

eHHR: Modernizing Virginia Health & Human Resources

BACKGROUND

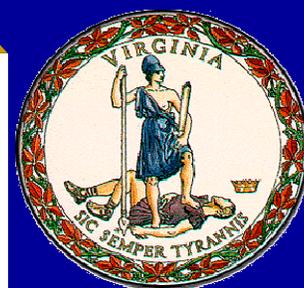
Current federal initiatives present significant funding opportunities to improve the quality and value of American healthcare. Virginia is leveraging federal funding and technology solutions to achieve the following outcomes for the Commonwealth:

- Build on current health reform efforts; Modernize information technology infrastructure as an enabler for future business transformation;
- Provide a technical environment where standards-based interoperability is possible between new and legacy systems;
- Provide web-based self-directed service options for human services;
- Reduce overall long-term technology costs for federal and Virginia programs; and
- Provide an enterprise technology environment that is accessible on a pay-for-use basis by federal, State, and local governments as well as non-government organizations, community-based services, and commercial interests as allowed by policy.

Modernizing Virginia's technical foundations will enable future transformation of Virginia's provision of governmental services. The eHHR Program is designed to promote and manage Health Information Technology (HIT) and enterprise projects in close coordination with federal and Virginia direction in ways that collectively improve healthcare and human services to Virginians by providing access to the right services for the right people at the right time and for the right cost. The Commonwealth views the eHHR Program as a way to not only avoid cost increases but also to increase the value of our services through increased quality and decreased waste.

eHHR: WHAT, WHY, WHEN?

One of our most pressing issues in the Health and Human Resources (HHR) Secretariat is improving the efficiency and accuracy of how we deliver services to clients. To this end, we have established the eHHR Program to oversee the modernization and transformation of how agencies collect, use, and share vital data. So what is the eHHR Program? Why is it important and when is it happening? Keep reading to find out.



Point of Interest:

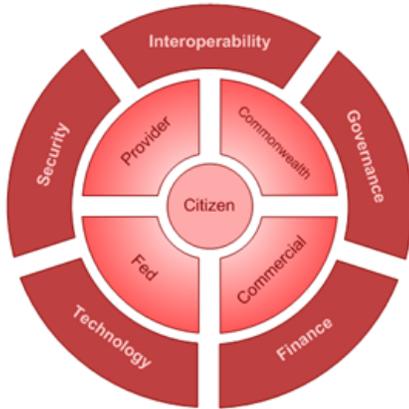
- eHHR starts with Medicaid/CHIP but ultimately is program agnostic and can be leveraged by a wide range of public and private organizations.

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eHHR: WHAT, WHY, WHEN CONT'D

Holistic Implementation



Once Virginia can accurately identify clients across multiple systems, the potential for fraud and abuse will be reduced, enabling the right resources to be directed toward the right clients for the right cost.

WHAT: This citizen-centric approach enables clients to more easily and efficiently search for services, determine potential eligibility, and apply and manage their information online. Workers within various agencies and provider organizations will take a collective approach to meeting the needs of clients, including workers' ability to link to potential programs for their clients based on demographics. Currently eligibility workers are overloaded with large backlogs of work. Since many clients will move to self-directed services, eligibility workers will be able to spend more quality time with the critical need citizen population who require more comprehensive assisted services, such as the aged, blind, and disabled.

When Healthcare providers are able to more efficiently aggregate and model data, the time needed to satisfy requirements for the State and other funding entities is reduced. This will enable providers to offer more services to patients and/or engage more patients through existing programs. The Commonwealth will be able to reduce redundancy and shift resources away from administrative functions. Lastly once Virginia can accurately identify clients across multiple systems, the potential for fraud and abuse will be reduced, again enabling more resources to be directed toward the right clients for the right cost.

WHY: The eHHR Program will change and improve the way Virginia provides government services to its citizens. Processes will become streamlined and eligibility workers will have more resources to work with the most vulnerable families in the Commonwealth. There are various reasons for undertaking the eHHR projects now.

Increased need for public services: The recession that began in 2008 dramatically increased the need for public services. Last year, over 2.3 million applications for Medicaid and SNAP services were processed. Additionally Virginia has a problematic error rate on Medicaid applications that needs to be addressed. This combination of factors required that Virginia begin to rethink the basic task of eligibility determination and enrollment.



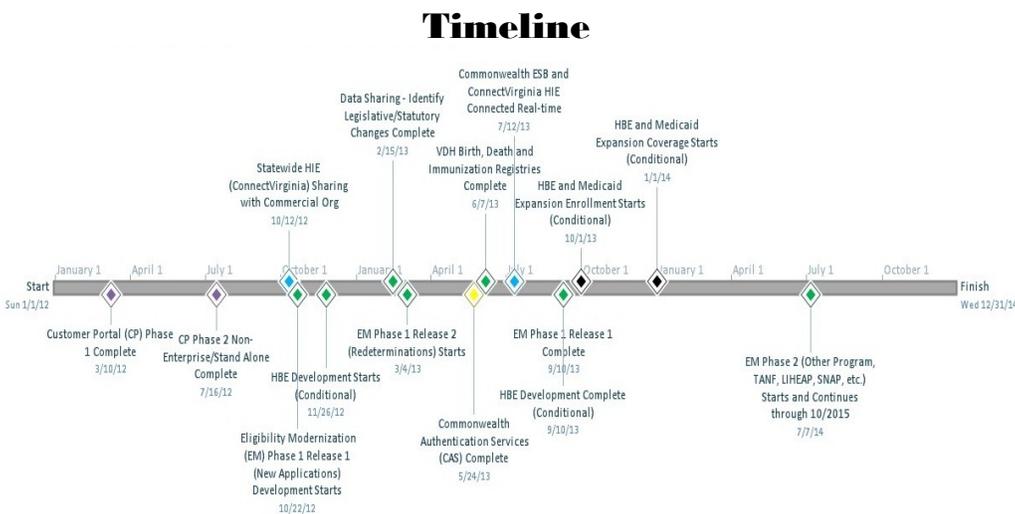
Disjointed and outdated technology: As with most states, funding for IT projects have been undertaken as grants are available. This has led to a number of systems that do not interoperate effectively.

eHHR: WHAT, WHY, WHEN CONT'D

Over time, these systems have aged and maintenance has become more expensive while at the same time, the business rules have become increasingly more complex, and the systems have begun to adversely affect worker productivity.

Funding opportunities: Virginia used funding from the American Recovery and Reinvestment Act (ARRA) to plan for a health information exchange as well as to provide federal incentives for adopting and meaningfully using electronic health records (EHRs). When federal administration ruled that states could utilize a 90% administrative match through Medicaid to fund infrastructure and eligibility systems, the Virginia General Assembly in 2011 provided the State funding to build the Service Oriented Architecture infrastructure necessary for modernization and interoperability.

WHEN: The eHHR Program Office is up and running and some projects are already in process. Phases 1 & 2 of the Customer Portal have already successfully completed. Work on the Health Information Exchange continues to progress, as do efforts for interoperability between the Virginia Department of Health and the State labs. Efforts to modernize the eligibility system are also in progress. Below is a high-level timeline for future planned and in process events:



Point of Interest:

- CMS now considers eligibility and enrollment systems to be part of the MMIS.

The eHHR Program is a way to not only avoid cost increases but also to increase the value of our services through increased quality and decreased waste.

We're on the web:

http://dmasva.dmas.virginia.gov/Content_pgs/mita-ovrw.aspx

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WHAT IS MITA?

Medicaid Information Technology Architecture (MITA) is a CMS initiative to transform the Medicaid architecture in order to align the States' enterprise efforts with the national vision for business, information, and technology architectures. Despite MITA's roots in Medicaid, it has much broader applicability across both other government agencies and non-government organizations. MITA emphasizes a person-centric view not constrained by organizational barriers. Using common standards, MITA allows for broad interoperability between state organizations within and across states borders. Other MITA hallmarks include web-based access, self-directed services, and integration of public health data.

MITA is also a tool kit to help identify where we are, where we are going, and to help measure how we are progressing. MITA's Concept of Operations (COO) helps states describe their current business operations and envision future transformations, such as improving the quality and content of data exchanges and business capabilities. MITA presents five maturity levels and asks states to assess their levels of maturity in various business areas.

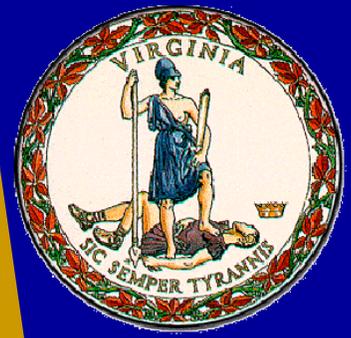
Virginia completed its first State Self Assessment (SS-A) in 2007 and more recently updated it in 2010/2011 to assess its alignment with Federal direction. A number of agencies participated in the 2010/2011 SS-A effort, including DSS, DMAS, DBHDS, VDH, DCLS, VITA, DMV, DOC, DRS, VDA, and HITSAC. A Behavioral Health MITA (BH-MITA) was also performed. The efforts were concluded with an updated MITA Transition Plan. The materials can be located at: http://dmasva.dmas.virginia.gov/Content_pgs/mita.aspx

The 2010/2011 SS-A showed nominal improvement in process maturity levels for the MITA Member Management and Care Management business areas; However, Virginia still averages a level 1 maturity level. The target is to reach maturity levels of 3 or 4 in the major MITA business areas as part of the Federally funded efforts. For BH-MITA, a certified Electronic Health Record (EHR) system is needed to significantly increase maturity levels.

eHHR PROGRAM MANAGEMENT OFFICE

To oversee Virginia's HIT/MITA efforts, the Health and Human Services Secretariat has formed the eHHR Program Office. This eHHR Program Office will oversee the Commonwealth's efforts to use technology as an enabler to drive improvements in efficiency, quality, and the delivery of customer-centric services.

The eHHR Program Office will be responsible for coordinating HIT/MITA projects while keeping the focus on achieving goals and objectives, ensuring business value, prioritizing groups of projects, and providing an environment where enterprise projects can be run successfully in a cost-effective manner.



Point of Interest:

- Federal administration ruled that states can utilize a 90% administrative match through Medicaid to fund infrastructure and eligibility systems

MITA's common business and technology vision for state Medicaid organizations emphasizes a person-centric view not constrained by organizational barriers. Using common standards, MITA allows for broad interoperability.

The Future Virginia eHHR Landscape

Client Experience

Multiple Access Channels: Clients have access to services online, via email and phone, or in person with representatives and online kiosks at community locations.

Customer Portal: Clients can use tools that are more readily available to search for services, determine the potential eligibility for services, and apply online. Application processing will be largely automated minimizing or eliminating worker intervention as part of a self-directed service model.

Client Information Record: Clients can create one client information record that can be used and shared by multiple agencies.

Single Consolidated View of Key Information: Clients have a unified view of information on their services in one place.

Ability to Manage Information: Clients will have the ability to manage components of their information record. They will be able to update or change certain personal information through the various access channels.

Agency Experience

Cross Agency Data: Agencies can collect and aggregate data at the provider, agency, locality, or State level, which will enable modeling to support trend assessment, reporting, program evaluation, and policy making.

Resource Optimization: Streamlining of business processes will reduce redundancy, allowing agencies to shift resources away from administrative functions and toward mission-oriented activities. As a result, agencies will be able to offer more services to clients and/or serve more clients through existing programs. Additionally, the development of shared systems and/or services may result in cost reduction to new system development.

Fraud Prevention and Accuracy: the potential for fraud will be reduced when there is a method to accurately identify a person across multiple systems. Automated business rules that apply policy consistently will also improve accuracy.

Employee Retention: Agencies will be able to create a more attractive working environment for workers by reducing the frustrating and redundant aspects of their roles and by investing in career development through training and leadership support.

Worker Experience

Holistic View of Client Information: Workers have immediate access to a holistic view of relevant client information and role-based security grants access to information that is appropriate and necessary to perform their job.

Electronic Case Files: Workers, based on their security access, can easily view documentation collected at different times by different programs through the case document repository.

Inter/Intra-agency Collaboration: Workers within various agencies and provider organizations take a collective approach to meeting the needs of clients, including worker's ability to link to potential programs for their clients based upon their demographics.

Integrated Case Management: Workers have one primary case management tool that can collaborate with other Agencies' existing case management solutions.

Remote Access to Information through Mobile Devices: Workers can input and access information without having to return to their offices. This will provide real-time communication in the field.

Provider Experience

Reduced Administrative Burden: Providers benefit from technology solutions that will make it easier and more efficient to satisfy requirements for the State and other funding entities.

Resource Optimization: Providers can offer more services to clients and/or serve more clients through existing programs. Providers can shift resources away from administrative functions and toward mission-oriented activities.

Holistic View of Client Information: Workers have immediate access to a holistic view of relevant client information. Role-based security will restrict access to information that is appropriate and necessary to perform their job.

Electronic Case Files: Workers, based on their security access, can easily view documentation collected at different times by different programs through the case document repository.

Inter/Intra-agency Collaboration: Provider organizations can take a collective approach to meeting the needs of the client, and will receive an online alert informing them of changes to relevant client information. This supports the eHHR vision of delivering the right services to the right person at the right time.

The eHHR Vision

The vision behind this effort is to promote and manage Health Information Technology (HIT) and Medicaid Information Technology Architecture (MITA) Enterprise projects in close coordination with Federal and State direction in ways that collectively improve healthcare and human services to Virginians by providing access to the right services for the right people at the right time and for the right cost. The eHHR Program views HIT/MITA as a way to not only avoid cost increases but also to increase the value of our services through increased quality and decreased waste. More specifically Virginia's eHHR Program efforts will have the following benefits:

Self-directed service model – will allow Virginians to direct their own services via the web without having to go to the local social services office. When the automation can verify information directly against source systems, an eligibility worker would not need to perform the research.

Assisted service model – will allow disadvantaged Virginians who need human assistance/intervention to obtain services by going to their local social services offices. A hybrid of this model can include using the self-directed service model with a centralized help desk function to provide assistance via the web or by phone as deemed necessary by the user. This model is often used in Health Benefit Exchanges (HBE) and commercial web sites.

Efficiency and Integration – a radical increase in the efficiency of Medicaid eligibility workers is necessary. Currently, most of the Medicaid eligibility workers also support other programs; addressing only the Medicaid program will not improve overall efficiency sufficiently; all social service programs must be addressed in an integrated solution.

Accuracy – when eligibility workers can identify a unique person accurately across multiple systems and use a business rules engine, there will be an increase in enrollment accuracy and consistency, resulting in decreases in rework and fraud potential.

Security – to support an assisted service model as well as HIE requirements, an authentication service is necessary for the public facing portals in order to ensure the person accessing services is who they claim to be. A Commonwealth Authentication Service (CAS) is being constructed by the Virginia Department of Motor Vehicles.

Enterprise – the MITA technical architecture standard requires a Service Oriented Architecture (SOA) environment. Using a shared SOA environment will drive down long-term technology costs for all programs as well as provide the opportunity to leverage a much wider array of services that may be available on the Enterprise Service Bus (ESB) that may not have been otherwise available.

Interoperability – One of the most challenging aspects to interoperability are the standards and implementation guides. MITA formally adopted Health Level 7 (HL7) and there are many other standards in the marketplace. Virginia has an existing organization, HIT Advisory Committee (HITSAC), to harmonize existing national/international standards as well as emerging standards and Federal direction. HITSAC advises Virginia on which standards and implementation guides should be adopted and is supported by the VITA Enterprise Data Governance group.