2016 NeHII Annual Report

January 2017

Nebraska Health Information Initiative

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Nebraska Health Information Initiative

Introduction

This document is intended to serve as an overview of the various Nebraska Health Information Initiative (NeHII) activities over the past twelve months and will address the following major topics: adoption and increased usage, financial management practices, the major projects and events of 2016, staffing support and, finally, a preview of what lies ahead for the statewide health information exchange in Nebraska. As an introduction, we are reminded of the NeHII vision: To be a leader in the secure exchange of health information enabling a healthier Nebraska.

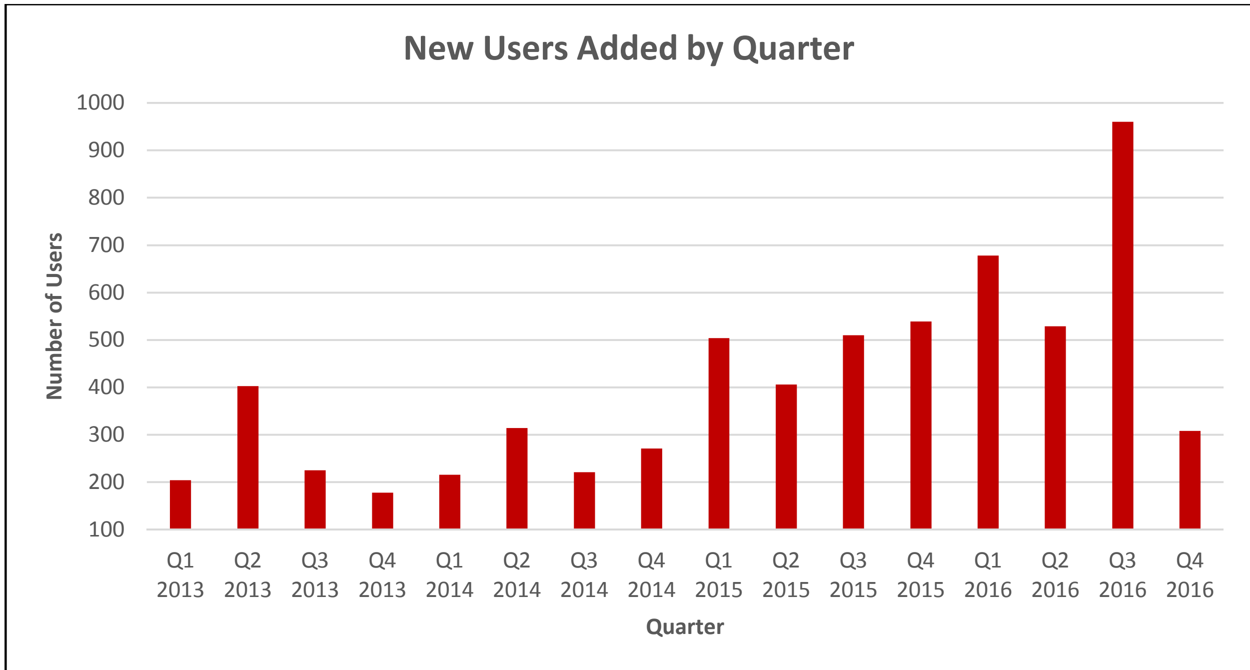
Adoption and Increased Usage

The year 2016 was another year of growth in the number of users of the Health Information Exchange (HIE). The annual goal of 600 new providers using NeHII's Virtual Health Record (VHR), now called the Community Patient Profile (CPP) on the HIE 2.0 platform, was exceeded during a year when the training resources focused on training current users to the new platform during the fourth quarter. Concurrently, these resources spent significant time training prescribers and dispensers on the new Prescription Drug Monitoring Program (PDMP). NeHII's staffing model for clinical implementation specialists (trainers) was increased to two full time positions in late 2015 so that the balance between supporting current users while training new users could be better managed. 2016 saw two record quarters for new users and then ended the year with the massive provisioning effort to support the two new system implementations of HIE 2.0 and the enhanced PDMP. On-site trainings across the state created endless opportunities to establish new relationships and continued to build on long-standing partnerships. As in years past, NeHII's clinical implementation specialists and other team members presented and/or exhibited at the major professional association meetings across the state and region to continue to raise awareness for NeHII in support of increased adoption.

A critical value indicator of NeHII is reflected by the number of physicians and healthcare providers using the system. The number of providers added per quarter in 2016 was: first - 149; second - 156; third - 373 and fourth - 64. The total number of new users provisioned to NeHII in 2016 was 2,426. See the table below.

YR - 2016	Q1	Q2	Q3	Q4	'16 Totals
Providers	149	156	373	64	742
Pharmacists	54	49	149	9	261
Clinicians	450	306	432	235	1423
				2016 Total New Users	2426

The New Users Added by Quarter graph indicates the steady increase of users (physicians, pharmacists and staff) of the system from Q1 2013 through Q4 2016.



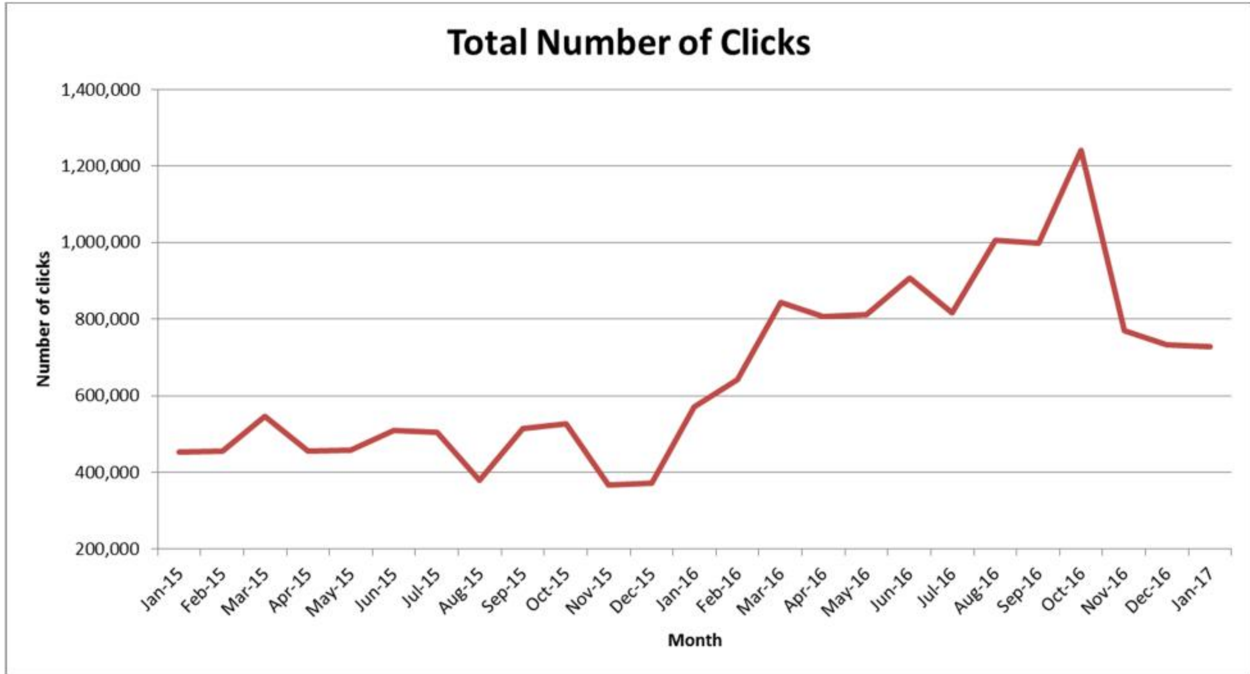
Records were set in 2016 for new user enrollment which include:

- 2016 Q1 – Most clinical staff added in a quarter (450)
- 2016 Q3 – Most providers added in a quarter (373)
- 2016 Q3 – Most pharmacists added in a quarter (149)
- 2016 Q3 – Most total users added in a quarter (954)
- 2016 Total – Highest number of providers (742), pharmacists (261), staff (1,423) and total users added in a year (2,426)
- 2016 Total – 2016 new users added accounts for 26% of total users on the HIE since NeHII's inception

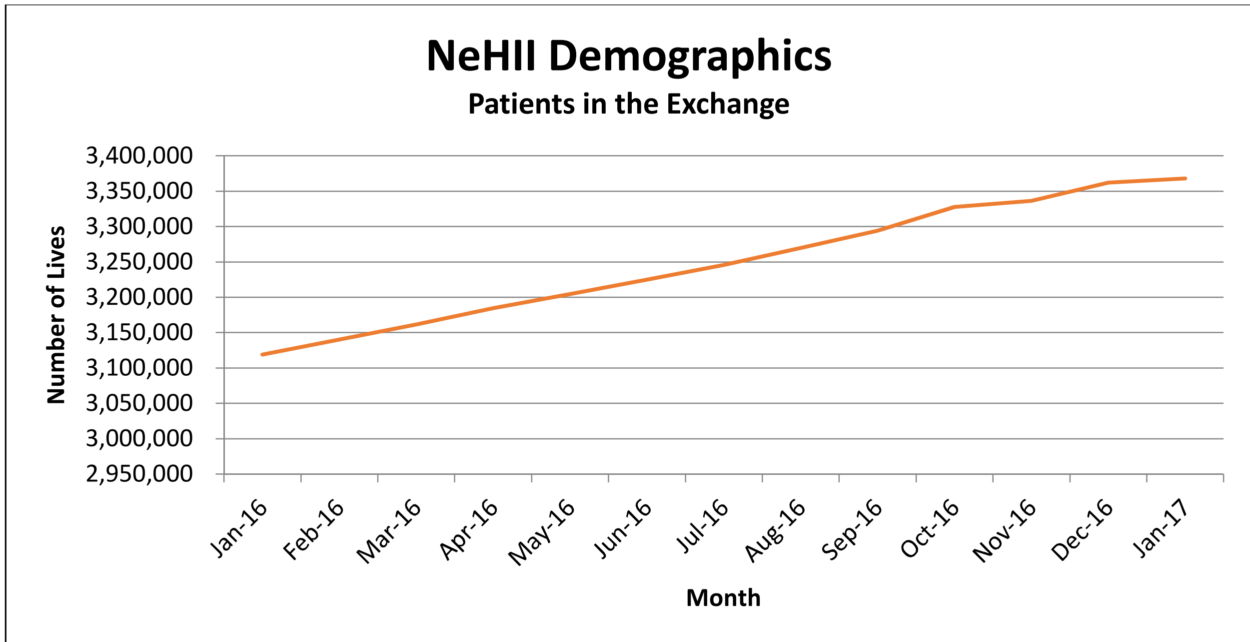
With the platform migration, this graph is now titled the Community Patient Profile (CPP) New Users Table and is shown below.

	2009	2010	2011	2012	2013	2014	2015	2016	Totals
Providers	29	333	335	435	403	468	444	742	3189
Pharmacists	0	0	17	39	30	7	43	261	397
Clinicians	79	434	440	528	911	727	1230	1423	5772
Totals	**108**	**767**	**792**	**1002**	**1344**	**1202**	**1717**	**2426**	**9358**

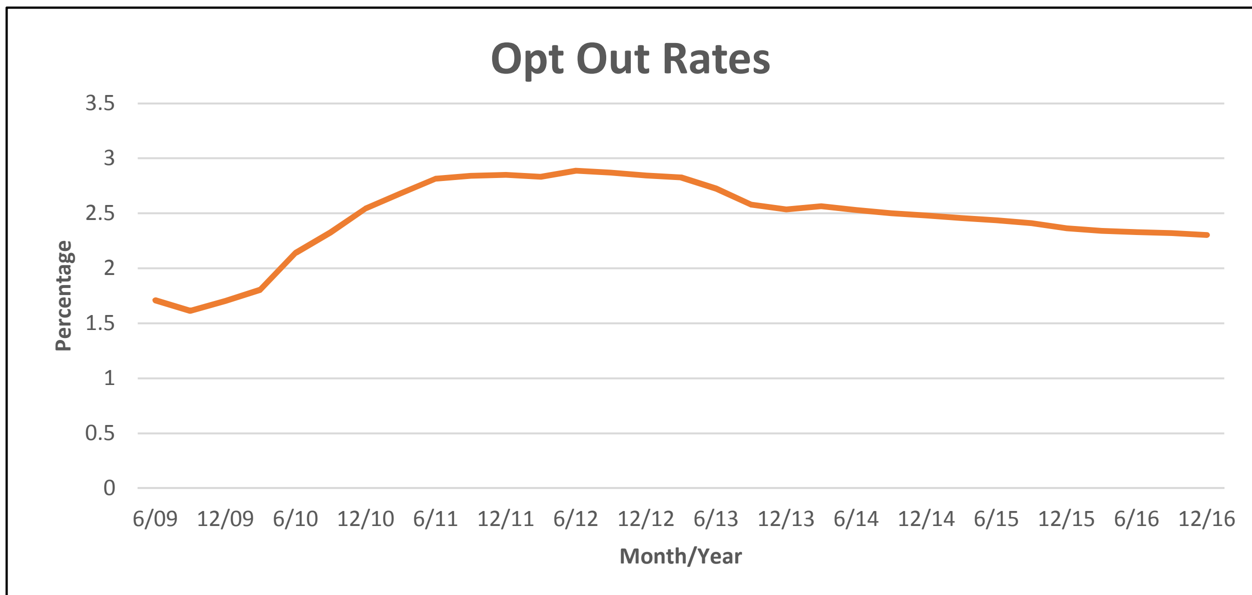
The physician site license option and single sign-on implementations at four health systems positively impacted the usage of NeHII. Please see the Number of Clicks graph below for the HIE 1.5 platform to view the increased usage throughout the year. The decline in the number of clicks during November and December indicate the migration of users to the HIE 2.0 platform.



Another indicator of continued growth is evidenced by the number of consumer lives in the system. NeHII has steadily added lives to the HIE as observed in the Consumers with Demographic Data graph. There are also consumers contained in the Master Patient Index (MPI) with addresses outside the State. With the platform migration, the Master Patient Index will be reviewed and cleaned up to remove lives that have no associated clinical data. This will result in a decline of the number, but will serve to provide a reset for a more accurate baseline number.



The opt out rate remains below 3%. This critical indicator of consumer confidence in sharing their health information is demonstrated by the Opt Out Rate graph found on this page. NeHII staff members work with intake personnel from the various participating hospitals to validate consumer education practices. This ongoing effort is essential as the privacy policies have been expanded to include healthcare operations, such as public health reporting in 2012 and healthcare operations for health systems and payers in 2014. Readmission reporting was rolled out to all data sharing hospitals in 2016. A revised version of the Consumer Education Brochure, Exhibit A, was finalized in December 2016 and will be distributed in Q1 2017.



The listing and map below reflect the hospital implementations. NeHII has connected 65% of the hospital beds in the state. Critical Access Hospitals (CAHs) that are currently participating or have signed a Participation Agreement constitute 49% of the CAH beds.

Current Participants Include

Arbor Health Plan
Auburn Family Health Center
Avera Creighton (Creighton)
Avera St. Anthony's (O'Neill)
Beatrice Community Hospital & Health Center (Beatrice)
Blue Cross and Blue Shield of Nebraska (Omaha)
Boys Town National Research Center (Omaha)
Cass County Health System (Atlantic, IA)
Children's Hospital & Medical Center and Clinics (Omaha)
Columbus Community Hospital (Columbus)
Colglazier Demmel Medical Clinic (Grant)
Community Hospital (McCook)
Community Medical Center (Falls City)
Community Memorial Hospital (Syracuse)
Great Plains Health (North Platte)
Mary Lanning Healthcare (Hastings)

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Chase County Community Hospital (Imperial)
CHI Health
- Bergan Mercy Medical Center (Omaha)
- Creighton University Medical Center (Omaha)
- Good Samaritan Hospital (Kearney)
- Immanuel Medical Center (Omaha)
- Lakeside Hospital(Omaha)
- Mercy Hospital (Corning, IA)
- Mercy Hospital (Council Bluffs, IA)
- Midlands Hospital (Papillion)
- Missouri Valley Hospital (Missouri Valley, IA)
- Nebraska Heart Hospital (Lincoln)
- Plainview Hospital (Plainview)
- Schuyler Hospital (Schuyler)
- St. Elizabeth Hospital (Lincoln)
- St. Francis Hospital (Grand Island)
- St. Mary's Hospital (Nebraska City)
- CHI Health Clinics

Methodist Health System and Clinics
Jennie Edmundson Hospital (Council Bluffs)
Methodist Hospital (Omaha)
Methodist Women's Hospital (Omaha)
Methodist Physicians Clinics
Montgomery County Memorial Hospital (Red Oak, IA)
Myrtue Medical Center (Harlan, IA)
Nebraska Medical Center
Nebraska Medicine (Omaha)
Bellevue Medical Center (Bellevue)
Nebraska Medicine Clinics
Nemaha County Hospital (Auburn)
Regional West Medical Center (Scottsbluff)
Sidney Regional Medical Center (Sidney)
St. Francis Memorial Hospital (West Point)

Pending participants include:

Antelope Memorial Hospital (Neligh)
Cherry County Hospital (Valentine)
Grand Island Clinic (Grand Island)
Grand Island Family Practice (Grand Island)
Harlan County Health System (Alma)
Lexington Regional Health Center (Lexington)
Memorial Community Hospital & Health System (Blair)
Nebraska Heart Institute (Lincoln)
Oakland Mercy Hospital (Oakland)
Pender Community Hospital (Pender)
Perkins County Health System (Grant)
Providence Medical Center (Wayne)
Regional West Garden County (Oshkosh)
Saunders County Medical Center (Wahoo)
Thayer County Health Services (Hebron)
The Physician Network (Lincoln)
Think Whole Person Healthcare (Omaha)
Tri-Valley Health System (Cambridge)
Warren Memorial Hospital (Friend)

Financial Management Practices

Throughout 2016, NeHII continued with solid member participation support. Growth was realized through new participants, the State's support through the legislative appropriation, and grant payments. These in combination allowed for NeHII to fulfill its revenue projections. Grant funds have been an important financial tool to allow NeHII to add functionality, such as the Prescription Drug Monitoring Program (PDMP) and Spectrum Analytics, and to encourage and support hospital and facility adoption. See the table below for grants awarded to the State of Nebraska and NeHII.

Awarding Federal Agency	Solicitation Name/Project Name	Anticipated Award Date	Maximum Award Amount	Period of Perfor-mance	Status
CMS	HITECH 90/10 Funding	Sept. 2016	N/A	Oct. 1, 2016 – Sept. 30, 2017	Initial IAPD funding application approved for $649,904. Submitted revised application to NE MLTC for additional projects
Office of the National Coordinator for Health Information Technology (ONC)	Advance Interoperable Health Information Technology Services to Support Health Information Exchange	June 12, 2015	$3,000,000	2 years	Nebraska received award of $2,734,000. Funding started July 27, 2015.
Centers for Disease Control and Prevention (CDC)	Prescription Drug Overdose Prevention for States	September 15, 2015	$4,000,000	4 years	Nebraska received award of $771,229 per year. A minimum of 51% of the award will remain with the State. NeHII will receive $350,771/year
Bureau of Justice Assistance, et al	Harold Rogers Prescription Drug Monitoring Program FY2015 Competitive Grant Program	October 1, 2015	$500,000	2 years	Nebraska received the $500,000 award. NeHII will receive $261,000 the first year and $248,000 in the second year.

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Summary Financial Results

A summary of the financial results of NeHII for the last three years is shown in the table below. The 2016 Income Statement and 2016 Balance Sheet can be found in Exhibit B.

	2016	2015	2014
Total Operating Revenues	$3,977,201	$3,000,427	$2,738,933
Cost of Systems	$1,688,675	$ 978,824	$1,214,057
Operating Expenses	$1,548,966	$1,187,489	$1,007,348
Other Income (Expense)	$ 3,800	$ 2,942	$ 186,846
Net Income	$ 743,361	$ 837,056	$ 704,338
Unassigned Net Assets	$ 826,858	$ 90,899	$(787,438)

During 2016, NeHII completed its third straight year of profitability, ending the year with net income of $743,361. This allowed NeHII to grow its Unassigned Net Assets to $826,858.

During the 4th quarter of 2016, NeHII worked to implement the Optum HIE 2.0 system which financially is important to NeHII. It provides the capability for the HIE to save money in the future due to the reduced systems costs that NeHII will be able to recognize since HIE 2.0 is a "Cloud" based product. In addition, the HIE 2.0 system allows for NeHII to implement a data analytics tool, Spectrum Analytics, which was also implemented in the 4th quarter of 2016. The implementation of this data analytics tool will increase the value that NeHII will be able to provide its customers, stakeholders and the general public as it allows the hospitals, physicians, public health and payers to be able to provide higher quality care, serve the general public better and reduce costs. This increases the sustainability of NeHII as this will increase the number of hospitals, physician and payers that will want to participate with NeHII.

In addition, NeHII has implemented Nebraska's Prescription Drug Monitoring Program (PDMP) effective January 1, 2017. This is a win for the general health of Nebraskans as the HIE is able to help with the fight against the scourge of prescription drug abuse in Nebraska. Ultimately, the linkage of the PDMP and the HIE will create a capability that is larger than the fight against prescription drug abuse as it will provide the ability for medical providers to access a medication reconciliation tool. This functionality provides a comprehensive picture of all prescribed medications to prevent complications of drug interactions and accidental over-prescribing for all patients who elect to participate in NeHII, another win for patient safety.

The implementations of these new systems have driven up the total Cost of Systems for NeHII. The NeHII team has managed these costs through strong negotiation with the system vendors which allowed the HIE to gain system functionality, improve general public health and patient safety, reduce costs to the tax payer through reduced Medicaid costs and increase the value of NeHII to its users.

NeHII Nebraska Health Information Initiative

Financing through Mutual of Omaha Bank

A $1.6 million line of credit was finalized with the Mutual of Omaha Bank in 2013 to provide the needed liquidity to operate the HIE. The line of credit has since been renewed annually. The available line of credit was reduced to $800,000 for 2016 with there being no outstanding balance on the line of credit at December 31, 2016. The line of credit was renewed for 2017. NeHII seldom tapped into the line of credit other than for a three-week timeframe in October of 2016 to address cash flow needs while awaiting delayed grant payments from the State of Nebraska. NeHII's founding members, Blue Cross Blue Shield of Nebraska, Catholic Health Initiatives, Nebraska Medicine and Nebraska Methodist Health System serve as guarantors of the line of credit.

NeHII's Major 2016 Projects

From the strategic planning session that was held late 2015, the following list of added functionalities was developed and shared with NeHII participants to obtain their feedback. Throughout 2016, the functionalities in bold were either implemented or their implementations are underway. The personal health record (PHR) solution, mobile messaging and radiologic image exchange functionalities have been delayed because of concerns with pricing models and associated sustainability plans. Preparation to participate in the eHealth Exchange network will commence in 2017 with the review of the Data Use and Reciprocal Support Agreement (DURSA) agreement by the NeHII Privacy/Security Committee.

- **DrFirst medication history functionality**
- **Patient event subscriptions (PES) for HIE 2.0 platform**
- **Readmission reporting for HIE 2.0 platform**
- **Cross-enterprise document sharing (XDS) functionality to support C-CDA exchange**
- **Data analytics**
- **Usage analytics**
- **Expanded public health web services for Syndromic Surveillance**
- Personal health record (PHR) solution for consumer access
- **Enhanced PDMP functionality**
- Mobile messaging for real time automated alerts
- Participation in the eHealth Exchange
- Radiologic image exchange

In addition to the added functionalities listed above, the other major projects in 2016 were associated with the platform migration to HIE 2.0, the HITECH 90/10 funding request application, the ONC Interoperability Grant, the Harold Rogers Prescription Drug Monitoring Program FY2015 Competitive Grant Program and the CDC Prescription Drug Overdose Prevention for States that were awarded to the State of Nebraska and NeHII as joint partners. The activities associated with those projects are outlined below.

HIE 2.0 Platform Migration Status

The project plan to migrate to HIE 2.0 projected an end of year completion date for the implementation. NeHII successfully transferred all data from the Optum EdgeServers® to the new cloud based platform for all facilities by November 27, 2016. During the transition, NeHII requested that facilities send data to both

systems, and facilities were cooperative in complying with the request. This process allowed NeHII's clinical implementation specialists to work around provider and staff schedules for training while maintaining access for all users to NeHII on one of the two available platforms.

At the end of the year, three outstanding issues remained that needed resolution prior to completing the migration to the new system and sun setting HIE 1.5. One issue was the single sign-on functionality from an EHR into the NeHII HIE application. On the old platform, user authentication attributes and patient context were sent via the security access markup language (SAML) token. The HIE 2.0 specifications continue to require the use of SAML, but much of the syntax has been modified. The Optum, EHR, and NeHII technical teams are working to resolve both errors encountered in the authentication process and sending patient context information so that users will not need to enter demographic information. Challenges continue as the teams work to resolve all outstanding issues.

A second issue existed with the 30-day readmission report. Although the new platform can provide many statistics, it lacked the ability to track individuals who were readmitted to a participating facility within 30 days of discharge. Optum provided a number of sample reports, but several critical fields were missing from the data. NeHII worked with Optum to remedy the problems, and the fields are now available in sample reports. NeHII will continue to work with Optum to refine the selection criteria to match the report generated from the old platform.

In addition, users have a new process to gain access to the Community Patient Profile (CPP). Users will now receive an email with a link to create a userid and answer security questions. Once complete, another email is sent to the user to click on a separate, unique link to confirm their identity. Initially there were numerous issues; however, NeHII has refined the process to reduce the confusion for the user. NeHII has provisioned over 67% of the users from the old platform. The remaining users will be provisioned as soon as the issues with single sign-on are resolved.

With the implementation of HIE 2.0, NeHII is pleased to offer the following enhanced functionalities.

Patient Lists:

The 'My Patients' tab supports the ability to create patient lists for easier access to patient profiles in the Community Patient Profile (CPP). This feature allows the healthcare provider to access the listing in a user-friendly, sortable and tabular view. There are three lists options associated with the feature:

- All My Patients: An auto-populated list of patients which has a relationship to the healthcare professional. The ability also exists to view a list of medical record numbers (MRNs) for a specific patient.
- Favorites: A customizable list allowing healthcare providers to designate patients as "Favorites" for easy and quick access to their clinical information.
- Recently Viewed: Automatically displays a list of up to 50 previously viewed patients. If the user adds more than 50, the patient with the oldest date will automatically be removed from the list.

Printing:

Users can now print multiple reports at one time. There is a new pop-up window which allows users to select the report(s) they want to print from lab results, diagnostic imaging reports and transcription reports. The user can select summary level information or complete details for the reports.

Forwarding a Continuity of Care Document (CCD):
A patient summary via Direct Messaging can be sent to any user defined in the HIE with a Direct Messaging address. The entire patient history can be sent including labs, radiology reports, transcription reports, allergies, problem lists, etc. The user can also forward results based on a specific time frame from one month to all available data.
Patient Event Subscription (PES):
The participant will provide a listing of attributed patients of interest either electronically or manually. Those patients will be "tagged" via the Patient Event Subscription (PES) within the NeHII system. Healthcare providers can receive notification of admits and discharges and/or clinical results in near real time. The selection criteria are configurable based on requirements provided by the user. This information can be sent via Direct Messaging to the participant's EHR if the functionality exists within the EHR.

Demographic Viewing:
With merely one click, the user can easily access all demographic information about a patient including MRNs, addresses, phone numbers, race, ethnicity, marital status and organ donor status.

Admit-Discharge-Transfer (ADT) Alerting for Event Notification:
NeHII provides a notification service for patient admissions and discharges. This tool allows a participant to learn when an identified patient is admitted or discharged from any participating hospital. The push notifications can be set up for real time or batch delivery. This service is used to initiate care management services, to assist in transitions of care, and to track patients with specific conditions. The Program of All-inclusive Care for the Elderly (PACE), the pilot participant, identified an immediate benefit of this service and continues to improve quality and consistency of care as a result. NeHII has rolled out the functionality to several additional facilities, home healthcare providers, and payers.

Readmission Reporting:
NeHII began offering 30-day readmission reporting functionality in 2014. This report informs the client when a patient is readmitted to any participating hospital within 30 days of discharge. In 2015, two major health systems took advantage of the opportunity to use the NeHII Readmission Reporting service. The report increased in value this past year after the NeHII Privacy and Security Committee authorized the distribution of the readmit facility, regardless of the affiliation with the discharge facility. NeHII legal counsel also prepared a process document to provide to all recipients to ensure the appropriate use of the report content.

Direct Messaging Adoption:
Direct Messaging provides secure and encrypted email service that supports electronic communication between physicians, nurse practitioners, physician assistants, other healthcare providers, case managers, and patients.

Direct Messaging delivers an easy, secure alternative to faxing patient health records between providers. Value added benefits include:

- Facilitate a faster, cost-effective alternative for exchange of patient health information
- Enhance transitions of care with direct communication to receiving providers
- Provide ability to track successful delivery of messages

- o Promote care coordination activities that support the Patient-Centered Medical Home (PCMH) model

NeHII now has 147 Direct user licenses representing 29 organizations. See Exhibit C for the list of users. NeHII has continued to expand the password-protected statewide online provider directory compiling Direct email addresses from a variety of Direct vendors in cooperation with the State of Nebraska and other interested parties. Upon signing a Provider Directory Agreement, participants share their file of Direct addresses with NeHII for incorporation into the online directory. Currently, there are over 2000 entries representing 47 organizations.

Grant Associated Implementation Projects

The table found under Financial Management Practices outlines the projects that were funded using federal grant funding in partnership with the State of Nebraska and implemented during 2016. Additional information on each of the projects is detailed below:

2016 HITECH 90/10 Funding Request

NeHII team members started preparing the 2016 Implementation Advanced Planning Document (IAPD) funding application in April 2015. The finalized 2016 IAPD was approved by Nebraska Medicaid and submitted to Centers for Medicare and Medicaid Services (CMS) for their review and approval in September 2015. Approval of this grant funding was announced in September 2016. The list below outlines the major categories of the approved funding request from CMS:

- **Immunization Web Services:**
  Preliminary work on the Immunization Web Services was approved by CMS with the 10/2014 IAPD. No payments were made for this work during Federal Fiscal Year (FFY) 2015. The current immunization web service is not being utilized by providers as most have a point-to-point connection with the Nebraska State Immunization Information System (NESIIS). To encourage the submission of immunization records to the registry through the HIE, the Division of Public Health and NeHII plan to completely redesign the process. Providers will then submit queries through NeHII which will be passed onto NESIIS. NESIIS will then submit a response to NeHII and optionally the record can be parsed back to the provider's electronic health record (EHR) system. Design, Development, Implementation (DDI) costs in the amount of $74,900 were approved.

- **Syndromic Surveillance delivery to hospitals:**
  The syndromic surveillance design, development and implementation (DDI) costs were incurred and paid in the previous funding period. The request for syndromic surveillance funding for this IAPD is for delivery of the new functionality to 10 hospitals. Total cost is $103,900. Since these costs are for hospitals, there is no cost allocation.

- **Electronic Lab Reporting (ELR) delivery to hospitals**:
  Electronic Laboratory Reporting (ELR) is the electronic transmission from laboratories to public health of laboratory reports which identify reportable conditions. ELR has many benefits, including improved timeliness, reduction of manual data entry errors, and reports that are more complete. Electronic Laboratory Reporting has been promoted as a public health priority for the past several years, and its inclusion as a meaningful use objective for public health serves as a

catalyst to accelerate its adoption. NeHII and the Division of Public Health are working in collaboration to produce a sustainable product. As Nebraska Medicaid anticipates 100% of the hospitals will participate in the Medicaid EHR Incentive program, no cost allocation was calculated.

- **Hospital & Provider Onboarding:**
  Only those eligible providers and eligible hospitals that are eligible for the Medicaid electronic health record (EHR) incentive program will be able to qualify for funding on the onboarding costs, and only the initial onboarding fees will be covered. These are the costs associated with bringing new providers onboard with the HIE. The eligible hospital (EH) onboarding tasks are in Table 1 and eligible professional (EP) tasks are in Table 2. Onboarding costs were approved in the 10/2014 IAPD; however, not all the work could be completed by 9/30/2015. The table below represents the costs that will be incurred in FFY2016:

Hospital On-boarding
Number of Facilities – 9

Hospital Adoption Budget Estimate		
	Per CAH facility implementation cost estimate	**$28,925.00**
	Number of CAH facilities to implement	6
	Project sub-total for CAH facilities	***$173,550.00***
	Per medium facility implementation cost estimate	**$42,925.00**
	Number of medium facilities to implement	3
	Project sub-total for medium facilities	***$128,775.00***
PROJECT TOTAL		***$302,325.00***

Provider On-boarding
Number of Providers - 120

Provider On-Boarding Budget Estimate		
NeHII resource costs	Project manager – 2 hours at $100/hour	$200.00
	Data analyst – 8.5 hours at $65/hour	$552.50
	Clinical Informatics Advisor – 11 hours at $85/hour	$935.00
	Per provider implementation cost estimate	**$1,687.50**
	Number of providers to implement	120
PROJECT TOTAL		***$202,500.00***

ONC Interoperability Grant Efforts

The goal of the Nebraska grant was to increase the adoption and use of interoperable health IT services to support the exchange of health information within the State of Nebraska and with neighboring states

to improve transitions of care and care coordination, to increase overall health care quality, lower health care costs, and improve population health.

This goal is being accomplished through three methods: 1) increasing adoption by bringing new facilities on board, focusing on critical access hospitals/rural hospitals and long-term care facilities; 2) increasing exchange of data and utilization of the HIE by providing additional value-added functionality, work flow analysis, in-depth training, and user support groups; and 3) increasing interoperability and integration by including public health and researchers as users of exchange data and creating information exchange with neighboring states via the HIE to HIE Gateway.

The State has partnered with NeHII to use grant funding to increase participation in the exchange across the entire care continuum. NeHII has provided options for facilities to participate in data sharing based on the best fit for their technology infrastructure. Facilities can use Health Level-7 (HL7) data feeds for providing data to the exchange, or they can submit care documentation in C-CDA standard format for incorporation into the patient's health record. Facilities can also participate via Direct secure messaging services.

The State is working with the University of Nebraska Medical Center (UNMC) to provide care setting-specific work flow analysis and in-depth training by experienced health care professionals with information technology incorporation expertise. NeHII has moderated user support groups to provide on-going forums for discussion of use cases and best practices for both new and currently participating facilities. UNMC plans to create professionally-produced training modules videos that will include the use cases, best practices, and success stories for dissemination to facilities throughout the state and to other HIEs to capture and share lessons learned.

Grant funding has provided the means for NeHII participants to query and retrieve patient data from other HIE entities via the HIE to HIE gateway. NeHII will offer access to the Spectrum data analytics software to enable the use of the platform for population health metrics that can be submitted to various state registries to meet public health reporting requirements. The facilities will also develop unique data reports to use for quality evaluations.

The State anticipates providing health information exchange services to 83 additional facilities during the two-year grant period and increasing the utilization of the exchange for both current and new HIE participants. Facilities have access to laboratory data, transcription reports, radiology reports, admission, transfer, and discharge records, medication history, electronic reporting of immunizations and syndromic surveillance data, Direct Secure messaging, quality reporting, data analytics for population health metrics, C-CDA translation, and provider directory services.

Enhanced PDMP Functionality

On the HIE 1.5 platform, NeHII received the medication history through the pharmacy benefit managers (PBMs), Surescripts/RxHub, and retail feeds from 14 major pharmacy chains and mail order pharmacies. To address the gaps in Prescription Drug Monitoring Program (PDMP) medication history, efforts to include self-pay prescriptions and to eliminate the consumer opt out option for the medication query functionality were necessary. Legislation developed by the Nebraska Medical Association and the Nebraska Hospital Association and sponsored by Senator Sara Howard, LB471, was introduced, passed with no opposition votes, and signed into law in February 2016. See Exhibit D for final statute. This law

mandates consumer participation in the PDMP medication query functionality, while offering the ability for consumers to have their remaining health information “opted out” of the HIE. The legislation also makes the PDMP functionality available to all prescribers and dispensers at no cost and mandates reporting of all dispensed controlled substance prescriptions beginning January 1, 2017 and all dispensed prescription medications effective January 1, 2018. This enhanced functionality, available through the DrFirst vendor solution, appears as a separate tab on NeHII’s landing page, in addition to the HIE tile allowing users access to both systems through a single sign-on. Plans for The DrFirst med history functionality required the implementation of the Optum HIE 2.0 cloud based Oracle platform scheduled for 2016. The HIE 2.0 platform no longer includes the Surescripts med query functionality. Therefore, the DrFirst solution will provide a more comprehensive medication history to support the med reconciliation tool for NeHII users, as well as the enhanced PDMP for all prescribers and dispensers in Nebraska. NeHII will seek to obtain the certification of this medication query functionality in support of the prescription drug monitoring program (PDMP) as a specialized registry for Meaningful Use attestation.

Plans were to allow users access to PDMP data using a link on the HIE 2.0 platform. This required the development of a single sign-on enhancement to provide HIE users with an efficient method of viewing the medication history data. It also creates an additional need for appropriate design and a corresponding development effort to integrate the DrFirst functionality within the HIE platform on the landing page of NeHII while controlling authorized access to the HIE data. Consumer consent processes must be applied to data in the HIE.

In addition to the HITECH 90/10 funding, NeHII worked in conjunction with the State of Nebraska to apply for federal grant funds from the CDC and the Harold Rogers funds from the Department of Justice.

One of sixteen states to receive four-year grant from Centers for Disease Control and Prevention (CDC)
In September 2015, the Nebraska Department of Health and Human Services received just over $3 million in funding from the Centers for Disease Control and Prevention to help prevent overdose deaths related to a class of prescription drugs that relieve pain called opioids. The funding was part of the Prescription Drug Overdose: Prevention for States program. Funding was $771,249 per year over the next four years. This funding provided NeHII an opportunity to enhance the state’s PDMP by expanding the pool of health care providers who have access and making the system more user-friendly. NeHII is also working to support public health surveillance with PDMP data. In addition to Nebraska, the other states awarded funding were: Arizona, California, Illinois, Kentucky, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Tennessee, Utah, Vermont and Wisconsin.

Nebraska Receives Second Grant for Prescription Drug Overdose Prevention
The Nebraska Department of Health and Human Services (DHHS) was notified in October 2015 that they received $500,000 from the U.S. Department of Justice to help reduce the misuse and abuse of prescription drugs. The funding, $250,000 per year over two years, is part of the Harold Rogers Prescription Drug Monitoring Program grants. Through this grant, DHHS is collaborating with NeHII to make the state PDMP more accessible to health care professionals who prescribe and dispense medications by providing free access to the PDMP and training on the PDMP enhancements.

2016 Annual Meeting

The NeHII Annual Meeting was held August 4, 2016 at the CHI Health St. Elizabeth Hospital in Lincoln, Nebraska. The event marked the eighth occasion of the meeting and was hosted by CHI Health. Kim

Moore, President of CHI Health St. Elizabeth, welcomed the more than 110 attendees. Dr. Michael Westcott, NeHII Board President, chaired the meeting. Corporate sponsors included CHI Health St. Elizabeth, Blue Cross and Blue Shield of Nebraska, Baird Holm, Helix Security, Optum, SilverStone Group and EGiS Technologies. Keynote speakers featured Courtney Phillips, CEO of NE DHHS; Cam Deemer, President of DrFirst; and Melissa Kotrys, CEO of AZHeC. State Senator Sara Howard was honored with the Visionary Leader of HIE Award. The major NeHII projects, including the Enhanced PDMP Implementation, the ONC Interoperability Grant Implementations and the Platform Migration to HIE 2.0, were reported on by the NeHII project managers and their partners. The various NeHII committees, including the Finance, Technical, Privacy & Security and Professional Association Advisory Council and the Consumer Advisory Council, reported on their accomplishments in 2015-2016, as well as their goals for the next twelve months. The Board of Directors held their general meeting and completed the board member election. Dr. Michael Ash, Dr. Michael Westcott, Pat Bourne, Dr. Stephen Zuber and Robert Marshall were elected as board members to fill three-year terms. NeHII team members also provided an overview of the annual meeting presentations with a number of hospital executive teams who could not attend the event.

Below is a link to download the 2016 NeHII Annual Meeting PowerPoint document from the NeHII website which includes a complete report of the day's presentations.
https://www.nehii.org/index.php?option=com_docman&view=list&slug=forms-documents&Itemid=54

NeHII Cyber Security Educational Efforts

In 2016, NeHII continued its commitment to providing education to its participants on an ongoing basis. The two primary vehicles for this effort are: (1) cyber security workshops and (2) periodic cyber security newsletters.

In 2016 the following educational activities took place:

- Security awareness training – Annual HIPAA Compliance and Cybersecurity Training session for the NeHII team was conducted in July 2016.
- Over 50 participants attended the 2016 Cybersecurity Forum on June 21 at Tiburon Golf Club. Special thanks to Helix Security, Baird Holm, and SilverStone Group for sponsoring the event.
- The Cyber Security Newsletter published in 2016 addressed the topic "Ransomware: What It Is and What Can Be Done About It.".

NeHII Staffing

NeHII is now operating the exchange with ten full-time employees and two contracted resources. Employees of the HIE include: CEO, executive assistant, three project managers, PDMP program director, system administrator, two clinical implementation specialists and a data analyst. Contracted resources consist of a part-time program director, and a full-time helpdesk support analyst. The team continues to work virtually which keeps the overhead operating costs at a minimum. Hospital and new functionality implementations have surged as NeHII has been actively recruiting and offering the ONC grant funding to waive NeHII implementation fees. Because of the platform migration blackout when new implementations could not be initiated, a backlog of implementation projects has been building. NeHII plans to continue to utilize contracted resources for short term project requirements and/or when funding is available to support additional technical needs such as data normalization activities etc.

With the PDMP enhancement project, NeHII added a PDMP Program Director to lead the implementation, communication and educational outreach as required in LB471. Kevin Borcher, PharmD, began his duties in June 2016 and played a key role with the development of the Dispenser's Implementation Guide and uploading of the Rx data, as well as the training efforts for new users of the system.

As mentioned, NeHII employs two Clinical Implementation Specialists. With nearly 60% of the physicians in the state using NeHII, the time requirements of training new users while providing on-going support of current users remains a delicate balance. In 2017, the team will have the added responsibility of training providers and clinical staff to use the new HIE 2.0 platform and all prescribers and dispensers on the enhanced PDMP system.

Jim O'Connor with Baird Holm is NeHII's legal counsel and Kim Lammers with Methodist Health System serves as the Privacy Officer for NeHII as part time resources. The Privacy Officer leads the Privacy/Security Committee meetings and serves as a resource to NeHII team members when privacy related issues arise. This time commitment amounts to an average of ten hours per month. Lianne Stevens continues to serve as NeHII's Security Officer, in addition to her duties as a project manager. In December 2016, NeHII underwent an Office of Civil Rights (OCR) Desk Audit. An action plan was developed and completed by Jim O'Connor and Justin Firestone at Baird Holm to meet the items required by the OCR for submission.

The final two members of the NeHII services delivery team are Eric Bremers who serves as NeHII's CFO and Ashley Bremers who contracts with NeHII on a part time hourly basis for financial support services.

Preview of the Future

With the platform migration essentially complete, the focus on future value added services can resume for NeHII stakeholders. The ONC Interoperability Grant period will end July 2017, and with that NeHII will turn its sights to the IAPD funded projects and the added PDMP functionality which will include the submission of all prescriptions written in Nebraska effective January 1, 2018. With the second approval of the HITECH 90/10 funding from CMS in September 2016, the NeHII team will continue the effort to engage additional hospitals and providers across the state. Together with the continued adoption activities, NeHII will implement the added functionalities of the rework of the immunization gateway, expand syndromic surveillance implementations and add electronic lab reporting through the Public Health Web Services offered through the 2.0 platform. All functionalities directly support Meaningful Use requirements and are offered to eligible providers and hospitals. The ability to support the storing, transmission and exchange of C-CDAs is now available through the HIE 2.0 platform, and several of those implementations will begin in early 2017. The immunization web service rework will mimic the highly successful functionality implemented with syndromic surveillance, and the Nebraska Division of Public Health will encourage the adoption of this solution.

In addition, NeHII has developed a capital expenditures budget to support added products and services not addressed by the federally funded grant offerings. Those projects include the continued single sign-on implementations, a Statewide Provider Directory to share Direct email addresses with providers across Nebraska, and added care coordination and case management services such as the expansion of the ADT alerting and readmission reporting.

Nebraska Health Information Initiative

Finally, on-going, successful, robust query model health information exchange requires filling in gaps in data exchange. The ONC Interoperability grant application began the process of addressing these gaps, and we hope to gather information from our two model "Integrated Communities" to apply lessons learned from those implementations to other communities across the state. Bi-directional interfaces and C-CDA exchange between the independent ambulatory clinics and support organizations across the entire continuum of healthcare delivery services and the HIE will be an on-going effort for years to come. NeHII continues to strive for the ultimate end goal of building the complete community-wide health record for all care givers to contribute to and access. With enhanced analytics, the HIE will employ intelligent services to understand who needs what data and deliver the data to their EHR automatically through subscription service offerings. Value add services will open doors for revenue generation strategies for NeHII and further support sustainability strategies. Health information exchange is growing in numbers across the country, but the industry remains in its infancy in many ways. As a member of the Strategic Health Information Exchange Collaborative (SHIEC), the national association for HIEs, NeHII has supported the technical solution to connect HIEs nationwide. NeHII was selected by a neighboring HIE, the Utah Health Information Network (UHIN), to participate in a Patient Centered Data Home (PCDH) project that utilizes zip code data and ADT event notifications to identify consumers who cross state lines to seek care. The home HIE can then generate a C-CDA to follow the patient to the neighboring state so the healthcare provider has access to a more comprehensive medical record on that individual.

As one of twelve states recognized by the ONC as a recipient of an Interoperability Grant, NeHII identified Critical Access Hospitals (CAHs) and long term care facilities as the focus for the use of those funds to support the adoption, exchange and interoperability needs of all members of the care team using whatever data exchange best suits their current status. With the addition of the CDC and Harold Rogers grant funding, the partnership with the State Division of Public Health and the passage of LB471, NeHII will deliver a medication reconciliation tool at no cost to all prescribers and dispensers in the state effective January 1, 2018. Vendor challenges associated with technical capabilities and pricing strategies are a constant theme heard across the healthcare community, and NeHII continued to address these challenges by offering funding to offset the vendor costs available through the ONC Interoperability grant so that independent providers can share their data with the HIE.

Thanks to the input from the Future Value Added Services Workgroup, NeHII plans to announce a new pricing model for 2017 based upon the adjusted discharges to determine hospital costs, an annual fee of $25,000 plus a number of lives-based sliding scale for payer costs, and eliminating any fees for licensed healthcare professionals to have access to the data found in the HIE. NeHII leadership is thrilled to be able to deliver on the promise made in 2009 that costs will be driven down for all as the increased number of participants can cover the cost of the infrastructure. With this pricing model, it will be critical that NeHII continues to receive the legislative appropriation from the State and enlists all three Managed Care Organizations (MCOs) to participate in the HIE, in addition to BCBS of Nebraska. With the support of the State Medicaid managed care RFP calling for NeHII participation, NeHII has scheduled quarterly meetings with Calder Lynch, Director of Medicaid and Long Term Care (MLTC) to make certain we are in step with his future needs for health information exchange to support the successful rollout of Heritage Health. We look forward to forming a MCO User Group that will focus on delivering value added services to the Medicaid Managed Care organizations, including a Community Care Plan they can use to manage their enrollees when they transition from one MCO to another.

The expansion of additional service offerings requires careful consideration as human and capital resources remain constrained and require a rapidly realized ROI by NeHII participants. Quality reporting services, connecting to a number of state registries, expanding the connections to nursing homes and home health and offering a statewide ADT alerting and event notification service to hospitals for readmission reporting are at the top of the considerations for 2017. The HIE will develop a resource plan to address the added functionalities and deliver on the expectations of risk based payment models. The healthcare marketplace is experiencing rapid evolution which can create both process and technology frustrations, but these are thrilling times for health information exchange as the question of "if" has turned to "when". NeHII can't get there fast enough. Health systems, payers and providers have been solid supporters of NeHII since 2008, and now they are seeing equal support from the state and public sector as we move to invest in HIE enhancements that will benefit all participants. The next twelve months will be another exhilarating time for NeHII as we successfully implement and see firsthand the opportunities the added functionalities and new platform will provide to realize value in the statewide HIE.

In Conclusion

This document outlined the current NeHII adoption and usage levels, the financial management practices, and the various major projects NeHII staff members have been working to deliver this past year. The HIE 2.0 platform migration was the primary focus for a majority of 2016, and the NeHII team is eager to return to the work of adding functionalities and continued adoption activities and support. With the finalization of a Master Services Agreement with NeHII's HIE vendor platform, enhancements to the cloud based HIE platform and the possibilities that can be realized though the utilization of Spectrum analytics, NeHII will support the transformation of healthcare delivery systems to risk-based payment models. As the statewide HIE, NeHII is eager to continue to deliver value added service offerings to meet the needs of our vast array of participants.

Thank you again for your support of NeHII. Many have been active participants in this effort since 2005, and because of the endeavors by so many Nebraskans, NeHII is being recognized as a national leader in the implementation of HIE. We have worked faithfully to make that 2005 vision a reality, and with your support, we will become the first truly comprehensive statewide health information exchange in the country.

Respectfully,

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Nebraska Health Information Initiative

Exhibit A

Consumer Education Brochure

NeHII Nebraska Health Information Initiative

Can I choose NOT to participate in NeHII?

Yes. The decision to not participate is called "opt out." If you opt out, your health information will not be available for sharing through NeHII, with these exceptions: First, your name, address and date of birth will appear in NeHII; Second, your opt-out status will also be available; Third, your doctors can see your health information in their own electronic medical records. Your decision to opt out of NeHII will not affect your ability to receive health care. Participating in NeHII is not a condition to receiving care. However, if you opt out, it may affect what information your provider has available when providing your care. Your decision to opt out of NeHII applies only to sharing your information through NeHII. It does not affect other sharing of health information between your providers, health insurers or public health agencies. **Please note, if you have self-paid for any type of treatment because you did not want your insurance company to be aware of a treatment situation, please opt out of the exchange to make certain the information is not shared with any insurance company.**

How do I opt out?

You may opt out and not participate in NeHII in two ways:
1) You can call the NeHII Helpline at 866-978-1799; or
2) You can go to connectnebraska.net and complete the form under the tab, 'Opt Out or Opt Back In.' Whatever method you choose, your opt-out decision cannot be implemented until after you have had your first visit as a patient with a participating provider. Until then, NeHII has no health record for you and no way to match your opt-out decision to you.

Can I hold back certain records I don't want my health insurer or providers to see?

No. NeHII is not set up to exclude specific visits, tests or episodes of care or to prevent access by specific providers or health insurers. Opting out generally means that no one will be able to access your health information through NeHII, except as described in this brochure. If you don't want some or all of your health information made available to participating providers, health insurers or public health agencies through NeHII, you should consider opting out of NeHII and not participating at all.

If I opt out, can I change my mind later?

Yes. If you opt out, you may change your mind and revoke that choice. Call the NeHII Helpline, or visit the NeHII website or talk to your provider for help with this action. Be aware that when you revoke your earlier decision to opt out, all of the information that has been gathered by participating providers, health insurers and public health agencies since you opted out will be available for sharing through NeHII.

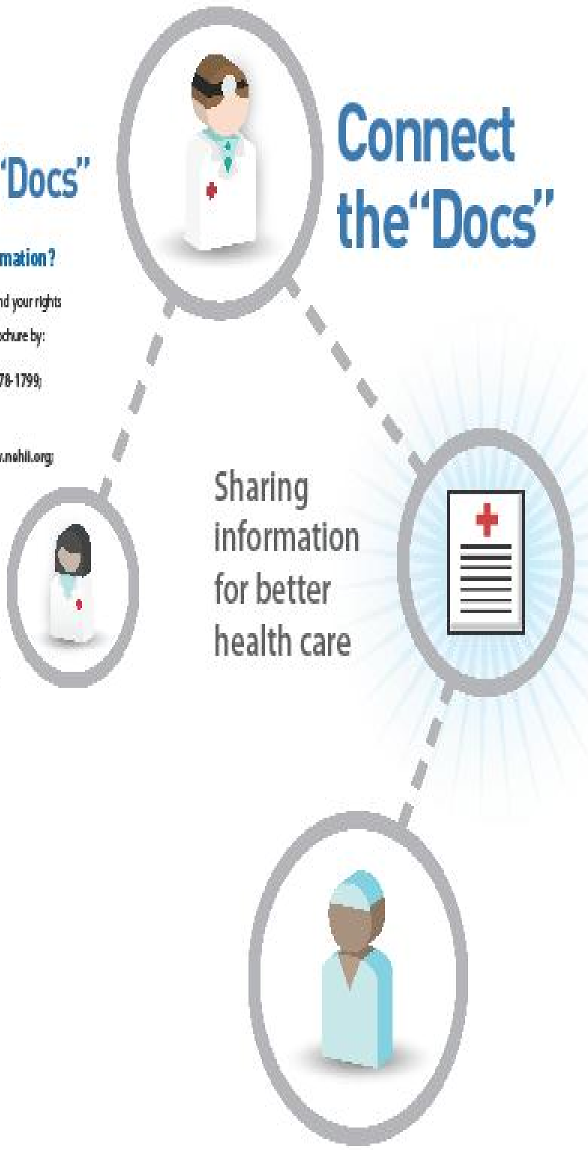
Connect the "Docs"

Where can I get more information?

You can get help understanding NeHII and your rights and the most up-to-date copy of this brochure by:

- **Calling the NeHII Helpline at 866-978-1799;**
- **Visiting the NeHII website at www.connectnebraska.net or www.nehii.org;**
- **Talking to your participating provider or health insurer.**

Note: NeHII and the participating providers and health insurers reserve the right to change policies and the information in this brochure over time. Check the NeHII website for the most current version and information.



NeHII Nebraska Health Information Initiative

PO Box 27842
Omaha, NE 68127
866-978-1799

1-17

NeHII Nebraska Health Information Initiative

NeHII Nebraska Health Information Initiative

Participating in the Nebraska Health Information Initiative (NeHII) is voluntary. However, your health information will be included in NeHII unless you opt out. If you do not wish to participate, you must opt out. Please read this notice carefully and decide if you wish to participate. It is your information and your choice.

This service is completely free to patients.

What is NeHII?

NeHII is a statewide, internet-based, health information exchange. NeHII is sponsored by Nebraska health care providers and health insurers. Using NeHII, participating providers and health insurers can see certain health, demographic and payment information (your health information) in each other's records.

They can use this information for treatment and payment purposes. For example:

- Your participating doctors can quickly find certain health information about you, such as your lab and x-ray results, from other participating providers who have treated you in the past.
- Your participating doctors, hospital or pharmacy can quickly verify your insurance coverage by checking your enrollment status with participating health insurers.
- Your participating providers can make required reports to public health agencies regarding immunizations, communicable diseases, etc.
- Your participating health insurer can electronically obtain health information needed to process your claim from the records of participating providers.
- Researchers can use de-identified information collected from many patient records to discover new ways to improve health care for everyone. ("De-identified" means that the collected information is anonymous data without names or any way to identify the original patients.)

How does sharing health information improve patient care?

Health care providers need your health information to accurately diagnose and treat you. Each of your providers may have different portions of your medical record. If they can access each other's records and see more complete health information, they can provide you with better care. Sharing your health information can also help reduce your costs by eliminating unnecessary duplication of tests and procedures.

How is my health information currently shared?

Currently, your health information may be shared between health care providers and insurers by telephone, fax, mail or through limited computer networks. These processes take time and may impose a burden on you or your provider. NeHII automates the process of searching. **NeHII makes the process of sharing health information more efficient.** NeHII allows one participant (for example, a doctor) to locate records from another participant (for example, a hospital) in a matter of minutes. This can be critical in an emergency and may result in your providers having more complete and accurate information about you.

Who will have access to my health information?

Many Nebraska providers and health insurers participate in NeHII. You can obtain a current list at **www.connectnebraska.net**. Participating providers (such as doctors, hospitals and pharmacies), health insurers and public health agencies will have access for treatment, payment and public health purposes on a need-to-know basis. NeHII will have access to provide support. Medical researchers may have access to certain de-identified health information.

What health information will be shared?

Lab and x-ray results, medication and immunization history, transcribed diagnostic and treatment records, records of allergies and drug reactions, and other transcribed clinical reports created after January 1, 2013 will be available through NeHII, but only if the provider who has the information is a participating provider and makes the information available. Records prior to 2013 are not available through NeHII. Participating providers will generally not share records related to (a) alcohol or substance abuse treatment programs (or information likely to be used by such programs), (b) emergency protective custody proceedings, (c) predictive genetic testing performed for genetic counseling purposes, (d) HIV testing, (e) STD testing or treatment of minors consented to by the minor, and (f) mental health treatment in Iowa. However, information about test results may be available or referred to elsewhere in the record.

How is my privacy protected?

NeHII and the participating providers and health insurers use a combination of safeguards to protect your health information. Technical safeguards include encryption, password protection and the ability to track every viewer's usage of the system. Administrative safeguards include written policies controlling access to information through NeHII. All participating providers and health insurers must agree to follow these policies. All participating providers and health insurers are also regulated by federal and state privacy laws. They must have their own policies and other safeguards in place, including policies to train their staffs and limit access to those with a need to know the information.

Are there privacy risks?

Yes. There is always a risk that the safeguards will not work and that someone will obtain, view or use your health information for impermissible purposes. No system of safeguards is perfect – neither NeHII's nor those currently employed by your providers or health insurers. The electronic search capability of NeHII and the large number of participating providers and health insurers and their staffs will increase the risk of a privacy or security breach. Although NeHII can audit and identify each authorized user who has accessed your record, this cannot prevent unauthorized access. The participating providers and health insurers believe the potential benefits outweigh the risk, but your participation is a personal decision that you must make for yourself.

Nebraska Health Information Initiative

Exhibit B

December 2016 Profit & Loss Statement

	Jan - Dec 16	Annual Budget
Ordinary Income/Expense		
Income		
Direct Public Support		
Grants	996,461.52	2,851,128.00
State of Nebraska Funding	992,555.62	1,000,000.00
Total Direct Public Support	1,989,017.14	3,851,128.00
Program Income		
Clinical Licenses	276,582.33	314,500.00
Gateway Licenses	1,701,601.67	1,968,250.00
Total Program Income	1,978,184.00	2,282,750.00
Technical Implementation	10,000.00	10,000.00
Total Income	3,977,201.14	6,143,878.00
Cost of Goods Sold		
Program Cost of Services Sold		
Hosting & System Manage-Optum	1,240,919.86	2,666,725.00
Hosting & Systems - Dr. First	365,317.00	584,000.00
Implementation Costs - Optum	23,332.00	
Outside Development Costs	59,105.80	516,225.00
Total Program Cost of Services Sold	1,688,674.66	3,766,950.00
Total COGS	1,688,674.66	3,766,950.00
Gross Profit	2,288,526.48	2,376,928.00
Expense		
Contract Services		
Hosting & System Manage-Optum	0.00	0.00
Professional Services	19,000.00	
Technical Developer-Contracted	18,040.00	
Technical Operations-Contracted	58,099.50	52,800.00
Training	0.00	
Total Contract Services	95,139.50	52,800.00
General and Administrative		
Accounting Fees	72,000.00	72,000.00
Audit Fees	12,900.00	15,000.00
Automobile	16,362.23	6,500.00
Bank Charges	114.50	

Nebraska Health Information Initiative

Books, Subscriptions, Reference	0.00	3,000.00
Business Registration Fees	1,175.00	375.00
Conference, Convention, Meeting	1,177.00	2,000.00
Contracted I/T Services	0.00	0.00
Credit Card Fees	127.02	100.00
Employee Benefits	76,029.35	63,450.00
Equipment	684.79	
Insurance - Liability, D and O	36,063.40	28,500.00
Interest Expense	902.77	
Legal Fees-Baird Holm	205,135.66	180,000.00
Marketing/advertising	6,965.63	1,000.00
Meals and Entertainment	5,624.66	6,000.00
Memberships	15,500.00	
Office Supplies	3,318.37	2,400.00
Other	2,071.96	1,250.00
Payroll Taxes	58,049.22	59,560.00
Pension Expense-Simple IRA	23,957.45	25,180.00
Personnel	15,163.88	
Postage, Mailing Service	4,121.12	3,350.00
Printing and Copying	810.90	400.00
Professional Development	1,150.00	
Salaries & Wages	838,821.67	839,345.00
Software & ISP Service Fees	10,529.07	15,000.00
Supplies	80.00	
Telephone, Telecommunications	28,652.09	15,000.00
Travel	16,338.62	28,000.00
Total General and Administrative	1,453,826.36	1,367,410.00
Total Expense	1,548,965.86	1,420,210.00
Net Ordinary Income	739,560.62	956,718.00
Other Income/Expense		
Other Income		
Annual Meeting Sponsorship	3,500.00	
Class A Membership	300.00	
Total Other Income	3,800.00	
Net Other Income	3,800.00	
Net Income	**743,360.62**	**956,718.00**

Nebraska Health Information Initiative

Exhibit B Continued

Nebraska Health Information Initiative

December 2016 Balance Sheet

					Dec 31, 16
ASSETS					
	Current Assets				
		Checking/Savings			
			Cash		478,884.58
		Total Checking/Savings			478,884.58
		Accounts Receivable			
			Accounts Receivable		460,016.18
		Total Accounts Receivable			460,016.18
	Total Current Assets				938,900.76
	Other Assets				
		Investment-HIO Shared Services			1,000.00
		Prepaid Insurance			16,770.87
	Total Other Assets				17,770.87
TOTAL ASSETS					**956,671.63**
LIABILITIES & EQUITY					
	Liabilities				
		Current Liabilities			
			Accounts Payable		
				Accounts Payable	84,944.58
			Total Accounts Payable		84,944.58
			Other Current Liabilities		
				Deferred License Income	25,500.00
				Federal Payroll Tax Liability	0.10
				KS State Witholding Payable	159.42
				NE State Withholding Payable	3,123.12
				Payroll Liabilities	4,350.00
				Pension Payable - Simple	11,736.25
			Total Other Current Liabilities		44,868.89
		Total Current Liabilities			129,813.47
	Total Liabilities				129,813.47
	Equity				
		Unassigned Net Assets			83,497.54
		Net Income			743,360.62
	Total Equity				826,858.16
TOTAL LIABILITIES & EQUITY					**956,671.63**

NeHII Nebraska Health Information Initiative

Exhibit C

2016 Direct Participants

- BCBSNE – Omaha, NE
- CHI Health
  - Good Samaritan Hospital – Kearney, NE
  - Nebraska Heart Hospital – Lincoln, NE
  - St. Francis Medical Center – Grand Island, NE
  - St. Elizabeth Regional Medical Center – Lincoln, NE
- Colglazier Demmel Medical Clinic – Grant, NE
- Colonial Acres – Humboldt, NE
- Florence Home – Omaha, NE
- Heritage Estates – Gering, NE
- Highland Park Care Center – Alliance, NE
- Hillcrest Health Services – Bellevue, NE
- Hilltop Estates – Gothenburg, NE
- Home Nursing with Heart – Omaha, NE
- House of Hope Alzheimer's Care – Omaha, NE
- Immanuel, Omaha, NE
- Linden Court – North Platte, NE
- NeHII, Inc. – Omaha, NE
- North Platte Care Center – North Platte, NE
- Northfield Retirement Communities The Residency – Scottsbluff, NE
- Northfield Retirement Communities The Villa – Scottsbluff, NE
- Osmond General Hospital, Osmond, NE
- Pathology Services, P.C. – North Platte, NE
- Public Health Solutions, Crete, NE
- Royale Oaks Assisted Living – Omaha, NE
- Skyview at Bridgeport – Bridgeport, NE
- Sunrise Heights of Wauneta, Wauneta, NE
- The Ambassador of Omaha – Omaha, NE
- Visiting Nurse Association – Omaha, NE
- Wayne Family Medicine (part of Faith Regional Physician Services)

NeHII Nebraska Health Information Initiative

Exhibit D

Nebraska PDMP Statutes

71-2454. Prescription drug monitoring; system established; provisions included; not public records.

(1) An entity described in section 71-2455 shall establish a system of prescription drug monitoring for the purposes of (a) preventing the misuse of controlled substances that are prescribed and (b) allowing prescribers and dispensers to monitor the care and treatment of patients for whom such a prescription drug is prescribed to ensure that such prescription drugs are used for medically appropriate purposes and that the State of Nebraska remains on the cutting edge of medical information technology.

(2) Such system of prescription drug monitoring shall be implemented as follows: Except as provided in subsection (4) of this section, beginning January 1, 2017, all dispensed prescriptions of controlled substances shall be reported; and beginning January 1, 2018, all prescription information shall be reported to the prescription drug monitoring system. The prescription drug monitoring system shall include, but not be limited to, provisions that:

(a) Prohibit any patient from opting out of the prescription drug monitoring system;

(b) Require all prescriptions dispensed in this state or to an address in this state to be entered into the system by the dispenser or his or her designee daily after such prescription is dispensed, including those for patients paying cash for such prescription drug or otherwise not relying on a third-party payor for payment for the prescription drug;

(c) Allow all prescribers or dispensers of prescription drugs to access the system at no cost to such prescriber or dispenser; and

(d) Ensure that such system includes information relating to all payors, including, but not limited to, the medical assistance program established pursuant to the Medical Assistance Act.

Dispensers may begin on February 25, 2016, to report dispensing of prescriptions to the entity described in section 71-2455 which is responsible for establishing the system of prescription drug monitoring.

(3) Prescription information that shall be submitted electronically to the prescription drug monitoring system shall be determined by the entity described in section 71-2455 and shall include, but not be limited to:

(a) The patient's name, address, and date of birth;

(b) The name and address of the pharmacy dispensing the prescription;

(c) The date the prescription is issued;

(d) The date the prescription is filled;

(e) The name of the drug dispensed or the National Drug Code number as published by the federal Food and Drug Administration of the drug dispensed;

(f) The strength of the drug prescribed;

(g) The quantity of the drug prescribed and the number of days' supply; and

(h) The prescriber's name and National Provider Identifier number or Drug Enforcement Administration number when reporting a controlled substance.

(4) Beginning January 1, 2018, a veterinarian licensed under the Veterinary Medicine and Surgery Practice Act shall be required to report a dispensed prescription of controlled substances listed on Schedule II, Schedule III, or Schedule IV pursuant to section 28-405.

(5) All prescription drug information submitted pursuant to this section, all data contained in the prescription drug monitoring system, and any report obtained from data contained in the prescription drug monitoring system are not public records and may be withheld pursuant to section 84-712.05.

(6) For purposes of this section:

(a) Designee means any licensed or registered health care professional designated by a dispenser to act as an agent of the dispenser for purposes of submitting or accessing data in the prescription drug monitoring system and who is directly supervised by such dispenser;

(b) Dispenser means a person authorized in the jurisdiction in which he or she is practicing to deliver a prescription to the ultimate user by or pursuant to the lawful order of a prescriber but does not include (i) the delivery of such prescription drug for immediate use for purposes of inpatient hospital care or emergency department care, (ii) the administration of a prescription drug by an authorized person upon the lawful order of a prescriber, (iii) a wholesale distributor of a prescription drug monitored by the prescription drug monitoring system, or (iv) through December 31, 2017, a veterinarian licensed under the Veterinary Medicine and Surgery Practice Act when dispensing prescriptions for animals in the usual course of providing professional services; and

(c) Prescriber means a health care professional authorized to prescribe in the profession which he or she practices.

Source: Laws 2011, LB237, § 1; Laws 2014, LB1072, § 1; Laws 2016, LB471, § 1.
Effective Date: February 25, 2016

Cross References

Veterinary Medicine and Surgery Practice Act, see section 38-3301.

71-2454.01. Veterinary Prescription Monitoring Program Task Force; created; duties; members; meeting; report.

(1) The Veterinary Prescription Monitoring Program Task Force is created. The task force shall conduct a study to develop recommendations of which controlled substances shall be reported by a veterinarian to the prescription drug monitoring program created under section 71-2454 when dispensing drugs from a veterinarian—s office or an animal shelter. The study shall include appropriate methods and procedures of reporting by the veterinarians with the necessary data base field

information. The task force shall utilize nationally available resources afforded by the American Association of Veterinary State Boards and the Department of State Legislative and Regulatory Affairs of the American Veterinary Medical Association in development of the recommendations.

(2) The task force shall consist of at least ten members appointed by the chairperson of the Health and Human Services Committee of the Legislature as follows: One member of the Health and Human Services Committee; two at-large members of the Legislature; three members selected from a list of six veterinarians provided by the Board of Veterinary Medicine and Surgery, one of whom is employed by or provides services at an animal shelter; one pharmacist nominated by the Nebraska Pharmacists Association or its successor organization; and two members nominated by the Nebraska Veterinary Medical Association or its successor organization. The task force shall also include a representative of the prescription drug monitoring program who shall be a nonvoting member and serve in an advisory capacity only.

(3) The members of the task force shall be appointed within one hundred twenty days after February 25, 2016. The initial meeting of the task force shall be convened within one hundred eighty days after February 25, 2016. The task force shall elect a chairperson and may elect any additional officers from among its members. All task force members shall serve without compensation.

(4) The task force shall report its findings and recommendations to the Health and Human Services Committee of the Legislature on or before December 1, 2016.

(5) For purposes of this section, animal shelter has the definition found in section 54-626.

Source: Laws 2016, LB471, § 2.
Effective Date: February 25, 2016

71-2455. Prescription drug monitoring; Department of Health and Human Services; duties; powers.

The Department of Health and Human Services, in collaboration with the Nebraska Health Information Initiative or any successor public-private statewide

health information exchange, shall enhance or establish technology for prescription drug monitoring to carry out the purposes of section 71-2454. The department may use state funds and accept grants, gifts, or other funds in order to implement and operate the technology. The department may adopt and promulgate rules and regulations to authorize use of electronic health information, if necessary to carry out the purposes of sections 71-2454 and 71-2455.

Source: Laws 2011, LB237, § 2; Laws 2014, LB1072, § 2.

71-2456. Prescription Drug Monitoring Program Fund; created; investment.

The Prescription Drug Monitoring Program Fund is created. The Department of Health and Human Services shall administer the fund which shall include any state funds, grants, or gifts received by the department for the purposes of carrying out the purposes of sections 71-2454 and 71-2455. Any money in the fund available for investment shall be invested by the state investment officer pursuant to the Nebraska Capital Expansion Act and the Nebraska State Funds Investment Act.

Source: Laws 2014, LB1072, § 3.

Cross References

Nebraska Capital Expansion Act, see section 72-1269.

Nebraska State Funds Investment Act, see section 72-1260.