| **State Improvements to Health Information Gateway** | **FY2013 Request:** | **$3,641,400** |
|---|---|---|
| | **Reference No:** | **AMD 52386** |

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| **AP/AL:** Appropriation | **Project Type:** Information Technology / Systems / Communication |
| **Category:** Health/Human Services | |
| **Location:** Statewide | **House District:** Statewide (HD 1-40) |
| **Impact House District:** Statewide (HD 1-40) | **Contact:** Jennifer Klein |
| **Estimated Project Dates:** 07/01/2012 - 06/30/2014 | **Contact Phone:** (907)465-1870 |

**Brief Summary and Statement of Need:**

To secure maximum federal reimbursement and greatest benefit to the State, the Health Information Gateway (Gateway) must develop interfaces with state healthcare data systems and programs. These include the Medicaid Management Information System, Laboratory Information Management System, and various public health related databases. Some of these databases will need to be updated and modified in order to successfully integrate these streams of data into the Gateway and assist the states and providers in meeting The Centers for Medicare and Medicaid Services' meaningful use requirements. This project was inadvertently omitted from the December 15, 2011 release of the FY2013 Governor's budget.

| **Funding:** | FY2013 | FY2014 | FY2015 | FY2016 | FY2017 | FY2018 | Total |
|---|---|---|---|---|---|---|---|
| Fed Rcpts | $3,277,260 | | | | | | $3,277,260 |
| G/F Match | $364,140 | | | | | | $364,140 |
| Total: | $3,641,400 | $0 | $0 | $0 | $0 | $0 | $3,641,400 |

| | |
|---|---|
| ☑ State Match Required   ☑ One-Time Project   ☐ Phased - new   ☐ Phased - underway   ☐ On-Going | |
| 10% = Minimum State Match % Required   ☑ Amendment   ☐ Mental Health Bill | |

**Operating & Maintenance Costs:**

| | Amount | Staff |
|---|---|---|
| Project Development: | 0 | 0 |
| Ongoing Operating: | 0 | 0 |
| One-Time Startup: | 0 | |
| Totals: | 0 | 0 |

**Additional Information / Prior Funding History:**

No prior funding.

**Project Description/Justification:**

In May 2009, the Alaska legislature unanimously passed Senate Bill 133 (SB 133), an act creating a statewide Health Information Gateway system that is interoperable and compliant with state and federal specifications and protocols for exchanging health records and data.  SB 133 required the Department of Health and Social Services (DHSS) to establish the Gateway with a non-profit governing board that represents Alaska's stakeholder communities.

This project will encompass the post-implementation services required to operate the Health Information Gateway in 2012 with various state databases. This includes general hosting obligations in operating the Software as a Service (SaaS); proactive service monitoring and management infrastructure; provision of back-up systems relating to the SaaS; and development of corrective action plans in the event of service outages or failures. Current identified needs include storage,

servers, and data center licenses as a contingency for growth in information technology infrastructure due to enhancements of the Master Client Index and Master Patient Index interfacing to the Gateway.

This project will cost $3,641,400 and will directly affect all Gateway participants including providers, recipients, DHSS users and many other stakeholders. Division of Finance and Management Services, Information Technology component staff and Division of Health Care Services staff developed cost estimates based on historical costs and known system integration costs.

An assessment was completed on three approaches for state systems to interface to the Gateway:

1.  Each system individually connecting to the Gateway - this would result in numerous separate connections to the Gateway, which increases the risk for private health information exposure.
2.  Using the Master Client Index interface environment to consolidate the individual system into a single point of entry into the Gateway.
3.  Utilizing an Enterprise Service Bus (multiple portals) to interface all services to the Gateway, patients, providers and outside health partners. This option blends options 1 and 2, allowing an approach for a comprehensive environment that encourages patients, providers, partners and the public to participate in the Gateway.

This is not a phased project. In November 2009, DHSS submitted a draft Health Information Technology (HIT) Plan to the Office of the National Coordinator (ONC) detailing the development of an economical, sustainable Health Information Gateway in Alaska. In March 2010, DHSS entered into a cooperative agreement with ONC to create the Gateway. Coordinated efforts across divisions are currently underway to assess the state's databases and prioritize information technology projects to better integrate the necessary systems into the Gateway.

To fully realize the benefit of the Gateway and secure maximum federal reimbursement, the Gateway must develop interfaces with the various state healthcare data systems and programs. These facilitated exercises are being completed as part of the State Medicaid Health Information Technology Plan Update.  There are two workgroups currently assessing the state's information technology databases (Health Information Technology Meaningful Use Clinical Workgroup and a Health Information Technology Meaningful Use Technology Workgroup).  Once this assessment is complete, Alaska will submit a Medicaid Management Information System Implementation Advanced Planning Document Update Health Information Gateway Proposal to Centers for Medicare and Medicaid Services under a cost allocation model to begin covering the costs to upgrade selected databases.  In addition, some of the identified database enhancement work could be applied to the Electronic Health Record Incentive Payment Program Implementation Advanced Planning Document Update request, which currently maintains state authorization to cover those allowable costs.  There will be technical assistance provided to the state by Centers for Medicare and Medicaid Services and the Office of the National Coordinator on how to administer the cost allocation model for these projects.