

Health and Human Resources

Presentation to Senate Finance

Secretary of Health and Human Resources

Dr. Bill Hazel

January 30, 2012

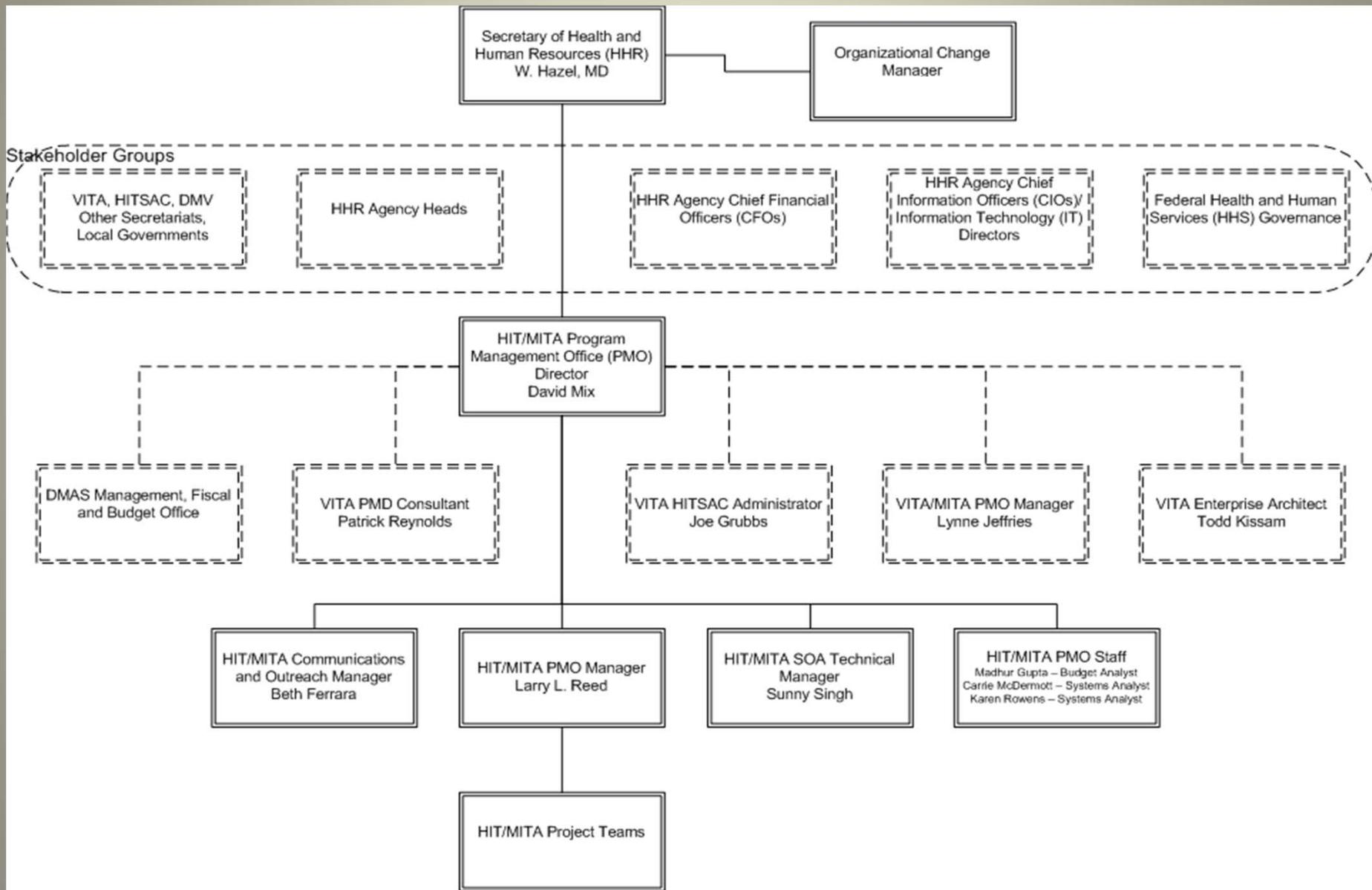


Health and Human Resources Strategic Priorities

Enterprise Application Re-Engineering

- DSS Eligibility Systems Modernization
 - TANF, Child Care, SNAP, and Energy Assistance
- Medicaid Information Technology Architecture (MITA) Project - Transform the Medicaid Management Information Systems (MMIS) into an enterprise-wide backbone architecture
- Electronic Medical Records Department of Behavioral Health and Developmental Services

HIT/MITA Governance - Structure



HIT/MITA Governance – Roles

Organizational Change Manager	Coordinate the efforts to help the business shift/transition individuals, teams and organizations from a current state to a desired future state; helping associates accept and embrace changes in their current business environment.
Stakeholder Groups	Individuals and organizations that are actively involved in the project, or whose interests may be affected as a result of project execution or project completion. They may also exert influence over the project's objectives and outcomes.
HIT/MITA PMO Director	Determines strategy and sets direction to ensure the Program implements IT systems, business processes and organizational changes necessary to address the initiatives mandated by ARRA and PPACA while also 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.
DMAS Management, Fiscal and Budget Office	DMAS executive management, DMAS fiscal division, and the DMAS budget office provide management and funding support for the program.
VITA PMD	Under the direction of the Secretary of Technology and the Commonwealth Chief Information Officer (CIO), the Commonwealth Project Management Division (PMD) implements an enterprise strategy for the effective and efficient management of information technology investments.

HIT/MITA Governance – Roles (Cont)

VITA/MITA PMO Manager	Organize and govern, build and manage reusable components and infrastructure in a service-oriented architecture. Establish enterprise SOA best practices, standards, procedures and governance. Develop a new data governance framework and the processes and procedures required to implement the framework.
VITA Enterprise Architect	Ensures enterprise SOA best practices, standards, procedures are followed and ensures Business and IT alignment through architectural oversight and guidance.
HIT/MITA Communications and Outreach Manager	Oversees all organizational publications, including white papers, briefing books, and reports. Also has responsibility for managing online publications, website information, social networking, and new communications initiatives.
HIT/MITA PMO Manager	Ensures that the strategy and direction set by the director are adhered to for all projects with the Program. Also works with the VITA PMD to develop Program Management standards and guidelines that will be used by future COV Programs.
HIT/MITA SOA Technical Manager	Ensures the SOA and MITA framework are followed for IT solutions delivered as part of the HIT/MITA Program.
HIT/MITA Project Teams	Plans and executes the projects identified as part of the Program.

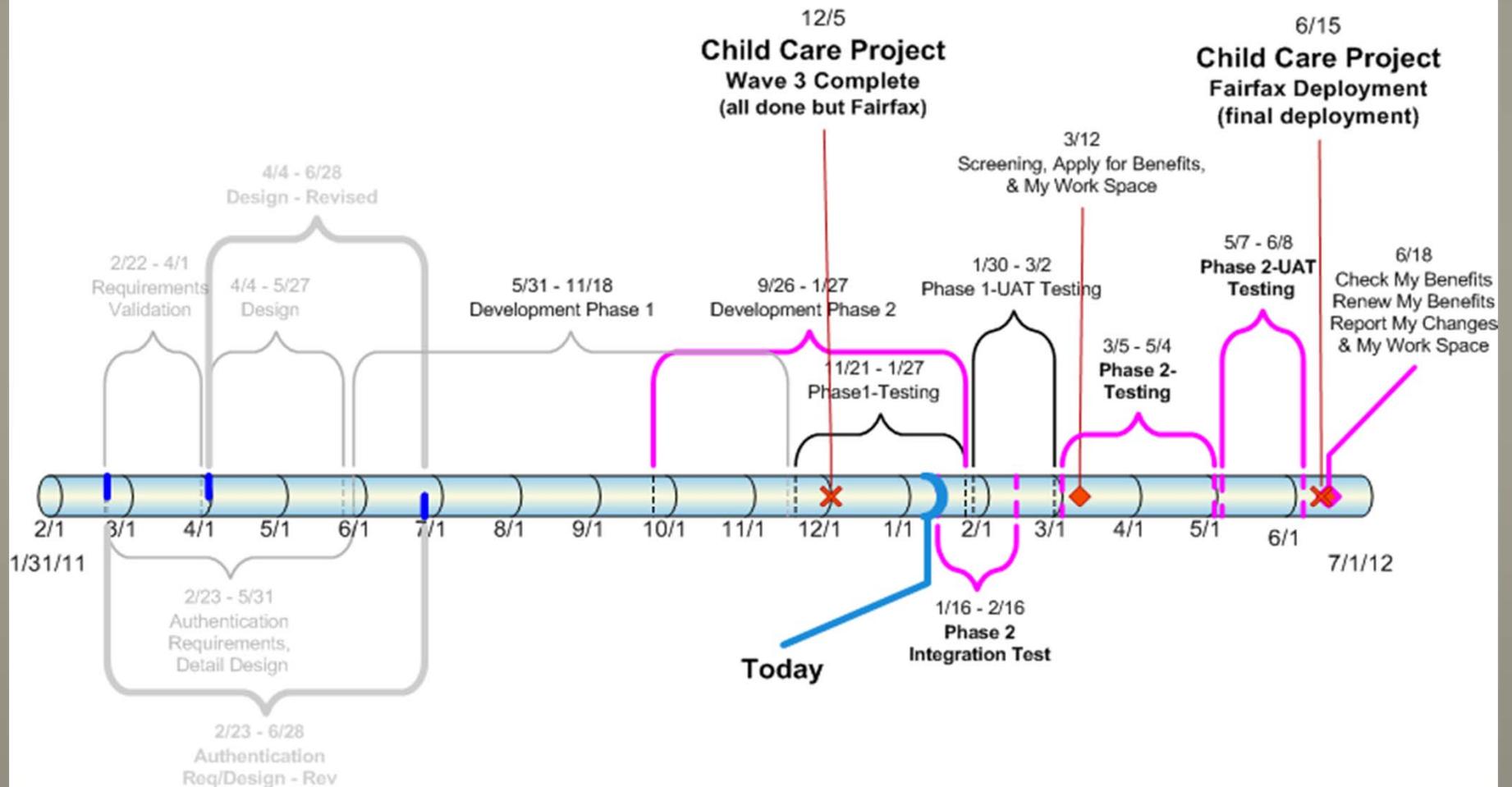
HIT/MITA

- 2 positions to fund the Health Information Technology/Medicaid Information Technology Architecture Program.
- Development of the Health Information Exchange required under the federal health care reform legislation to implement electronic health records and communicate with state health systems.

Fiscal Year	General Funds (Governor's Budget)	Non General Funds
FY 2011	\$1.1M	\$4.0M
FY 2012	\$3.5M	\$23.8M
TOTAL	\$4.6M	\$27.8M

Department of Social Services

DSS Customer Portal and Child Care Projects



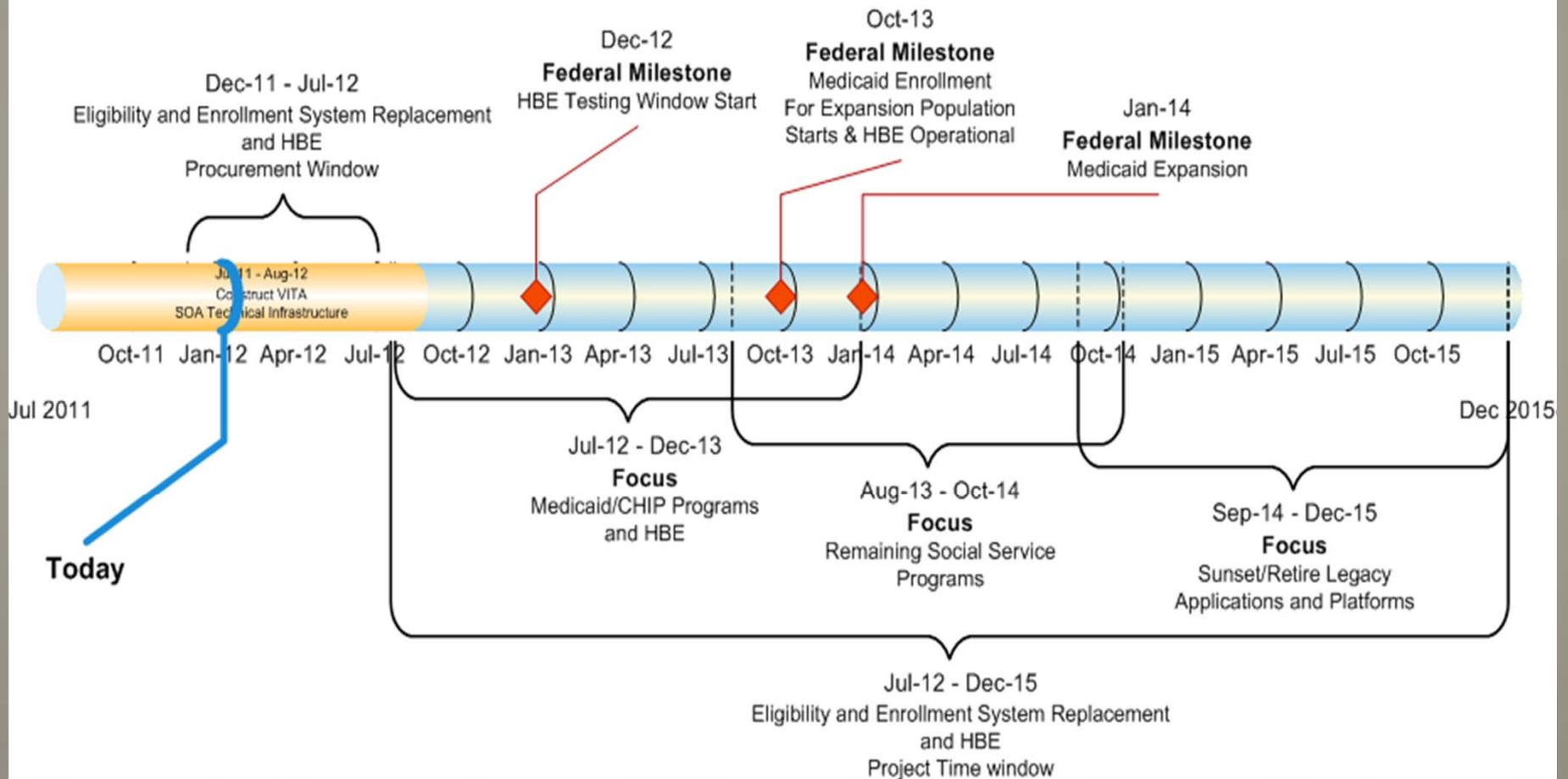
Eligibility Systems – DSS

- The availability of the enhanced match rate for Medicaid eligibility systems development and the temporary amendment of federal cost allocation practices provides an opportune time for I.T. development.
 - Programs Impacted: Medicaid Eligibility, TANF, Child Care, SNAP, and Energy Assistance

Fiscal Year	General Funds (Governor's Budget)	Non General Funds
FY 2013	\$6.4M	\$44.5M
FY 2014	\$4.4M	\$8.2M
TOTAL	\$10.8M	\$52.7M

Eligibility System Replacement

Eligibility and Enrollment Replacement Effort



DBHDS Electronic Health Records Governor's Budget

- American Reinvestment and Recovery Act of 2009 requires Medicaid and Medicare providers to meet certain standards related to medical information by 2014. Includes operational Electronic Health Record.
- DBHDS state facilities receive approximately \$300M/yr in Medicare & Medicaid reimbursement payments that will be at risk without EHR.
- Governor's budget includes \$6.3M in General Funds and \$20.5 million in Special Funds (Medicaid from training centers and Medicare incentive payments for state hospitals).

Fiscal Year	General Funds (Governor's Budget)	Special Funds (DBHDS)
FY 2013	\$4.4M	\$12M
FY 2014	\$1.9M	\$8.5M
TOTAL	\$6.3M	\$20.5M

DBHDS EHR Implementation Schedule

- The EHRS will be implemented in three phases beginning July 2012
 - Hospitals in the first wave are scheduled to go online by June 2013
 - 2nd wave hospitals go online by June 2014
 - The final wave goes online by June 2015
- VITA anticipates release of the Request for Proposal for this project as January 23, 2012.

1 st Wave Hospitals	Go-Live Date	2012 Census
Catawba	March 31, 2013	89
Eastern State	March 31, 2013	267
Western State	March 31, 2013	214
Southwest Mental Health	March 31, 2013	148
Commonwealth Center for Children and Adolescents	March 31, 2013	39
Piedmont Geriatric	June 30, 2013	101

Questions/Comments