CCDA, or can be parsed into discrete data elements consolidated into folders such as labs, procedures and medications.

Finally, the CVHIE Board supports the integration of the Prescription Monitoring Program (PMP) medication data into ConnectVirginia EXCHANGE, accessible through the Provider Portal. This is the first of a number of other opportunities to engage and integrate services with other state agencies.

In summary, with a focus on stakeholder needs and a strong commitment to sound stewardship of available funds, ConnectVirginia has overhauled its business and technical strategy, resulting in a robust, cost-effective, flexible and scalable program that provides sustainable value for its stakeholders. The field of health information exchange continues to evolve rapidly, and we are confident that ConnectVirginia is positioned well for success now and into the future.

Key attributes and benefits of this business and technical strategy include:

- Public Health Reporting services are maintained without interruption.

- A compelling new service, Encounter Alerts, will be launched in August 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 a state-level exchange technical 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 ConnectVirginia revised technical and business strategy 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.

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. Virginia HIT Regional Extension Center (REC) has cumulatively recruited 3,232 Virginia primary care providers for assistance in implementing electronic health records (EHRs) and achieving Meaningful Use of their systems. As of September 4, 2014, 2,384 of these providers have fully achieved Stage 1 Meaningful Use and received either Medicare or Medicaid payment incentives.
2. Virginia HIT Regional Extension Center was awarded a sole source 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 Adopt, Implement or Upgrade (AIU) and Meaningful Use (MU).
3. As of September 4, 2014 Virginia HIT Regional Extension Center has:
 - a. recruited 1291 Medicaid enrolled Eligible Professionals (EPs) into its program
 - b. brought 877 Medicaid-enrolled EPs to Adopt, Implement, or Upgrade status as defined under the CMS EHR Incentive Program
 - c. provided 361 Medicaid enrolled EPs with technical assistance in achieving Meaningful Use

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: 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.

Project	Description	State vs. Contractor Resource Use	Status
MMIS Projects	CMS in a final rule issued in early 2012 considers the eligibility and enrollment systems as part of the MMIS. This enables MMIS enhanced funding to be obtained for these systems. In addition, a tri-agency federal waiver for OMB circular A-87 was issued for these systems in order to expedite the Medicaid/CHIP efforts needed to support the HBE. CMS accounts for this using two categories: Eligibility and Enrollment (E&E) systems and the MMIS. For example, DSS activities fall under E&E and MMIS systems changes supporting E&E come under enhanced MMIS funding. For E&E systems, 90% federal match is available for implementation through CY2015 (payments must be made by then); after that 75% federal match is available for ongoing systems maintenance (same as MMIS).		
Department of Social Services (DSS) Enterprise Delivery System Program (EDSP) Eligibility Modernization (EM)	This project will create and enhance a customer portal, known as CommonHelp (CH) in support of the replacement of legacy eligibility systems. Another initiative will be to interface existing HHR systems via the state wide ESB using standards-compliant interfaces to share information and to automate cross-agency workflows. Additional projects include Modernization of VaCMS and implementation of a Document Management and Imaging System (DMIS).	No change to what was previously reported.	The EM initiatives are broken into three projects 1) MAGI Project Complete Completing on schedule and within budget. More information is available in section 2.4 of this document. 3) Conversion Project Phase: Complete 2) 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.
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

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 IRI changes may require RC changes.
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
HBE Level 1 Establishment Grant	The Patient Protection and Affordable Care Act (PPACA) requires each state (or the federal government acting on behalf of each state) to support HBE business services to facilitate the purchase and sale of “qualified health plans” (QHPs) in the individual market in the state and to provide for the establishment of a Small Business Health Options Program (SHOP Exchange) to assist qualified small employers in the state in facilitating the enrollment of their employees in QHPs offered in the small group market. Virginia deferred to the federal government to operate and administer the HBE. To do this, the federal government established the Health Information Marketplace (HIM), working with Virginia’s Bureau of Insurance to coordinate with insurers and evaluate their applications for QHPs that are offered through the HIM. The eHHR program interfaces with the HIM went live on 10/1/2013, to coordinate eligibility determination and transfer application information between the HIM and the Virginia eligibility and enrollment system (VaCMS).	To be determined by the Bureau of Insurance (BOI).	Project Phase: Previously Completed
HBE Marketing and Outreach	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.	Partnerships with other state-based organizations.	Project Phase: Execution

3.2.2. Project Expenditures

Table 2 - Project Expenditures

Data in this table is cumulative since program inception (June 2011).			Funding Approved	Planned Expenditures (as of 6/30/2014) (3)	Actual Expenditures (as of 6/30/2014)
No.	ARRA HITECH Health Information Technology (HIT) Projects	Phase			
1	eHHR Program Office (HIT)	Execution	5,247,022.09	4,053,921.14	4,081,849.58
2	Standards, Tools, and Professional Development	Execution	76,709.60	36,907.00	19,275.76
3	Service-Oriented Architecture Environment (SOAE)	Complete	18,640,992.24	17,672,248.34	15,001,538.00
4	Enterprise Data Management (EDM)	Complete	8,476,094.53	6,722,544.69	6,806,283.59
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	10,824,469.80	9,776,494.00
7	Regional Extension Center (REC) (1)	Complete	13,425,318.00	12,653,515.97	10,242,684.80
8	Virginia Medicaid Incentive Program (VMIP) - Administration	Complete	5,602,857.95	2,871,504.44	2,209,395.82
9	Virginia Medicaid Incentive Program (VMIP) - Payments (4)	Complete	379,317,186.00	379,317,186.00	137,478,133.14
	Subtotal		447,800,133.58	438,911,059.38	190,227,179.26
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	3,329,201.55	1,506,473.63
2	MITA Care Management Business Area Services - Legacy Interfaces/Meaningful use (IRI, RC)	Execution	5,608,000.00	6,036,134.36	1,104,778.97
3	MITA Member Management Business Area Services	Execution	4,923,000.00	20,400,823.84	2,397,297.39
4	VDSS Eligibility Modernization Development (2)	Execution	78,674,800.00	134,379,678.78	45,951,138.05
5	MAGI Call Center	Execution	8,938,828.00	14,376,261.15	8,670,663.15
6	DMV CAS	Complete	2,000,000.00	2,500,000.00	451,118.50
7	DSS E&E Enterprise Extension	Execution	3,340,000.00	5,696,271.83	1,898,073.83
8	eHHR Program Office (E&E)	Execution	8,500,733.91	8,035,322.11	2,502,037.34
9	VITA MITA Disaster Recovery	Complete	1,540,000.00	1,300,400.00	-
	Subtotal		117,002,174.29	196,054,093.62	64,481,580.86
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 4 Establishment Grant Marketing and Outreach (5)	Execution	4,320,401.00	-	-
	Subtotal		5,320,401.00	954,266.16	954,266.16
Total			\$ 570,122,708.87	\$ 635,919,419.16	\$ 255,663,026.28
Total Baseline Funding			\$570,122,708.87		

(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.

(5) On 9/5/14 COV received approval from CMS/CCIIO to repurpose this money to HBE Marketing and Outreach.

3.3. Medicaid Information Technology Architecture (MITA)

There are no changes regarding MITA.