

# LEGISLATIVE POST AUDIT REPORT

## WEST VIRGINIA HEALTH INFORMATION NETWORK

### SUSTAINABILITY STUDY HEALTH INFORMATION NETWORK SURVEY RESULTS



#### WEST VIRGINIA LEGISLATIVE AUDITOR POST AUDIT DIVISION



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At the request of the Legislative Auditor, we conducted a study on the West Virginia Health Information Network's plan for the sustainability of the program as well as inquired with other states on how their health information exchanges are sustained.

Respectfully submitted,

A handwritten signature in blue ink that reads "Denny Rhodes".

Denny Rhodes, Director  
Legislative Post Audit Division

WEST VIRGINIA HEALTH INFORMATION NETWORK  
SUSTAINABILITY STUDY

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**WEST VIRGINIA HEALTH INFORMATION NETWORK  
SUSTAINABILITY STUDY**

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## **INTRODUCTION**

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### **POST AUDIT AUTHORITY**

This report includes survey results of a study performed to evaluate the sustainability of the West Virginia Health Information Network (WVHIN). The results of this survey compare the sustainability of other state health information exchanges. This study was conducted at the request of the Legislative Auditor based on information obtained during the post audit of the WVHIN for the period of July 1, 2012 – June 30, 2013. The audit was conducted pursuant to §4-2, as amended, of the W.Va. Code, which requires the Legislative Auditor to “make post audits of the revenues and funds of the spending units of the state government, at least once every two years, if practicable, to report any misapplication of state funds or erroneous, extravagant or unlawful expenditures by any spending unit, to ascertain facts and to make recommendations to the Legislature concerning post audit findings, the revenues and expenditures of the State and of the organization and functions of the State and its spending units.”

### **PRIOR AUDIT**

Our original post audit of the WVHIN for the period of July 1, 2012 – June 30, 2013 was released to the public on June 17, 2014. While the prior report did not have any findings, information obtained during the audit raised concerns regarding the sustainability of the program. The Legislative Auditor requested a study be performed on the plans the WVHIN has for the sustainability of the program going forward as well as inquire with other states on the sustainability of their health information exchanges.

A copy of the report can be found on the West Virginia Legislature’s website under Post Audit Reports or at the following web address:

[http://www.legis.state.wv.us/Joint/Postaudit/PA\\_Reports/audit\\_docs/PA\\_2014\\_532.pdf](http://www.legis.state.wv.us/Joint/Postaudit/PA_Reports/audit_docs/PA_2014_532.pdf)

### **BACKGROUND**

The WVHIN was created by the Legislature in 2006 under W. Va. Code §16-26G. The WVHIN is to operate “under the oversight of the Health Care Authority to promote the design, implementation, operation, and maintenance of a fully interoperable statewide network to facilitate public and private use of health care information in the state”. In February 2010, the West Virginia Department of Health and Human Resources received \$7,819,000 in federal funds as part of the State Health Information Exchange Cooperative Agreement Program. The WVHIN used those funds to launch WVHIN’s statewide electronic health information exchange services. This federal grant ended February 7, 2014. As of February 28, 2014 the WVHIN projected they were funded through Fiscal Year 2017.

## OBJECTIVE, SCOPE & METHODOLOGY

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### OBJECTIVE

The objective was to determine if WVHIN has a plan in place to sustain the program once the Federal Grant currently funding the program expires. A further objective was to survey all other states and/or territories which received funds from the State Health Information Exchange Cooperative Agreement Program and determine the sustainability of their programs.

### SCOPE

The survey was sent to 56 states and/or territories. These states and/or territories had received the State Health Information Exchange Cooperative Agreement Program grant from the U.S. Department of Health & Human Services Office of the National Coordinator. The questions ranged from general questions over the exchanges' administration to more specific questions regarding funding sources. There were 18 states and five territories which did not respond to the survey. Of the states that did respond to the survey, not every state responded to all questions.

### METHODOLOGY

A survey was sent to the listed health information exchange contact on May 7, 2014 and responses were collected until August 12, 2014. The contact information for each state's exchange was provided by the Office of the National Coordinator's State Health Information Exchange Cooperative Agreement Program website<sup>1</sup>. The survey was conducted primarily online using SurveyMonkey.com. States which did not respond to the survey online were contacted via email and/or telephone and invited to respond online, provide responses on a blank survey in pdf format, or to provide responses over the telephone. The complete results of the survey are given in this report. The current data from West Virginia was not included in the compiled survey results; instead it is shown in the table below the results for each question for comparative purposes.

For comparative purposes, some of the results have been combined into the following categories: Similar States and Contiguous States. For our purposes, a state was considered to be a similar state if their population was between 900,000 and 2.8 million. The contiguous states include the surrounding states to West Virginia, except for Maryland, who did not respond to our survey. Please see Appendix A for detail on which states belong to each category.

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<sup>1</sup><http://healthit.gov/policy-researchers-implementers/state-health-information-exchange-cooperative-agreement-program-key>

## WVHIN FUNDING PLAN

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According to the WVHIN's Cash Projection as of February 28, 2014, the WVHIN is fully funded through Fiscal Year 2017. Based on research performed by the WVHIN on the sustainability of other state's programs, it appears a subscription fee model would be the easiest to implement. This subscription fee model for hospitals can be based on bed or discharge count. For payers (such as insurance companies and Medicare/Medicaid) the fee is based on a per member/per month rate. This fee could also include a flat fee for providers (such as doctor's offices). WVHIN anticipates having a proposed written fee schedule by the end of calendar year 2014, and hopes the final, approved version will be completed by 2015. The WVHIN leadership is currently drafting proposed legislation to amend the governing code section to authorize the collection of fees. The WVHIN leadership anticipates having the amended code section and applicable legislative rules for charging a fee to the users of the exchange by 2016.

**WEST VIRGINIA HEALTH INFORMATION NETWORK  
SUSTAINABILITY SURVEY**

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## **CONCLUSION**

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### COMPARISON TO ALL RESPONSES

Based on the information obtained from the Survey responses, it appears the majority of the states which responded have switched from a government organization structure to a not-for-profit organization structure. Initially 48% started as a government organization structure and currently only 25% are structured as a government organization. The percentage of states that have moved to a not-for-profit organization structure has increased from 35% to 56%. Also, it appears the majority of the states (88%) do charge a fee for use of the network. In addition, 73% of all of the states that responded have a funding plan for the next five years.

### COMPARISON TO SIMILAR STATES

When comparing the states with similar population's to West Virginia, the trend continues of converting from a government organization structure to a not-for-profit structure. Initially, 25% of the programs started as a government organization structure and currently there are no programs with a government organization structure. Also, all of the similar population states charge a fee for use of the network. In addition, all of the similar population states have a funding plan for the next five years.

### COMPARISON TO CONTIGUOUS STATES

For the contiguous states, only one state changed from having government organization structure to a not-for-profit structure. Also, 75% of the contiguous states charge a fee for use of the network. In addition, half of the contiguous states have a funding plan for the next five years.

### SIMILAR RESPONSES ACROSS ALL CATEGORIES

Some results were similar across all three response categories. States in each category received the majority of their funding from participating organizations. The remainder of the funding for these states is comprised from state sources, federal sources, and other funding sources. The majority of states in each category use a fee structure based on a subscription fee model, including bed counts for hospitals, fees per member for payers, and flat fees for providers. This includes 57% of all states, 50% of similar population states and 50% of the contiguous states. When the states started charging fees to use the exchange, the majority of states found that it did not change the number of facilities who wanted to participate in their health care information exchange. This includes 54% of all states, 71% for similar population states and 50% of the contiguous states.

Of the states that are charging a fee to their health care providers, there has been a reasonably good response of total health care providers that are currently paying the fees within each category. This

includes 48% of all states, 67% of the similar population states, and 25% of the contiguous states health care providers are paying one hundred percent of the fees.

To summarize, from the survey results we received, we believe charging a fee has proven to be successful in the attempt to sustain state health information networks. We discovered that, overall, charging a fee did not change the number of facilities that wanted to participate. Charging a fee may not be successful in every state, but these results indicate that charging a fee can allow a health information network to achieve and maintain self-sustainability.

WEST VIRGINIA HEALTH INFORMATION NETWORK  
SUSTAINABILITY SURVEY

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## SURVEY RESULTS

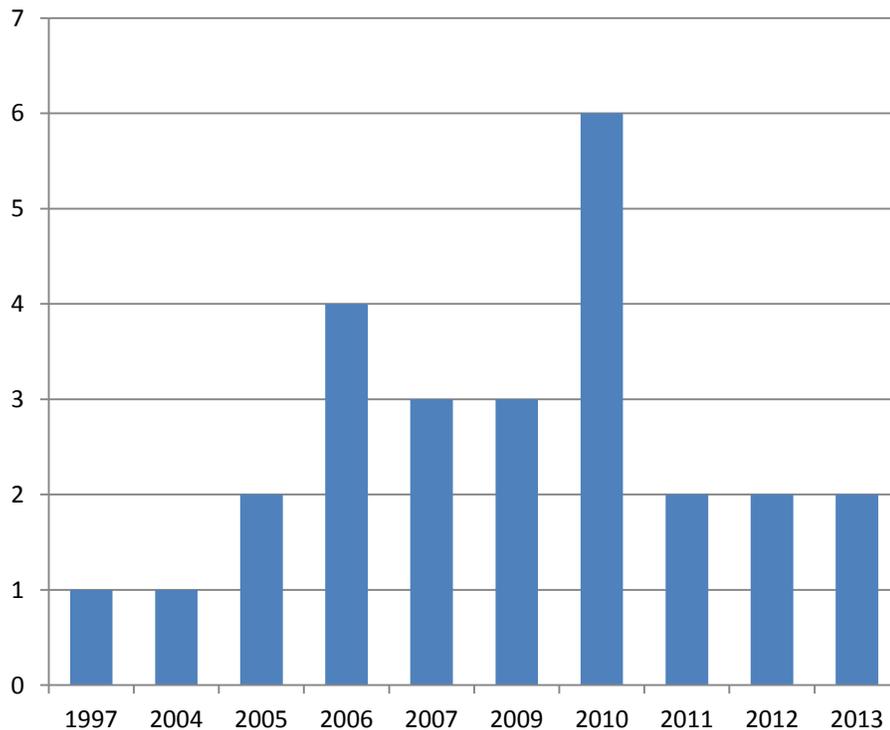
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### Question 1: When was your health care information exchange founded?

Answer	All states that responded (26)
1997	1
2004	1
2005	2
2006	4
2007	3
2009	3
2010	6
2011	2
2012	2
2013	2
<i>Note: WVHIN was created in 2006 by W. Va. Code</i>	

### All States That Responded (26)

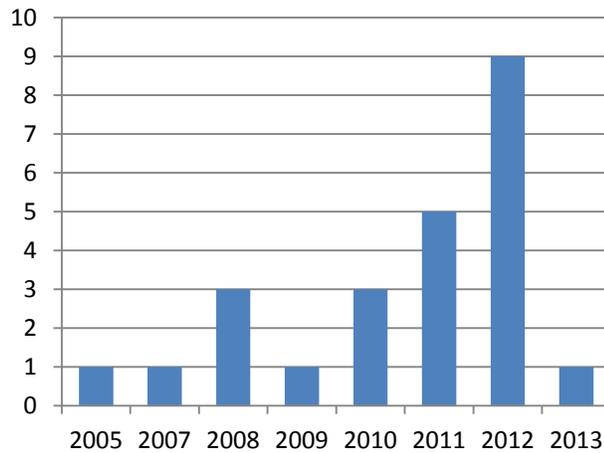


**Question 2: When was your health care information exchange actually placed into operation?**

Answer	All states that responded (24)
2005	1
2007	1
2008	3
2009	1
2010	3
2011	5
2012	9
2013	1

*Note: WVHIN was placed in operation in 2012*

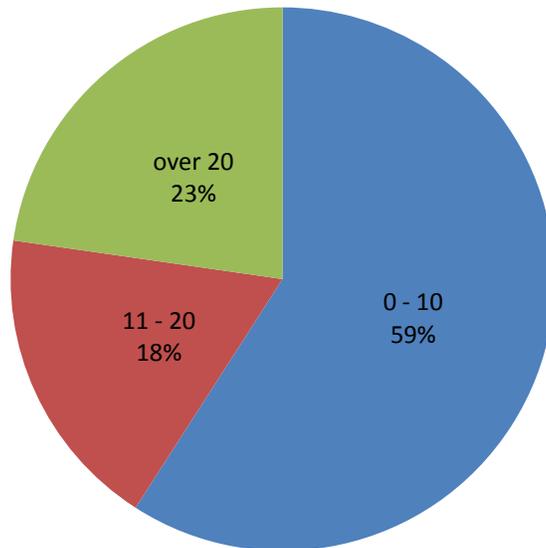
**All States That Responded (24)**



**Question 3: How many staff does your exchange directly employ? (Not including support staff)**

Answers (by range)	All states that responded (22)
0 - 10	13
11 - 20	4
over 20	5
<i>Note: WVHIN has a staff of 6 people</i>	

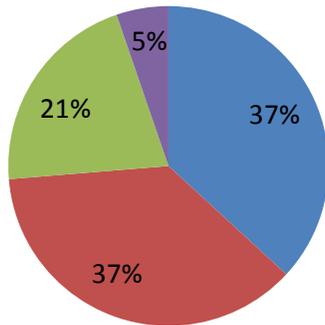
**All States That Responded (22)**



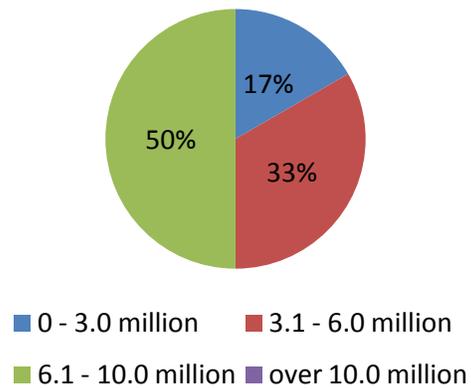
**Question 4: What is your annual budget?**

Answers (by range)	All states that responded (19)	Similarly populated states to WV <sup>2</sup> (6)	Contiguous states <sup>3</sup> (2)
0 - 3.0 million	7	1	0
3.1 - 6.0 million	7	2	2
6.1 - 10.0 million	4	3	0
over 10.0 million	1	0	0
<i>Note: WVHIN's annual expenditure is approx. 3.8 million (calculated as a 3 year average of expected expenditures for 2015, 2016, and 2017)</i>			

**All States That Responded (19)**



**Similarly Populated States to WV(6)**



<sup>2</sup> The similarly populated states to WV include: ME, RI, DE, HI, NE, NM, and NV (ID and NM did not respond)

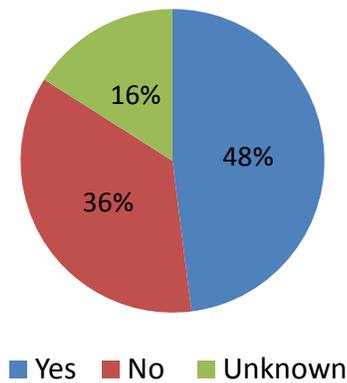
<sup>3</sup> The contiguous states include: KY and PA (OH, MD, and VA did not respond)

**Question 5: Does your organization generate enough revenue (not including grants) to cover ongoing operational costs?**

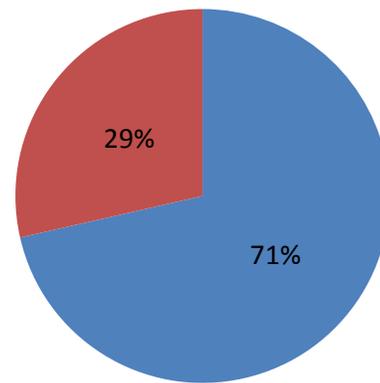
Answer Options	All states that responded (25)	Similarly populated states to WV <sup>4</sup> (7)	Contiguous states <sup>5</sup> (4)
Yes	12	5	1
No	9	2	2
Unknown <sup>6</sup>	4	0	1

**Note: WVHIN does not currently generate revenue, however they do have funding that will cover their ongoing operational costs into 2018**

**All States That Responded (25)**



**Similarly Populated States to WV (7)**



<sup>4</sup> The similarly populated states to WV include: ME, RI, DE, HI, NE, NM, and NV (ID did not respond)

<sup>5</sup> The contiguous states include: KY, VA, OH, and PA (MD did not respond)

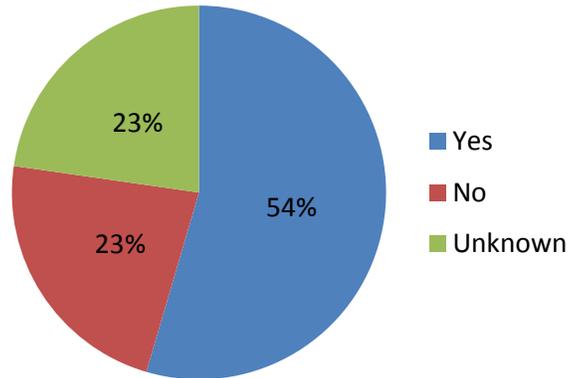
<sup>6</sup> The states that answered "unknown" include: FL, KS, VA, and WI

**Question 6: Does your organization generate enough revenue (including grants) to pay for enhancements to your exchange?**

Answer Options	All states that responded (22)	Similarly populated states to WV <sup>7</sup> (6)	Contiguous states <sup>8</sup> (4)
Yes	12	6	1
No	5	0	1
Unknown <sup>9</sup>	5	0	2

**Note: WVHIN does not currently generate revenue, however they do have funding that will pay for enhancements to their exchange through 2017**

**All States That Responded (22)**



Enhancements to a health information exchange include keeping the vendor software programs up to date, maintaining the standards of the exchange so that an organization’s exchange can tie in to a potential national exchange, and remain in compliance with federal health information privacy laws.

<sup>7</sup> The similarly populated states to WV include: ME, RI, DE, HI, NE, and NV (ID and NM did not respond)

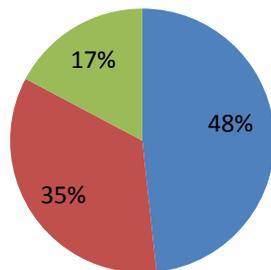
<sup>8</sup> The contiguous states include: KY, VA, OH, and PA (MD did not respond)

<sup>9</sup> The states that answered “unknown” include: AZ, AR, KS, PA, and VA

**Question 7: In what kind of structure did your Health Information Exchange start?**

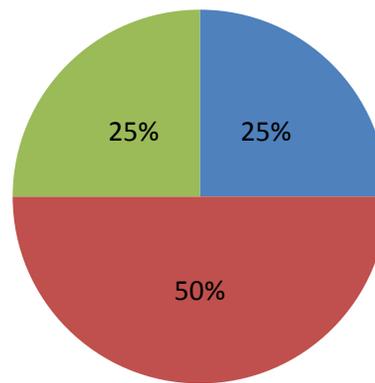
Answer Options	All states that responded (29)	Similarly populated states to WV <sup>10</sup> (8)	Contiguous states <sup>11</sup> (4)
Primarily Government Funded	14	2	2
Not-for-Profit	10	4	1
Other	5	2	1
<i>Note: WVHIN was initially funded by a state legislative appropriation in 2008 and from transfers from the West Virginia Health Care Authority</i>			

**All States That Responded (29)**



■ Government Funded ■ Not-for-Profit ■ Other

**Similarly Populated States to WV (8)**



The five states that answered “other” include Arizona, Delaware, Illinois, Nebraska, and Virginia. A brief summary of how these states receive funding follows:

- Arizona started their exchange from a Medicaid Transformation Grant, then the ONC grant.
- Delaware started their exchange from a public-private partnership housed in a State agency.
- Illinois stated that their exchange was ONC grant funded and had a sustainability structure to follow.
- Nebraska started their exchange from a public/private collaborative 501(c)3 structure.
- Virginia started their exchange with contract activity to the Virginia Department of Health using federal funding.

<sup>10</sup> The similarly populated states to WV include: ME, RI, DE, HI, NE, NM, NV, and ID

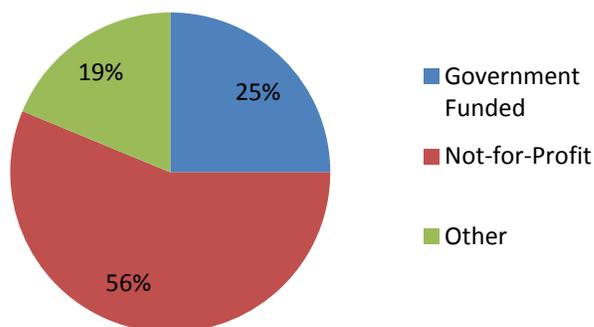
<sup>11</sup> The contiguous states include: KY, VA, OH, and PA (MD did not respond)

## Question 8: What is the current structure of your organization?

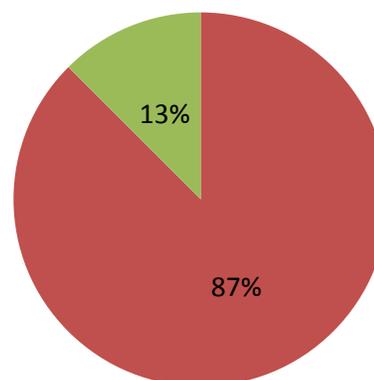
Answer Options	All states that responded (32)	Similarly populated states to WV <sup>12</sup> (8)	Contiguous states <sup>13</sup> (4)
Primarily Government Funded	8	0	1
Not-for-Profit	18	7	2
Other	6	1	1

**Note: Currently, WVHIN is primarily funded by transfers from the WV Health Care Authority**

**All States That Responded (32)**



**Similarly Populated States to WV (8)**



The six states that answered “other” include Florida, Illinois, Nebraska, Pennsylvania, Texas, and Oklahoma. A brief summary of how these states receive funding follows:

- Florida is currently funded by user fees.
- Illinois has a current structure that includes subscription-based services paid for by users (both private and public agencies).
- Nebraska started their exchange from a public/private collaborative 501 (c) 3 structure.
- Pennsylvania has a current structure that is described as being public-private.
- Texas stated that they are currently funded by a variety of sources.
- Oklahoma currently has their income based on fees collected.

<sup>12</sup> The similarly populated states to WV include: ME, RI, DE, HI, NE, NM, NV, and ID

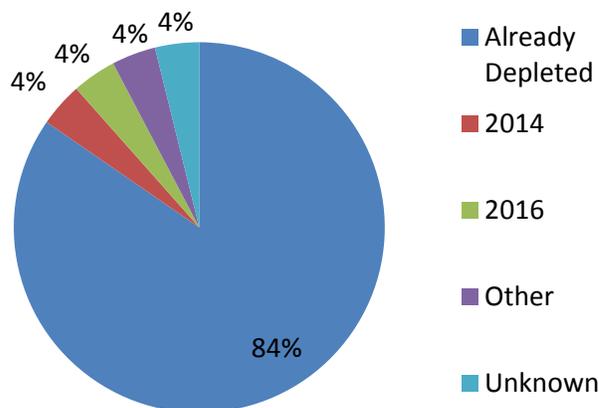
<sup>13</sup> The contiguous states include: KY, VA, OH, and PA (MD did not respond)

**Question 9: In what year does your health care information exchange estimate that it will run out of State Health Information Exchange Cooperative Agreement Program grant funding?**

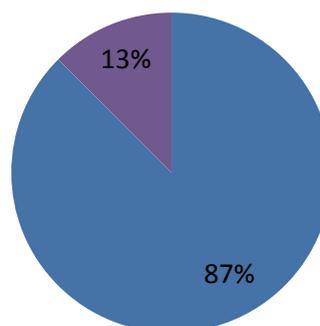
Answers	All states that responded (26)	Similarly populated states to WV <sup>14</sup> (8)	Contiguous states <sup>15</sup> (4)
Already Depleted	22	7	4
2014	1	0	0
2016	1	0	0
Other	1	1	0
Unknown (KS)	1	0	0

**Note: WVHIN's Cooperative Agreement grant funding is already depleted**

**All States That Responded (26)**



**Similarly Populated States to WV (8)**



The Cooperative Agreement grant funding is already depleted for the majority of the 26 states that responded to this question and the majority of the 8 similarly populated states to West Virginia. Nevada was the only state that answered “Other”. Nevada said that they received no federal funding under the ONC Cooperative Agreements.

<sup>14</sup> The similarly populated states to WV include: ME, RI, DE, HI, NE, NM, NV, and ID

<sup>15</sup> The contiguous states include: KY, VA, OH, and PA (MD did not respond)

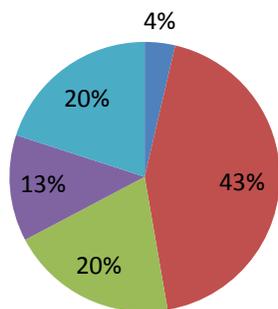
**Question 10: How does your health care information exchange currently receive funding?**

***Note: More than one answer may apply to each state***

Answer Options	All states that responded (32)	Similarly populated states to WV <sup>16</sup> (8)	Contiguous states <sup>17</sup> (4)
Remainder of Federal grant	2	0	0
From participating organizations	24	7	2
From state monies	11	4	2
From federal monies	7	0	1
Other	11	3	0

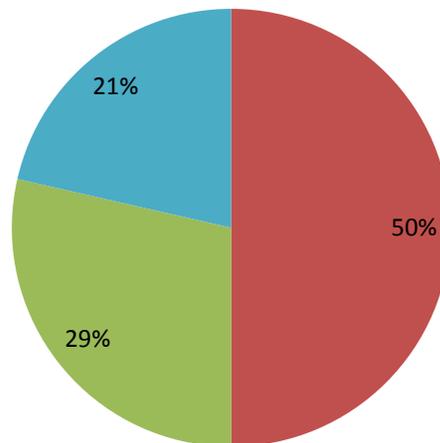
***Note: Currently, WVHIN is primarily funded by statutory transfers from the WV Health Care Authority***

**All States That Responded (32)**



- Remainder of Federal Grant
- From participating organizations
- From state monies
- From federal monies
- Other

**Similarly Populated States to WV (8)**



Of the 32 states that responded to this question, the majority currently receive funding from participating organizations. Of the eight similarly populated states to West Virginia, the majority also currently receive funding from participating organizations. Current funding for West Virginia is made up of some residue federal funding and statutory transfers from the WV Health Care Authority.

<sup>16</sup> The similarly populated states to WV include: ME, RI, DE, HI, NE, NM, NV, and ID

<sup>17</sup> The contiguous states include: KY, VA, OH, and PA (MD did not respond)

The 11 states that answered “other” include Alaska, Colorado, Hawaii, Iowa, Maine, North Dakota, Oklahoma, Oregon, Rhode Island, South Carolina, and Vermont. A brief summary of how these states receive funding follows:

- Alaska receives funding from contracts for other services (consulting, Public Health Reporting, Risk Assessments, Workshops and Seminars) as well as from participating organizations.
- Colorado receives funding from private grants as well as from participating organizations.
- Hawaii receives funding from a subcontract through a federal grant as well as from participating organizations and state monies.
- Iowa receives funding from other grants as well as from participating organizations.
- Maine receives funding from a number of grants to support HIE enhancements and offer direct contract services such as analytics as well as from participating organizations.
- North Dakota plans on revisiting their funding plan in the next few weeks; they currently receive funding from participating organizations and from state monies.
- Oklahoma currently receives funding from fees collected. In addition to from state monies and from federal monies, Oregon currently receives funding from Medicaid dollars, some state funding and they plan on going to their Legislature in February 2015.
- Rhode Island currently receives funding from payers, including Medicaid and self-insured and also receives funding from contract services.
- South Carolina and Vermont currently receive funding from not for profit sources not funded by the government.

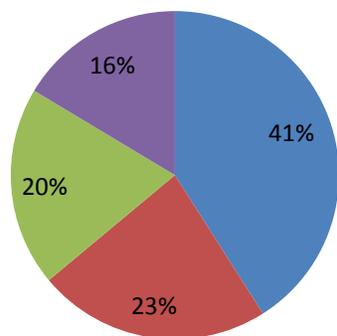
**Question 11: How is your health care information exchange planning on receiving funding after the grant from the State Health Information Exchange Cooperative Agreement Program expires?**

***Note: More than one answer may apply to each state***

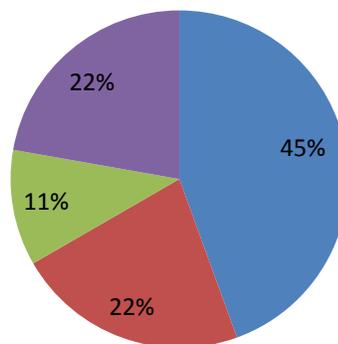
Answer Options	All states that responded (32)	Similarly populated states to WV <sup>18</sup> (8)	Contiguous states <sup>19</sup> (4)
From participating organizations	25	8	3
From state funding	14	4	2
From federal funding	12	2	1
Other	10	4	1

***Note: WVHIN has funding into fiscal year 2018; they are currently planning on seeking an amendment to its authorizing code section to allow for the collection of fees from participating organizations.***

**All States That Responded  
(32)**



**Similarly Populated States to WV (8)**



- From participating organizations
- From state funding
- From federal funding
- Other

Of the 32 states that responded to this question, the majority plan to receive funding from participating organizations after the federal grant expires. Of the eight similarly populated states to West Virginia, the majority also plan to receive funding from participating organizations after the federal grant expires.

West Virginia plans on seeking an amendment to the code allowing for the WVHIN to charge a fee to participating organizations.

<sup>18</sup> The similarly populated states to WV include: ME, RI, DE, HI, NE, NM, NV, and ID

<sup>19</sup> The contiguous states include: KY, VA, OH, and PA (MD did not respond)

The ten states that answered “other” include Alaska, Colorado, Delaware, Hawaii, Iowa, Maine, Oklahoma, Oregon, Pennsylvania, and Rhode Island. The list below contains a brief summary how each state’s plan for receiving funding:

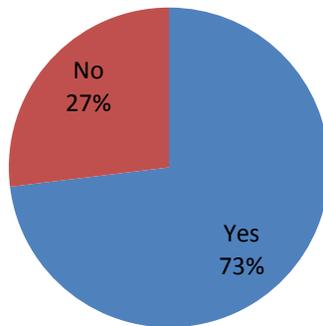
- Alaska plans on receiving funding from participating organizations and service contracts.
- Colorado plans on receiving funding from participating organizations, state funding, and private grants.
- Delaware plans to receive funding from participating organizations, state funding, value added services, and secondary uses of data.
- Hawaii plans to receive funding from a subcontract through a federal grant, from participating organizations, and from state funding.
- Iowa plans to receive funding from a grant and from participating organizations.
- Maine plans to receive funding from participating organizations and a number of grants to support HIE enhancements and offer direct contract services such as analytics.
- Oklahoma plans to receive funding from fees collected.
- In 2015, Oregon plans to approach their legislature to determine if they can charge fees, in addition to the current state and federal funding.
- Pennsylvania plans to receive funding from participating organizations, from state funding, and from private donations.
- Rhode Island plans to receive funding from participating organizations, from payers, including Medicaid and self-insured, and also receives funding from contract services.

**Question 12: Does your health care information exchange have a funding plan for the next five years?**

Answer Options	All states that responded (26)	Similarly populated states to WV <sup>20</sup> (8)	Contiguous states <sup>21</sup> (4)
Yes	19	8	2
No	7	0	2

**Note: WVHIN has a funding plan through FY 2017**

**All States That Responded (26)**



<sup>20</sup> The similarly populated states to WV include: ME, RI, DE, HI, NE, NM, NV, and ID

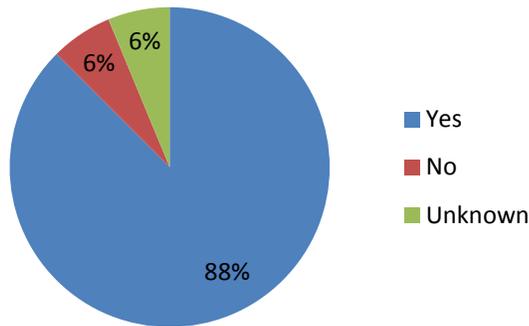
<sup>21</sup> The contiguous states include: KY, VA, OH, and PA (MD did not respond)

**Question 13: Does your exchange charge a fee or is your exchange planning on charging a fee for participating in the exchange?**

Answer Options	All states that responded (32)	Similarly populated states to WV <sup>22</sup> (8)	Contiguous states <sup>23</sup> (4)
Yes	28	8	3
No	2	0	1
Unknown (AL, ND)	2	0	0

***Note: WVHIN does not currently charge a fee but is planning on seeking an amendment to its authorizing code section to allow for the collection of fees from participating organizations.***

**All States That Responded (32)**



<sup>22</sup> The similarly populated states to WV include: ME, RI, DE, HI, NE, NM, NV, and ID

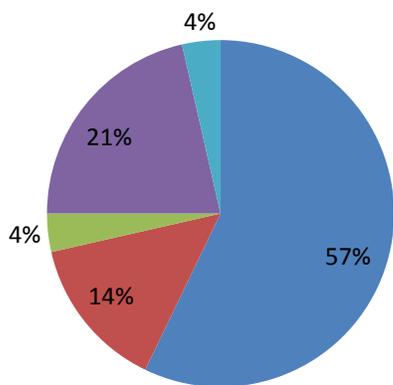
<sup>23</sup> The contiguous states include: KY, VA, OH, and PA (MD did not respond)

**Question 14: Which of the following categories most closely resembles the fee structure used by your exchange?**

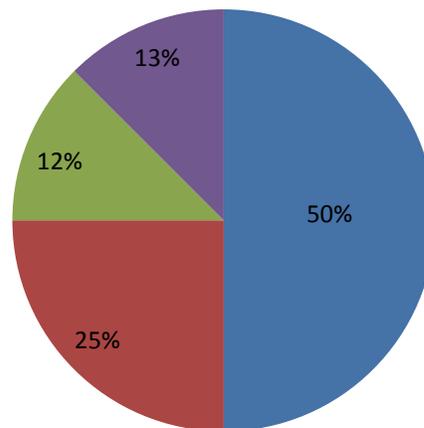
Answer Options	All states that responded (27)	Similarly populated states to WV <sup>24</sup> (8)	Contiguous states <sup>25</sup> (4)
Subscription fee model	16	4	2
Modified subscription fee model	4	2	0
Tier-based transaction model	1	1	0
Other	6	1	1
Not Applicable	1	0	1

*Note: Currently, WVHIN is considering a fee structure based on the subscription fee model, but would require a amendment to the W. Va. Code before fees could be charged*

**All States That Responded (27)**



**Similarly Populated States to WV (8)**



- Subscription fee model
- Modified subscription fee model
- Tier-based transaction model
- Other
- Not Applicable

Of the 27 states that responded, 57% of the states use a subscription fee model. For the similar population states that responded, 50% of the states use a subscription fee model. A subscription fee model can include the following fee structures; bed counts for hospitals, fees per member for payers, and flat fees for providers.

<sup>24</sup> The similarly populated states to WV include: ME, RI, DE, HI, NE, NM, NV, and ID

<sup>25</sup> The contiguous states include: KY, VA, OH, and PA (MD did not respond)

The six states that answered “other” include New Hampshire, Oklahoma, Oregon, Pennsylvania, Rhode Island, and Vermont. A brief summary of how these states receive funding follows:

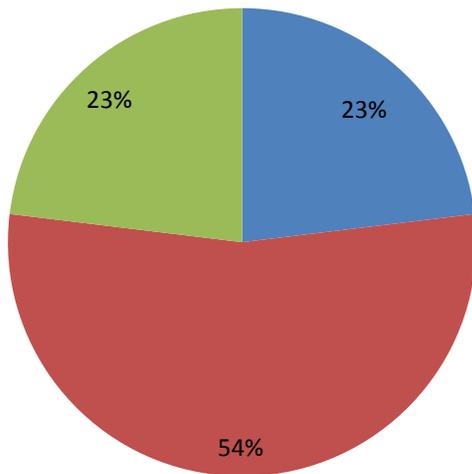
- New Hampshire incorporates a fee schedule based on the annual revenue of participants.
- Oklahoma incorporates different models depending on whether the payer is a hospital or individual provider.
- Oregon’s response was that they are unable to charge fees at this time.
- Pennsylvania explained that their fee structure was in development.
- Rhode Island’s fee structure comprises of receiving voluntary contributions.
- The fee structure in Vermont is based on their legislation charging a percentage from health insurance claims.

**Question 15: When your exchange started charging fees to use the exchange, did you find that it changed the number of facilities who wanted to participate in your health care information exchange?**

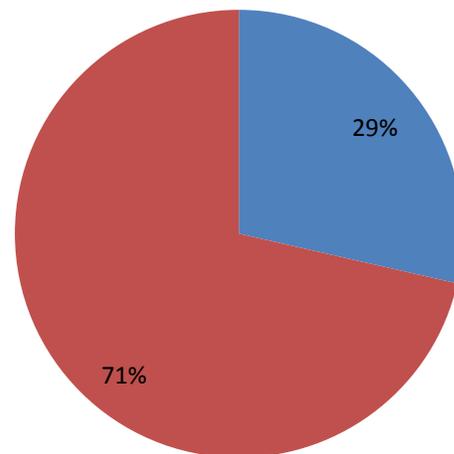
Answer Options	All states that responded (26)	Similarly populated states to WV <sup>26</sup> (7)	Contiguous states <sup>27</sup> (4)
charging the fee, reduced the number of facilities	6	2	1
charging the fee, did not change the number of facilities	14	5	2
Not applicable	6	0	1

**Note: Not applicable to WVHIN**

**All States That Responded (26)**



**Similarly Populated States to WV (7)**



- charging the fee, reduced the number of facilities who wanted to participate
- charging the fee, did not change the number of facilities who wanted to participate
- Not applicable

<sup>26</sup> The similarly populated states to WV include: ME, RI, DE, HI, NE, NM, and NV (ID did not respond)

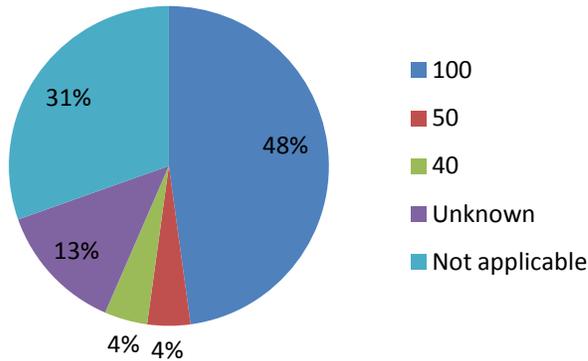
<sup>27</sup> The contiguous states include: KY, VA, OH, and PA (MD did not respond)

**Question 16: What percentage of the total health care providers in the exchange are currently paying these fees?**

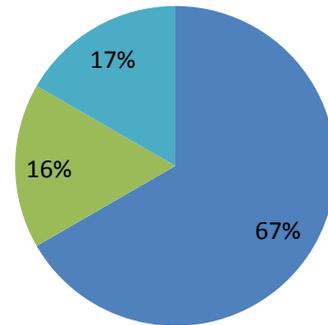
Answer (by percent)	All states that responded (23)	Similarly populated states to WV <sup>28</sup> (6)	Contiguous states <sup>29</sup> (4)
100	11	4	1
50	1	0	0
40	1	1	0
Unknown (AZ, AR, KS)	3	0	0
Not applicable	7	1	3

**Note: Not applicable to WVHIN**

**All States That Responded  
(23)**



**Similarly Populated States to WV (6)**



<sup>28</sup> The similarly populated states to WV include: ME, RI, DE, HI, NE, and NV (ID and NM did not respond)

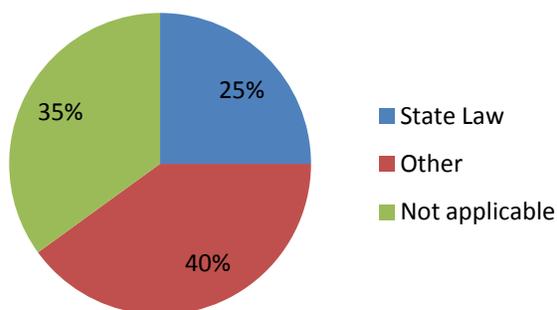
<sup>29</sup> The contiguous states include: KY, VA, OH, and PA (MD did not respond)

**Question 17: How did your health care information exchange receive spending authority in order to charge fees?**

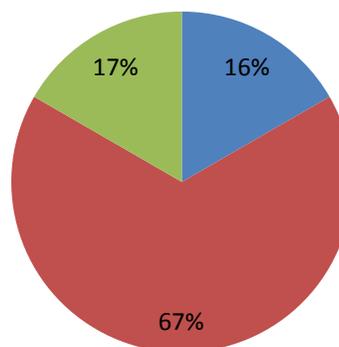
Answer Options	All states that responded (20)	Similarly populated states to WV <sup>30</sup> (6)	Contiguous states <sup>31</sup> (4)
State Law	5	1	1
Other	8	4	1
Not applicable	7	1	2

**Note: Not applicable to WVHIN**

**All States That Responded (20)**



**Similarly Populated States to WV (6)**



The 8 states that answered “other” include Alaska, Arizona, Colorado, Florida, Hawaii, Nebraska, Ohio, and Rhode Island. A brief summary of how these states receive funding follows:

- Alaska received spending authority in order to charge fees from their own governed public/private board that makes budget decisions.
- Arizona received spending authority in order to charge fees by entering into signed contracts with each participant.
- Colorado did not need authority in order to charge fees.
- Florida received spending authority in order to charge fees from a proviso and a subsequent contract.
- Hawaii received spending authority in order to charge fees from non-profit subscriptions.

<sup>30</sup> The similarly populated states to WV include: ME, RI, DE, HI, NE, and NV (ID and NM did not respond)

<sup>31</sup> The contiguous states include: KY, VA, OH, and PA (MD did not respond)

- Nebraska received spending authority in order to charge fees from their own Board of Directors of their Exchange.
- Ohio received spending authority in order to charge fees from part of federal grant funds as well as authority created through the governor's executive order.
- Rhode Island received spending authority in order to charge fees from their Board of Directors.

**Question 18: If your exchange does not/is not planning on charging a fee, how is the program funded/going to be funded?**

Only six states responded, their comments are stated below:

Still working on the plan.

The HIO's fund themselves and are periodically re-certified which includes an updated business plan.

Payer assessment fee.

State funding and CMS funding for the next three years.

We are revisiting the fee structure and will be establishing it in the near future.

We are planning to charge fees if approved by Legislation. Current funding is state and Medicaid splits.

***Note: Not applicable to WVHIN***

**WEST VIRGINIA HEALTH INFORMATION NETWORK  
SUSTAINABILITY SURVEY**

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## **APPENDIX A: STATE RESPONSES BY POPULATION**

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	<u>States:</u>	<u>Population:</u>	<u>HIE name:</u>
	California	38,332,521	17 individual HIE's statewide
	Texas	26,448,193	11 individual HIE's statewide
	New York	19,651,127	Statewide Health Information Network of NY
	Florida	19,552,860	Florida Health Information Exchange
	Illinois	12,882,135	Illinois Health Information Exchange Authority
B	Pennsylvania	12,773,801	PA eHealth Partnership Authority
B	Ohio	11,570,808	CliniSync HIE managed by Ohio Health Information Partnership
	Michigan	9,895,622	Michigan Health Information Network
B	Virginia	8,260,405	ConnectVirginia
	Arizona	6,626,624	Health Information Network of Arizona
	Wisconsin	5,742,713	Wisconsin Statewide Health Information Network
	Colorado	5,268,367	CORHIO, the Colorado Regional Health Information Organization
	Alabama	4,833,722	One Health Record
	South Carolina	4,774,839	South Carolina Health Information Exchange
B	Kentucky	4,395,295	Kentucky Health Information Exchange
	Oregon	3,930,065	CareAccord
	Oklahoma	3,850,568	MyHealth Access Network
	Iowa	3,090,416	Iowa Health Information Network (IHIN)
	Arkansas	2,959,373	State Health Alliance for Records Exchange (SHARE)
	Utah	2,900,872	Utah Health Information Network
	Kansas	2,893,957	2 approved HIO's: KHIN and LACIE
A	Nevada	2,790,136	HealthHIE Nevada
A	New Mexico	2,085,287	NMHIC HIE
A	Nebraska	1,868,516	NeHII, Inc.
	West Virginia	1,854,304	West Virginia Health Information Network
A	Idaho	1,612,136	Idaho Health Data Exchange
A	Hawaii	1,404,054	Hawaii Health Information Exchange
A	Maine	1,328,302	HealthInfoNet
	New Hampshire	1,323,459	New Hampshire Health Information Organization
A	Rhode Island	1,051,511	CurrentCare
A	Delaware	925,749	Delaware Health Information Network
	Alaska	735,132	Alaska eHealth Network
	North Dakota	723,393	North Dakota Health Information Network

States labeled with an "A" are referred to as similar population states within this report.  
States labeled with a "B" are referred to as contiguous states within this report.

Eighteen states and five territories did not respond to the survey. These states and territories were contacted multiple times in a variety of ways including via email and via telephone. These states and territories include: Vermont, Connecticut, District of Columbia, Georgia, Indiana, Louisiana, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, Montana, New Jersey, North Carolina, South Dakota, Tennessee, Washington, Wyoming, American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and the US Virgin Islands.

Vermont did not respond to our survey but we were able to use some of the answers they provided to a previously completed survey conducted by WVHIN in March 2014.

The HIE for Connecticut was closed down on 7/1/14. The District of Columbia never formed an HIE program.

The North Carolina Health Information Exchange is in a transition with their funding at the present time, and with this transition they were not willing to provide any statements toward their future funding and/or potential fee structures.

The Pennsylvania eHealth Partnership Authority is not an HIE, the organization is a governing body and technology platform to connect HIE's.



WEST VIRGINIA LEGISLATIVE AUDITOR  
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