

Inside eHHR

October 2013

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Virginia has implemented Modified Adjusted Gross Income (MAGI). While our work is far from completed and our path forward remains challenging, it is time to pause for a moment to consider our accomplishments:

- ◆ Virginia is now accepting MAGI applications using newly introduced business operations. The Cover Virginia and Commonwealth Authentication Service (CAS) call centers are answering the phones. Enrollments are processing through to the MMIS, and daily reporting metrics have begun;
- ◆ The Commonwealth of Virginia (COV) enterprise technical infrastructure is now in production. This includes the DSS Enterprise Delivery System Program's MAGI project; the VITA Service Oriented Architecture (SOA), Competency Center, and Enterprise Data Governance; the Commonwealth Authentication Service; and the public-facing call centers. The DSS MAGI project is the first agency project to onboard to the COV enterprise, and other agencies can now use the enterprise environments on a cost-sharing basis;
- ◆ The DSS eligibility modernization projects went from contract signing to implementation in ten months. Considering that it typically takes several years to replace an eligibility and enrollment system, implementing the core system in a matter of months is a remarkable achievement. CMS has noted more than once that while we started late, Virginia caught up and passed other states that started much earlier. CMS has been using Virginia as an example to other states showing that it can be done.

Our efforts towards establishing a common HHR strategic direction based on Medicaid Information Technology Architecture (MITA) are nearly four years old and have resulted in strong collaboration amongst our executive leadership and partner agencies. Together we have established the foundation for the MITA vision in Virginia that will help bring the right service at the right time for the right person at the right cost.

The progress made to date is part of a three-part process. Phase one focused on the MAGI accomplishments described above. In phase two the conversion project will convert legacy case information from ADAPT and CHAMPS (FAMIS) and load it into VaCMS for the applicable renewal month starting with the April 2014 renewal cycle. In phase three, the program migration project will implement the remaining Medicaid aid categories (for example Aged, Blind or Disabled and Long Term Care), the Document Management Information System, and central mailing/receiving in May 2015. The remaining programs (SNAP, TANF, LIHEAP) will be implemented in early 2016. After phase three, the legacy system ADAPT will be retired.



Patient Protection and Affordable Care Act in Virginia

We would like to share information related to the changes created by the Patient Protection and Affordable Care Act (also known as the Affordable Care Act or Obamacare). To ensure that you have the most current information about these changes, we've prepared a set of materials regarding the Patient Protection Affordable Care Act and Virginia's Medicaid and FAMIS programs. Please visit the links below:

- ◆ [Quick Start Communications package that provides additional details about the Patient Protection and Affordable Care Act and its impacts](#)
- ◆ [Overview of the Patient Protection and Affordable Care Act in Virginia \(Link to Spanish Version\)](#)
- ◆ [Answers to frequently asked questions \(FAQs\) regarding the Patient Protection and Affordable Care Act.](#) These FAQs will be updated periodically as needed.
- ◆ [Where to Learn More about the Patient Protection and Affordable Care Act or Apply for Healthcare](#)

Secretary Hazel Featured in Governing Magazine Special Report

The October edition of Governing Magazine included a Health and Human Services Special Report, subtitled Health Care Policies and Practices that Work. The special report prominently features photos of and quotes from Dr. William Hazel, Virginia Secretary of Health and Human Resources. You can download the full article from <http://www.governing.com/papers/GOV-2013-Health-and-Human-Services-Special-Report.html>



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