2018 Special Session I

Budget Bill - HB5002 (Introduced)

Bill Order » Office of Health and Human Resources » Item 297

Department of Health

Item 297	First Year - FY2019	Second Year - FY2020
Administrative and Support Services (49900)	**$26,093,899**	**$28,493,899**
General Management and Direction (49901)	$9,275,919	$11,675,919
Information Technology Services (49902)	$9,989,109	$9,989,109
Accounting and Budgeting Services (49903)	$3,267,953	$3,267,953
Human Resources Services (49914)	$2,113,124	$2,113,124
Procurement and Distribution Services (49918)	$1,447,794	$1,447,794
Fund Sources:		
General	$17,424,699	$19,824,699
Special	$3,973,821	$3,973,821
Federal Trust	$4,695,379	$4,695,379

Authority: §§ 3.2-5206 through 3.2-5216, 32.1-11.3 through 32.1-23, 35.1-1 through 35.1-7, and 35.1-9 through 35.1-28, Code of Virginia.

A. The State Comptroller is hereby authorized to provide a line of credit of up to $200,000 to the Department of Health to cover the actual costs of expanding the availability of vital records through the Department of Motor Vehicles, to be repaid from administrative processing fees provided under Code of Virginia, § 32.1-273 until such time as the line of credit is repaid.

B. Out of this appropriation, $150,000 the first year and $150,000 the second year from the general fund shall be provided for agency costs related to onboarding to ConnectVirginia, transition costs to convert the agency's node on ConnectVirginia to the state agency node, and provide support to other state agencies in their onboarding efforts.

C. The Virginia Department of Health is authorized to develop a plan to allocate a reduction of $150,000 the first year and $150,000 the second year from the general fund across programs within the department to reflect administrative savings. The Department of Planning and Budget is authorized to make the necessary budget execution adjustments to transfer the funds between programs to implement the plan.

D.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.