
VIRGINIA STATE BUDGET

2017 Session

Budget Amendments - HB1500 (Conference Report)

Bill Order » Item 300 #3c

Emergency Department Care Coordination System

Item 300 #3c	First Year - FY2017	Second Year - FY2018	
Health and Human Resources			
Department of Health	\$0	\$370,000	GF
	\$0	\$3,330,000	NGF

Language

Page 282, line 4, strike "\$19,552,502" and insert "\$23,252,502".

Page 282, after line 27, insert:

"C.1. Out of this appropriation, \$370,000 from the general fund and \$3,330,000 from nongeneral funds is provided for the Virginia Department of Health to implement the requirements of House Bill 2209 and Senate Bill 1561 (2017 Session). The department shall contract or amend an existing contract with a non-profit entity as necessary in order to do so. The department shall require its contractor to establish a separate and distinct Emergency Department Care Coordination Advisory Council (ED Council) to whom responsibility for implementing this program shall be delegated under the department's supervision. The contractor may utilize an existing governance, legal and trust framework in order to fulfill the requirements of House Bill 2209 and Senate Bill 1561 and to expedite the implementation of the program.

2. The ED Council, under the department's governance and direction shall: (i) specify the necessary functionalities to meet the needs of all key stakeholders; (ii) develop and oversee a competitive selection process for a vendor or vendors that will provide a single, statewide technology solution to fulfill the required functionalities and advance the goals of the initiative; and (iii) select and oversee the implementation of successful information technologies, with implementation no later than June 30, 2018. The ED Council shall include three representatives from the Commonwealth appointed by the Secretary, including the department, the Department of Medical Assistance Services, and the Department of Health Professions; three representatives from hospitals and health systems, nominated by the Virginia Hospital and Healthcare Association; three health plan representatives, nominated by the Virginia Association of Health Plans; and six physician representatives, nominated by the Medical Society of Virginia with representation from the Virginia College of Emergency Physicians, the Virginia Academy of Family Physicians and the Virginia Chapter, American Academy of Pediatrics.

3. The department shall coordinate with the Department of Medical Assistance Services to seek federal Health Information Technology for Economic and Clinical Health (HITECH) Act matching funds. The department shall coordinate with the Department of Medical Assistance Services to seek any additional eligible federal matching funds supporting provider electronic health record implementation and integration in order to implement the program. The department may use up to \$100,000 for administrative costs.

4. The implementation of this initiative is contingent upon the receipt of federal HITECH Act funds, and neither the department nor its contractor shall be obligated to implement the program without HITECH Act matching funds. The appropriation in this paragraph is contingent upon the receipt of federal HITECH Act funds.

5. Effective July 1, 2017 or upon program implementation, all hospitals operating emergency departments in the Commonwealth and all Medicaid Managed Care contracted health plans shall participate in the program. Effective June 30, 2018, all hospital operating emergency departments in the Commonwealth, all Medicaid Managed Care contracted health plans, the State Employee Health Plan, all Medicare plans operating in the Commonwealth, and

all commercial plans operating in the Commonwealth, excluding ERISA plans, shall participate in the program. The department, in coordination with the Department of Medical Assistance Services, shall determine the amount of federal funds available to support program operations in the second year. Accordingly, the department, in coordination with the Department of Medical Assistance Services and the ED Council, shall recommend, by December 15, 2017, a funding structure for program operations in fiscal year 2019 that apportions program costs across the Commonwealth, participating hospitals, and participating health plans.

6. The department, in coordination with the ED Council, shall report annually beginning November 1, 2017 to the Secretary of Health and Human Resources and the Chairmen of the House Appropriations and the Senate Finance Committees on progress, including, but not limited to: (i) the participation rate of hospitals and health systems, physicians and subscribing health plans; (ii) strategies for sustaining the program and methods to continue to improve care coordination; and (iii) the impact on health care utilization and quality goals such as reducing the frequency of visits by high-volume Emergency Department utilizers and avoiding duplication of prescriptions, imaging, testing or other health care services."

Explanation

(This amendment adds \$370,000 from the general fund and \$3.3 million from nongeneral funds the second year to develop and implement a single, statewide technology solution that connects all the emergency departments in the Commonwealth to enable real time communication and collaboration between physicians, providers and other clinical or care management personnel for patients receiving services in hospital emergency departments for the purpose of improving the quality of patient care services, and lowering costs. The general fund for implementing this program would be matched with \$3.3 million in federal Health Information Technology for Economic and Clinical Health (HITECH) Act funds for a total budget in fiscal year 2018 of \$3.7 million. Implementation of this program is contingent upon the receipt of federal HITECH Act funds.)