

eHealth Council
Oct. 19, 2012
1:30 PM CT – 4:00 PM CT

SCC CONTINUING EDUCATION CENTER (Former Gallup Bldg.)
301 South 68th Street Place
Room 304

[Meeting Documents](#)

Tentative Agenda

1:30	<p>Roll Call Notice of Posting of Agenda Notice of Nebraska Open Meetings Act Posting <i>Approval of Feb. 29, 2012 minutes*</i> <i>Approval of May 3, 2012 minutes*</i></p> <p>Public Comment</p>																		
1:40	Evaluation Activities —Marsha Morien																		
2:00	Payer Access to HIE —Deb Bass																		
2:30	<p>Membership--New Members*</p> <ul style="list-style-type: none"> • Jenifer Roberts-Johnson • Carol Brandl • Marty Fattig 																		
2:35	<p>Updated Strategic and Operational eHealth Plans—Comments, Suggestions, and <i>Approval*</i></p> <ul style="list-style-type: none"> • Strategic eHealth Plan (Not included in meeting documents) • Operational leHealth Plan (Not included in meeting documents) 																		
2:45	<p>IT Project Reviews—eHealth Council Recommendations*</p> <ul style="list-style-type: none"> • IT Project Summary Information including information from reviewers, Technical Panel, and State Government Council • Project Proposals Related to Health IT (Full Text) (Not included in meeting materials) <table style="margin-left: 20px; border: none;"> <tr> <td style="padding-right: 10px;">22-01 (RFP)</td> <td style="padding-right: 20px;">Department of Insurance</td> <td>Nebraska Exchange</td> </tr> <tr> <td>23-01</td> <td>Department of Labor</td> <td>Electronic Content Management for UI Programs</td> </tr> <tr> <td>23-02</td> <td>Department of Labor</td> <td>State Information Data Exchange System</td> </tr> <tr> <td>25-01</td> <td>DHHS</td> <td>ACA IT Implementation</td> </tr> <tr> <td>25-02</td> <td>DHHS</td> <td>ICD-10</td> </tr> <tr> <td>25-03</td> <td>DHHS</td> <td>SMHP (State Medicaid Hit Plan)</td> </tr> </table> 	22-01 (RFP)	Department of Insurance	Nebraska Exchange	23-01	Department of Labor	Electronic Content Management for UI Programs	23-02	Department of Labor	State Information Data Exchange System	25-01	DHHS	ACA IT Implementation	25-02	DHHS	ICD-10	25-03	DHHS	SMHP (State Medicaid Hit Plan)
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	<p>25-04 DHHS MMIS Replacement Study</p> <p>25-05 DHHS MMIS Replacement</p> <p>25-06 DHHS Medicaid Managed Care Expansion</p> <p>25-07 DHHS Behavioral Health Data System</p>
3:15	<p>Nebraska Updates</p> <ul style="list-style-type: none"> • NeHII <ul style="list-style-type: none"> ○ Consumer website-- http://www.connectnebraska.net/ ○ Consumer video-- http://www.youtube.com/watch?v=vLqi7-jD4N8 • eBHIN • Wide River TEC • Medicaid • Nebraska Statewide Telehealth Network • Nebraska State HIE Cooperative Agreement
4:00	Adjourn

Meeting notice posted to the NITC and Public Meeting Websites on Sept. 28, 2012. The agenda was posted on Oct 11, 2012.

** Indicates action items.*

EHEALTH COUNCIL

February 29, 2012 1:30 PM CT – 4:00 PM CT

Lincoln: Nebraska Educational Telecommunications, 1800 N. 33rd, Board Rm., 1st Floor

Omaha: UNMC, College of Public Health/Maurer Center for Public Health, Room 3020

Kearney: Good Samaritan Hospital

MINUTES

MEMBERS PRESENT

Wende Baker
Susan Courtney
Joel Dougherty
Donna Hammack
Ken Lawonn
Sue Medinger
Laura Meyers
Marsha Morien
Todd Searls
Nancy Shank
Lianne Stevens
Jason Davis
Patrick Werner
Delane Wycoff

MEMBERS ABSENT: Joni Cover, Vivianne Chaumont, Senator Annette Dubas, Congressman Jeff Fortenberry, Kimberly Galt, Alice Henneman, Harold Krueger, Kay Oestmann, Rita Parris, John Roberts

Guests and Staff: Anne Byers, Lori Lopez Urdiales, Sarah Briggs and Chris Henkenius

ROLL CALL NOTICE OF POSTING OF AGENDA NOTICE OF NEBRASKA OPEN MEETINGS ACT POSTING

Ms. Morien called the meeting to order at 1:35 p.m. There were 13 members present at the time of roll call. A quorum existed to conduct official business. The meeting notice was posted to the NITC and Public Meeting websites on February 3, 2012. The meeting agenda was posted on February 24, 2012.

APPROVAL OF APRIL 1, 2011 MINUTES and the OCTOBER 5, 2011 MINUTES*

Laura Meyers' name was corrected in the April minutes. Nancy Shank's name was corrected in both April and October minutes.

Ms. Hammack moved to approve the [April 1, 2011 minutes](#) and the [October 5, 2011 minutes](#) with the name corrections. Ms. Shank seconded. Roll call vote: Courtney-Yes, Dougherty-Yes, Hammack-Yes, Lawonn-Yes, Medinger -Yes, Meyers-Yes, Morien-Yes, Searls-Yes, Shank-Yes, Stevens-Yes, Davis-Yes, Werner-Yes, and Wycoff-Yes. Results: Yes-13, No-0, Abstained-0. Motion carried.

PUBLIC COMMENT

There was no public comment.

PRESCRIPTION DRUG MONITORING PROGRAM

Dr. Joann Schaefer, Chief Medical Officer and Director, DHHS Division of Public Health, Anne Dworak and Chris Henkenius, NeHII

Dr. Joann Schaefer gave an update on Nebraska's Prescription Drug Monitoring Program (PDMP). LB 237 gave the Department of Health and Human Services the authorization to develop the infrastructure

for a Prescription Drug Monitoring Program (PDMP). Nebraska has one of the lowest drug overdose death rates in the country. Nebraska's Prescription Drug Monitoring Program is focused on improving patient care and is not accessible by law enforcement officials. Participation by physicians and other health care providers is voluntary.

Ms. Baker arrived.

Anne Dworak and Chris Henkenius provided information on NeHII 's PDMP functionality. NeHII provides real-time data which includes medication history as well as other clinical information. Ms. Dworak provided a demonstration of the system. Approximately 80-85% of prescription data is available. The project is currently working with pharmacies to enter information.

Some physicians inform patients that opting out will not provide a comprehensive history to the physician necessary to safely prescribe narcotics. The cost is \$20/month for physicians/providers to be part of the system. Ms. Baker recommended that providers receive training on dealing with patients who may need treatment for addiction. NeHII is pursuing funding to develop alert functionality. NeHII demonstrated its PDMP functionality at the HIMSS conference.

MEMBERSHIP

The following members are up for membership renewals: Dr. Delane Wycoff; John Roberts; Harold Krueger; Joel Dougherty; Nancy Shank; and Donna Hammack. All have agreed to serve on the eHealth Council for another term.

Ms. Courtney moved to recommend the membership renewals to the NITC. Mr. Lawonn seconded. Roll call vote: Baker-Yes, Courtney-Yes, Dougherty-Yes, Hammack-Yes, Lawonn-Yes, Medinger - Yes, Meyers-Yes, Morien-Yes, Searls-Yes, Shank-Yes, Stevens-Yes, Davis-Yes, Werner-Yes, and Wycoff-Yes. Results: Yes-14, No-0, Abstained-0. Motion carried.

Joyce Beck and Jeff Kuhr have resigned from the Council.

UPDATING NEBRASKA'S STRATEGIC AND OPERATIONAL EHEALTH PLANS

([ONC Program Information Notice on Updating State eHealth Plans](#) and Expected ONC Program Information Notice on Privacy and Security)

On Feb 8, 2012, the ONC released a program information notice for the requirements for updating state plans. Plans are due on May 8, 90 days after the release of the notice. A privacy and security framework section is also required, but no information has been released yet for that section.

Ms. Byers proposed the following approach to complete and submit the updated Nebraska's Strategic and Operational eHealth Plans:

- Ms. Byers has analyzed requirements and developed a work plan.
- The eHealth Council will discuss any changes to Nebraska's HIE strategy and will approve a general work plan for updating state eHealth plans in February.
- Ms. Byers will work with the Nebraska eHealth Implementation Team, the ePrescribing Work Group, and the UNMC State HIE Evaluation Team to update the Nebraska eHealth Plan. The Nebraska Department of Health and Human Services Division of Medicaid and Long-Term Care, and Public Health on plan updates.
- The Nebraska Information Technology Commission will approve any changes in HIE strategy and the work plan.
- The eHealth Council will approve targets for 2012 and a draft plan in late April or early May.

DIRECT

Chris Henkenius, NeHII

Direct provides secure messaging for the exchange of health information. NeHII has Direct set up and the cost is \$15/month. Direct e-mail cannot be sent to any other e-mail system such as Hotmail, Yahoo, etc. Patients will either have to sign-up and pay for a direct e-mail address or utilize a patient portal. In some states, ONC is requiring a certain number of DIRECT users before implementation of a query-model health information exchange.

UPDATES

Expected Notice of Proposed Rule Making on Meaningful Use. ONC has released the proposed rules for Stage 2 Meaningful Use (Stage 2 NPRM) which will take effect in 2014. Members were encouraged to submit comments.

Legislation. LB 574 Adopt the Electronic Prescription Transmission Act is the only bill related to health IT this session.

Site visit by NORC at the University of Chicago. The ONC contracted with NORC at the University of Chicago to conduct case studies of HIE development in several states. Nebraska was one of the states selected. NORC will be sending Ms. Byers the initial draft of the evaluation to provide feedback prior to publishing.

Evaluation Activities. Don Klepser, University of Nebraska Medical Center, provided an update on evaluation activities. The survey of non-participating pharmacists received IRB approval. A letter was sent to pharmacists on Monday. This coming Monday, contacts will be made to approximately 42 pharmacists. It is anticipated that the survey results will be ready in April.

ONC is hosting a webinar tomorrow to discuss evaluation plans and the instrument to survey labs. In addition, the Evaluation Work Group has been working on the evaluation plan for the updated Nebraska eHealth State Plan. Ms. Byers thanked the UNMC evaluation team for their assistance.

NeHII. There are currently three hospitals in Iowa also interested in joining. Regional West in Scottsbluff is coming online. The project currently has over 800 doctors, 1,900 users, and 29 million records in the system. Agreements have been reached to provide services in Wyoming. Wyoming is working on getting 100 users on Direct.

eBHIN. Wendie Baker reported that the project currently has 170 providers and over 3,000 records on the network. Plans are underway for Region I to join the network. The focus has been on the finalization and customization of the wait list referral system so that it is more manageable and not done by hand. The project received funding the Lincoln Endowment Fund to add the Peoples City Health Clinic to the network. Ms. Baker shared a sample Center Point Medications List. The project will be meeting later this month with NeHII to discuss using DIRECT to send behavioral health information to NeHII users with patient consent.

Wide River Technology Extension Center. Todd Searls reported that Wide River Technology Extension Center has met its goal of recruiting 1,000 providers. Ninety-four percent (94%) of rural providers have signed up. Over 670 physicians working with Wide River TEC are live on a certified EHR and more than 145 have already met the requirements for stage one meaningful use within the Medicare EHR Incentive Program.

A Meaningful Use summit will be held on April 4th, Anne Byers. Lt. Governor Rick Sheehy will be providing opening remarks. The afternoon panel will be discussing the future of health IT and how it will affect Nebraska and the nation. A social media network will be rolled out similar to Facebook. User groups will also be created.

Medicaid. Sarah Briggs reported that CMS has approved Nebraska's SMHP. The EHR incentive program plan will launch on May 7, 2011. Nebraska's Medicaid program has been conducting outreach activities to help providers prepare for the launch.

Nebraska Statewide Telehealth Network. Laura Meyers reported that in addition to the mobile technologies initiative, the project is looking at expanding the backbone across the state. An RFI has been released. The project is hosting three webinar luncheon series geared towards providers - 1st one will be on reimbursement; the 2nd one will be on services that can be provided including Veteran's Affairs; and the 3rd one will be on mobile technologies. The webinar series will be posted on UNMC website after they have been held.

Dr. Wycoff informed the Council that he presented on Nebraska's eHealth efforts in early February at an international congress in Portugal.

ADJOURN

With no further business, Ms. Morien adjourned the meeting at 3:18 p.m.

Meeting minutes were taken by Lori Lopez Urdiales and reviewed by Anne Byers, Office of the CIO/NITC.

EHEALTH COUNCIL
Thursday, May 03, 2012
Governor's Residence
1425 H Street, Lincoln, Nebraska
MINUTES

MEMBERS PRESENT

Wende Baker
Rama Kalli, Alt. for Susan Courtney
Donna Hammack
Alice Henneman
Sue Medinger
Marsha Morien
Patrick Werner, Alt. for Steve Urosevich
Delane Wycoff

MEMBERS ABSENT: Joni Cover, Vivianne Chaumont, Joel Dougherty; Senator Annette Dubas, Congressman Jeff Fortenberry, Kimberly Galt, Harold Krueger, Ken Lawonn, Laura Meyers, Kay Oestmann, Rita Parris, John Roberts, Greg Schieke, Nancy Shank, Lianne Stevens, and September Stone

Guests and Staff: Anne Byers, Lori Lopez Urdiales, Sarah Briggs and Deb Bass

ROLL CALL, NOTICE OF POSTING, NOTICE OF OPEN MEETING

Ms. Morien called the meeting to order at 1:35 p.m. Roll call was taken. Six voting members were present. A quorum was not present to conduct official business. The meeting proceeded with informational items.

APPROVAL OF FEBRUARY 29, 2012 MINUTES

Approval of the [February 29, 2012 minutes](#) was tabled until the next meeting due to lack of a quorum.

EVALUATION ACTIVITIES, Dr. Don Klepser, UNMC

[Nebraska Hospital and Independent Lab Census](#). The University of Nebraska Medical Center opted to do a phone survey rather than a survey mailing to conduct a census of the Nebraska hospital and independent labs. The primary objective of the census was to determine the number of labs sending electronic lab results to ambulatory providers outside of their organization in a structured format in calendar year 2011. In addition, the ONC required that each lab be asked if they were following the LOINC (Logical Observation Identifier Names and Codes) standard.

116 Hospital labs were identified using the CMS OSCAR database

4 Hospitals reported that they did not have a lab

3 Labs had disconnected phones

16 Of the identified labs were duplicated (had same phone number) or reported to be serviced by another lab

93 Unique, operating, hospital laboratories were contacted

9 Labs (9.7%) were considered non-responders

84 Labs (90.3%) completed the survey

Of the 84 completed responses. Labs sending results to ambulatory providers outside of their organization electronically in a structured format in calendar year 2011:

Yes - 17 (20.23%)

No - 66 (78.57%)

Did not know – 2 (2.38%)

Of the 84 completed responses. Labs following LOINC standards for test results send to ambulatory providers outside of their organization in calendar year 2012:

Yes – 13 (15.48%)

No – 63 (75%)

Did not know – 8 (9.52%)

Of those submitting structured electronic results, 5 out of 17 (29.41%) followed the LOINC standards on at least some of the results sent during 2011.

Barriers to Electronic Prescribing: Nebraska's Pharmacists Perspective. The objectives of this study were to identify the barriers to adoption of e-prescribing among all non-participating Nebraska pharmacies and to describe how the lack of pharmacy participation impacts the ability of physicians to meet meaningful use criteria. Of the 23 participants, 10 (43%) reported planning to implement e-prescribing sometime in the future. Nine participants (39%) reported no intention to e-prescribe in the future citing startup costs for implementing e-prescribing, transaction fees and maintenance costs, happiness with the current system, and the lack of understanding about e-prescribing's benefits and how to implement e-prescribing. The barriers to e-prescribing identified by both late adopters and those not willing to accept e-prescriptions were similar and were mainly initial costs and transaction fees associated with each new prescription. For some rural pharmacies, not participating in e-prescribing may be a rational business decision. To increase participation, waiving or reimbursing the transaction fees, based on demographic or financial characteristics of the pharmacy, may be warranted.

A number of pharmacies included in the Surescripts list of Nebraska community pharmacies were closed, duplicates or compounding pharmacies. Cleaning up the list increased the percent of pharmacies accepting e-prescriptions by several percentage points. The cleaned up March Surescripts data indicated that approximately 94% of Nebraska pharmacies accept e-prescriptions.

NEW MEMBER

Sharon Metcalf has been nominated to serve on the NITC eHealth Council dependent upon approval by the NITC.

PLAN UPDATE AND UPDATED/NEW SECTIONS

Ms. Byers reviewed the guidance information for the new sections are required for the plan update as indicated in the Program Information Notices. ([Program Information Notice 2](#) and [Program Information Notice 3](#)).

Sustainability: Sustainability continues to be an issue for health information exchanges across the country. The sustainability section has been updated with information on how NeHIE and eBHIN are approaching sustainability.

Program Evaluation: The aim of the evaluation plan is to determine if Nebraska has achieved a functioning eHealth environment with widespread participation by providers and consumers and if investments in eHealth have led to improvements in health care quality and efficiency in Nebraska.

Key evaluation questions are listed below:

Has Nebraska achieved a functioning eHealth environment with widespread participation by providers and consumers?

- Did participation in health information exchange by hospitals, physicians, and other providers increase?
- Did the exchange of structured lab results increase?
- Did care summary exchange increase?
- Did pharmacy and prescriber participation in e-prescribing increase?
- Did utilization of Direct increase?
- Has usage of eBHIN's medication reconciliation module increased?
- Has the number of providers electronically submitting data to the immunization registry increased?
- Has the number of labs submitting data electronically to the Nebraska Electronic Disease Surveillance System (NEDSS) increased?
- Has the number of hospital emergency departments submitting syndromic surveillance data increased?
- Are most consumers willing to have their health information available through NeHIE?
- Are behavioral health consumers willing to have their information available through eBHIN?

Have investments in eHealth led to improvements in health care quality and efficiency in Nebraska?

- How satisfied are the providers with HIE?
- What are the consumer concerns surrounding health information security and privacy?

- What are the levels of awareness and expectations of health information technology among consumers?
- What is the discrepancy rate between what the physician intended to prescribe and what is dispensed at the pharmacy? What are the common causes of medication errors that reach the patient?
- Does access to the results of diagnostic laboratory and radiology tests through the health information exchange reduce rate of redundant testing?
- Does access to formulary and eligibility information improve medication adherence and generic utilization rates by making that information available at the time of prescribing?
- What HIE data elements would be useful in the ER setting?
- What information not currently available in the HIE would be useful?
- What are the barriers to using HIE?
- Would changes in equipment, personnel, or care delivery be necessary to access HIE data in the emergency room setting?

Tracking Program Progress. Council members recommended the following goals for 2012:

- 95% - % of pharmacies participating in e-prescribing
- 25% - % of labs sending electronic lab results in a structured format
- 20% - % of labs sending electronic lab results to providers using LOINC
- 35% - % of hospitals sharing electronic care summaries with unaffiliated hospitals and providers
- 31% - % of ambulatory provider electronically sharing care summaries with other providers

Members recommended including a goal of 60% of hospital beds participating in query-based exchange through NeHII be included as an additional goal.

Privacy and Security Framework. The privacy and security framework focuses on seven domains:

- Individual Access
- Correction
- Individual Choice
- Collection, Use and Disclosure Limitation
- Data Quality and Integrity
- Safeguards
- Accountability

The Privacy and Security PIN issued by ONC includes recommendations for each domain. For the most part, the privacy and security policies of NeHII and eBHIN meet these recommendations. There are gaps in fully meeting the recommendations included in the PIN for the Individual Choice and Individual Access domains.

Individual Choice. The PIN recommends:

Individuals should have choice about which providers can access their information. In addition, recipients are encouraged to develop policies and technical approaches that offer individuals more granular choice than having all or none of their information exchanged.

Allowing patients to choose which providers can view their medical records is not possible today with NEHII. The only option patients have right now is to opt out.

Individual Access The PIN recommends:

Where HIE entities store, assemble or aggregate IHHI, such as longitudinal patient records with data from multiple providers, HIE entities should make concrete plans to give patients electronic access to their compiled IHHI and develop clearly defined processes (1) for individuals to request corrections to their IHHI and (2) to resolve disputes about information accuracy and document when requests are denied.

Making information available to patients is technically feasible, but involves additional costs. NeHII is working on a pilot with SimplyWell to make information available to patients. Ms. Baker informed the council that there is a Nebraska law relating to behavioral health records stating that the decision to provide the patient their private record is up to the provider due to information may cause more damage to the patient. Robert Wood Johnson has done a lot of work bringing providers and patients together to manage their health care. They continue to push new directions. ONC indicated in a conference call discussing the PIN that the recommendation would not apply to behavioral health information.

Members were asked to provide Ms. Byers their feedback. Ms. Byers suggested that Council members read the PIN on Privacy and Security Frameworks for future discussion.

Ms. Hammack left the meeting.

UPDATES

NEHII, Deb Bass. On July 24, 2012 NEHII will hold their annual meeting at the Gering Civic Center in Gering, Nebraska. Sustainability discussions have been occurring. Over 2,000 users are participating in NEHII. The Prescription Drug Monitoring Program(PDMP) functionality is proving to be a physician satisfier. NeHII is getting requests from other states for information on the PDMP functionality. Phase 2 of the immunization registry is underway.

eBHIN, Wende Baker. The project is in the process of going live with info exchange. The anticipated go live date is June 2012. Region 6 (Omaha) and Region 1 (Panhandle) will hopefully be up in 2013. There is a planning grant to look at feasibility of getting Regions 2, 3, and 4 into the eBHIN. eBHIN is participating in an ONC behavioral health consortium. The concept is to have a platform for interstate exchange of behavioral health records.

DHHS, Sarah Briggs. On May 7th the Medicaid Electronic Health Record Incentive Program will go live!

[CIMRO of Nebraska/Wide River Technology Extension Center.](#) The project has reached its goal of enrolling providers. More detailed information available via the above link.

ADJOURN

With no further business, Ms. Morien adjourned the meeting at 3:39 p.m.

Meeting minutes were taken by Lori Lopez Urdiales and reviewed by Anne Byers, Office of the CIO/NITC.



Jenifer Roberts-Johnson, J.D.
Chief Administrator, Division of Public Health
Department of Health and Human Services

Jenifer Roberts-Johnson is the Chief Administrator with the Nebraska Department of Health and Human Services, Division of Public Health. As a part of her work, she is responsible for the Community Health Planning and Protection Unit, which includes Public Health Emergency Response, EMS/Trauma System, Office of Rural Health, Office of Health Disparities and Health Equity, Community Health Development, and the Developmental Disabilities Planning Council; the Health Promotion Unit, which includes Chronic Disease Prevention, Comprehensive Cancer, Infectious Disease Prevention, Nutrition and Activity for Health, Tobacco Use Prevention, Injury Prevention, and Oral Health & Dentistry; the Lifespan Health Services Unit, which includes Immunizations, Maternal Child Health Epidemiology, Newborn Screening, Perinatal,

Child, & Adolescent Health, Planning & Support, Reproductive Health, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Women's and Men's Health, and the Commodity Supplemental Food Program; and the Public Health Support Unit, which includes Vital Records, Epidemiology, Crash Outcome Data Evaluation System, Health Statistics, Health Alert Network (HAN and eHealth) and Geographic Information Systems.

Jenifer has worked for the Department of Health and Human Services for 10 years. Prior to working in this position, she served as the Deputy Director for the Division of Medicaid and Long-Term Care, Supervising Attorney for the Department's Legal Services, and as a Hearing Officer. Before working for the Department, Jenifer worked for Legal Aid of Nebraska, representing clients in civil litigation.

Jenifer has a keen interest in IT systems from the business perspective and with data review and use. She is working as the HIT lead for the Division's current public health initiatives and was the IT Initiatives lead in her previous work with Medicaid and Long-Term Care. She has been involved with the Nebraska eHealth Council. She is also interested in healthcare systems issues.

Jenifer is a graduate of Nebraska Wesleyan University with a B.A. in Political Science and a B.A. in Global Studies, with an emphasis in Asian Cultures. She graduated with her J.D. from the University of Nebraska College of Law. Jenifer serves on a number of boards and commissions in professional and personal capacities and has a personal commitment to civic work. She was recognized by the Ashland Gazette's "20 Under 40", a publication that recognizes young and up-and-coming local leaders for their commitment to community.

Jenifer and her husband, Jason, spend their free time engaged in the many activities of their three daughters, Lily (13), Bella (9) and Maddie (4). She also enjoys playing a good game of volleyball.

Carol Brandl

Thank you for the opportunity to be a part of this committee.

I am the Telehealth and Medical Education Coordinator at Bryan Health in Lincoln, NE. I have been in this position since Feb. of 2004. My background was Radiology in which I was responsible for the digital radiology transmission as well as the networking components with the connected teleradiology sites.

I am currently the co-chair of the NE Telehealth Network (NSTN) and serve on the technical, educational, clinical, and scheduling committees.

Marty Fattig has been involved in healthcare for over 35 years. He began his career as a bench Medical Technologist. He expanded his technical skills to include radiology and electrocardiology. Later on he entered the field of healthcare administration and has served in various capacities including Laboratory Manager, Director of Ancillary Services and hospital CEO. He has also served as a laboratory consultant and computer systems manager for a regional reference laboratory. He is currently the CEO of Nemaha County Hospital in Auburn, Nebraska.

Marty is a Past President of the Nebraska Rural Health Association, Chairman of the Nebraska Hospital Association Issue Strategy Group on Workforce Shortages, Past President of the Southeast Nebraska AHEC, Vice President of the Region 2 Trauma Advisory Board, serves on the executive board of the Mid-America Hospital Alliance and is a member of the Rural Health Advisory Commission, the Critical Access Hospital Advisory Council, and the Critical Access Hospital Advisory Board on Quality. He was recently appointed to the Region 6 Regional Policy Board. He also serves as a member of the HIT Policy Committee Meaningful Use Workgroup being appointed by the Office of the National Coordinator.

He has earned a Bachelor of Science degree in Medical Technology and a Masters degree in Healthcare Administration.

State IT Project Review

The Nebraska Information Technology Commission is required to review all IT projects submitted as part of the State's budget process and provide recommendations to the Governor and the Legislature. There are eight IT projects which are health-related. Each project was reviewed by 3 reviewers. The Technical Panel and the State Government Council have also discussed the projects and made recommendations. A summary sheet with reviewer scores and comments, Technical Panel recommendations, and State Government Council recommendations follows. The NITC will submit its prioritization to the Governor and the Legislature using the following tiers (listed by decreasing prioritization):

- Mandate
- Tier 1
- Tier 2—Most common tier recommendation
- Tier 3

We will be asking members for their comments and recommendations on the projects in which Council members deem most relevant to the Council. These comments will be included in the packet of materials sent to the NITC. The list of projects with links to the project proposals is included below. If you have an interest in any of these projects, please read the project proposal and summary information and share your comments and recommendations at our meeting.

Project Proposals Related to Health IT (Full Text) (Not included in meeting materials)

#	Agency	Project	Pages in summary document
22-01 (RFP)	Department of Insurance	Nebraska Exchange	2-5
25-01	DHHS	ACA IT Implementation	6-9
25-02	DHHS	ICD-10	10-13
25-03	DHHS	SMHP (State Medicaid Hit Plan)	14-17
25-04	DHHS	MMIS Replacement Study	18-20
25-05	DHHS	MMIS Replacement	21-25
25-06	DHHS	Medicaid Managed Care Expansion	26-29
25-07	DHHS	Behavioral Health Data System	30-33

**Nebraska Information Technology Commission
2013-2015 Biennial Budget - Information Technology Project Proposals**

Project #	Agency	Project Title	FY14	FY15	Total*	Score	Council Recommendations	
							State Gov't Council	Ed. Council
09-01	Secretary of State	Rules & Regulations Filing & Approval Application	\$ 170,800	\$ 65,800	\$ 236,600	82	Tier 2	
09-02	Secretary of State	Collections / Licensing Filing Application	\$ 80,120	\$ 12,800	\$ 92,920	80	Tier 2	
09-03	Secretary of State	State Records Center Web Application	\$ 39,400	\$ 21,900	\$ 61,300	78	Tier 3	
18-01	Department of Agriculture	Paperless Inspections	\$ 208,250	\$ 208,250	\$ 416,500	79	Tier 2	
22-01	Department of Insurance	Nebraska Exchange	\$ 84,060,945	\$ 41,490,945	\$ 332,126,550	67	Mandate ***	
23-01	Department of Labor	Electronic Content Management for UI Programs	\$ 408,000		\$ 408,000	77	Tier 2	
23-02	Department of Labor	State Information Data Exchange System	\$ 290,300		\$ 290,300	83	Mandate	
25-01	DHHS	ACA IT Implementation	\$ 35,225,224	\$ 34,705,337	\$ 77,594,033	73	Mandate	
25-02	DHHS	ICD-10	\$ 6,000,000	\$ 6,000,000	\$ 19,064,068	72	Mandate	
25-03	DHHS	SMHP (State Medicaid Hit Plan)	\$ 1,778,100	\$ 653,900	\$ 4,909,598	53	Mandate/3****	
25-04	DHHS	MMIS Replacement Study	\$ 802,650		\$ 3,864,120	75	Tier 2	
25-05	DHHS	MMIS Replacement	\$ 28,400,000	\$ 28,400,000	\$ 113,678,560	63	Tier 1	
25-06	DHHS	Medicaid Managed Care Expansion	\$ 2,150,400	\$ 1,075,200	\$ 5,397,200	77	Tier 2	
25-07	DHHS	Behavioral Health Data System	\$ 1,530,000	\$ 1,470,000	\$ 3,000,000	80	Tier 2	
47-02	NETC	Radio Transmission Replacement	\$ 175,000	\$ 150,000	\$ 325,000	87	Tier 1	
47-03	NETC	Enterprise Uninterrupted Power Supply	\$ 100,000		\$ 100,000	80	Tier 2	
47-04	NETC	Media Services Technology Project	\$ 175,000	\$ 75,000	\$ 275,000	80	Tier 2	
47-05	NETC	NETC Facility Technical Corridor Redesign	\$ 300,000	\$ 200,000	\$ 500,000	72	Tier 2	
47-06	NETC	Facility Routing Project		\$ 250,000	\$ 500,000	77	Tier 2	
78-01	Crime Commission	Criminal Justice Information System	\$ 653,087	\$ 653,087	\$ 2,259,261	81	Tier 2	
ESUCC-01**	ESUCC	Nebraska's BlendEd eLearning System	\$ 1,370,000	\$ 1,265,000	\$ 7,135,000			

*Total may include prior year or future planned costs in addition to biennial budget request amounts.

**A voluntary review requested by the submitting entity. Not submitted as an agency budget request.

***Potential mandate.

****Parts of this project have been identified as mandates. The remainder is recommended as Tier 3.

Note: No review necessary for project #47-01. The project was outside the scope of review requirements.

Project #	Agency	Project Title
22-01	Department of Insurance	Nebraska Exchange

SUMMARY OF REQUEST (Executive Summary from the Proposal)

[Full text of all proposals are posted at: <http://nitc.ne.gov/nitc/documents/fy2013-15/index.html>]

Nebraska Department of Insurance is the state agency designated to administer the Nebraska Health Insurance Exchange. The Exchange is responsible for complying with the mandates required within the Patient Protection and Affordable Care Act (PPACA), including the implementation of a Health Insurance Exchange to facilitate access to affordable health insurance coverage for citizens of the State of Nebraska.

The federal vision for the Exchange is to reduce the number of uninsured individuals, provide a transparent marketplace, conduct consumer education, and assist individuals in gaining access to insurance affordability programs, premium assistance tax credits, and cost-sharing reductions.

The State of Nebraska, Department of Insurance (NDOI) is issuing a Request for Proposal (RFP), for the purpose of selecting a qualified contractor to provide services, technical solutions, and operational support for the State of Nebraska Health Insurance Exchange to be administered NDOI.

Nebraska has completed the preliminary design phase of establishing a State-based Exchange and has a vision to develop a web-based solution that can be accessed by external customers and stakeholders on a 24 hour/7 days a week basis. Stakeholders include individual applicants/enrollees, employers, brokers, navigators, and issuers. Nebraska's Exchange system will provide a single point of access to multiple doorways based on an individual's eligibility. Nebraska has determined that the optimal strategy is one that allows the two organizations (e.g., Medicaid and Exchange) to develop and deploy their systems as independently as possible while ensuring proper data integration and consistency of user experience. Under this model, the Exchange IT systems are deployed independently from Medicaid's eligibility and enrollment and web portal systems. Further details will follow in this request.

NDOI is seeking proposals from qualified bidders to design, develop and implement a Health Insurance Exchange system which combines the Individual Exchange and the Small Business Health Options Program (SHOP) Exchange into one Exchange. The Exchange will facilitate access to affordable health insurance coverage for all Nebraska citizens in compliance with the mandates required within the Patient Protection and Affordable Care Act (PPACA).

FUNDING SUMMARY

IT Project Costs

Contractual Services Total		Prior Exp	FY13 Appr/Reappr	FY14 Request	FY15 Request	Future Add Request
Design	\$12,000,000		6,000,000	5,000,000	1,000,000	
Programming	\$85,000,000		40,000,000	30,000,000	15,000,000	
Project Management	\$7,719,137	719,137	3,000,000	3,000,000	1,000,000	
Data Conversion	\$6,000,000		3,000,000	2,000,000	1,000,000	
Other	\$20,000,000		8,500,000	6,000,000	5,500,000	
Total	\$130,719,137	\$719,137	\$60,500,000	\$46,000,000	\$23,500,000	\$0
Telecommunications						
Data	\$6,000,000		3,000,000	2,500,000	500,000	
Video	\$0					
Voice	\$3,000,000		1,500,000	1,200,000	300,000	
Wireless	\$0					
Total	\$9,000,000	\$0	\$4,500,000	\$3,700,000	\$800,000	\$0
Training						
Technical Staff	\$2,500,000		1,250,000	1,000,000	250,000	
End-user Staff	\$2,500,000		1,250,000	1,000,000	250,000	
Total	\$5,000,000	\$0	\$2,500,000	\$2,000,000	\$500,000	\$0
Other Operating Costs						
Personnel Cost	\$1,398,720	126,830		635,945	635,945	
Supplies & Materials	\$263,742	23,742		200,000	40,000	
Travel	\$57,451	17,451		25,000	15,000	
Other	\$0					
Total	\$1,719,913	\$168,023	\$0	\$860,945	\$690,945	\$0
Capital Expenditures						
Hardware	\$91,250,000		20,000,000	10,000,000	5,000,000	56,250,000
Software	\$54,062,500		22,000,000	13,000,000	5,000,000	14,062,500
Network	\$20,875,000		5,000,000	2,500,000	1,000,000	12,375,000
Other	\$19,500,000		8,500,000	6,000,000	5,000,000	
Total	\$185,687,500	\$0	\$55,500,000	\$31,500,000	\$16,000,000	\$82,687,500
Total Request	\$332,126,550	\$887,160	\$123,000,000	\$84,060,945	\$41,490,945	\$82,687,500

▼Funding

	Total	Prior Exp	FY13 Appr/Reappr	FY14 Request	FY15 Request	Future Add Request
General Fund	\$0					
Cash Fund	\$82,687,500					82,687,500
Federal Fund	\$249,439,050	887,160	123,000,000	84,060,945	41,490,945	
Revolving Fund	\$0					
Other Fund	\$0					
Total Funding	\$332,126,550	\$887,160	\$123,000,000	\$84,060,945	\$41,490,945	\$82,687,500

PROJECT SCORE

Section	Reviewer 1	Reviewer 2	Reviewer 3	Mean	Maximum Possible
Goals, Objectives, and Projected Outcomes	14	12	13	13	15
Project Justification / Business Case	20	25	25	23	25
Technical Impact	0	15	15	10	20
Preliminary Plan for Implementation	0	7	7	5	10
Risk Assessment	0	5	6	4	10
Financial Analysis and Budget	5	16	17	13	20
TOTAL				67	100

REVIEWER COMMENTS

Section	Strengths	Weaknesses
Goals, Objectives, and Projected Outcomes	<ul style="list-style-type: none"> - Goals make sense, yet there are still a number of unknowns that will not be answered until the RFP is issued and responses received. - Well written plan and RFP - Appropriate goals and outcomes. Beneficiaries were described elsewhere in supporting documentation. 	<ul style="list-style-type: none"> - Until the responses from the RFP are received it will be difficult to really get a good sense that the project is doable at a cost that's reasonable. - Project requires multiple interfaces with other state and federal systems and assumes that all partners are working from the same priorities.
Project Justification / Business Case	<ul style="list-style-type: none"> - The justification for the health insurance exchange is rather clear and easy to understand. - Federal Mandate - This project is mandated. 	<ul style="list-style-type: none"> - The Devil is in the details, and until the responses to the RFP are received it will be difficult to render an opinion of the probable success of this project.
Technical Impact	<ul style="list-style-type: none"> - Vendor built solution asking for most current and flexible technology. - The Concept of Operations document appended provided a good description of the relationship to current systems and the technical elements of the project. 	<ul style="list-style-type: none"> - There really is no information from which to make a judgment. - RFP defines system requirements for exchange, but cannot address the technical impact on existing State of Nebraska systems until vendor solution is offered.
Preliminary Plan for Implementation		<ul style="list-style-type: none"> - There is no hard information from which to judge the appropriateness of the implementation plan and whether or not it will be successful. Once bids are received and information is provided we can make a better judgment of this part of the analysis. - Plan is driven by Federal Mandate without consideration for the scope and complexity of the project. - A lot is unknown at this time, but more information could have been provided on some items like the anticipated project team.
Risk Assessment	<ul style="list-style-type: none"> - Risks are identified. - Risks are well identified and significant. The mitigation strategies listed are appropriate. However, the risks to this project are still considerable. 	<ul style="list-style-type: none"> - From reading the proposal there are indeed some very serious risks with time, potential cost overruns, as well as appropriate technology from which to build the exchange. I think this project unless carefully monitored may have some serious issues with meeting its schedule. - Options available for mitigating risk are weak. - This is a huge project with a short deadline. I would not underestimate the risk of a shortage of qualified vendor resources. This has been an issue in the health information exchange environment. The risks discussed in this section focused on developing the system. Once the system is up, there will be additional risks. Security breaches will be a significant risk.
Financial Analysis and Budget		<ul style="list-style-type: none"> - While they do have information relative to price I do have an uneasy feeling that until the bids are received and more definitive information is

Section	Strengths	Weaknesses
		provided, relative to cost, this is a very troubling area and should be of major concern. - Impact on other State systems is not clear and budget for those systems is not known.

TECHNICAL PANEL COMMENTS

Technical Panel Checklist				Comments
	Yes	No	Unknown	
1. The project is technically feasible?			✓	
2. The proposed technology is appropriate for the project?			✓	
3. The technical elements can be accomplished within the proposed timeframe and budget?			✓	- Until a decision is made on the direction of this project, many aspects of the project cannot be evaluated.

Project 22-01 Nebraska Exchange

State Government Council Tier Recommendation: Mandate (Note: Potential Mandate)

Note: The NITC uses the following Tier Recommendations (Listed by decreasing prioritization):

- Mandate
- Tier 1
- Tier 2—Most common tier recommendation
- Tier 3

Full text proposals available at <http://nitc.ne.gov/nitc/documents/fy2013-15/index.html>

Project #	Agency	Project Title
25-01	DHHS	ACA IT Implementation

SUMMARY OF REQUEST (Executive Summary from the Proposal)

[Full text of all proposals are posted at: <http://nitc.ne.gov/nitc/documents/fy2013-15/index.html>]

The Patient Protection and Affordable Care Act (PPACA, or as referred to in this document (ACA), signed into law 3/23/10, includes numerous provisions with significant information systems impacts. It expands healthcare to the uninsured through a combination of cost controls, subsidies and mandates. Key provisions include minimum benefits required of health plans, creation of health care exchanges, expansion of coverage to uninsured, elimination of pre-existing condition exclusions, continued coverage for adult, unmarried children to the age of 26, and many other changes affecting insurers, employers, providers and beneficiaries.

Activity related to this project has been sub-divided into 6 overall groupings (Medicaid Eligibility, Expanding Medicaid Benefits, Medicaid Financing, Program Integrity, American Indian Related Provisions, and Other Provisions) which contain a total of 41 activities of various sizes and scopes. Some of the activities have been completed, some are in progress, some are in planning, and some have yet to start. With the recent Supreme Court decision related to Medicaid Expansion, it is possible some of the work related to Medicaid Eligibility could be impacted.

FUNDING SUMMARY

IT Project Costs

Contractual Services Total	Prior Exp	FY13 Appr/Reappr	FY14 Request	FY15 Request	Future Add Request
Design	\$0				
Programming	\$0				
Project Management	\$0				
Data Conversion	\$0				
Other	\$53,000,000		20,500,000	32,500,000	
Total	\$53,000,000	\$0	\$20,500,000	\$32,500,000	\$0
Other Operating Costs					
Personnel Cost	\$12,594,033	1,663,472	6,000,000	2,725,224	2,205,337
Supplies & Materials	\$0				
Travel	\$0				
Other	\$0				
Total	\$12,594,033	\$1,663,472	\$6,000,000	\$2,725,224	\$2,205,337
Capital Expenditures					
Hardware	\$6,000,000			6,000,000	
Software	\$6,000,000			6,000,000	
Network	\$0				
Other	\$0				
Total	\$12,000,000	\$0	\$0	\$12,000,000	\$0
Total Request	\$77,594,033	\$1,663,472	\$6,000,000	\$35,225,224	\$34,705,337

Funding

	Total	Prior Exp	FY13 Appr/Reappr	FY14 Request	FY15 Request	Future Add Request
General Fund	\$7,759,403	166,347	600,000	3,522,522	3,470,534	
Cash Fund	\$0					
Federal Fund	\$69,834,630	1,497,125	5,400,000	31,702,702	31,234,803	
Revolving Fund	\$0					
Other Fund	\$0					
Total Funding	\$77,594,033	\$1,663,472	\$6,000,000	\$35,225,224	\$34,705,337	\$0

PROJECT SCORE

Section	Reviewer 1	Reviewer 2	Reviewer 3	Mean	Maximum Possible
Goals, Objectives, and Projected Outcomes	19	11	11	14	15
Project Justification / Business Case	25	19	25	23	25
Technical Impact	0	15	15	10	20
Preliminary Plan for Implementation	5	7	7	6	10
Risk Assessment	5	7	7	6	10
Financial Analysis and Budget	10	15	15	13	20
TOTAL				73	100

REVIEWER COMMENTS

Section	Strengths	Weaknesses
Goals, Objectives, and Projected Outcomes	<ul style="list-style-type: none"> - Goals are well stated - Projects proposed appear to be in initial planning stage, little detail is available 	<ul style="list-style-type: none"> - Planning stages - Proposal states there are 41 activities included in proposal. Proposal accurately states that complete listing of goals, objectives and outcomes of all would be excessive, a listing of the 41 included activities would be helpful
Project Justification / Business Case	<ul style="list-style-type: none"> - Project justification is a federal mandate that was signed into law on 03/23/10 - Appears to be a clear mandate 	
Technical Impact	<ul style="list-style-type: none"> - Projects in initial planning stage 	<ul style="list-style-type: none"> - At this stage there are too many unknowns to provide a technical assessment and as indicated in the proposal the hardware, the network and the applications will all have an impact on the success of this project.
Preliminary Plan for Implementation	<ul style="list-style-type: none"> - The agency understands the need for a well-thought-out implementation plan. - Projects proposed appear to be in initial planning stage, little detail is available 	<ul style="list-style-type: none"> - The project is still rather vague at this point and so there are not very many details on how the implementation will be carried out. - Some of the 41 activities appear to have commenced. More detail on plans for those would be helpful
Risk Assessment	<ul style="list-style-type: none"> - Agency understands the need for a good risk assessment. - Recognition of scope and resource contention risks seems accurate. Segmentation seems an appropriate mitigation strategy. 	<ul style="list-style-type: none"> - Scope of this project is still unknown are unclear, causing the potential of risk to both budgets and schedules. - Some of the 41 activities appear to have commenced. More detail on risk for those would be helpful
Financial Analysis and Budget	<ul style="list-style-type: none"> - Projects proposed appear to be in initial planning stage, little detail is available 	<ul style="list-style-type: none"> - Cannot really determine if the funding being requested is adequate given the lack of specifics in the project plan. The agency knows they have to do this but how it will be done is still quite vague.

TECHNICAL PANEL COMMENTS

Technical Panel Checklist				Comments
	Yes	No	Unknown	
1. The project is technically feasible?			✓	
2. The proposed technology is appropriate for the project?			✓	
3. The technical elements can be accomplished within the proposed timeframe and budget?			✓	- Until a decision is made on the State's Health Insurance Exchange, many aspects of this project cannot be evaluated.

Project 25-01 ACA IT Implementation

State Government Council Tier Recommendation: Mandate

DHHS Agency Response:

A list of the ACA related activities has been provided as an attachment. It is challenging to effectively describe the activity in a concise manner as the 2,000+ page legislation resulted in activity of broadly varying size and start/end dates. Larger projects (Eligibility and Enrollment, Pay Primary Care Physician Medicare Rates, Recovery Audit Contractor (RAC) Program, National Correct Coding Initiative (NCCI), Provider Screening and Enrollment, Administrative Simplification) have been separated into individual efforts with associated IAPDs with CMS. The development of the Health Insurance Exchange is not included as this would be in a Department of Insurance request. DHHS is willing to discuss in greater detail individual activity as requested.

Note: The NITC uses the following Tier Recommendations (Listed by decreasing prioritization):

- Mandate
- Tier 1
- Tier 2—Most common tier recommendation
- Tier 3

Full text proposals available at <http://nitc.ne.gov/nitc/documents/fy2013-15/index.html>

Project #	Agency	Project Title
25-02	DHHS	ICD-10

SUMMARY OF REQUEST (Executive Summary from the Proposal)

[Full text of all proposals are posted at: <http://nitc.ne.gov/nitc/documents/fy2013-15/index.html>]

In January 2009, the U.S. Department of Health and Human Services released a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Final Rule for adoption of the Tenth Revision of the International Classification of Diseases (ICD-10). ICD-10 is a coding system used to classify diagnoses and hospital procedures. As a HIPAA covered entity, Nebraska DHHS is required to comply with the U.S. Department of Health & Human Services mandate to utilize ICD-10 for medical coding effective October 1, 2014. ICD-9 codes sets used today to designate medical diagnoses and inpatient procedures will be replaced with ICD-10 code sets.

The primary impact of the ICD-10 mandate for Nebraska DHHS is anticipated to fall within the scope of the Medicaid & Long-Term Care (MLTC) division, its business processes and systems, including the Medicaid Management Information System (MMIS). Significant changes to business processes, the MMIS and other smaller systems are anticipated in order to comply with the mandate.

FUNDING SUMMARY

IT Project Costs

Contractual Services Total	Prior Exp	FY13 Appr/Reappr	FY14 Request	FY15 Request	Future Add Request
Design	\$0				
Programming	\$0				
Project Management	\$0				
Data Conversion	\$0				
Other	\$18,970,777	970,777	6,000,000	6,000,000	6,000,000
Total	\$18,970,777	\$970,777	\$6,000,000	\$6,000,000	\$6,000,000
Other Operating Costs					
Personnel Cost	\$72,641	72,641			
Supplies & Materials	\$0				
Travel	\$3,578	3,578			
Other	\$35	35			
Total	\$76,254	\$76,254	\$0	\$0	\$0
Capital Expenditures					
Hardware	\$16,073	16,073			
Software	\$964	964			
Network	\$0				
Other	\$0				
Total	\$17,037	\$17,037	\$0	\$0	\$0
Total Request	\$19,064,068	\$1,064,068	\$6,000,000	\$6,000,000	\$6,000,000

Funding

	Total	Prior Exp	FY13 Appr/Reappr	FY14 Request	FY15 Request	Future Add Request
General Fund	\$1,906,407	106,407	600,000	600,000	600,000	
Cash Fund	\$0					
Federal Fund	\$17,157,661	957,661	5,400,000	5,400,000	5,400,000	
Revolving Fund	\$0					
Other Fund	\$0					
Total Funding	\$19,064,068	\$1,064,068	\$6,000,000	\$6,000,000	\$6,000,000	\$0

PROJECT SCORE

Section	Reviewer 1	Reviewer 2	Reviewer 3	Mean	Maximum Possible
Goals, Objectives, and Projected Outcomes	8	15	14	12	15
Project Justification / Business Case	15	25	25	22	25
Technical Impact	10	12	16	13	20
Preliminary Plan for Implementation	5	7	9	7	10
Risk Assessment	5	6	8	6	10
Financial Analysis and Budget	4	15	17	12	20
TOTAL				72	100

REVIEWER COMMENTS

Section	Strengths	Weaknesses
Goals, Objectives, and Projected Outcomes	<ul style="list-style-type: none"> - Goals and objectives seem complete with added detail from the strategy matrix. - Goals adequately detailed as compliance and continued service. 	<ul style="list-style-type: none"> - Measurement statement does not include a lot of detail yet. Overall strategy for MMIS yet to be determined which will have major effects on the outcome.
Project Justification / Business Case	<ul style="list-style-type: none"> - Compliance requirements are clear. - Justification is clearly compliance. 	<ul style="list-style-type: none"> - Research in to alternative options has not been completed. Not sure how costs have been developed when solution direction is not set. Assume project is still in initial planning stage.
Technical Impact	<ul style="list-style-type: none"> - Technical solution is not complete as the plan appears to be in the initial planning stages. However, given the impact and stage of the project, the description is adequate. 	<ul style="list-style-type: none"> - Technical impact has not been completed yet and is waiting for assessments that are underway. Not really any valid answers in this section. Further review may be necessary after more information is provided. Project appears to be in the initial planning stages, but budget indicates \$1,000,000 expended.
Preliminary Plan for Implementation	<ul style="list-style-type: none"> - Sponsor and project management needs are identified - Planning appears to reflect the assembly of the appropriate talent. While the plan is not complete; due to the stage of planning, the description is adequate. 	<ul style="list-style-type: none"> - Very little detail in the plan for how it will be implemented. Again, detail is waiting for the assessment to take place. Hard to review the validity of the plan without information. Project may still be in initial planning stage.
Risk Assessment	<ul style="list-style-type: none"> - Internal resource risk identified. - The proposal as written has gaps regarding the planned changes that accompany enhanced metadata. However, the gaps in this planning document are largely offset by the risk associated with doing nothing. Thus, the risk assessment appears reasonable as presented. 	<ul style="list-style-type: none"> - Again, no real detail, expanded risks not identified because real solution is not identified. Identifies knowledge of MMIS as an advantage, but yet to be decided whether MMIS will be used. Project still in the initial planning stage.
Financial Analysis and Budget	<ul style="list-style-type: none"> - Funding is not a detailed as expected; however, given the planning stage and related risks, funding is deemed adequate. 	<ul style="list-style-type: none"> - Budget request seems to be very basic with most future amounts listed as "other" and not based on any firm planning. Financial detail (and plan detail) seems very weak considering it indicates over \$1,000,000 has already been spent on the project. Not comfortable with the total ranking being this high considering the how early it is in this project. Not enough detail anywhere to explain \$19,000,000 in spending. However, compliance mandate makes this project a requirement.

TECHNICAL PANEL COMMENTS

Technical Panel Checklist				Comments
	Yes	No	Unknown	
1. The project is technically feasible?	✓			
2. The proposed technology is appropriate for the project?	✓			
3. The technical elements can be accomplished within the proposed timeframe and budget?	✓			- Detailed plan needed, but the Agency has mitigated many of the risks.

Project 25-02 ICD-10

State Government Council Tier Recommendation: Mandate

DHHS Agency Response:

The current cost estimate for ICD-10 is based on a general forecast and comparison of this work effort to other large efforts of a similar nature (HIPAA 5010) and forecasts from other states. For examples, Iowa had forecasts of \$8.8M to \$17.6M depending on approach and without contingency applied. Nebraska's recent HIPAA 5010 project cost approximately \$11M, however ICD-10 will have increased complexity and significantly more business impact and effort based on code mapping necessary and process changes. The budget forecast will be revised as planning is completed and a strategic approach for the project is determined. The project has been in planning for over a year and initial planning deliverables (mostly overall assessment in nature) have been developed.

Note: The NITC uses the following Tier Recommendations (Listed by decreasing prioritization):

- Mandate
- Tier 1
- Tier 2—Most common tier recommendation
- Tier 3

Full text proposals available at <http://nitc.ne.gov/nitc/documents/fy2013-15/index.html>

Project #	Agency	Project Title
25-03	DHHS	SMHP (State Medicaid Hit Plan)

SUMMARY OF REQUEST (Executive Summary from the Proposal)

[Full text of all proposals are posted at: <http://nitc.ne.gov/nitc/documents/fy2013-15/index.html>]

The Nebraska Medicaid EHR Incentive Payment, program funded under the HITECH provisions of the American Recovery and Reinvestment Act (ARRA), provides incentive payments (100% federal funds) for providers and hospitals who acquire and become Meaningful Users of certified EHR technology. Eligibility depends upon a number of factors, including percentage of Medicaid recipients treated. Nebraska's program implemented May, 2012, with federal authority to operate through 2021. Program administration requires compliance with evolving federal rules around eligibility and Meaningful Use.

Administration of the EHR Incentive Payment program is funded with a 90/10 federal/state match. Program activities, carried out within the Division of Medicaid & Long-Term Care, DHHS, include: receiving provider and hospital enrollment documents; establishing eligibility; determining payment amount; making payments; issuing denials where appropriate; participating in an appeal process when needed; planning for and conducting audits of participants; electronically exchanging registration, eligibility, payment and reporting information with the Centers for Medicaid and Medicare Services (CMS); updating program materials, funding requests, and guidance as directed.

FUNDING SUMMARY

IT Project Costs

Contractual Services Total	Prior Exp	FY13 Appr/Reappr	FY14 Request	FY15 Request	Future Add Request
Design	\$0				
Programming	\$0				
Project Management	\$0				
Data Conversion	\$0				
Other	\$190,000		95,000	95,000	
Total	\$190,000	\$0	\$95,000	\$95,000	\$0
Training					
Technical Staff	\$31,000		25,000	6,000	
End-user Staff	\$0				
Total	\$31,000	\$0	\$25,000	\$6,000	\$0
Other Operating Costs					
Personnel Cost	\$3,177,598	1,627,598	850,000	500,000	200,000
Supplies & Materials	\$67,200			33,600	33,600
Travel	\$14,800			7,500	7,300
Other	\$24,000			12,000	12,000
Total	\$3,283,598	\$1,627,598	\$850,000	\$553,100	\$252,900
Capital Expenditures					
Hardware	\$0				
Software	\$0				
Network	\$0				
Other	\$1,405,000			1,105,000	300,000
Total	\$1,405,000	\$0	\$0	\$1,105,000	\$300,000
Total Request	\$4,909,598	\$1,627,598	\$850,000	\$1,778,100	\$653,900

Funding

	Total	Prior Exp	FY13 Appr/Reappr	FY14 Request	FY15 Request	Future Add Request
General Fund	\$490,960	162,760	85,000	177,810	65,390	
Cash Fund	\$0					
Federal Fund	\$4,418,638	1,464,838	765,000	1,600,290	588,510	
Revolving Fund	\$0					
Other Fund	\$0					
Total Funding	\$4,909,598	\$1,627,598	\$850,000	\$1,778,100	\$653,900	\$0

PROJECT SCORE

Section	Reviewer 1	Reviewer 2	Reviewer 3	Mean	Maximum Possible
Goals, Objectives, and Projected Outcomes	10	7	9	9	15
Project Justification / Business Case	20	13	15	16	25
Technical Impact	15	5	10	10	20
Preliminary Plan for Implementation	2	3	5	3	10
Risk Assessment	8	6	5	6	10
Financial Analysis and Budget	16	0	10	9	20
TOTAL				53	100

REVIEWER COMMENTS

Section	Strengths	Weaknesses
Goals, Objectives, and Projected Outcomes	<ul style="list-style-type: none"> - Clear goals and objectives along with clear benefits for those receiving care. Clear alignment of project planning with the comprehensive federal initiative. - Goals are broad and include one short term/ immediate goal to providers and long term goals related to patient care and measures are in place related to project outcome. - Description of the needs and the federal program seem adequate. 	<ul style="list-style-type: none"> - Evaluation plan is not aligned with the stated goals of improved access and sharing of information, improved care coordination, improved patient care, and reduced healthcare costs. - Does not clearly define details of implementation or how it will address eligible/ ineligible provider technology transitions. Would prefer concise and clearly measurable goals and no objectives were included. - I'm unclear with what I am really reviewing. Is this a review of the "federal program to provide funding to hospitals" or is it a review of the "State Medicaid Health Information Technology Plan", or is it a project to decide how to distribute the funds?
Project Justification / Business Case	<ul style="list-style-type: none"> - The benefits are tangible and clear and the decision to move forward is consistent with all other states. - Short and identifies some tangible and intangible concepts such as using all available dollars in Nebraska. - The results of this application are discussed and seem to be valid. 	<ul style="list-style-type: none"> - The actual technology solution that may be implemented to "manage the increasing complexity of the latter years of the program" is, ostensibly, unknown at this point. - Limited details and vague about how this could be accomplished. Seems to be more of a philosophical statement. Not sure if the current IT in-house solution is sufficient to manage the project without more description. - It appears that considerable dollars have been expended to build the current manual enrollment, but details are weak on the future outsourced or developed solution. Information indicates all states are participating in this program, but no discussion on whether alternatives of working with other states was a possible solution.
Technical Impact	<ul style="list-style-type: none"> - Identifies two phases. - Current enhancement plan does not require changes to current technology. 	<ul style="list-style-type: none"> - There is no specified technology beyond the expected need for a system to manage the increasing complexity associated with reporting requirements. It is not possible to determine the technical impact when there is no specified technology. - This piece does not appear complete in any stage. First phase seems to be focused on manual processes. No other solution identified. - Planning a study to determine where this project should go in the future, so very little detail on what is needed and where it is going.
Preliminary Plan for Implementation	<ul style="list-style-type: none"> - Lead change agents identified. - Sponsors are identified and seem reasonable. 	<ul style="list-style-type: none"> - With the exception of listing the executive sponsors, there is no other information to consider. - No plan identified. - Most of the real detail of the project still needs to

Section	Strengths	Weaknesses
Risk Assessment	<ul style="list-style-type: none"> - Risk associated with the sufficiency of human capital are articulated and there is a framework in place to assuage issues associated with resource contention - Recognition of possible barriers. - Personnel availability risks have been identified 	<p>be developed. Not much to evaluate at this point.</p> <ul style="list-style-type: none"> - It is difficult to assess risk with such a scant narrative. - In previous sections identification of using internal resources "in-house" expertise. This section refers to acquiring outside resources. Unclear what the plan or commitment to this project is. - Other risks seem likely.
Financial Analysis and Budget	<ul style="list-style-type: none"> - Most budget considerations appear to have been documented and the state match of 10% means any substantive benefits are obtained at very low cost to the state. 	<ul style="list-style-type: none"> - There is practically nothing in the narrative that allows the reviewer to "connect the dots" relative to the proposed budget. - Future plan is not complete. Financial information is estimated and based on factors unknown or not documented.

TECHNICAL PANEL COMMENTS

Technical Panel Checklist				Comments
	Yes	No	Unknown	
1. The project is technically feasible?	✓			
2. The proposed technology is appropriate for the project?			✓	
3. The technical elements can be accomplished within the proposed timeframe and budget?			✓	- Unknown until the RFP process is completed.

Project 25-03 State Medicaid HIT Plan (SMHP)

State Government Council Tier Recommendation: Mandate/Tier 3 (Note: Parts of this project have been identified as mandates. The remainder is recommended as Tier 3.

DHHS Agency Response:

DHHS agrees that this project is hard to describe and multi-dimensional in nature. The scope includes work already completed with respect to developing the official State Medicaid HIT Plan and manual processes to determine and distribute incentive payments to providers and hospitals. Future spending is a mix of operating the existing manual processes, funding for an automated process as Meaningful use requirements for providers and hospitals moves from attestation to data based, and making federally required updates to the State Medicaid HIT Plan.

Note: The NITC uses the following Tier Recommendations (Listed by decreasing prioritization):

- Mandate
- Tier 1
- Tier 2—Most common tier recommendation
- Tier 3

Full text proposals available at <http://nitc.ne.gov/nitc/documents/fy2013-15/index.html>

Project #	Agency	Project Title
25-04	DHHS	MMIS Replacement Study

SUMMARY OF REQUEST (Executive Summary from the Proposal)

[Full text of all proposals are posted at: <http://nitc.ne.gov/nitc/documents/fy2013-15/index.html>]

The Nebraska legacy Medicaid Management Information System (MMIS) was certified by The Centers for Medicare and Medicaid Services (CMS) in 1978 and has been in operation for over 30 years. The legacy MMIS was designed primarily to process Medicaid claims, which it does with reasonable efficiency for the fee-for-service (FFS) sector of Medicaid operations. However, over the past 33 years, the business of Medicaid has changed significantly. Many new Medicaid business functions have been added, expanding services beyond the typical FFS to include waiver services, capitated managed care, accountable case services, and varying benefit categories.

The legacy MMIS does not have the flexibility to take advantage of current technology to reduce manual processing, improve data integrity, support data analysis, and increase quality. The MMIS file structure is too limited to allow CMS mandates to be fully implemented without extensive, costly modifications. Lack of compliance with these mandated initiatives places Nebraska at risk of a reduced Federal Financial Participation (FFP).

The Department contracted with Public Consulting Group (PCG) through request for proposal 3226Z1 to conduct an MMIS Replacement Study. The contract deliverables include a Nebraska Medicaid Systems Replacement Plan and Nebraska Medicaid Systems Procurement Package. In completing the Replacement Plan, PCG will conduct an Alternative Analysis to compare the legacy MMIS capabilities, as well as maintenance and operations costs to the Medicaid Enterprise System marketplace. The analysis will consider various options and cost benefits to assist DHHS in selecting the best strategy regarding the legacy MMIS. The options considered range from continuing to operate the legacy MMIS with no enhancement to a full replacement of the MMIS using a vendor solution. This analysis is due to be completed in October 2012.

The Procurement Package deliverable will be based on the option selected from the Alternatives Analysis. If the decision is made to replace the legacy MMIS, PCG is tasked with drafting business requirements and developing a request for proposal (RFP). The RFP details the scope of work and contractual requirements for the vendor bidding process.

FUNDING SUMMARY

IT Project Costs

Contractual Services Total	Prior Exp	FY13 Appr/Reappr	FY14 Request	FY15 Request	Future Add Request
Design	\$0				
Programming	\$0				
Project Management	\$0				
Data Conversion	\$0				
Other	\$3,864,120	1,761,470	1,300,000	802,650	
Total	\$3,864,120	\$1,761,470	\$1,300,000	\$802,650	\$0
Total Request	\$3,864,120	\$1,761,470	\$1,300,000	\$802,650	\$0

Funding

Total	Prior Exp	FY13 Appr/Reappr	FY14 Request	FY15 Request	Future Add Request
General Fund	\$386,412	176,147	130,000	80,265	
Cash Fund	\$0				
Federal Fund	\$3,477,708	1,585,323	1,170,000	722,385	
Revolving Fund	\$0				
Other Fund	\$0				
Total Funding	\$3,864,120	\$1,761,470	\$1,300,000	\$802,650	\$0

PROJECT SCORE

Section	Reviewer 1	Reviewer 2	Reviewer 3	Mean	Maximum Possible
Goals, Objectives, and Projected Outcomes	14	15	14	14	15
Project Justification / Business Case	24	25	23	24	25
Technical Impact	0	15	20	12	20
Preliminary Plan for Implementation	1	6	8	5	10
Risk Assessment	0	6	8	5	10
Financial Analysis and Budget	15	13	18	15	20
TOTAL				75	100

REVIEWER COMMENTS

Section	Strengths	Weaknesses
Goals, Objectives, and Projected Outcomes	<ul style="list-style-type: none"> - The goals appear to be well stated. - Goals are defined. - Study underway - goals pretty well defined 	
Project Justification / Business Case	<ul style="list-style-type: none"> - The rationale and justification all appears to be very sound. Replacing their current system that is hard to maintain and not meeting all of their requirements makes perfect sense. - Study a pre-cursor to strategic direction decision for replacement. 	
Technical Impact	<ul style="list-style-type: none"> - This is not a technical project, it evaluates and defines business requirements. - For a study - no impact 	<ul style="list-style-type: none"> - Given the unknowns in this area is impossible to render a score at this time.
Preliminary Plan for Implementation	<ul style="list-style-type: none"> - Not really applicable since it's funding for a study for formulating direction and RFP. 	<ul style="list-style-type: none"> - While understanding an implementation plan will be developed as part of this project coupled with the fact that the agency identified a project sponsor, there is still little to no detail from which to render a meaningful score. - Project is not complete until RFP is developed.
Risk Assessment	<ul style="list-style-type: none"> - Project is in the planning stages 	<ul style="list-style-type: none"> - While the agency recognizes that there will be risk, one cannot render a score as the agency admits that risk will be determined by the approach selected. - Is one of the risks that Replacement plan may not cover all aspects/considerations?
Financial Analysis and Budget	<ul style="list-style-type: none"> - I believe the cost estimate is generally appropriate assuming this is a consultancy arrangement - To complete study - costs should be accurate. 	

TECHNICAL PANEL COMMENTS

Technical Panel Checklist				Comments
	Yes	No	Unknown	
1. The project is technically feasible?				- No technical elements to evaluate.
2. The proposed technology is appropriate for the project?				
3. The technical elements can be accomplished within the proposed timeframe and budget?				

Project 25-04 MMIS Replacement Study

State Government Council Tier Recommendation: Tier 2

Note: The NITC uses the following Tier Recommendations (Listed by decreasing prioritization):

- Mandate
- Tier 1
- Tier 2—Most common tier recommendation
- Tier 3

Full text proposals available at <http://nitc.ne.gov/nitc/documents/fy2013-15/index.html>

Project #	Agency	Project Title
25-05	DHHS	MMIS Replacement

SUMMARY OF REQUEST (Executive Summary from the Proposal)

[Full text of all proposals are posted at: <http://nitc.ne.gov/nitc/documents/fy2013-15/index.html>]

The Nebraska legacy Medicaid Management Information System (MMIS) was certified by The Centers for Medicare and Medicaid Services (CMS) in 1978 and has been in operation for over 30 years. The legacy MMIS was designed primarily to process Medicaid claims, which it does with reasonable efficiency for the fee-for-service (FFS) sector of Medicaid operations. However, over the past 33 years, the business of Medicaid has changed significantly. Many new Medicaid business functions have been added expanding services beyond the typical FFS to include waiver services, capitated managed care, accountable case services, and varying benefit categories.

The legacy MMIS does not have the flexibility to take advantage of current technology to reduce manual processing, improve data integrity, support data analysis, and increase quality. Transactions are being processed using several disparate software applications because the MMIS cannot support the electronic data exchange of the various records. The manipulation and transformation of incoming data from a standardized format to a legacy MMIS-acceptable format results in the loss of data for processing and reporting.

CMS has mandated the implementation of several initiatives such as ICD-10, HIPAA, NPI, 5010 and most recently the CMS 7 Standards and Conditions. These implementations have been challenging in a system with restrictive record layouts and hard-coded logic. The legacy MMIS technical staff often has had to design stop-gap type logic to be able to accept new standardized transactions. The MMIS file structure is too limited to allow for these mandates to be fully implemented without extensive, costly modifications. Lack of compliance with these mandated initiatives place Nebraska at risk of a reduced Federal Financial Participation (FFP).

FUNDING SUMMARY

IT Project Costs

Contractual Services Total		Prior Exp	FY13 Appr/Reappr	FY14 Request	FY15 Request	Future Add Request
Design	\$39,142,288			9,785,572	9,785,572	19,571,144
Programming	\$39,142,288			9,785,572	9,785,572	19,571,144
Project Management	\$10,735,560			2,683,890	2,683,890	5,367,780
Data Conversion	\$0					
Other	\$0					
Total	\$89,020,136	\$0	\$0	\$22,255,034	\$22,255,034	\$44,510,068
Training						
Technical Staff	\$3,924,988			981,247	981,247	1,962,494
End-user Staff	\$0					
Total	\$3,924,988	\$0	\$0	\$981,247	\$981,247	\$1,962,494
Other Operating Costs						
Personnel Cost	\$0					
Supplies & Materials	\$0					
Travel	\$11,045,580			2,761,395	2,761,395	5,522,790
Other	\$0					
Total	\$11,045,580	\$0	\$0	\$2,761,395	\$2,761,395	\$5,522,790
Capital Expenditures						
Hardware	\$978,464			244,616	244,616	489,232
Software	\$6,098,392			1,504,958	1,504,958	3,088,476
Network	\$1,500,000			375,000	375,000	750,000
Other	\$1,111,000			277,750	277,750	555,500
Total	\$9,687,856	\$0	\$0	\$2,402,324	\$2,402,324	\$4,883,208
Total Request	\$113,678,560	\$0	\$0	\$28,400,000	\$28,400,000	\$56,878,560

Funding

	Total	Prior Exp	FY13 Appr/Reappr	FY14 Request	FY15 Request	Future Add Request
General Fund	\$4,360,000					4,360,000
Cash Fund	\$7,000,000			2,840,000	2,840,000	1,320,000
Federal Fund	\$102,318,560			25,560,000	25,560,000	51,198,560
Revolving Fund	\$0					
Other Fund	\$0					
Total Funding	\$113,678,560	\$0	\$0	\$28,400,000	\$28,400,000	\$56,878,560

PROJECT SCORE

Section	Reviewer 1	Reviewer 2	Reviewer 3	Mean	Maximum Possible
Goals, Objectives, and Projected Outcomes	15	15	13	14	15
Project Justification / Business Case	25	19	22	22	25
Technical Impact	0	13	15	9	20
Preliminary Plan for Implementation	0	6	7	4	10
Risk Assessment	0	5	7	4	10
Financial Analysis and Budget	0	12	15	9	20
TOTAL				63	100

REVIEWER COMMENTS

Section	Strengths	Weaknesses
Goals, Objectives, and Projected Outcomes	<ul style="list-style-type: none"> - The goals are very clear and very well laid out. Obviously anything that can be done to eliminate manual operations, improve efficiency and satisfaction are goals that should be aggressively addressed. - Multiple benefits listed 	
Project Justification / Business Case	<ul style="list-style-type: none"> - The project justification is well stated benefits have been identified in a course of action has been chosen. 	<ul style="list-style-type: none"> - We won't know until October 2012 the outcome of the analysis. - Would include more verbiage to strengthen concept that mandates are driving change in systems.
Technical Impact		<ul style="list-style-type: none"> - Unable to make any determination as to the technical impact of what the MMIS solution might be. - Project is in planning stages, technology is not known.
Preliminary Plan for Implementation		<ul style="list-style-type: none"> - While I'm sure there will be a well-developed implementation plan at some point I am unable to provide any meaningful rating at this time , given the lack of any specific information
Risk Assessment		<ul style="list-style-type: none"> - Again given that no solution has been identified yet it is again impossible to provide a risk value to this project. The project will require some amount of skilled resources; however those skilled requirements are yet to be understood given that a solution has not been clearly identified. - Requires new technology and business processes that do not exist today.
Financial Analysis and Budget		<ul style="list-style-type: none"> - Estimates where provided of what this potential MMIS replacement plan might cost, upwards of 100+ million dollars. However it is impossible to know how accurate those estimates are given that we've not received the results of the analysis or what direction the project will ultimately take in its design and use of technology. - Without completing RFP process costs are estimates based on other states solutions. - New project - total cost estimate likely subject to variability with decision & negotiation.

TECHNICAL PANEL COMMENTS

Technical Panel Checklist				Comments
	Yes	No	Unknown	
1. The project is technically feasible?	✓			
2. The proposed technology is appropriate for the project?			✓	
3. The technical elements can be accomplished within the proposed timeframe and budget?			✓	- Unknown until the RFP process is completed.

Project 25-05 MMIS Replacement

State Government Council Tier Recommendation: Tier 1

Note: The NITC uses the following Tier Recommendations (Listed by decreasing prioritization):

- Mandate
- Tier 1
- Tier 2—Most common tier recommendation
- Tier 3

Full text proposals available at <http://nitc.ne.gov/nitc/documents/fy2013-15/index.html>

Project #	Agency	Project Title
25-06	DHHS	Medicaid Managed Care Expansion

SUMMARY OF REQUEST (Executive Summary from the Proposal)

[Full text of all proposals are posted at: <http://nitc.ne.gov/nitc/documents/fy2013-15/index.html>]

The Medicaid & Long-Term Care (MLTC) division has undertaken a multi-phase project to expand utilization of managed care for delivery of Medicaid services to Nebraska recipients. Expansion requires significant enhancements to the Nebraska MMIS to support integration of new Managed Care Organizations (MCOs), recipient plan assignment functionality, recipient notification/enrollment/disenrollment/reenrollment activities, revised capitation payment functionality, revised encounter data editing/management and expanded management reporting.

FUNDING SUMMARY

IT Project Costs

Contractual Services Total		Prior Exp	FY13 Appr/Reappr	FY14 Request	FY15 Request	Future Add Request
Design	\$0					
Programming	\$0					
Project Management	\$0					
Data Conversion	\$0					
Other	\$5,349,903	377,831	1,746,472	2,150,400	1,075,200	
Total	\$5,349,903	\$377,831	\$1,746,472	\$2,150,400	\$1,075,200	\$0
Other Operating Costs						
Personnel Cost	\$47,297	47,297				
Supplies & Materials	\$0					
Travel	\$0					
Other	\$0					
Total	\$47,297	\$47,297	\$0	\$0	\$0	\$0
Capital Expenditures						
Hardware	\$0					
Software	\$0					
Network	\$0					
Other	\$0					
Total	\$0	\$0	\$0	\$0	\$0	\$0
Total Request	\$5,397,200	\$425,128	\$1,746,472	\$2,150,400	\$1,075,200	\$0

Funding

	Total	Prior Exp	FY13 Appr/Reappr	FY14 Request	FY15 Request	Future Add Request
General Fund	\$1,349,300	106,282	436,618	537,600	268,800	
Cash Fund	\$0					
Federal Fund	\$4,047,900	318,846	1,309,854	1,612,800	806,400	
Revolving Fund	\$0					
Other Fund	\$0					
Total Funding	\$5,397,200	\$425,128	\$1,746,472	\$2,150,400	\$1,075,200	\$0

PROJECT SCORE

Section	Reviewer 1	Reviewer 2	Reviewer 3	Mean	Maximum Possible
Goals, Objectives, and Projected Outcomes	15	10	14	13	15
Project Justification / Business Case	25	16	23	21	25
Technical Impact	5	12	20	12	20
Preliminary Plan for Implementation	9	7	9	8	10
Risk Assessment	8	7	9	8	10
Financial Analysis and Budget	10	15	18	14	20
	TOTAL			77	100

REVIEWER COMMENTS

Section	Strengths	Weaknesses
Goals, Objectives, and Projected Outcomes	<ul style="list-style-type: none"> - Goals are well stated - Clear goals and rationale 	<ul style="list-style-type: none"> - It appears, from part three of the goals portion of the proposal, that this project will rely very heavily on those MMIS enhancements that will be developed sometime in the future. - Continues to modify old system increasing complexity and risk.
Project Justification / Business Case	<ul style="list-style-type: none"> - Project justifications are well stated. - Benefits tough to quantify but well defined. ROI included. 	<ul style="list-style-type: none"> - Again it appears that the success of this project is somewhat dependent on the MMIS enhancements that have yet to be developed. - Project not part of any mandate, ROI is not defined, other solutions not considered.
Technical Impact	<ul style="list-style-type: none"> - Leverages existing resources and infrastructure 	<ul style="list-style-type: none"> - Very little detail in the project proposal about the technical elements of the project. While the author states the enhancements required are compatible with both the existing MMIS and state infrastructure, there's no evidence to support that statement, at least in the project form. - Does not address the technical impact to system, describes the business side not technical impact.
Preliminary Plan for Implementation		<ul style="list-style-type: none"> - Not knowing the technical approach and design it is somewhat difficult to give a higher score. That said I have no doubt that the department will in fact have a sound implementation plan given their past history. - Lacks requirements needed to estimate implementation details, currently in the planning stages
Risk Assessment	<ul style="list-style-type: none"> - The department has identified the fact that there could be significant risks in a number of areas, be it development staff capacity and/or the ability to get significant staff augmentation. - Pretty clear on risks 	<ul style="list-style-type: none"> - The proposal does not indicate, in any detail, what strategies have been developed to minimize the risks, at least not at this juncture. - Other options not considered, modifies existing system.
Financial Analysis and Budget	<ul style="list-style-type: none"> - Funding plan looks very reasonable. 	<ul style="list-style-type: none"> - For a \$5.3 million project the information in the financial portion of the project proposal seems to be rather vague given that the bulk of the money is in a category known as "Other". I can't determine what the rationale is for \$47K of personnel cost, is it a programmer or staff person? - Requirements not defined, it could take longer and cost more.

TECHNICAL PANEL COMMENTS

Technical Panel Checklist				Comments
	Yes	No	Unknown	
1. The project is technically feasible?	✓			
2. The proposed technology is appropriate for the project?	✓			
3. The technical elements can be accomplished within the proposed timeframe and budget?	✓			-Detailed plan needed, but the Agency has mitigated many of the risks.

Project 25-06 Medicaid Managed Care Expansion

State Government Council Tier Recommendation: Tier 2

DHHS Agency Response:

All technical changes for the project are expected to be made within the existing MMIS environment and do not envision changes to the existing technology. DHHS agrees with the comment “Continues to modify old system increasing complexity and risk.” which is one of the reasons for separately submitted MMIS Replacement related requests. DHHS acknowledges the confusing usage of the Other category for costs. Costs have been and will be almost totally personnel related (DHHS IS&T staff, OCIO IS&T staff, DHHS Medicaid staff, contractors) with <1% for computer processing costs (e.g. mainframe usage for development and testing).

Note: The NITC uses the following Tier Recommendations (Listed by decreasing prioritization):

- Mandate
- Tier 1
- Tier 2—Most common tier recommendation
- Tier 3

Full text proposals available at <http://nitc.ne.gov/nitc/documents/fy2013-15/index.html>

Project #	Agency	Project Title
25-07	DHHS	Behavioral Health Data System

SUMMARY OF REQUEST (Executive Summary from the Proposal)

[Full text of all proposals are posted at: <http://nitc.ne.gov/nitc/documents/fy2013-15/index.html>]

The Division of Behavioral Health (DBH) faces substantial obstacles in collecting, organizing and accessing data, from behavioral health regions and providers. The data is necessary for DBH to efficiently, accurately and completely fulfill its obligations for reporting, monitoring and managing care in the Nebraska Behavioral Health System. Data is held in multiple different forms, systems and data bases, causing data aggregation to be an ever increasing difficulty for DBH and necessitating multiple verification processes that result in delays discharging its responsibilities.

Personnel at DBH and in the behavioral health regions spend many hours combing data from paper reports, spreadsheets and disparate databases and lack quick, reliable access to information. In addition to its planned reporting, a wide variety of requirements and report breakdowns for various funders and stakeholders are often requested on an ad-hoc basis.

A new centralized data system (CDS) is necessary to overcome these immediate challenges in data access and reporting compliance while also providing DBH, behavioral health regions and providers with data necessary to improve the NE public behavioral health system, especially in an environment of health information exchange and performance monitoring.

The NE DHHS Division of Behavioral Health (DBH) Centralized Data System (CDS) will track outcomes of managed care, measure performance of managed care (in real time), measure funding for managed care, provide for greater fiscal accountability for managed care, meet reporting needs of DBH to Federal and State entities, unify existing databases and technology, fill data gaps for improved management of care and utilize health information exchange efficiencies by interfacing with the State Health Information Exchange (HIE). An example of improvement: data driven, evidence-based, incentives to providers for improved performance.

FUNDING SUMMARY

	Estimated Prior Expended	Request for FY2014 (Year 1)	Request for FY2015 (Year 2)	Request for FY2016 (Year 3)	Request for FY2017 (Year 4)	Future	Total
1. Personnel Costs	\$ -	\$ 485,000.00	\$ 485,000.00	\$ -	\$ -	\$ -	\$ 970,000.00
2. Contractual Services							
2.1 Design	\$ -	\$ 102,000.00	\$ 102,000.00	\$ -	\$ -	\$ -	\$ 204,000.00
2.2 Programming	\$ -	\$ 51,000.00	\$ 51,000.00	\$ -	\$ -	\$ -	\$ 102,000.00
2.3 Project Management	\$ -	\$ 180,000.00	\$ 180,000.00	\$ -	\$ -	\$ -	\$ 360,000.00
2.4 Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3. Supplies and Materials	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Telecommunications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7. Other Operating Costs	\$ -	\$ 102,000.00	\$ 102,000.00	\$ -	\$ -	\$ -	\$ 204,000.00
8. Capital Expenditures							
8.1 Hardware	\$ -	\$ 60,000.00	\$ 60,000.00	\$ -	\$ -	\$ -	\$ 120,000.00
8.2 Software	\$ -	\$ 500,000.00	\$ 490,000.00	\$ -	\$ -	\$ -	\$ 990,000.00
8.3 Network	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8.4 Other	\$ -	\$ 50,000.00	\$ -	\$ -	\$ -	\$ -	\$ 50,000.00
TOTAL COSTS	\$ -	\$ 1,530,000.00	\$ 1,470,000.00	\$ -	\$ -	\$ -	\$ 3,000,000.00
General Funds	\$ -	\$ 1,530,000.00	\$ 1,470,000.00	\$ -	\$ -	\$ -	\$ 3,000,000.00
Cash Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Federal Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Revolving Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDS	\$ -	\$ 1,530,000.00	\$ 1,470,000.00	\$ -	\$ -	\$ -	\$ 3,000,000.00

PROJECT SCORE

Section	Reviewer 1	Reviewer 2	Reviewer 3	Mean	Maximum Possible
Goals, Objectives, and Projected Outcomes	15	13	11	13	15
Project Justification / Business Case	22	22	20	21	25
Technical Impact	14	15	8	12	20
Preliminary Plan for Implementation	9	8	8	8	10
Risk Assessment	9	8	8	8	10
Financial Analysis and Budget	18	18	15	17	20
TOTAL				80	100

REVIEWER COMMENTS

Section	Strengths	Weaknesses
Goals, Objectives, and Projected Outcomes	<ul style="list-style-type: none"> - Answers seem thorough and well laid out. - Goals, beneficiaries and outcomes were well-defined. - New requirement and unknowns, but goals pretty clear 	
Project Justification / Business Case	<ul style="list-style-type: none"> - It is apparent that the proposed project will result in cost savings to the agency and provide improved reporting capabilities. Significant investments have been made in eBHIN by the regions and federal agencies. There may be ways to leverage this investment. Information from Heather Wood indicates that there have been discussions within DHHS about this. - New project - Assessment of alternatives very strong 	
Technical Impact	<ul style="list-style-type: none"> - Technical impact planning is taking place now. Although it is too early in the plan to have all of the information, document clearly states some of the thoughts that have been in to this plan. 	<ul style="list-style-type: none"> - Too early in the plan to have the real impact. - Not a lot of detail was provided. The implementation section mentions hardware acquisition. Was a cloud or shared server solution discussed?
Preliminary Plan for Implementation	<ul style="list-style-type: none"> - Well documented as to the needs of the project - Significant work has been done in the development of this proposed project including a needs analysis, the development of business requirements, solution discover, and the development of preliminary budget estimates. 	<ul style="list-style-type: none"> - Still waiting on solution for final timeline, but seem well prepared for that effort. - No time frames were included for next steps.
Risk Assessment	<ul style="list-style-type: none"> - Obviously an experienced writer answering these questions. Well thought out. - Data risks well defined 	<ul style="list-style-type: none"> - Most health information data breaches have been due to the theft or loss of unencrypted devices. This wasn't specifically addressed as a risk. This is probably addressed in the DHHS security policies. - Since this would be a new system would another inherent risk be finding a solution that will meet the requirements and timely?
Financial Analysis and Budget		

TECHNICAL PANEL COMMENTS

Technical Panel Checklist				Comments
	Yes	No	Unknown	
1. The project is technically feasible?	✓			
2. The proposed technology is appropriate for the project?			✓	

3. The technical elements can be accomplished within the proposed timeframe and budget?			✓	- Unknown until the RFP process is completed.
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Project 25-07 Behavioral Health Data System

State Government Council Tier Recommendation: Tier 2

DHHS Agency Response:

At this point DHHS has not ruled out any solution approaches and will consider options such as a cloud or shared server solution. DHHS agrees with the importance of security and it needs to be managed as a risk. DHHS has existing policies and processes to protect against data breaches due to the theft or loss of unencrypted devices, but agrees that as new devices enter the environment (e.g. tablets, smart phones) and could be part of a proposed solution that special care is needed with ensuring security requirements are met.

Note: The NITC uses the following Tier Recommendations (Listed by decreasing prioritization):

- Mandate
- Tier 1
- Tier 2—Most common tier recommendation
- Tier 3

Full text proposals available at <http://nitc.ne.gov/nitc/documents/fy2013-15/index.html>

NSTN REPORT

NE Telehealth Network (NSTN) is continuing to see increased usage with Clinical, Educational, and Administrative meetings. We are at the end of our previous OAT grants and did not receive the latest Oat grant which was applied for. DKG Consultants will be completing the final reports for the recent grants and end their service with the network by the end of January, 2013. The network will continue to look for additional funding resources. The grant covering our Mobile application of "VIDYO" has another year remaining. This has proven to be a very well received application with physicians for clinical encounters. We are continuing to get a large number of requests for this service and hope to be able to continue to meet the need and see ongoing participation.

The technical group is looking at the current network configuration and has recommend changes which will allow for some much improved redundancy to the network. We will keep this group informed as we move forward.

October 17, 2012

To: Community Council Members
From: Anne Byers
Subject: State HIE Cooperative Agreement Update

Overview

On March 15, 2010, the Nebraska Information Technology Commission/Office of the CIO received \$6.8 million in funding from the Office of the National Coordinator for Health IT's State HIE Cooperative Agreement program. Subrecipients include NeHII (\$4.8 million), the Electronic Behavioral Health Information Network (eBHIN, \$1.1 million) and the Nebraska Statewide Telehealth Network (\$73,620). The UNMC College of Public Health is serving as the external evaluator.

NeHII adds physicians, hospitals

NeHII Implementation Status. NeHII continues to add physicians, health care providers, and hospitals. Over 2,000 physicians and health care providers are using NeHII to access patient health information, with over 150 physicians signing participation agreements in the first quarter of 2012, 70 in the second quarter, and 131 in the third quarter. Regional West Medical Center, Columbus Community Hospital, Sidney Regional Medical Center joined NeHII in 2012. Additionally, York General Hospital, Avera St. Anthony's Hospital (O'Neil), Avera Creighton Hospital, Providence Medical Center (Wayne), and Cass County Health System (Atlantic, IA) have begun the implementation process to join NeHII. Other participating health systems and hospitals include Alegent Health, Children's Hospital and Medical Center, Methodist Health System, The Nebraska Medical Center, Mary Lanning Memorial Hospital (Hastings), Creighton University Medical Center, Great Plains Regional Medical Center (North Platte), Nebraska Spine Hospital, and Blue Cross Blue Shield of Nebraska.

Prescription Drug Monitoring Program Functionality. In 2011, Governor Heineman signed LB 237 which authorized the Nebraska Department of Health and Human Services to collaborate with NeHII to establish a prescription drug monitoring program. NeHII's functionality allows physicians to view a patient's medication history and other clinical information through NeHII's Virtual Health Record, enabling physicians to more safely prescribe controlled substances.

The MITRE organization is working with NeHII, Mary Lanning Memorial Hospital, EPOWERdoc and the State Public Health team to implement a PDMP pilot with Mary Lanning Memorial Hospital using single sign-on functionality between the EHR and HIE to signal possible drug seeking activities to physicians. The pilot is continuing to progress, overcoming obstacles with exchanging the SAML token and the project is moving to the testing phase.

Alegent Health, COPIC and NeHII sponsored a PDMP continuing education program on October 8th, 2012 at the McAuley Center on Alegent Health's campus. The PDMP MEU program's goal was to

provide physicians with tools to identify and manage potential drug seekers in the clinic and ED settings. One hundred seventeen providers attended the event to hear speakers from the DEA, ED, pain clinics and family practices share their experiences in managing potential drug seekers. COPIC and the Nebraska Medical Association are also sponsoring one-day programs in October on “Facts, Fiction, and Reality: A Multidisciplinary Look at the Use, Abuse, and Diversion of Prescription Drugs in Nebraska.” Deb Bass and Anne Dworak will be presenting on the PDMP during these seminars.

Payer Access Pilot. The direct payer access pilot with BCBSNE kicked off on October 4th. The BCBSNE pilot participant/users have been trained and will be completing a survey each time they access NeHII to track pilot value measures. The date filter is working correctly and the BCBSNE users are excited to start using the tool to support the gathering of information more efficient and make their jobs easier. NeHII has documented the primary and secondary audit process and it has been approved by BCBSNE.

Immunization Registry. NeHII and the Nebraska Department of Health and Human Services Division of Public Health have been working to exchange data between NeHII and the State’s immunization registry (NESIIS). Bidirectional exchange between NeHII and NESIIS is expected to be operational in the fourth quarter of 2012.

Consumer Campaign. NeHII has launched a new consumer campaign using Connect the “Docs” as the theme. The campaign includes:

- A consumer website (<http://www.connectnebraska.net/>),
- Youtube video (<http://www.youtube.com/watch?v=vLqi7-jD4N8>),
- Consumer brochure, and
- Public service announcements.

eBHIN HIE goes live

The Electronic Behavioral Health Information Network (eBHIN) has gone live with its health information exchange functionality in Region 5 in Southeast Nebraska. eBHIN is one of the nation’s first health information exchanges focusing on the exchange of behavioral health information. As of Sept. 17, ten out of the fifteen Region 5 sites had begun using the HIE functionality. Sites in Region 1 in the Panhandle and Region 6 in the Omaha area will begin going live with the HIE functionality as early as November 2012. Regions 2, 3 & 4 have received a HRSA planning grant to determine the resources needed to participate. These regions will consider participation based on costs and logistics identified on the planning process.

eBHIN provides shared record exchange across treatment settings, closed loop referrals, wait list management and interim services tracking, medication reconciliation, and aggregate reporting at provider, region and state levels. eBHIN is also working with NeHII to utilize Direct secure messaging to exchange information—with patient consent—between behavioral health and medical providers.

ONC Recognizes Nebraska

The Office of the National Coordinator recently recognized Nebraska as a leader in query-based exchange as part of their Grantee Recognition Program.

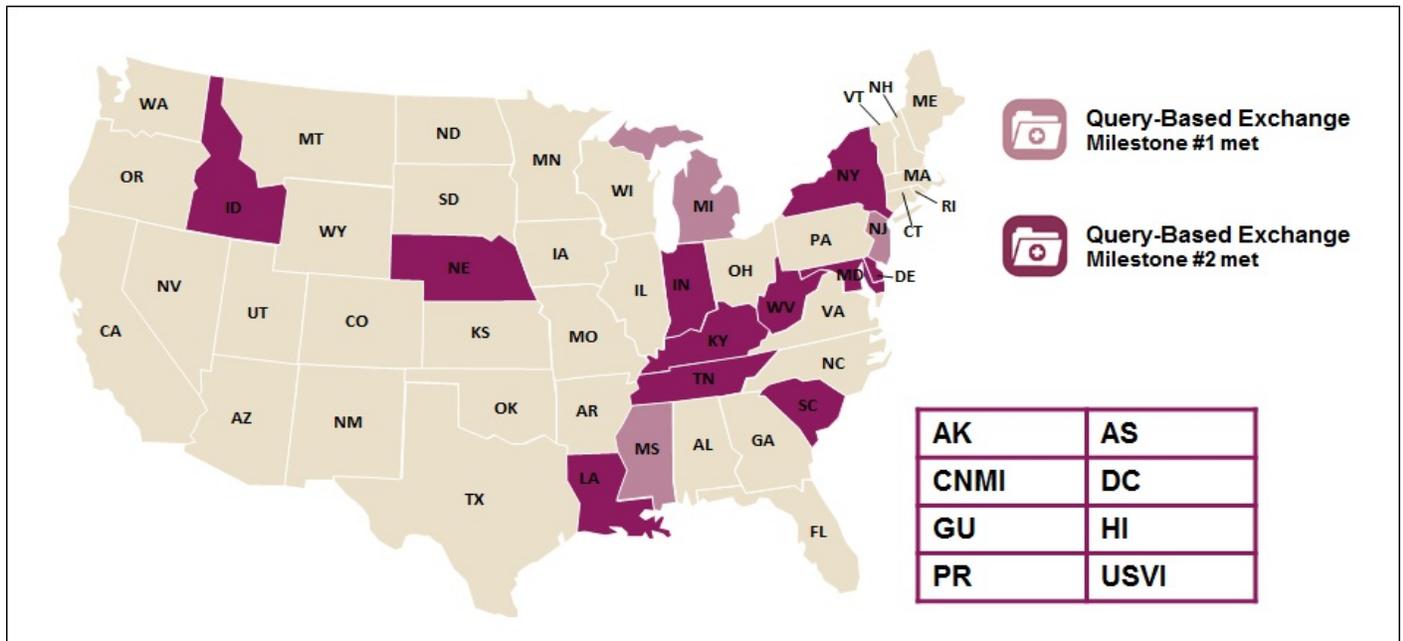
Query-Based Exchange



*Milestone #1: Individual users enabled for query-based exchange***



*Milestone #2: Individual users enabled for query-based exchange***



Milestone #1 for measuring progress was set using the REC target numbers listed in Appendix D of [ONC PIN 2](#). Milestone #2 is double Milestone #1, i.e. twice the REC target number listed in Appendix D.

You can view the entire list at <http://statehierresources.org/grantee-recognition-program>.

Desk Audit

ONC has completed a desk review of the State HIE Cooperative Agreement. The report states: “Overall, it appears that the Nebraska Department of Administrative Services is managing funds in compliance with Federal regulations and its organization’s policies and procedures. As seen in the report, there are instances where the Nebraska Department of Administrative Services can improve upon its policies.”

State HIE Cooperative Agreement Expenditures to Date

	Expended	Allocated	% Expended
NeHII	\$4,806,074.71	\$4,898,275.00	98%
State/NITC	\$99,155.71	\$157,075.00	63%
Eval/UNMC	\$45,458.39	\$269,435.00	17%
eBHIN	\$855,472.57	\$1,112,275.00	77%
Pub Health	\$59,500.22	\$326,500.00	18%
Telehealth	\$42,431.42	\$73,620.00	58%
Total	\$5,908,093.02	\$6,837,180.00	86%