



# ANNUAL REPORT 2018

## Iowa Health Information Network

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# TO OUR PARTICIPANTS

## Introduction

Health IT is recognized by public and private sector leaders as a key tool to support health reform across the nation. President George W. Bush's executive order in 2004, which called for every American to have an electronic health record (EHR) by 2014, was reaffirmed in the American Recovery and Reinvestment Act (ARRA) signed by President Barack Obama on February 17, 2009. The ARRA resulted in a \$19 billion investment in a health IT infrastructure for the United States. This funding supported technical assistance for EHR adoption, incentives to health providers implementing and using EHRs, and infrastructure to enable health information exchange (HIE) among healthcare professionals.

Two goals of the ARRA funding were to develop and implement the core components of the statewide HIE and to enable the exchange of electronic health information between states through the Nationwide Health Information Network. Led by Stephen Stewart, Chief Executive Officer, Iowa Health Information Network (IHIN) is the health information exchange for the State of Iowa. Pursuant to the provisions of Section 1006 of the Revised Iowa Nonprofit Corporation Act, Chapter 504, Code of Iowa, IHIN ("the Corporation") was incorporated on January 27, 2017, as an HIE who facilitates the electronic movement of health-related information among healthcare providers and organizations according to nationally recognized data standards. The Corporation was chartered to enable hospitals, physicians, laboratories, payors, and other health service providers to avoid redundancy and to deliver faster, more efficient, higher quality healthcare to patients in Iowa.

The mission of IHIN is simple - connect provider to provider across Iowa using the latest technology. IHIN's vision is to provide all healthcare providers with one connection to the IHIN that will enable everyone to share healthcare data and information with all healthcare providers in the Iowa healthcare ecosystem.

To attain this vision, IHIN:

- Created a partnership with Iowa Medicaid to better understand and satisfy their unique information exchange and reporting expectations and requirements related to their evolving mission
- Expanded the capabilities of the IHIN network to include all types of healthcare providers, including:
  - Hospitals, clinics, physicians, long-term and post-acute care facilities
  - Behavioral health entities, pharmacies and labs
  - Public health and other state agencies
  - Home health and hospice
  - Emergency management agencies
- Sought to make IHIN the preferred way for all providers to meet Meaningful Use requirements for registries
- Provide the following services to all participants:
  - Privacy and Security
  - Continuity of Care Documents (CCD-A) Exchange
  - Direct Secure Messaging (DSM)
  - Registries with the State of Iowa
  - Statewide Alert Network (SWAN)
  - Care Coordination
  - Accountable Care Organization (ACO) / Managed Care Organization (MCO) Connectivity
  - Value-Based Payment Support

## History - Successor

IHIN was originally formed using The Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009 and ARRA funding back in 2011. It was part of the Iowa Department of Public Health. To meet the diverse needs of Iowa's healthcare environment, policy makers determined that statewide health information exchange would be developed through private non-profit initiatives, rather than establishment of a single state-run organization. In 2015, the Iowa Legislature passed a law directing IDPH to privatize the IHIN. IDPH issued a Request for Proposal in the summer of 2016. After an analysis and evaluation, the state entered into negotiations and on March 31, 2017, an agreement was signed turning all assets, liabilities and intellectual property over to the new IHIN.

At time of transfer, the most immediate task of the IHIN was to replace the Health Information Exchange platform, which was inadequate and not designed to provide the services desired for Iowa. It was successfully replaced in late 2017 and is now fully operational. In 2018, IHIN continued to onboard participants to the new Orion Amadeus HIE platform. The new and improved HIE connection enables interoperability with all reporting entities, neighboring states, and federal agencies. The new IHIN platform is a Software as a Service (SaaS) solution operated, supported, and maintained by Orion Health. The solution, at minimum, will support Health Level-7 (HL7) v2.3 and higher clinical data standards, Fast Healthcare Interoperability Resources (FHIR), and C-CDA (XML) and provide comprehensive data quality management protocols to enable accurate and reliable data analytics. The following are key components of the new IHIN platform.

In May 2018, the sitting CEO and CFO resigned from IHIN in response to the changing landscape within the provider and hospital community. Due to the appointment of a new CEO in June 2018 and acknowledged business needs for participants in the HIE landscape within Iowa, several IHIN projects were delayed and/or cancelled based upon stakeholder feedback.

*In June 2018, the IHIN Board of Directors appointed Stephen M. Stewart, MBA, CHCIO, FACHE, FCHIME, FHIMSS, CPHIMS, CRISC, CISM, CGEIT, CISA, CHP, as President/Chief Executive Officer for IHIN. An Iowa Native with over 30 years of IT experience with a specialty in healthcare, Steve comes to IHIN after previous employment engagements at Henry County Hospital and the University of Iowa (to name a few). Steve specializes in application software and interfacing, purchasing, policy and procedures, ICD-10, HIPAA, and cyber security.*



## 2018: The Year in Review - A Message from the CEO

Since joining the IHIN in June of this year, I have had the privilege to work alongside an engaged Board of Directors and team to further mission and vision of the IHIN based on feedback from our participants. We listened as you shared your business needs and preferred mechanisms for delivering on them by leveraging the capabilities afforded to participants by their partnership with the IHIN. We continued to design, develop and implement changes to our upgraded platform and have continued efforts to deliver on core services such as State-Wide Alert Network reporting, electronic laboratory reporting, direct secure messaging, query functionality, and specialized registry reporting. Key accomplishments I'd like to share include:

- IHIN changed its corporate structure, with new filings of Articles of Incorporation and Bylaw revisions. These two steps prepared us to be better situated to respond to the needs of our participants.
- IHIN was successful in restructuring its financial obligations to be more sustainable than it was a year ago.
- IHIN retained all staff beyond Executive Leadership and added three positions, which are geared toward more responsive actions for our participants. More importantly, all were more than funded with reductions in outside consulting and contracted services.
- IHIN successfully completed its first independent audit, tax filings and governmental reporting.
- IHIN submitted IRS form 1023, applying for 501(c)(3) status with the IRS. This was a condition of transfer of IHIN from the state. We are currently waiting for an IRS response to our application.
- IHIN has begun the move to the Orion Platform, after a complete re-design and re-engineer of the platform to support both federated and centralized data models. This gives our Participants a choice of how they want their patient's data handled and stored.
- IHIN joined eHealth Gateway for broader national interconnection with other HIE's and groups like Commonwell and Carequality.
- IHIN has joined the Patient Centered Data Home initiative, and is affiliated with the western region.
- IHIN is actively pursuing the SWAN (State Wide Alerting Network) version 2.0.
- IHIN is engaged with the Data Workgroup, supporting recommendations and an action plan as submitted to the Governor of the state of Iowa.

We are proud of what we accomplished in the last six months, but also fully recognize we are not at the end of our journey. We have miles to travel to serve you better. In 2019, our key focus will be onboarding participants to the new IHIN platform. For those choosing the federated model, this requires ADT submission, and participation in query response. For those choosing the centralized model, the need extends to submission of ORU and MDM in addition to ADTs.

We believe that the data we are stewards of is owned by the patients, and entrusted to us from the providers who serve these consenting patients. It is our mission to protect their data and utilize it to deliver actionable information to the point of care in order to further care coordination and safe, high-quality, and cost-affordable patient care. 2019 brings new opportunities for engagement and growth, and IHIN is ready for the challenge. As we move into the new year, all of us at IHIN thank you for the opportunity to serve you and your patients.

## Strategic Highlights

Leveraging a variety of tools and technologies, IHIN was formed to establish and ensure interrelated accountabilities and support for the following key activities:

- Improved care coordination and clinical outcomes through facilitation of the development of a state health information exchange
- Streamlined connectivity and interoperability to facilitate the collection, sharing and distribution of healthcare service data for the purpose of care coordination, patient/provider data sharing, and quality/compliance reporting
- Improve quality, outcomes, efficiency, and cost of care (collect, scrub and report data) by the development of a technology platform that serves as a repository and/or transference vehicle for alert/discharge/transfer notices, continuity of care documents, and/or structured patient-oriented clinical data between systems (such as laboratory and imaging results)
- Support national standards for reporting and quality measurements for value-based purchasing, the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), the Merit-based Incentive Payment System (MIPs), and Advanced Alternative Payment Models (AAPMs)

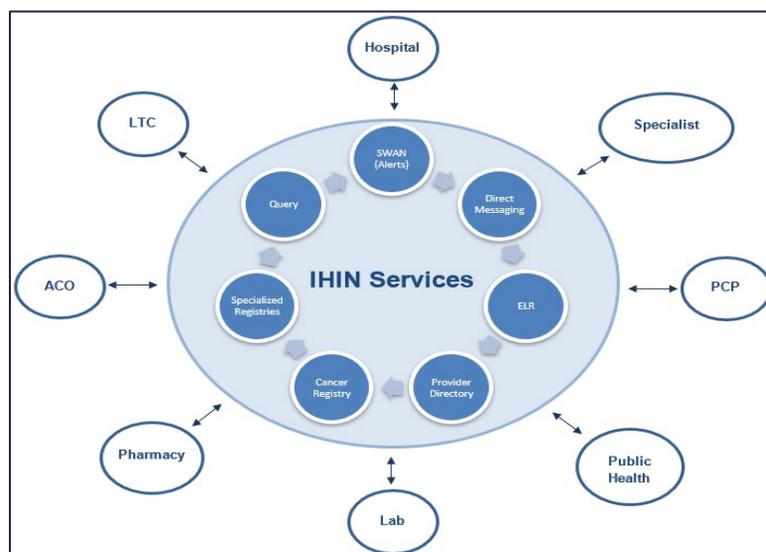


IHIN participation and fee payment structures includes Direct Secure Messaging (DSM) for all organizations, and Patient Look-Up Service (Query) for approved organization types. Participation using DSM without Patient Look-Up is available to any organization that works with healthcare Protected Health Information. This includes organizations dealing with any part of healthcare such as those dealing with medication or drug use, healthcare legal work, child health, etc.

To participate in the new IHIN, it is a simple five step process.

1. Review and sign the Participation Agreement (PA) and the Business Associate Agreement (BAA)
2. Contact IHIN to set up the installation of a virtual private network (VPN) connection
3. Proceed through the onboarding process
4. Map out the clinical workflow process
5. Work with IHIN's data architects to integrate clinical workflow into the IHIN HIE platform

IHIN's Current Service Offerings Include:



- SWAN, the State-Wide Alert Network for admits, discharges and transfers
- Direct Secure Messaging, the messaging platform for exchanging secure email when transmitting protected health information
- Electronic Lab reporting, used by the IHIN to collect and submit lab information to public health
- Provider directory, the password-protected database of known secure Direct email addresses of providers, health care professionals, and other health care agencies to facilitate encrypted electronic exchange of patient information
- Cancer Registry, allowing for the exchange of cancer-related information from electronic medical records (EMRs) of health systems and physician offices across Iowa who are engaged in Meaningful Use (MU) activities
- Specialized Registry Reporting, aiding participants in Meaningful Use reporting
- IHIN Patient Query, which leverages an enterprise master patient index (EMPI) to provide the ability to search and obtain information about a patient record located in the IHIN portal

IHIN partners/collaborates with the following organizations to meet these deliverables (click below to access the respective website):

- [Iowa Healthcare Collaborative](#)
- [Iowa Department of Public Health](#)
- [Iowa Medicaid Enterprises](#)

In addition to legal/regulatory compliance, IHIN also adheres to laws, procedures and regulations from the following entities:

- Centers for Medicare and Medicaid Services (CMS)
- Center for Medicare and Medicaid Innovation (CMMI)
- Meaningful Use (MU) Reporting
- Physician Quality Reporting System (PQRS)
- HIPAA

Key Customers of the IHIN Include:

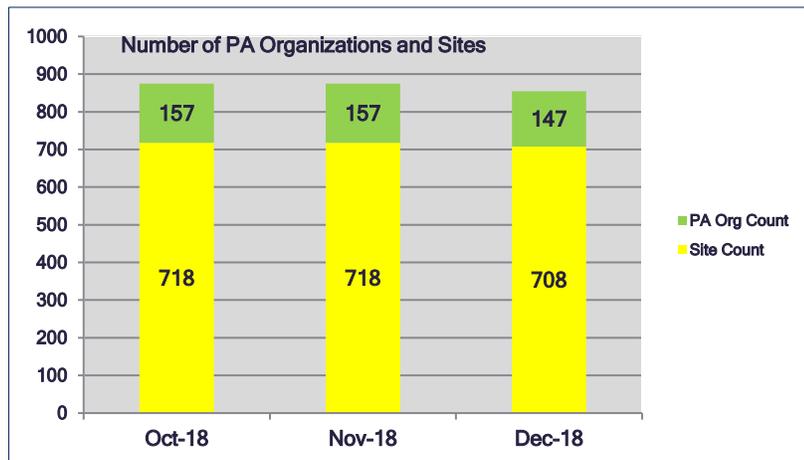
- IHIN Participants
- Statewide Innovation Model (SIM)
- Centers for Medicare and Medicaid Services (CMS)
- IDPH
- Vendors
- Payors
- ACOs

**Future IHIN Goals Include: (NEED FROM BOD 2/6/19 MTG)**

- Connection of additional public health registries
- Development of an aggregated patient portal
- Integration of long-term care facilities to the IHIN portal and data exchange platform
- Enhanced Care Coordination leveraging emerging technologies linking EHRs to the IHIN technical platform to enhance interoperability and data sharing

## Operating Highlights

**Total Active Participation Agreements as of December 2018**



| Sites               |            |
|---------------------|------------|
| Ambulatory          | 334        |
| Hospitals           | 118        |
| Speciality Practice | 156        |
| LPHA                | 12         |
| Long-Term Care      | 14         |
| BH/Substance Abuse  | 11         |
| Remainder           | 63         |
| <b>TOTAL</b>        | <b>708</b> |

\*\*\* Slight decrease for December due to some smaller participants that have not been engaged with the IHIN having opted to cancel at this time

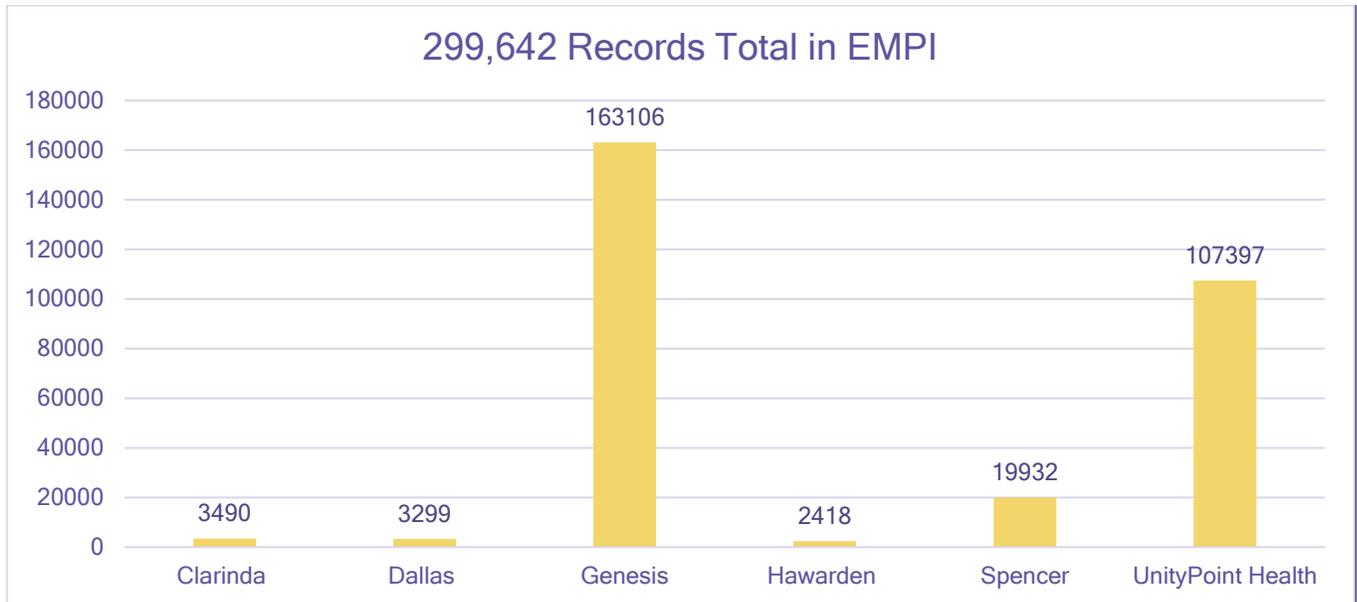
A comprehensive list of current IHIN participants who have signed a participation agreement may be accessed at: <https://www.ihin.org/sites/default/files/inline-files/participant-listing.pdf>.

### Enterprise Master Patient Index (EMPI)

An enterprise master patient index (EMPI) is a database that is used to maintain consistent and accurate information about each patient registered by a healthcare organization in the IHIN. It is simply a list of all the patients that IHIN knows about.

The total number of Iowa Patients in the enterprise master patient index (EMPI) at IHIN as of December 3, 2018 is 299,642. At present, there are no query statistics to report as no participants are querying the system

### EMPI COUNT BY SITE

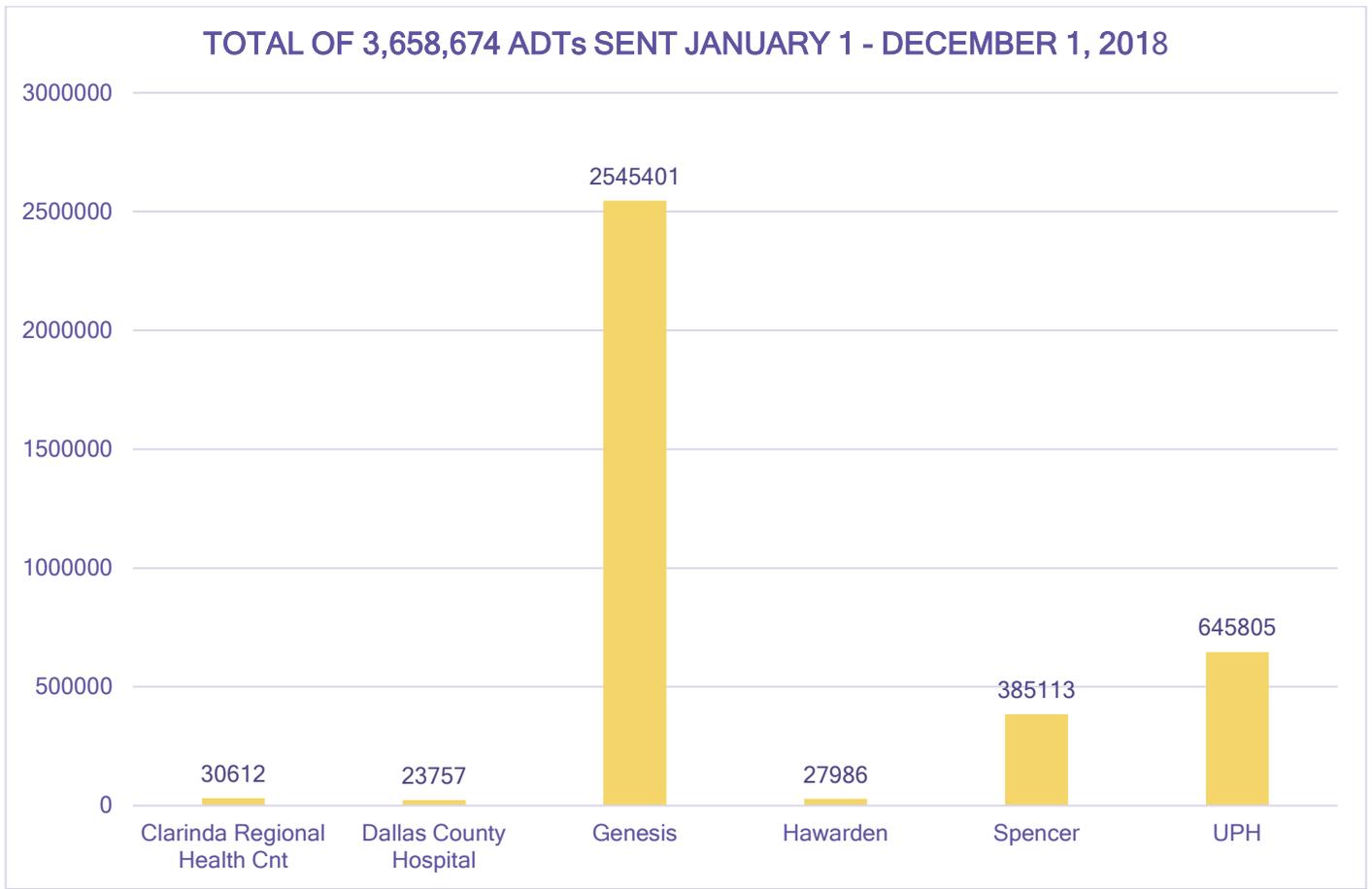


### Admit/Discharge/Transfer (ADT)

Patient Administration (ADT) messages are used to exchange the patient state within a healthcare facility. HL7 ADT messages keep patient demographic and visit information synchronized across healthcare systems.

6 Organizations, 75 Sites

| Participant Name  | Site Count |
|---|------------|
| Clarinda Regional Health Center                           | 2          |
| Dallas County Hospital (CHI)                              | 1          |
| Genesis Health System                                     | 52         |
| Spencer Hospital  | 1          |
| Unity Point Health / Iowa Health System 10 Main Hospitals | 16         |
| Hawarden Regional Healthcare                              | 3          |
| <b>TOTAL</b>  | <b>75</b>  |



### Statewide Alert Notification System (SWAN)

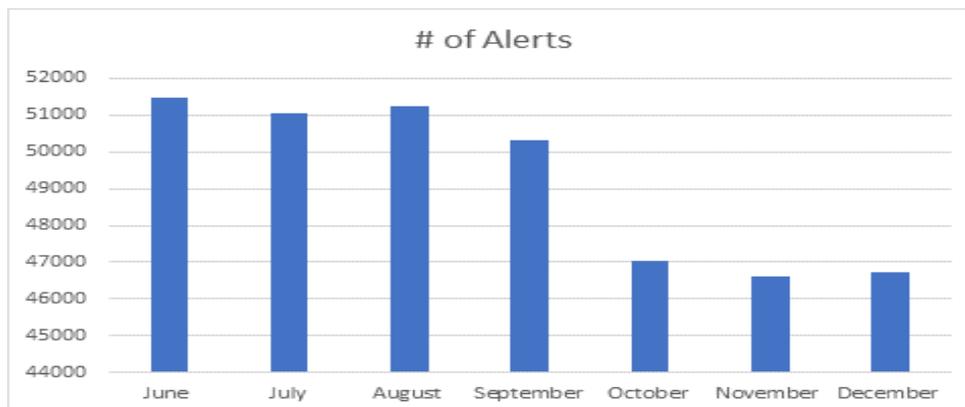
The SWAN is a statewide system using hospital health information technology to send alert notices to providers when their patients use an emergency department or are admitted to a hospital. The SWAN is intended to give providers a real-time tool to monitor their patients' major health events. The role of SWAN in SIM is to help providers better coordinate their patients' care and especially their care as they transition from the ED or hospital setting back into the community.

56 Sites are providing ADTs for SWAN alerting via the ICA platform\*

- Adair County Health System
- Allen Memorial Hospital
- Audubon County Memorial Hospital
- Baum-Harmon Mercy Hospital
- Blank Children's Hospital
- Broadlawns Medical Center
- Buchanan County Health Center
- Buena Vista Regional Medical Center
- Community Memorial Hospital (UP)
- Finley Hospital
- Franklin General Hospital
- Genesis Medical Center - DeWitt
- Genesis Medical Center - East Campus
- Genesis Medical Center - Illini Center, II
- Genesis Mercer County Hospital - II
- Great River Medical Center

- Greater Regional Medical Center (UP)
- Grundy County Memorial Hospital
- Guttenberg Municipal Hospital
- Hamilton County Public Hospital/Van Diest Medical Center
- Hancock County Health System
- Hansen Family Hospital
- Hawarden Regional Healthcare
- Humboldt County Memorial Hospital
- Iowa Lutheran Hospital
- Iowa Methodist Medical Center
- Jackson County Regional Health Center
- Jones Regional Medical Center
- Knoxville Hospital and Clinics
- Kossuth Regional Health Center
- Manning Regional HC Center (CHI)
- Mercy Medical Center
- Mercy Medical Center - Centerville
- Mercy Medical Center - Clinton
- Mercy Medical Center - Des Moines
- Mercy Medical Center - Dubuque
- Mercy Medical Center - Dyersville
- Mercy Medical Center - New Hampton
- Mercy Medical Center - North Iowa
- Mercy Medical Center - Sioux City
- Mercy Medical Center - West Lakes
- Methodist West Hospital
- Mitchell County Regional Health Center
- Monroe County Hospital
- Palo Alto County Health System
- Pocahontas Community Hospital
- Regional Health Services of Howard County
- Ringgold County Hospital
- St Luke's Health System (Sioux City)
- St Luke's Hospital
- Stewart Memorial Lake City (UP)
- Story Medical Center (UPH)
- Trinity Bettendorf - UnityPoint Health
- Trinity Regional Medical Center
- University Of Iowa Hospitals and Clinics
- Wayne County Hospital

#### SWAN Alert Traffic



### Electronic Laboratory Report (eLR)

Electronic Laboratory (eLR) represents health systems connected to the IHIN that are sending infectious and communicable diseases results to the Iowa Department of Public Health to help ensure a critical response, particularly during an environmental or public health emergency. Electronic Laboratory (eLR) represents health systems connected to the IHIN that are sending infectious and communicable diseases results to the Iowa Department of Public Health to help ensure a critical response, particularly during an environmental or public health emergency. In 2018 and in to 2019, IHIN is working to migrate eLR participants from the LightEdge VPN to the IHIN VPN. As of December 31, 2018, there are 35 distinct eLR connections for 166 facilities.

### Specialized Registry Activities

IME and IHIN worked closely with key stakeholders to identify data exchanges and registries within IDPH, as well as initial candidates for specialized registries. Specialized registries will form the building blocks to bridge critical gaps in interoperability and enhanced care coordination, while enhancing the IHIN's value and driving participation. The IHIN Health Information Exchange is preferred and **strongly recommended** by the Iowa Department of Public Health as the transport and connectivity method for reporting to the following public health systems:

#### ***Newborn Screening Information System (INSIS)***

As All Iowa birthing facilities are required by law to report demographic data, screening results, and case management activities to the IDPH via the INSIS (a special public health registry that uses data for the surveillance and quality improvement activities for the blood spot, hearing and critical congenital heart disease (CCHD) screening programs), the Iowa Department of Public Health (IDPH) desires to share electronic ADT (admission, discharge, transfer) messaging for newborn screening collection and reporting. Through a partnership with OZ Systems, The Newborn Admission Notification Information (NANI) Technical Profile is created per a Technical Profile developed by the Quality and Research and Public Health Committee. The Newborn Admission Notification Information (NANI) tool is the “agent” that allows the EHR data to populate INSIS, electronically integrating patient demographics through standards-based HL7 admission, discharge and transfer (ADT) messages. In 2018, facilities reporting “manually” can go through the OZ web based system directly or can use a flat file import. As of December 2018, Newborn screening is pending roll-out beyond the pilot site (Spencer Hospital) while additional sites affiliated with Mercy Health Network/Trinity are pending project plan support from Trinity to move forward with VPN/ADT integration. Once the VPN for Pella is live, IHIN will move forward with them for newborn screening automation.

#### ***Iowa Registry for Congenital and Inherited Disorders (IRCID)***

The IRCID, with its legal mandate to monitor congenital and inherited disorders among all pregnancy outcomes (live births, stillbirths, and terminations), will require reports of these disorders from multiple medical specialties such as medical genetics, obstetrics/gynecology, pediatrics, pathology, and surgery. Once obtained, the results reporting must be coordinated by eligible provider, eligible hospital, and information technology specialists. The goal of collaboration with the IHIN is to develop and implement a statewide case finding tool for reportable congenital and inherited disorders, using an approach similar to that implemented for the Iowa Cancer Registry in Meaningful Use Stage 2. As of December 2018, the IRCID registry is on hold pending availability of data for report build. In the interim, the project team has identified a list of ICD-10-CM codes for case finding. This

includes ICD-10-CM Codes for birth defects for children ages 0-24 months and ICD-10-CM Codes for maternal conditions (females, any age).

### ***Iowa Immunization Registry Information System (IRIS)***

IRIS, Iowa's Immunization Registry Information System, is a secure, confidential, population-based computerized system that contains immunization information for individuals of all ages residing in the State of Iowa. IRIS is a valuable tool for the management and reporting of immunization information for parents/guardians, public and private health care providers, and state public health professionals. The project goal with IHIN is to enable providers to submit vaccination information to IHIN, which then pushes data to IRIS and to enable providers to query vaccination data out of the IHIN portal. As of December 2018, IHIN is working with IDPH for next steps for project management to move into production, although a barrier has been identified in that IRIS can only accept data from one source of truth. Hence, either the EHR or IHIN can accept data, not both. This means that for a hospital that has an EHR integration, it cannot also send/submit data through IHIN. To determine if dual reporting is obtainable, IHIN reached out to Wisconsin's HIE to determine how they currently use IRIS as they created the platform.

### ***Electronic Incident Case Reporting (eICR)***

IHIN and the various public and private stakeholders are pursuing eICR as a public health solution in order to improve and streamline communication of reportable condition information from the hospital setting to public health agencies to disrupt the spread of infectious and communicable diseases. Given the three measles outbreaks in 2018 in New York State, New York City, and New Jersey, there is growing emphasis on the role HIEs can play in preventing the spread of infectious and communicable diseases. Process mapping and requirements gathering meetings were held with IHIN, IDPH and Spencer Hospital to discuss data field requirements and common definitions for registry integration and to determine where current gaps exist in ADT and CCDs. Discussion were held in late December 2018 regarding what role the HIE can play in eICR. At this time, regulations and specifications are being reviewed by the IHIN technical team to try and decipher what is needed and allowed for MU3.

### ***EMS and Trauma Registry***

In a collaborative project between the IDPH, IHIN, and ImageTrend, the State trauma and EMS registry vendor, the proposed project seeks to connect hospital medical records to the State trauma and Emergency Medical Services (EMS) registries. In fall of 2018, IHIN collaborated with ImageTrend, IDPH and Spencer Hospital (the pilot site) to review ADT file specifications and to send and receive data to and from the HIE to ImageTrend for EMS and Trauma data, completing Milestone 8 of the contract for the Spencer integration as the Trauma registry beta site. As of December 2018, ongoing file testing and defect resolution is in process.

### ***Prescription Monitoring Program (PMP)***

The Iowa Board of Pharmacy, in conjunction with Prescription Monitoring Program Advisory Council, are tasked with the oversight and operation of the state's prescription monitoring program. Currently, 46% of the state's authorized prescribers of controlled substances are registered to use the PMP. As it currently stands, access to the Iowa PMP is through a standalone web site, and accessibility can be burdensome due to a lack of integration with provider EHRs. The proposed project will connect Iowa's PMP with IHIN's platform replacement with a

major goal of integration of the PMP into hospital EHRs by establishing a connection between IHIN and the Appriss Gateway (including PMP Aware and NarxCare Appriss). As of year-end, IHIN had signed a pricing agreement with Appriss and reached agreement to become the state contractor for PMP.

### ***Cancer Registry***

Today, IHIN serves as a 'pass through' where a Cancer Registry (Cancer Reporting for Ambulatory Providers) file is sent from the provider to an SFTP site, with the information then passed on to the Cancer Registry. In current state, the data does not go in to the HIE's Orion platform. In a June 2018 meeting, a charter was created and members proposed an interface of the cancer registry with the new Iowa Health Information Network (IHIN) platform, allowing for the exchange of cancer-related information from electronic medical records (EMRs) of health systems and physician offices across Iowa who are engaged in Meaningful Use (MU) activities. The Cancer Registry would like to query using both XDS.b and the IHIN portal. Several parties stand to benefit from incorporating provider EHR data into the ICR, including the IDPH, which uses cancer registry data extensively in planning, prioritizing, implementing and evaluating public health programs and initiatives, as well as in grant proposals, policy development and legislative activities. In addition, The National Cancer Institute's Surveillance, Epidemiology and End Results (SEER) Program, which provides the overwhelming majority of funding for the Iowa Cancer Registry, will benefit from more complete data, which are critical to cancer researchers across the United States. As of December 2018, the project is on hold pending additional data feeds of CCDs and ORUs to feed additional query opportunities through IHIN.

### ***Iowa Office of State Medical Examiner (IOSME)***

As there is a need from the State Medical Examiner's Office to share information with County Medical Offices, there is a desire to utilize direct secure messaging and to connect the Iowa Office of State Medical Examiner Registry to the IHIN health information exchange. Given the volume of autopsies requested versus death notices that would be prompted by an automated death indicator trigger flag, the primary goal will be to provide portal query function access to the State Medical Examiner's Office. This access would enable the IOSME to query for patient information as needed as autopsies are performed and eliminates the need for a push of information with a death indicator flag/message. Down the road, a future state goal would be to have access to dental records via the IHIN HIE. As of December 2018, the project is on hold pending additional data feeds of CCDs and ORUs to enhance available report build/query functionality.

***“Reporting to registries is an integral part of improving population and public health.”***

Center for Surveillance, Epidemiology, and Laboratory Services of the CDC

[https://www.cdc.gov/ehrmmeaningfuluse/specialized\\_registry.html](https://www.cdc.gov/ehrmmeaningfuluse/specialized_registry.html)

## Looking Ahead

Insert letter from CEO on future



*Stephen M. Stewart, MBA, CHCIO, FACHE, FCHIME, FHIMSS, CPHIMS, CRISC, CISM, CGEIT, CISA, CHP  
President and Chief Executive Officer*

## Financial Highlights

In December 2018, IHIN worked to create an Implementation Advanced Planning Document Update (IAPD-U) Appendix D to request Federal Financial Participation (FFP) Health Information Technology for Economic and Clinical Health (HITECH) Health Information Exchange (HIE) funding from the Centers for Medicare & Medicaid Services (CMS) to CMS with Iowa's Department of Human Services (DHS) and Iowa Medicaid Enterprise (IME). This IAPD-U aligned with IME's strategy for advancing Health Information Technology (HIT) and the Iowa Health Information Network (IHIN) in Iowa by supporting the design, development, testing, and implementation of core infrastructure and technical solutions promoting IHIN for Medicaid Eligible Professionals (EPs) and Eligible Hospitals (EHs) aligned with Iowa's Medicaid Electronic Health Record (EHR) Incentive Program authorized by the American Recovery and Reinvestment Act of 2009 (ARRA).

# FINANCIAL SUMMARY

- For example, this is the List Bullet style.
- Here is another sentence formatted in List Bullet style.



# STATEMENTS

## Statement of Financial Position

- Liabilities
- Statement of Financial Position
- Ownership Equity

## Statement of Comprehensive Income (Profits and Losses)

- Income
- Expenses
- Profits

## Statement of Changes in Equity

Well, it wouldn't be an annual report without a lot of numbers, right? This section is the place for all those financial tables.

To get started with a table that looks just like the sample here, on the Insert tab, tap Table.

| DESCRIPTION | REVENUE | EXPENSES | EARNINGS |
|-------------|---------|----------|----------|
|             |         |          |          |
|             |         |          |          |
|             |         |          |          |

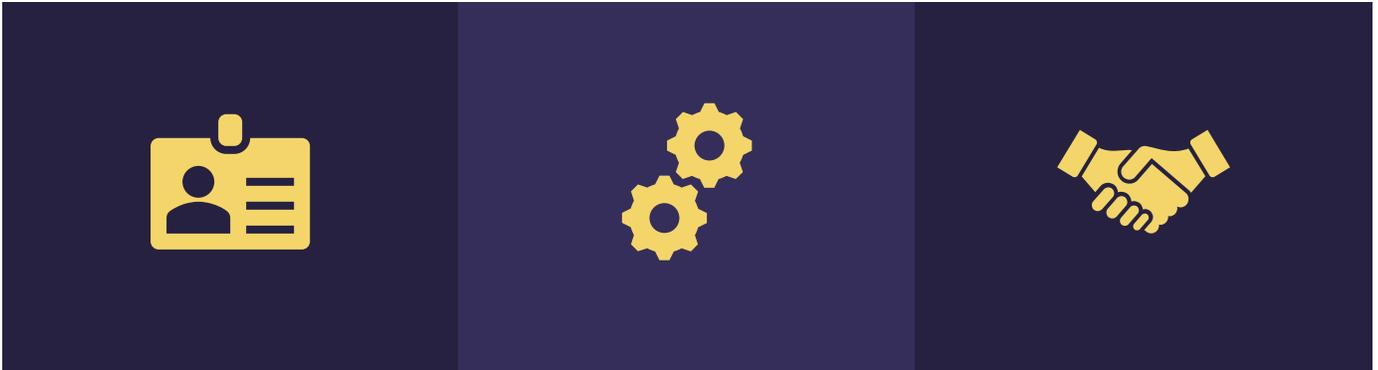
## Statement of Cash Flows

- Operating
- Investing
- Financing

# NOTES TO FINANCIAL STATEMENTS

## Accounts

When you have a document that shows a lot of numbers, it's a good idea to have a little text that explains the numbers. You can do that here.



## Debt

Of course, we would all prefer to just have profits. But if you've got any debt, this is the place to make notes about it.

### Debt

Of course, we would all prefer to just have profits. But if you've got any debt, this is the place to make notes about it.

### Going Concern

Okay, you get the idea. If you've got notes to add about your financials, add them here.

***“Strong Caption Goes Here. Write Something in This Caption Holder.”***

### Contingent Liabilities

Keep in mind that some of these headings might not apply to your business (and you might have others to add). This one, for example, is about potential liabilities that could arise if something happens in the future, such as a pending legal decision.

### Takeaways

What would you like your readers to understand? Add notes on key takeaways here.

# INDEPENDENT AUDITOR'S REPORT

## Auditor's Report

- Unqualified Opinion
- Qualified Opinion Report
- Adverse Opinion Report
- Disclaimer of Opinion Report
- Auditor's Report on Internal Controls of Public Companies
- Going Concern

# BOARD OF DIRECTORS

| NAME  | TITLE           | ADDRESS   | COMPENSATION AMOUNT<br>(annual actual of estimated) |
|---|-----------------|---|---|
| Theodore Boesen<br>Iowa Primary Care<br><a href="mailto:tboesen@iowapca.org">tboesen@iowapca.org</a>                              | Board Chair     | 9943 Hickman RD, Suite 103  <br>Urbandale, IA 50322   | None  |
| Gerd Clabaugh<br>Iowa Department of Public Health<br><a href="mailto:gerd.clabaugh@idph.iowa.gov">gerd.clabaugh@idph.iowa.gov</a> | Board Secretary | 321 E 12th St 6th floor<br>Des Moines, IA 50319   | None  |
| William Schoenenberger<br>Consumer Advocate<br><a href="mailto:wschoenenberger@gmail.com">wschoenenberger@gmail.com</a>           | Board Treasurer | 113. E. Center St<br>Des Moines, IA 50309   | None  |
| Mike Randol<br>Medicaid<br><a href="mailto:mrandol@dhs.state.ia.us">mrandol@dhs.state.ia.us</a>                                   | Board Member    | 100 Army Post Road<br>Des Moines, IA 50315  | None  |
| Robert Frieden<br>Genesis Health System<br><a href="mailto:frieden@genesishhealth.com">frieden@genesishhealth.com</a>             | Board Member    | Genesis Health System<br>3390 Utica Ridge Road<br>Bettendorf, IA 52722  | None  |
| Lee Carmen<br>University of Iowa Health System<br><a href="mailto:Lee-carmen@uiowa.edu">Lee-carmen@uiowa.edu</a>                  | Board Member    | University of Iowa Hospitals and Clinics<br>Health Care Information Systems<br>200 Hawkins Drive, W139GH<br>Iowa City, IA 52246 | None  |

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