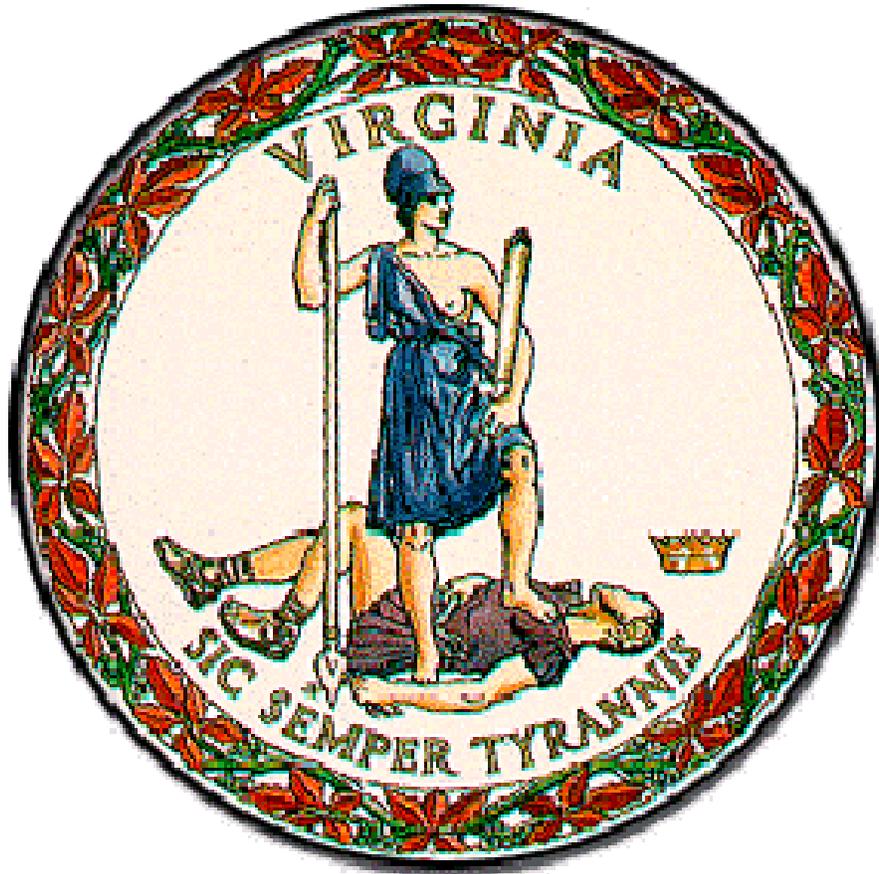


COMMONWEALTH OF VIRGINIA



eHHR Program

PROGRAM CHARTER

August 02, 2012

Version History

Version	Date	Comments
eHHR Program Charter Draft 20120314.docx	03/14/2012	Draft eHHR Program Charter prepared for eHHR Program Oversight Committee (POC) Review
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1. Purpose

This section will include a brief description of the purpose of the eHHR Program (Program) as well as the Program's vision and goals. It will answer the question as to why this is being done.

- *What problems is the Program trying to solve or avoid?*
- *Is there an opportunity the Program is trying to leverage?*

It will describe the business objectives and expected outcomes of the Program and the projects within the Program.

The electronic Health and Human Resources (eHHR) Program Charter will describe scope, objectives and participants in the program. It provides a preliminary delineation of roles and responsibilities, outlines the project objective, identifies the main stakeholders, and defines the authority of the program manager. It serves as a reference of authority for the future of the program.

The purpose of the eHHR Program (Program) is to align the Commonwealth with Federal direction relative to the American Recovery and Reinvestment Act (ARRA) and the Patient Protection and Affordable Care Act of 2010 (PPACA) and Health Care reform in the Commonwealth. On June 28th, 2012 the Supreme Court of the United States (SCOTUS) made a decision regarding the constitutionality of the PPACA that affects what "alignment" means. Updates throughout this document reflect the impact of the SCOTUS decision.

The ARRA and the PPACA present significant funding opportunities to improve the quality and value of Virginia healthcare. The PPACA mandated Medicaid Expansion in 2014, but the SCOTUS decision allows the states the option as to whether or not they will participate in Medicaid Expansion as it is defined in the PPACA. Medicaid Expansion is predicted to increase Virginia's Medicaid membership by 35-45%. Virginia has decided to postpone its decision on Medicaid Expansion until guidance from the federal government is clearer and the true cost is better known.

Even without Medicaid Expansion Virginia's application intake and enrollment in Medicaid, CHIP and other state assistance programs is growing quickly. Virginia has succeeded in obtaining federal funding, independent of ARRA and PPACA, to support a Commonwealth of Virginia (COV) Eligibility Modernization initiative described in RFP No. DIS-12-055. Leveraging the federal funding opportunities to offset the impact of expansion is an important investment in Virginia's future. The federal funding available provides opportunities to achieve the following outcomes for Virginia:

- 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 options for health services;
- Maximize the efficiency and effectiveness of administrative and operational staff;
- Manage overall long-term technology costs for federal and state 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.

Current federal funding sources present significant opportunities to establish technical foundations for the future transformation of Virginia government services.

1.1. Vision

The vision behind this effort is to promote and manage eHHR 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 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 efficiency.

1.2. Goals

- Goal 1: Leverage the Medicaid Information Technology Architecture (MITA) as the forward vision to align Virginia's efforts to the Federal direction and thereby enable maximum federal funding participation
- Goal 2: Fulfill federal requirements for Health Information Exchange (HIE) and Meaningful Use under the ARRA
- Goal 3: Fulfill federal requirements for Medicaid Expansion, if Virginia decides to participate, and the Health Insurance/Benefit Exchange (HBE) under the PPACA to minimize long-term fixed cost increases
- Goal 4: Communicate progress, status, issues, and risks for a complex program to stakeholder groups in an understandable manner
- Goal 5: Provide a program management infrastructure that each chartered project can leverage to eliminate duplicative efforts and reduce project management overhead
- Goal 6: Provide change management assistance, coordination, and support to impacted organizations as part of business process reengineering (BPR) efforts.

2. Overview

This section will describe the historical, legislative and regulatory context behind the Program. It will reference the mandate authorizing establishment and existence of the Program. It will explain why this is being done now. The Overview will summarize other Program Charter sections that describe:

Who the Program will affect, the stakeholders, customers, etc. (described in more detail in the Organizational Structure section);

What components will be delivered to achieve the business objectives and outcomes (described in more detail in the Scope section);

When the required components will be delivered (described in more detail in the Schedule section);

How the Program will deliver the required components (described in more detail in the Projects within the Program section);

If the COV decides to participate in Medicaid Expansion by 2014 as it is described in the PPACA mandates it is predicted to increase Virginia's Medicaid membership by 35% to 45%. Virginia state government does not currently have the business process or technology capacity to manage the additional membership. The ARRA and the PPACA provide Federal funding assistance for States to modernize IT systems. MITA, an initiative of the Centers for Medicare and Medicaid Services (CMS) and the Center for Medicaid & State Operations (CMSO), is intended to foster integrated business and IT transformation across the national Medicaid enterprise that will enable successful administration of the expanded Medicaid program under the PPACA. Using the MITA State Self Assessment (MITA SS-A), Virginia identified the future state agency IT capabilities needed to meet the MITA objectives, and a series of enterprise-level IT projects that will support those capabilities. Virginia has succeeded in obtaining federal funding for these projects under MITA initiatives, independent of the ARRA and the PPACA. The eHHR Program Office was formed under Secretary of Health and Human Resources Dr. William A. Hazel, Jr. to promote and manage eHHR enterprise IT projects in close coordination with our federal and state government partners.

Whether or not the COV participates in Medicaid Expansion, replacement of eligibility systems is necessary to address the growing population of citizens needing services provided by HHR. The systems will build on the investments made for Health Reform and will still provide significant value for the additional investment:

- Reduced opportunities for fraud and abuse;
- Better detection of fraud and abuse;
- Increased operational efficiencies;

- Better management of operational cost;
- Improved enrollment accuracy; and
- Improved government services to all Virginians.

Virginia's strategic direction is well aligned with federal direction, MITA, National Information Exchange Model (NIEM), etc.

The Program will affect and require support primarily from the following agencies:

Health and Human Resources

- 1) Department of Social Services
- 2) Department of Behavioral Health and Developmental Services
- 3) Virginia Department of Health
- 4) Department of Medical Assistance Services
- 5) Department of Rehabilitative Services
- 6) Virginia Department for the Aging

Others

- 1) Department of General Services, Division of Consolidated Laboratory Services (DCLS)
- 2) Transportation, Department of Motor Vehicles
- 3) Technology, Virginia Information Technologies Agency

This document will include the following:

- The Scope section will include additional information regarding the business objectives and outcomes followed by Assumptions and Constraints.
- The Schedule section will include when the required components will be delivered.
- Financials will be presented in the form of cost and benefit.
- This program will deliver several components which will be described in detail in the Projects within the Program section.
- Risks and issues management, organizational structure, communication management, program change management, organizations change management, quality management and success measurement, all separate planning documents, are also described briefly below.

3. Scope

This section will identify the boundaries of the Program. It will define the products, services and deliverables of the Program. It will also describe the products, services and deliverables outside the scope of the Program but critical to the Program's success.

The over-arching scope of the Program is to implement IT systems, business processes and organizational changes necessary to address modernization of Medicaid/CHIP programs and the initiatives mandated by the ARRA and the PPACA, which may include Medicaid Expansion if Virginia decides to participate. The modernization is targeting moving the Health and Human Resources' (HHR) business, information and technical architectures to higher levels of maturity, based on the 5 levels defined in the CMS MITA Framework 2.0 model. The primary business drivers are:

1. To increase the efficiency of HHR workers, allowing the COV to address Medicaid Expansion without a significant increase in administrative and operational staffs.
2. Reduce the error rate in Medicaid/CHIP enrollment.

Virginia has succeeded in obtaining federal funding to support the state's Eligibility Modernization projects. Additionally the COV intends to leverage Federal funding available under the ARRA and, potentially, the PPACA to accomplish the Program goals which will require adherence to standards and guidelines described in the following CMS publications:

- MITA Framework 2.0, Part III Technical Architecture Standard.
- Guidance for Exchange and Medicaid Information Technology (IT) Systems Version 2.0 May, 2011
- Enhanced Funding Requirements: Seven Conditions and Standards Medicaid IT Supplement (MITS-11-01-v1.0) Version 1.0 April 2011.

3.1. What this Program Will Accomplish

Describe the accomplishments in terms of both the business impact and IT deliverables supporting the methods to accomplish the business goals.

The Program seeks to accomplish the following:

- Establish the platforms, infrastructure and environment to support the full Systems Development Life Cycle (SDLC) of the projects within the Program.
- Build on current health reform efforts;
 - ARRA health reform initiatives
 - HIE;

- MITA Care Management business area projects; and
- Auditing and Integrity of provider Meaningful Use and Clinical Quality Measures reporting for Electronic Medical Record (EMR)/Electronic Health Record (EHR) systems via data repositories accessed through the HIE.
- PPACA health reform initiatives
 - Medicaid Expansion (if the COV decides to participate);
 - Eligibility and Enrollment
 - MITA Member Management business area projects
 - MITA Care Management business area projects
 - Health Benefits Exchange (HBE) (depending on the outcome of the November, 2012 election);
 - HBE/Medicaid Interfaces
 - MAGI rules
 - Federal Data Sharing Hub
- MITA initiatives
 - Eligibility Modernization
 - MITA Member Management business area projects
 - MITA Care Management business area projects
- 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;
- Better manage the need for large administrative and operational staff for Federal and State programs;
- Manage overall long-term technology costs for federal and state 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.

To accomplish the objectives listed above the Program will do the following.

- Utilize the MITA Transition Plan for program planning;
- Utilize the HHR IT Strategic Plan for program planning;
- Periodically conduct a MITA State Self-Assessment to ensure the Commonwealth stays in alignment with standards and guidelines for enhanced Federal funding;
- Verify the scope and execution of all Program projects align with standards and guidelines for enhanced Federal funding;
- Coordinate review and approval of all standards required for federal approval with CMS;

- Verify the scope and execution of all Program projects align with MITA Transition Plan; and
- Coordinate across all projects within the Program to:
 - Eliminate duplicative and/or redundant work;
 - Align schedules and dependencies; and
 - Consider federally mandated dates across the Program schedule.

3.2. What this Program Will Not Accomplish

Describe the products, services and deliverables outside the scope of the Program but critical to the Program's success.

The following initiatives are not included in the scope of this Program; however, coordination support will be provided as requested.

- The following ARRA health care reform initiatives
 - Support of the ARRA Health Information Technology for Economic and Clinical Health (HITECH) EMR/EHR Provider Incentive Program
 - Department of Medical Assistance Service (DMAS) has procured a multi-state approach for the incentive payment program administration. CGI is the vendor DMAS selected through a competitive procurement. CGI is providing the Commonwealth with its Medicaid Incentive360™ (MI360), a turnkey end-to-end program.
 - The communications and outreach is being outsourced to the VHIT REC. In addition, it provides technical support to all types/specialties of EPs not already addressed under ONC grants.
 - Support for Regional Extension Centers (REC)
 - The COV has one REC, the Virginia HIT Regional Extension Center (VHIT REC). It is led by the Virginia Health Quality Center (VHQC), a non-profit, health quality consulting firm established in 1984 that holds Virginia's Medicare Quality Improvement Organization contract.
 - Support for the Beacon Community
 - This is a grant program for communities to build and strengthen their health information technology (health IT) infrastructure and exchange capabilities. The COV will outsource this effort to healthcare leaders in various communities.
 - Strategic Health IT Advanced Research Projects (SHARP)
 - There are no known COV initiatives at this time.
 - Community College Consortia to Educate Health Information Technology Professionals Program

- Programs are being developed and administered by a group of COV Community Colleges.
- Curriculum Development Centers
 - There are no known COV initiatives at this time.
- Program of Assistance for University-Based
 - There are no known COV initiatives at this time.
- Competency Examination for Individuals Completing Non-Degree Training
 - Programs are being developed and administered by a group of COV Community Colleges.
- ARRA Broadband and Telemedicine initiatives
 - The office of the Secretary of Technology is working and coordinating with various stakeholders and broadband providers on this initiative.
- Support for some Medicaid related PPACA health care reform initiatives
 - Cost containment initiatives
 - Quality and health system performance initiatives
 - Long Term Care
- The Disability Services Agency (DSA) provides disability based Medicaid eligibility but is out of scope to this Program as they are participating in a similar federal effort with the SSA.
- The ConnectVirginia HIE will partner with Health Information Technology Standards Advisory Committee (HITSAC) to promote the use of standards and implementation guides for State laboratory messaging as well as interfaces to the Department of Health systems necessary to support Meaningful Use.

4. Assumptions and Constraints

This section will describe the Program assumptions; not what is known as fact but what is believed to be true. Propositions taken for granted, as if they were true based upon presupposition without a preponderance of the facts.

It will also describe the Program's constraints; factors that act as hindrances, restricting the Program from achieving its potential with reference to its goal.

4.1. Assumptions

- Appropriate funding is available through the Program lifecycle;
- Resources are available or accessible with the appropriate abilities to accomplish the goals;
- The Administration supports the goals;
- Northrop Grumman continues as a partnership with VITA and provides and maintains the infrastructure;
- All COV and partnership policies, standards and guidelines support the necessary technologies to accomplish the goals; and
- Virginia implements an Enhanced Memorandum of Understanding (E-MOU) governing data sharing that is modeled after the Data Use and Reciprocal Support Agreements (DURSA). Initially, major eHHR stakeholders (DSS, DMAS, VITA and DMV) will sign the E-MOU and the set of transactions covered will only include the new services required by eHHR. Existing legacy services covered by point to point MOUs will remain as is - as long as their delivery scope does not change. Ex: DMAS point to point MOU with VITA is OK as-is while VITA is the only agency receiving the data. Once other agencies have access to DMAS data through VITA hosted systems (aka EDM/SOA) then the legacy MOU is out of date. Bringing the new data stewardship relationship under the E-MOU would be the logical course.

4.2. Constraints

- Federal and state requirements for funding approval add significant time to the schedule;
- Federal guidance is lacking or revised causing impact to budget and schedule;
- To secure federal funding CMS IT architecture standards and policies must be followed;
- Realizing the citizen-centric view and broad interoperability envisioned by MITA may be constrained by legal and/or organizational barriers;
- IT functionality supporting business processes reside on multiple disparate platforms and environments that may hinder interoperability; and

- Barriers (state and/or federal laws, regulations or individual agency policies) precluding the full sharing of an agency's data on the COV-ESB with partners determined to be authorized to receive it.
 - Information security across the Virginia Enterprise.
 - Environmental characteristics where data is currently stored.
 - The integrity and reliability of certain categories of data stored in multiple repositories.

5. Schedule

This section will include the dates on which Program will begin and end, based on all the known projects within the program. It will identify the critical path of the Program.

The Program may not actually have an end date, but assume that a natural end point known now is the end of enhanced funding, end of 2015.

All material in this section is based on the information known as of 07/20/2012. Many of the projects do not have complete project plans. When project plans were available the project plan dates were used to set the Milestone Target Timelines. When project plans were not available Milestone Target Timelines were based on:

- Federal mandated milestones;
- High level milestone target dates provided by project management when they were available; or
- When no timeline information was available:
 - Backing into roughly estimated SDLC target dates based on required production deployment target dates; or
 - Roughly estimating SDLC based on dependencies related to other projects or resource requirements.

A proper project staffing plan is equally as important as the project schedule. The lead time required to select staff before a project begins must be considered to avoid delays.

Section 5.1 includes three figures depicting the target timeline and project milestones across a three year period, 2012, 2013 and 2014.

The following is a legend of the meaning of the colors in the milestone diamonds:

-  VITA/MITA Program projects
-  eHHR Program projects
-  Data sharing initiatives
-  Federal requirements
-  EDSP Program projects
-  HIE projects
-  MMIS projects

This is followed by a table in section 5.2 that shows the summary dependencies between the project milestones for projects within the eHHR Program.

5.1. Timelines

5.1.1. 2012 Timeline

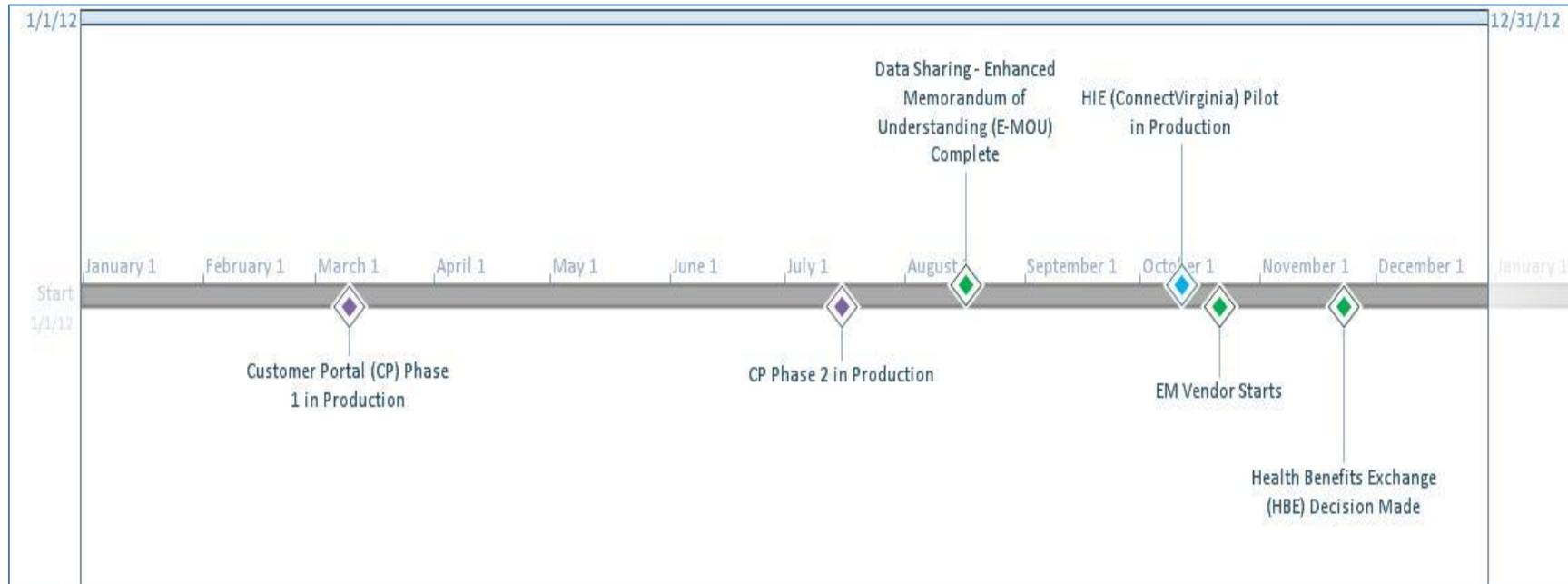


Figure 1: 2012 Project Milestone Timeline

Business applications depend on the eHHR IT foundation (SOA and EDM) being in place.

Eligibility Modernization (EM) depends on Customer Portal (CP) being in place for benefits application intake.

Completion of the E-MOU (described in section 4 of this document) is included as a milestone.

The milestone for work starting on the HBE has been removed, pending decisions by the governor of the COV and the COV legislators. We currently do not know how the COV will proceed with HBE or the HBE starting timeline.

Production delivery of EDM has moved to 2013. When the initial target date of December, 2012 was set in February of 2012 there were many unknown factors. VITA pointed this out and stated the date may change once they worked more closely with IBM and Northrop Grumman to better define the work effort.

5.1.2. 2013 Timeline

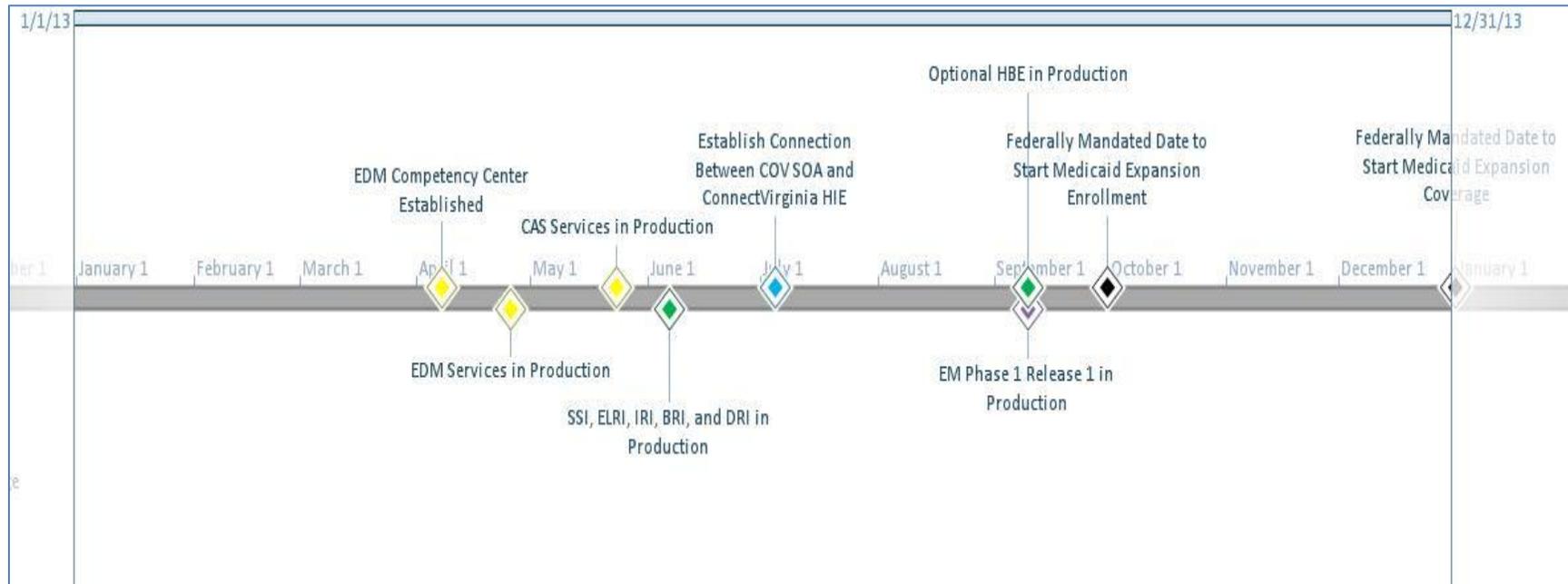


Figure 2: 2013 Project Milestone Timeline

The critical milestone for 2013 is meeting the federally mandated date to start Medicaid Expansion enrollment and the Eligibility and Enrollment interface for HBE, 10/01/2013. Even if the COV does not participate in Medicaid Expansion Eligibility Modernization is needed to interface and exchange data with the HBE. To increase the probability of meeting the deadline COV will implement only the capability required to meet the minimum federal requirements in EM Phase 1 Release 1. Subsequent EM deployments will modernize interfaces and roll in additional HHR benefit programs. The actual SDLC dates for those deployments will not be known until the after the vendor is selected.

Identifying Legislative Changes is included 2013. Legislative changes proposed in 2012 did not pass.

Production availability of EDM services is now scheduled for April, 2013. The CAS dependencies on EDM delays production CAS availability until May, 2013.

Delays in finalizing CMS funding have pushed the production delivery of Care Management services to June, 2013. These services are not on the critical path for any systems related to the federally mandated dates.

Even though we don't know when HBE implementation will start of the methods used to implement HBE the PPACA mandated production date for HBE to determine eligibility has not changed, 10/01/2013.

5.1.3. 2014 Timeline

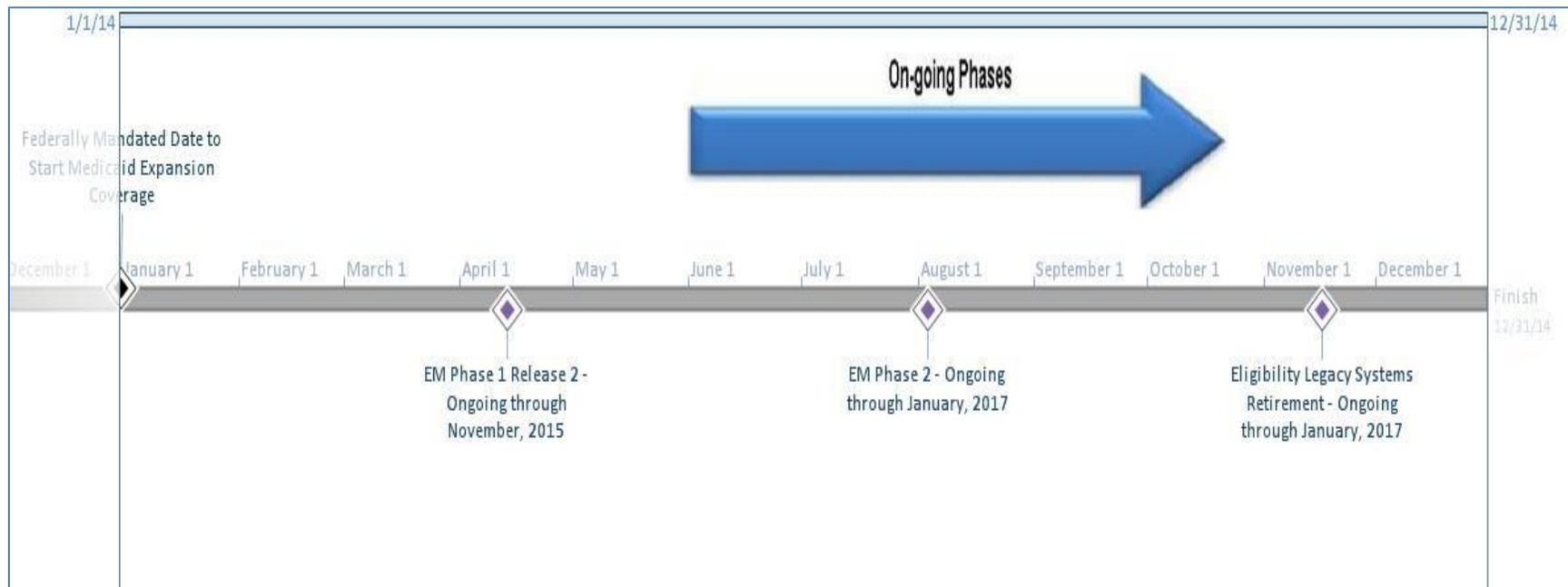


Figure 3: 2014 Project Milestone Timeline

Dates for EM production deployments after Phase 1 Release 1 will not be known until after the vendor is selected. The goal is to have all deployments complete in a timeframe that will maximize the utilization of federal incentive funds for these projects.

The target completion date for the first phase of EM is November of 2015. It is expected that EM Phase 2 will be complete by January of 2017.

5.2. Dependencies

This section will describe the overall dependencies (including business processes and legislative dependencies as well as IT) for the Program, based on all the known projects affecting the success of the Program. Program dependencies are the activities or deliverables of a project within the Program that depend on some state of completion of activities or deliverables of another project. All of these projects may or may not be included in the Program.

The table below lists significant milestones and dependencies for projects within the eHHR Program. The milestone ID is used in the Dependencies column to show all the critical dependencies for a given milestone. The Comments column helps explain the dependencies. It also includes other pertinent points impacting a given milestone.

5.2.1. eHHR Program Overall

Table 1: Project Dependencies

Milestone ID	Description	Dependencies	Comments	Owner
100	eHHR Foundation Regions Development/Test Region IBM COTS SOA Products IBM ID Management		Deploy development and test system regions. Deploy IBM COTS products and perform initial generic configuration. Validate COTS products are ready to have COV teams engage.	VITA/MITA Lynne Jeffries Rich Barnes
200	DMAS Business Requirements		Finish business requirements for EDM and SOA functional services.	eHHR David Mix
300	Data Sharing - Execute E-MOU		Develop next steps and guidelines to E-MOU language to secure consent and OAG approval.	VITA CDG Joe Grubbs eHHR David Mix
350	Memorandum of Agreement (MOA) for DSS and DMV		In lieu of a E-MOU a MOA was put into place for DSS and DMV. The MOA is needed to document data issue resolution procedures, even for the test data.	VITA/MITA Sean Weir
400	CMS Additional Funding Approved		Revised costing document with CMS was approved for HIT and EM. Resolving CMS conditional approval items for Lab related projects.	eHHR David Mix
500	EDM Services Development and Test Includes IBM Initiate setup and data load Does not include iLog rules engine	100	Development of COV business functions on-top of COTS EDM and SOA services. Also includes recursive efforts to develop/tune EDM matching rules to yield "best fit" with COV supplied data.	VITA/MITA Sean Weir
600	CAS Services Development and Test CAS includes the identity and authentication services used by the other eHHR Program projects.	500	CAS development to integrate with EDM services. EDM Development, Test and Staging environments must be finalized before the corresponding CAS development environment can start.	VITA/MITA Michael Farnsworth
700	Customer Portal (CP) Phase 2 Non-Enterprise/Stand Alone		Stand alone release - CP Phase 2 will not depend on any eHHR regions or services.	DSS EDSP Kevin Platea

Milestone ID	Description	Dependencies	Comments	Owner
800	Data Sharing - Proactive collection of consent via CP	300, 700	Collecting client consent to share data with other agencies for COV purposes requires the implementation of the "consent" business process in CP Phase 2. CAS will also collect client consent when it goes into production.	DSS EDSP Kevin Platea
900	Data Sharing - Identify Legislative/Statutory Changes	300	Milestone for capturing any consent items that need review/revision in the next COV General Assembly session.	VITA CDG Joe Grubbs DMAS David Mix
950	Eligibility Modernization (EM) RFP Health Benefits Exchange (HBE) (optional)		Date RFP released - May 2012. Target date to complete vendor contract execution - October 2012.	eHHR David Mix EDSP J.R. Simpson
1000	Health Information Exchange (ConnectVirginia) Non-Enterprise/Stand-Alone		This HIE version will not depend on any eHHR regions or services. Upcoming target is to exchange HIE/CCD content with certified data partner. There are three additional implementations after October 2012. They are being accelerated to fully utilize the federal ARRA incentive funds before 10/01/2013.	VDH Kimberly Barnes
1050	The iLog Rules Engine Implementation for Development and Test	100	iLog is being implemented in the eHHR Foundation Regions later than the regions themselves will be implemented. The target timeframe needs to be closely coordinated with when the EM vendor starts work on Phase 1 Release 1.	VITA/MITA Lynne Jeffries Rich Barnes
1100	Deploy additional eHHR Regions and Connectivity Deploy IBM COTS SOA Products Deploy COTS IBM ID Management Deploy Initiate and iLog	100, 500, 400, 1050	Knowledge gained with development/test region standup and EDM development will greatly guide the additional region blueprint.	VITA/MITA Lynne Jeffries Rich Barnes

Milestone ID	Description	Dependencies	Comments	Owner
1200	EDM Services Production Region and Connectivity	200, 500, 1100	Deployment of EDM and SOA business services into additional regions. Validation of EDI connectivity. Deployment of scheduled maintenance routines.	VITA/MITA Sean Weir VITA/MITA Kelley Edwards
1300	CAS Services Production Deployment	600, 1200	CAS will include collection of client consent. 1. EDM connectivity to external services must be complete before CAS can go to production. 2. CAS Services Development and Test must be complete before this can start.	VITA/MITA Michael Farnsworth
1500	EM Phase 1 Release 1 - Eligibility Modernization Development and Test Minimal work to meet the 10/01/2013 federally mandated date Support Medicaid and CHIP Legacy Interface via existing Buffer CP Integration (potentially including EDM and CAS) HBE (optional)	400, 600, 700, 950, 1050	1. CP as the application information data collector. 2. Legacy MMIS changes are minimized to increase the probability of making the federally mandated date and to delay the need for critical MMIS resources currently focused on the ICD-10 changes. 3. CAS Development, Test and Staging environments must be finalized before the corresponding EM environment can start. As part of Development, the CAS interfaces will have to be well-defined and stable before development can start for this milestone. 4. The Analysis effort for this milestone depends on Customer Portal (CP) Phase 2 Non-Enterprise/Stand Alone being complete before it can start. Critical DSS resources are needed in the early analysis for this milestone. 5. The EM RFP milestone must be complete before this can start. 6. ACS staff support needed.	eHHR David Mix
1600	EM Phase 1 Release 1 CMS Operational Readiness Approval HBE (optional)		Target date for approval request - 05/2013 Target date for approval - 07/2013 CMS will require Operational Readiness Approval of the EM system, independent of the HBE.	eHHR David Mix

Milestone ID	Description	Dependencies	Comments	Owner
1700	EM Phase 1 Release 1 Production Deployment HBE (optional)	1300, 1500, 1600	1. The CAS Production Deployment must be complete before this can start. 2. The EM Phase 1 Release 1 CMS Operational Readiness Approval milestone must be complete before this can complete. 3. EM Phase 1 Release 1 Development and Test must be complete before this can start. 4. ACS staff support needed.	eHHR David Mix
1900	Labs and VDH Rhapsody Interfaces to the Enterprise Service Bus ESB (RC) Development and Test	100, 400	Development to integrate Rhapsody ESB into the COV SOA framework.	eHHR David Mix
2000	Immunization Interfaces to ESB (IRI) Development and Test	400, 1900	Development to integrate IRI, SSI and ELRI into COV SOA framework.	eHHR David Mix
2100	Syndromic Surveillance Interfaces to ESB (SSI) Development and Test			
2200	Electronic Lab Reporting Interfaces to ESB (ELRI) Development and Test			
2300	Birth Registry Interfaces To Legacy (BRI) Development and Test	100, 400	Development to integrate BRI and DRI into the COV SOA framework.	eHHR David Mix
2400	Death Registry Interfaces To Legacy (DRI) Development and Test			
2500	RC Production Deployment	1100, 1900	Deploy integrated Rhapsody ESB into the COV SOA framework.	eHHR David Mix
2600	Immunization Interfaces to ESB (IRI) Production Deployment	2500	Deploy integrated IRI, SSI and ELRI into COV SOA framework.	eHHR David Mix
2700	Syndromic Surveillance Interfaces to ESB (SSI) Production Deployment			
2800	Electronic Lab Reporting Interfaces to ESB (ELRI) Production Deployment			
2900	Birth Registry Interfaces To Legacy (BRI) Production Deployment	1100, 2300	Deploy integrated BRI and DRI into the COV SOA framework.	eHHR David Mix
3000	Death Registry Interfaces To Legacy (DRI) Production Deployment	1100, 2400		

Milestone ID	Description	Dependencies	Comments	Owner
3050	Establish Connection Between COV SOA and ConnectVirginia HIE	2500, 2600, 2700, 2800, 2900, 3000	This is being accelerated to fully utilize the federal ARRA incentive funds before 10/01/2013. Will evaluate using CAS for provider authentication. Use other COV services to support Meaningful Use and other requirements.	VDH Kimberly Barnes
3100	EM Phase 1 Release 2 Development and Test Make all MMIS Recipient Subsystem external interfaces MITA compliant Consume COV Services CP Full Enterprise SOA Framework	400, 1500, 2000, 2300, 2400	1. COV Services Development, Test and Staging environments must be finalized before the corresponding environment can start for this milestone. As part of Development, the COV Services interfaces will have to be well-defined and stable before development can start for this milestone. 2. ACS staff support needed.	eHHR David Mix
3200	EM Phase 1 Release 2 Production Deployment	1700, 2600, 2900, 3000, 3100,	1. The COV Services Production Deployment must be complete before this can start. 2. EM Phase 1 Release 2 Development and Test must be complete before this can start. 3. ACS staff support needed.	eHHR David Mix
3300	EM Phase 2 Development and Test Support other DSS programs (TANF, SNAP LIHEAP, etc.)	1600, 2000, 2300, 2400	EM development to support additional HHR programs (phased effort). ACS staff support needed.	eHHR David Mix
3400	EM Phase 2 Production Deployment Support other DSS programs (TANF, SNAP LIHEAP, etc.)	2600, 2900, 3000, 3300	EM deployment of additional HHR programs (phased effort). ACS staff support needed.	eHHR David Mix

6. Financials

6.1. Cost

This section will summarize all Program costs, based on all the known projects within the program as well as the additional costs associated with the Program itself. Project Costs will include:

1. *Initiation;*
2. *Planning;*
3. *Execution and Control; and*
4. *Closeout.*

This section will include any contingency/risk funds set aside. It will also describe the funding source for these costs and the confidence level in cost estimation accuracy.

Each project within the eHHR Program will closely manage cost at the project level. The Program will monitor cost monthly via reports submitted by the each project which will be a factor in the Earned Value analysis and management. The costs included in this document are considered baseline costs. Budget revision at the project level will follow the Commonwealth of Virginia Information Technology Resource Management Project Management Standard.

The figures are estimates based on all available sources at the time this document was updated on July 20th, 2012. The costs also include contingency and risk funds and are noted below:

Table 2: Project Costs

No.	HIT Projects	Phase	Funding Approved	Funding Conditionally Approved	Funding to be Approved	Funding to be Requested
1	eHHR Program Office	Execution	4,773,695.00			
2	Standards, Tools, and Professional Development	Execution	55,915.00			
3	Service-Oriented Architecture Environment (SOAE)	Execution	16,309,617.00			
4	Enterprise Data Management (EDM)	Execution	8,085,177.00			
5	Commonwealth Authentication Service (CAS)	Execution	4,408,762.00			
6	Electronic Lab Reporting Interface (ELRI)	Pre-select				2,074,248.00
7	Syndromic Surveillance Interface (SSI)	Pre-select				2,639,952.00
No.	E&E Projects	Phase				
1	VDSS Eligibility Modernization Development	Pre-select		51,000,000.00		
2	Birth Reporting Interface (BRI)	Pre-select			2,112,000.00	
3	Death Reporting Interface (DRI)	Pre-select			2,112,000.00	
4	Immunization Registry Interface (IRI)	Pre-select			1,808,000.00	
5	Rhapsody Connectivity (RC)	Pre-select			1,656,000.00	
6	DMAS Eligibility System Support (DESS)	Pre-select			3,904,000.00	
No.	Health Benefits Exchange (HBE)	Phase				
1	Health Benefits Exchange (HBE)	Pre-select				16,027,460.00
Total			\$ 33,633,166.00	\$ 51,000,000.00	\$ 11,592,000.00	\$ 20,741,660.00
Total Baseline Cost			\$116,966,826.00			

6.2. Benefit

This section will summarize the financial, benefits of the Program in terms of cost avoidance, cost savings or increased revenue. It will also include tangible and intangible benefits in terms of customer service, quality of healthcare and other factors pertaining to the overall goals of the Virginia Department of Health and Human Resources.

Goals of the eHHR Program are not only to avoid cost increases but also to increase the value of HHR services through increased quality and efficiency. A goal of the Program is to manage overall long-term technology costs for federal and state 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.

Benefits will be calculated at the Program level. This is due to the notion that any single project within the Program may or may not have a significant positive Return on Investment (ROI) but the overall eHHR Program presents a strong business case; therefore, there will only be a

Program-level Cost/Benefit Analysis (CBA) produced; each individual project will not have to produce a CBA, unless a CBA would be useful in creating distinctions between alternative component solutions.

The following slides present a high Program level CBA done in 2010 and updated on July 20th, 2012 as business case justification for the Program and its related projects.

Figure 4: Three Slide Business Case CBA for the Program

Current Members	Medicaid Expansion	Total Members	Using current processes (note 1)	To-be automation (notes 2 & 3)
835,000	467,000	1,302,000	1,302,000	802,000 (note 4)
<p>Notes</p> <ol style="list-style-type: none"> 1. Enrollment level anticipated for handling under current systems and business processes (~36% increase). Will need additional operational staff with resulting increase in administrative and operational costs (ongoing basis). 2. Assumption 30% members apply and/or maintain their own information via citizen portal. 3. Assumes DSS/LDSS provides enrollment function for all HHS programs. 4. Reduction of members maintained by state staff: 33,000 (~4% decrease). This does not take into account other positives for improved operational efficiencies. For example: <ul style="list-style-type: none"> ▪ Technology is used to pull data necessary to support a determination automatically. Eligibility Workers (EW) can review results compiled by automation and stored in a document management solution (filenet). EWs participate in an automated workflow (increased efficiency, oversight, and management control). ▪ EWs can use the automated determination for those citizens unable to help themselves thereby increasing efficiency. ▪ More accurate contact information reducing returned mail and time spent on correcting and updating USPS addresses. ▪ Increased service levels to citizens of Virginia. 5. All figures are rounded to nearest thousand. 				

Continued next page

*Commonwealth of Virginia
eHHR Program
Program Charter*

Current (note 1)	Medicaid Expansion (note 2)	Total current process (note 3)	Reduction due to to-be automation – paradigm change (note 4)	To-be automation –paradigm change (note 5)	Cost Avoidance year 1 (note 6)
~\$110 Million	36%	~\$150 Million	-4%	~\$106 Million	~\$44 Million

Notes

1. Annual expenditure for Medicaid Administration and operations from DMAS SFY 2012. Assumes Medicaid Expansion impacts all COV Agencies involved in Medicaid in the same proportions (DSS eligibility determination is one line item in this figure). Figures rounded to nearest million.
2. From member business case slide (467,000 additional members from Medicaid expansion).
3. Assumes direct relationship in overhead costs to the member growth percentage. Reflects expenses for 1,302,000 members.
4. Assumes automated rules-based processing that can determine preliminary eligibility approval as well as a percentage of the Medicaid members maintaining their own demographics and case data online. The percentage indicates there would be a slight reduction in current levels for COV maintained member data and determinations.
5. Based on the projected reduction in COV maintained member data and determinations.
6. Federal share: ~\$22 million; State general funds share ~\$22 million (first year of Medicaid expansion).
7. All cost estimates are Rough Order of Magnitude (ROM). Precision: -50% to +100%. Figures are rounded to nearest Million.

Title	Implementation year 1 (notes 1 & 2)	Implementation year 2 (notes 2 & 3)	Implementation year 3 (notes 2 & 3)	Implementation year 4 (notes 2 & 3)	Implementation year 5 (notes 2 & 3)
Annual cost avoidance	~ \$44 Million	~ \$45 Million	~ \$46 Million	~ \$47 Million	~ \$48 Million
Cumulative cost avoidance total	~ \$44 Million	~ \$89 Million	~ \$135 Million	~ \$182 Million	~ \$230 Million
Annual cost avoidance for Federal and Share (50% FFP)	~ \$22 Million	~ \$23 Million	~ \$23 Million	~ \$24 Million	~ \$24 Million

Notes

1. Assumes first year of implementation is the Medicaid expansion.
2. All cost estimates are Rough Order of Magnitude (ROM). Precision: -50% to 100%. Figures are rounded to the nearest million.
3. Reflects an annual increase in enrollment of 1.5%.

7. Projects within the Program

7.1. Characteristics of a Project within this Program

Describe the characteristics common to the projects within this Program. The Program may continue beyond the point the initial Program Charter is approved. If that is the case, describing the common characteristic may help in determining if new projects should be included in the Program.

The following are the criteria to be used when evaluating new initiatives and projects to determine if they may be included as part of the eHHR Program. For all laws and regulations referenced please refer to specific information provided on the internet for more details

- Those related to the following ARRA provisions (http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov__hitech_programs/1487)
 - HITECH
 - State Health Information Exchange (HIE) Cooperative Agreement
- Those related to the following ONC regulations (http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov__regulations_and_guidance/1496)
 - Meaningful Use and Clinical Quality Measures
 - Electronic Information Privacy and Security
 - Electronic Eligibility and Enrollment
 - Electronic Prescriptions for Controlled Substances
- Those related to the following PPACA provisions (http://www.arkleg.state.ar.us/healthcare/medicaid/Documents/CRS%20Report%204_28_10.pdf)
 - Eligibility related reforms
 - Outreach and enrollment provisions
 - Benefit reforms
 - Payment and financing reforms
 - Program integrity reforms
 - Health Insurance/Benefit Exchange reforms
- Those related to multi-agency MITA/MMIS initiatives

7.2. Project List

This section will list all the known projects within the Program along with a brief description of each project.

Table 3: Projects within the eHHR Program

Project	Description
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.
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.
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.
Health Information Exchange (HIE)	This is included for informational purposes only. The cost of building the HIE is not included in the eHHR Program. The interface/hook-up to the HIE is included in the individual projects.

Project	Description
Department of Social Services (DSS) Enterprise projects	This project will create and enhance a customer portal, known as Customer Portal (CP) or CommonHelp (CH) in support of the replacement of legacy eligibility systems. The development of the customer portal is utilizing a government-owned transfer solution. Another initiative will be to interface existing Health and Human Resources systems via the state wide Enterprise Service Bus (ESB) using standards-compliant interfaces to share information and to automate cross-agency workflows. Additional projects include Modernization of VaCMS, implementation of an External Rules Engine and implementation of a Document Management and Imaging System (DMIS).
Birth Registry Interface (BRI)	This project will establish a birth reporting service/interface between the birth registry and the ESB. The system of record for all birth records will be Virginia Vital Events and Screening Tracking System (VVESTS). The proposed functionality must support a HITSAC approved data standard which should align with the EDM standards. The project requires use of HITSAC endorsed messaging standards.
Death Registry Interface (DRI)	This project is designed to establish a death reporting service/interfaces between the death registry and the ESB. The service will be supported by an extract of the minimum required fields to identify a death record. Additional development may be required to add a match code (Yes/No) and a Master Patient Index (MPI) placeholder. In addition to supporting an inquiry death service on the ESB, a publish and subscribe model will be developed so the registry can actively publish new death notices as they occur. This will allow subscribers to trigger appropriate processing based on the notification.

Project	Description
Electronic Lab Reporting Interface (ELRI)	<p>This project interfaces Department of Consolidated Laboratory Services (DCLS) to the Commonwealth's ESB for access by the Health Information Exchange. Clinical laboratories throughout Virginia, including the Department of General Services (DGS), the DCLS and national clinical reference laboratories, submit reportable disease findings to the Virginia Department of Health (VDH). Test orders are submitted to the DCLS and the DCLS returns test results. Current partners include the Virginia Department of Health (VDH) and a growing number of Virginia hospitals. Additionally, legacy formatted data exchanges between the DCLS and the VDH will continue until they are converted to the Health Level Seven International (HL7) standards, but the legacy messages will not be managed through the interface.</p>

Project	Description
<p>Immunization Registry Interface (IRI)</p>	<p>This project will address the interface between the Immunization Registry and providers. Participating organizations such as hospital providers create a file to include new and updated immunization activity for import into the Virginia Immunization Information System (VIIS) and receive an acknowledgement of their transmission from the VIIS. All content processing and data de-duplication will be performed by the VIIS. Business partners may also create a query message to which the VIIS will generate a response message. There will be a component to the Immunization Registry Interface project in which the VDH is expected to participate in the HIE Pilot Phase.</p> <p>Current immunization service/interfaces include: Immunization DE, Immunization DE –Carilion Hospital, and Immunization DE – UVA.</p> <p>Current messaging partners: Sentara, Coventry, Air Force, CHKD, Fairfax County, Anthem, UVA, VA Premier, and Carilion Hospital.</p>
<p>Rhapsody Connectivity (RC)</p>	<p>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. The VDH interfaces use Rhapsody for messaging. The Rhapsody Connectivity project is needed for the VDH to support VDH services needed by Eligibility Modernization.</p>

Project	Description
Rhapsody Connectivity Lab (RCL)	This project will address the Rhapsody connectivity. The Orion Rhapsody data integration engine is used by the DGS and DCLS to facilitate the accurate and secure exchange of electronic data using with the ESB. The DCLS interfaces use Rhapsody for messaging. The Rhapsody Connectivity Lab project is needed for the DCLS to participate in the HIE Pilot Phase.
Syndromic Surveillance Interface (SSI)	This project will address the Syndromic Surveillance Interface. Participating organizations create a file to include data transmitted to the VDH from facilities on a daily basis. The data is grouped into syndromes and statistical algorithms and are run to identify unusual temporal and geographic patterns that might indicate situations of concern.
DMAS Eligibility System Support (DESS)	This joint effort between the DSS and the DMAS supports development, approval and distribution of the RFP required to procure the IT systems and services to support the Eligibility System Replacement.
Health Benefits Exchange (HBE) Optional	A set of state-regulated and standardized health care plans in the United States mandated by PPACA, from which individuals may be determined eligible for Medicaid or may purchase health insurance eligible for federal subsidies. All exchanges must be fully certified and start accepting benefits applications to determine eligibility by October 01, 2013. They must be fully operational and providing coverage by January 1, 2014 under federal law.

8. Risks and Issues Management

This section will include a brief description of the Risk Management Plan and the Issue Management Plan, both of which will be described in more detail in separate documents. Risks and Issues will be managed at the project level and rolled up to the Program.

The Risk Management Plan will contain an analysis of likely risks, as well as mitigation strategies to help the Program avoid being derailed should common problems arise. The risk management plans will be periodically reviewed by the Program team in order to avoid having the analysis become stale and not reflective of actual potential risks.

An important difference between issue management and risk management is that issue management applies resources to address and resolve current issues or problems, while risk management applies resources to mitigate future potential root causes and their consequences. Risks generally don't persist throughout the Program, and they may not be foreseeable at the outset of a Program. The Issue Management Plan will describe the Program's process for managing issues.

Risk management enables informed risk-based decisions. Having access to current factual information is critical to making a good decision. In addition, knowledge of potential risks can improve the decision process by allowing the decision maker to weigh potential alternatives or trade-offs in order to maximize the reward/risk ratio.

The project manager for each project team is responsible for identifying, analyzing, tracking and responding to all risks that may prevent his/her team from delivering their element of the product on time, within budget, and with specified features and quality levels. The program manager, in conjunction with the project managers, is responsible for identifying the pertinent program level risks that span across the projects and are related to the interdependencies between the projects.

The Risk Management Plan will be owned at the Program level, to be used at the project level. Each project will have a separate risk log but not a separate risk management plan. Project risks will be monitored at the Program level; the Program will participate in the resolution of project risks that may have an impact on the overall Program.

An important difference between issue management and risk management is that issue management applies resources to address and resolve current issues or problems, while risk management applies resources to mitigate future potential root causes and their consequences. As with program risk management, program issue management identifies the pertinent program level risks that span across the projects and are related to the interdependencies between the projects.

9. Organizational Structure

This section will describe the organizational structure, roles and responsibilities for all the Program's stakeholders

9.1. Organizational Chart

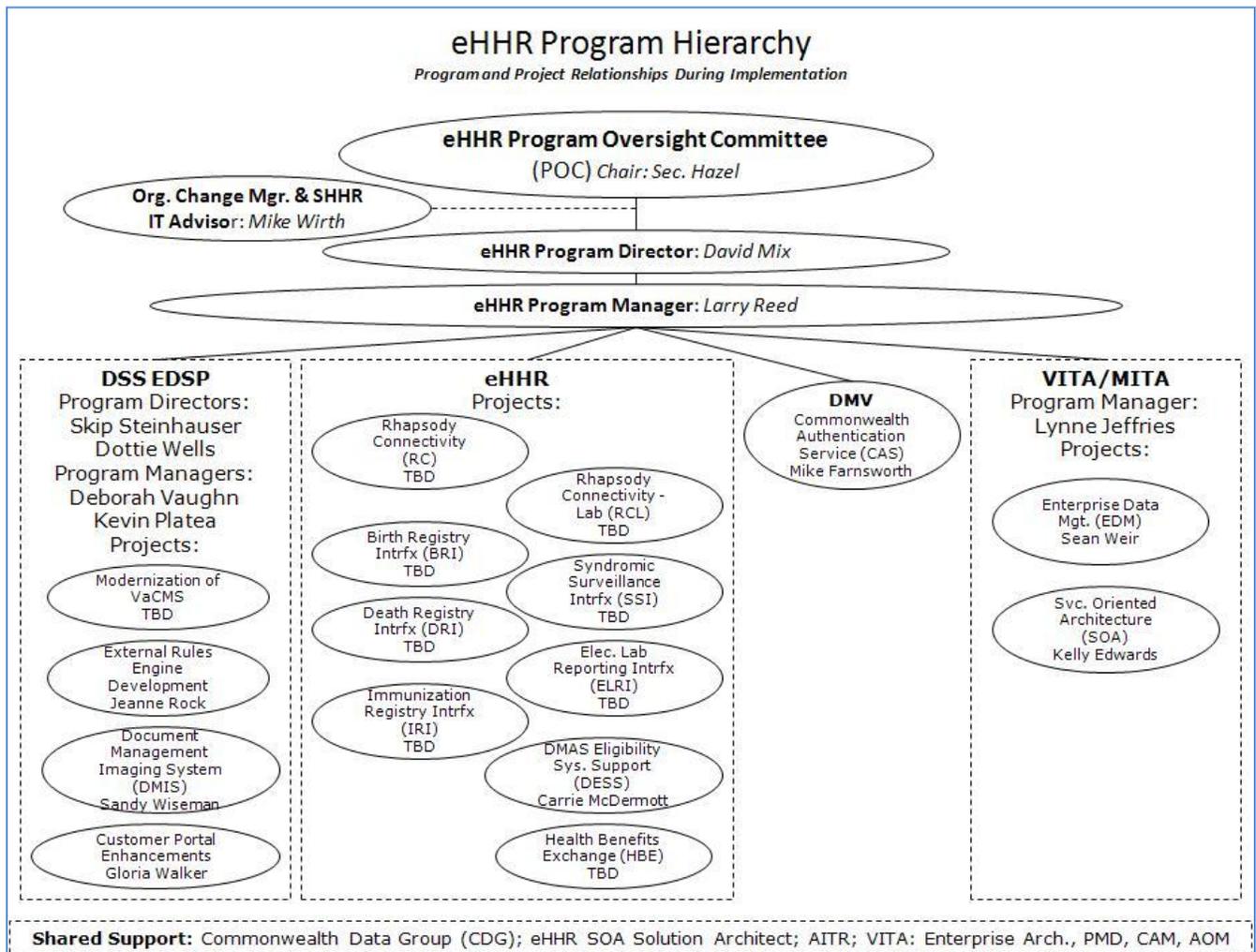


Figure 5: eHHR Program Hierarchy Chart

9.2. Roles and Responsibilities

This section includes the roles and responsibilities for the Program's stakeholders.

1. Williams Hazel, MD is the Secretary of Health and Human Resources (HHR) and the Program Sponsor. As the Program Sponsor, Dr. Hazel will provide leadership, keep the Program aligned with the strategy and portfolio direction, govern Program risk and ensure continuity of sponsorship.
2. The eHHR Program Oversight Committee (POC) fulfills much the same purpose as the Internal Agency Oversight Committee (IAOC) does for projects, providing Program oversight and direction. The POC will also assist in issue resolution at their level of authority and approve Change Requests. Please refer to the VITA PMD project management standards for more details.
3. The Organizational Change Manager coordinates the efforts to help the business shift/transition individuals, teams and organizations from a current state to a desired future state; helping state workers accept and embrace changes in their current business environment.
4. As Secretary of Technology, Jim Duffey is responsible for monitoring eHHR Program progress and provides IT Program governance and oversight. This includes being a signatory approver of the eHHR Program Charter as well as being a member of the eHHR Program Oversight Committee (POC).
5. Agencies other than those under Health and Human Resources:
 - a) Virginia Information Technology Agency is responsible for provisioning the enterprise technical infrastructure, the enterprise data governance and standard setting progress; enterprise governance policy and procedures; enterprise security policy and procedures; providing project oversight. Additional information is provided by roles.
 - b) Department of Motor Vehicles is responsible for collaboration with HHR on the development of the Commonwealth Authentication Service. Additional information is provided by roles.
 - c) Department of General Services is responsible for collaboration in offering Electronic Lab Reporting (ELR) via the COV enterprise service bus to the ConnectVirginia HIE. Additional information is provided by roles.
 - d) The Virginia Department of Health (VDH) encompasses a broad range of health services affecting individuals and communities. In relation to eHHR VDH oversees the state's HIE project ConnectVirginia.
6. Health and Human Resources Agency Heads are responsible for ensuring that their agency/department provides resources to support the eHHR Program as requested by the Program Office.
7. Health and Human Resources Agency CFOs are responsible for ensuring that their agency financial funds within the Program are properly managed.

8. Health and Human Resources Agency CIO/IT Directors are responsible for ensuring that their agency IT needs and operations are met within the Program.
9. Federal HHS Governance is responsible for coordinating and harmonizing industry and national level standards and establishing related initiatives.
10. eHHR Program Office:
 - a) Program Management Office Director – David Mix is responsible for determining strategy and setting direction to ensure the Program implements IT systems, business processes and organizational changes necessary to address the initiatives mandated by ARRA and PPACA while moving HHR’s business, information and technical architectures to higher levels of maturity, based on the 5 levels defined in the CMS MITA Framework 2.0 model.
 - b) eHHR Communication & Outreach Manager – Beth Ferrara is responsible for overseeing all organizational publications, including white papers, briefing books, and reports relating to the eHHR Program. This role is also responsible for managing online publications, website information, social networking, and new communications initiatives.
 - c) eHHR Program Office Manager – Larry L. Reed ensures that the strategy and direction set by the director are adhered to for all projects with the Program. He also works with the VITA PMD to develop Program Management standards and guidelines that will be used by future COV Programs.
 - d) eHHR Service Oriented Technical Manager – Sunny Singh is responsible for ensuring the SOA and MITA framework are followed for IT solutions delivered as part of the Program. In addition, he will serve as the technical manager and director for in-scope projects that interface with the Enterprise components. Further, he will be available to provide technical advice and support to HHR Agencies in planning for, and using, the enterprise technology.
 - e) eHHR Budget Analyst – Madhur Gupta is responsible for providing financial information on budget and expenditures for the Program.
 - f) eHHR Systems Analyst – Carrie McDermott is responsible for providing MITA process technical expertise to stakeholders for MITA state self-assessments, MITA planning and project teams. Serves as a technical lead on program initiatives. Carrie’s primary focus is Member Management.
 - g) eHHR Systems Analyst – Karen Rowson is responsible for providing MITA process technical expertise to stakeholders for MITA state self-assessments, MITA planning and project teams. Serves as a technical lead on program initiatives. Karen’s primary focus is Care Management.
 - h) eHHR Program Coordinator – Brenda Thomas is responsible for entering all required Program and project information into the Oracle Project Portfolio Management (PPM) tool. She also reports on and manages issues and risks,

and helps develop deliverables under the direction of the Project Office Manager.

- i) eHHR Program Scheduler – Beverly Price is responsible for preparing, updating, and coordinating Program schedules and dependencies, and advises the Program Office Manager on scheduling needs. She also conducts scheduling training as needed under the direction of the Project Office Manager.
 - j) eHHR Project Managers within the eHHR Program are listed below and responsible for planning and executing the projects identified. This include, but may not be limited to, the following activities: 1) providing project schedule as well as high lever milestones for their assigned projects; 2) attending status meetings as requested; 3) providing weekly status reports; and 4) providing leadership to their assigned teams.
 - Health Information Exchange – Kim Barnes, VDH
 - Rhapsody Connectivity – TBD, DMAS
 - Immunization Registry Interface – TBD, DMAS
 - Syndromic Surveillance Interface – TBD, DMAS
 - Electronic Lab Reporting Interface – TBD, DMAS
 - Death Registry Interface – TBD, DMAS
 - Birth Registry Interface – TBD, DMAS
11. DMAS Management & Budget Office – Tanyea Amos is responsible for providing management and funding support for the program.
 12. VITA Project Management Division (PMD) Consultant, Pat Reynolds, is responsible for providing hands-on support for the eHHR Program and IT Project governance and oversight on behalf of the Chief Information Officer and The Secretary of Technology in accordance with the Project Management Standard. This role also includes consultation and advice to help make the Program and each Project to be successful. The Project Management Standard stipulates that the PMD Consultant will be a non-voting member of each project IAOC. Additionally, the PMD Consultant should be a non-voting member of the Program Steering Committee.
 13. VITA Health Information Technology Standards Advisory Committee – Joe Grubbs manages the Commonwealth Data Governance (CDG) group that is responsible for providing standards coordination between HITSAC and the project team for clarification in the use of specified standards as well as the implementation of specified standards. The CDG manages the VITA data standards setting process.
 14. VITA/MITA Program Office:
 - a) VITA/MITA Program Manager/VITA Competency Center – Lynne Jeffries is responsible for organizing, governing, building and managing reusable components and infrastructure in a service-oriented architecture. Also,

establishing enterprise SOA best practices, standards, procedures and governance as well as developing a new data governance framework and the processes and procedures required to implement the framework. While Lynne is on maternity leave Rich Barnes is the acting VITA/MITA Program Manager.

- b) VITA /MITA Project Managers within the VITA /MITA Program are listed below and responsible for planning and executing the projects identified. This include, but may not be limited to, the following activities: 1) providing project schedule as well as high lever milestones for their assigned projects; 2) attending status meetings as requested; 3) providing weekly status reports; and 4) providing leadership to their assigned teams.
- Service-Oriented Architecture Environment – Kelly Edwards, VITA
 - Enterprise Data Management – Sean Weir, VITA
 - Commonwealth Authentication Service – Mike Farnsworth, Department of Motor Vehicles
15. VITA Enterprise Architect – Todd Kissam is responsible for ensuring enterprise SOA best practices, standards, procedures are followed and ensuring Business and IT alignment through architectural oversight and guidance.
16. The Enterprise Delivery Service Program (EDSP)
- a) EDSP will oversee all projects under the Eligibility Modernization RFP No. DIS-12-055.
 - b) Paul McWhinney and J.R. Simpson are the EDSP Executive Sponsors.
 - c) Skip Steinhauser is the Program Business Director and Dottie Wells is the Program Operational Director.
 - d) Deborah Vaughn is the Business Project Director and Kevin Platea is the Technical Project Director.
 - e) Business and Technical project management duties will be delegated by the directors to individuals across four projects.
 - VaCMS Modernization
 - External Rules Engine Development
 - Customer Portal Enhancements
 - Document Management Imaging System
17. Miscellaneous localities will be responsible for providing feedback as requested by the eHHR Program Office regarding the outcome as well as the benefit to their areas.

10. Communications Management

This section will include a brief description of the Communications Management Plan, which will be described in more detail in a separate document and developed by a separate team. It will outline and highlight communications needs and expectations for the Program

This is a brief synopsis of the Program Communication. Stakeholders include the HHR Secretary, HHR Agency Heads, HHR Agency CFOs, HHR CIOs/IT Directors, VITA and DMV.

- Status reports will be submitted weekly by the eHHR Program Office.
- The eHHR Program Office will update the Program Steering Committee monthly.
- The eHHR Program Office will be the communication focal point for the VITA/MITA PMO as well as the project managers for all projects within the eHHR Program.

The eHHR Program Communications Management Plan will outline at a detail level the communication approach of how the Program information is communicated to help motivate, involve and inform program stakeholders. The purpose is to build awareness, understanding and acceptance of the Program. The Communications Management Plan will detail clear, specific objectives and activities for communicating across the eHHR Program.

The eHHR Communication Management Plan will include the following:

- Communication Plan Overview
 - Assumptions
 - Mission
 - Goals and Objectives
 - Guiding Principles
 - Communication Plan Stakeholders
 - Communication Plan Dependencies
- eHHR Program Communication Plan
 - Project Communication Plan by Audience (a spreadsheet noting audience, key message, delivery method, frequency and sender)
 - Audience Analysis (defining the role of the audience)
 - Stakeholder Analysis (identifying the stakeholders as initiating, supporting or, sustaining)
 - Communication Objectives
 - Communication Activities
 - Communication Management
 - Communication Sign-Off and Approval Process
 - Feedback and Evaluation
 - Communication Roles and Responsibilities

11. Program Change Management

This section will include a brief description of the Program Change Management Plan, which will be described in more detail in a separate document. It will describe the process by which changes are formally introduced and approved for:

1. *Projects (when those changes impact the Program); and*
2. *The eHHR Program.*

Program change management will follow a methodology similar to the project change management methodology described in the COV ITRM Project Management Standard.

A program such as eHHR is likely to encounter new opportunities and requirements during its lifecycle. This is a brief description of the Program Change Management Plan, a separate document that will include more detail on the change management process.

The eHHR Program will use a Managed Baseline approach to execute the program's schedule, budget and scope (deliverables). Each project within the Program will manage change as defined in the Commonwealth of Virginia Information Technology Resource Management Project Management Standard.

The eHHR Program Oversight Committee (POC) will also act as the Change Control Board. The POC will review and approve significant project level changes as well as both nominal and significant Program level changes. The Program will use the definition of nominal and significant change as defined by the Project Management Standard.

A Change Request Form (CRF) will be used to formally communicate all proposed changes to the Program. This form will allow project managers to describe the nature of the change request and the impact on the Program if the change is or is not implemented.

Based on the work involved in finalizing requirements for SOA and EDM, the Program Change Management Plan will also describe the overall requirements management approach. The Plan will address the following:

- Describe the process for managing business requirements at the Program level and how it interacts with project requirements;
- Describe the interactions and dependencies between Program-level requirements and project-level requirements;
- Describe at what point the Program-level requirement will be locked down, after which they will be managed by the change control process; and

- Describe the initial vetting process for business requirements, as well as the vetting process for validating requirements, test cases, test results and user acceptance for projects within the eHHR Program.

The Program Change Management Plan will focus on the process for managing proposed changes to Program scope, schedule and budget. The Organizational Change Management Plan will focus on how the potential solution will impact current business processes and the degree of organizational change and stakeholder resistance anticipated.

12. Organizational Change Management

This section will include a brief description of the Organizational Change Management Plan, which will be described in more detail in a separate document. Organizational change includes shifting/transitioning individuals, teams and organizations from a current state to a desired future state; helping associates accept and embrace changes in their current business environment.

The Organizational Change Management Plan will describe how the potential solution will impact current business processes and the degree of organizational change and stakeholder resistance anticipated.

Organizational Change Management (OCM) is a structured approach to migrating individuals, teams and other entities from a current state to a desired future state. OCM incorporates people, process, tools and a number of disciplines, including, but not limited to psychology, organizational design, training, human resource management and communications, to overcome the natural human resistance to change and facilitate successful accomplishment of a clearly defined and agreed upon change goal. At its heart, OCM is focused on the “people component” of change. Along with Customer Relationship Management, OCM is a success only when the current culture and the behavior of COV employees are fully attuned to excellence in communications and adherence to business processes that are focused on outcomes of value to customers.

OCM will be planned and defined at the Program level and managed at the project level. For each project the OCM will be executed from the Program level down to the project level. The Organizational Change Manager will be at the Secretariat level.

An OCM plan will be developed at the Program level to include the following steps for Agencies impacted by the program:

- Identify and establish the Change Champions and Change Team within each Agency impacted;
- Describe the Current State;
- Describe the Future State;
- Determine the gaps between the current and future state that will have to be overcome;
- Assess the potential impacts of the comparison between current and future state changes;
- Describe all tasks to accomplish the changes needed and assign responsibility, identifying the Change Team;
- Schedule all tasks;
- Communicate the changes; and

- Implement and monitor the changes.

The Program Change Management Plan will focus on the process for managing proposed changes to Program scope, schedule and budget. The Organizational Change Management Plan will focus on how the potential solution will impact current business processes and the degree of organizational change and stakeholder resistance anticipated.

13. Quality Management

This section will include a brief description of the Program Quality Management Plan, which will be described in more detail in a separate document. It will define the acceptable level of quality and describe how this level of quality will be ensured at the Program level in its deliverables and work processes. It will cover implementation and ongoing Operations & Maintenance as well as Program level Independent Verification and Validation (IV&V).

The Program Quality Management Plan will ensure stakeholder expectations are met at the program level, aligning project requirements and quality assurance to the requirements and expectations of the overall program. The goal is to eliminate activities that are redundant and repetitive at the project level and to execute them once at the program level.

The objective is to review and coordinate the projects' (projects within the Program) Quality Assurance Test Plans to focus and prioritize the project inter-dependencies and resources (infrastructure, staff, etc.). Project test plans will be:

1. Developed at the project level;
2. Reviewed and coordinated at the Program level; and
3. Executed at the project level.

What is an Independent Verification and Validation (IV&V)? Verification is the process of ensuring the accuracy of a project based on written specifications and requirements. Validation is a certification at the end of the audit or review that states the findings. Independent means that a completely independent entity evaluates the work products generated by the team that is designing and/or executing a given project. IV&V will be performed at the Program level. The intent is to satisfy the required project level IV&V at the Program level, eliminating redundant work effort as well as saving time and resources. IV&Vs will be done periodically; the best times will be determined as part of developing the detailed Program Quality Management Plan.

The detailed Program Quality Management Plan will also follow a concept adapted from DMAS's methodology for promoting projects through the SDLC. The Program will set standards and guidelines to promote projects and then negotiate the criteria with the project manager to meet specific project needs, depending on the impact to the overall Program. One criterion that will be mandatory is ensuring the Program business objectives pertaining to a particular project are accounted for in the project's business requirements.

Governance is also an aspect of managing quality. eHHR Program governance includes:

1. The eHHR Program Oversight Committee;
2. Multiple VITA PMD Analysts;
3. Mandatory Program IV&Vs (not project level);
4. Auditor of Public Accounts (APA) audits;

5. Federal audits;
6. Reports to the General Assembly (GA); and
7. CMS standards, requirements and reviews.

13.1. Progress Measurement

This section will describe the metrics (in business not technical terms) that will be used to measure the progress of all projects within the Program and of the Program itself.

The Program Quality Management Plan will include the metrics the Program will use to periodically measure the progress of the Program. To ensure the ability to perform a uniform and consistent quality assessment across the Program, common progress reporting measures will be established and used by each project. The required Project Management Standard status reporting will be leveraged through the Commonwealth Technology Portfolio to avoid unnecessary duplication of effort.

In addition to defining the progress metrics the Program Quality Management Plan will:

1. Describe the source of data needed to evaluate each metric;
2. The processes used to collect the data;
3. The methods used to produce the resulting measurement; and
4. The means by which the metrics will be reported.

14. Post Implementation Review

This section will include a brief description of the Post Implementation Review, which will be described in more detail in a separate document. The objective is to make sure that the business outcomes which the Program set out to do were actually achieved and to ensure that the lessons learned during the Program are not forgotten. The goal is to answer the following key questions:

- 1. Did the Program successfully solve the problem that it was designed to address?*
- 2. Can the Program be taken further, and deliver more benefits?*
- 3. What lessons did we learn that we can apply to future projects?*

The Post Implementation Review (PIR) allows a party independent of the project team to validate the success of the Program and give confidence to the stakeholders that it has met the business objectives it set out to achieve, the two main ones being:

1. To increase the efficiency of HHR workers, allowing the Commonwealth of Virginia (COV) to address the growth in Medicaid and other state assistance programs without a significant increase in staff; and
2. To minimize the enrollment error rate and prevent fraud.

The PIR will be performed approximately 12 months after the completion of a significant phase of the Program, or the completion of the entire Program. The PIR points and a more detailed breakdown of the Program business objectives will be defined in the detailed PIR document. The detailed PIR will also describe the processes that will be used to perform the PIR.

14.1. Success Measurement

This section will describe the metrics (in business not technical terms) that will be used to measure the success of all projects within the Program and of the Program itself. It will describe:

- 1. What needs to be measured;*
- 2. How to measure it; and*
- 3. What defines success, based on the present and future state of each item being measured.*

Conceptually, success measurement is similar to quality management progress measurement. A difference is that instead of defining progress measurement metrics that monitor the Program and projects through the SDLC, we define metrics that measure Program outcomes and deliverables and their success in meeting the business objectives.

As part of developing the detailed PIR the eHHR Program team will work with the stakeholders to identify and agree upon the specific success measurement metrics for this Program. In addition to defining the success metrics the PIR will:

1. Describe the source of data needed to evaluate each metric;
2. The processes used to collect the data;
3. The methods used to produce the resulting measurement; and
4. The means by which the metrics will be reported.

15. Approvals

This section will include a list of the designated approvers of the Program Charter and a place for their signatures.

The undersigned acknowledge they have reviewed the HIT-MITA Program Charter and agree with the approach it presents. Any changes to this document will be coordinated with and approved by the undersigned or their designated representatives.

Signature: _____ Date: _____

Print Name: Williams Hazel, MD
Title: Secretary of Health and Human Resources
Role: eHHR Program Sponsor

Signature: _____ Date: _____

Print Name: Jim Duffey
Title: Secretary of Technology
Role: Voting Member of Steering Committee

Signature: _____ Date: _____

Print Name: Samuel A. Nixon, Jr.
Title: Chief Information Officer of the Commonwealth
Role: Voting Member of Steering Committee

Signature: _____ Date: _____

Print Name: Cindi Jones
Title: Department of Medical Assistance Services Agency Head
Role: Voting Member of Steering Committee

Signature: _____ Date: _____

Print Name: Martin D. Brown
Title: Department of Social Services Agency Head
Role: Voting Member of Steering Committee

Signature: _____ Date: _____

Print Name: Richard D. Holcomb
Title: Department of Motor Vehicles Commissioner
Role: Voting Member of Steering Committee

Signature: _____ Date: _____

Print Name: Richard F. Sliwoski, P. E.

Title: Department of General Services Director

Role: Voting Member of Steering Committee

Appendices

A: Glossary

Acronym	Description	Comments
APA	Auditor of Public Accounts	The APA is the independent auditor serving the Commonwealth of Virginia. APA was elected by the General Assembly and organized under the legislative branch of government.
ARRA	American Recovery and Reinvestment Act	An act making supplemental appropriations for job preservation and creation, infrastructure investment, energy efficiency and science, assistance to the unemployed, and State and local fiscal stabilization, for the fiscal year ending September 30, 2009, and for other purposes.
BRI	Birth Reporting Interface	This project will establish a birth reporting service/interface between the birth registry and the Enterprise Service Bus (ESB). The system of record for all birth records will be VVESTS (Virginia Vital Events and Screening Tracking System). The proposed functionality must support a HITSAC approved data standard which should align with the EDM standards. The project requires use of HITSAC endorsed messaging standards.
CAS	Commonwealth Authentication Service	CAS is a system/service 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.
CGI		CGI is the vendor DMAS selected through a competitive procurement. CGI is providing the Commonwealth with its Medicaid Incentive360™ (MI360), a turnkey

Acronym	Description	Comments
		end-to-end program.
CMS	Centers for Medicare and Medicaid Services	The federal agency that runs the Medicare program. In addition, CMS works with the States to run the Medicaid program. CMS works to make sure that the beneficiaries in these programs are able to get high quality health care.
CTP	Commonwealth Technology Portfolio	The Commonwealth Technology Portfolio Tool (CTP) is a secure website that uses single sign authentication using the COV domain login id and password to provide access to the tool.
DBHDS	Department of Behavioral Health and Developmental Services	The Department of Behavioral Health and Developmental Services (DBHDS) provides leadership in the direction and development of public mental health, intellectual disability and substance abuse services. This leadership involves: obtaining and allocating resources to Community Services Boards (CSBs) and state facilities in an effective and efficient manner; monitoring field operations; providing technical assistance and consultation; promoting client advocacy; systems planning; regulating and licensing programs and maintaining relationships with other human resource agencies.

Acronym	Description	Comments
DBVI	Department for the Blind and Vision Impaired	The Department for the Blind and Vision Impaired (DBVI) is guided by their mission: to enable blind, visually impaired, and deaf/blind individuals to achieve their maximum level of employment, education, and personal independence. To assist individuals in achieving economic independence, the Department provides vocational assessments and training, job development, placement and follow-up. Residential and home instruction is provided in independent living, orientation and mobility, counseling, Braille, and training in the use of various adaptive technologies. DBVI collaborates with public school systems to assist in the education of blind, deaf/blind and visually impaired students. The Department also provides employment options for blind persons through the Business Enterprises and Virginia Industries for the Blind and its satellite store operations.
DCLS	Division of Consolidated Laboratory Services	The Virginia Division of Consolidated Laboratory Services (DCLS) is a Division of the Virginia Department of General Services (DGS). DCLS was formed in 1972 when laboratories from several Virginia agencies were combined to provide more efficient and cost-effective testing. DCLS was the first consolidated laboratory in the nation and offers a wide variety of analytical testing in support of state programs.
DESS	DMAS Eligibility System Support	This joint effort between the DSS and the DMAS supports development, approval and distribution of the RFP required to procure the IT systems and services to support the Eligibility System Replacement.

Acronym	Description	Comments
DGS	Department of General Services	DGS serves as the infrastructure for state government by serving in a support capacity with four separate divisions 1) Division of Purchases and Supplies (DPS) 2) Division of Consolidated Laboratory Services (DCLS) 3) Division of Real Estate Services (DRES) 4) Division of Engineering & Buildings (DEB) and eight business units.
DHP	Department of Health Professions	The Virginia Department of Health Professions (DHP) works to assure the safe and competent delivery of health care to the citizens of the Commonwealth of Virginia through the process of examining, licensing and disciplining health care practitioners governed by one of the 13 state health care boards.
DMAS	Department of Medical Assistance Services	The Department of Medical Assistance Services (DMAS) strives to provide a system of high quality comprehensive health services to qualifying Virginians and their families. DMAS works to ensure that program integrity is maintained in the array of preventive, acute and long-term care services it provides, and that fraud, abuse, and waste are detected and eliminated to the maximum extent possible. DMAS encourages beneficiaries to take responsibility for improving their health outcomes and achieve greater self-sufficiency.

Acronym	Description	Comments
DRI	Death Reporting Interface	This project is designed to establish a death reporting service/interfaces between the death registry and the Enterprise Service Bus (ESB). The service will be supported by an extract of the minimum required fields to identify a death record. Additional development may be required to add a match code (Yes/No) and an MPI placeholder. In addition to supporting an inquiry death service on the ESB, a publish and subscribe model will be developed so the registry can actively publish new death notices as they occur. This will allow subscribers to trigger appropriate processing based on the notification.
DSS	Department of Social Services	The Virginia Department of Social Services (DSS) operates under their mission: to serve Virginia’s citizens in need by providing services that nurture human dignity; creating and maintaining a stable environment for the children and families in Virginia; promoting responsible parenting; establishing the infrastructure that allows for the delivery of services at the local level; and fostering independence.
DURSA	Data Use and Reciprocal Support Agreement	The DURSA is the legal, multi-party trust agreement that is entered into voluntarily by all entities, organizations and Federal agencies that desire to use the Exchange to transact health information
EDM	Enterprise Data Management	Enterprise Data Management is a concept referring to the ability of an organization to precisely define, easily integrate and effectively retrieve data for both internal applications and external communication. 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.

Acronym	Description	Comments
EDSP	Enterprise Delivery System Program	EDSP is run by DSS and will be responsible for all projects managed under the Eligibility Modernization RFP No. DIS-12-055.
eHHR	electronic Health and Human Resources	This is the Commonwealth of Virginia name for the eHHR Program.
ELRI	Electronic Lab Reporting Interface	This project interfaces Department of Consolidated Laboratory Services (DCLS) to the Commonwealth's Enterprise Service Bus (ESB) for access by the Health Information Exchange. Clinical laboratories throughout Virginia, including DGS Department of Consolidated Laboratory Services (DCLS) and national clinical reference laboratories, submit reportable disease findings to Virginia Department of Health (VDH). Test orders are submitted to DCLS and DCLS returns test results. Current partners include VDH and a growing number of Virginia hospitals. Additional legacy formatted exchanges between DCLS and VDH will continue until they are converted to HL7, but the legacy messages will not be managed through the interface.
EM	Eligibility Modernization	A set of four projects described in RFP No. DIS-12-055 to modernize eligibility determination and document management. Goals are to increase automation and staff efficiency and provide more self-directed services to the citizens of Virginia.
ESB	Enterprise Service Bus	Consists of a software architecture construct which provides fundamental services for complex architectures via an event-driven and standards-based message-engine (the bus).
HIE	Health Information Exchange	The mobilization of healthcare information electronically across organizations

Acronym	Description	Comments
		within a region, community or hospital system.
HIT	Health Information Technology	Health information technology provides the umbrella framework to describe the comprehensive management of health information across computerized systems and its secure exchange between consumers, providers, government and quality entities, and insurers. Health information technology (HIT) is in general increasingly viewed as the most promising tool for improving the overall quality, safety and efficiency of the health delivery system.
HITECH		Federal Act that amends Public Health Service Act by adding a number of funding opportunities to advance health information technology. The Act seeks to improve American health care delivery and patient care through an unprecedented investment in health information technology.
HITSAC	Health Information Technology Standards Advisory Committee	This committee advises the Information Technology Investment Board (ITIB) on the approval of nationally recognized technical and data standards for HIT systems or software.
HL7	Health Level 7	Health Level 7 (HL7) is a standards development organization that is accredited by the American National Standards Institute (ANSI). The HL7 creates standards that define how to represent and communicate data related to healthcare.
IAOC	Internal Agency Oversight Committee	Committee that will oversee projects within the eHHR Program.

Acronym	Description	Comments
IRI	Immunization Registry Interface	This project will address the interface between the Immunization Registry and providers. Participating organizations such as hospital providers create a file to include new and updated immunization activity for import into Virginia Immunization Information System (VIIS) and receive an acknowledgement of their transmission from VIIS. All content processing and data duplication will be performed by VIIS. Business partners may also create a query message to which VIIS will generate a response message. There will be a component to the Immunization Registry Interface project in which VDH is expected to participate in the HIE Pilot Phase. Current immunization service/interfaces include: Immunization DE, Immunization DE -Carilion Hospital, and Immunization DE – UVA. Current messaging partners: Sentara, Coventry, Air Force, CHKD, Fairfax County, Anthem, UVA, VA Premier, Carilion Hospital, and UVA.
IV&V	Independent Verification and Validation	IV&V is a reliable and trusted way to ensure that the system is being developed as per requirements of the customer and that the system is reliable as it is built with sound engineering practices.
MAGI	Modified Adjusted Gross Income	MAGI is Adjusted Gross Income as determined under the federal income tax, plus any foreign income or tax-exempt interest that a taxpayer receives.
MI360	Medicaid Incentive 360	Medicaid Incentive360™ is a turnkey end-to-end program offered by CGI.
MITA	Medicaid Information Technology Architecture	A national framework supporting improved systems development and health care management for the Medicaid enterprise.

Acronym	Description	Comments
NIEM	National Information Exchange Model	National Information Exchange Model is an XML-based information exchange framework from the United States. NIEM represents a collaborative partnership of agencies and organizations across all levels of government (federal, state, tribal, and local) and with private industry.
ONC	Office of the National Coordinator	The Office of the National Coordinator for Health Information Technology (ONC) is at the forefront of the administration’s health IT efforts and is a resource to the entire health system to support the adoption of health information technology and the promotion of nationwide health information exchange to improve health care. ONC is organizationally located within the Office of the Secretary for the U.S. Department of Health and Human Services (HHS).
PMD	Project Management Division	<p>The Division of Project Management is assigned the following general technology management responsibilities:</p> <ul style="list-style-type: none"> • Assist the CIO in the development and implementation of a project management methodology to be used in the development of and implementation of information technology projects in accordance with this article; • Provide ongoing assistance and support to state Agencies and public institutions of higher education in the development of information technology projects; and • Provide oversight for state Agency information technology projects.
POC	Program Oversight Committee	Committee that will oversee the eHHR Program.

Acronym	Description	Comments
PPACA	Patient Protection and Affordable Care Act	The Patient Protection and Affordable Care Act is a United States federal statute signed into law the president. The law (along with the Health Care and Education Reconciliation Act of 2010) is the principal health care reform legislation of the 111th United States Congress.
RC RCL	Rhapsody Connectivity Rhapsody Connectivity Lab	This project will address the Rhapsody connectivity. The Orion Rhapsody data integration engine is used by Department of General Services (DGS) Department of Consolidated Laboratory Services (DCLS) and Virginia Department of Health (VDH) to facilitate the accurate and secure exchange of electronic data using with the COV Enterprise Service Bus (ESB). VDH and DCLS interfaces use Rhapsody for messaging. Rhapsody connectivity project is needed for DCLS and VDH to participate in the HIE Pilot Phase.
SCOTUS	Supreme Court Of The United States	The highest federal court in the United States. It has final appellate jurisdiction and has jurisdiction over all other courts in the nation.
SHARP	Strategic Health IT Advanced Research Projects	SHARPS is a multi-institutional and multidisciplinary research project, supported by the Office of the National Coordinator for Health Information Technology, aimed at reducing security and privacy barriers to the effective use of health information technology.
SSI	Syndromic Surveillance Interface	This project will address the Syndromic Surveillance Interface. Participating organizations create a file to include data transmitted to the Virginia Department of Health (VDH) from facilities on a daily basis. The data is grouped into syndromes and statistical algorithms and are run to identify unusual temporal and geographic patterns that might indicate situations of concern.

Acronym	Description	Comments
VDA	Virginia Department for the Aging	The Department for the Aging (VDA) works with public and private organizations to help older Virginians and their families find the services and information they need. The Department operates the Center for Elder Rights, which is a central point of contact for older Virginians to access information and services. The Department's objective is to help Virginians, as they grow older, find the information and services they need to lead healthy and independent lives. VDA's mission is to foster the dignity, independence, and security of older Virginians by promoting partnerships with families and communities.
VDBVI	Virginia Department for the Blind and Vision Impaired	The Virginia Department for the Blind and Vision Impaired (VDBVI) is guided by their mission: to enable blind, visually impaired, and deaf/blind individuals to achieve their maximum level of employment, education, and personal independence. To assist individuals in achieving economic independence, the Department provides vocational assessments and training, job development, placement and follow-up. Residential and home instruction is provided in independent living, orientation and mobility, counseling, Braille, and training in the use of various adaptive technologies. VDBVI collaborates with public school systems to assist in the education of blind, deaf/blind and visually impaired students. The Department also provides employment options for blind persons through the Business Enterprises and Virginia Industries for the Blind and its satellite store operations.

Acronym	Description	Comments
VDDHH	Virginia Department for the Deaf and Hard of Hearing	The Virginia Department for the Deaf and Hard of Hearing (VDDHH) operates with the full understanding that communication is the most critical issue facing persons who are deaf or hard of hearing. VDDHH works to reduce the communication barriers between persons who are deaf or hard of hearing and their families and the professionals who serve them. The foundation of all programs at VDDHH is communication - both as a service (through interpreters, technology and other modes) and as a means of sharing information for public awareness (through training and education). You may view more information about the Department for the Deaf and Hard of Hearing by visiting www.vddhh.org .
VDSS	Virginia Department of Social Services	The Virginia Department of Social Services (DSS) operates under their mission: to serve Virginia's citizens in need by providing services that nurture human dignity; creating and maintaining a stable environment for the children and families in Virginia; promoting responsible parenting; establishing the infrastructure that allows for the delivery of services at the local level; and fostering independence.
VHIT REC	Virginia Health Information Technology Regional Extension Center	The organization offering technical assistance guidance and information on best practices to support and accelerate health care provider efforts to become meaningful users of electronic health records (EHRs) in Virginia.
VHQC	Virginia Health Quality Center	Virginia Health Quality Center (VHQC) was an independent, not-for-profit corporation that primarily focused on health care quality assessment services.

Acronym	Description	Comments
VIIS	Virginia Immunization Information System	Virginia Immunization Information System is an immunization registry for the state that contains immunization data of persons of all ages. VIIS is a free, web-based computerized medical record system for immunization data that documents all immunizations a person has received from all medical sources into one definitive, accurate record.
VITA	Virginia Information Technologies Agency	The Virginia Information Technologies Agency (VITA) is an executive department which provides computer services to other Virginia departments and agencies.
VVESTS	Virginia Vital Events and Screening Tracking System	The system of record for all birth records.