Executive Office of Health and Human Services

Virtual Gateway

Improving Access to Human Services

2006 Annual Report

Deval Patrick, Governor
Commonwealth of Massachusetts

Dr. JudyAnn Bigby, Secretary
Executive Office of Health and Human Services

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
One Ashburton Place, Room 1109
Boston, MA 02108

DEVAL L. PATRICK
Governor

TIMOTHY P. MURRAY
Lieutenant Governor

JUDYANN BIGBY, M.D.
Secretary

Tel.: 617-573-1600
Fax: 617-573-1890
www.mass.gov/eohhs

April 4, 2007

Dear Partners and Colleagues:

I am pleased to release the 2006 Annual Report on the Virtual Gateway. This is our second such account of Virtual Gateway activities, and I hope you will find it interesting and informative.

The Virtual Gateway simplifies access to critical health and human service programs and information for consumers, community providers, and the general public. By consolidating information and online services in a single location on the Internet, the Virtual Gateway makes it easier for families to enroll in our programs, for community providers to do business with EOHHS, and for our own staff to collaborate on reporting and budget management.

Since its launch, the Virtual Gateway has driven ongoing improvement in our capacity to serve the public efficiently. Today, over 17,000 individuals representing more than 1,000 organizations use the Virtual Gateway to conduct business with the Commonwealth. In March, the Common Intake service collected its 250,000th program application. We've launched an online billing service, transforming the way human service providers submit invoices for payment.

Our efforts have not gone unnoticed. You may recall our selection as a Computerworld Honors Laureate in 2005, acknowledging our use of technology to better society. More recently, Shared Insight named Virtual Gateway a finalist in their Portal Excellence Awards. These awards recognize world class initiatives that provide significant business benefits and exploit leading edge technology.

EOHHS will continue to build on these successes this year. New enhancements are planned for the Common Intake service, which lets users apply for up to 13 programs using a single, integrated online application. These updates will support the Commonwealth's landmark Health Care Reform agenda. We will also seek new ways to empower our consumers to apply themselves for programs and services for which they are eligible.

You will find more information about our plans – and our accomplishments – within the pages that follow. Please do not hesitate to contact me with any comments or questions you may have.

Thank you for your support.

Sincerely,

JudyAnn Bigby, M.D.

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Executive Summary

Launched in 2004, the Virtual Gateway is a single place on the Internet that provides the general public, human service clients, provider organizations, and front-line staff with access to information and services online. Today, more than 17,000 individuals representing over 1,000 organizations use the Virtual Gateway to conduct business with agencies within the Executive Office of Health and Human Services (EOHHS) and the Department of Housing and Community Development.

The Virtual Gateway is the result of collaboration across multiple agencies to meet common goals:

- Make it easier for consumers and the general public to find information about and enroll in human services.
- Promote worker productivity.
- Support the relationship between the Commonwealth and its community partners.

The Virtual Gateway reflects the Commonwealth's effort, like many other state and local governments, to bring state-of-the-art customer service practices to the public sector. Toward that end, the Virtual Gateway has improved access to human services while streamlining service provision. This past year saw a number of exciting accomplishments.

A Critical Milestone for Common Intake—In March, the Common Intake service collected its 250,000th application. Common Intake is the flagship service on the Gateway. It allows registered providers to submit, for clients, a single application for up to 13 different public programs and services.

Empowering Consumers with Self-Service Options—This year, in collaboration with the Department of Transitional Assistance, the Gateway launched the first "customer-facing" service, enabling citizens to apply online for Food Stamps through a pilot in the Fall River area.

Streamlining Invoicing for Purchase of Service Providers—Launched in October, Enterprise Invoice/Service Management (EIM/ESM) is a new Internet billing and reporting

service. It replaces paper-based invoicing and streamlines billing for providers and agencies. In addition, for the Department of Public Health and its providers, EIM/ESM replaces outdated client information systems and is a single, agency-wide point of client service management.

Behind the scenes, the Gateway is a single technical platform and set of information technology standards that participating agencies share. This eliminates redundant technology investment and ensures that agency information systems can work together.

More about the Gateway's technical platform and standards can be found in this report, which details activities recently undertaken to strengthen Virtual Gateway services. This report also provides a view to related operational concerns and identifies the Virtual Gateway's vision for the future.

Since launching the Virtual Gateway in 2004, EOHHS has expanded and diversified the online services it offers.

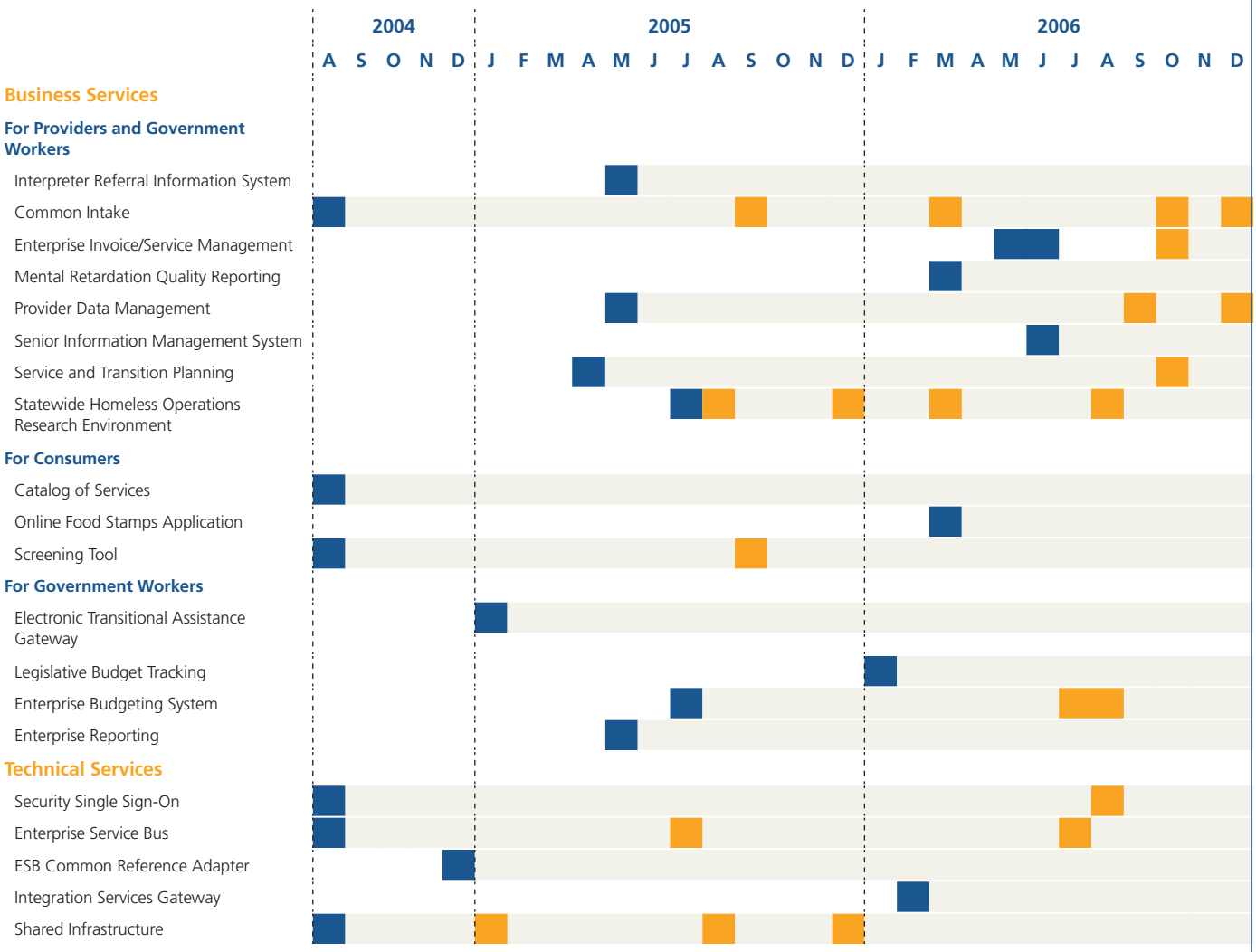

Figure 1: Virtual Gateway Service Offerings

Please see the Appendix for a brief description of each service.

Virtual Gateway Services

Throughout 2006 EOHHS added several new services to the Virtual Gateway while also strengthening many existing offerings.

Online Billing for Community Human Service Providers

In October of 2006, EOHHS launched EIM/ESM for Purchase of Service (POS) providers. Built with state-of-the-art service-oriented architecture, EIM/ESM applies best practices in electronic invoice management to the POS system. It replaces and standardizes many manual, paper-based processes that currently vary across EOHHS agencies. The service improves internal controls and streamlines invoice submission, approval, and payment.

By December, the Virtual Gateway team had trained over 600 individuals in 200 community provider organizations to use EIM/ESM. By the end of 2007, more than 8,000 individuals representing over 700 organizations will use the service. When fully implemented at the end of 2008, it will support over 10,000 users, processing invoices totaling over $2 billion each year.

All information and transactions handled by EIM/ESM become part of a single repository of information on POS spending and service utilization. As such, EIM/ESM enables EOHHS to track, analyze and understand spending comprising nearly 10% of the entire Commonwealth budget.

In another improvement to the way EOHHS manages the POS system, the Provider Data Management (PDM) service was updated to support the Salary Reserve distribution process. This year, POS providers used the Virtual Gateway to submit contract and payroll information instead of using cumbersome spreadsheets as in the past. This enabled EOHHS to distribute Salary Reserve allocations quickly and efficiently. Over 32,200 direct care workers from 444 provider organizations received salary increases of 3.41%.

Improving Care for EOHHS Consumers

Recent Virtual Gateway enhancements support service delivery to individuals with special needs.

People with Disabilities: Quality Reporting for the Department of Mental Retardation was added to the Gateway in 2006. This service, known as HCSIS, significantly improves a previous, paper-based approach focused on incident reporting. Beyond simply recording incidents when they occur, HCSIS enables proactive incident management and prevention. It also tracks medication issues and restraint utilization. Personnel from the Department of Mental Retardation, contracted service providers, human rights coordinators, and others use the service to monitor consumer health, safety, and welfare.

Elders: This year also saw the launch of the Senior Information Management System (SIMS). The Executive Office of Elder Affairs and contracted providers use this online data collection, case management, and reporting tool. The service enables users to track various programs for elders, including intake and referral, home care, nutrition, and clinical assessments. SIMS ensures the consistency of consumer care histories and simplifies state and federal reporting activities.

Families and Children: Significant changes were made last year to Service and Transition Planning, known as STARS. In its initial 2005 release, STARS facilitated the movement of children served by the Department of Social Services from more restrictive inpatient placements to community-based settings. Its second, 2006 release includes robust tools such as assessments, treatment plans, and incident tracking. Release 2.0 will likely quadruple the existing user base, bringing the total number of users to nearly 3,000 at full deployment.

Homeless Persons: The Statewide Homeless Operations Research Environment (SHORE) was also enriched in 2006. Initially designed by the Department of Transitional Assistance to meet Congressional directives, SHORE collects an array of data on homelessness. Over 100 organizations representing more than 600 programs now use this service. Part of the Gateway since 2005, SHORE was updated twice in 2006. Enhancements strengthen SHORE's capabilities as a reporting and bed inventory management tool for homeless shelters and service providers.

New Partnerships and New Capabilities for Common Intake

Launched in 2004, Common Intake combines applications for 13 different programs and services into a single online form. Already a powerful tool for eligibility screening, data collection, and application tracking, Common Intake has earned another distinction. It is the first Virtual Gateway service that empowers citizens to apply directly for a service. In March, a self-service Food Stamps Application was added to Common Intake through a partnership with the Department of Transitional Assistance. Currently in pilot, this service is available

Provider Perspective

Using Service and Transition Planning (STARS)

Steve Willis
Clinical Director
Dare Family Services
Somerville, Massachusetts

Initial Impressions
Dare Family Services is one of the "early adopters" of Release 2.0 of STARS. As such, they are providing important feedback in the early stage of a rollout that will eventually extend to more than 3,000 users.

Since starting to use STARS, Dr. Willis has experienced "great relief" regarding the availability of a single, state-wide standard for client service concerns.

He has found the service to be a "sophisticated, though user friendly tool" that integrates well assessments, treatment plans, and case notes. Peer feedback has been "universally positive."

Long-Term Gains
With STARS in place, Dr. Willis expects to gain far better information regarding service delivery results. He also expects it will ease current administrative requirements, making many of their existing paper processes obsolete.

Word to the Wise
Dr. Willis would counsel new users implementing STARS not to see it as just another computer system. Instead, he would urge that they view it as a "very useful tool for kids, families, and care providers."

Service Context
A private, nonprofit social services agency, Dare Family Services operates six offices across Massachusetts and one in Connecticut. The primary service that the agency provides is a specialized form of foster care. Services also include housing for individuals with mental retardation and teens who are pregnant or parenting.

Total Number of VG Users Within Organization
Over 20, across all Massachusetts service locations.

Provider Perspective

Using Common Intake

Cindy Francis
Manager
Patient Financial Services
Southcoast Health System
New Bedford, Massachusetts

Service Delivery Improvements
In the past, Southcoast Health System staff used the Common Intake service to submit MassHealth applications on behalf of their clients. Now, by answering just a few more questions, they use Common Intake to initiate applications for programs such as Food Stamps and Women's Health Network.

Ms. Francis finds that doing so "greatly expedites the whole application process." Clients no longer must complete several forms and work with multiple state agencies to apply for services.

The process is integrated and simplified. Data is more accurate and complete. And direct care workers gain time to help clients with additional services, such as prescription assistance.

Reliable Business Supports
Ms. Francis finds herself calling Virtual Gateway Customer Service every month or so. Could they do a better job? Not according to Ms. Francis, who has "only good things to say" about Customer Service staff. She observes, "They are there when I need them, and that's all I need!"

Service Context
Formed in 1996 from the merger of St. Luke's Health Care System in New Bedford, Charlton Health System in Fall River, and Tobey Health Systems in Wareham, Southcoast Health System now has a total of 41 ancillary facilities throughout the South Coast region.

Total Number of VG Users Within Organization
20

to citizens residing in the Fall River, Massachusetts area. Though still early, the Virtual Gateway team hopes to expand this initiative.

In October of 2006, another dimension was added to Common Intake: public assistance housing applications. A joint venture with the Department of Housing and Community Development, this initiative enables Common Intake to accept online applications from housing assistance providers for state-aided public housing. The Common Intake service routes these applications directly to local housing authorities. The electronic housing application will reduce the time required for families in shelters to find permanent housing.

Business and Financial Tools for Better Resource Management

In January of 2006, the EOHHS Office of Financial Management launched the Legislative Budget Tracking (LBT) tool. It provides a shared analytical platform that EOHHS and agency budget staff use to collaborate when making updates and comments on line item language and outside section data. LBT harnesses the power of the Gateway to deliver web-based, secretariat-wide information from the governor's budget proposal all the way through to tracking veto overrides. Being part of the Gateway has improved the security and performance of the tool, which was internally developed and previously installed as a desktop application.

Programs Available via the Common Intake Online Application for Services

State-Aided Public Housing

Child Care

Health Insurance and Health Assistance Programs
- MassHealth
- Healthy Start
- Children's Medical Security Plan
- MassHealth for seniors and people needing long-term care services at home
- Commonwealth Care
- Uncompensated Care Pool

Food Stamps Benefits

Women's Health Network

Women, Infant, and Children's Services

Community Services and Long-Term Support
- Home care services for elders
- Vocational rehabilitation services
- Services for individuals who are legally blind
- Services for children and adults with mental retardation
- Services for the deaf and hard of hearing
- Services for children and adults with a mental health condition
- Services for veterans seeking inpatient, outpatient, or domiciliary care

Additionally, this year the Office of Financial Management updated the Enterprise Budget System (EBS), which assists EOHHS agency budget staff with secretariat budgeting and forecasting tasks. In July, the MassHealth Forecast Application of EBS was released, improving forecasting and scenario analyses for the $7.5 billion MassHealth budget. This replaces the prior, more cumbersome budgeting system that consisted of 1,300 linked Excel spreadsheets. Also, in August, an updated Spending Plan Application was released. It enables the EBS system to capture FY 2007 revenue spending projections and supports related inter-agency communication, reporting, and work-flow tracking.

The percentage of electronic food stamps applications that were approved for benefits increased from 15% in 2005 to 26% in 2006.

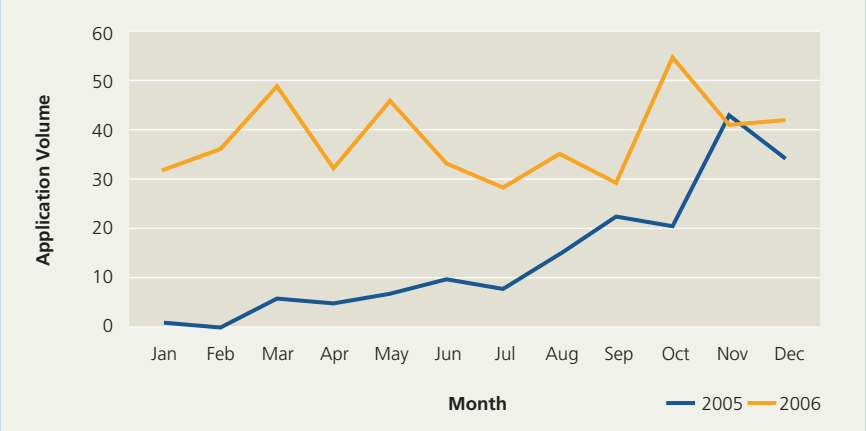

Figure 2: Number of Food Stamps Applications Approved for Benefits Following Submission via the Virtual Gateway (including the Fall River Pilot)

Leading the Nation in Improving Food Stamps Participation

Massachusetts now leads the nation in improved Food Stamps Program participation! This success, acknowledged by the Food Research and Action Center, was hard won. For three years in a row – 2000, 2001, and 2002, the Commonwealth ranked last in a national review.

The Department of Transitional Assistance, which administers the federally-funded Food Stamps Program, was determined to make a change. Its goal was simple: to make food stamps readily accessible to all eligible individuals and families in the Commonwealth. It sought innovative ways to reach low-income families and facilitate the application process.

One tool was the consumer-facing Food Stamps Application on the Virtual Gateway. Almost 17% of electronic applications submitted in 2006 originated via this new service.

From 2005 to 2006, not only were electronic applications up, but respective percentages of accepted applications also climbed. More eligible citizens are applying for, and receiving, important nutrition assistance.

Provider Perspective

Using Enterprise Invoice/Service Management

Stephanie Kilbride
Executive Director
Brighton-Allston Mental Health Association (BAMHA)
Brighton, Massachusetts

Service Delivery Improvements
Since her organization implemented EIM/ESM, Ms. Kilbride has noticed a substantial reduction in time to payment from invoice submission. Such expedited payments are a "significant help" to managing cash flow.

She also has found that having EIM/ESM do "some of the calculations for you" saves time and decreases the previous need for tracking spreadsheets.

Word to the Wise
Ms. Kilbride would counsel peer agencies implementing EIM/ESM to "go slow and take lots of notes!" Attending carefully to setup considerations and making the most of training opportunities has supported their success.

Service Context
BAMHA is a private, non-profit behavioral health care agency that specializes in the delivery of a full array of mental health services to children, adolescents, families, and adults in Greater Boston.

Total Number of VG Users Within Organization
2

Virtual Gateway Operations

The Virtual Gateway is committed to doing whatever it takes to support people who are using our online services. The entire team works on continuous improvement and focuses on prompt issue resolution, knowledge, and professionalism. Many of these efforts in 2006 were focused on stabilizing our operations capacity to ensure that we are as small and efficient as possible.

Behind the Scenes: Making it All Happen

Early in 2006, we assessed how we share information with our users. We put all materials suitable for "self-service" on the web, making it easier for consumers to learn about, sign-up for, and register to train on VG services. The Virtual Gateway website is part of the Health and Human Services Mass.gov portal, which receives 2 million "hits" a month. Using this site to its fullest extent maximizes Virtual Gateway resources as well as consumer autonomy.

Additionally, the Virtual Gateway team is performing a comprehensive review and confirmation of internal operations. It is clarifying core functions, making sure roles and responsibilities are clearly defined and necessary tools and processes are in place. The team is also developing quantifiable performance indicators that will help to steer, track, and assess service provision.

Supporting Our Users

The Virtual Gateway's user base is ever-expanding. At the end of calendar year 2005, the Virtual Gateway had just over 6,000 users. As calendar year 2006 closed, that user base had grown by almost 300% to over 17,000! Call volume, likewise, has risen, with "spikes" typically associated with the release of a new service or a significant service enhancement. All this has occurred with the addition of a very small number of staff.

The Virtual Gateway team supports all users once they are "live" through Virtual Gateway Customer Service. In 2006, this busy group averaged over 300 calls a week. More than half of these calls were about security issues: passwords and access management. Better than a third of these calls were from people seeking help using a particular business service. Remaining calls involved connectivity and other concerns.

To support fully our expanding user base, we have undertaken special measures to align Gateway services with

the accessibility requirements set forth in the Americans with Disabilities Act. A Steering Committee has been created to oversee the Virtual Gateway's efforts in this regard. Recent enhancements to the Provider Data Management and Common Intake services were focused specifically on meeting accessibility standards.

Preparing Organizations for Change

This past year, Virtual Gateway staff provided many state agencies and provider organizations with wide-ranging assistance as they prepared to use Gateway services. This assistance typically begins with deployment support. Deployment coordinators help organizations to understand start-up activities required to come "on board" the Gateway and to complete them on time. In 2006, such efforts included numerous site visits, conference calls, and related outreach.

Tracking progress resolving caller inquiries is just one of several ways the Virtual Gateway is looking at performance.

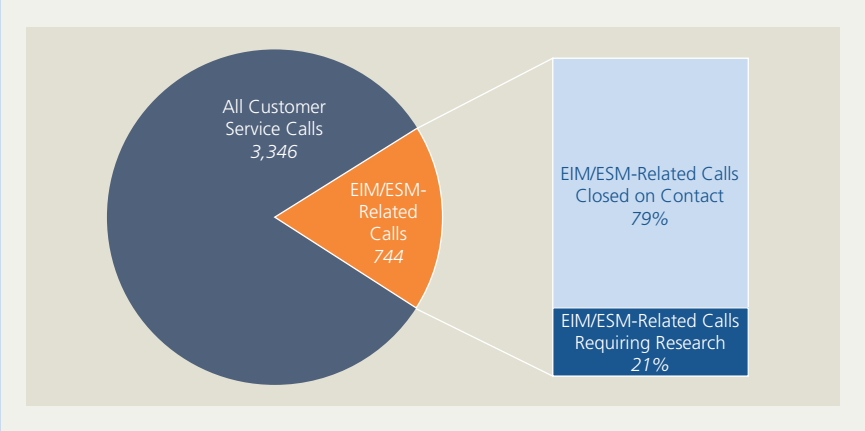

Figure 3: Resolution Rates for EIM/ESM-Related Inquiries, Shown As a Percentage of All Customer Service Calls

Data reflects activities for the months of November and December 2006.

Looking at Performance

The Virtual Gateway team recently began a Key Performance Indicators initiative. Through this effort, staff members are working in teams to identify quantitative metrics that track performance and results.

Why are we trying to measure what we do? Because appropriately selected measures reveal whether work is being done in an efficient – and effective – manner. They show advances toward established goals and priorities.

For example, Virtual Gateway Customer Service seeks to resolve caller inquiries as quickly as possible. To understand progress toward this objective, all calls and their respective resolutions are tracked.

As a first step, Customer Service has tracked calls regarding the EIM/ESM service. Recent data shows 79% of inquiries closed on contact, with most calls resolved within the week they are received.

The Virtual Gateway team has defined key performance indicators across all functional areas. EOHHS will use these indicators to monitor results, efficiency, and effectiveness.

Provider Perspective

Working with Virtual Gateway Customer Service

Theresa Kane
Chief Operating Officer
Polus Center for Social & Economic Development
Worcester, Massachusetts

Key Business Improvements
Using the Virtual Gateway has made it simpler for Polus Center staff to report incidents. Now these critical documents are filed online, eliminating the need for paper documents and time-consuming routing and storage concerns. According to Ms. Kane, "I feel more secure that when I have to learn about an incident, information will be at my fingertips."

Reliable Business Supports
Virtual Gateway Customer Service is there for its users. When new to the Gateway, Ms. Kane found that the "very patient and knowledgeable" Customer Service staff got her organization "on the right path" and ready to get underway!

Word to the Wise
Ms. Kane would counsel new users to make the most of available training. And, she adds, "Don't wait to call Customer Service when you have a question!"

Service Context
Founded in 1979, the Polus Center supports community-based programs that promote social and economic opportunities for people with disabilities and other vulnerable groups.

Total Number of VG Users Within Organization
5

Another activity required to ensure people are ready to use the Gateway is training. This year, our team of trainers traveled extensively across the Commonwealth and trained over 1,300 individuals. Training covered a variety of topics, from how to submit electronic applications for health care programs and public housing to invoice processing and management. Training typically includes a "hands-on" component, providing important practice opportunities. In addition, computer-based training courses are being integrated into the curriculum, providing users with "self-service," online access to course content.

The Virtual Gateway team sometimes gives on-site support to organizations getting ready to use Gateway services. This assistance targets those experiencing especially complex change impacts. Several future users of EIM/ESM required such help in 2006. Issues averted and/or resolved through local consultation concerned contract activation and reconciliation, historical invoice entry, and data migration.

Managing Our Technology

The Virtual Gateway Technical Operations and Quality Assurance Teams work to ensure the reliability and stability of the Gateway. Working in partnership with the Commonwealth's Information Technology Division (ITD), they make sure the system is "up," that information is processing correctly, that the Gateway security system is functioning properly, and that new software and systems are released onto the Gateway successfully.

In August, the Technical Operations Team and ITD successfully established a system of backup servers that work in "clusters." Previously, a single point of contact existed between the shared security service and all Virtual Gateway business services. This meant that a failure of one server had the potential to disrupt the work of users on the Gateway. Now, user load is balanced and processing shifts from one server to another if Gateway performance degrades. "Downtime" is minimized and the availability of Gateway services is maximized.

This past year also saw an enhancement to the Enterprise Service Bus (ESB), a network connection on which diverse EOHHS systems communicate in a standardized way. The enhancement allows interface updates without disruptions to the ESB. Why is this important? Fewer disruptions mean fewer delays for users of Gateway services. The "bus," an event-driven messaging engine, makes sure that messages continue to be processed across the enterprise.

A related update targeted the Integration Services Gateway, which provides web service integration. Such integration serves to break down organizational barriers and IT silos. For example, through the Integration Services Gateway, direct calls may be made to another application. This makes it much easier for EOHHS systems to "call" one another and exchange information, making real time data exchange and flexible inter-system connections possible.

Also new in 2006 was a formal release management process for all software coming into the Virtual Gateway. This process sets forth what must occur prior to planning a software release

Virtual Gateway Team

Members of the Virtual Gateway team in the atrium of the 2 Boylston Street, Boston, site where their offices are located.

and establishes a predictable, repeatable deployment approach. It supports quality within the production environment in which Virtual Gateway applications run. Similar efforts to stabilize the managed infrastructure will occur in 2007.

Investing in the Enterprise Service Bus

A Closer Look at the Virtual Gateway's Architecture

It might not be a glamorous image, but it is apt. The Enterprise Service Bus is the "plumbing" behind Virtual Gateway applications. It connects software, business applications, and channels throughout Health and Human Services and its client organizations. A single, reusable architecture, the ESB eliminates redundant investment and ensures that all VG systems can communicate with one another.

Consider the example of a registered user accessing a front end application such as Common Intake through the Virtual Gateway. The ESB is integrated with the Shared Security Service, which enforces that only authorized messages will be transmitted from a source system to a target system. Once the user submits an authorized application, the ESB validates, transforms, and routes Common Intake XML messages to the proper back-end system(s). In this example, the business applications concerned would be those that MassHealth, Food Stamps managers, and the Department of Early Education and Care use to manage their client loads.

The ESB also performs other, critical functions. It monitors and logs all traffic information, making summary data available real-time via the ESB Dashboard. It also provides the ability to trace message passage through the bus to troubleshoot transmission and transformation failures. Activity levels are vigorous: current documentation shows the ESB at 20,000 messages per hour on a single CPU. Synchronous messages and inputs to the asynchronous ESB services are managed by the XML Gateway at full gigabit line speed.

As more HHS programs are connected through the ESB, more value will be created for consumers. The ESB will become the core component to orchestrate HHS business services. By aggregating and reusing existing assets, the ESB will play a critical role in reducing overall cost by shortening the time it takes to make new online services available.

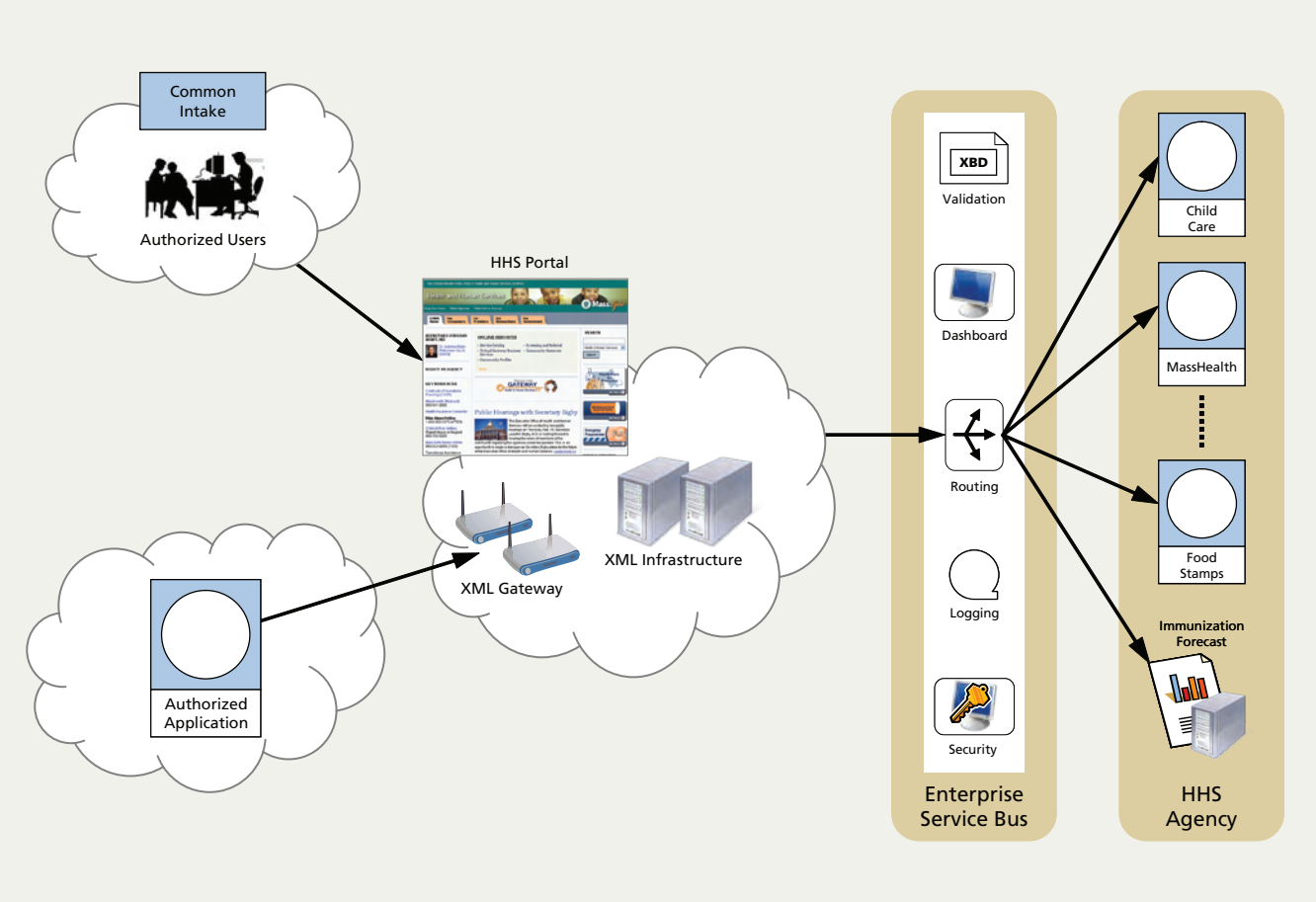

Figure 4: Enterprise Service Bus Integration

Virtual Gateway Future

The Virtual Gateway team envisions a future in which citizens are linked to the programs and services they need as quickly and efficiently as possible. Realizing this vision requires work on two fronts. First, it involves improving access for individual consumers. Second, it means supporting the provider organizations contracted by EOHHS to deliver health and human services.

Advancing the Health Care Reform Agenda

The Virtual Gateway Common Intake service is a major point of access for citizens seeking health care. Its availability is especially important given the landmark legislation Massachusetts passed in 2006 to ensure all residents have access to quality, affordable health care. Several Common Intake enhancements are planned for 2007 to position the Virtual Gateway to support this reform initiative.

One such change involves launching a "customer-facing" version of the Common Intake service. It will enable individuals to apply for health care coverage on their own without visiting a provider that uses the Virtual Gateway or filling out a paper Medical Benefit Request form. This new application will make it easier to apply for MassHealth and Commonwealth Care, a new health insurance program for uninsured individuals. Commonwealth Care will also be added as another program that consumers can screen for with the Virtual Gateway screening tool.

Expanding Service Offerings

Adding business services that benefit increasing numbers of citizens, human service workers, and providers remains a priority. Accordingly, the Virtual Gateway will increase the number of services available through Common Intake, including more Department of Public Health programs. Doing so will streamline relevant application processing, serving individual consumers as well as the organizations that assist them.

Another change to Common Intake will bring a completely new tool to the Gateway. The "My Account Page" service will provide access to MassHealth benefits information through a single web page. It will afford staff from MassHealth and provider organizations a single view of an individual's benefits information or the status of his or her eligibility. The new tool will save time for workers, capturing demographic information, determination dates, benefit levels, and any pertinent next steps for all household members.

Key projected growth areas include the Enterprise Invoice/Service Management (EIM/ESM), Service and Transition Planning (STARS), and Senior Information Management System (SIMS) services.

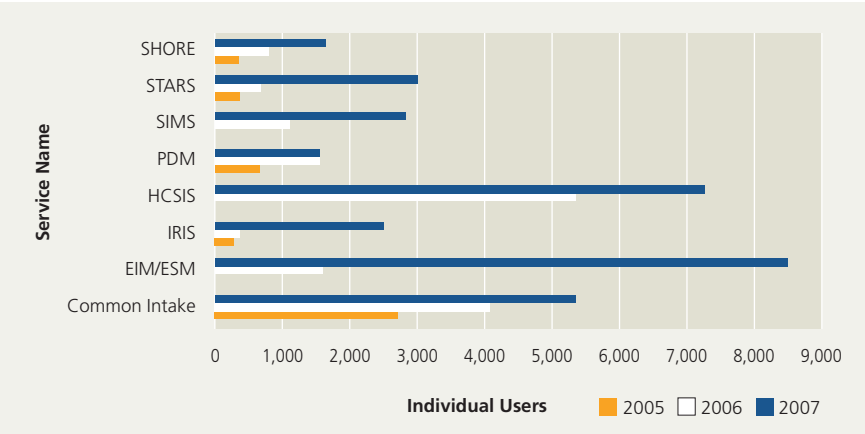

Figure 5: Virtual Gateway User Load by Business Service (Services for Provider and Government Users)

Significant deployment efforts will continue for other, newly added and expanded services. Ongoing implementation of the Senior Information Management System, EIM/ESM, and Service and Transition Planning will greatly extend their respective user bases. These services support our providers in a variety of ways, from simplifying business processes to enriching collaboration opportunities and client service delivery.

Whether they originate as commercial, off-the-shelf products or locally developed applications, the Virtual Gateway's services will continue to have a unified "look and feel." This consistency enhances the experience of all Gateway users. It also maximizes shared technical and business services and cost savings through reuse.

Managing Service Quality

New and expanded services mean more "traffic" on the Virtual Gateway. User load is expected to double, in fact, in 2007. Such growth requires proactive, careful management of the Gateway infrastructure. These efforts aim, ultimately, to ensure users find the quality and reliability they expect.

Critical to meeting such expectations is the capacity enhancement planned for this spring. The last such update, completed in August of 2005, doubled Virtual Gateway server capacity and tripled its potential user load. Another major enhancement targets the security service. This update will introduce identity management functionality, making it easier to enter new user information. Virtual Gateway Customer Service, which manages all requests for access as well as account changes for new and existing users, will be able to process such items even more readily.

The Virtual Gateway is also enhancing its first interaction with many users: training. The training environment that is used to simulate Gateway transactions will be greatly expanded in 2007. Updates will increase – by tenfold – the number of users that may be logged in to the training environment at any one time. More trainees will be able to "practice" before actually using a Gateway service.

In its initial two years, the Virtual Gateway has evolved considerably. Its services have grown in number and diversity. User load has increased and application vehicles have expanded. Technology has become more sophisticated. What remains steadfast, however, is the commitment of the Virtual Gateway to the families and individuals we serve. Their needs are our focus, their service is our imperative.

Appendix

Virtual Gateway Service Overview

Service	Acronym	Purpose
Business Services		
Services for Providers and Government Workers		
Interpreter Referral Information System	IRIS	The Interpreter Referral Information System is a centralized database that coordinates scheduling of American Sign Language interpreters and Computer Assisted Real-time Translation reporters.
Common Intake	CI	Common Intake is an online tool that registered providers can use to submit applications on behalf of clients for up to 13 different Health and Human Service (HHS) programs.
Enterprise Invoice/Service Management	EIM/ESM	EIM/ESM is an invoice submission and service reporting system for Purchase of Service providers that are contracted by EOHHS agencies.
Mental Retardation Quality Reporting	HCSIS	Mental Retardation Quality Reporting is a web-based, quality management service that allows Department of Mental Retardation staff and service providers to file clinical information and reports on incidents, medication issues, restraints, and investigations.
Provider Data Management	PDM	Provider Data Management is an online tool that enables providers to monitor, edit, and upload information commonly requested by HHS agencies. The service also provides HHS agencies with a single place to view provider information.
Senior Information Management System	SIMS	SIMS is an online data collection, case management, and reporting tool for Executive Office of Elder Affairs agencies and providers.
Service and Transition Planning	STARS	Service and Transition Planning is a tool for registered HHS staff and providers to support collaborative treatment planning and referral services for certain children served by HHS.

Virtual Gateway Service Overview

Service	Acronym	Purpose
Statewide Homeless Operations Research Environment	SHORE	The Statewide Homeless Operations Research Environment is an online tool for data collection, case management, and reporting. It is the Massachusetts Homeless Management Information System.
Services for Consumers		
Catalog of Services	N/A	The Catalog of Services contains descriptions of many health and social services that are available to the public. The catalog also provides information about who is eligible and how to apply.
Online Food Stamps Application	N/A	The Online Food Stamps Application is a mini-pilot being conducted by the Department of Transitional Assistance with citizens who live in the Fall River, Massachusetts, area. It provides a new way for individuals with access to the Internet to apply for Food Stamps, a nutrition program for families and individuals that meet certain income and resource guidelines.
Screening Tool	N/A	The Screening Tool is an anonymous questionnaire that helps people to understand whether they are likely to be eligible for certain social services programs. Programs include MassHealth, Child Care Subsidy, Food Stamps Benefits, Veterans' Services, Substance Abuse, and Women, Infants, and Children Nutrition.
Services for Government Workers		
Electronic Transitional Assistance Gateway	eTAG	The Electronic Transitional Assistance Gateway is an online tool through which users can view case management information for all transitional assistance programs, including Food Stamps, financial assistance, and homeless services.
Legislative Budget Tracking	LBT	Legislative Budget Tracking is a tool that allows users to comment on line item language and outside section data for the various phases of the legislative budget process.
Enterprise Budgeting System	EBS	The Enterprise Budgeting System is a planning tool that supports two primary uses: the MassHealth budget and forecasting process and the agency spending plan submission process.
Enterprise Reporting	N/A	Enterprise Reporting enables the development, production, and distribution of business intelligence reports to EOHHS staff.
Technical Services		
Security Single Sign-On	SSSO	The Security Single Sign-On service permits the user forced to have multiple Virtual Gateway accounts (for reasons of security and privacy compliance) to have one Virtual Gateway sign-on.
Enterprise Service Bus	ESB	The Enterprise Service Bus is a key component of the Service Oriented Architecture used by EOHHS. It provides an opportunity to simplify the back end application portfolio and make use of a common software infrastructure without impacting front end applications.
ESB Common Reference Adapter	ESB CRA	Part of the third release of the ESB, the Common Reference Adapter creates a standard software component to allow generic connectivity and management of connections between a database, file, or web service and the ESB.
Integration Services Gateway	N/A	The Integration Services Gateway is an XML gateway that uses IBM Data Power to provide web service integration and security.
Shared Infrastructure	SI	The Shared Infrastructure provides a cost effective means of hosting multiple, complex applications.

Acknowledgements

We thank our colleagues across Health and Human Services, as well as other Commonwealth peers, for helping us to achieve our goals.

The Legislature of the Commonwealth of Massachusetts

Departments within the Executive Office of Health and Human Services
Executive Office of Elder Affairs
Executive Office of Veterans' Affairs
Commission on Mental Retardation
Department of Mental Health
Department of Mental Retardation
Department of Public Health
Department of Social Services
Department of Transitional Assistance
Department of Veterans' Services
Department of Youth Services
Division of Health Care Finance and Policy
Massachusetts Commission for the Blind
Massachusetts Commission for the Deaf and Hard of Hearing
Massachusetts Rehabilitation Commission
Office for Refugees and Immigrants
Office of Medicaid
Soldiers' Home in Chelsea
Soldiers' Home in Holyoke

Other Valued Partners
Massachusetts Information Technology Division
The Office of the State Comptroller
Department of Housing and Community Development
Department of Early Education and Care
The Virtual Gateway Steering Committee

The Virtual Gateway team also thanks Deloitte Consulting for donating development and graphic design services for this report.

Virtual Gateway Operations
Two Boylston Street
Boston, Massachusetts 02116

Tom Curran, Secretariat Information Officer, EOHHS
Andrea Dodge, Chief Administrative Officer, EOHHS

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