



# **2017 NeHII Annual Report**

**January 2018**

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## ***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: user adoption and usage, financial management practices, the major projects and events of 2017, 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.

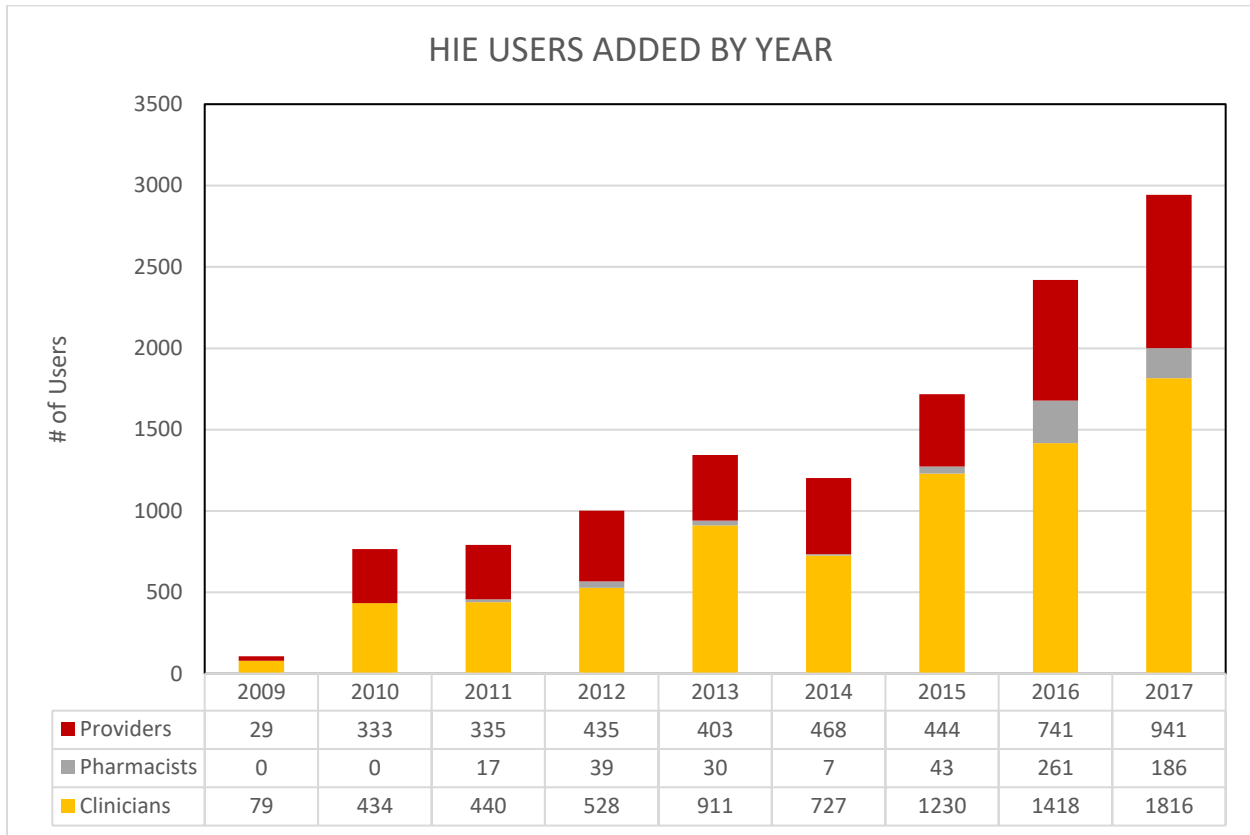
## ***User Adoption and Usage***

The year 2017 was another year of growth in the number of users of the Health Information Exchange (HIE). With the go live of the enhanced Prescription Drug Monitoring Program (PDMP) system on January 1, 2017 and the new HIE 2.0 platform, the two clinical implementation specialists (CIS) were called upon to train users of both systems. Kevin Borcher, the PDMP Program Director, and an on-demand PDMP training video produced by the State Department of Health & Human Services (DHHS) team greatly supported the effort. 2017 saw a record quarter where 1,032 new users were trained and added to the system. The CIS team and NeHII staff have supported Nebraska and Western Iowa clinical teams by traveling over 25,000 miles in 2017 to provide in-person training, support and project management. The on-site trainings across the state created endless opportunities to establish new relationships and continued to build on long-standing partnerships. This also set the stage for the successful kickoff of one of NeHII's major projects, the Transforming Clinical Practice Initiative (TCPI) grant. Work activities were initiated October 1, 2017 through an agreement with the Iowa Healthcare Collaborative (IHC). Lastly, NeHII received Health Information Technology for Economic and Clinical Health (HITECH) 90/10 funding to recruit and train an additional 120 providers to the HIE.

A critical value indicator of NeHII is reflected by the number of providers, pharmacists and clinicians using the system. Providers are defined as MDs, DOs, DPMs, ODs, PAs, NPs, and Dentists. Pharmacists are defined as Pharm D, RPh, or RP. Clinicians are defined as RN, LPN, MA, non-DEA license holders and supporting healthcare staff. See the table below for the quarterly summary of new users provisioned to the HIE.

<b>Year 2017</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
<b>Providers</b>	256	357	181	147	941
<b>Pharmacists</b>	101	20	47	18	186
<b>Clinicians</b>	370	655	498	293	1,816
<b>Total</b>	727	1,032	726	458	<b>2,943</b>

The New Users Added by Year graph indicates the steady increase of users (Providers, Pharmacists, Clinicians) of the system from 2009 through 2017.



As mentioned earlier, the HITECH 90/10 funding available from CMS also supports provider adoption training activities. NeHII projected 120 new eligible providers would be added as users of the HIE for FFY 2016-2017. Please see the table below for the grant funding reimbursement NeHII realizes through the training activities.

***Provider On-boarding Supported by HITECH 90/10 Funding***

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
	<b>Per provider implementation cost estimate</b>	<b>\$1,687.50</b>
	Number of providers to implement	120
<b>PROJECT TOTAL</b>		<b>\$202,500.00</b>



Participating Facilities

Aurburn Family Health Center	Kearney County Health Services (Minden)
Avera Creighton (Creighton)	Mary Lanning Healthcare (Hastings)
Avera St. Anthony's (O'Neill)	Methodist Health Systems and Clinics
Beatrice Community Hospital & Health Center (Beatrice)	Jennie Edmundson Hospital (Council Bluffs, IA)
Blue Cross and Blue Shield of Nebraska (Omaha)	Methodist Hospital (Omaha)
Boys Town National Research Center (Omaha)	Methodist Women's Hospital (Omaha)
Brown County Hospital (Ainsworth)	Methodist Physicians Clinics
Callaway District Hospital	Montgomery County Memorial Hospital (Red Oak, IA)
Chase County Community Hospital (Imperial)	Mytrue Medical Center (Harlan, IA)
Children's Hospital and Medical Center and Clinics (Omaha)	Nebraska Medical Center
CHI Health	Nebraska Medicine (Omaha)
Bergan Mercy Medical Center (Omaha)	Bellevue Medical Center (Bellevue)
Creighton University Medical Center (Omaha)	Nebraska Medicine Clinics
Good Samaritan Hospital (Kearney)	Nemaha County Hospital (Auburn)
Immanuel Medical Center (Omaha)	Oakland Mercy Hospital (Oakland)
Lakeside Hospital (Omaha)	Pender Community Hospital (Pender)
Mercy Hospital (Corning, IA)	Perkins County Health Services (Grant)
Mercy Hospital (Council Bluffs, IA)	
Midlands Hospital (Papillion)	Regional West Health Services (Scottsbluff)
Missouri Valley Hospital (Missouri Valley, IA)	Saunders Medical Center (Wahoo)
Nebraska Heart Hospital (Lincoln)	Sidney Regional Medical Center (Sidney)
St. Elizabeth Hospital (Lincoln)	St. Francis Memorial Hospital (West Point)
St. Francis Hospital (Grand Island)	Thayer County Community Hospital
St. Mary's Hospital (Nebraska City)	Think Whole Person Healthcare (Omaha)
Plainview Hospital (Plainview)	United Healthcare
Schuyler Hospital (Schuyler)	Valley County Health Systems (Ord)
Colglazier Demmel Clinic (Grant)	WellCare of Nebraska
Colglazier Demmel Medical Center (Grant)	
Columbus Community Hospital (Columbus)	
Community Hospital (McCook)	
Community Medical Center (Falls City)	
Community Medical Center Family Medicine (Falls City)	
Community Memorial Hospital (Syracuse)	
Great Plains Health (North Platte)	
Howard County Medical Center (St. Paul)	
Johnson County Hospital (Tecumseh)	

A new pricing model was introduced in February 2017 which allowed free access to the data in NeHII to all licensed healthcare professionals in the state. This offer was well received and an additional 71 Non-Data Sharing Participation Agreements with provider practices, public health departments and several CAHs were executed in 2017. Please see Exhibit A for the complete listing of the 2017 executed agreements.

As in years past, NeHII’s clinical implementation specialists and other team members presented and/or exhibited at the major professional association meetings and conferences across the state and nationally to raise awareness for NeHII. See the list of conferences and meetings where NeHII participated as a presenter or exhibitor in Exhibit B.

**Financial Management Practices**

Throughout 2017, NeHII continued with solid member 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 meet 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) enhanced functionality, and make the move to quality reporting support services using analytics. 2017 did see two grants end. The Office of the National Coordinator (ONC) Advance Interoperable Health Information Technology Services to Support Health Information Exchange grant ended in July 2017 and the Harold Rogers Prescription Drug Monitoring Program grant closed out in October 2017. See the table below for grants awarded to the State of Nebraska and NeHII.

**Grant Funding**

<u>Awarding Federal Agency</u>	<u>Solicitation Name/Project Name</u>	<u>Anticipated Award Date</u>	<u>Maximum Award Amount</u>	<u>Period of Performance</u>	<u>Status</u>
CMS	HITECH 90/10 Funding	January 16,2017	N/A	Oct. 1, 2017– Sept. 30, 20187	Initial IAPD funding application approved for \$725,625. Submitted the revised application to BE 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.

<b>Centers for Disease Control and Prevention (CDC)</b>	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
<b>Bureau of Justice Assistance, et al</b>	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.

**Summary Financial Results**

A summary of the financial results of NeHII for the last three years is shown in the table below.

	<b>2017</b>	<b>2016</b>	<b>2015</b>
Total Operating Revenues	\$4,839,496	\$3,977,201	\$3,000,427
Cost of Systems	\$2,251,678	\$1,688,675	\$ 978,824
Operating Expenses	\$2,065,939	\$1,548,966	\$1,187,489
Other Income (Expense)	\$ 62,150	\$ 3,800	\$ 2,942
Net Income	\$ 584,030	\$ 743,361	\$ 837,056
Unassigned Net Assets	\$1,389,180	\$ 826,858	\$ 90,899

During 2017, NeHII completed its fourth year of profitability, ending the year with net income of \$584,030. This allowed NeHII to grow its Unassigned Net Assets to \$1,389,180.

The NeHII team managed the vendors of both the HIE and PDMP systems closely during 2017 and met budgeted expenses. With the migration to the Optum HIE 2.0 platform complete, NeHII can once again turn its sights to offering enhanced functionalities and added services to continue to increase the value of the health information exchange.



A Value-Added Services Workgroup was formed in June 2016 to develop a new pricing model for NeHII. With the move to the cloud-based platform, the edge server tiered pricing model for hospitals was no longer valid. The workgroup finalized a new pricing model in February 2017. The model had three major components outlining pricing for: 1) healthcare professionals; 2) hospital subscription fees; and 3) payer participation fees.

The workgroup removed all fees for licensed healthcare professionals in Nebraska to have access to the data in the HIE. They divided the cost to operate the HIE evenly between hospitals and payers and developed a pricing model for hospitals based upon the adjusted discharge rate from the Medicare Cost Report. A minimum floor for the Critical Access Hospitals subscription fee was set at \$500/month to cover annual maintenance and support activities. Payers were assigned an annual \$25,000 fee plus a per member per month (PMPM) tiered scale offering discounted pricing for increasing numbers of covered lives. The workgroup also decided to implement this new pricing using a three-year phased schedule blending the previous and current pricing to allow hospitals the ability to adjust to the revised fees. For a complete Pricing Schedule as found in NeHII's Participation Agreement, please see Exhibit C.

The Future Value Added Services Workgroup finalized the quality reporting support services strategy. A consultant was hired in April 2017 to develop a business strategy and business plan for quality reporting support services. The plan was finalized and approved by the NeHII Board of Directors in June 2017. The consultant, Jaime Bland, was hired as the Director of Business Development in August and tasked with implementing the quality reporting support services strategy. The first step called for certification by CMS as a Qualified Clinical Data Registry (QCDR). A proforma for Qualified Clinical Data Registry (QCDR) services was finalized and approved in October 2017. The TCPI grant agreement was finalized with the IHC; work began on that effort October 1, 2017. With this new direction, NeHII secured a data extract from Optum HIE 2.0 platform and is building a technology stack to support analytics services and quality reporting for Merit-Based Incentive Payment System (MIPS) and Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). The QCDR certification from Centers for Medicare and Medicaid Services (CMS) was announced in January 2018. NeHII was one of seven HIE's certified as a QCDR.

#### ***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. The balance on the line of credit was eliminated by December 31, 2016. NeHII did not access the line of credit throughout 2017. 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 2017 Projects***

Major projects in 2017 included the TCPI grant, HIE 2.0 platform migration, quality reporting services strategy, HITECH 90/10 associated projects, the ONC Advanced Interoperable HIT services to support HIE, the Harold Rogers Prescription Drug Monitoring Program and the Centers for Disease Control and Prevention (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.

### ***Transforming Clinical Practice Initiative (TCPI)***

In 2017, NeHII began delivering clinical transformation services to clinicians through the TCPI grant. TCPI is a federal contract created by CMS in 2015 as a framework to help clinicians achieve large-scale health transformation. It aligns with new and emerging federal policies and programs and gives clinicians the training and tools they need to succeed in value-based care delivery. This is done through technical assistance, materials and coaching to transform clinical practice according to the 2015 MACRA legislation. The initial goal of 775 clinicians enrolled in the program was surpassed quickly, and by the yearend more than 800 clinicians had agreed to participate in the grant activities.

Highlights of the NeHII TCPI Team:

- Presented TCPI overview and strategy to Patient-Centered Medical Home state committee in October
- Attended over 20 healthcare conferences, meetings and committees to market the offering and meet in-person with enrollees
- Conducted 15 site visits that represented 400 providers
- Held virtual meetings with various sites representing 350 providers

The TCPI team worked with facilities to document the following quality projects through Quality Improvement Work plans: reducing readmissions, new care coordination models, reducing clinic wait times, integrating health care coaching (provided by the TCPI grant) into staff operations and training, and increasing patient access.

NeHII has partnered with the Compass PTN (Des Moines, IA) in order to bring TCPI technical assistance to more than 800 providers in Nebraska.

**Through NeHII's Health Information Exchange, NeHII has created a comprehensive solution for reporting clinician data, avoiding negative adjustments in MIPS, managing a population's health, monitoring patient's medications and achieving success in value-based care.**



An environmental scan was finalized by the TCPI grant team in December 2017. The complete report may be requested by contacting [support@nehii.org](mailto:support@nehii.org).

***HIE 2.0 Platform Migration Status***

At the end of 2016, three outstanding issues remained that needed resolution prior to completing the migration to the new system and sunseting 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 worked to resolve both errors encountered in the authentication process and sending patient context information so that users would not need to enter demographic information. Single sign-on went live with the Cerner EHR in September 2017 and the Epic EHR in October 2017.

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 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. The readmission report was signed off and released to 35 hospitals in June 2017.

In addition, users have a new process to gain access to the Community Patient Profile (CPP) called provisioning. The new process involves users receiving an email with a link to create a User Id 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 confusion for the user. NeHII has provisioned 100% of the users from the HIE 1.5 to the new HIE 2.0 platform.

### ***Patient Event Subscription (PES) Services***

As the initial setup, the participant is required to provide a listing of attributed patients of interest either electronically or manually. Those patients will be “tagged” via the Patient Event Subscription (PES) service 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 also be sent via HL7 to the participant’s EHR if the functionality exists within the EHR or via Direct Messaging. Push notifications can be sent in real time or batch delivery. This service is used to initiate care management services, assist in transitions of care, and track patients with specific conditions. The Program of All-inclusive Care for the Elderly (PACE), the initial pilot participant, identified an immediate benefit 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 usage of the readmission report has grown to distribution to thirty-five participating hospitals. After several requests from users for assistance in operationalizing the information, the analytics team transformed the Excel spreadsheet version of the report to a user-friendly dashboard and real-time analytics visualization. This effort was made possible because of access to the data from the Optum HIE 2.0 platform which created enhanced user experience and added value. Please see Exhibit D for the revised Readmission Report.

### ***eHealth Exchange Participation***

Preparation to participate in the eHealth Exchange network commenced in 2017 with the review and finalization of the Data Use and Reciprocal Support Agreement (DURSA) agreement by the NeHII Privacy and Security Committee. The Optum HIE 2.0 platform is certified on the eHealth Exchange and with the completion of the platform migration, implementation efforts to on board federal agencies such as the Social Security Administration (SSA), Veterans Administration (VA) and Department of Defense (DoD) and neighboring states such as Kansas and South Dakota can begin.

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

NeHII now has 94 Active Direct user licenses representing 20 organizations. See Exhibit E 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. There are 2,021 Direct addresses included in the online Provider Directory.

### ***Quality Reporting & Analytic Services***

As mentioned previously, a consultant was hired in early 2017 to develop a strategy roadmap and business plan for quality reporting services. For the strategy roadmap please see Exhibit F. Once the roadmap and business plan were approved, a proforma was developed and approved to support the QCDR certification quality reporting needs. Meanwhile, NeHII was approached by the Iowa Healthcare Collaborative (IHC) to resume the delivery of the TCPI grant services. The agreement was finalized with IHC and efforts to support that body of work started October 1, 2017. With this additional service offering, NeHII aligned the services under the Quality Payment Program (QPP), the PDMP and HIE connectivity aligning to Advancing Care Information (ACI), TCPI to Improvement Activities and QCDR to Quality Measures. With this alignment, marketing materials were designed to outline all service offerings and promote the engagement of providers across the state. For the summary of NeHII Value Add Services to Support Quality Reporting one pager please see Exhibit G.

During the final quarter of 2017, extensive work was done to build the 2018 budget to allow for the quality reporting capabilities and resources to move NeHII to the next phase of organizational development. To accompany this effort a 2018 – 2019 Strategic & Operational Plan was developed outlining the seven strategies required to achieve the identified goals. The seven strategies include:

- 1) Grow the core business and add value
- 2) Define NeHII 2.0
- 3) Reduce the burden of data and regulatory reporting
- 4) Build infrastructure and insights for analytics
- 5) Expand medication query and support PDMP initiatives
- 6) Develop people, tools and technology
- 7) Capture grant initiatives to expand capabilities

The plans were presented to NeHII committees, councils, workgroups and key executives to garner feedback and input. Both will be approved by the NeHII Board of Directors at the February 2018 meeting. For the 2018 – 2019 Strategic and Operational Plans. Please see Exhibit H.

### ***Patient Centered Data Home Implementation***

The Patient Centered Data Home (PCDH) is an initiative of the Strategic Health Information Exchange Collaborative (SHIEC). The PCDH is a cost-effective, scalable method of exchanging patient data among health information exchanges (HIEs). It is based on triggering episode alerts, which notify providers a care event has occurred outside of the patients' "home" HIE, and confirms the availability and the specific location of the clinical data, enabling providers to initiate a simple query to access real-time information across state and regional lines and the care continuum.

NeHII participated in the Western Region implementation, one of three smaller production implementations created within regions to prove the concept of inter-HIE information sharing and alerting. Seventeen HIEs participated across the three production implementations, and based on their

successes, the participating HIEs have each agreed to a common, national agreement for participation. This set the stage for connecting the implementations and rolling out the full-scale, national network implementation. PCDH can prove the value that HIEs bring to healthcare while preserving local governance. On January 9, 2018 the PCDH was announced as one of the recognized national networks and NeHII was highlighted as part of the Western Region hub.

### ***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 2017. Additional information on each of the projects is detailed below.

### ***2017 HITECH 90/10 Funding Request***

NeHII team members started preparing the 2017 Implementation Advanced Planning Document (IAPD) funding application in April 2017. The finalized 2017 IAPD application was approved by Nebraska Medicaid and submitted to Centers for Medicare and Medicaid Services (CMS) for their review and approval on June 21, 2017. CMS approved the initial application on October 18, 2017. Afterwards Optum delivered a revised technical specifications document for the immunization web services which required a revision to the IAPD request. Hence, a revised IAPD was submitted November 29, 2017. Approval of this revised IAPD grant funding was announced January 16, 2018. For the full content and description of the Revised IAPD Appendix D please contact [support@nehii.org](mailto:support@nehii.org) to obtain. The list below outlines the major categories of the approved funding request from CMS. However, because of the delay with the platform migration and pricing information from Optum for the new technical specifications, the grant period ended September 30, 2017 and the projects had to be delayed to the next round of the annual funding.

- **Immunization Web Services:**

Preliminary work on the Immunization Web Services was approved by CMS with the October 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 planned to redesign the process. Providers will submit queries through NeHII which will be passed onto NESIIS. NESIIS will then submit a response to NeHII. 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 DHHS 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 by CMS

for the past several years, and its inclusion as a meaningful use objective for public health serves as a catalyst to accelerate its adoption. As Nebraska Medicaid anticipates 100% of the hospitals will participate in the Medicaid EHR Incentive program, no cost allocation was calculated.

- **Hospital Onboarding:**

With the ONC Interoperable HIT to Support the Exchange of Health Information Grant offering refunds of the EMR interface fees, the hospitals chose to use that funding to offset their NeHII implementation fees rather than using HITECH 90/10 funding which did not allow for reimbursement of the EMR interface fees. Therefore, no hospitals were onboarded in 2017 using the HITECH 90/10 funding. Instead 17 hospitals used the ONC funds to become a NeHII participant.

***ONC Interoperable Health IT Services to Support the Exchange of Health Information Grant Efforts***

The goal of the Nebraska grant which ended in July 2017 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 was 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 cross community access framework.

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

The State worked 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. Based upon feedback gleaned from user support groups to identify use cases and best practices for both new and currently participating facilities, UNMC created professionally-produced training modules videos. The training modules included 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 provided the means for NeHII participants to query and retrieve patient data from other HIE entities via the HIE to HIE cross community access framework. NeHII offered access to the Spectrum data analytics software to five hospitals' quality teams. The teams used this experience to begin to understand how to use data analytics available from HIE data sources rather than EMR feeds. For a complete summary of the grant activities please see Exhibit I.

### ***Enhanced Prescription Drug Monitoring Program (PDMP) Functionality***

The current enhanced PDMP was created in response to legislation outlined in LB471 and passed in 2016 (Nebraska Rev. Stat. §71-2454). This legislation developed by the Nebraska Medical Association, the Nebraska Hospital Association and the Nebraska Pharmacist Association and sponsored by Senator Sara Howard, was introduced, passed with no opposition votes, and signed into law in February 2016. The law mandated consumer participation in the PDMP medication query functionality. Consumers still maintain the ability to have their remaining health information “opted out” of the HIE 2.0 platform. The legislation also makes the PDMP functionality available to all prescribers and dispensers at no cost and mandated the reporting of all dispensed controlled substance prescriptions beginning January 1, 2017 and all dispensed prescription medications effective January 1, 2018. In May 2017, LB223 was approved by Governor Ricketts which allowed access of the PDMP/medication history query within the HIE to all HIE participants, thus giving providers the ability to have their designated staff access this data for a more efficient workflow. The enhanced PDMP functionality, available through the DrFirst vendor solution, appears as a separate tab on NeHII’s landing page. In addition, the medication history data is accessible on the HIE 2.0 tile through a query allowing users access to both systems through a single sign-on. The HIE 2.0 platform no longer includes the Surescripts medication query functionality. Therefore, the DrFirst solution provides a more comprehensive medication history to support the medication reconciliation tool for NeHII users, as well as the enhanced PDMP for all prescribers and dispensers in Nebraska.

As mentioned previously, a linkage was finalized in June 2017 which allowed users of the HIE to query the PDMP and view a medication history while still in the HIE user interface. This functionality provides a comprehensive picture of all dispensed prescribed medications to help reduce the complications of drug interactions and accidental over-prescribing for all patients who elect to participate in NeHII, another win for patient safety. Many additional functions and user interface enhancements (such as patient alerts) were added throughout 2017 and into 2018 with additional funding made available from the CDC. In January 2018, functionality was finalized that sorted and prevented self-pay data from being queried by payer users to comply with the Omnibus Rule of HIPAA. Please see Exhibit J for a summary of PDMP achievements that was released by DHHS in early January 2018.

As a reminder 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 Department of Justice. A summary of those grant opportunities is listed below.

### ***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 (DHHS) 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 DHHS in collaboration with 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 collaborated 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. This grant funding ended in September 2017.

### ***Nebraska leads the country in an innovative approach to medication reconciliation***

With the discontinuation of the Surescripts medication query, an opportunity arose through the 2016 PDMP legislative bill (LB471) to require all pharmacies to report all dispensed prescriptions to the PDMP. Through collaborative efforts with NeHII, DHHS and the professional associations working with the pharmacies and their software vendors, Nebraska became the first state to collect all dispensed prescription drug data in the PDMP. This enhanced data provides a comprehensive medication history to aid in the medication reconciliation process for all prescribers, dispensers and clinicians.

### ***2017 Annual Meeting***

The NeHII Annual Meeting was held August 3, 2017 at the Younes Conference Center in Kearney, Nebraska. The event marked the ninth occasion of the meeting. Dr. Michael Westcott, NeHII Board Chair, welcomed the more than 140 attendees to hear the keynote speaker and distinguished guest Dr. Donald Rucker, the National Coordinator for Health IT from the Office of the National Coordinator for Health IT in Washington, D.C. Dr. Rucker spoke on the “Future of Interoperability from the ONC Perspective.” Corporate sponsors included Blue Cross and Blue Shield of Nebraska, Baird Holm, Optum, DrFirst, the Nebraska Hospital Association, the Nebraska Medical Association, the Nebraska Nurses Association/Nebraska Action Coalition, SilverStone Group and EGIS Technologies. Another keynote presentation included a panel discussion between five participants from the Integrated Community Project in Auburn, NE and moderated by Dr. Gary Cochran, Associate Professor of Pharmacy Practice for UNMC. Marty Fattig, CEO of Nemaha County Hospital, was honored with the Visionary Leader of HIE Award. The major NeHII projects, including the Enhanced PDMP Implementation, the ONC Interoperability Grant Implementations, the Patient Centered Data Home implementation and the provisioning/training efforts for the new platform and PDMP system were reported on by the NeHII team members and committee chairs and 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 2016-2017, as well as their goals for the next twelve months. The Consumer Advisory Council also outlined the statewide consumer awareness campaign including newspaper, radio, billboard and social media offerings that was sponsored by the ONC Interoperability Grant and NeHII. The Board of Directors held their general meeting and completed the board member election. Jeanette Wojtalewicz, Mark Stastny and John Mentgen were elected as board members to fill three-year terms.

Below is a link to download the 2017 NeHII Annual Meeting PowerPoint document from the NeHII website which includes a complete report of the day’s presentations. A video recording of the meeting can also be accessed via links from the NeHII webpage.

[https://www.nehii.org/index.php?option=com\\_docman&view=list&slug=forms-documents&Itemid=54](https://www.nehii.org/index.php?option=com_docman&view=list&slug=forms-documents&Itemid=54)

### ***NeHII Cyber Security Awareness Efforts***

NeHII continued its commitment to maintaining the highest privacy/security standards as possible, while providing cyber security education to its participants on an ongoing basis.

The following educational activities took place:

- Security awareness training – Annual HIPAA Compliance and Cybersecurity Training session for the NeHII team was conducted on October 13, 2017 and lead by Shari Flowers, NeHII’s Privacy Officer. This is a key requirement in HIPAA compliance and demonstrates NeHII’s commitment to ensuring that team members are effectively trained.
- NeHII continued to provide education on cyber security best practices to its participants and NeHII staff. The primary vehicle for this effort was the periodic distribution of cyber security newsletters addressing key relevant topics such as:
  - Review of HIPAA Privacy and Security Rules and Breach Notification standards and prepare to demonstrate compliance
  - Ransomware and Breach
  - Office for Civil Rights Response to the Opioid Crisis While Implementing the 21st Century Cures Act
  - The SANS Institute’s “Ouch” newsletter was distributed monthly to the NeHII workforce.

NeHII was notified in late November 2016 by the Office for Civil Rights (OCR) that it was the first HIE to be selected for an OCR Desk audit. NeHII team members worked with Baird Holm to prepare a response. Final results of the audit requirements were submitted by the deadline of December 11, 2016. On October 24, 2017, NeHII received the OCR response regarding the review by their office. The scoring was based on a 1 to 5 scale and NeHII received straight 2s which “demonstrates full compliance with the requirements for the standard or implementation specification by the OCR”. Lianne Stevens, NeHII’s Security Officer, worked with Jim O’Connor and Sean Nakamoto, attorneys at Baird Holm, to revise current privacy/security policies to add the minor recommendations made by the OCR. The revisions were approved by the NeHII Privacy and Security Committee December 14, 2017 and the NeHII Board of Directors at the December 15, 2017 board meeting.

### ***NeHII Staffing***

To support the strategic direction of analytics and quality measure development made in Q1 2017, additional staff members were added to the team. Initially a consultant was hired to develop the strategy roadmap and business plan for analytics and quality reporting services. The consultant, Jaime Bland, became an employee of NeHII August 1, 2017 to assume the Director of Business Development role. Once the roadmap and business plan were finalized and approved, a proforma was developed to support the new direction. With the Qualified Clinical Data Registry (QCDR) certification from CMS and the plan to move to a Qualified Entity (QE), a strategic and operating plan was developed which included an organizational chart to support the plan. The new organizational chart also supported the objectives of professional development goals for NeHII team members and succession planning. NeHII will continue to use both full- and part-time employees, as well as contracted resources to remain flexible in meeting work requirements while balancing budgetary restrictions. 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 analytics, etc. Contracted resources also serve as a valued recruiting strategy in filling permanent positions. With the platform migration complete, sights

can now be turned to new participant implementations, particularly ACOs and independent ambulatory clinics, as well as added functionalities to support public health related activities and quality reporting needs. The team continues to work virtually which keeps the overhead operating costs at a minimum. There are on-going considerations to secure office space to support an increased collaborative environment for the future strategic directions and analytics offerings discussions.

Jim O'Connor from Baird Holm is NeHII's legal counsel and Shari Flowers with Methodist Health System serves as the Privacy Officer for NeHII in part-time, as needed capacities. The Privacy Officer leads the Privacy and Security Committee meetings and serves as a resource to NeHII team members when privacy related issues arise. Lianne Stevens continues to serve as NeHII's Security Officer in addition to her duties as a project manager. 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 is best defined as full steam ahead. Also with the end of the ONC Interoperability and Harold Rogers grants in 2017, NeHII will turn its sights to the IAPD funded projects and the added PDMP functionality, including alerting and enhanced search capabilities now that all filled prescriptions all being captured in the PDMP. Closing gaps in data will remain a focus as the NeHII team seeks to engage the outliers for hospitals, long-term care facilities and independent ambulatory clinics. 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 HIE 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 are in progress. Challenges remain in the establishment of standards for populating the C-CDAs and parsing them back into the EHRs. 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 with hospitals across Nebraska.

A Strategic and Operating Plan was developed and distributed to NeHII stakeholders in December 2017 and January 2018. After securing and incorporating feedback from councils, committees, workgroups, board members and team members, the plan will be formally approved by the NeHII Board of Directors in February 2018.

As mentioned previously, the seven strategies outlined in the plan include:

- 1) Grow the HIE Core Business and Add value
- 2) Define NeHII 2.0
- 3) Reduce the burden of data and regulatory reporting
- 4) Build infrastructure and insights for analytics
- 5) Expand medication query and support PDMP initiatives
- 6) Develop people, tools and technology
- 7) Capture grant initiatives to expand capabilities



In addition, NeHII has identified a goal of securing additional grant funding of \$500,000 in 2018 from private foundations and federal agencies. This funding will be used to offset the cost of the growth of analytics services. The grant proposals will focus on data standard improvement and democratization of health data to all healthcare professionals.

The development of bi-directional interfaces and supporting the exchange of C-CDAs 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. We will explore the use of emerging technologies such as APIs, FHIR, Block Chain and RESTful standards via smart phones to address the challenges of data exchange. NeHII will look to partner with telehealth services and independent labs to provide comprehensive data to its users. NeHII will monitor the guidance emerging from the ONC regarding the development of Trusted Exchange Framework Common Agreement (TEFCA) and look to participate in data exchange through a Qualified Health Information Network (QHIN).

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. Payers are particularly focused on the community care plan, including the ability to automatically refer and enroll their covered members to social service agencies and expedite access to services. 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 becoming a critical necessity in meeting quality reporting measures for exchange. As a member and board representative of the Strategic Health Information Exchange Collaborative (SHIEC), the national association for HIEs, NeHII has supported the technical solution to connect HIEs nationwide. NeHII initially worked with a neighboring HIE, the Utah Health Information Network (UHIN), to participate in a Patient Centered Data Home (PCDH) project that utilized zip code data and ADT event notifications to identify consumers who cross state lines to seek care. This functionality went live in July 2017 and SHIEC will continue to expand the functionality to establish a national network using PCDH connectivity. Seventeen state and regional HIEs worked to launch the national network which went live in January 2018.

Thanks to the input from the Future Value Added Services Workgroup, NeHII's new pricing model has been well accepted. With the approval of the analytics services offerings, another pricing model for quality reporting by providers and ACOs will be finalized in early 2018.

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 as a certified QCDR and then a QE, connecting to several state registries, expanding the connections to nursing homes and ambulatory clinics and offering a statewide ADT alerting and event notification service to hospitals for readmission reporting are at the top of the considerations for 2018. The organizational chart to support the strategic and operational plan was also approved in January 2018. This revised organizational chart will support 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. NeHII is on a fast track to meet the expectations of a new world of healthcare. 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 analytics functionalities and new platform will provide to realize value from the statewide HIE.

***In Conclusion***

This document outlined the current NeHII adoption and usage levels, the financial management practices, the major projects NeHII staff members have been working to deliver this past year and the NeHII staffing requirements. The NeHII team is eager to return to the work of adding functionalities and continued adoption activities and support. With the addition of a medication reconciliation tool, enhancements to the cloud-based HIE platform and the possibilities that can be realized through the quality reporting support services and analytics, NeHII will support the transformation of healthcare delivery systems to risk-based payment models. As the statewide HIE, NeHII is eager 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,

Michael Westcott, M.D.  
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***Exhibits***

**Exhibit A**

### 2017 Agreements

<b>Non-Data Sharing Participation Agreements</b>	
Advanced Dental Sleep Treatment Center	FP Associates, PC
Allergy, Asthma, & Immunology Associates	LifeCare Family Medicine
Anesthesia Professionals, PC	Life Care Center of Omaha
Angels Care Home Health	Lincoln Internal Medicine Associates
Angmar Medical Holdings	Dr. Wayne Markus
Bluffs Family Health Care	MedPeds, PC
Brodstone Memorial Hospital	Mid-City OB-GYN
Brown County Hospital	Midwest Eye Care
Complete Children’s Health	Midwest Radiation Oncology, PC
Council Bluffs Surgical Associates, PC	Midwest Regional Health Services LLC
Barrett Clinic, PC	Nebraska Cardiac Care, PC
Dr. Matthew Brumm	Nebraska Provider Alliance LLC
Central District Health Department	Neurology Consultants of Nebraska
Central Nebraska Orthopedic	Neurology LLP
Columbus General Surgery, PC	Office of Scott Fasse, MD
Cottonwood Healthcare	Omaha Integrative Care
Cozad Community Hospital	Dr. Ernesto Padron
East Lincoln Family Health Professionals, PC	Panhandle Health Group
Elkhorn Logan Valley Public Health Department	Pawnee County Memorial Hospital
Endeveren Family Medicine	Prairie Fields Family Medicine
Marilyn Erickson	Prairie Orthopedic & Plastic Surgery, PC
Fairbury Clinic	Phelps Memorial Health Center
Family Medical Center of Hastings	Premier Oral and Maxillofacial Surgery
Family Medical Specialties	Primary Care Physicians
Family Medicine at Legacy	Psychiatric Services, PC
First Step Recovery	Quality Healthcare Clinic
FP Associates, PC	Rock County Hospital
Georgetown Medical, PC	Self Pulmonary Medicine Institute
Great Oaks Counseling	Snyder Charleson, PC
Heartland Health Center	South Side Convenient Care
Hillcrest Health Systems	Strada Healthcare
Hillcrest Health Services	Super Saver Pharmacy Council Bluffs
Infectious Diseases Associates	Tecumseh Family Health
Internal Medicine Physicians of Omaha	Two Rivers Public Health Department
Kearney Clinic, PC	Valentine Medical Clinic LLC
Dr. Janice Kuhn	Valley View Senior Village
First Step Recovery	West Holt Memorial Hospital

## **Exhibit B**

### 2017 Conferences & Meetings

### **NeHII Presenter/Exhibitor**

- Nebraska Collaborative Rural Health Summit January 19
- 2017 NHRI Meeting in Cincinnati January 23-24
- HIMSS Conference in Orlando February 19 – 23
- 2017 Health IT Summit in Cleveland March 23-24
- Nebraska Academy of Family Physicians Spring Conference – March 30-31
- 2017 SHIEC Annual Conference in Indianapolis August 27-30
- HIMSS Conference in Orlando February 19 – 23
- Lincoln Kiwanis Club, PDMP Discussion in Lincoln March 1
- Creighton Pain Management Conference, Nebraska Prescription Drug Overdose Program Efforts in Omaha March 3
- UNMC Certified Pharmacy Technician Program, PDMP Presentation in Omaha March 4
- NHA Advocacy Meeting in Lincoln March 8
- Coalition Rx PDMP Presentation at University of Nebraska at Omaha March 16
- Nebraska Board of Health, PDMP Presentation in Lincoln March 20
- 2017 Health IT Summit in Cleveland March 23-24
- Nebraska Academy of Family Physicians Spring Conference – March 30-31
- Creighton University School of Pharmacy PDMP Presentation in Omaha April 20
- Nebraska Society of Medical Assistants Conference – April 21
- HIMSS Nebraska Chapter Spring Meeting in Grand Island – April 24-25
- Creighton Community Pharmacy Student Organization PDMP Presentation in Omaha April 24
- Nebraska Methodist Health System Physician Risk Management Forum PDMP Presentation in Omaha April 25
- 2017 SHIEC Annual Conference in Indianapolis August 27-30
- Southwest Iowa Pharmacists Association in Omaha – April 27
- Nebraska Dental Association 2017 Annual Session in LaVista – April 28
- NC2 Conference in Lincoln – May 3
- UNMC Tech Presentation in Omaha – May 4
- NAC Healthy Nurse Campaign in Columbus, Lexington, North Platte, and Scottsbluff – May 8-10
- CDC Conference in Atlanta, GA – May 9 – 11
- SHIEC BOD Meeting in Dallas, TX – May 9 – 11
- Nebraska Medical Group Manager’s Association in Lincoln – May 11
- CIMRO/Nebraska Healthcare Quality Forum in LaVista – May 18
- Creighton State of Prescription Drug Abuse in Omaha – May 19
- NHA Spring Forum and Golf Tournament in Kearney – May 24-26
- MiHIN Connecting Michigan For Health Conference Panel Presentation on Goals for Interoperability & Strategic Planning – June 6 & 7
- Hy-Vee Pharmacy Manager Meeting in Omaha – June 13
- Board of Medicine and Surgery in Lincoln – June 16
- Harold Rogers PDMP North Regional Meeting in Milwaukee, WI-July 11-1
- Annual Pharmacological Conference for Advanced Practice Providers at UNMC-July 13
- NABP PMPi Steering Committee Meeting in Chicago, IL-July 19-20
- NPA Annual Convention in Lincoln – July 28, 29
- NeHII Annual Meeting in Kearney – August 3

- American Association of Pharmacy Technicians at UNMC – August 4
- PDMP National Meeting in Overland Park – August 10-11
- UNMC College of Pharmacy Preceptor Development Retreat – August 11
- UNMC Pharmacy Tech Presentation – August 15
- Iowa School for the Deaf Nursing Presentation in Council Bluffs – August 18
- 2017 SHIEC Annual Conference in Indianapolis August 27-30
- Harold Rogers PDMP Annual Meeting in Washington, DC – September 6-8
- NMA Annual Meeting in Lincoln – September 8
- Board of Health, Saunders Medical Center in Wahoo – September 18
- Public Health Association of Nebraska in Lincoln – September 21-22
- HIMSS Fall Interoperability & HIE Roundtable (webinar) – September 27
- Nebraska Nurse Practitioner Conference in Kearney – October 4-6
- Nebraska Nurses Association Convention – October 4-6
- NASCSA Annual Meeting in San Antonio – October 17-20
- Creighton University – The State of Prescription Drug Abuse – October 20
- Nebraska Hospital Association Annual Convention in La Vista – October 25-27
- Southwest Iowa Trauma Conference in Council Bluffs – October 27
- AZ Health Current Annual Conference PDMP Presentations – October 30 & 31
- AeHN Annual Stakeholders Meeting - November 1
- Nebraska Action Coalition: Better Together/Nurses Engaging in Interprofessional Team Collaboration and Leadership in Omaha - November 3
- NMHIC Users Conference Meeting - November 4
- CBI Pharmacy Benefit Managers Compliance Conference in Chicago – November 14-15
- CIMRO QIN Medication Safety Learning Action Network Webinar Presentation – PDMP Integration into EHR/HIE and Workflow November 14
- ND eHealth Summit Meeting - November 14
- CIMRO QIN Medication Safety Learning Action Network Webinar Presentation – PDMP Part 2: Cross-State Queries and Other Best Practices - November 28
- CIMRO QIN Medication Safety Learning Action Network Webinar Presentation – PDMP Coaching Call - December 12

**Exhibit C**  
**NeHII Pricing**





**Non Data Sharing Participants**

NeHII is pleased to announce that view access to the Community Patient Profile is available to healthcare providers at no charge.

Prescription Drug Monitoring Program access is available at no charge to prescribers and pharmacists in Nebraska through the NeHII dashboard.

**Data Sharing Participants**

**Monthly License Fees**

Hospitals: The monthly license fee is based on the number of adjusted discharges with a minimum fee of \$500. Ambulatory clinics and Long Term Care Facilities: \$500 per month

**Implementation Fees**

Implementation fees are based on the type of implementation - HL7v2 or HL7v3 and is the same for hospitals, ambulatory clinics and long-term care facilities.

Type of Feed – HL7 v2*	Imp Fee
Vendor Project Manager – flat fee	\$ 1,480
Admit, discharge and transfer (ADT)	\$ 1,900
Labs and/or radiology feed (ORU)	\$ 1,900
Transcription feed (MDM)	\$ 1,900
Syndromic Surveillance	\$ 1,900
Maximum Total	\$ 9,080

Type of Feed – HL7 v3	Imp Fee
Vendor Project Manager – flat fee	\$ 1,480
C-CDA documents	\$ 6,500
Total	\$ 7,980

\* Note: The actual total is based on the number of feeds the participant elects to send as not all feeds are required.

**Direct Messaging**

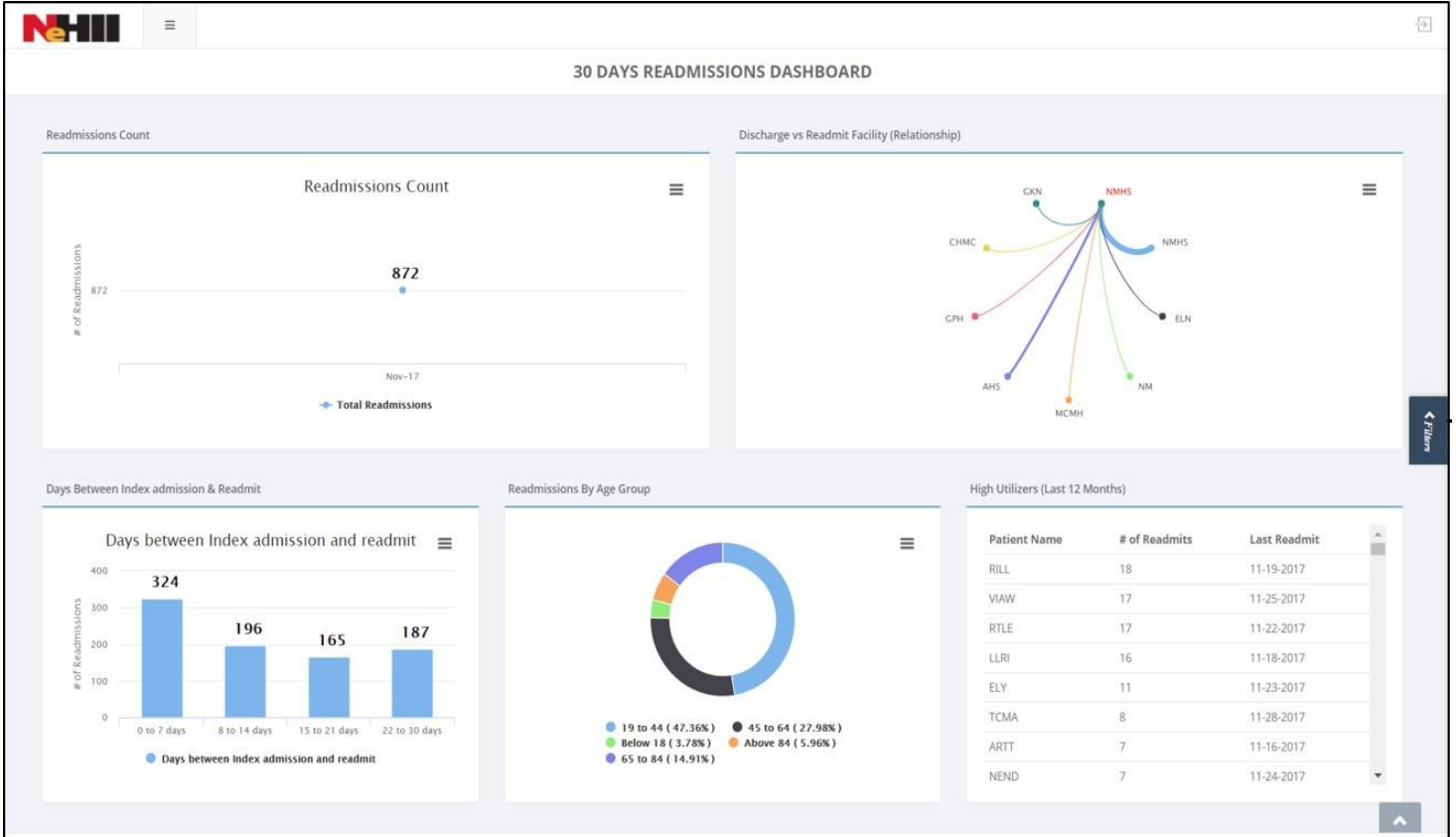
Direct Messaging provides secure and encrypted email service that supports electronic communication between physicians, nurse practitioners, physician assistants, other healthcare providers, and patients.

License Cost - Per Year	Per Mail Box
Per Direct Address	\$ 180

There is a one-time implementation fee of \$100 per organization.

## Exhibit D

### Revised Readmission Report



#### Discharge Dates

October-2017 to November-2017

#### Patient Class

Exclude Selected Patient Class

Select Patient Class

#### Age Groups

Exclude Selected Age Groups

Select Age Group

#### Discharge Facility

Exclude Selected Discharge Facility

\_\_\_\_\_

## **Exhibit E**

### **Direct Messaging Users**

1. Blue Cross Blue Shield of Nebraska
2. CHI
3. Colglazier Demmel Medical Clinic
4. Colonial Acres
5. Faith Regional Physicians
6. Heritage Estates
7. Highland Park Care Center
8. Hillcrest Health Services
9. Hilltop Estates
10. Howard County Medical Center
11. Immanuel
12. Pace Iowa
13. Pace Nebraska
14. Linden
15. North Platte Care Center
16. Northfield Retirement Communities
17. Pathology Services, PC
18. Public Health Solutions
19. Skyview at Bridgeport
20. Strada Healthcare

## **Exhibit F**

## Strategy Roadmap



Exhibit H Value Added Services Strategy Map.pdf

## **Exhibit G**

**Summary of NeHII Value Add Services to Support Quality Reporting**



Exhibit I NeHII Value-Add Services-Final.pdf

## **Exhibit H**

**2018-2019 Strategic Plan Draft**



2018-2019 Strategic  
Plan\_Draft\_013018.doc

## **Exhibit I**

**Summary of Grant Activities**



Exhibit L Neb Advance HIE Final Program Report and Appendices final.pdf

## **Exhibit J**

**Summary of PDMP Achievements**



Exhibit M PDMP Updates 2017.pdf