

**Enrollment Workgroup**  
**Draft Transcript**  
**August 12, 2010**

**Presentation**

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Good morning, everybody, and welcome to the Enrollment Workgroup, which is a workgroup under the HIT Policy and HIT Standards Committees. Both of those committees are federal advisory committees, which mean the meetings are conducted in public, and there will be opportunity at the end of this meeting for the public to make comments. Also a reminder to workgroup members to please identify yourselves when speaking for attribution sake. Also, let's go around briefly the table and introduce ourselves, beginning on my right with Bobbie Wilbur.

**Bobbie Wilbur – Social Interest Solutions – Co-Director**

Bobbie Wilbur from Social Interest Solutions.

**Julie Rushin – Internal Revenue Service – Deputy CIO**

Julie Rushin from IRS.

**Jessica Shahin – USDA – Associate Administrator, Food Stamp Program**

Jessica Shahin from USDA.

**Ronan Rooney – Curam Software – CTO & Cofounder**

Ronan Rooney from Curam Software.

**Cris Ross – LabHub – CIO**

Cris Ross from the LabHub Initiative.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Sam Karp from the California Healthcare Foundation.

**Steve Fletcher – State of Utah – Chief Information Officer**

Steve Fletcher from the State of Utah.

**Sallie Milam – State of West Virginia – Chief Privacy Officer**

Sallie Milam, West Virginia Healthcare Authority.

**Paul Egerman – eScription – CEO**

Paul Egerman, software entrepreneur.

**Deborah Bachrach – Bachrach Health Strategies – President**

Deborah Bachrach, independent consultant.

**Wilfried Schobeiri – InTake1**

Wilfried Schobeiri, InTake1.

**Bryan Sivak – Government of D.C. – Chief Information Officer**

Bryan Sivak, Washington, D.C.

**Terri Shaw – Children’s Partnership – Deputy Director**

Terri Shaw, the Children’s Partnership.

**Lynn Hadden – Fairfax County, VA – Senior Application/Information Architect**

Lynn Hadden, Fairfax County, representing Dave Molchany.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

We do have a number of members who are going to be coming in a little late due to the weather here in Washington, D.C., and we also have a number of members on the telephone. Paul Swanenburg, are you there?

**Paul Swanenburg – SSA – Senior IT Specialist & Program Manager**

Yes, I am.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

With Social Security.

**Paul Swanenburg – SSA – Senior IT Specialist & Program Manager**

That’s correct.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

And Kristin Ratcliff?

**Kristin Ratcliff**

Yes, I’m here.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Elizabeth Royal?

**Elizabeth Royal – SEIU – Political Coordinator**

I’m here.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Anybody else on the line?

**David Jenkins – ACF/HHS – Senior Privacy Official**

David Jenkins, ACF.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Thank you. With that, I’ll turn it over to Sam Karp.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Good morning, everyone. And welcome to the fifth meeting of the enrollment workgroup. I had to count them up. We had our first meeting just about two months ago, and you’ll remember the enabling legislation in the Affordable Care Act that created this workgroup, specified that we would develop recommendations to present to the secretary within 180 days.

We got started two and a half months after the Affordable Care Act was signed on March 23<sup>rd</sup>, which left us three months in which to do our work. And it’s absolutely amazing how much has been accomplished to date. Aside from the five meetings of the committee, we’ve had probably 20 tiger team meetings over the course of the last four to five weeks, so I want to first just acknowledge the tremendous effort and time and commitment that everybody on the committee has put into getting us to where we are today.

If you turn to today’s agenda, we have five different presentations from four tiger teams and the work that Doug has been leading with his consultants on the NIEM process. We’re going to do two tiger teams this

morning. We're going to have a presentation from the privacy and security team, and then a presentation from the team working on verification interfaces.

And then we're going to actually break this time for lunch. I was admonished after the first meeting that we had. While it's admirable that the chair was willing to sit for eight hours in a row, none of the committee members saw that as something to follow. So we are going to break. Sorry, we're not providing lunch, but we're going to break for 45 minutes for lunch.

Then we're going to come back and have the NIEM process that Doug is going to present. He's on the phone today. And then a presentation from the tiger team on business rules from the tiger team on health plan benefit handoffs. And then a discussion on the intersection of a number of the tiger team recommendations and some graphic presentation of what that looks like. And then we're going to have a demonstration of the Curam software. This will be the third demonstration that we've had of software applications in this particular space to give committee members and the public some sense about how these systems work. And then we're going to have—

I'm sorry. Before the demonstration of the Curam software, Farzad is going to lead us in a discussion of next steps. We'll review the upcoming schedule of meetings and presentations of the recommendations to the HIT Policy Committee and Standards Committee, and then how we're going to wrap this up with a potential meeting in September of the entire committee.

I wanted to just set a very brief context for today in the conversation. I want to start with what do we know. What we know is that there's a tremendous amount of variation in the way eligibility and enrollment is done in the states. There's a lack of standardization. There's a lack of standard methodology that's being used, and the states are the first to acknowledge it.

In fact, what the states are saying in the feedback that we've received via the blog and the public hearing that we had is that there's a much greater openness to uniformity. We also know that the ACA, the Affordable Care Act, is going to make 40 million Americans eligible for health insurance by 2014. And so there's going to be a tremendous amount of pressure on enrollment systems because all of those people will first have to be screened to see if they're eligible for Medicaid before they may become eligible for subsidized services in one way or another.

The Affordable Care Act speaks in many of its sections, as we heard from Penny at the first session, about simplification and ways to make the process easier, more efficient, easier for those who administer the program, and easier for people who are applying for services. In large part, the work of this committee is not to be alarmed, but we should, yes, but instead to produce a set of recommendations to HHS, to CMS that suggest ways to make the enrollment process more efficient, to make it more secure, and to make it more consumer friendly. And I would suggest that as we go into our tiger team presentations today because, in reviewing the deck, I'm sure you observed the same thing I did, which is that the recommendations from the teams are at various levels, and that happens when separate teams meet and go through this.

But we need to develop, out of today, what I would like to see as a four- or five-page document that contains more concise verbiage about what our specific, high level recommendations are. We can have as long of appendices as we need that gets into much more of the detail, but we really need out of each of the tiger teams and the NIEM process. And some of the teams are close to this already of having pretty high level recommendations that we can articulate in a way that are clearly understandable, not only to CMS and HHS, but to the public as well. That will be our task today, and I ask the tiger team leaders and all of us, as we discuss the presentations from the tiger team, to be thinking about ways that we can make this much more concise.

With that, I welcome my cochair, Aneesh Chopra, who always seems to arrive on time.

**Aneesh Chopra – White House – CTO**

What's all this chocolate?

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Good morning. This is a present from Judy to Tristin for all of the scheduling work that has been done.

**Aneesh Chopra – White House – CTO**

Man. Cris Ross is to my left. Look at this. This is so much fun today. All right. Hello, Gopal. Hello, everybody. Ready to rock and roll?

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

We're ready. We had introductions already. We have a couple of members and staff on the phone, and I just gave the context setting that you and I discussed this morning at breakfast when you dragged me out.

**Aneesh Chopra – White House – CTO**

In a torrential downpour.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

That's right. Good. So we're ready to go. Let us just review the charge that we have, which is no later than 180 days after enactment, which was the 23<sup>rd</sup> of March. The secretary, in consultation with HIT Policy Standards Committee, develop interoperable and secure standards and protocols that facilitate enrollment in federal, state, health and human service programs through methods that include providing individuals and authorized third parties, notification of eligibility and verification of eligibility.

You have, and you've seen this before, the summary of the high level requirements of Section 1561. Our workgroup charge is to inventory the standards, identify the gaps, and develop recommended candidate standards, principles in the following areas that are the key points in Section 1561. The principles that we've been operating under are: keep it simple; think big, but start small; don't let perfect be the enemy of good enough; strive to keep the implementation costs as low as possible; and don't try to create a one size fits all standards because we know there are lots of different use cases.

I'm going to turn it over to Sallie for the presentation from the privacy and security team. We're going to pass around the clicker. It'll advance the slides for you.

**Sallie Milam – State of West Virginia – Chief Privacy Officer**

I want to thank everybody who has participated on the tiger team, as well as all of those other federal and state folks, who you guys found to join us. It was really helpful to have additional folks on the calls developing the recommendations with us, so we could really understand the great variety of operations that exist today for us.

As you know, we are charged to provide straw man recommendations in two areas: fair information practices, which are primarily privacy and security safeguards. So you've seen these recommendations before. These first three are pretty much gimme's. They're not very hard. The first one, the collection limitation only collects what you need. Make sure you collect everything you need, but don't collect more. Information is a commodity today. It bears risk and legal obligation, so only collect what you need, but bare in mind that reuse for other programs down the road is important as well.

Data integrity and quality: This one was a little tougher. States are at different places than each other in the federal government in terms of data matching, so we are recommending a glide path towards advanced probabilistic matching. We recognize that not everybody is there today, but we heard from folks that they have a goal to get there. So we felt very comfortable with this recommendation.

Third, openness and transparency, this is really key. We need to tell people what our policies are. We need to put people on notice so that they can make appropriate choices.

Automated eligibility systems should have certain capabilities. They should be able to record actions that have to do with an individual's private information. Date, time, client ID, user identification needs to be

recorded. Any action that's taken with that information needs to be recorded. And if somebody wants to have access to that log that indicates every time their information was seen or touched, they should have the ability to be able to access that information. In a nutshell, that's what our audit logs recommendations comprise of. Make it available to folks who are authorized to see it.

Our next recommendation around individual control and participation really puts consumers in the driver's seat. This is important. With all of these folks onboarding into the healthcare system and to health plans, there needs to be trust in the system. For there to be trust, they need to receive information. They need to be in control. So we need to determine appropriate uses for the personal information: data sharing across programs, facilitation of enrollment. Consumers also need to be able to correct and update their private information, their personal information upon request to the program.

Additionally, along these very same lines with regard to individual participation and control, people need to be able to access information in a way that is meaningful to them, in a way that's useful to them. So all of the bullets on the slide pertain to that. Keeping the consumer in the driver's seat. Keeping them informed. Give consumer information to the consumer in a human readable form. Let them view it, print it, save it, whatever they want to do with it.

Enable it to be downloaded in really whatever format that they want to download it in, and formats that are accessible to them through spreadsheets, text files, etc. Develop separate pathways for the consumer's request versus an automated process. Limit the data use to that specified in the privacy notice. So in your notice, when you identify what you plan to do with the data, only do that unless the consumer consents to additional uses.

Now this is a long recommendation, and it speaks to purpose limitation and use limitation. I won't read it all to you because I know you have it in front of you, but essentially it says, have a privacy notice. It needs to be consistent with law. It needs to identify uses in disclosures. It needs to be written in a way that people can understand, and it needs to indicate all of the different organizations that will be permitted to use the individual's information. What we're saying is put the consumer on notice. Tell them what you're going to do with the information at the time you're requesting that information. I know I'm going quickly, but I want to leave time for a discussion at the end, and so if you all have questions or issues, if you want to make note of those, we can come back to those at the end of this discussion.

This slide continues on the same theme of purpose, specification, and use limitation. It's again along the same theme of keeping the consumer in the driver's seat, and we really built this out after one of the other workgroup meetings when I think Terri and somebody else asked, what about when a consumer needs a third party to act on their behalf? And so we thought about all of the different kinds of situations where that happens today, where it may happen in the future, and how should that work.

How should a proxy get access to the data? You'll see in our recommendations that the consumers should be able to, first, designate somebody to act on their behalf. And the access should be very specific, and it should be with regards to a number of different controls: authorization, access to what data type, access to what functions, what are the role permissions, and the ability to further designate proxies.

In addition, this access should be subject to the granting of separate authentication or login processes for the proxies. What we mean by that is we don't want a proxy logging in using the individual's sign on, for example. We should have tracking in immutable audit logs designating who provided what information and all other major activities associated with that. The proxy should be time limited and easily revocable so that if a consumer wants to change their mind, they're able to do so.

With regard to security safeguards and secure transport, we recommend that data in motion be encrypted. We're referring to NIST standards that are on the screen, as well as other federal information processing standards. Data in motion is at risk. We have good encryption standards out there. We felt strongly that data in motion must be encrypted. Those are our recommendations to date. Thank you, Sam and Aneesh.

**Aneesh Chopra – White House – CTO**

May I dive in? Anybody else want to dive in? What you're supposed to do is do a little placard up and, on the phone, you're welcome to do a proverbial placard up. May I prerogatively ask one question before I turn to Terri and then Oren? On this third party separating the authentication of login processes, do we know if anyone does that today in the private sector or the public sector? I'm just curious. I have not seen that in my life, but—

**Oren Michels – Mashery – CEO**

Are you talking about in the processing?

**Aneesh Chopra – White House – CTO**

Yes.

**Oren Michels – Mashery – CEO**

That's actually what I was going to talk about.

**Aneesh Chopra – White House – CTO**

Then why don't you ask the question better than I just did, Oren? Go for it.

**Oren Michels – Mashery – CEO**

We're talking about the consumer's ability to designate proxy?

**Aneesh Chopra – White House – CTO**

Yes.

**Oren Michels – Mashery – CEO**

There is this thing out there called OAUTH, the standard that has been developed for Web services, and it's exactly that. It calls up delegated authentication. The concept of OAUTH is that, let's use an example of everybody here is probably familiar with Netflix. At Netflix, if you wish you to, let's say that you have a Netflix app for your iPad, and you wish to go and manage your queue.

Well, the proxy is whoever wrote that app, which is not Netflix, and it's not you. It's some third party developer wrote the Netflix app. They have a token to have access to the Netflix API, but they don't have a token to access Aneesh's queue. So when Aneesh wants to let them access the queue, the first time you use that application, it kicks you over to a Netflix page, an actual Netflix Web page as opposed to the app page. And on that page, it's very clearly a Netflix page, and it very clearly has a Netflix URL.

There you enter your user name and password into Netflix, and you're logged into Netflix, at which point you indicate what authority you wish to give that app. They can look at your queue. They can change your queue. They can, whatever it is that you want them to do. And then, from that point forward, the person who the app itself now has a token that ties you, this end user, and that app together within Netflix. And at any time you want to, you can log into Netflix to go to your account and say, okay. I don't like this developer anymore. I'm not using that app anymore, or whatever, and you can either change the authorization that is given to that token, or you can cut off the authorization of that app all together.

Likewise, Netflix, if they see that the developer of that app has been doing something that they don't like, they can just cut off the developer entirely from anyone's queue. So either the owner of the data, in this case Netflix, or the user whose data it is, in this case Aneesh, can say, yes, that particular proxy, that particular delegate no longer has access to it. And you could make it time limited. You could do whatever you want. But, yes, that standard was created in the world of API access about a year and a half, two years ago.

**M**

It's name again is—?

**Oren Michels – Mashery – CEO**

O-A-U-T-H.

**Aneesh Chopra – White House – CTO**

This is a good moment to sort of distinguish. I think, Sam, you probably did this before I got here. One of the interesting opportunities we have as a group is the end report may be like five pages of these sort of principles, but there may be appendices that provide sort of suggestions or options or thoughts that allow us to go deeper in areas that may not have the intersection of policy judgments versus technical standards and, therefore, more as helpful in their context. I don't know to what extent that is the analogy here, but this OAUTH framework, to my friends in the public sector, brother Gopal and Bryan, do we have models that have been using similar tools like OAUTH in public sector applications, just to kind of ask you a question about that?

**M**

Yes. We're looking at using OAUTH right now actually. OAUTH is a pretty common standard these days. If you look at almost any application that integrates with Google apps, Google recently released the OAUTH framework under their application. Twitter, Facebook, all of the big social networking platforms are using it now to connect third party apps into their services, so we're looking at actually using that exact same mechanism internally for a number of things that we're doing, as well as connecting to third party sites. It's actually something that I think is a pretty common thing these days.

**M**

Yes. I know Twitter, they got a lot of grief for many years over people having to provide third party developers with their credentials to get in because Twitter hadn't implemented it. So when Twitter did implement OAUTH, it was a very big—okay, it's about freaking time that you did this.

**Aneesh Chopra – White House – CTO**

So that's the standard to implement what's on this slide.

**M**

Yes. That is exactly that. I have one other comment on this set of stuff though, which also goes to the private sector stuff. The first bullet point of all those five or six things is way, way, way more complicated than the average consumer is going to be able to do, and if anybody has been following the excitement the last, what, six months of Facebook privacy settings, if you think the Facebook privacy settings are complicated, there is no way that this is going to happen. So someone is going to have to develop—

**Aneesh Chopra – White House – CTO**

...purpose of having this meeting. Go, brother, go. Bring it. Preach it.

**M**

Someone is going to have to come up with some sort of an abstraction of these things to basically say, I'm doing an enrollment. So in order to do enrollment, you're going to have to authorize these things. Click here to authorize the things you need to accomplish these, and perhaps there's a link to drill down to really understand what it is you're authorizing. But if you give people knobs and dials of different authorizations for each of these things and ask them to start setting them themselves, it's just not going to happen.

**Aneesh Chopra – White House – CTO**

So this is a healthy opportunity for discussion. In this framework, the recommendations aren't wrong. They're just sort of behavioral economics like effort that is either privately financed or through some grant or program that tests out different models that is actually beneficial to consumers. Sallie, do you want to react to that particular concept as to how might these very complicated dials translate into reality to the folks that actually have to work and make these decisions? Any reaction to that?

**Sallie Milam – State of West Virginia – Chief Privacy Officer**

Sure. I think the comments are excellent. We need to give notice and choice that's relevant. And we don't want people to get buried in this detail that becomes meaningless. I'm hearing perhaps we need

some language that talks in terms of packaging these rights commonly, talking perhaps to consumers when this is at the implementation level. Focus on what local consumers want and package the rights in ways that are meaningful so that there's still choice, but folks aren't down too far in the weeds.

**M**

If I could add to that—

**Aneesh Chopra – White House – CTO**

Yes. We're going out of order, man. Here's what we'll do. We're going to do Paul, and then Terri was next, and then I'm going to come back left to ... circle back. Do you mind? Is that cool? All right.

**Paul Eggerman – eScription – CEO**

It's Paul Eggerman. I'm a member of the team. I just wanted to add to what Sallie just said, which was correct. But the issue with a proxy, the reason for a proxy is to help the applicant do the process. And so the idea that the applicant won't be able to do this is probably correct. But probably whoever the proxy service is, individual or organization, will be able to tell them. This is the authorization that I need. Check this box off. And it probably even sits with the applicant as it occurs. So the comment that this is too complicated is correct. We ran across the same issue with issued related to sensitive data in electronic health records as to how you're going to turn the dials. And so probably what the actual implementation categorizes is into two or three things. However the proxy is advises the application as to how to answer the question.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Terri?

**Terri Shaw – Children's Partnership – Deputy Director**

Thanks.

**Aneesh Chopra – White House – CTO**

Did this all come out of your brainstorm? So we're having this fun debate on your third party proxy philosophy?

**Terri Shaw – Children's Partnership – Deputy Director**

I am quite certain that I am not the only one, but yes, I appreciate the work of the group in total. It's an impressive set of recommendations that you all have been able to come up with. I appreciate it greatly. On this specific point in particular, I really appreciate you having such a thoughtful response. But it sounds like it's also operational or operationalizable, so it's all great. I really appreciate it, and I do think that what this points to then, and the reason that I raise it in the first place was that we need to make sure that the privacy and security protections are in place so that the human assistance that applicants will need can happen so that there will be that assistance made available to them.

I know that Rob Restuccia, for example, had raised a question as to whether we want to, as a group, make an affirmative recommendation on that point that they actually be that kind of assistance available, which, for example, might get to some specifications on the types of credentialing that those assistors should have in order to insure that they're walking people through these kinds of choices appropriately, that they are making good privacy practices themselves, adhering to good standards, etc. There may be some other controls that we can put in place on that side of things to help with some of these questions that we've just been raising about how to make this workable for the applicant themselves. But at any rate, I did want to just raise, if not at this point, for later in the conversation, the question that Rob certainly had asked as to whether we want to have a recommendation on that point of calling for human assistors to be available to help people with the application process. That's one.

And I do have a technical point on the slides. On the slide where you talk about the notice, you describe it as—yes, there—you described it as so that people have notice at the point that you're going to collect the information from them. What that actually says is at the point of disclosure, so I think we actually want to change from disclosure to collection or something along those lines. A technical point, I don't know

that we need to discuss it. I just did want to be clear though of what we're talking about since you described it differently than what's said, and I appreciated the description.

**Sallie Milam – State of West Virginia – Chief Privacy Officer**

That is a good point. I think we mean at the time of collection. Thank you.

**Aneesh Chopra – White House – CTO**

Let me come back to over to this side, Jessica, then Deborah, then Bryan.

**Jessica Shahin – USDA – Associate Administrator, Food Stamp Program**

Terri basically made the points that were of interest to me. I was in this same area related to the designated proxy and the need for that. I hadn't even thought of it from the technical standpoint that's been discussed, but I had thought about it from many people need—in SNAP, we call it the authorized representative. There are issues of language. There are issues of literacy. There could be a variety of issues for an elderly person. And so they use an authorized representative, which I think falls into this proxy notion.

My interest was in how this fit with the privacy notice because that could be an issue for someone, and that would certainly be a place where that proxy or authorized representative would be important. So I think Terri's comments are very much in keeping with what my issues or concerns would be.

**Aneesh Chopra – White House – CTO**

Deborah?

**Deborah Bachrach – Bachrach Health Strategies – President**

I want to move on to a different issue, but before I do, I want to raise one question on what's been discussed just before me, which is, is there a difference though between the person who assists me, as I sit there because I'm an idiot with computers, and a proxy, who I want to have be able to access and control my information?

**W**

Absolutely.

**Deborah Bachrach – Bachrach Health Strategies – President**

And the standards can be different.

**M**

It's different.

**W**

Yes.

**M**

One is someone actually using an application.

**W**

It's two different things that I think are falling in here.

**Deborah Bachrach – Bachrach Health Strategies – President**

Right, and we need both.

**W**

We want both.

**Deborah Bachrach – Bachrach Health Strategies – President**

We want both, but we may have more rigorous standards for the proxy.

**M**

...application ....

**Deborah Bachrach – Bachrach Health Strategies – President**

Yes. I just wanted to make that distinction. I want to come to the issues of consumer access and control, and it would be helpful to me and hopefully others if folks around the table could talk about what that actually means as I, the consumer, applies for subsidized coverage, whether it's Medicaid or a subsidy up to 400%. What does it mean to say I have access to the information? Does that mean that I will be able to pull up my IRS information on my income so I can see it? Or does it mean I will be authorizing the government that's making this decision to look at the information? Or is it both?

**Sallie Milam – State of West Virginia – Chief Privacy Officer**

I can tell you, in West Virginia, we have enterprise wide privacy policy. And, for us, what it means is that if a citizen requests access to see their personally identifiable information that we utilized in the program to determine benefits or for any purpose, we give them access to the information, and they can request an amendment. We don't have to give it, but then we would know if the file whether it was accepted or rejected.

**Deborah Bachrach – Bachrach Health Strategies – President**

So that what we are saying here is that the consumer can see the information that will be used to determine my income, if you will, and then take appropriate steps to change it should they feel it's incorrect for any reason, and likewise social security or homeland.

**Sallie Milam – State of West Virginia – Chief Privacy Officer**

That's right.

**M**

And I would say not just if it's incorrect, but if it changes.

**Deborah Bachrach – Bachrach Health Strategies – President**

Right. Good point.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Bryan?

**Bryan Sivak – Government of D.C. – Chief Information Officer**

I have a sort of to go back to what Oren was saying a little while ago, and it's really more of a question. The point I think that Oren was making is that user experience is critical.

**M**

They have to understand what they're doing.

**Bryan Sivak – Government of D.C. – Chief Information Officer**

Absolutely. And I think that's the case in almost any application that anybody interacts with, right? But we're not actually designing sort of an end-user application within this workgroup. What we're doing is, I think, designing the recommendations and the frameworks and the interfaces that applications would use in order to provide functionality to end users.

**M**

Yes.

**Bryan Sivak – Government of D.C. – Chief Information Officer**

So it might be worth stating somewhere in the recommendation that user experience is a critical component of this, but we do have to provide all of the knobs and switches and things like that that an application could use in order to make some of those decisions, right?

**M**

I think ... I think you say, basically, there's a collection of settings. There's a collection of settings for, because again, part of our concept is that we want to get the least amount of information we need to, right? So there's no point in setting the knobs and dials to give you less information than you need.

**Bryan Sivak – Government of D.C. – Chief Information Officer**

No, I agree.

**M**

And there's also no point in give ... them to give you u more information than you need. So I think what the standard has to be is here is the both minimum required and maximum needed set of information. Do you authorize this information to be...?

**Bryan Sivak – Government of D.C. – Chief Information Officer**

Yes. I think my point is the minimum and the maximum are things that we should be able to say, yes. This is what the minimum is. This is what the maximum is. But the do you authorize part or how that's framed and how that's phrased or what device or what channel it comes over because it could be a phone call. It could be somebody sitting next to you. It could be a Web app. It could be on your smart phone, whatever. That's up to the developer using this framework, right, or using this set of recommendations.

**Aneesh Chopra – White House – CTO**

Let me make an editorial comment, Bryan, because this is a theme that's come up. Sallie, if you go one more slide. You have the clicker? Go to one more back. Keep going forward. I think it's forward. Is that forward? Yes. No, back. Who cares? Whatever. Who cares? I forget the slide.

The language in the slide does not presume thou shalt do this. It says to facilitate— Basically, if you choose to do this, the approach should.

**M**

Right.

**Aneesh Chopra – White House – CTO**

And I think the takeaway from this conversation, Deborah did a terrific job of describing this. The same language that describes third party proxy—that was the slide I was looking for, the one that referenced the third party proxy. I think it's one more over, two more over. Whatever. Who cares? It's somewhere in there.

Whatever it is, that we would basically use the exact same language, which is the consumer's ability to work with a human advisor should, blah. The consumer's ability to work with a proxy should, blah.

**M**

Right.

**Aneesh Chopra – White House – CTO**

It does not presume that any state or local government must or that we've constrained any policy choices. But if you go down this road, here's the considerate thoughts.

**M**

Right.

**Aneesh Chopra – White House – CTO**

The interesting question that is worth further debate is, is OAUTH a mature enough standard like our transmission standards that is worth referencing explicitly, or is that kind of below the line in the appendix kind of, FYI, cool stuff is happening in the privacy sector largely around the use of these tools, and that's

a judgment question perhaps the workgroup could kind of chew on a little bit further if you want to elevate or keep below the line that particular standard. Bryan and Oren indicate that it perhaps might be more mature in the private sector, new perhaps to the public sector and, therefore, a judgment. So in that same spirit, Brian, your question about the committee's charge, whether it says cluster the controls in this fashion, that's a bridge too far. But the notion that setting knobs can or should be subject to clustering and packaging might just indicate that we didn't mean literally you have to have a knob on each. Is that—?

**M**

That's exactly my point.

**Aneesh Chopra – White House – CTO**

That's the tension we're trying to balance on all of these.

**M**

Yes. Exactly. And I think it probably is worth mentioning somewhere in this that we recognize that user experience is critical to making, developing a system that is usable, and usable by everybody that needs to use this thing because I think, too often, especially in government, the user experience side of things is sort of pushed to the side, right? We develop all kinds of applications that, when you look at them, really need to be tweaked a little bit. So I think it's worth making a statement that in order for this to have success, it really does need to be designed in a way that is user friendly.

**Aneesh Chopra – White House – CTO**

We have these two modifications to the report. One is to have a separate bullet on consumer's ability to work with a human ... or should, and then fill in the blank, and then a second one that has this broad, preamble kind of language around user things and clustering. Were there other kinds of broad changes to Sallie's report we want to get on the table? Cris Ross is in the house. Dude, what the heck is this, man ... large?

**Cris Ross – LabHub – CIO**

It's the biggest coffee I could get. Exactly. I was going to try to make a point that you just made better, Aneesh, but I think, in terms of invoking the principle of thinking big and starting small.

**Aneesh Chopra – White House – CTO**

Yes.

**Cris Ross – LabHub – CIO**

There's a lot of really big thinking in here, which is terrific. And the question is, what's achievable for this space? So we're going to be asking to do a lot of things. Is proxy access an absolutely required piece, or is it a nice to have? I don't know. I'm certainly not an expert in that space, but I know that when we're wrestling with rules, and when I was part of the verification team, there's really a question of what stuff is absolutely mandatory to get this program achieved on a baseline level with an experience that's somewhat consistent from state-to-state, and then what's important above and beyond that?

**Aneesh Chopra – White House – CTO**

Please, Terri.

**Terri Shaw – Children's Partnership – Deputy Director**

Briefly, on the question of whether this is critical or not, it is a reality that there are people who are helping those who are applying today, and we definitely want that to continue in the future. Therefore, the reason that I asked this question originally is because I do think we need to have, to speak to the standards for privacy and security standards on how you deal with that situation because it is and will continue to be a reality and, I think, appropriately so.

**Aneesh Chopra – White House – CTO**

As we go through the committee today, and I think I could just proactively suggest for you as an example on interfaces that the federal agency should adopt to make it accessible or easier to standardize, or whatever the term you want to use, to get the data necessary to fulfill the functions. That may be an example where we say things more affirmatively. Thou shalt.

**M**

Right.

**Aneesh Chopra – White House – CTO**

For things that are more menu driven than if thou shalt, then X. And I think we're going to have that tension. And Sam and I, this morning, suggested, as we kind of look at our three- to five-page final product, we might be lighter and crisper about the thou shalt, and then a little bit more expansive on though may if thus, and then the appendices could give more color and clarity. I don't know if that's the architecture of the report. Sam, do you want to comment?

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

No, I think that's right, and I think we need to go back, as we finalize these, and look specifically at the language in the ACA because it does suggest, as Terri was saying, there's going to be a whole separate program on navigators that are going to provide assistance to consumers. Just as Terri says, there are community-based organizations today, and it was referenced in Rob's note as well who are assisting consumers long after the consumer leaves the office when documents are sent back in for verification and so on, hopefully which we'll avoid through our verification interfaces. But there are a lot of places where this does occur today and providing the additional protections, I think, are really critically important. But you're right. We're going to have to make the calls on each one of these because if we're not careful, we're going to have a list that's so long that the states are going to start pushing back when in fact we have the states very open now to wanting some uniformity.

**Aneesh Chopra – White House – CTO**

Care to react, Gopal?

**W**

Can I just quickly?

**Aneesh Chopra – White House – CTO**

Yes.

**W**

To Sam's point though, that may also point out that because it is happening today, there actually may be some good standards or practices at least that are in use today that we may also borrow from that may or may not be the OAUTH standards. And so, as you all are looking at whether you want to put that above the line, as Aneesh said, there may be other ones that we could consider as well.

**Aneesh Chopra – White House – CTO**

On that briefly, if I may ask, do we know of? Anyone around this table know of this sort of at proxy access that is separately authenticated into any of our agency applications? It appears to me. I can't imagine for the life of me that exists in the public sector. I could be wrong.

**W**

...that I know about the third party representing a process right now. It's mostly paper, and it's not a proxy process, so to my knowledge, I don't know that we do have a standard in the public sector. Steve, do you know of anything? You guys have done some work creating stuff up in Utah.

**Aneesh Chopra – White House – CTO**

Some creative stuff, lots of creative stuff. He's the man.

**W**

Lots of creative stuff. I'm just not aware of anything, but a paper process that manages that. Now the systems may record how long that proxy or that representative is allowed, and they may manage that. But not actual access to date in the same way that basically Oren is talking about.

**Aneesh Chopra – White House – CTO**

Steve, Bryan, and Gopal, if we get some feedback on this.

**M**

Yes ... yet. I mean, like I said, we're working on leveraging OAUTH, but ....

**M**

You?

**M**

We haven't done that yet.

**Aneesh Chopra – White House – CTO**

Come on, man.

**M**

We haven't done it yet.

**Aneesh Chopra – White House – CTO**

You guys are cutting edge. Come on. Gopal, what do you have? Bring it. Bring it.

**M**

...just sending a text. They're working on it now.

**Aneesh Chopra – White House – CTO**

Come on. Bring it ... Gopal Khanna.

**Gopal Khanna – State of Minnesota – Chief Information Officer**

I wish I could say yes there is, but no. And I would echo Sam's earlier comment about the states would be looking for more standardized approach because that helps the whole process over there, so no question if coming back to your comments, Aneesh, about the report being lighter, stronger on thou shalt.

**Aneesh Chopra – White House – CTO**

Yes.

**Gopal Khanna – State of Minnesota – Chief Information Officer**

I think we need to strike more of a balance in the sense there's nothing wrong in thou shalt if we can buy ... support early on. That will help because the ... has always been to be really light on that. And what that does is ... there's no compliance. Therefore, there's no effort to a clear, standardized approach. So I have a bias towards having more of that, and I think that we can achieve that by having some earlier conversations so that ... state buy in to go in that direction. It's a slightly stronger position is what I would recommend.

**Aneesh Chopra – White House – CTO**

Jessica, before you say something, can I react to the group, which is the following? The beauty of recommendations in a report is one could say there will be a handful of thou shalt that we know about that are not going to violate any principles that we have from the get go about policy versus standards.

In this example, and let's just pick on this OAUTH concept because it's new and fresh and interesting. Conceivably one could say something like over the X period of time, there should be some dialog with X, Y, or Z to wrestle with blah. So in other words, it may not be a thou shalt specifically ready for launch like now, nor should it be silent because of the concern you raise.

The third leg of that stool, which is part of the appendices, in my mind in the architecture, is sort of suggestions from the group. Maybe, Madam Secretary, you might wish to convene and review a set of stakeholders. There's a category of activity here that might benefit from more activity.

What I'm saying is there may be a policy lever to invoke that's not a binary, you must, or you say are silent. It's actually more of a—and I'm just thinking out loud here, but I'm reacting. Do you want to react to that, Jessica?

**Jessica Shahin – USDA – Associate Administrator, Food Stamp Program**

No. I agree. I think that you've got to leave some flexibility in there. I think that Sam's comments at the very beginning are right on that we have a lot of variation out there. And I think states are interested in standardization. But the place where program policy and IT to help implement that come together, that's where you're going to really need your states in their varied way to come to the table. And you're going to have to be real careful about putting something in there that says you've got to do it a particular way when states really do have a lot of variation. And they do their business very differently. And you will get pushback that could hurt you.

**Aneesh Chopra – White House – CTO**

We're going to modify your entire comment, Jessica, by saying we.

**Jessica Shahin – USDA – Associate Administrator, Food Stamp Program**

Yes.

**Aneesh Chopra – White House – CTO**

There's no "you" in our environment. It's we.

**Jessica Shahin – USDA – Associate Administrator, Food Stamp Program**

We. You're absolutely right. Thank you, Aneesh.

**Gopal Khanna – State of Minnesota – Chief Information Officer**

I like the idea of having a third approach whereby we are suggesting to the secretary that there may be, and that we recommend, that—

**Aneesh Chopra – White House – CTO**

...convening of a consortium to think about...

**Gopal Khanna – State of Minnesota – Chief Information Officer**

The only thing I would suggest is that it should be moved up in the timeline rather than sort of left—

**Aneesh Chopra – White House – CTO**

Yes.

**Gopal Khanna – State of Minnesota – Chief Information Officer**

And the reason being that the standards should be resolved sooner than later.

**Aneesh Chopra – White House – CTO**

Yes.

**Gopal Khanna – State of Minnesota – Chief Information Officer**

And the other piece is that if it is in the next 90 days or 180 days or 6 months or a year, this must be accomplished, and here's the mechanism to achieve it. Coming back to the standards piece, I'm not talking about 100%. I'm talking about even if we had ... 20% standards, and states would be willing to come to that. The unique piece is very little. It's not as large as we assume. And the question is, can we force the distinction between what is unique and what is not, and focus more on what is not unique, and then get that out of the way.

**Aneesh Chopra – White House – CTO**

This is the conversation that's going to cut across all of our recommendations, but we have a few minutes before we get to the next one, so maybe it's worth fully exploring a couple of frames here. Maybe Deborah, then Steve, then Bryan?

**Deborah Bachrach – Bachrach Health Strategies – President**

I want to follow up on Gopal's point. What I'm hearing from the states is they're desperate for guidance. I mean, they're resource scarce. They don't have the expertise. They don't have the resource. A lot of this is closer to rocket science than everyday decision-making. And to the extent that we can put out standards, whether it's thou shalt or thou may, and here are three ways that we think are the best ways, or convene a commission. They're desperate. And to get their systems into place for 2014 is five minutes ... states, so I would like us to err on the side of more direction, not less direction, recognizing that there's a balance.

**Aneesh Chopra – White House – CTO**

Well said. Bryan?

**Bryan Sivak – Government of D.C. – Chief Information Officer**

I agree with that.

**Aneesh Chopra – White House – CTO**

You do?

**Bryan Sivak – Government of D.C. – Chief Information Officer**

I do. And I actually definitely do.

**Aneesh Chopra – White House – CTO**

Freedom from the bottom up, man. You don't want freedom?

**Bryan Sivak – Government of D.C. – Chief Information Officer**

It makes a lot of the things that I'm doing a lot easier if I can point to something else that's already been decided, right? But, the point, I think the other point to make is that we are in a position now that's very cutting edge, right? The reason that this stuff hasn't really been done on the local and state level is because nobody is really thinking about doing this right now. There's no— And what we're talking about is connecting an external, third party application to an internal system and getting data out of it, right? And this is one of the first times that I've seen where it's a sort of universal system that people need information from and to. So we have a huge opportunity here to set a definition that doesn't just apply to this, but actually can be used for all kinds of other stuff. And I think this is a really interesting time to do this.

**Aneesh Chopra – White House – CTO**

You just said something that actually gets us to cut through the challenge. I'm just now talking out loud. But to the extent that there are recommendations to the federal agencies.

**Bryan Sivak – Government of D.C. – Chief Information Officer**

Yes.

**Aneesh Chopra – White House – CTO**

So I'm just thinking out loud here and, Sallie, correct me if I'm wrong. But these privacy notices apply just as much to accessing your IRS data, as it is asking your state person who proxied out to get it back in.

**Sallie Milam – State of West Virginia – Chief Privacy Officer**

Yes.

**Aneesh Chopra – White House – CTO**

So in that context, the category of what this group could advise the executive branch that is within the policy authority of the executive branch should be very much open for a conversation. This group said thou shalt do X for proxy access for federal sourced interfaced. That conversation, again, we've got to get feedback from all our friends to see if that's appropriate or not. But that is within the realm of not violating our principles of dictating state and local policy objectives.

**Bryan Sivak – Government of D.C. – Chief Information Officer**

That's right.

**Cris Ross – LabHub – CIO**

Can I speak to that?

**Aneesh Chopra – White House – CTO**

Okay. Reaction to that?

**Cris Ross – LabHub – CIO**

When I read through the recommendations that all the tiger teams have put together, there is a little bit of presumption that there's probably more centralized thinking and potentially centralized software than may have been typical in the past. We've talked about a data model, which isn't actually a data warehouse, but is a converged virtual model of where the data will live and what it'll do. We've talked about verification interfaces that are shared. We've talked about business rules that may be shared. We've talked about a process for documenting and managing business rules that may be shared.

If that's true, when we get to the end of these recommendations, and there is this discovery that the recommendation here is that there is some more consolidation or collaboration between states or more federal action explicitly, that may create more opportunities than in the past where a lot of these programs have been more exclusively state oriented or more heavily state oriented. So I hope that maybe by the time we get to the end of the day, we might find where is that lever, that indicator on that spectrum. Where does it live? And that may have some direction for what then becomes a strong recommendation as opposed to weak recommendation. What is a though must direction to a state?

It may be easier if the federal government is going to do some of the heavy lifting and so on. So I hope we have a chance at the end of the day to kind of look at the recommendations as a whole and say, oh, my gosh. This really is what we're recommending, and these really are what the implications are for the feds and the states.

**M**

From a state perspective, I think that we would welcome more direction rather than less direction because there is a timeline associated with the implementation of this stuff, right? And because it is meant to be a national system that we need information from all kinds of different places to actually make these decisions. This is a little different, I think, than some of the things that have been done in the past because it is so broad and so far reaching, and so technologically focused, right? I think we can actually make that safe, and I think states will welcome it.

**Aneesh Chopra – White House – CTO**

We're going to have this discussion throughout, but, Lynn?

**Lynn Hadden – Fairfax County, VA – Senior Application/Information Architect**

Yes. One caveat to keep in mind when deciding whether thou shalt are the cost factors associated with implementing a particular standard.

**M**

I was thinking the same thing, Lynn, and any time you tell a state you shall do it, they're looking for someone to pay for it. So we'll have to take that ....

**Aneesh Chopra – White House – CTO**

No, and that's why I had asked the question about thou shalt easier to adopt recommendations for the executive branch because of the President's control over what he wants to do, at least from the introduction of a budget, not so much ....

**M**

Let me just follow up on Bryan's point because we've talked a lot in the various tiger teams and at this committee level as well about reuse of data, particularly reuse of data for other programs, and this standard that we heard about could facilitate that as a proxy application as well, moving data from one source to another.

**M**

Something, and this is something, I think, to consider for the future. Something that we've done—

**Aneesh Chopra – White House – CTO**

Our future is like weeks.

**M**

No, no, I'm saying like past—

**Aneesh Chopra – White House – CTO**

Past our thing, yes.

**M**

Exactly. One of the things we've done is whenever we've released an API or released some specification for something, we build a pilot app or a reference application, right, that developers can then either take and build on or just use wholesale or something like that. One of the things we might want to consider doing is building such a reference application that the states can actually just leverage if they want, right. We could call it a best practice in X, Y, and Z categories, or just an example of how some of these things are used. So it's past the point of defining this stuff, but not that far past, I don't think, if we want to sort of propose something that is usable and relatively quickly usable.

**Aneesh Chopra – White House – CTO**

The notion of a reference app actually is an easier frame than one federal, monolithic answer to rule them all, which violates every principle that we describe. Terri?

**Terri Shaw – Children's Partnership – Deputy Director**

I think, early on in our conversations, we had talked about prototyping some of these standards, and I'm not sure where we'd left that at this stage. But early on, at least, that was something we had considered, which I think is essentially what you're talking about, which I think makes a lot of sense. I also think, consistent with Cris' comment and Lynn's is that part of the reason that a lot of our recommendations go to building federal services as opposed to systems like über system in the sky is because it helps to lower the cost of adoption at the state and local level. So I think these things actually do converge nicely if we're careful about it.

**Aneesh Chopra – White House – CTO**

All very productive. Gopal?

**Gopal Khanna – State of Minnesota – Chief Information Officer**

Let me just quickly add some clarification.

**Aneesh Chopra – White House – CTO**

You may.

**Gopal Khanna – State of Minnesota – Chief Information Officer**

That for the record, I'm not saying that there should be standardization from just a technology perspective. That's the last piece. Actually, the really decomposed this standardization issue and say

what is it about the process. What is it about the rules, etc. because that's where the opportunity is? And so there needs to be clarity. It's not about technology standards, but actually more focused on the upstream business process and rules, the down challenges. When the rules go out of control, your system deployment becomes that much more difficult.

**Aneesh Chopra – White House – CTO**

And that's the Cris Ross dance that's going to be done this afternoon, so let's definitely hold that thought for his session. We kind of went deep on privacy, and then beyond. Sallie, any final thoughts from you on kind of the spirit of the conversation we heard clarifying the new notion of the same slide, but to designate a human, whatever you want to call it, friendly advisor, navigator, whatever that is, with some thought about what the bullets might be for that, and then the preamble of make sure this stuff is usable and not control knobs for everything.

**Sallie Milam – State of West Virginia – Chief Privacy Officer**

Sure.

**Aneesh Chopra – White House – CTO**

Are you cool with that?

**Sallie Milam – State of West Virginia – Chief Privacy Officer**

Very much so. We can take that back and work on it.

**Aneesh Chopra – White House – CTO**

Okay. Excellent. All right. By the way, anyone on the phone? You didn't have a chance to chime in, but can you hit the proverbial button if you want to say a word or two?

**Joy Pritts – ONC – Chief Privacy Officer**

Yes, Aneesh. This is Joy Pritts, Chief Privacy Officer.

**Aneesh Chopra – White House – CTO**

Yes. Bring it, Joy. Are you enjoying this conversation or what?

**Joy Pritts – ONC – Chief Privacy Officer**

I am. And ONC has actually done a bit of research in the past that would impact on this of looking at some usability models that are in existence right now, so in some PHRs actually have some fairly usable means of communicating to people what their choices are, so we have a little—this isn't starting things from scratch. We have a few things that we can already look at to make sure that this is material that people can actually, these are choices that people can actually make, not just look at and figure out what is going on in this screen.

**Aneesh Chopra – White House – CTO**

Joy, we would have a preamble sentence that says, think about the usability aspects, and we have an appendix where we list what research you've already done to date as examples.

**Joy Pritts – ONC – Chief Privacy Officer**

Yes. That sounds great.

**Aneesh Chopra – White House – CTO**

Cool. Sallie ... others on the phone? All right. Let's move on. Let's go to our verification interfaces team, Steve Fletcher, the rock star that he is, making a lot of things happen. The slides are terrific. Please go for it.

**Steve Fletcher – State of Utah – Chief Information Officer**

I think that there's been a lot of great discussion in this particular tiger team, as you can see all of the folks that are involved. I think the main thing that we've tried to do is try to identify a lot of the interfaces that are currently in existence that we use for verification, as well as trying to put some standards around

them. And I think, as we look at the straw man recommendations, they're really centered around two things. One is the current interfaces, and what do we do with those, how do we use them and modernize them. The second would be the requirements for a verification, we call it a hub, but actually it's an interface service. It's how do you get the information that you need in some sort of format that you can exchange. You can take this information and use it among many, many different programs.

And so the first thing that we were looking is what does ACA require. What are the interfaces or what is the information that is required? And then where do we look in the various data, the federal data sources for that information? And we looked at the IRS for income. We look at Homeland Security for legal residence and Social Security Administration for citizenship.

But there are other things that we probably need to do in order to make sure that we can verify that, so we look at some of the national systems that are out there, and we kind of categorize them. I think this was a great chart, as we looked at it. Just so that we identified some of the federal repositories and looked at what information that we had, and—

**Aneesh Chopra – White House – CTO**

I'm going to say this is the assumption being none, but how many of them have proxy access to the data?

**Steve Fletcher – State of Utah – Chief Information Officer**

None.

**Aneesh Chopra – White House – CTO**

That's right. Okay.

**M**

(Inaudible.)

**Aneesh Chopra – White House – CTO**

I'm going to have some fun talking to my agency friends.

**Steve Fletcher – State of Utah – Chief Information Officer**

We're talking about current interfaces and how to modernize them.

**Aneesh Chopra – White House – CTO**

Yes.

**Steve Fletcher – State of Utah – Chief Information Officer**

So we're going to talk about that.

**Aneesh Chopra – White House – CTO**

We're good.

**Steve Fletcher – State of Utah – Chief Information Officer**

First, we had to identify what they were before we could attempt to say, all right, this is where we think they need to go. So one of the things that we need to do is to make sure that these interfaces are made available to the programs, and sometimes they are, and sometimes they aren't. But they want to, they should be made available so that they can do the verification for state health and human services programs, Medicaid programs, CHIP, TANF, SNAP, and there might be another one that our folks have said that you might want to add, and that's the SNP, not the ... SNM.

**Aneesh Chopra – White House – CTO**

(Inaudible.)

**Steve Fletcher – State of Utah – Chief Information Officer**

There are some other programs that are out there that we – I'm sorry, FHS should also be potentially included in that, that they can incorporate that into that program. To look at the interfaces that we have looked at, we would recommend that these programs also encourage queries into the national directory of new hires. The idea here is that we can get current data.

One of the things that everybody has looked at and has questioned is when we look at verification of income, what does that mean? We look at IRS, and that's old data. How do we update that? How do we bring that in? One of the ways in which we can bring in more current data is the directory of new hires, looking at W-4's, looking at quarterly wage data, so that we can make sure, if changes have occurred, that we can get the most timely data implemented into our eligibility programs.

We also want to look at to make sure that we can use state programs or national data sources to help assist in the key pieces of eligibility information, and that would include the national DMV database, the EVEES database ... U.S. Postal Services standardization API. In other words, we want to look at all the potential data that is out there, look at all state data that might be usable when you verify this information to go forward, so we want to make sure that all the programs have access to the best possible information.

Then we said we wanted to try to use standards to facilitate that, to make sure that we can share data among programs that we don't have to reinvent the wheel. We look at those standards that are already available, and use that and recommend that they use the standards to integrate all these sources and then share this information between the programs so that if one program is needing this data, that if it is available, that they can exchange this information and use it prior to completing the eligibility verifications.

The next item that we wanted to look at is again following on with this to say that if you sign onto a program that that information can be used, and you can look at other programs that you might be eligible for. So this would be sharing, facilitating, sharing of information among the programs, so you don't have to rekey it in, but also not just to share the information, but to go a step further and say, what other programs might you be eligible for once you have a common set of data? So there would be some sort of method that you could say, all right. You're eligible for these programs. What other programs might you be available for?

This one, we wanted to make sure that in order to help facilitate the previous recommendation, this one says that we need to disaggregate data so that it is not by family or household, but it's by individuals so that you could look and see. You could take this information and use it again, and potentially use it for other programs by that individual, so you could use it for multiple determinations.

This is one that we wanted to make sure that we kind of framed an ID here. We wanted to make sure that we had the most current information as we can. So we need to make sure that we can facilitate the transferring of that current information. We need to make sure that we are giving enough information or enough background for that information that's being transmitted so that somebody else can interpret it. That's why we've got to have a consistent method for transmitting metadata, for categorizing that, for making sure that we are able to organize that with all the background supporting information, and we need to have an approach so that we can cleanse the data.

We need to make sure that we understand what the priority is. What is more valid information when it comes to social security number? How do we reconcile that if there are duplicate names and numbers, and how do we go about doing that? We need to have an approach, an algorithmic approach to be able to cleanse that data and make sure that it is handled correctly, and that we are able to validate and cleanse that data.

We also want to make sure that how we – we think it's very important that we have communication around our users or our consumers, and so we want to make sure that we take advantage of all the communications and, as we look at proxies and other types of things, we've got to make sure that we handle the information in a correct manner. Obviously a lot of folks right now in e-mail, they'll attach files to that. Well, we've got to make sure that that is handled properly.

We want to make sure that that's sensitive information sent out in the open, so maybe the e-mail is just a notification to say that your status has changed, and you can go look at your specific account in order to look at those changes and updates. So we want to make sure that we provided the information to an applicant in a timely fashion, and we need to make sure that there is a viable, secure method for transport and storage of the data associated with that particular message or account. So the communications piece is one that we want to make sure that we provide proper recommendations for.

And then we wanted to talk about this engine, this method. We called it a verification interface service that can be implemented, and we can look at using Web services. We can look at the way in which we can provide a method for interfacing and providing the verification information to multiple different entities and multiple different applications that are going to be used. So we want to leverage the systems that are being used in the states. We want to share that information if there's a service that's currently in place. And we sort of envision kind of a catalog of service that we could implement, use, and exchange among the various entities so that we can maybe build it once and use it many times.

But we can share these services. And we want to make sure that we promote the information sharing between the in the state programs, as well as between federal and state partners. So this one is, we would like to address as a standard going forward, and yet give the optimal flexibility in order to be able to put that in place. With that, those are the recommendations.

I think that there's been a lot of good discussion about how we want to go forward, and obviously there should be later on and, Aneesh, we may be doing this, or Sam, later on is how should that be—I don't want to state it too strongly—how should that be governed? How should that be coordinated? How should that be put in place so that we can make sure that everybody is working toward the same standards, using the same types of interfaces? And how do we make sure that that goes forward in a unified, efficient manner? And so that's a discussion that we probably need to continue to have.

#### **Aneesh Chopra – White House – CTO**

This is the section, I think, that has some meat on the same issue of shall versus could, so maybe I'll start the dialog with the following ask of the group. If we revisited the words in the recommendation, Steve, with the eye towards, for federal action, we recommend blah, and for state action, has that same spirit of the privacy discussion. If a state were to blah, then under these conditions should be done. If we were to do that, for example, you would have some of the sentences that read the feds and the states should in order to make more wrong door happen to do X. And then I might tease that out and say, at a minimum, feds should do X. And then for states looking to provide the spirit of ACA that calls for the kind of customer facing approach, for those who do it, here's a set of recommendations in that regard.

What makes this one interesting in the context of the reference app that Bryan kind of alluded to is that we have a model of this, Steve, in the NHIN Connect, which is to say, let me just take you to the—I'm blathering, but I want to just give it as context. If the data atomic argument, which is that you should introduce the data and the metadata at the individual level versus the family, the architecture ure that way, that's source data. There's federal source data inputted at the federal level, and then there's state source data.

We could direct the Feds to adopt that information model as it maintains information that is then accessible through these interfaces. And then to make that implementation, how they went about doing the metadata tagging and the units that we think are relevant. Have that information be made available and reusable by the states. In other words, NHIN Connect was an implementation to solve federal agency data sharing problems. But because it was designed in an open, collaborative way, state and local health information organizations are able to adopt it, but not mandated to do so. I'm trying to know the analogy if we were to go back to—embedded in each of these recommendations are sort of this notion that states should do something, and I'm trying to tease that out and try to be a little bit more careful. Reaction to that?

#### **Steve Fletcher – State of Utah – Chief Information Officer**

And part of what Sam and I was just discussing a second ago is, and the way the states kind of looked at this, yes, states want some direction. But it's kind of the, what versus the how. So you define what you want, and then the how is left up to the states in order to implement because there are lots of different maturity levels in all the states. So if you can define that what very carefully, and that can be your standards, then the how, we would recommend a standard methodology. Nevertheless, the how is going to be left up to the states in how they do that.

**Aneesh Chopra – White House – CTO**

I want to go back to maybe Gopal and get a reaction, but Lynn, you've made the question cost. So if we force the data atomic information model on Virginia's Unisys map-based system—

**M**

That'll be easy.

**Aneesh Chopra – White House – CTO**

I don't know what the cost would be to accept that. So the what, Steve, has a cost implication based on the legacy environment where we need to have some thought, which is why the question I asked about if you choose to, then here are the components that we would think apply to the standards without saying you should, unless there was a method that we have to think about not violating our cost principle. Do you want to react to that, Lynn? You said it. We all agreed to it, but—

**Lynn Hadden – Fairfax County, VA – Senior Application/Information Architect**

There are a lot of old legacy systems out there that won't be able to use these standards. This is the exact right approach that everybody should be working toward. But we really haven't talked about how to accommodate those old systems that can only do batch transactions and access those services. And it could be that they would access them at night and then iterate through their batch one at a time with those services. But cost is going to be a factor, driving that, because they're not going to be able to redesign all—

**M**

Yes, but haven't you already mandated going forward that you must put in this insurance exchange system already? I mean, that's already been mandated.

**Aneesh Chopra – White House – CTO**

Yes.

**M**

So that kind of is the what, and now you've got to figure out how are you going to meet that mandate.

**Lynn Hadden – Fairfax County, VA – Senior Application/Information Architect**

But just the—

**M**

It is a cost. Absolutely there's a cost.

**Aneesh Chopra – White House – CTO**

So let me tease out my previous comments. On the ACA side that relates to the exchange where new creation will exist, perhaps the what can be much more specified in that context. As it extends to the broader human services world where we have these challenges of legacy, then the debate is, is there – and what I'm trying to get my arms around is right now the language reads moshed up in all of this is a federal requirement to the Feds, a state requirement that may or may not be exchanged, plus other human services, and maybe that just needs some teasing out. Reactions, Deborah?

**Deborah Bachrach – Bachrach Health Strategies – President**

Well, I want to take Medicaid out of the human services globe for the moment because the ACA—

**Aneesh Chopra – White House – CTO**

It is part of the globe.

**Deborah Bachrach – Bachrach Health Strategies – President**

No, I know, but the ACA also says one application, and you have to be able to make a decision without requiring more information, whether someone is Medicaid eligible or Exchange subsidy eligible.

**Aneesh Chopra – White House – CTO**

That's a good one.

**Deborah Bachrach – Bachrach Health Strategies – President**

And so I think, and that is also a mandate.

**Aneesh Chopra – White House – CTO**

Yes.

**Deborah Bachrach – Bachrach Health Strategies – President**

So I think that with respect to Medicaid at the very least, the ACA requirements, and I guess this is personally what I hope, will pull Medicaid into the ACA requirements in order to meet the requirement that one application, one decision. And I don't entirely know what that means, but I just think you have to remember that Medicaid piece of this.

**Aneesh Chopra – White House – CTO**

Reactions to that?

**W**

But I think that necessitates the information at the individual level because much of what you, right, you'll be verifying.

**M**

... Deborah agrees with you.

**Deborah Bachrach – Bachrach Health Strategies – President**

I absolutely do....

**W**

... so then ....

**Deborah Bachrach – Bachrach Health Strategies – President**

But I was just ... more to the legacy system on the social services—

**M**

Yes.

**Deborah Bachrach – Bachrach Health Strategies – President**

...side has to be accommodated. Well, I would say yes and no. Yes for the perhaps the social services programs, but no, Medicaid can't be left out of the exchange standards. That is as much an ACA requirement as the exchange.

**Aneesh Chopra – White House – CTO**

Amen. Ann?

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

I was kind of excited when I read the slide, top of page 15, and I can't get you the slide number, but it says these systems should incorporate or utilize a read and write translation service to support data exchange with legacy systems in different formats. I think we need to think of the future and create a

future path for those who can handle it, but there needs to be another place that someone can go first to convert the data to put it into the format that is the future way. And I think that's what the existing systems need that bridge. And as I went and talked to our state this past week to try to get some perspective, and they're looking for anything, because they're in a development of a new MIS system, so they're ready to go for the new.

But the timing isn't going to work, so they need a bridge in the short term, but we should take it from that bridge, which is what I read in here. So I was real excited about it. And then move it to the new way, outside of their hands. Don't make them do it. We need to give them that first step if they need it. Some states are going to go straight to the second step. Some states will have to go to the first step, and that's going to be true to any social service program. That's not a Medicaid issue only. I also think this is the same exact process, and when we get to the enrollment side that has to be followed for enrollment because there are those—

**M**

You guys are running some pretty old stuff too, aren't you, over there in the insurance world?

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

Not us. There are those that do, so there is that same. It's like the same conversation, new topic. So this whole model can be overlaid on the other side of the table, and we'll talk more about that when we get to the enrollment side. But you need that. I'm an old system bridge to get me to, you take care me of the new way, or I can go straight to you because I have a new system that can handle that.

**Aneesh Chopra – White House – CTO**

Let's definitely talk about that. Jessica and Gopal?

**Jessica Shahin – USDA – Associate Administrator, Food Stamp Program**

Yes. I just this week was with a bunch of state commissions of health and human services, and you were exactly right on. One of the things that's going to be key in all of this is communicating to them to calm down. This can work. They are absolutely scared to death. They're very frightened that there's going to be this de-linking, that they already have integrated systems, and that somehow this is going to pull and de-link their programs. They're very, very concerned about that. That's not the direction you're going here, Steve.

**Aneesh Chopra – White House – CTO**

We, we, we.

**Jessica Shahin – USDA – Associate Administrator, Food Stamp Program**

We, we, we, I'm sorry. I'm sorry. The direction we're going here, so that's going to be a really important message to actually get out to states is that we're not trying to break down their integrated systems and the integration of their various social service programs. So I just want to say Ann is exactly right about this.

**M**

... they have integrated systems, right, because that lowers the cost of creating that translation module. They only have to build one as opposed to 20.

**M**

Correct.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

Yes. The very question my state is asking is do I really need to build an eligibility function now if one is being built that I can leverage? And the question is—

**M**

Well, that's the question ... exactly what ....

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

The question is the timing and the portability. It can't be just tied to exchanges because people are going to still walk into HHS offices and so they are waiting to see where that falls. But it's very important because we're putting out the RFPs or the contract bids for the new systems, so the quicker, the better.

**Aneesh Chopra – White House – CTO**

Gopal?

**Gopal Khanna – State of Minnesota – Chief Information Officer**

When the discussion what is happening is absolutely right, we have got to see the citizen in back, so if you break into federal and state, what, and then why. There's a third component, and I'm not sure if it's coming out clear, which is the transition piece that we are talking about where it's not just a matter of additional costs. We always ... cost. Give me more money, and I'll get there.

There are a lot of rules and barriers, either manmade and/or legal between federal, state, and local government that come in the way, which, if removed, make the transition much easier. You can leverage more data and information. So just assuming that just because you have legacy systems and, therefore, we have the end desired state is, even in the private sector where I come from is not really – all of us in the private sector have had major legacy systems, and not everybody has moved on to the Web world. But we use all of that. They don't have the barriers that prevent them from achieving the interoperability and leveraging all the previous investments.

So just coming back and states will always say, give me more money, and I'll get that. And that panacea is not going to happen, so what we have to talk about is how we move some of those, whether federal barriers, maybe rules-based or jurisdictional based or at the state level. And if we break that, you'll get profound greater impact, and you'll get the buy-in at the state level much faster because that's what they're looking for.

**Aneesh Chopra – White House – CTO**

Steve, can I put a question to you? In the same spirit we had the privacy discussion where we said in the preamble we'll add a sentence about usability is important, but not be prescriptive about it. Is there a similar sentence, two, or paragraph that says we acknowledge there are legislative, operational, or other barriers that would get in the way of this and that, as we move this forward, states should look to address those? And then, perhaps, if we had a similar Joy Pritts like moment where someone on the phone says, I've done a thorough inventory of those barriers, and we'll add them into Appendix B. Is it worth adding that preamble to our set of recommendations either on this topic or business rules? Maybe it's all of the above.

**M**

Well ....

**Aneesh Chopra – White House – CTO**

Yes, and the Feds, yes. Well, on the Feds, we should be more prescriptive. I don't know if we have time. Have we identified them? Do we know what the barriers ...? Putting it back to you.

**Gopal Khanna – State of Minnesota – Chief Information Officer**

...so I think there is that knowledge available. I know that we have done that the state level somewhat, but I think, let's not be presumptuous that that list is not available for the federal rules. I think there's enough work being done that we know there are barriers.

**M**

Yes, and I think we probably identified some of those. But I also think we could put that language in place. I also think that because of the verification service, I mean, we have an opportunity to ... to be that everybody else can get to. And you have an opportunity here to help transition, as we were talking about, because you're going to provide this service that then people can take advantage of. I think that that is an opportunity, as we define that, because we've defined what we currently have, and everybody does it at their various level, but this is kind of a to be state that we want to offer and that everybody can then take advantage of, as they will in the future.

**Aneesh Chopra – White House – CTO**

Let's do Lynn, then Deborah, and then I want to come back to—sorry, Ronan. We've got to get you in here. Yes.

**Lynn Hadden – Fairfax County, VA – Senior Application/Information Architect**

An example of one of the barriers that actually came up in a tiger team discussion was access of local governments to those federal verification services.

**Aneesh Chopra – White House – CTO**

Today, they are legally not allowed to do that?

**Lynn Hadden – Fairfax County, VA – Senior Application/Information Architect**

I am not in the social services arena, but I think that was part of the discussion the tiger team had that today we can't get to that. And as I understand it—

**Aneesh Chopra – White House – CTO**

Is that true?

**Lynn Hadden – Fairfax County, VA – Senior Application/Information Architect**

Some large, local governments provide assistance to their citizens because of high cost of livings. The citizens would not only not quality for Medicaid, and we offer assistance to them, and so this recommendation right after the table that says current national system says states will have access to that. I think we need to look at that word carefully because it could limit us.

**Aneesh Chopra – White House – CTO**

Can I, going out of order for a minute, let me just sort of call on ... Oren, my OAUTH king. If we had a provision that said there should be proxy access to these verification services, it doesn't matter if state or a local – I mean, then there's a policy debate about how you ... right? That's an easy thing.

**Oren Michels – Mashery – CEO**

...who has access ...?

**Aneesh Chopra – White House – CTO**

Is a policy debate, but ... technical ....

**Oren Michels – Mashery – CEO**

Is ... but I'll tell you that the technical concept is we should allow the proxy to have access so that you can make those decisions. You want to have this technology in place, something like OATH, so that the people who make the policy ....

**Aneesh Chopra – White House – CTO**

Can toggle the recommendations....

**Oren Michels – Mashery – CEO**

Yes, that's the whole point is to give them a dashboard to say, yes, you're in; you're out. You're in; you're out.

**M**

We also heard that in Rob's e-mail to all of us that it should be extended to community-based organizations as well.

**Oren Michels – Mashery – CEO**

And community-based organizations, and some of those are going to be the people who are assisting people.

**M**

...proxy.

**Oren Michels – Mashery – CEO**

Right. And proxy, and we're going to have to differentiate these two kinds of proxies. There's a proxy in the technical sense, which is a developer, a company, and be building software to access these things or building these verification hubs or whatever we're calling them, and so that's one kind of thing. And then there's an assistant or it should probably have a different name.

**Aneesh Chopra – White House – CTO**

Yes.

**Oren Michels – Mashery – CEO**

Human or an agency or an office or a nonprofit or someone who actually goes out in the community and helps people, different kinds, but we need to establish really early on that they are two different concepts, but if you're going to the proxy thing, different kinds of developers building different stuff. If I'm a state government setting up my official state enrollment thing ....

**Aneesh Chopra – White House – CTO**

Oren, to the point of Lynn's comment, at the local level.

**Oren Michels – Mashery – CEO**

Well, but no at the official state one, they may have certain privileges.

**Aneesh Chopra – White House – CTO**

Yes.

**Oren Michels – Mashery – CEO**

But the local one may have – local ones, because a lot of these things, for instance, we're able to see that the same data might come from a couple different places. Let's say the data can come from the IRS. It also can come from the SSA. I'm making this up. And that perhaps the state people, because of their state people and they have certain privileges in general, they may have access to both of those, so they could write. They could have a proxy written to get that ....

The local people, for whatever policy reason that we don't, I don't understand, may only have access to one of those, so they may be forced to write their version of it that only accesses, let's say, only SSA because they're not allowed to have access to IRS. I don't know. The concept is that you set rules

based on who gets access to what. But the concept is that the basic premise is that you have to be allowed to set those rules, which means you have to have the access to everything.

**W**

I'm not that sure that it's correct to say that a local should depend on a state's willingness to give them a proxy ... be able to use that.

**Aneesh Chopra – White House – CTO**

No ....

**Oren Michels – Mashery – CEO**

No, you're misunderstanding what I was saying. Proxy is merely any program that accesses this data to accomplish ....

**Aneesh Chopra – White House – CTO**

So Ronan has a software product that wants to connect to these interface hubs. He is technically a developer, a proxy. He gets proxied in, and then question is, his customer base may be the city of God knows where who says, I would like to take advantage of this service. That's one model.

**Oren Michels – Mashery – CEO**

Right.

**Aneesh Chopra – White House – CTO**

Go ahead, Oren. Keep going.

**Oren Michels – Mashery – CEO**

Right. Let's step back and getting out of the medical thing for a moment. Let's look at proxies with my Netflix example before. Proxies are different iPad apps, different iPhone apps. A proxy might be the app that lives on your son's Xbox 360 that also can access Netflix.

Different proxy softwares are just anything that someone wrote in order to take advantage of these underlying services. Who sets those rules? That discussion, which is what you're bringing up, that's whoever has access to the dashboard that turns proxy accesses off and on. I'm just saying, there has to be a dashboard. Once there's a dashboard, we can all argue about who gets to control the knobs and dials.

**Aneesh Chopra – White House – CTO**

Ronan, do you want to react to this? ... go out of order for a second, Deborah, but ... bring him into the conversation. Bring it, man. Bring it. Are you in? Are you out? Are you angry? Are you sad? What does this look like to you?

**Ronan Rooney – Curam Software – CTO & Cofounder**

Can I be all those things at the same time?

**Aneesh Chopra – White House – CTO**

Yes. Come on now. Bring it.

**Ronan Rooney – Curam Software – CTO & Cofounder**

Do you want me to bring Guinness or just ideas? I guess a couple of comments that I think, under this question, the two questions have really been kind of interesting. To me, I think putting one of the goals

that we have, I think, as a committee, is to put the consumer at the center. And I think that has a fundamental affect on all of those questions that we've had because some of those questions we're having are obviously around the technology and interfaces and so on. But I think Bryan touched earlier on a lot on the idea of the user experience, and we're thinking now of the other thing that came up in the last discussion here with Anne and with Jessica was around the whole thing of interoperability with legacy applications and Gopal talked about that as well in the context of Medicaid.

The thing that comes to mind is that when you look at both of those things, you can't look at them in isolation of what the business flow is going to be. What is the set of business processes that have to be supported because can all go off and build a whole load of components and things. And then when we try and put them together, we end up with Frankenstein instead of Sam or yourself or ....

So I think that there are fundamental impacts on what we do there, and we haven't really looked at that. And I think it comes together, I think, in some of slides later on where we talked about the integration and the interaction between process and data and the business rules because we spend a lot of time talking about business rules obviously on the rules team and so on. But the rules, like the programs, in my mind, are transient. The whole committee is here because we're talking about a new program.

In five year's time, there'll be another program. In three year's time, that program will go, and there'll be another program. States have programs. Locals have programs. The Feds have programs. So I think we're in danger of kind of maybe moving away from that original goal of just making sure we have the citizen at the center or the consumer at the center, and we look at it from, it's more like what is the process like for me as a consumer as opposed to what should this state do or what should that state do. I think some of the stuff that Bryan has done and obviously Steve has done and the rest around the table that, I don't know, have done are very much geared towards that.

For example, if we look at we did this question yesterday with one of our customers with Medicaid renewals on the Web. Deborah will probably know who this customer was even. But the discussion was there were some usability issues that we wanted to discuss around the user experience. But when we really went through them, the issue was that the process itself was incredibly complicated. And some citizens might spend six hours trying to do it, but that makes that channel completely inappropriate.

The Web is fantastic. Having Medicaid renewals online is fantastic. It may not be so fantastic for the citizens who have to do it themselves. So we have to look at that user experience in, I think, a broader sense and say, it's more than just a citizen that has to have the capability to do this task because some tasks are not appropriate in that situation. At a high level, I think those discussions are going to come up again and again and again. I think the other ....

**Gopal Khanna – State of Minnesota – Chief Information Officer**

(Inaudible.)

**Ronan Rooney – Curam Software – CTO & Cofounder**

Sure.

**Gopal Khanna – State of Minnesota – Chief Information Officer**

That's exactly what I was trying to say that even in the layout of the report and the recommendation, we've got to come from customer back, whether Fed, state, local, whatever, thou shalt what, how. It needs to come from that angle rather than ....

**Aneesh Chopra – White House – CTO**

The opening chapter should outline the patient, the consumer experience.

**Gopal Khanna – State of Minnesota – Chief Information Officer**

Yes, consumer experience.

**Aneesh Chopra – White House – CTO**

And in that context, in support of the consumer, X, Y, Z.

**Gopal Khanna – State of Minnesota – Chief Information Officer**

Yes, because ... the architecture ....

**M**

The whole point of ACA in the first place, right?

**Aneesh Chopra – White House – CTO**

Yes.

**M**

I mean, it makes sense to focus everything around that perspective.

**Ronan Rooney – Curam Software – CTO & Cofounder**

I think, on Gopal's earlier point, just for the same philosophy, I think that's why it's so important is that if we want to think about how are we going to interact with existing systems because legacy systems, I think, as Anne pointed out, is a kind of potential misnomer. Somebody is going to do an RFP or do an implementation in six weeks' time, say. Well, that's not a legacy system. It's a brand new system. But it's an existing system. So I think, if we think of existing systems, and systems will come and go as well. So that problem is not going to go away. In ten years' time, all these existing systems won't vanish, and we don't want them to vanish.

Therefore, the interaction, if you look at it from the consumer's point of view, the interaction between what we're talking about on the committee and an existing system, you have to look at from the consumer side. Take a very practical example. If we do an enrollment and an intake enrollment, then we get somebody on Medicaid or whatever. And, as part of that eligibility, we also determine they're eligible for TANF, SNAP, or something as well.

**Aneesh Chopra – White House – CTO**

Right. That was the recommendation. Yes.

**Ronan Rooney – Curam Software – CTO & Cofounder**

Yes, so we do that. But then from the customer's point of view, the consumer's point of view, that's fine ... do that, and I get on the program. But from the consumer's experience, life goes on beyond that initial intake and enrollment. Like for me, that's the start of ... rather than the end. For our workgroup, it's potentially the end of a project.

**Aneesh Chopra – White House – CTO**

...we've got to hand you over to the program itself.

**Ronan Rooney – Curam Software – CTO & Cofounder**

But when we hand you over to the program, just think of Gopal's point. I think Jessica probably alluded to it earlier to is that once I'm on the program, right, and when we come back, and this is the whole

discussion about rules. We're now in a situation where we have a process where the citizen is going to go through a different rule set in an existing system the next time they make a change because we have existing systems. When that happens, we have to figure out what controls what because we're not going to get the same answer because it's impossible.

Even if the one organization builds two different versions of the same thing, you will get ... and all sorts of things in software, unfortunately. And there are policy interpretations. So we're in danger of creating in some ways, if we're not careful, and I think we're okay so far, but I think there's a danger that we could create a new generation of silos that we can do an intake and enrollment, but then we hand it off, and suddenly, at a business level, rather than a technology level, how do these things work together. And the answer to that is going to be looking at it from the consumer's point of view.

Once I get enrolled, what happens when I make a change? Do I make the change by calling into the office and make the change and if not via the Web, well then that won't be via this new, potentially via the exchange. It's going to be by calling up a caseworker or something and saying my address has changed. But we need to have that experience happen. So we can't solve ... I just want to say we need to just think about that, I think, and I think the ... initiative, Sam and Aneesh, was around putting the consumer at the front, and I think that's absolutely crucial and affects everything we're doing.

#### **Gopal Khanna – State of Minnesota – Chief Information Officer**

If I may add is that, at the state and local level, the tendency is, mindset is to look at a siloed approach because that's how people are programmed to see and interpret the rules or anything that comes while we are propagating an enterprise view, not just at the states from a delivery perspective, but also from federal, state, and local ... government, right? So it's utterly important that in this and how it comes out in Steve's group's recommendation or otherwise crosscutting across all teams is that it has to be ....

#### **Aneesh Chopra – White House – CTO**

First of all, Ronan, thank you. I thought that was very well stated, and I'm trying to grapple with how that relates to the report, so let me throw a hypothesis, but let's discuss. The hypothesis is that we have a confined box because we are in a regulated environment. The rule was stated that this committee writes how do you get to the DHS service for blah, and how do you set the standard or whatever. There has not been, for lack of a better term, a coalition of the willing, i.e. a group of cities, states, and agencies to sit down and say, let me map the customer journey as we envision it.

Now it's an early conversation to be had. The question is whether the report says something to the affect of, and oh by the way, we've nailed these mini me services, but that does not in any way, shape, or form solve the full experience, so perhaps there may be a call for some form of mapping the customer journey in a couple of areas that could then revisit some of the assumptions for this to be an evergreen effort. I'm hypothesizing. I'm just asking. Reactions?

#### **W**

That's a recommendation that crosses all of it.

#### **M**

When it first started, we asked about can we change the business rules, and can we change that. And you said no, no, no, we can't do that because—

#### **Aneesh Chopra – White House – CTO**

The committee can't.

**M**

The committee can't.

**Aneesh Chopra – White House – CTO**

But we could recommend that there be a review. Right.

**M**

But that's really what the driver is going to be is just what you talked about because it's really the citizen journey, but it is the business in how we want to operate.

**Aneesh Chopra – White House – CTO**

Yes.

**M**

And as we start to coalesce that, that is really where the impact, the huge impact is going to be made.

**M**

...I see one problem with that, which is ....

**Aneesh Chopra – White House – CTO**

Go for it. Just one problem?

**M**

Well, one really big problem, which is, every time I've talked to the people that we have doing this stuff, and trying to talk to them about leveraging things that exist in other states and other jurisdictions, their immediate response is our processes and our procedures and our policies and our regulations are so much different and so complicated that no customer journey is going to be the same between what we do and what Utah does or whatever. I got them to the point eventually where they said, okay. There's probably a core set of things that are similar across different jurisdictions, but there's still a layer of complexity based on how things are done in this arena that I think will prevent a bunch of states or a bunch of jurisdictions from sitting down and creating something that works for everybody easily, if that makes sense.

**W**

But might the Feds not want to intervene on that? I think that we get to that point. Once we have the electronic standards, we have to go back to the business rules. And I think it calls into question then some of the differences among states. I have three requirements in New York. You have five requirements in D.C. I'm not sure that remains appropriate in our health insurance program.

**M**

You might be right, but that's a discussion that ....

**W**

And I think that will call that into question.

**Aneesh Chopra – White House – CTO**

No, no. Let me put back in the box what I said to be careful. I want to say it slightly differently. I want to say it slightly differently. In our authorized world of the data standards and how this all evolves, Ronan translated a path forward, let me repeat in my view. If I am enrolled, and now the baton is passed to the legacy environment or, I'm sorry, the existing environment, whatever the operating environment, and I

need to adjust my address, and that is a service that is part of my customer experience, and that triggers, or as Sam said one point either the morning to me at breakfast or afterward, I actually get a job, my income changes, and I make these adjustments. I'm now operating in a state or local politically defined environment. But the data has relevance back into the things that are still in scope.

**M**

... atomic data.

**Aneesh Chopra – White House – CTO**

No, let me get back to my point about the atomic data. The question is, and the sort of inspiring words from Ronan are, because we do not want to get into a debate about whether New York should have five rules and D.C. have three, which is a non-starter, we have not actually done the mapping of the customer journey from beginning to end. We've kept it in our little ....

What I'm asking, and the conversation is worth having, A, there'll be some kind of chapter one to the report, which will be about the consumer experience. We've done initial body of work. The question I posed, and good it's provoked some reaction, is whether or not it calls for some group, no federal government mandating, no political thing, just like, hey. By the way, if anybody wants to kick the tire on this and sort of map this journey end-to-end, it would be kind of nice to do that and then report back on whether the component parts we added actually create Frankenstein in the real world because the data is the best.

That's how Ronan framed it and, I think, fits our scope. But it's an exercise that has maybe done—I mean, it may be called for. Others may be doing it. I don't have a clear perspective on it, but I would imagine conversations like this are happening for folks who are wanting to be aggressive in an implementation of this. I'm in Boston, and I want to make it happen, etc. Let's do lots of things. Do you want to go first, Gopal, then ...?

**Gopal Khanna – State of Minnesota – Chief Information Officer**

Yes. In Minnesota, two acts of law, we created a commission called Commission on Service Innovation, and this commission, I would be delighted to bring to this commission your recommendations because what we are looking for is the reengineering government or researching government operations across all jurisdictions in the state.

**Aneesh Chopra – White House – CTO**

Yes.

**Gopal Khanna – State of Minnesota – Chief Information Officer**

So they are looking for crosscutting, horizontal slivers of service with customer experience and working back. So if this commission wants to give a recommendation, I'll be delighted. I'm currently chairing it, but I'll have to bring it to the attention of the commission members there because they are looking for examples, either in education, healthcare, public safety where they can take a few from customers back and map it out. And ... commission consists of people from the private sector, public sector, counties, cities.

We are looking at saying, is there a different way of managing customer service, delivery service? Why do we need it in 87 counties? Why do we need 260 different school units, etc.? So there is a unique opportunity where we have a commission that's set up, and I'm not sure if they'll accept this. But if there was a recommendation, if you're looking for somebody to do a prototype, there might be an opportunity for this commission because the vehicle is already set up.

**Aneesh Chopra – White House – CTO**

Well, in the same way Joy mentioned that they did some research and found the privacy model at a few PHRs that might be useful in Appendix A, the net effect of what I'm describing is we don't have an Appendix C called mapping the customer journey because we don't have that data. But it could be appendix C, blank recommendation. We would encourage that over the next X months that someone should contribute to an Appendix C, and if that could be your commission ....

**Gopal Khanna – State of Minnesota – Chief Information Officer**

Yes, but ... because there are so many rigorous programs this way, right?

**Aneesh Chopra – White House – CTO**

Yes.

**Gopal Khanna – State of Minnesota – Chief Information Officer**

But what we have to do is you have to take one, which is horizontal. So if the commission can define two, three, four of those horizontal pieces relative to this work, right, because this is not just one. We're talking about enrollment and eligibility.

**Aneesh Chopra – White House – CTO**

Yes.

**Gopal Khanna – State of Minnesota – Chief Information Officer**

But if you decompose that, some horizontal pieces as well. So if you do that, then we can take one, which is a manageable piece.

**Aneesh Chopra – White House – CTO**

The question is whether we call for folks to think about this and deposit it in some format that's useful. Let me go back to this side. Sallie, do you want to go first? Then we'll to Lynn, Deborah, then Oren.

**Sallie Milam – State of West Virginia – Chief Privacy Officer**

Sure. Thoughts around Appendix C: When we think about the collection principle, only collecting minimum necessary.

**Aneesh Chopra – White House – CTO**

Yes.

**Sallie Milam – State of West Virginia – Chief Privacy Officer**

And we also think about our HIPAA requirements for our covered entities participating, and we remember that eligibility or payment transactions and HIPAA requires minimum necessary to be able to accomplish this objective. We're going to be very carefully mapping our data, what we collect, what we use, what we disclose. And we're going to only allow those individual data elements that meet the legal requirements. So we're going to have a data flow end-to-end that we've already developed. We could look at Appendix C as providing some support.

**M**

Who is doing that?

**Sallie Milam – State of West Virginia – Chief Privacy Officer**

Well, anybody who would be applying these standards will have our collecting principle, only collecting

minimum necessary. HIPAA covered entities need to be really mapping their data, particularly as they respond to the new HIPAA regulations that are coming out from HITECH within ARRA. Most of your covered entities are in the process of redoing their risk assessments, looking at their data flows to see if anything has changed since the last time, and insuring that with your payment transactions and your operation transactions that it's minimum necessary. So you have a large data architecture that will be built, and how does it intersect with the consumer experience? Do we have extraneous elements that are causing time and resource on the consumer end that really have no relevance to the data flow?

**Aneesh Chopra – White House – CTO**

Let's keep going on the conversation. Who did I call first? I think I had a combination of Lynn, Deborah, Oren, and we'll come back. We'll go back to Lynn, then Anne. We'll go back, left and right.

**Lynn Hadden – Fairfax County, VA – Senior Application/Information Architect**

This topic actually came up in the tiger team meetings in several meetings. We started out at the beginning realizing Web services are based on processes, and each state has a process. But more often than not, there are exceptions to that process that require manual interventions. Even just on the state process, a person could sit there for a while until a human being makes a decision. And we haven't talked about how to handle the exception, so that was the first issue.

And we discussed the need to go to each state and at least document with ... their processes so you could see the common units of behavior he was talking about. But when you take that— I'm a user. I'm putting myself in the user's experience, and I'm sitting in front of a computer with maybe my proxy, and I go through the steps.

**Aneesh Chopra – White House – CTO**

Your human assistant.

**Lynn Hadden – Fairfax County, VA – Senior Application/Information Architect**

Yes, my human assistant. And I get, you're not eligible. You still have processing to undergo or something like that. How do I know which agency is holding up my getting my Medicaid? I want to know who to call in the middle of that process if it gets kicked out as an exception and stuck with somebody manually to do the research on that. So we talked about the fact that you need a roadmap, an actual GUI visible roadmap of where that person is in a process, and who the contact person is, and what's the average time they should expect to be able to get a response on that particular step in the roadmap. It came up several times.

**M**

I love the idea of mapping out each state's process and looking for commonalities, right.

**Lynn Hadden – Fairfax County, VA – Senior Application/Information Architect**

And differences.

**M**

And differences, right.

**Lynn Hadden – Fairfax County, VA – Senior Application/Information Architect**

Yes, I like the differences ... GUI.

**M**

And maybe that's the recommendation in Appendix C. Instead of groups getting together, maybe we recommend that each state map out their process in a defined format that we can then sort of layer on top of each other.

**M**

Like a business ....

**M**

Exactly right.

**M**

And also ... as we talked about, there still sometimes needs to be that human intervention, like a caseworker or something that actually circumvents the rules part of it, and you've generated it, as you're ... so you can get some intervention or some additional input, and that goes along with what is the roadmap, but that you can provide that kind of assistance. So you do have to be able to provide that when a process is stuck.

**Aneesh Chopra – White House – CTO**

We don't have a tiger team that looked at this specifically, but it raises the question. In other parts of the administration, we're championing the notion that you should, as part of our transparency agenda, know where you are in the queue, which is essentially your point about you've been kicked out, and you don't know where. So our citizenship and immigration service in 90 days created this sort of seven-step bubble chart, and where you are in each of the steps. And if it's stuck, you have it. And then it actually went so far as to give you a text alert if you moved from step one to two or an e-mail or whatever.

That principle isn't in any of our recommendations. It didn't fit any particular one of the tiger teams, but if there is a chapter that we write in the next three weeks that is essentially what the consumer experience is, one of the recommendations may be something like if you were—in the same spirit of thou if, as opposed to thou shalt. If you were to provide transparency, here are some areas of interest and maybe something like where you are in the queue or whatever that you're describing, which we are using in other parts of the government might have relevance.

Let me come back to Anne, and then we'll go back to Deb. Yes, you're next.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

This isn't Anne. This is Debbie Downer.

**Aneesh Chopra – White House – CTO**

Come on, Annie. No. Lift your spirits when you say something negative. We'll find a way out.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

No, it's just a fact. This whole task wasn't about customer experience. There is a task on all the states and the federal level that goes through 2014. There are decisions in 2012. There's time to address this issue. We have a specific objective to facilitate the eligibility discussion by trying to create a single interface that states can leverage, and then another single interface that states can leverage to affect the actual enrollment. They have so many decisions, it is almost wasteful on our part to assume we know what an exchange is going to look like because of the decisions that are still on the table.

Is Medicaid even going to be a part of it? Is it going to be small group and individual mixed? There are so many user experience issues that have to be laid out, no doubt, totally support, the tell somebody that

better start thinking about it. But I'm frustrated because I have a short timeline in this group. And my state wants an eligibility interface, and my state wants an enrollment interface, and I've got enough work to do to get those resolved in standards, so that's my Debbie Downer message. I totally agree with all of the conversation.

**Aneesh Chopra – White House – CTO**

Yes. No, no, let me react to that. What you said is exactly where we are, so we have explicit.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

Let's move on then.

**Aneesh Chopra – White House – CTO**

No, no, no. What you've—

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

I'm sorry.

**Aneesh Chopra – White House – CTO**

No, no, no. Anne, you're raising the right issue. There is a set of services that we just heard in the Steve piece around what to do on verification interfaces that are explicit and to be split up. The question Ronan asked is, how do we know when these services are actually put to use. They don't fall apart and look like Frankenstein.

**W**

We don't.

**Aneesh Chopra – White House – CTO**

And so, in the spirit of making sure we deliver an effective verification service, it is important, as I'm evoking Ronan here, that we have the ability to get a feedback loop, not that this body in three weeks is going to all of a sudden have nirvana figured out.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

An offline piece.

**Aneesh Chopra – White House – CTO**

All it's saying, Anne, and I think all that my little box to the side that I introduce was that there should be some, or I put on the table, some call for as that experience, journey is done, however it's done, individuals and stakeholders, that that feeds back in to the various specific things we're working on to say, hey, all that stuff, Fletcher, he's talking about verification of, what a disaster bill, man. You didn't realize blah, so we have to—someone has to revisit the thing. That's all I was suggesting, not that this body would solve all those problems.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

So we're resolving the call for that activity.

**Aneesh Chopra – White House – CTO**

That's the—

**M**

Yes.

**Aneesh Chopra – White House – CTO**

What Ronan said is that call was not in any of the reports. That's what he's suggesting, so I threw out the hypothesis. There may be a section to add that says, call for this and have that feedback loop into the ... so not at all Debbie Downer. That's kind of what we were talking about.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

The other thing I wanted to point out is the current Web site that just delivered July 1<sup>st</sup> and then is enhanced on October.

**Aneesh Chopra – White House – CTO**

Yes.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

That is a handoff to states or a helpful body, so that needs to be integrated into whatever that activity is.

**Aneesh Chopra – White House – CTO**

Correct. Yes, and that's actually one in the same. That's kind of what that – we'll have that conversation, I think, as we talk about the end of this stuff. We missed Deborah. Yes.

**Deborah Bachrach – Bachrach Health Strategies – President**

I'm wearing my hat as Medicaid director because I still have one foot in that world, and I think I reflect the views of many Medicaid directors. The ACA and our task is to facilitate the eligibility process into health insurance.

**Aneesh Chopra – White House – CTO**

Yes.

**Deborah Bachrach – Bachrach Health Strategies – President**

And there was a lot of discussion about how we have to be respectful of states that have integrated systems among Medicaid and social services programs. Many states do not have those or they don't have workable ones. It might be most states don't, and for those Medicaid directors, their primary focus is how to interface with the exchange. And I want to make sure that we are not setting something up that says to Medicaid directors, you have to think about interfacing with the exchange and interfacing with social services programs.

The first priority of the ACA is coverage, and we've got to remember. I get very nervous when you talk about exchange and social services programs, including Medicaid. No, it's exchange and Medicaid and social services programs. And I'm not—vertical, horizontal integration is terrific if you're a state that has it. But many, many, many states do not, and so let's just watch our verbiage, if you will, and keep our eye on that ball because that's a tough one to go from zero to 400. It's one experience whether your income is 75% of the federal poverty level or 275%. That should be our goal. That's just on that.

On the consumer mapping, the reason I think calling for it is so important is we can come up with great standards for electronic interface. But when you ask the consumer what is their experience in state X, Y, or Z, it may be completely undermined. All the facilitation that we have done, and all the simplification we've done will be undermined by rules that say you have to be fingerprinted or by rules that you have to do something for a time. So I think we're not going to get to that, but I do think calling for consumer mapping, what is the experience of the consumer in the state makes a lot of sense. Anne, I'm not saying we do it, but I think calling for it takes what we do down to the ground and the consumer experience.

**Aneesh Chopra – White House – CTO**

Your comment about scope, Sam, I think, may have said it before I walked in the room. But we have said explicitly when we go through these tiger team reviews and we complete today's work, when we iterate again, the lens absolutely is what's the priority, what's their, and I don't know if we've all come to the same conclusion, but you've put a very healthy hypothesis on the table that the key priority is some version of exchange, plus Medicaid coverage and CHIP, which I think, correct me if I'm wrong, we said was our straw man when we got going because the language and the call for the committee did also call social services.

**Deborah Bachrach – Bachrach Health Strategies – President**

I know that.

**Aneesh Chopra – White House – CTO**

But early, we had a comment to that effect. But you are teeing up the last body of work before we get to the end of let's scrub through this to say in the report those pieces come forward, and we'll have a debate. I'm not saying we've concluded that debate, but you raised a very good point about that debate. Sam, you were waiting—

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Yes. Let me get to the recommendation around the verification service itself. The ACA calls for three particular verifications specifically with social security for citizenship, for IRS for income, for Homeland Security for legal residency. Yet you recommended a number of other federal verification services. I want to try to sharpen a little bit where we are on what would be the recommendation. Has your group looked at or prioritized these other federal verification services? Do we know?

We had the first three agencies in to talk about and testify to us about their ability because you also recommend real time. So what is their ability and capacity or what will it be in the next couple of years to be able to deliver a real time Web service? Have we looked at the other verification entities that you've looked at to see, one, is there a priority about which is required in terms of the type of verifications they offer; two, whether there's potential of real time capability in any of those services? I want to try to nail down a little tighter because states, we are hearing, and we're hearing from states on the last public hearing that we did about, if there's a service that you could offer, maybe the whole enchilada, we'd like a reference application. But clearly we're hearing we'd like this national verification service since these national verifications are required under ACA.

**Aneesh Chopra – White House – CTO**

Bobbie, do you want to address that?

**Bobbie Wilbur – Social Interest Solutions – Co-Director**

Yes ... we have looked at them from what is publicly available or analyzed what the public information is, and we are setting up separate meetings with each one of those groups who control those systems so that we can do more analysis around what's possible, what's practical. Could we do a priority list after that? I think the recommendation from the group is all of these are going to be critical to the states. The federal ones that are recommended are all going to be critical to the states to support their real time verification that is consumer mediated for the consumer to have the most real time information available when they're going through that process. Now we need to figure out the operational pieces of that that we haven't had a chance to do.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Those are the ones that are mandated, as you mention, but some of the other sources, we want to potentially include because they provide more timely information, and we do want to take advantage of that if they are available. So I think it probably, in many cases, should be expanded to some of these other sources where we can verify those particular areas of which they have information on.

**Bobbie Wilbur – Social Interest Solutions – Co-Director**

And almost all states that we polled, Sam, are using these systems, so these are not net new systems that we're developing. What we're trying to do is coalesce it at a national level where states ....

**Aneesh Chopra – White House – CTO**

And make them believe you're you.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Yes, in a single ....

**Bobbie Wilbur – Social Interest Solutions – Co-Director**

Yes, where states can use it more easily is what we're looking for. But I want to go back to Gopal's comment. One of the biggest barriers to all of these federal systems is data sharing. It isn't the technology so much as it is the data sharing process that's associated with them, so we've got both of those on the agenda to look at because they're very restrictive in terms of how this information could be used.

**Aneesh Chopra – White House – CTO**

Let me come back over here. Let's do Oren, Terri, Ronan, and Jessica. I'm just making it up as I go here. Oren?

**Oren Michels – Mashery – CEO**

Thanks, Aneesh. I just wanted to go back to the little conversation we're having here about the five versus the three and ... remember what we're trying to do with this verification team, tiger team, is we're creating a Petri dish. We're not creating applications. We're not creating a path. We keep talking about this path. The path is the old way of doing things. The path is the equivalent of calling up your travel agent to get an airline ticket. We don't do that anymore.

We don't know yet what the user interfaces are going to be. We don't. We have to have the basic ingredients. The ingredients are data. The ingredients are verification services, and then you will have different people coming up with different ways of engaging with the citizens to make different things happen. Individual applications succeed best when they are doing one specific use case. And you might have a different application, a different path, a different interface for this subset of verification. You might have it for this kind of enrollment. It is unlikely there is going to be one über application that can do everything because it will suck anyway. It just will be bad.

There was a time when this conversation was going on in airlines. Then Southwest came along and said, no, you can actually make it easier, right? And suddenly all these other airlines that said, oh, we can't do that anymore. Well, they woke up one more morning and said, why is it no one is buying tickets from us anymore? And then they started to evolve.

So I think the answer to what's going to happen—the great thing is we have 50 states here, and there are entities here that some are going to do this well, and others are going to look and say, well, hey, why didn't our stuff look like that? Why are our citizens complaining and their citizens aren't? It turns out we don't have access to this data or this particular service that we're providing, or we do require ... print, or

we do something else that's really standing in the way. And it turns out, even though we have people who say that it can't be done, it turns out it's happening over here. Let's take a look at why.

### **M**

Great point, and I totally agree with you. The only thing I would say is that, and this is something that I've talked to Steve about and Gopal about a number of times, and Aneesh and Vivek. I mean, right now we're in a position where states are developing the same exact thing 50 times over and paying millions and millions of dollars, hundreds of millions in some cases to develop pretty much the same thing, right? I agree. The private sector and states will take this data and take these interfaces and do interesting and innovative and new things with them. Some of them will be great. Some of them, as you say, will suck. But I think it's to everybody's benefit if we could encourage more of a collaborative development process.

### **M**

I agree. I think that the collaborative development process is going to happen certainly when you're able to look at ... to bifurcate the concept of what are the underlying data elements needed to accomplish something and serve as ... accomplish something, and how do you go about accomplishing it? If someone has come up with a great enrollment process, a great enrollment path, a great enrollment app, they should be able to— If you're in the state of New York, and you've implemented this app, then if comparable data and services are available that will meet the standards of the state of Utah, there's no reason why you can't use that same thing, whether it's the state, hopefully not paying hundreds of millions of dollars because it shouldn't cost that much, and I'll do it for less.

No, but no, that you're going to—that the process and the experience and the underlying services, they are three different things. And the rules are another thing. And that if we're going to succeed, it is because we are creating the best, the most exciting and useful Petri dish where things can develop. It will not be because we're sitting here having a discussion between two states over, well, I think that they should answer the number of children they have before their income. And then ... ask their income before the number of children. We just can't ... that's just not at all useful. And I think that what we want is we don't really want states paying hundreds of millions of dollars for this.

We want there to be an incentive for either existing services to evolve, new services to come in, and there are very good commercial reasons why people would want to get involved in this. And the states should leverage that. But if the states decide they do want to go out and get a ... app built for their own stuff, they want to be able to go out to a vendor, to a contractor, and say, give us something great. Here are the ingredients. Not, give us exactly this that looks like this, and make sure it's done in only the way that we've been doing it all along.

### **Aneesh Chopra – White House – CTO**

Before we get to the next set of questions, let me just— What I loved about this discussion is we've had a healthy one that went up, down, a little to the right, a little to the left, a little ... reined us back in and then use that for the next set of conversations, as we wrap this section up. What is elegant about what Steve and company have done is they've done a comprehensive look.

What we're proposing now, if I evoke Sam, is if we could decouple and basically make atomic these individual recommendations and repackage them, we might want to revisit this notion that for the three that are required, here's the aggressive mandate on what to do. Then for the broader portfolio that might have more timeliness, might have more value, because the Feds control this, we definitely want them to put that into their priority set. Then further down the chain, for making the consumer experience better, we start to say that if you choose to do X, Y, or Z, here's the way you should go, the no wrong door recommendation.

Steve, I think the challenge for us, it's hard to do it on the fly, but I hope the last few comments give input to this. But it's really taking the raw material you've provided, rethinking and componentizing them in a way that has some prioritization and some clarity about where we lean aggressively forward, where we kind of encourage and nudge forward, and where we just sort of pray that good things will come in that area. Is that a fair ...?

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Yes. Let me build off that, back to the shall word.

**Aneesh Chopra – White House – CTO**

Yes.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Because these are required.

**Aneesh Chopra – White House – CTO**

The shall is more appropriate.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Shall, I think, is appropriate, that our recommendations should be that the federal government shall develop a verification service for these three minimal....

**Aneesh Chopra – White House – CTO**

That's a suggestion, and we want to have that debate, and then the group can maybe react to that. I kind of messed up on schedules, so let's go Terri, Ronan, Jessica. In that spirit, again, we're trying to give advice to the Steve team on thinking about how we make that happen.

**Terri Shaw – Children's Partnership – Deputy Director**

Yes. Absolutely. I appreciate that. I want to follow up on exactly that point, and particularly, Aneesh, your recommendation that we think specifically of things that the federal agencies themselves can do. To Sam's point of wanting to sharpen the verification discussion a little bit. As we're looking at this exercise of what the federal systems currently are capable of and maybe we can push them to be capable of in the near future to support all this.

I'd also like to know, consistent with our desire to collect the minimum information necessary and to reuse information as much as possible, are these federal systems now capable of or can they be made capable of not just literally verifying data. We're using that term, which is commonly thought to. At least my common understanding of it is, the individual provides the information, and then you see whether that information matches what's in these federal systems.

What I'd like us to be able to move to is a system where the individual can provide minimal information about themselves in order to then draw, pull from the federal systems the data that's needed to fill out the application. So it's not literally verification. It's almost like a pre-population, if you will. And I don't know if that capability exists now or can be made to exist, but I think that would be helpful.

**Aneesh Chopra – White House – CTO**

We had testimony about that with the federal, free student loan, FASA form with the Department of Education, as you recall.

**Terri Shaw – Children’s Partnership – Deputy Director**

Yes, so a consumer mediated approach may be exactly helpful on this, which may also, and I think this requires a lot more thought, but may also tie into our proxy notion as a means of dealing with some of the information sharing barriers that exist. If we make good use of the proxy notion, we may be able to overcome some of those barriers simply because it is a consumer mediated approach.

**M**

I think the point you’re raising is critical to simplifying enrollment. That if you simply don’t have to ask an individual to provide verification information, but as we heard in the testimony from IRS, Homeland Security, and Social Security Administration, they use a core set of data elements. And the work that Doug is going to present this afternoon about harmonizing those core data elements will make it even more possible to do the matching. Paul, are you still on the phone? Is that right?

**Aneesh Chopra – White House – CTO**

Doug.

**M**

No, Paul Swanenburg.

**Aneesh Chopra – White House – CTO**

Sorry.

**Paul Swanenburg – SSA – Senior IT Specialist & Program Manager**

... off mute. Yes.

**M**

Good. Saved me. You’re getting requests for match based on core data elements now, are you not, from the CHIP programs?

**Paul Swanenburg – SSA – Senior IT Specialist & Program Manager**

Right. We’re looking for three basic elements: name, SSN, and date of birth.

**M**

Right. So if you don’t have to ask a family to provide the documentation, and your point, the nomenclature we’re using, which I think you pointed out correctly, the verification is we’re verifying that someone is a citizen, not based on the documentation that they’ve provided. You might not even have to ask them a question that says, are you a citizen or not. Because if you take the core data elements and verify against the database, that’s what’s determined.

**Terri Shaw – Children’s Partnership – Deputy Director**

Same for income.

**M**

Same for income.

**Terri Shaw – Children’s Partnership – Deputy Director**

Don’t have to ask for ....

**M**

Same for legal. I'm not suggesting that we don't ask those questions. But I'm saying that you don't need to have verification information to verify it. You just need the core data elements.

**Paul Swanenburg – SSA – Senior IT Specialist & Program Manager**

That's correct.

**M**

Is there an issue though with systems, multiple systems having different versions of the truth?

**Aneesh Chopra – White House – CTO**

That's why the metadata with the time stamping and the providence is what's a very important aspect of what Steve is calling for.

**M**

Right.

**W**

And the rules engine discussion ....

**M**

Including, right, okay, so as long as there's some way of reconciling that.

**Aneesh Chopra – White House – CTO**

No, no, no. The reason why this committee is going to add the most value on this question is because these things sound great in theory, but then they kind of collapse in reality. But Steve did a terrific job kind of laying out the key components of this, and I thought that metadata, providence aspect allows you to not have to ask. Because that stuff is a proxy for it. Now maybe we want to be more explicit, Steve, in that for the scenario where you want to verify without asking for additional documentation.

**M**

Right.

**Aneesh Chopra – White House – CTO**

The need is, it has to be, the providence of the data is there.

**M**

And as long as there's ....

**M**

...say what is more important or what is a higher priority than other ones, and that's got to be part of your ... as you go forward ....

**M**

Right.

**Aneesh Chopra – White House – CTO**

Yes.

**M**

Right, and we have to have some probability, threshold.

**Aneesh Chopra – White House – CTO**

That's right.

**M**

That says, yes, this is accurate.

**M**

And that's how you cleanse your data. I mean, there is a call out for data cleansing capability so you can validate. You've got two records of the same people.

**M**

Right.

**M**

Which one is more correct?

**M**

Part of it too could be that the individual who is actually receiving this information or the proxy can actually verify which one is correct, and update the backend systems that have the incorrect data in the first place. That could be another way of actually....

**Aneesh Chopra – White House – CTO**

Bryan, that was kind of where I was going with the Ronan reaction, which is, then these use cases, which are not our proverbial use case, which is what do you do with that problem. We haven't really tackled.

**W**

It also builds into Lynn's earlier point about the human intervention. And I think, hopefully later when we get to business rules, we'll talk about building in business rules for human intervention. But one human intervention is what we were thinking of was on the eligibility worker side. But another is back to the applicant. Tell us what's right here.

**M**

That's right. Yes.

**W**

Yes.

**Aneesh Chopra – White House – CTO**

There's a lot of meat around Steve clarifying what absolutely can be done, must be done, and this. But I think it's largely re-purposing the stuff that's there with a little bit of nuance maybe adding in a feature about the role of proxy development into the environment. Let me keep going around.

**W**

One more thing. Sorry. I've waited a long time. Which my list grew, but just really quickly back on the Appendix C item and the Joy Pritts like set of materials that may be out there. I do think that we should call for that sort of mapping, but not just from the consumer perspective on enrollments, but also the consumer perspective on renewal and transitions, which are not only at renewal points.

**Aneesh Chopra – White House – CTO**

And how that affects the original enrollment component, so it stays tied to the scope of the mission.

## **W**

Exactly, yes, so I think that mapping should include those components. And I also think we should point to some likely groups out there that either already have or will be doing or could do this kind of mapping like the NASHB or NASIO or whoever it might be. But I suspect a lot of them are either already working on that or would be happy to work on that if we sort of called on them.

## **Aneesh Chopra – White House – CTO**

That gets into the mechanics of how that chapter reads and how to tailor the recommendation. Let me go Ronan, Jessica, and then we're rounding, and we're in good shape time wise. Sorry, Paul. We'll get you too. Let me go Ronan and Jessica.

## **Ronan Rooney – Curam Software – CTO & Cofounder**

I don't want to bring us down a rat hole. I just want to react to a couple of things. I think the first one, I guess, is just, I know Deborah made a point about making sure that the priority is obviously for Medicaid and the exchange. I think that, as we go down that road, it is important, I think, that we don't actually do the opportunity to provide that better experience for the consumers and have them at the center and end of Medicaid or health silo, so I think that's somewhere we don't want to end up, I think, and not just because it's not a good thing to do.

I think, when you look at the data that we collect for Medicaid, TANF, and SNAP, and a bunch of other programs, but mainly those ones, there's a massive overlap in that data. So I think that's why we can't just completely separate the user experience from the goal. I understand the priority is the one thing, which I appreciate that.

## **Deborah Bachrach – Bachrach Health Strategies – President**

... I'm just saying, keep an eye on that goal.

## **Ronan Rooney – Curam Software – CTO & Cofounder**

Absolutely. As I said, it's obviously a goal, but I think we just need to be careful. And so the data that we collect is going to be common, hugely common, which would affect the user experience. The second part is the eligibility that happens, the eligibility determinations around TANF and SNAP, and Medicaid all interact with each other. So you can, something can change when you do a calculation for TANF or SNAP that's going to affect the Medicaid eligibility or the programs that you're eligible for or affect the cascade in Medicaid. So they're not terribly separable. I think, as Aneesh said, when you get down into the weeds, they're not terribly separable, as they were before.

And the last one I just wanted to say, I think Oren was talking about the use case, and I think that the difference here, we've got some mandated processes that we have to follow to get somebody enrolled in a program. And so the use case needs to be reasonably extensive as opposed to just the enrollment piece would make it very difficult potentially if the next piece in the chain were going to end up building an awful lot of interfaces. It's okay if you've got atomic transactions, and that's fine. You can definitely take that approach and have a use case for that thing, but if the transactions themselves are more consumer-centric, they tend not to be atomic. And if your definition of a use case is elastic, then that's okay. But I think you don't want to end up with 50 intelligent little apps that we then have to glue together to make a process. I think that is really important.

## **Aneesh Chopra – White House – CTO**

Okay. Jessica—

**Jessica Shahin – USDA – Associate Administrator, Food Stamp Program**

And I can do this real quick because I pretty much agreed with what Ronan just said. I just really would. Where I totally appreciate your wanting to keep the scope in a certain capacity, we need to be very, very careful of that if we start being seen as—and I'm saying we. I'm so glad—we start being seen as de-linking programs that states have worked hard to integrate. And you were right. There are some states that have done that de-linking, but the vast majority of states have an integrated eligibility and enrollment for TANF, Medicaid, and SNAP. That is the majority of your states.

So if they start seeing this because, and it's really more about just how we present, I think, that staying within scope, but it's kind of the discussion we had a little bit earlier about the what and the how, and the shall is kind of over here, or the federal shall is over here, and the what. But understanding the need that that what be flexible enough to allow states to do their how in the way that works for their business. And so I think that that's kind of the critical thing here, appreciating what you're saying, Deborah, but not making it such a mandate that all of a sudden you do end up with a siloed approach because you're trying to move in a particular direction.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

... response. I want to be careful in how we use the term de-linking.

**Aneesh Chopra – White House – CTO**

Yes.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Because in 1996, Medicaid was de-linked—

**W**

I know, and TANF.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

...from welfare programs and even though you're correct, it was not – the enrollment processes weren't de-linked, but the programs and the eligibility for each program was in fact de-linked already.

**W**

...states didn't do it.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

We all talk about exchange, and it's a little bit like unicorns. We all know what they look like, but nobody has ever seen one. And exchanges may be freestanding bodies in states, and a lot of states are thinking that way. Some exchanges may be built on top of Medicaid enrollment systems because that may be the most efficient way to build it in a state that has a state administered Medicaid program because half the people that are going to come through the exchange are going to be Medicaid eligible.

I agree with the mapping exercise, and I think we've allowed, in the use cases that we presented at the beginning of the committee to cover these things. Ronan is very right. Even though you may come into a separate state exchange, and there is the danger of a new silo. When you come back for recertification, if you were first determined to be Medicaid eligible, you may show up at your local Medicaid office.

I don't know, Ronan, how we're going to get away from a lot of interfaces because the best way to build a better customer experience is building probably a new environment, and the exchange has the potential

of doing that for millions of people, but we've still got to do the handoffs to health plans. We've got to do the handoffs to the Medicaid agencies. And as our handoffs committee tiger team has said, those have got to be two-way exchanges so that when circumstances change in any of those environments, you've got to come back and....

**Ronan Rooney – Curam Software – CTO & Cofounder**

Yes ... I obviously agree with what you're saying, Sam. I think that potentially the key to reducing the number of interfaces is because when you look at this from a consumer point of view that the services, those core services, so if you think about like enrollment or eligibility, let's say, or kind of payments or managing your evidence or collecting the evidence. They are much more ... like they're permeate the whole lifecycle.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

That's right.

**Ronan Rooney – Curam Software – CTO & Cofounder**

As opposed to when you think of them the way we're looking at it today, which we obviously have to in this context, but we're looking at collecting the data during the intake process or during the enrollment process. But the reality is that the management of that evidence lasts forever while that client is going in or out or back again. It's the same evidence management requirement. If you look at the eligibility, we want to make sure for consistency we get the same eligibility determination no matter where they come. So when you think of those core services, they should permeate the lifecycle. We shouldn't be building silos around those. We should say the citizen fits somewhere in here, but these are core relationships....

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

And I wasn't suggesting in any way that we think about a Medicaid silo because Ronan's point about, once you've filled out a Medicaid app in almost every state, there's not much more you can ask a family.

**M**

Right.

**Aneesh Chopra – White House – CTO**

Paul Egerman.

**W**

I feel compelled to make one very quick .... I'm not opposed to interfaces across social services to Medicaid. I'm just adamant, and most states do not have good interconnections. New York is interconnected between social services and Medicaid. It's just functional. So the Medicaid agency now its primary goal is to figure out how to interface with what is likely to be the basic health plan up to 200 and to the exchange to 400. That is the primary focus. That is what the ACA is looking for.

We're trying to get to near universal coverage in this country. And if we don't bring Medicaid into the realm of health insurance, we will fail. I'm not suggesting we leave social services behind. I'm just suggesting that our goal is universal coverage, and the interfaces we have to be thinking about is Medicaid to the exchange and back. As people's income changes, they not lose their health plan. They not lose their PCP. That's our focus, not that we abandon social services. We just remember what is our first focus for this exercise. That's my plea.

**Aneesh Chopra – White House – CTO**

Paul?

**Paul Egerman – eScription – CEO**

Really an excellent discussion, and I have an observation about one small aspect of the discussion because Terri Shaw said something like we want to reuse data as much as possible, and then Steve has a whole slide on reuse of data. I just want to remind everybody that the privacy and security recommendations say that the applicant has to receive a notice before the data is collected that lists every single agency and every single payer that will receive their data and how it'll be used. So you can't reuse the data any way different than what was in that notice. That's just an observation. Maybe that's not in any way inconsistent with what your intention is.

**Terri Shaw – Children's Partnership – Deputy Director**

No, I think we do have to be very mindful of that. I also think that the next phrase in that sentence though is unless you have the individual's consent. And I think you'll find that a lot of applications that are out there already do have this kind of consent on them, and so I think there might be more ability to do that than we may think, but your fundamental point, absolutely well taken, and I agree.

**Aneesh Chopra – White House – CTO**

Terri, I'm going to give Paul one more homework assignment because this has been an issue that I've had in my head. Have we reviewed these 15-point, 9-point font, 15-page documents that have like a little blurb at the bottom that says I consent to give ...? Have we done a privacy review of those existing models to say that we're happy that that meets the goal that you're describing, Paul?

**Paul Egerman – eScription – CEO**

I suspect Joy has done that at one point. But all I can tell you is beneath the question you're asking is a more fundamental issue, which is, you have these notices, and does anybody ever read them? Is it at all understandable? The recommendation is that you have to do this, and it has to be done in an understandable way. And all of that makes sense. All I'm just pointing out is that's what our recommendation is.

**Aneesh Chopra – White House – CTO**

No, no, but I don't want to weaken—

**Paul Egerman – eScription – CEO**

And it's hard to do it right.

**Aneesh Chopra – White House – CTO**

I don't want to give ... service that we've done that and in reality it's not in a manner that actually gives people the knowledge that this is happening. I want to just make sure. You're making an important point, Paul.

Joy, are you still on the phone? May be on mute. I do think we need to have one more bite at this apple because what you're describing is a more muscular, more appropriate, more consumer empowering model, and if the world doesn't actually change with this recommendation, then I'm not so sure we've moved the needle, and I want to just figure out. If we are going to move the needle, how does that work in reality? And I must say, having read those 13-page, 9-point things, I am not confident that it's all that helpful.

**Paul Egerman – eScription – CEO**

I agree with that 100%. It's like you go to see a physician. They throw something in front of you, and you sign it, and you're annoyed, and—

**Aneesh Chopra – White House – CTO**

No, but I go back to the OAUTH, Oren comment, which is to say that I actually admit, I have the third party app for Netflix on my little device, so I actually went through the experience of actually authorizing what that particular third party app had the authority to do, and that was very simple and very easy, and I just thought, wait a minute. If that's the heart of what you're saying, that if there's going to be reuse of my stuff, then I want to know what they're allowed to do in that reuse. For whatever reason, that was a lot more explicit and transparent to me than I would imagine this nine-point font business is. So I just want to make sure.

**Paul Egerman – eScription – CEO**

(Inaudible.)

**Aneesh Chopra – White House – CTO**

I'll make no comment about that, but all I'm saying is from a technical standpoint, what Oren described would actually bring to life the privacy controls in a way that perhaps the reality in the current world isn't, and I just don't want to lose that ... your very kind way of bringing up the notion that we have these conflicting goals of reuse everywhere, but make sure it's accounted for, unless we have a useful consumer interface ... get that right, I don't think it's going to be as productive.

**Paul Egerman – eScription – CEO**

It's good. Those are excellent comments. It's interesting. When Sallie presented that, there was no comment at all about that slide.

**Aneesh Chopra – White House – CTO**

I guess people just use it because, you know why? That language reads like it's been there forever, and we—

**Paul Egerman – eScription – CEO**

Well, it's also like people who look at it the same way they look at the nine-point fonts. They don't pay any attention to it. That's what it says, so if we had this vision that this data could be reused everywhere, you have to be careful about that. That's like a real, at minimum, an eyebrow raiser for the privacy people. You can't take my data and reuse it for whatever purpose whenever you want.

**Aneesh Chopra – White House – CTO**

Sallie, would you think of a sentence or two that reflects this notion to remind that that's the scope, maybe even acknowledging we have this duality of desire for A and then B. And then one path is more consumer control around this? Anyway, would you give that a thought?

**Sallie Milam – State of West Virginia – Chief Privacy Officer**

Sure. I think there's some tension out there just to recognize in the privacy space. People, everybody recognizes the limited utility of a notice and choice model, and so there is some interest to moving away from its rules and tools. Some things you just can't do out there. Some things you shouldn't as a responsible organization do with data, so you have more rules, and you make more tools available to consumers. There may be, in the short term, not yet at this point, some other ways of approaching it well beyond notice and choice.

**Aneesh Chopra – White House – CTO**

Is that Appendix D in the sense that calling for some look at what the rules and tools might be to turn on the technical spec because the only technical spec in the privacy domain that we just introduced today

was the notion of OAUTH. Other than that, I don't know if we had a technical spec on rules and tools. So a little bit of thought, if you would be so kind would be helpful. Stacy, you haven't said—

**Stacy Dean – Center Budget & Policy Priorities – Director, Food Stamp Policy**

I just had a quick followup comment on that. We actually have reviewed all of the online apps for the privacy notices related to social security numbers, not broader, and I think there are only one or two states that fully comply, at least by my measure.

**Aneesh Chopra – White House – CTO**

Only one or two states what?

**Stacy Dean – Center Budget & Policy Priorities – Director, Food Stamp Policy**

But I think there's a question, and no offense to our good friends at SSA, size ... font three links away after the relevant question was asked might meet the federal rule but doesn't inform your choice when you're deciding whether or not to provide that. So obviously we should comply with a federal rule, but I think the real spirit of what you're asking is with your Netflix experience.

**Aneesh Chopra – White House – CTO**

Yes.

**Stacy Dean – Center Budget & Policy Priorities – Director, Food Stamp Policy**

Does the consumer have the—are they empowered, and do they have the information they need to make that choice? Would you like us to screen you for a host or other services programs?

**Aneesh Chopra – White House – CTO**

Correct.

**Stacy Dean – Center Budget & Policy Priorities – Director, Food Stamp Policy**

That will mean we'll share some of your data. Yes. That to me is a much more important step in this effort than all of the crucially important—

**Aneesh Chopra – White House – CTO**

Have you shared that research that you're describing?

**Stacy Dean – Center Budget & Policy Priorities – Director, Food Stamp Policy**

We are poised to do so, and I'd be happy to send it to this group as well.

**Aneesh Chopra – White House – CTO**

Is that cool? I think that would be very helpful.

**Stacy Dean – Center Budget & Policy Priorities – Director, Food Stamp Policy**

Sure.

**Aneesh Chopra – White House – CTO**

I think it's pretty clear to say, while consumer at the center is sort of the overarching frame, privacy is paramount is another very close key, and I just don't want to lose that notion, as we have this conversation.

**Paul Egerman – eScription – CEO**

It's a fascinating issue because you say consumer at the center, and you want to have an empowered consumer, but just what does that mean? Are you can give the consumer a lot of choices that they can't possibly implement, or are you going to be sort of paternal and say this is what they must really want, so we're going to choose it for them? And it's—

**Aneesh Chopra – White House – CTO**

You've been very clear on the recommendations for the committee.

**Paul Egerman – eScription – CEO**

But the recommendation is like a standard like privacy – a standard recommendation from a privacy standpoint. This is what any privacy and security team would recommend, and that's—

**Aneesh Chopra – White House – CTO**

The rules and tools—

**Paul Egerman – eScription – CEO**

...extremely well presented.

**Aneesh Chopra – White House – CTO**

Yes.

**Paul Egerman – eScription – CEO**

But the rules and tools is a different concept.

**Aneesh Chopra – White House – CTO**

And we should definitely have a way to think about that. All right. Last word, Ronan.

**Ronan Rooney – Curam Software – CTO & Cofounder**

Just two things specifically since I brought us off on a tangent there maybe just two things in relation to the verification because one was the notion that we're disaggregating data when we're looking at things like assets or resources that people have. Sometimes they're shared, so you own. You pay the rent, or you pay 6% of the rent on the apartment, or you own 25% of the car or whatever it is. So there are some complexities in there that we need to think about when we're trying to disaggregate that down to an individual level because there's only one car, or there's only one apartment, but there are multiple renters or—

**Aneesh Chopra – White House – CTO**

Can I make this comment about that, Ronan? These three verification sources don't get at that data element.

**Ronan Rooney – Curam Software – CTO & Cofounder**

No.

**Aneesh Chopra – White House – CTO**

And so, Steve, that's why I think Sam was asking you if we laser beam nail these three with a clear, concise recommendation that says someone shall stand up this service and has these elements and could deal with this, then underneath that, there's a desire for a no wrong door. And what that means is if or shall.

**Ronan Rooney – Curam Software – CTO & Cofounder**

Right.

**Aneesh Chopra – White House – CTO**

Think about, etc., and then there's an Appendix F that says that allows us to have this more awkward challenge of, well, if the recommendation is data atomic, here are the areas of concern. We just want to put them out there so that we've captured that in, again, three- to five-page recommendation with material that could be referenced if you want to get it right. Is that cool?

**Ronan Rooney – Curam Software – CTO & Cofounder**

Yes ... on the last one, I think, which is in terms of the verification itself. There's probably a requirement in there, to Oren's point earlier on about there's probably a use case around verification, as well as the data set that's ... keep it in mind.

**Aneesh Chopra – White House – CTO**

Yes.

**Ronan Rooney – Curam Software – CTO & Cofounder**

Yes, from a business process or a use case that has to exist around it.

**Aneesh Chopra – White House – CTO**

Is there a reference app like model that demonstrates how these verification services ... I'm looking at you, brother? What's the recommendation around should there be a reference app of sorts that actually uses these verification services that could then be reused by the states ...?

**M**

I think it's hugely valuable. I mean, anything that we can leverage that's already been done, anything that we can take that's been used that we can tweak and modify.

**Aneesh Chopra – White House – CTO**

Yes.

**M**

I mean, it's critically important. And I think that we have enough people sitting around this table and enough people out there in the universe that's interested in this that can help create that reference application.

**Aneesh Chopra – White House – CTO**

Steve, could we add that sentence that says something like would this verification service shall include reference apps or should have at least the federal sources of this would feed this service, not only with the API, but actually with—

**Steve Fletcher – State of Utah – Chief Information Officer**

Yes, and any jurisdiction right now especially, right, with a limited set of resources and a requirement to create something like this is going to take full advantage, I think, of anything that's out there.

**Aneesh Chopra – White House – CTO**

Anyone on the phone? I keep forgetting we have phone dudes on the call. Anyone on the phone that has a reaction to any of this? Yes, yes, gender nonspecific term. Others on the phone?

**Paul Swanenburg – SSA – Senior IT Specialist & Program Manager**

I think one of the things that I would sense from this is that I think the core elements that you need for your verification services are readily available or can be made readily available in real time environments. The real challenge that you're going to have here is to make it easy for the states to access this or for those entities to access it.

The point I'm trying to make is that having this central hub site where you can have federal agencies share this data and then have that site deal with the security and the privacy issues is probably your real advantage because having the states have to deal with the individual federal agencies for each of those particular elements is going to be a major cost to them and could vary from time-to-time, and those agencies are really not set up to handle that type of thing in terms of audit trails, tracking that, and the costs that would be associated with that. So I think it minimizes the number of times you would have to deal with the individual agencies, and that would be a good thing.

**M**

Stuff like that ... completely explicit, right, because I guess if we're trying to move away from a data sharing model and make it more consumer oriented, that kind of moves a little bit against that.

**Aneesh Chopra – White House – CTO**

It's like making it more enterprise oriented.

**M**

Yes.

**Aneesh Chopra – White House – CTO**

I do think there's a question, Steve, worth asking about. What does the verification hub service those who use it and so forth, how does the consumer have a hand in who registers with that service, what they do with that service. That is again, I'm kind of evoking the OAuth like controls tools, but it is an interesting question about the service and how it works.

**M**

But it also—

**M**

A lot of people access to ....

**M**

Well, and that's another though is because most of the verification is going to be done through a state interface or the people that are coming in, in the states, to the states, that this verification piece may be, the citizen may not have to have as much interface with that.

**Aneesh Chopra – White House – CTO**

Paul, what was your privacy comment on that? So let me just clarify again. I show up in Utah. I tell Steve my income. Steve reaches out to IRS to validate. What was our privacy framework again about what I'm supposed to be told about Steve having the authority to call IRS for that data?

**Paul Egerman – eScription – CEO**

It's supposed to be disclosed in advance. In other words, before you collect the data, basically you would say this is what's going to happen to it. We're going to contact the IRS. We're going to contact Social Security.

**Aneesh Chopra – White House – CTO**

...address your question.

**Paul Egerman – eScripton – CEO**

But then at the end of it you're supposed to say is and these are all the people who will be able to get access to this data or will use it. And so then you'll list off whatever the name of your Medicaid organization is. You'd list off any private insurance payer like BlueCross or whatever. Anybody who might possibly get it would be listed there.

**Aneesh Chopra – White House – CTO**

So the verification hub maintains the audit log, and I, as a person, have the authority to access that. The key requirement then is that the verification hub has to have a consumer focused entry point.

**M**

(Inaudible.)

**M**

So it's both a B2B engine and a consumer information—

**M**

It has to have the ability to authenticate.

**M**

Right.

**M**

And whether that's consumer facing, and whether we design something that's consumer facing or not. The service has to be there to provide the authentication, track it, enable auditing—

**Aneesh Chopra – White House – CTO**

How do we reconcile this in the next three weeks for his recommendations specifically?

**Claudia Williams – Markle Foundation – Director Health Policy & Public Affairs**

We, at the Markle Foundation, the Markle framework on connecting for health, and there's a concept in there called a record locator service that deals with the issues of auditing and tracking. I think what you're suggesting is an orchestration of Web services at the federal level, and then you'd have this shared service that is that record locator service that tracks who has accessed that record.

**M**

(Inaudible.)

**Aneesh Chopra – White House – CTO**

Go, Bryan. Go.

**Bryan Sivak – Government of D.C. – Chief Information Officer**

Well, I'm just thinking that, I mean, maybe it's not also – it's more than just state specific, right? If I show up in Utah and try to validate my eligibility for something, and then I show up in New York and try to validate my eligibility, we might want to have that record centrally located somewhere that—

**M**

If you were going to come back to the OAUTH model, and you had that centralized repository with these three things as a verification service, then since that service is having authentication, it would be what would actually handle the audit log, right? And so with the OAUTH model, then you would actually jump over to the service and then, at the service, give the states permission to access that data. And then once you go from Utah to New York, it's the same thing.

**M**

Right, which actually makes a lot of sense because then you've already authorized, from a central location, you can go into that—

**Aneesh Chopra – White House – CTO**

Wilfried, I'm going to deputize you. Could you draft that language that you just described about how this reconciles and then kick it to Steve and company to figure out is that an above the line recommendation? Is that kind of options to consider for the federal government to execute against? But I want to capture your logic flow, if you don't mind.

**Wilfried Schobeiri – InTake1**

Sure. Yes.

**Aneesh Chopra – White House – CTO**

Now I'm in overtime. Sam? Steve, you get the last word. It's your committee.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Actually, I'm just raising a question because of the committee. I brought up one other point about the governance structure. So I want to know when we want to talk about that as a discussion.

**Aneesh Chopra – White House – CTO**

Yes, that is a good point. Can I suggest this? Business rules are going to have a simple kind of like how we organize around that. Can we include that in there?

**M**

Yes.

**Aneesh Chopra – White House – CTO**

Okay. So after the break.

**M**

Good.

**Aneesh Chopra – White House – CTO**

Powerful discussion. Judy Sparrow, how are we doing?

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Fine.

**Aneesh Chopra – White House – CTO**

What are the rules?

**Judy Sparrow – Office of the National Coordinator – Executive Director**

We're a little bit over, but I think it's time for lunch.

**Aneesh Chopra – White House – CTO**

Lunch.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Lunch.

**Aneesh Chopra – White House – CTO**

What are the instructions—?

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Do you want to come back at, what, 1:20?

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Come back at 1:20. We'll split the ten-minute difference. Okay?

**Aneesh Chopra – White House – CTO**

Go.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Back at 1:20.

**Aneesh Chopra – White House – CTO**

Dig, dig, dig.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Thank you, all.

(Break for Lunch)

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

All right. We are going to reconvene. Doug, I understand you're on the phone.

**Doug Fridsma - ONC**

Yes. Hello. This is Doug Fridsma.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Hello. Doug is going to walk us through where we are in the NIEM process, and I think everyone is going to be interested, a lot of new information to be presented. Doug, take us away.

**Doug Fridsma - ONC**

Sure. I don't know which slide you have up right now, but we should be on the slide, I guess it's 37 where it says task objectives. And I'll just ask people to advance the slides.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

We have that slide up now.

**Doug Fridsma - ONC**

Good. What I'd like to present today is what the team has done in evaluating the different data elements across the selected health and human services program. What we've done in terms of collecting details about what those data elements are, their definitions, and attributes. Try to do a preliminary analysis about how those data elements map to existing standards like HL-7, X12, and NIEM. And then hopefully provide some opportunity for discussion going forward about kind of what the next steps might be and how we might proceed in the tasks that we have to try to identify the data and make sure that we have explicit representations of that data.

The next slide, number 38, really what we tried to do is we tried to identify the programs that were out there that we wanted to take a look at the data that they used in health and human services for eligibility determination, and then from that, identify the data elements that were relevant. Once we did that, we tried to analyze the data from each of those different programs to see to what degree does that data exist in other programs, to what degree is it the same or different, trying to get some additional details about what kind of information is collected for each of those data elements, and then consolidating and analyzing the results. In some sense, this presentation is the result of that analysis.

I hope that we can review some of the findings and give you a sense for where we believe there to be some opportunity for harmonization, where there are opportunities, I think, where we need to be explicit about the data elements and recognize that even though we may call them the same thing, that they might be slightly different. Let's go to the next slide. Which slide do you have showing up at this point?

#### **Sam Karp – California HealthCare Foundation – Chief Program Officer**

Data analysis approach overview.

#### **Doug Fridsma - ONC**

Good. This is a fairly detailed slide, and I don't want to go into too much analysis here. I think the summary on the next slide will be better. But on this slide, what we did is we looked across 34 health and human services programs across 10 states. What we wanted to take a look at was really these four kinds of analysis criteria. We wanted to know what the data element name was, so what was the label that these different programs assigned to the data? For example, address or name or citizenship, those would be labels on those data elements.

We then dove down and tried to determine what the data definition was, as well as what the value was that was put into that as well. So if the data element name was gender, and what we wanted to then find out is did they record that as an M and an F, or did they record that as male and female? What as the syntax of things like social security number? How did they collect that?

Then we also wanted to make sure that we had some notion of the provenance or where the data came from. So if somebody wanted to get information about a person's citizenship or their birth date, did they use a birth certificate, a driver's license? In some sense, this is the metadata around the data that got collected. And so, in doing that, we looked at four different health and human services programs and we identified essentially 12 core data elements, and then we looked at 3 existing data standards, both the NIEM and the process that we used, HL-7, and then X12, which handles many of the administration transactions as well.

Next slide, slide 40, what this is, is sort of a very high level data analysis of what we determined from the core data elements. And what we wanted to determine is what's the complexity of our ability to harmonize? Those things that have low complexity, we anticipate should be able to be merged together fairly easily. Those things that have sort of medium complexity probably require some decisions that need to be made. And those things that have high complexity probably require some thoughtful analysis

about how it is that we're going to make sure that we can share data around those particular data elements. In all of the elements, there are four that came out as being low complexity, four that came out as being sort of medium complexity, and then three that were high complexity with primary care provider really being kind of not applicable since there was only one program in which that occurred.

The way we determined the complexity was really looking at four different criteria. So we looked at the range of data variations across the state programs, both in terms of their definitions, as well as in terms of how they collected the data; the prevalence of similar data variations across the state programs, and the range of data values that we saw; and then the ability as to whether or not there were existing data standards to which we could map into or leverage as part of our work. When we have something that's rated as low, there was really minimal data variation and a lot of similarity in the data values across the state programs. Remember when we talk about a data element, we're talk about sort of its name and definition. And when we talk about a data value, we're talking about the things that you might put in there, whether it's M or F or male or female.

And so low would indicate that both the definitions, the element name, and the values that were put in there were relatively similar. Medium would indicate that there was some need to clarify definition. Maybe there was some complexity in terms of how one organization might determine, say, citizenship or address. And there were some maybe different variations in the data that was collected and the values that were maintained in the databases. And high indicated that there were significant changes in variations across them. And, more often than not, the ones that were related to sort of high complexity were tied into changes in the business rule in which governed the way in which the data was used within a particular program.

If we go on to slide 41, I want to step through some of our key findings, and then I'll, at the end, sort of create—we'll do some recommendations and the like. I'll try to step through these key findings relatively quickly, but the slides are there for your review and analysis. So when it came to things like name and date of birth, we had really sort of low harmonization complexity.

What we found there is that that was consistently referred to and requested across the state programs. There were some variations; so for example, there might be things like a suffix that one state would ask for or maiden name or a former name. And so, in general, we found that getting to a consistent place where we could create a name data element that could be shared we felt was pretty possible and that, in fact, HL-7 and NIEM also provide some standards that we might be able to use as well.

Date of birth, again, had similar things. Sometimes they did it. They would say birth date as opposed to date of birth, but those are essentially conceptually the same thing, and that there was a lot of consistency across state programs and how they represented it. Most of the time it was month, day, and then four digits for year. Again, thankfully we have lots of existing standards that we can map to with regard to this.

Next slide, slide 42, again, social security number and gender also have fairly low complexity. There were minimal data variations across the different states with regard to social security, and there are also identifiers in HL-7, NIEM, and in X12 that can be used to capture information around a social security number. Gender as well had only limited variation. Some people called it gender. Some people called it sex. But, in general, they asked for either male or female with that. When we looked at existing standards that would help support the exchange, we found that HL-7, as well as NIEM and X12, had support for more data values than encountered in the enrollment programs, but that the kinds of data values that we saw in the enrollment programs were at least consistent with those particular standards that HL-7 and NIEM had.

If we go down to slide 43, address was one that we thought had a little bit more work that needed to be done on it. And the reason for that is that although most of the states requested the same kinds of information for each of the different addresses that they had, there were lots of different types of addresses. So some would have things like their street address. Some would have a previous address, a home address, or a mailing address. And so there were 34 of the states that had mailing address. Twenty-nine used home address. Four used previous address, and two used the street address. And so we'd probably need to break that down so that we don't think about address as being a singular concept, but actually having different types of addresses that need to be collected.

If we go to the next slide, which is 44, citizenship and legal status again had a little bit more complexity to them as well. In general, most of the applicants were asked to confirm whether they were U.S. citizens. In some cases, they had applicants asked if they were non-citizens, and then they were asked additional questions about their legal status. Clearly, citizenship and legal status are things that are two concepts or two elements that are related to each other. But, in general, they had to provide some proof of the confirmation of their U.S. citizenship, and there was usually some other document that had to be used to present that. Both HL-7 and NIEM and X12 had codes or standards that could be applied to this as well.

And then the legal status, when it came to looking at that, there were variations to the extent of all the kind of variables that might get collected. Some would say sort of U.S. citizen and permanent alien. There were other kinds of things like legal resident or permanent resident or refugee. All of those things were things that we saw there. And we didn't try to sort of harmonize this, but we did see that there was mapping into existing data standards that would support this, and that as we go forward, making sure that we understand citizenship and legal status and what gets collected in each of those data elements will be important.

The next slide is slide 45. And here we looked at incarceration and race and ethnicity, two other data elements that were asked in a lot of the different state programs. What we found here is that we need to address kind of consistent definitions for incarceration and really understand the business rules that are used to evaluate that. So there's a lot of applications that ask questions around criminal history or jail, begin and end date, but none of the surveyed applications actually asked if a user was currently incarcerated. And so that becomes, I think, an important thing to determine in whether or not people are ineligible because they either have a history of criminal activity or that they've been in prison. And so we need to understand more consistent definitions there, and also tie this into the business rules that are going to be important for taking a look at this.

Race and ethnicity have a lot of complexity, and most of it related to the value sets that we had, so the range of data values that were collected. There's a lot of divergence identified in the exact nomenclature that people used to identify race and ethnicity, as well as the number of race and ethnicity designations. It isn't that we can't figure out how to share this information, but I think there is going to be some additional work, probably that needs to be done within one of the committees or the like to make sure that we come up with what are the appropriate race and ethnicity values that need to be collected for enrollment eligibility.

We'll go to the next slide, 46. Household composition. This was an interesting one to take a look at. What we found is that when we talk about household composition, it depends a lot on who is collecting the information and for what purpose. And so clearly there are underlying business rules that are different across different programs in how they use this information.

For example, it could be the number of people that are within a particular household. It could be the number of people in a household that are sort of sharing responsibilities and food and things like that, certainly some of the programs that are related to food services cared about that. And it could also be characteristics of the household. So for income tax purposes, being the head of the household may allow you to have other household members for which you are financially responsible, but for whom they may not live in your household or be the people that you share food with.

We did find that there are mapping to existing data standards, but we thought probably that the NIEM standards there were probably more applicable than some of the HL-7 standards. But we did see a fair amount of variability in terms of the kinds of information that was collected around that. And that clearly is, again, tied to the business rules for how eligibility might be determined.

The last sort of detailed slide of the analysis is on slide 47 where we took a look at income and primary care provider. Income, again, very much like household members, was something that needed to be sort of broken down because oftentimes what gets collected is employment income and self-employment income or unearned income and then expenses related to utilities or medicines and the like. And all of those data elements are used then to calculate what the income level would be to determine eligibility. And so, again, as we go from sort of those low complexity to the higher complexity data elements, it becomes increasingly important that these things are tied into some of the rules that are being applied to determine eligibility.

There were existing standards both within HL-7 and NIEM that would help support this, but they weren't as directly relevant since NIEM was focused primarily at an organizational level, and HL-7 had sort of two: one related to income and one related to financial eligibility. But both of those variations of income were used for determining eligibility for a particular program. Finally, primary care provider was a data element that was found in only one of 34 states and all of them, of course, could have mappings into both NIEM, X12, as well as HL-7.

If we go to slide 48, what we do know from all of this is that there's a lot of complexity in harmonization, and it varies based on the concepts in the data element. The good news is that the majority of the data elements that we looked at had either low or medium complexity, and we think that there's a good chance that we can achieve some sort of convergence or at least clarity around the definitions of those things. Those things that had higher complexity typically were driven by business rules, and that business rules varied between programs and states.

Clearly, having the ability to collect the lowest common denominator and then aggregate up based on these business rules would be a desirable feature. And that, throughout this, HL-7 and X12 had opportunities to reuse information and increase interoperability because existing standards were there. We did find that NIEM provided a nice method to incorporate other standards and concepts into this, and that I think, in general, the team found that the process that NIEM provides provided a fairly robust way of getting and analyzing the data elements and doing it in a fairly short period of time to get some clarity around what those data elements and concepts might be.

I think some of the things that we don't know at this point is the depth of anticipated harmonization. I think this is one of those 80/20 rules. I think it's going to be important for us, as we think about this, that even if we don't harmonize, we have to make sure that we don't have ambiguous terms that could get confused. That's sort of a key component to this. But I think a lot of the elements that we identified probably will lend themselves to coming up with common or at least relationships between things that are slightly dissimilar. And I think we also clearly identified that there were some business rules that affected the complexity, and so the next, I guess the next group up is going to be talking about business rules.

And so there are a lot of relationships between the data elements that we use and the business rules that we use as well that are going to be important to address.

Finally, I think a question that we have to resolve is obviously in taking a look at HL-7, NIEM, and X12, we found multiple places in which we could map to different standards. And so the question will be is whether or not we should merge data elements from both standards. Should we prefer one standard to another? Should we simply use the processes that we've got to identify income as a concept with a label associated with it, and then allow people to use HL-7 or X12, depending on what their business rules or their organizations might propose?

The next slide should be the first of a draft recommendation. And that is that I think we need to – we would recommend that the HIT Standards FACA facilitate the harmonization process by creating a harmonization workgroup to review or harmonize the selected data elements. Objectives would include things like identifying the depth of data harmonization that's necessary. Do we have to have complete agreement, or do we have to be able to identify unambiguously the difference between the income that, say, the IRS collects and the income that, say the TARP program might.

It's clear that we need to identify business scenarios to help us organization things because I think the business scenarios will help us link the data elements to the business processes, and that will help us understand the relationships between those. It'll be important to make sure that we have subject matter experts available to help us translate how business rules might impact a particular data element, and then establish some sort of consensus process that will allow us to harmonize or at least clarify what each of the enrollment data elements might be. We'll need to try to determine when it's appropriate to map existing data elements, and map our data elements to existing standards, identify where gaps might exist and where new standards might need to be created, and then provide sort of this harmonized definition, the type of data element, the values that we believe are valid for the use cases that we have, and provide that as a resource to the groups that will be working on enrollment and eligibility using existing standards whenever possible.

The next slide is the final draft recommendations are that the federal stakeholders should collaborate with state and community partners in defining the exchange content to facilitate the ease of adoption and implementation of harmonized data elements. We believe that this would include insuring harmonized core data elements that can flow through multiple enrollment information exchanges, and part of this is going to be done by making sure that we develop sort of models about how the context and information is exchanged, and representing the structure of information involved in those exchanges.

The last slide, which is slide 51, is highly detailed. I'm not really going to go through all of this. But this is a way in which we can organize the data that's been presented. So we can create, for example, a concept called an address and have different kinds of addresses like a home address or a postal address or a temporary address that might hang off of those. There's a relationship between address and person, and that a person has certain attributes that we care about with regard to eligibility determination, and that a person can be part of a household, and that a household might be composed of those people. A person can have an income. That income can have different kinds of income, and that there are other attributes that a person can have like their legal status, previous name, an existing name, or a primary care provider.

That's probably more detail that we want to go through right now, but I guess if we go to slide 52, I hope we've left some time for discussion to kind of go over things. I know I went through things very quickly, but there was a lot of detail in there. But the goal is not so much that these slides are really there for

people to take a look at and to review, and then maybe we can have a discussion about both recommendations and what we found and the process by which we got to these findings.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Thank you, Doug. Let me just ask a quick technical question to start us off. In looking at the data elements and definitions, did you also look at field length?

**Doug Fridsma - ONC**

We did not go to the level of syntax where we said this is 128 characters, or this is 64 characters or the like. I think that's sort of the next level of analysis, and I think that is one of the questions that we would have about the depth of data harmonization that would be necessary. At what level do we want to sort of lock that in to a particular way of collecting that information? For something that may be easy, like a social security number, for things like an address it might be different.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Yes. For things like even name, last name, where we've seen in lots of legacy systems, they have X number of characters. Names seem to have gotten longer or maybe it's hyphenation or whatever it is over the last 10 or 20 years. I'm particularly concerned about it with respect to the data matching and the verification service. If a name has been truncated, it often creates challenges in terms of data match.

**Doug Fridsma - ONC**

Sure. Absolutely.

**M**

Or whether or not, whether a piece of data exists or not, so whether the person actually doesn't have a social security number, or we don't know it. Those two would be different values as they're stored.

**Doug Fridsma - ONC**

Sure.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

That's right. Let me open it up for questions for Doug. We'll start over here with Paul.

**Paul Egerman – eScription – CEO**

The recommendation about the standards committee, I guess I have a question about it. First, let me say, great presentation on a difficult subject, but on the recommendation for the standards committee, one of the things we've seen is it's one thing to establish a standard and say we want to harmonize or provide a standard versus how household composition is going to be, but it's another thing totally different to actually disseminate that standard and get people to actually use it. And so I question whether or not this will necessarily be effective.

In other words, if we do standardization around these things, I question whether or not anybody, any of these states will necessarily use it. They're going to say, we've got a state law, and the state law says you've got to collect household composition. You've got to say what are the families whether there are two people, and where are the families where there's something else, and that's our law, and that's what we do. And so I don't see how the standard, this harmonization process through the standards committee is going to have an impact.

**Doug Fridsma - ONC**

Let me respond to that. I think where it becomes not possible; again, it's the 80/20 rule. If it's not possible to come up with a single kind of harmonized set of data elements, what's more important, even than harmonization, is to make sure that we have unambiguous data. So if one state says I always collect income, and this is my definition for income, and this is the character length of the income the data that we collect. I'll know that I can't merge that with some other data that uses either a different definition or a different syntax associated with that.

And so, the goal here isn't, I think, to come up with a singular, universal definition that everybody can use for income, but what would be more important is to begin sort of making sure that we don't sort of mix apples and oranges, if you will, in regards to income collected in one state and income collected in another state. That's where we really get into trouble because we think they're the same thing, and they're not. And that's when we're going to start making bad choices when it comes to determining eligibility. So I think you're absolutely right.

I've said before that standards aren't standards because we advocate for them. Standards are standards because people use them. And so we need to make sure that we are practical in how we approach this. But, clearly, if it gets to the point where people say, listen, our state legislates we do it in this way and everybody else does it in a different way, then maybe we have to develop an adapter or a modifier, or maybe we have to think about how that particular state might want to collect some additional information that will make it easier for them to share with other states that are collecting information in a different way.

#### **Paul Egerman – eScription – CEO**

Doug, would another approach to this be to say, well, there's only 50 or 51 jurisdictions. Let's just survey them and find out how they each define each of these data elements.

#### **Doug Fridsma - ONC**

Sure. And in some fashion, we started that process. Remember, as we went through this, we tried to survey ten different states across sort of 34 different programs within each of the states. We looked at Medicaid, CHIP, SNAP, and TANF. Then we looked at a whole series of states. The analysis that we have right now is based on what we know of the states so far. Now it's only a ten-state sample. There are 43 other jurisdictions that we probably have to take a look at, but that is a way that we could achieve some degree of harmonization or consensus to say, the majority of people collect it this way, and there's a minority that do it this way. But there's maybe only two ways that people collect this information across the state. It may be that it's close enough that we can come up with a singular view, but it may be that with those two data elements collected, we might be able to actually cover the entire range of jurisdictions.

#### **Sam Karp – California HealthCare Foundation – Chief Program Officer**

Oren?

#### **Oren Michels – Mashery – CEO**

I'll be a little bit more extreme on it. I hear your points on income, but to me that falls more under business rules. When you set a rule, the rule will state income must be such and so in order to qualify, as an example, and in that rule you'll probably define income since income is a very ambiguous term always. So within the rules, we're going to have to have a means. It's one thing to establish if someone is a dependant. What are the rules for that? And so it'll fall under rules, and then data will have to be brought in to do that.

But on the subject of the sort of data harmonization, my more extreme position is that we have an awful lot that stands on the critical path between where we are now and anything useful existing, and anything

existing that people can actually make use of as citizens. And data harmonization sort of falls under the category of things that make it marginally easier for the developers to build programs, but it's not something, which completely stands in the path. Developers need two things. They need data, and they need rules. With that, they can work with it. And if they have a minor inconvenience because one person calls it gender and one person calls it sex, who cares.

To the extent, as a committee, or to the extent as just an overall effort to get to where we're trying to go that we spend any cycles on stuff like this, to me that's taking away from things that really are on the critical path. And I think that we have to acknowledge that although it's a lovely thing, and standard setting bodies love setting standards around things to make everything easy, it's just not going to happen. We're not going to go and have all the states go and change all their databases so that everybody calls it sex instead of gender. And I just think that time spent on this is time that's being taken away from getting us to where we really want to be, which is great, online enrollment tools for our citizens.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Gopal, and let me ask, since Doug is on the phone, can everybody introduce themselves before they speak?

**Gopal Khanna – State of Minnesota – Chief Information Officer**

Two ... one, Paul just talked about the fact that states may have their own rules, and they legislatively mandated things like that. And Oren is talking about in the critical path there are issues, which I'm interpreting as barriers to be able to achieve the harmonization.

**Oren Michels – Mashery – CEO**

...get where we need ....

**Gopal Khanna – State of Minnesota – Chief Information Officer**

Exactly, so two things come to my mind. One, my thought would be that we, as a group, should not presume those barriers because there's an increased appetite at the state level to say, why do we have these rules? If the state government is going to take that much more money to develop a system that takes into account all of these rules that we are creating, they are willing to scale back, and we have had experiences where, in Minnesota, we have UI system, which Iowa is using. We spent \$45 million, and we were able to convince the legislature. Actually, Iowa convinced their legislature to take away off from the table certain of their requirements, and they were able to implement the same system for \$2.7 million. Given the financial condition at the state and local level, there's a huge increased appetite to say we are willing to rethink our approach, one.

Number two, I think if this group, if this tiger team can look at the critical path that Oren is talking about, and identify the barriers, both at the federal level and the state level because some of those barriers can be removed. But the problem is that we have never talked about them, and we have never asked for them. So this commission can be very different from any of the work in having the courage to identify those barriers and say we need these corrective actions, whether it's at the federal level, state level, or local level. Is that possible from a tiger team perspective is the question.

**Doug Fridsma - ONC**

Is that a question for me?

**Gopal Khanna – State of Minnesota – Chief Information Officer**

Yes ... maybe Oren ....

**Oren Michels – Mashery – CEO**

I agree, and I think that what I'm saying on the critical path is there may be one or two data harmonization things. Maybe it's income. Who knows? That really, that unless we can sort of try to fix that, we might need some translators. Someone may have to jump up and say, okay, this one really has to be identified. But, in general, the rest of this is just such a high-class problem. It's such a nice to have, but it's just, you know, come on, seriously.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Deborah?

**Deborah Bachrach – Bachrach Health Strategies – President**

One is I think the ACA tells us what the income definition is, so that may have been harmonized for us by federal law, just as an aside. But here's my question, which is, to the extent data harmonization are critical to an eligibility pathway, I wanted to recommend that the second recommendation be made stronger because I think it's critical that we harmonize the data elements between Medicaid and the exchange populations, back to the point I've been making all day. This is the first time exchange came in, and so we talked.

All of this PowerPoint is about harmonization between Medicaid and social services programs. I again don't want to lose the importance of harmonizing between Medicaid and the exchange population, and I think the reason I'd like to see this recommendation be stronger is we know that a lot of the exchanges or developments are being led by insurance commissioners that may be less familiar with Medicaid eligibility or data requirements. That's a long way, again, of saying I'd like to see this recommendation of harmonization with exchange data made stronger.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

In what way would you want to see it made stronger?

**Deborah Bachrach – Bachrach Health Strategies – President**

I think that we have to assure that there is—to the extent—and Oren's maybe thinking it may not be so critical. But to the extent data harmonization is key to facilitating eligibility pathways, we need to make certain that between Medicaid and the exchange subsidy population, we harmonize the data. I think it's not just to facilitate ease of adoption and implementation. We've got to do it, or we're not going to have a no wrong door approach.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Or we'll make it harder is what you're saying.

**Deborah Bachrach – Bachrach Health Strategies – President**

Yes.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Lynn?

**Lynn Hadden – Fairfax County, VA – Senior Application/Information Architect**

I personally have just implemented a NIEM-based Web service like we talked about for this. The benefit to that harmonization is that when you do a Web service, it's like putting an envelope between these two systems. You're going to pull data out of your system, and you're going to put it in the envelope. But it's not one envelope. The envelope has compartments in it that you put certain data in that mean certain things.

So we're not asking states to change the names or the way they capture the data in each system. We're asking them to take it out of their systems and put it in this envelope that we all know what it means and then that's what we use to transport back and forth. If you don't have that, those common names, the federal government would have to do a one-off interface to every state based on the translations for the data.

**Paul Egerman – eScription – CEO**

...process or a definition of process.

**Lynn Hadden – Fairfax County, VA – Senior Application/Information Architect**

It involves exactly what he's doing.

**Paul Egerman – eScription – CEO**

It is?

**Lynn Hadden – Fairfax County, VA – Senior Application/Information Architect**

It is. You have to have an understanding of when you put—we did a request for resource, a request for an ambulance between jurisdictions and a unit status update message. Data element by data element, we had to agree what was going to be in that envelope, and then the three CAD systems pulled the data out of there and put it in that envelope. That's how we could make decisions about where to route it. And when each system got it, they could apply their own business rules because they pulled it into their field and their databases. You have to have it if you're going to implement this. It's not just an exercise for standards.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

So it's not a harmonization for commonality. It's a harmonization to determine business rules.

**Lynn Hadden – Fairfax County, VA – Senior Application/Information Architect**

It's a—

**M**

...business rules—

**Lynn Hadden – Fairfax County, VA – Senior Application/Information Architect**

Yes.

**M**

And of ... basically.

**Lynn Hadden – Fairfax County, VA – Senior Application/Information Architect**

Yes. All you're doing here is agreeing on that envelope, the definition of the envelope that sits in the middle.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

It sounds like harmonization for use.

**Lynn Hadden – Fairfax County, VA – Senior Application/Information Architect**

Yes.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Terri?

**Terri Shaw – Children’s Partnership – Deputy Director**

I think the question I was going to ask has just been answered, but it seems to me that what we’re really talking about here is going back to Anne’s point earlier today where she pointed out a very important piece of recommendation that the verification group had, which was to incorporate or utilize a read and write translation service to support data exchange with legacy systems. It seems to me, this exercise is incredibly important for that, and then potentially also as new systems are developed so that they can be harmonized to these new standards. But I think what we’re talking about is that translation ability, right, not necessary that every system be harmonized.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

It seems like we may be talking about two things. One is the mapping that you’re making reference to. And, second, assuming a certain number of exchanges get established around the country, state-based exchanges, and also a federal exchange, which ACA calls for. Does it suggest that the harmonized data elements be recommended to CMS be used in each of the exchanges as a way to begin to create a much greater level of harmonization around the country? When you have new systems coming up, it’s very different to implement a standard than it is existing systems.

**Paul Egerman – eScription – CEO**

And sort of a mapping and catalog process sounds reasonable to me if that’s what it is.

**Terri Shaw – Children’s Partnership – Deputy Director**

System development of the translation.

**Paul Egerman – eScription – CEO**

That’s right.

**Lynn Hadden – Fairfax County, VA – Senior Application/Information Architect**

The translation is different from the actual putting one data element in this part of the envelope. The translation means that if a software product uses HL-7, but a government chooses to use NIEM, that you can know what those envelopes mean if one is HL-7 and one is NIEM. That is different from mapping the individual data elements into a common format. You have to have both that NIEM definition of the message you’re exchanging, and you have to have something called WISDL, which is the contract between the federal government and the states about how you’re going to exchange it across platforms, so it’s totally independent. You have to have it to do it.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Right. Jessica?

**Jessica Shahin – USDA – Associate Administrator, Food Stamp Program**

I think what I was going to ask about is being answered here, but I guess, going back to something that Paul said and what Gopal said. I’m wondering did the group look when they did the survey of the states to look at these various data elements, to your point? Did you look at or identify what the barrier was or is it a federal law? Is it a state rule, so that you could know within any of that, the flexibility that was available to you to get to the standardized? I’m just wondering if that kind of information was captured because, if it’s federal law or even state law, that’s going to take you a lot longer. If you want to do something about it, it’s going to take you a lot longer to do, so you might want to capture those things that are low hanging fruit that you could do something with. Did you all capture it that way?

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Doug, it's a question to you.

**Doug Fridsma - ONC**

Can you repeat the question?

**Jessica Shahin – USDA – Associate Administrator, Food Stamp Program**

When you did your surveys of the states, and you were looking at the various data elements and the things that made them high and low, what's the word?

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Complexity?

**Jessica Shahin – USDA – Associate Administrator, Food Stamp Program**

Determination.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Yes.

**Jessica Shahin – USDA – Associate Administrator, Food Stamp Program**

Something that Gopal said was to be able to actually maybe make some changes, I think, as a part of what we're looking at that would allow some standardization and such. And if that's the case, when you looked at those things, did you identify why they were high and low in terms of was it a federal law, a state law? Was it a state process? How difficult would any of those be to get the harmony together?

**Doug Fridsma - ONC**

I don't know if we've necessarily gotten a complete assessment across all of the items that we had. I think that there are some buckets that things fell into. One that I tried to highlight was the relationship between the business rules and the data that was collected, and so that part creates some variation. One of the ways to do that is to make sure you kind of agree on the lowest common denominator, and then use your individual business rules to kind of recreate eligibility, say, around income.

Another way would be to, and it depends a bit on the architecture, is to say, well, there's one agency that we are going to give the responsibility for determining what income is and whether they're eligible for that income. And we're just going to have that agency return a yes or no eligible based on income kind of thing. And so we did look at business rules.

I think, in some of the other situations, it was related to some of the value sets, so race and ethnicity is always a challenging one because different states collect different information. But we did not go to the level of whether there was legislative mandates to collect certain kinds of things and whether getting similarity or harmonization would require that kind of work. We identified it, but we didn't necessary go that next level down to find out what the route cause of the variability might be.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

I'm going to call on two more people. We're running a little behind, and I'm going to use this as a segue to take us to the discussion of business rules because it's my sense, and I think Cris' that we might be able to resolve some of these issues within the context of the business rules conversation. Ronan and then Gopal.

### **Ronan Rooney – Curam Software – CTO & Cofounder**

I think this is a very powerful kind of session you had there, I think, in terms of the issues you brought up and the way you're approaching it. I think, similar to one or two comments I made earlier, I guess, to me that there's probably a requirement ... look at some of the business processes or use cases or whatever you want to call it associated with the evidence around things like activating evidence and also regarding things like syndication. So especially in the context of enrollment, like when you collect the data, it obviously doesn't get used at that point. It has to become active in some shape, make, or form, and there's a process around that, and likewise for syndication.

The other thing I'd just offer up, I guess, is that we've certainly looked at 37 states across a range of programs, including TANF and SNAP or food stamps at the time and, to some extent, Medicaid. We can probably help with that process of identifying the commonalities, so for coming up with some of those standards.

### **Doug Fridsma - ONC**

Great.

### **Sam Karp – California HealthCare Foundation – Chief Program Officer**

Gopal?

### **Gopal Khanna – State of Minnesota – Chief Information Officer**

In light of, Sam, what you said, maybe the next conversation will take care of some of this, so I'm going to rephrase my question. In your work, looking at 34 different programs and across 10 states, if we were to take that information and plot it on an X-axis and Y-axis, X being going from zero to 100% standardized, and Y-axis being across jurisdictions, is there a common, lowest common denominator that we can map out where everybody ... just a sliver? It's a no-brainer sliver, going back to Paul's earlier statement about, is there getting caught on what are even the barriers and what's coming in the way? Is there a way to have a common ground?

And that's a huge sample, so we can at least run with what's common across jurisdictions, totally accepted fields and data elements for harmonization, as well as standardization. That may result in maybe building from the baseline. I'm not sure if there's a baseline that exists today. So my question is can your analysis help us feed that kind of a map?

### **Doug Fridsma - ONC**

I think that's an interesting graph to try to construct, and maybe we'll try to create something like that so that we can distribute it. At the previous, in one of our previous presentations, we included sort of a graph that basically said the overlap that we have across the various agencies that we have, so for a particular name or date of birth or social security number, how many times that information was collected for a particular program, what the overlap was with that. And, in some sense, if you combined our analysis about doing the complexity of harmonization and the existing sort of use of these core data elements across the various programs and across the states, I think you're going to begin to get that kind of graph.

I think the elements that were identified, certainly all of the ones that are identified represent core data elements that we think are shared in determining enrollment eligibility. The good news is that all but three of those have either medium to low complexity in terms of harmonization, and that makes me hopeful that we'd be able to come up with some clear definitions. It may not be entirely harmonized, but at least it will be unambiguous with regard to the kind of data that gets collected and the like.

There are a few that are going to be a bit more complicated, and those are going to be race and ethnicity are things that probably have legislative or other mandates associated with them, and it's a challenge because there are regional variations about what people believe are important to collect with regard to race and ethnicity. And household composition and income, those two there core data elements that had high complexity, those are very tightly linked into the business rules. And so one set of business rules might map very well into a particular definition of income whereas another one, because they may do other kinds of eligibility determination, or they use different ways of calculating household composition for the purposes of food stamps or the like, those things, because they're so closely tied with the business rules, means that we have to probably tackle those together with getting some clarity around the way in which people approach the business rules as well.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Doug, could I add one additional task to your work, and that is looking specifically at the three verification sources that are sited in ACA: the IRS, the Social Security Administration, Department of Homeland Security. Each of them require a set of core data elements for the match. Could you specifically look at the level of harmonization that exists across those data elements?

**Doug Fridsma - ONC**

Sure.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

I don't know if you were on our conversation earlier when we talked about a potential national verification service, but that would be helpful to know.

**Doug Fridsma - ONC**

Sure. No, I think that's a good idea to include that. Certainly the Department of Homeland Security has used a similar process in determining how to create those envelopes of data exchange, and so there's a great deal I think that we can leverage with that as well.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

That's terrific. Are you able to stay on for our next ...?

**Paul Swanenburg – SSA – Senior IT Specialist & Program Manager**

This is Paul Swanenburg with SSA. I was wondering if I could raise a small question. In looking at the elements, I'm not sure if I missed death as one of the elements. As far as what SSA has found in dealing with our exchanges, having that information is very essential because of the identity theft, and we have a death master ... which we use as part of our exchanges, and I was wondering if that had been considered.

**Doug Fridsma - ONC**

We did not consider that, though I think you raise a very, very important point. Things like date of birth, date of death might be useful, particularly with identity theft, so I'm writing that down.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

I'm sorry. Thanks, Paul. You reminded me there are people on the phone. Anybody else on the telephone that has a question or a comment? We hear you writing it down. Good.

**Doug Fridsma - ONC**

I told you. I told you I would.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

We believe you. Are you able to stay on for the business rules conversation?

**Doug Fridsma - ONC**

I should be able to stay on for a little bit longer here. Yes.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Good. Thank you. Let me turn it over to Cris.

**Cris Ross – LabHub – CIO**

Business rules tiger team, I'd like to first start by recognizing the folks who worked on it, in particular, the whole team has worked hard. But in particular, I want to recognize Ronan Rooney did a lot of work on the team, as well as the staff body world of Claudia, Paige, Kristin Ratcliff, and Judy Sparrow. This has been a somewhat difficult challenge to get our arms around this, and we wouldn't have been able to do that without help from a lot of folks.

Looking at the first page here, what we ought to have done at the beginning of the business rules groups is to sort of start with a version of the serenity prayer of, Lord help us know what's solvable with the business rules, what isn't, and the wisdom to know the difference between the two. As we go through this, I think what we want to try to do is to surface where we understand the business rules exist in existing systems. They're going to need to be inserted into systems. They're going to need to exist separate from existing systems. And we were hoping to tease out all the instances where that would exist. I will say, now we're going to disappoint you because we don't have a map yet on that, but I want to talk about how we might do that in the context of what Doug just recommended.

Our charge would have been really thin if, first, the data is consistent from state-to-state; two, if laws and regulation were consistent across states and programs; and, third, if verification interfaces were all built with modern technologies and operate in a real time transactional way. Those three conditions don't exist. And so that's what we're trying to aim the business rules charge at.

We're trying to make straw man recommendations for this purpose. Insure easier development and modernization of both new and existing systems. What are business rules? A business rule can be one of these three things. It can enforce a policy. For example, before you can apply it to this program, you have to apply for this program first to come to a hierarchy sort of decision. It can generate an eligibility determination, turn the crank, and tell me what I'm eligible for and for what duration. What's my cost share? Whatever kind of decision needs to be made.

And the last one we talked a little bit about, which is this idea of inferring data from existing data, and there are maybe two examples of that. Doug gave the example of ethnicity or household composition. That might be amendable to application of business rule because you can derive a common definition of ethnicity, even though the source systems may store them in different kinds of ways.

But to give another example of incarceration, for example, and I thin—if I read the note correctly—it was none of the existing systems note if someone is currently incarcerated. A business rule won't be able to tell you if someone is currently incarcerated if that data isn't stored someplace. Maybe you can infer that from some other kinds of things. Maybe you can't. But that's the kind of set of problems that we're thinking about.

We believe that eligibly enrollment systems would use all three types of those rules. We also think that the business rules serve as a link of interpretation. That where legislation, regulation, policy end is where business rules are articulated in all of those, but there are business rules above and beyond that.

Why is it important that we look at this? Part of the issue is we wanted to frame this in terms of why are we taking a fairly aggressive position that managing business rules in a thorough and aggressive way is important in the context of ACA. And the drive for that is really in this first bullet point that agencies are having to work more quickly across more channels, enforcing more regulations, and so on, in a way that there's been a conversation around a lot of states have de-siloed their systems and bring that together. We obviously don't want to break that, but there are also instances where there's demand that programs be brought together in ways they haven't been brought together before on an extremely rapid basis.

One charge could be set to say every state and every jurisdiction should simply implement systems that operate ACA on a standalone basis in isolation. That's in direct conflict, I think, with some of our original principles, which is don't rip and replace. Look for expense. Minimization, and try and go as fast as possible.

We've described how business rules are organized ways to document policy decisions. You can read the descriptions below. There are different kinds of ways in which the business rules would be expressed depending on what the challenge is. At the end of the day, the business rule is something that's intended to be put into an automated system to support some sort of outcome on behalf of a citizen. But those business rules might exist in different ways in different places.

What should business rules do? We wanted to start with the idea of them being consumer centered. And by that, we don't mean that consumers should have to see and understand business rules, or that they should be exposed to all the sausage making of the restaurant. But, instead, should be able to understand what is the outcome. Essentially create no black boxes where a citizen can't find where are they in the process, why did they end up in this process, what can I do to appeal? All those sorts of things should be made straightforward.

Probably the most important objective that we've listed on this slide is the second one around consistent expression of rules across a continuum of implementation modalities. The key here is that we believe that there are three places where business rules might exist as an outcome of this process. One would be business rules to be inserted into existing systems. In some cases, that might be very straightforward. It could be create an interface that acts in this way so that it's amendable to ACA.

The second one would be business rules that could be inserted into totally new systems that are separate, that are isolated. Maybe each state or each locality might need to develop some system that would have a consistent set of rules, and that would be the most efficient way to do it.

The third one, which we probably tend to gravitate to as a little bit more of a powerful alternative that has great promise, but also some potential for being a bridge too far, to use Aneesh's phrase, is the idea of business rules implemented in some sort of centralized business rules engine or middleware process that could be accessed. Now the recommendations from the team so far have talked about creating exactly that kind of function for purposes of verification. And to the extent we really want to do that, we ought to be clear about it. We ought to be efficient around it, make sure that the business rules are properly expressed in that container as opposed to distributing it into existing systems.

But I think we're going to be interested in feedback from the whole group. We believe that that wasn't a single answer, that there may be other ways in which business rules may need to be expressed in the

context of existing transactional systems. You can read some of the other recommendations around what business rules ought to do. Some examples of them, for example, would be guide the adoption and utilization of a federated set of core data. This fits in nicely with what Doug has talked about.

We have three recommendations. Recommendation number one is that the federal government and we believe it is in the role of ONC. It might be CMS. It might be elsewhere. Would be to charter and develop an open source process to develop business rules and to orchestrate business rules.

Essentially, the hard work around business rules is to be able to express them in a consistent fashion, which is technically neutral, and we're going to talk about that a little bit in a minute, that then can be instantiated into a particular system. The hard work is not writing the code. The hard work is identifying what the rules are, documenting them in a clear, technically neutral kind of way that they can then be deployed in a variety of fashions across a variety of systems. So this may seem like a lightweight recommendation, but in fact I think it's probably the biggest invitation to some of the harder work to be done.

I'd make the suggestion that as a way to charter this further than what we did in this workgroup, we might begin with the harmonization workgroup around data proposed by Doug for the reason that rules really don't live abstract from some kind of semantically rigorous business model in some fashion. It doesn't have to be a fully articulated business model in a logical or physical kind of way, but it needs to be semantically rigorous enough so that the data and the rules can live together. Open source process for orchestration is our recommendation number one.

Recommendation number two is that this might support the creation of a set of Web services that would embed those business rules that could be used commonly across states and locality. It seems like that's kind of the direction of some of the recommendations so far, so we're eager to support that, if that's the direction that this team wants to go. An example of that, for instance, would be magi calculation, but there are a lot of other kinds of ways that that sort of Web service could be used commonly across states. It may also be that a open sourced process might suggest the creation of multiple instances of that same set of Web services that might live in multiple places but act exactly the same way in the way that exists in other kinds of commercial environments you might think about.

Our last recommendation is that these rules be expressed in a standard, technically neutral format. There are some candidate formats that came through this process that we would like to recommend that the Health IT Standards Group evaluate for further focus. SBVR, RIF, for example, that are emerging standards that come out of W3C and come out of OMG around how to manage rules in a way that's not particular to a particular language, a particular data construct, or a particular business rules engine.

Probably lots to talk about. I'll turn it back to you, Mr. Chairman.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Thank you. Lots to talk about and challenging concepts. Comments here, Bryan?

**Bryan Sivak – Government of D.C. – Chief Information Officer**

...really simple, and one question. On the first recommendation, you say develop an open source process. What does that mean exactly? I mean, I understand an open process, but an open source process, I'm not sure I understand. And I'm wondering if maybe it's a minor semantic thing, but maybe we should just drop the word "source" and just say open process.

**Cris Ross – LabHub – CIO**

Yes. We should wordsmith it to make sure it's clear. We really meant two concepts. Open source being in the standard sort of way that people develop open source tools and license them in a standard kind of way that you see in the commercial space. By process, we meant someone needs to do the work to define what are the targets for that open source development, right, that we did not do. You would, as an initial step say, here are a number of different kinds of domains for business rule development that would make sense. Let's create the ontology around income eligibility determination across the states, for example, as being one particular target set. And maybe another target set around ethnicity or something like that that's focused on data or other kinds of things.

**Bryan Sivak – Government of D.C. – Chief Information Officer**

I guess maybe flushing it out a little bit more to that extent would help me at least understand what that phrase really refers to.

**Cris Ross – LabHub – CIO**

Yes.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Farzad?

**Farzad Mostashari – NYC DH&MHH – Assistant Commissioner**

Interesting, Cris, hearing, and it wasn't clearly, I think, in the slides, but hearing your comments about the three different models, as I understood it, for which rules could get incorporated into either legacy or new transactional systems, one being that you have the rule as an unambiguous expression that can then be essentially hand coded into legacy systems, whether you're changing the code. But at least unambiguously across different systems. The second being where those rules are parameterized within a transactional system and can be consumed or altered, kind of essentially having instructions that are fed into, just as patient records are fed into a transactional system.

And the third model you described and ... that perhaps it may be the ideal module or system, though maybe a bridge too far, would be one where you really have a separate model that takes the data from a transactional system, takes the rules from ... subscribes to a set of rules and generates the output. The advantage of the latter, I think, one of the advantages of the latter being that you could have essentially the same system providing the services to different states even and just subscribing to different rules in your library of rules.

My question gets at that last point of, if one of the recommendations here, I heard earlier was to build a reference app, how would you recommend, would you recommend that reference app include a business rule engine? And, if so, what model?

**Cris Ross – LabHub – CIO**

I would recommend that you would put that under reference implementations by all means.

**M**

(Inaudible.)

**Cris Ross – LabHub – CIO**

Yes. I think you'd have to. I think you'd want to start with a problem that was as common as possible and as solvable as possible, right? Find a pretty easy domain of it. The example of a place where that wouldn't work is an example of if there's a state system that determines eligibility using a batch system. A batch system is going to have a hard time accessing a rules engine to come up with some determination,

right? But the same process that you use to develop a set of rules could generate a code set that could be inserted into that batch processing system, for example, even though it doesn't have a real time interface. What we were trying to get at was semantics in common, implementation varying depending on target.

**Farzad Mostashari – NYC DH&MHH – Assistant Commissioner**

Which model would you recommend a reference application integrate for a business rules engine? As a separate Web service model that accepts the packet of patient information and then bounces it against a rule engine model or as a consumable set of rules that get incorporated into the transactional logic? Do you have a strong recommendation on that?

**Cris Ross – LabHub – CIO**

No—

**Ronan Rooney – Curam Software – CTO & Cofounder**

...do both, I would think.

**Cris Ross – LabHub – CIO**

I think you'd want to do—

**Ronan Rooney – Curam Software – CTO & Cofounder**

Yes. I think we'd have to do both. I mean ... because some people won't be able to use the first one, but can maybe have to use the second one. And if you produce the last one, you'll have one of the byproducts is the rule set that you can give for the transaction system.

**Cris Ross – LabHub – CIO**

I think we'd want to be really strong around that the articulation of the rules, regardless of those two models, should absolutely be strongly managed, whether you emphasize the first or the second first, or you did them both simultaneously. We had a lot of discussion about that topic.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Let's talk about the strongly managed part of it because that's the same issue that will come up around the verification service. It suggests some level of a governance structure that would provide that management. Did your committee or tiger team talk about that at all?

**Cris Ross – LabHub – CIO**

I think we largely punted on that question so far. I don't know, Bobbie, or Ronan.

**Ronan Rooney – Curam Software – CTO & Cofounder**

We certainly talked about it in the context of some of the challenges you have associated with it, which are common to anything that's going to be shared, whether it's rules or verification items or a data model or a database, and you've got the challenge of people taking something out of it, modifying it, and then have you put it back in again. And, in some cases, somebody described it to me one time as like somebody having a baby. It's kind of difficult to go back again, so it's one of those challenges, and ... that governs is something that people want to take onboard, I guess, is probably the question.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Anne?

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

I want to bring it down to what I'm kind of counting on, on the enrollment component and what I think verification is counting on during that component. And that is, while you all have been off creating what rules is, we've been counting on what rules are. And what I'm thinking is, and it's probably just a good idea to get this out on the table, for me at least, and that is that there will be a system of sorts created that will handle the verification process for the states or the region or the federal government, and it will have an access point to rules that will be probably core rules that govern federal level information and maybe state rules based on variations within the state so that there's a real thing that's going to be created somewhere. I don't know how that gets done as a recommendation of our group, but I think that's what the states are looking for, something they can take and interface with. And, again, like the earlier conversation, interface with old, legacy data that then gets converted into a service for the state so that I can transition from legacy ways of doing things to modern ways of doing things.

I think what I want to say is that there's more and more counting on the fact that there will be at least the model of a rule construct that attaches to that code base that people are going to count on. I'm sorry if I'm not articulating that very fancily, but I'm seeing that on the top with verification of eligibility, and I'm seeing that on the bottom with passing the enrollment to whatever you're passing it to, and definitely including that Medicaid in the exchanges, and then anything else we get to in the out years.

So I don't know what it takes to take that thought and make it happen and not be kind of just thoughts and processes, but that there's some solid stuff that we've creating that people will be able to depend on and use as an outcome of what we're doing. Or tell me we're crossing the line we shouldn't be because then there are a lot of software companies out there who I'm sure will jump all over this and make that happen.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Lynn?

**Lynn Hadden – Fairfax County, VA – Senior Application/Information Architect**

Let me tie in the governance issues to what she just said. I use the concept of exchange to mean an exchange of that envelope of information one way or another. When you do that, you have to have some type of governance, an agreement or a memorandum of understanding between the two exchanging parties.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

...of that.

**Lynn Hadden – Fairfax County, VA – Senior Application/Information Architect**

Exactly. You have to document that, and I would think that within that agreement, you would reference the version of the business rules you're employing, and that you will no change that without reexamining this agreement so that you're not impacting decisions that are made. For each one, at least from the federal government perspective, you're going to have to do that with each consumer of your service.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

I totally agree. I think this is another layer of EDI, new topic, and we can follow a lot of the leadership that's already been established on that and maybe extend that. Wow. It quieted us all down, didn't it?

**M**

(Inaudible.)

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Yes, well, it also suggests, and I'm sorry we don't have anybody from CMS here to talk about it because I know they are out—HHS more correctly are out for comments from the states, and we're hearing a lot informally. Some of us have heard reports from a meeting in Minneapolis last week where state leaders met with the Feds, particularly around exchanges where a lot of the comments were greater uniformity. Give us a service, etc. And CMS is formally out through the federal register for comments about where the states actually think that uniformity is important, where the states prefer to have their own decision-making and so on. And I forget. I think it's 60 days in which they'll get comment back.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

Can we get information specifically about that, so I can give it to our state?

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Yes—

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

I just want to make sure that loop is—

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Yes. Maybe, Bobbie, if somebody can pull up the URL, but it was published in the federal register last week and pretty widely reported that HHS was seeking that comment.

**Cris Ross – LabHub – CIO**

Sam, if there's a question of sort of religion that we sort of danced around in the business rules group, and then I participated and listened in to the verification call, it was that issue is will there be federally sponsored facilities to support this, and what are they going to look like? Is it software? What is it?

**M**

And will there be federally standardized business rules?

**M**

Right.

**M**

Which is, I think, a precursory, a question to whether or not there'll be. It's a lot easier to have a federal service if you have federal rules.

**M**

And we can be a lot crisper around the recommendations, right, around what to do, depending on what the answer is. If the answer is that there isn't going to be a federal system, or it's going to have a limited function and only go this far, whatever the answer is, is fine. But I think without having an answer to that construct, we're sort of swirling, at least from a tiger team perspective. We won't be able to land in a good place.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

It's such a smart thing to do. What do we need to do to make it happen? That's more the question.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Terri?

**Terri Shaw – Children’s Partnership – Deputy Director**

Just to second that, I agree. We have to make it work because, for example, the statute mandates that exchanges will be screening and enrolling for Medicaid and Medicaid will be screening and enrolling for exchange, and you want them to reach the same answer, given the same facts.

**M**

...rules.

**Terri Shaw – Children’s Partnership – Deputy Director**

Right. And let that be an accurate determination that’s made. It’s accurate. It’s consistent, and that there’s a fair process for it. So this business rule, it seems to me, is essential for getting to that result.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

I appreciate the fact that you could only take it so far. Aneesh and I, as he referenced, several times had breakfast this morning to talk about some of the things that he and I needed to do. And one of them is to have further conversations with CMS.

As we’ve heard from Penny and others—Henry when he’s been on the calls—it’s not as if they’re not working on it. They’re trying to resolve these, and I think that they’re reaching out through the federal register for comments as part of that resolution process. So I’m not sure, unless anybody has ... how much further we can act on, take on your recommendations today absent that.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

We can do the comments. We can individually go out there. We can go as a group. We did that during the standards process.

**M**

And be active respondents.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

And be active responders if we have an opinion about that.

**M**

I was mentioning to a couple of people at lunch, one of the questions that’s asked for comments is what would be wasteful spending. That would seem to me to be one of the easiest questions to build it 51 times.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Terri?

**Terri Shaw – Children’s Partnership – Deputy Director**

I just wanted to ask a clarifying question on the vision, if you will, for the business rules. I think it’s in here, but I just wanted to verify that the vision would include business rules for workflow, including when human intervention, be it the applicant or in a sister, would need to be involved. And what happens to the case or the application in the meantime? Do we get presumptive eligibility in some cases? In other cases, it’s pending no determination? The workflow questions I assume are also envisioned as part of this, but perhaps that’s too far and not possible.

**Cris Ross – LabHub – CIO**

There's some workflow that goes nicely into a business rule like exception handling, right? If you can't determine this, then take this following action. But some other business workflow is more particular to a particular agency, and you may or may not instantiate that in a business rule. But a lot of it you think you would.

**Terri Shaw – Children's Partnership – Deputy Director**

Yes. I think exception handling gets at the notion that I was going to ... okay. Great.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Farzad?

**Farzad Mostashari – NYC DH&MHH – Assistant Commissioner**

I just wanted to make one comment in terms of both the budget situation that was alluded to earlier, as well as the build 51 times. Having the rules separable from the transactional system really does permit not only the software that's built by one state be openly available to other states, but that it is actually feasible to do so in a way that's less expensive than just doing it from scratch because the situation we have today is technically other states may access custom built systems that are designed for one state. But the cost of redoing it and changing it according to the rules basically make it a moot point. So I think it is an important piece, Cris, to hold onto despite the challenge.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

All right. Thank you very much. Reed, are you on the phone?

**Reed Tuckson – UnitedHealth Group – EVP & Chief of Medical Affairs**

Of course, sir.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

All right. Good afternoon.

**Reed Tuckson – UnitedHealth Group – EVP & Chief of Medical Affairs**

Good afternoon. And I'm pleased to represent the plan benefits tiger team. And I assume that you are on slide 62, and you have the list of our stellar all stars.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

We do.

**Reed Tuckson – UnitedHealth Group – EVP & Chief of Medical Affairs**

My colleague, Anne Castro, is there, and I'm going to go through these slides very, I hope, expeditiously. And then I'm going to turn it over to my field general, Anne, who is on the ground there and who can manage the question and answer discussion since she can actually see you all and, I think, provide a more satisfying experience than I can on the phone. You see all of our team, though, and I really want to thank Terri and Henry and Deborah and Ray for their really attentiveness to this activity.

Slide 63, you see our plan benefit charge. Again, it's pretty straightforward. We need to identify the key data elements for data exchange between plans, Medicaid, and the exchanges. And then explore approaches for streamlined, bidirectional data exchange and recommend standards where appropriate. Each of these two are, well self evident is important, raise a series of complexities, which I will start to explore in just a moment.

On slide 64, we created a set of principles that were important to sort of keep us grounded. Obviously the first one remains the fundamental purpose of this activity from the perspective of the health plan participants is that we need to maximally participate in helping the opportunity for people to get the needed coverage and make it as simple as possible. That is saluting the flag, and we believe in that.

We need to facilitate continuity in the enrollment and coverage process, but one of the things that health plans may have to be more attentive perhaps or more obvious about than other stakeholders is the concern around the administrative costs. We want to make sure that we get it right, but don't over engineer it because it would be a shame to have administrative costs and inefficiencies in the process chew up the dollars that should better go towards making sure that we sustain the access to care for 34 million Americans. Then, finally, in that regard, data should be limited to what's necessary for the plans to execute appropriately on enrollment and vice versa.

Slide 65 gives some key assumptions. And let me review those. Information transfers to the plan, and this is what we've sort of just finished talking about in the last discussion, and I know why Anne isn't very specific about her question. Information transfers to the plan after program eligibility, whether that's Medicaid, SCHIP, exchange, and whether or not there's—and also whether information regarding subsidization or not, or any other relative programs is determined. And so we need to be real clear that we are going to have a source of truth of information that comes to us that really does lay out their eligibility for whatever type of program and for whether or not the individual is subsidized and the nature of that subsidy. That is a clear assumption that we worry about.

Secondly, we assume that information that's transferred to the plan will include confirmation of enrollment and enrollment data, data such as the consumer plan or the coverage product choice that the person has made, and the coverage period's effective dates that are relevant, and we assume that these things are going to be, although not the purview of our committee, that they will be attended to. We have a great interest in how this information is going to be forwarded to the plan.

If we turn to slide 66, we start to get to our recommendations. The first recommendation is that we do need standards to insure that the transfer of this information between the federal state programs and the health plans is clear, orderly, and rational. Where possible, we really want to use the HIPAA standards that exist and that work well, and in which we're used to using to facilitate this continuity of coverage when an applicant or enrollee is transitioning between health plans. The 834 should be used to hand off and hand back an applicant's enrollment data set information. The 270 and the 271 standards should be used to respond to eligibility inquiries and responses as they are used today.

For bidirectional transactions, new standards are needed. Here the challenge becomes how we are able to maintain, again, some consistency of source of truth of information that goes from the plans now back to the exchanges or the state or the federal government. And so, at a minimum, we recommend creation of a confirmation standard to confirm enrollment following a health plan's receipt of the 834. So here the source of truth is the plan itself, which says, okay, we actually do have. We are able to confirm that the person is enrolled in our health plan.

Where we are spending a little bit of our time discussing is being sure that we do not, beyond that, confuse the purity of the data set by providing changes in demographics and other sorts of information to which we may be privy only to make a confusing environment of who owns the source of truth for that kind of data. And so we're continuing to discuss that. But, at the end of the day, we don't want to do anything to make more complex the enrollment process and eligibility process that occurs after the first cycle is over and the person comes out of one plan and then is eligible the next year for something else.

We want to make sure that that process stays pure in its original form. And if we need to discuss more of that when the discussion question period, we can get into that.

On the next slide, we have the recommendation around dis-enrollment of an individual will be sent back to the consumer online system through the 834 transaction from the health plan indicating the dis-enrollment date. The consumer online system should be able to support and accommodate outreach to the consumer to facilitate this principle of continuous coverage and changes in eligibility and/or coverage status should be clearly articulated to the consumer in a manner that they can understand via a variety of communication vehicles that are readily accessible to the person. The next recommendation is that the enrollment related health plan communication processes herein be managed similarly to the eligibility verification and business rules process, and that is built at the federal level so that it can be adopted and retrofitted for state adoption.

Then the next slide has our last two recommendations. That there be a national directory of health plans that includes health plan product options, coverage maps, and provider networks, thereby facilitating the engagement and enrollment process. And then, lastly, that there be a national directory that's created and maintained by the federal government, accessible through a Web service exchange to the ACA, state, and federal health insurance exchanges, Medicaid, SCHIP, and other relevant health programs.

With that, sort of brief and quick overview, let's turn it to the question and answer period, and I will turn to my colleague, Anne, to manage our team response.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Farzad?

**Farzad Mostashari – NYC DH&MHH – Assistant Commissioner**

Just a question for clarification when you're saying about the bidirectional, you need standards, is that by bidirectional you mean it's simply an acknowledgement that the 834 was received, or actually following—I think what you mean is following a successful enrollment, which could follow on some period later to trigger the fact of enrollment, which could almost be a 271 if you are pushing back.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

Well, a 271 isn't a legal answer to, are you—that's a claims status or that's an—

**M**

...verification—

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

Let me explain the use of the two different transactions. What we need is just a simple confirmation, which is what you surmised in the beginning of your question.

**Farzad Mostashari – NYC DH&MHH – Assistant Commissioner**

The fact that I ... the transaction?

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

I think we are in discussion about whether we want another communication that says I am enrolled. The questions that we're talking about within our workgroup are how much proactive activity is the exchange expected to take in order to know on somewhat of a continuous basis the status of the people that are enrolled because people can go to any point of entry into the process. A cancellation to an insurance could take place outside.

Would the exchange benefit from a periodic process of spawning a 270, 271 to determine if a person is still eligible? If you've got the negative response, you're no longer eligible for the product you thought they were enrolled in. Then would you proactively send a communication to that member to try to get them back into the process? There is a big discussion around the fact that we're not clear on how much ongoing communication or proactive communication should take place, but we want to at least put on the table those kinds of recommendations. If you're trying to have any kind of continuity at all, if you're looking for opportunities to put the 40 million people back into the process after they were in the first time, if they went into some other entrance point into the process. That's why the bidirectional communication.

The other additional bidirectional communication is if there is a dis-enrollment. We're floating the idea, drafting a recommendation that the payer send us a communication to that affect, so that can be the means by which we know that a person got dis-enrolled, probably more timely instead of a periodic eligibility.

**Farzad Mostashari – NYC DH&MHH – Assistant Commissioner**

I think it makes a lot of sense from a policy discussion point of view, but I just want to be sensitive to, as usual, that we shouldn't have the technical standards discussion driving any policy decisions that have yet to be made in terms of the roles of the exchanges.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

Yes, and I think that we're at a level of we're getting into a very fruitful, deep discussion by all the members of the workgroup. For us, it lays out as, well, we think this needs to be done, and we need to translate that ultimately before final recommendation into what should go to the policy committee versus what is an actual recommendation. I think we all agree with you in that respect.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Paul?

**Paul Egerman – eScription – CEO**

Actually, I had a similar observation from what you just said, Farzad. I looked at the bullet under one of the recommendations says the consumer online system should be able to support and accommodate outreach to the consumer to facilitate continuous coverage. That just seems like that's a change in scope or an expansion of the scope of what we're doing. I'm not saying there's anything wrong with it. It's just an extension of the scope.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

I think, when you go back to the original tenants, there was some connection back there in terms of making this an easy process for people and bringing them back into the system. I think that was part of the attempt there. There is some communication requirements in the law, and so I think what we're attempting to do is to maybe make suggestions in those regards.

**M**

About how to carry that out.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

About how to carry that out, and if in fact it's agreed that that should be carried out, is there a standard way that we can help enable that. I think one of the primary assumptions is we're moving towards, and I think it's obvious I'm past the suggestion that there is an entity. So that an entity has to exist, whether we get some out on the open market or whether the federal government takes it on that needs to broker the

enrollment process and to utilize the rules so that those communications and the formats of them can be brokered in a single place instead of the 50 states solving that problem.

834 is already a standard. It's not a required standard between employers and payers. And there is a health reform 1104 section on standard transactions and enrollment is on there, and it has a timeline of standardization. We all don't know what that means, and we might be the early part of developing what that means, and it's in that same timeframe getting ready for the exchanges, so we need to keep that in mind when we're talking about what would be useful capabilities of an 834 in the context of what we're solving.

**Paul Egerman – eScription – CEO**

It's just my observation, besides expanding the scope, is that dis-enrollment transaction is a difficult way to do this.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

A dis-enrollment?

**Paul Egerman – eScription – CEO**

Yes. There are a lot of challenges with that in terms of getting timely information, but also that's not necessarily triggering follow up. A person, for example, got a job, and they now have private insurance. You're not going to know that. You just know you've to a dis-enrollment, and you're going to be following up with somebody who doesn't want to be followed up on.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

I think what you're going to is the fact that none of this is a single source of the truth. All this is are information triggers that might get somebody back into the system that got out. We had a lot of team discussion on if we were in fact impacting where the system of truth really existed. And we backed off of trying to make or empower the state exchanges to be the holder of the truth because payers are still the holder of truth on when someone is enrolled, and Medicaid is still the holder of truth of when they are in Medicaid, and there will be many, many interactions between individuals directly with those entities.

So the best we're talking about doing is creating a communication trigger that causes an outreach, and that's something we might debate whether that's in the scope of what we're here for. So we wanted to at least, with the littlest amount of work, having said that, ha, ha, ha. It's not my work. What's the most you could get out of it to get people in this process?

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Terri and then Deborah.

**Terri Shaw – Children's Partnership – Deputy Director**

First of all, on the scope question, looking back at our beginning of the day slides on 1561 requirements, it's very clear that there needs to be online access for individuals to apply, re-certify, and manage their information, so I think it's squarely within the scope of the group to speak to that, and this is one of the few cases where we actually have explicitly done that. I think it's implicit in a lot of the conversation ... so as Aneesh was re-imagining or imagining our final report earlier this morning, and he was talking about a consumer focused first chapter, this might squarely fit within that new way of thinking about how we frame our recommendations. That's one.

Two, to Farzad's point about not letting the technology drive the policy, completely agree. At the same time, we are, of course, developing standards in advance of the policy being created, and so from my

point of view, we need to make sure that we can't go down certain policy paths because we haven't built the technology to support it. What I'm hoping that this accomplishes is the ability for us to achieve whatever policy outcomes we wind up arriving at and not preclude ourselves from doing something because we haven't considered the technology that's necessary to make it happen.

**Deborah Bachrach – Bachrach Health Strategies – President**

Quickly following up on Terri's point from looking at it from a consumer point of view, I think our goal was to insure that the consumer who was determined eligible for subsidized coverage or Medicaid was able to enroll immediately in the plan or as quickly as possible because the plan had the information. Stay in the plan at renewal, and if their eligibility moved them so that they had to change plans, which would be unfortunate, or at least products, be able to move without a gap, and we wanted the information flow to support that throughout. I think that's the consumer focus that underlies the data exchanges that are just done.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

It's also one of the critical lessons that Massachusetts reports having learned is circumstances do change for a whole variety of reasons. While they don't yet have the technology that could support when a circumstance changes, it enacts a transaction that helps re-determine what eligibility, if there is eligibility, for another subsidized product or for Medicaid or whichever end of that spectrum changes.

I think it is important. Terri, I think the point that you make about we find ourselves caught in this dilemma a lot of working in advance and that's what the statute required us to do. And I don't think anybody anticipates that CMS or HHS would have this figured out in 180 days. I think it's appropriate for us to explore all these alternatives and report on them, as the workgroup has done. And then these are just recommendations that we're making, and policymakers and others will sort this out. Lynn?

**Lynn Hadden – Fairfax County, VA – Senior Application/Information Architect**

Taking the view of the consumer again, is there a connection between this enrollment data and their personal health record? Would they want to be able to keep a record of when they were determined eligible and what plan, because then they own the data? It's not in the different systems all over the place.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

Can you expand on that?

**W**

...want to have full circle ... once a person is determined eligible that in order to receive services to make it a set service for that ... record ... get to that point eventually.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

Correct me if I'm wrong, anybody here, but I think the connection of you as an individual to your electronic health records will already be established without regard to what payer you sign up with. I might have misunderstood.

**W**

I think this also gets at a point that Rob Restuccia had made in an e-mail that he sent to all of us, which it would be nice. In my opinion, this is another case for bidirectionality where a hospital, for example, that may actually be facilitating eligibility and enrollment, should be able to feed information in because, for example, there's presumptive eligibility rules that are built in, so that's one direction. But coming back the other way, once eligibility information has been collected, to be able to share that with the patient's

provider so that they don't have to reenter and redo and potentially flub that same information all over again from the patient's perspective might have benefit for the patient, both in terms of information burden, as well as potential improvements in service delivery.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

With the patient's consent.

**W**

Yes.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Right, and it's largely demographic data being copied over, although—

**W**

Yes, and presumably we would not be, for example, sharing income data from the eligibility system to the provider. I'm not talking about that. Yes, there would have to be—

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

Facilitating the proactive sending of insurance and demographic data to a payer?

**W**

I think that's what's being envisioned. Others can probably articulate it better.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

To a provider. All right.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Karen, did you want to comment on it?

**Karen Quigley – Community Catalyst – COO**

Sure. I'm representing Rob today. We had found that two things are important. One is that being able to retain information at the kind of community organization level, some representation helps, and in some cases that's at the health plan level, helps enormously in re-determination and in keeping people eligible because they see the patient more frequently than anyone else, frankly.

The other piece of information that might be relevant with this discussion is in talking about individual messages back to consumers, eligibility is terminated for whatever reason. There needs to be a monitoring of that in aggregate.

We have found in Massachusetts that sometimes procedures fall apart. Things don't happen correctly, and people are thrown off eligibility because a notice wasn't mailed, somebody thought a letter went out, and it didn't. I'm not sure this is exactly to the point, but these are two points I wanted to make in any case. I think the fact of eligibility and where somebody stands on it and the ability to participate and trigger the re-certification process, providers can be very helpful in that, especially helpful. And then the second is there has to be some aggregate monitoring, community based or otherwise, of what's going on with the population in terms of eligibility status.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

We're going to limit the conversation to two or three more comments because we're almost back on schedule. You can leave it up, Lynn.

**Lynn Hadden – Fairfax County, VA – Senior Application/Information Architect**

Let me just close by saying that for Reed, I'm taking notes to make sure it comes back. We'll talk about your topic in the workgroup because it just hasn't been mentioned.

**W**

It's about data ownership, and I own the history of the decisions that were made about me and the plans that I enrolled in.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Cris?

**Cris Ross – LabHub – CIO**

Actually, I wanted to ask a more general kind of version of the question of what's been asked in the last couple questions, which is, it looks like your recommendations sort of stop at the enrollment/dis-enrollment window and don't go further into the consumer's ongoing experience of the benefit that they're receiving. I'm thinking about things like coordination of benefits and dual eligibility, but also, how do I know if by becoming eligible for care. Sure, I'll get a dis-enrollment notice, but are there other?

So I'm just curious if you deliberately meant to draw your scope to go only up to the enrollment and dis-enrollment window, whether that was a deliberate choice or not. It seems to me as though there's a whole bunch of series of other questions that relate to someone's coverage that would be highly relevant.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

I think, and Bobbie or anybody else who is on the workgroup to pitch in, but I think we deliberately ended the conversation on enrollment and maintenance and dis-enrollment, so that was the scope. We'll talk about changing that, but....

**W**

...we kind of left kind of a large bucket of consumer communication kind of open without a lot of definition to it, but that was sort of intended to kind of take care of all that other stuff. But we may need to put that back on the docket.

**M**

The scope is plenty big already. I'm just curious sort of at the same time though it would be a shame if we did a really good job of engineering a process by which a citizen became eligible, and then we did a really good job of kicking them off. But we didn't do a very good job in the middle of helping them manage their health.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Farzad?

**Farzad Mostashari – NYC DH&MHH – Assistant Commissioner**

Related to that, I'm actually wondering if someone here knows the legal requirements in the practice of the HITECH Act extended the HIPAA requirements for patients to be able to get their own information from covered entities, which includes not just providers, but also health plans and health plan clearinghouses. HITECH extended that to electronic form. So what I'm wondering is, has anybody heard anything about how individuals might exercise that right to their information from these other covered entities in electronic format and what the designated code set would be for those.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

I don't know of a designated code set. I don't know, even on the standards committee. I don't know of any standard code set.

**M**

271 is not going to be a consumer friendly return.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

It doesn't—

**Farzad Mostashari – NYC DH&MHH – Assistant Commissioner**

Again, my question is, what would it mean if I went to my plan and said, give me my data electronically. What would they have to give me?

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

There are two different things. One is, give me my electronic healthcare data, and that's from your provider.

**Farzad Mostashari – NYC DH&MHH – Assistant Commissioner**

But what I'm saying is covered entities include more than just healthcare providers.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

Covered entities, and I'm just presuming that that's where you have disclosure. Who has asked for my data is a different question on the payer side.

**W**

But I think we heard in testimony somewhere along the way, CMS talking about it, at least on the Medicare side, doing a blue button concept, which would include claims data. So presumably they have a format for what that will push out. I don't know what it is, but maybe that's something that we could look at to begin to answer your question.

**M**

...dig into this issue.

**M**

...could do that. And it's in law currently.

**W**

Is it?

**M**

Yes, it's in law, and I just wonder. It raises the question of, first of all, how many people know that they have this right, new right now, and has anybody acted on it? If so, how have covered entities responded?

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Good question. Okay. Thank you very much, Reed, Anne, and committee members. We're going to move to a discussion of the intersection of tiger team recommendations and some of the crosscutting issues that are implied. Bobbie, you're going to lead us through these?

**Bobbie Wilbur – Social Interest Solutions – Co-Director**

Yes. Guys, just to put a caveat around this, this was the first cut at doing the cross section of this, and it's sort of immature already, given the discussions that we've had today, because the discussions we have today obviously would have informed us a lot better than what we have. As we're going through this, one thing that would be helpful is that each one of the tiger teams take a to-do to take this back and kind of push it out a little bit further and mature it in terms of its capabilities and kind of organizing that because I do think it either becomes Appendix F or G or whichever one we got up to, or it may become part of the preamble to our recommendations.

With that said, and knowing that we've got some more work to do here, the purpose of this was to say, while we've all been kind of working in our silos, which we're all afraid to create, we now need to bring that back together and figure out what things cross over, what things impact each other, what things become dependent on the items that we were working on in our own tiger teams, and are there any actions or commonalities that we need to call out? Obviously I think today we did a pretty good job of calling out things like the consumers roadmap through this and the kind of whole consumerism approach around this that we need to really think about what we need to do on that.

This is the first attempt at that. If you look at the slide, if you can go to the next slide, the slide has kind of the picture, and the problem with pictures is that you can't put a lot of works on them, and they get kind of complex, particularly in an area like this. But what we were trying to promote here is that there is a Venn diagram here and that the intersection, which probably should be the biggest piece, the biggest overlapping piece is actually the part that's called out in red.

At the core, I think we're all saying that one of the commonalities that we have here is from a technology kind of standard approach that for us to be sort of platform independent, we're going to have to be working in a world of Web services that we can reuse and promote for state reuse, whether they actually use it as a Web service or they deconstruct it and use it in some other methodology to embed in their current legacy systems. That's going to be a fundamental.

The work that Doug went through on the core federated data is going to be kind of a hallmark to everything that we're doing because that data is going to be what is either, A, used to support the decisions that are made through the business rules or, B, exchanged among the players of which we've already identified are many here in terms of what we're doing. And then that data also serves as the base fundamental for basically presenting back to the consumer the information that we're trying to present to them.

The consumer mediated approach, which Deborah was asking questions earlier about what does that really mean, and what do we mean by that? It really does put the consumer at the center of the decision-making process here, which also makes, if you look at some of the privacy rules that they were talking about, it says that the consumer is the one that's going to direct who gets to see what, when, where, why, but it also says that the consumer is going to have access to all that data and be able to reuse it for their purposes, whether it's inside the context of enrollment or outside the context of enrollment. That becomes a really fundamental underpinning of these recommendations. And I think guides a lot of what will happen here in terms of what ultimately gets built on top of this.

The other part that I saw that was kind of core and came through almost all of the recommendations is there's got to be somebody approach or process to either build this reference system that we're talking about or have an oversight or ability to kind of take the aggregate parts and move them in a way that people can reuse them. And that, I don't think, is going to stop at 2014. That's going to go on forever, but it probably needs to start today and go on through ... which means there probably does have to be a federal government, Farzad, that has to do this.

Now it's kind of taking it back out to the outside of the circle. Obviously, in this construct, the consumer becomes kind of the end broker or whether we did it right or we didn't do it right, and so everything, every communication, everything that we build has to kind of direct around whether or not they understood it, whether they were able to affect it once they got it, whether or not they knew what their next steps were, etc. That's really critical.

In order for that to happen, privacy and security becomes paramount. And so the way that that consumer gets access to the information, the way that the systems know that that is the right consumer and that they should have that access, in other words, the ID management, the way that permissions are established through that process for who gets to see what, when, where, and why. All of that kind of stuff fits in that security and privacy kind of handshake and broker. Obviously, in concert with that, the business rules team is going to be probably pretty key in terms of understanding how they set those rules that fit inside each one of those actions and steps.

Verifications being the information that is reaching out to a lot of other systems, there's going to be a lot of security and brokering that goes on from the verification systems out and then back to the consumer, so that's going to be critical. Then, finally, at the end of the day, the provider who has to deliver those services is going to have a strong handshake on what services they're supposed to provide, who they're providing them to, that they provided them, and that they are no longer providing them for whatever reason they are no longer providing those services.

As you can tell, there is a significant overlap. I won't go through all the pages beyond this because I'll provide those to the tiger teams as maybe a starting place for the tiger teams to look at this stuff and take it to the next playing level, but this was the construct around the beginning of putting the storyline together for communications to the policy and the other standards groups around how this all fits together.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Thank you, Bobbie. Before we move forward, questions? Stacy?

**Stacy Dean – Center Budget & Policy Priorities – Director, Food Stamp Policy**

I'm not sure if this is the right time, and usually when I raise something, Bobbie tells me it was always implied, so I look forward to that answer here. But there's a lot of—the expectation here, and I think more appropriate is the aspiration is that the consumer is at the center of the process and controls as much as we're able to confer to them the process or processes. But what we haven't talked about is the accessibility or usability for consumers, and maybe that is beyond our charge here, but I do think it's pretty important, at least for a few minutes' discussion, as to whether there are any standards to be conveyed there or if it's already implied or repeated.

I think that a number of the Web based systems that I'm aware of just don't—there's reading level. There's language access. There's ability to connect with assisted technology. There's enormous inconsistency across the universe there, and clearly there are laws that establish sort of a theoretical standards, but not necessarily practical ones, so I was wondering what we think about that here.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Bryan?

**Bobbie Wilbur – Social Interest Solutions – Co-Director**

It's a good question, and it's not implied.

**Bryan Sivak – Government of D.C. – Chief Information Officer**

...around creating the concept of a user experience or referencing that in the set of recommendations because that really I think is the critical point. These things have to be useable by the communities that are going to want to use these systems. I think the question is how much do we want to define. I don't know that it's really within our ... to define what that actually is because it's going to differ very significantly from community-to-community. But as long as we can implement something in a reference implementation that does get those points across, but then also very specifically mention in the recommendation itself that this is a critical component that has to take the whole customer centric thing into account.

**W**

Just let me push back on that a little bit, and I'm sorry, having missed that earlier conversation. I think in many of the other things that we discussed here, we had examples of where we thought it was working well or at least that was certainly true in verification and health plans. People can talk about the specifics of what we'd like to see. But I think, in terms of consumer access and usability, in the government sector, not—

**Bryan Sivak – Government of D.C. – Chief Information Officer**

Yes.

**W**

I'm not sure that, first of all, I don't think that there was particular testimony on that issue, but I'm not as aware of terrific examples in the human services/health....

**Bryan Sivak – Government of D.C. – Chief Information Officer**

Totally agree.

**W**

So how can we not speak to offer more specific guidance or given that it's so clearly needed.

**Bryan Sivak – Government of D.C. – Chief Information Officer**

It's an interesting point and actually kind of makes me wonder if there should have been a tiger team for usability, user experience, that kind of thing. Maybe it is something that actually does need to be a more significant part of the recommendations based on the communities that we know about that are going to want to use systems of this nature.

**W**

...also talking about maybe a compliance here too beyond that?

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Yes, I heard Stacy talking about the whole range of reasons to make this system easy to use. We did talk this morning about creating essentially a preamble to our recommendations that emphasized the user experience, but we haven't, as you say, had testimony about it. I'm not sure that we've viewed it. I think we've all said that we know it's important. We know it's important from all the work that we've done. We know the experience in government is not—doesn't have much breadth, nor much depth of quality. But I'm not sure that we've seen it as a charge of the committee. Gopal?

**Gopal Khanna – State of Minnesota – Chief Information Officer**

Yes. I want to say that we have not seen that in the marketplace, it behooves us, given all of this good work, that maybe it becomes Appendix F or whatever Aneesh left at, which brings me to the point I want to make is that in industries that I think there's an opportunity to have an Appendix G, say, for example,

which is to bring together, and it hit me home when Cris was talking about his presentation and particularly that we're doing a good job within enrollment and eligibility, but we may lose out some way ... there about five things that have been discussed today that sort of need some definitional clarity, business rules, data elements.

We talk about harmonization, processes, standardization, and after that, two more things, the outcomes and information. And I believe there's a model that can be put together, just as an appendix, because if we tie those together, now they may be definitional pieces out there in the marketplace, but I think very often they're lost because there's some common commonality in terms of it's a semantic issue. So I was just wondering, just like having some kind of a appendix on usability, there might be a simple – there's room for it or there's a need for it. I don't know.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Certainly is. Karen?

**Karen Quigley – Community Catalyst – COO**

I make the observation that there is in the law two provisions around assisting consumers. One is the consumer assistance program grants that are going to states now, many of which are beginning to partner with community based organizations because of issues like how do we provide assistance in a meaningful way, and the other, of course, is the navigator provision. One observation I'd make is that we might frame those recommendations or those observations or those capacities that need to be there in terms of standards for those programs, which are not at this point very well specified in the law.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Terri?

**Terri Shaw – Children's Partnership – Deputy Director**

Bryan and I were having a side conversation that probably we should have with the group, but one part of it from my perspective that I wanted to raise is that perhaps I'm naively assuming a policy question, but I believe what we're talking about here is an online application. Applications have standards associated with them, including they have to be made available in certain languages, for example. I don't think anything that we've said here is meant to counter, be in any way counter to those existing standards and requirements. I'm assuming that we're importing all of those into this environment. If that's too much of an assumption or an assumption that needs to be made explicit, I would say that we should do that.

**M**

I didn't hear Stacy questioning that. What I heard Stacy questioning in a sense is give that 40 million people who are going to become newly eligibility, ideally a large number of them are going to apply online, and that the experience of online services in the human services world, I think, as we all know, leaves a lot to be desired. I'm not sure, and maybe those of you who have more experience with reference applications than I do can comment on if we were to go the route of a reference application, would a reference application or could a reference application have the old world graphical user interface, have an interface, a consumer friendly interface?

**M**

Yes.

**M**

As a model built into it, and you would see it ...?

**M**

Absolutely. It needs to because that's what people are going to be building by. And that will be a fantastic—

**M**

So that could be an approach that we take if we go. It could be part of our recommendation around building a reference app.

**M**

Yes. It should be. I mean, if you think about a reference implementation, right, part of it is going to be an example for jurisdictions to leverage, to use as just sample code, if you will, to create something that they want to create. But I guarantee you, there are plenty of jurisdictions out there.

**M**

(Inaudible.)

**M**

If it's good enough, they're just going to take it, right?

**M**

Yes.

**M**

I mean, I know the district would. There's no question about it. If I don't have to spend resources, my very precious these days resources on creating something, and I can just take, then I'm going to.

**M**

Well, if you are a model, because you've raised your hand every time we've talked about building something, you're in. Gopal is in.

**M**

Yes. I know Steve is in.

**M**

Steve is in. Steve has already built a lot of these things. But I think that may be the response, Stacy, besides having an emphasis in the preamble of our recommendations about the importance of making whatever is done consumer friendly and consumer accessible and to follow all the ADA, etc. requirements that a reference application—

**M**

...ADA stuff, right? We always think about ADA. And, in a way, ADA kind of – things like ADA get in our way of creating intuitive user experiences because we just think about putting lots of things into something to make it compliant. But governments are bad at creating user experiences. We don't invest in people who know how to do this. In this case in particular, 40 million people, most of them probably aren't that technology savvy are going to need to use something. We need to make it just like this, right?

**M**

Yes.

**M**

I mean, as easy as pushing a button a screen.

**M**

Just as in the ADA, there are, you have to make accommodations. It doesn't mean that everybody has to use the crappy application that meets those standards. You can have different applications, just as there's a ramp here and a set of stairs there. It doesn't mean you can't have stairs.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

I would actually challenge the fact that probably most of the people of the 40 million that are newly eligible are going to be computer illiterate, and they're going to go online in the first place, which is every reason to make it that much easier, and ... surveys, demographic surveys suggest that these days. We are actually on schedule, so we're going to move to the next steps conversation with Farzad.

**Farzad Mostashari – NYC DH&MHH – Assistant Commissioner**

This has been, I think, a terrific day, and we have a week before these recommendations, draft recommendations need to be presented to the Health IT Policy Committee. I think clearly we have seen some, heard some comments here that will help us work with each of the tiger teams to refine the recommendations. I think, in many cases, we need to make the recommendations easier for the policy committee members to understand. They have not been steeped in this. They are not experts in this. Ad, as part of that, I think it will be a very helpful process for us to put it in more plain English and to be a little more blunt sometimes in terms of what is it that we're actually recommending. I think that's a good thing.

We should also kind of scrub things to make sure that we're being permissive, policy permissive, but we're not putting the technology force and making policy decisions, which may be premature. But I think the policy committee, if the past is any guide, will offer some additional useful insights and questions for us that will, in a subsequent workgroup meeting on August 24<sup>th</sup>, we'll be able to scrub once again prior to presenting again recommendations to the standards committee, on the 30<sup>th</sup> doing one final scrub right after that in the August 31<sup>st</sup> enrollment workgroup meeting, and then the drafting of the actual recommendations to ONC that would be approved by the FACA, would go to ONC, and then ONC could accept them in whole or in part.

The secretary, once that is done, would essentially promulgate them, announce them to the states for use, and in building any of the systems. The legislation does provide as a next step in this process for grants under Section 1561, and that those grants must use these standards, and that whatever they build must be openly available. There was authorization for funds. There was one thing that was left out. Can anyone guess what that is?

**W**

(Inaudible.)

**Farzad Mostashari – NYC DH&MHH – Assistant Commissioner**

Appropriations. So there actually—

**M**

(Inaudible.)

**Farzad Mostashari – NYC DH&MHH – Assistant Commissioner**

And there's been some confusion on this, I think. There actually are no funds appropriated for 1561 grants, so we are looking to see whether there are other ways of working with CMS to see if there are

other ways whether other grants could be leveraged to include at least in their pilots, demonstrations, implementations, or planning, some of these standards and recommendations could be tested because, if you look at the timing, you really do need to get some experience with these standards very early on so that states can begin to put them into their work plans and to begin to put them into their contracts and their procurements. Moving forward very quickly before we know it, it'll be upon us.

Clearly the set of recommendations that we will be providing are not going to, it's not going to be the end of the story. We already know that. And maybe we brought you here on false pretenses, but the work is likely going to continue, hopefully not at the same break next pace. Hopefully there'll be some time to catch our breath. But this will be an iterative process, and I'm thinking particularly around the NIEM work and the data standardization. There's a lot more work to be done there, and further iterations of this. And I think each of the workgroups have also opened up some doors that in order to really be able to have actionable recommendations, more work needs to be done.

The other thing I'll say, as we prepare this next round of scrubbing for the policy committee recommendations, there may be some recommendations that we put in the parking lot and that we consider whether we need additional work, not that they're going to go away, but that we need to work at some more or to signal that there will be for future recommendations needed or work needed in a certain area. But I want to really express my thanks and thanks of ONC for incredibly hard work, hard timelines, really thoughtful thinking, and a great collegial attitude from everybody. Thank you.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Thanks, Farzad. We certainly appreciate everybody signing up for three years. We're not going to service that until next meeting, but—

**M**

Thank you, Mr. Chairman—

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

So that, and let me just mention that Judy is going to send a schedule for the workgroup meetings that Farzad went through. There's going to be a slight time change, I think, on the 31<sup>st</sup> meeting, but Judy will send that out this coming week, early this week. We had two, actually three software demonstrations during the last, at the end of the last meeting, and we have a fourth today with Curam software. Ronan, are you going to introduce this for us, please?

**Ronan Rooney – Curam Software – CTO & Cofounder**

Yes.

**M**

Some of us are going to—well, I guess we can see it here.

**Ronan Rooney – Curam Software – CTO & Cofounder**

Yes. Hopefully it'll be visible there. I think ... just going to do an introduction for a couple of minutes, and then Patrick is going to do the actual demo here. I think, I just want to say up front, what we tried to do, rather than show off a kind of standard product demonstration, what we tried to put together was something that focused on the issues that the committee has been looking at and talking about, and so something that brings together a sense of the data and a sense of the rules and a sense of the business processes and use cases that are involved so that people, that comes across. With that in mind, we picked a small kind of family of 3 people rather than picking a family of 20 people to work through, so just to give the focus would be much more on the issues and the context of what's going on.

I think the first thing I want to say is that what we're trying to – a lot of the issues that we're looking at are very complicated, but I think the mission of what all the agencies are doing, and this is a global one, I guess, not just a U.S. one, but it's what's on the screen here in kind of a semi format, and is fairly simple. And so, no matter what the problem areas that we're looking at, there are two objectives that all of the agencies are trying to do. One is to provide care and protection for people when they need it, and the second one is to have some achieved or social and economic potential. I think that's kind of a mission that we've kind of taken onboard just in terms of how you drive the software that you're building. And the one thing that's missing out of that definition, which is really important, is that the word program doesn't appear because that should just be the tool of the trade, and it's just something that you need to use to help get you somewhere else.

I think everybody is familiar with the problem today, and which is the citizens have these six basic needs of health and food and safety, shelter, education, and money or finance, and they tend to express them to us as practitioners in terms of life events or things that have happened. And, in many cases, what we ask them to do is to present it as an application for a program. So we don't actually know or care ... but a mechanism between the services and the citizen are actually a whole bunch of programs that actually get in the way of what the social workers and caseworkers are really trying to do. I think the committee has a chance to kind of at least address one big piece of this particular puzzle, and try and harmonize that relationship between and create a relationship between the workers and the services and the citizens who are actually looking for help with an objective of achieving those two elements of the mission.

I think what we're hoping to do, I just put this together in relation to some of what the committee is doing as well is to try and create what we would call a social enterprise ecosystem where we actually try and respond to requests for help rather than asking people to give us the answer. Today, they have to come up with the answer. They have to know what program they want, and now obviously in the Medicaid world ... slightly different, although they do end up for CHIP or for the exchanges where they'll actually pick a plan. But we help them in that process, hopefully. But rather than ... so the idea here is instead of having all those lines that we saw on the earlier slide as a way to have the agencies work together to achieve those objectives for a citizen and for a family.

I think many of the programs that are in there today are actually family based as opposed to individual based, so for example, if somebody comes in for cash assistance program and is part of the process, we find out there may be a DV issue or maybe there's some child or family issues. We can't deal with that—it's not just because one kid is being abused that the abuser or alleged abuser is also involved in the process, so there's a concept, I guess, in the human services side that may not exist so much in the health side, which is the idea that the idea that the entity you're dealing with is a household or a family or a social unit of some sort. So I think that's kind of important.

The other thing we wanted to show, I guess, was around here just before you see the application is we had a lot of talk in all the committee sessions about various frameworks and platforms and environments that would actually support developing new applications or what are the common services? We talked about verification services. We talked about eligibility services. I guess what we've defined, I guess, in this black section of—not that black is a particularly attractive color or anything—but is the set of services that we'd seen, I guess, that are common throughout the world, not just common in the U.S.

So regardless of what program you have, whether it's a mental health program or worker's compensation, Medicaid, TANF, food stamps, SNAP, CHIP, etc. those kind of set of six or seven core services. So there's one about managing providers who appear in every single program pretty much, whether it's foster care, whether it's Medicaid, and so on. And there's a set of services around eligibility, which we've

talked ad nauseam about ... but is very important. There's a set of services around financial management, which has to do with payments and overpayments with providers and with citizens. There's a core set of services around that that are program independent.

There's a very large set of services around what we call in this picture evidence management, which is managing the data from the collection, activation, syndications, and so on, and usage. And then, on top of that, one of the key ones we talked about a lot today is we're putting the citizen at the center, which is managing the participants, and that includes some of the other players like the stakeholders or our people who would be members of multidisciplinary teams for example.

And then, on the right-hand side obviously here, on this picture, we've got the two notions of around life event management. If we're ever going to move away from making the citizen apply for a program like for TANF where they have to figure out that they need childcare versus TANF or something, we need to be able to respond to life events. And the last one is really important is the idea of actually working towards a goal, so managing towards an outcome, which we do fairly well, I think, in things like the ... systems in the U.S. and so on where that's actually an end goal for ... reunification or parent adoption or something.

They have the set of services that we would say are the ones that are common and regardless of any program. These are the ones that are going to be reused across all your processes. The advantage of having them ... down the stack like this means that you will get reuse, and you will get consistency, so that's our proposition to you in terms of what might be a set of candidate services .... The things that use those services are the programs, which come and go. And if you extract from the programs I mentioned earlier one that we had looked at, did an analysis of 37 states in the U.S. To extract the elements of those programs that are not program specific, and then what you're left with are two things.

One, you get the common set of services at the bottom, and then what's left are the essentials of the program, so what makes TANF different to childcare? It's not the provider management because you can manage that separately because you get that in other protected services as well, for example. And so you can reduce the programs to their essence, so it has to do with the data set or the evidence associated with them and the business rules that are specific to the program as opposed to that are across programs. Those programs come and go, and you don't want them either at the top or the bottom or your stack. You want to be able to throw them away and replace them and modify them.

Finally, is the set of the what we talked a bit about today, I guess, the core service delivery models. So the traditional one that's being used around the world, including the U.S., is what we would call a level one model, which is around basically intake verification, determination, and delivery, so the standard claim processing kind of model. And what we've seen is a move globally to a much more outcome-focused model, so you're actually looking at this. You're asking the citizen what's the problem, and then you're trying to identify who has the problem and what it is, what might be a goal, and how do you plan to achieve that goal, and ... managed goal. So I guess at one level we would say that that's an architecture or a picture, if you like, for a citizen's entry model or a consumer at the center.

We have to do the programs and pay the benefits and so on. The bottom line there in that top three rows where there's a key set of processes around understanding the problem ... like assessments, provisioning, identifying providers and services, and then planning the delivery of those services. And a key piece for a lot of systems is the whole idea of supporting multidisciplinary teams, so where you have a complex problem, part of the response that's required is a multidisciplinary response often in child welfare, or it could also come up in a kind of TANF and so on situation.

And the last slide, I think, is coming up, and then I'll hand it over to Patrick. We mentioned briefly around, and I think somebody brought it up earlier on, the no wrong door. I think Cris mentioned the no wrong door, and it's really important that that framework or platform, if you like, supports a no wrong door to allow people, other people with different roles to be able to use the application. So if the citizen can't complete it online for all sorts of reasons, that some caseworker somewhere can actually do it for them, or some community organization, so it's not the architecture itself can't be program specific, and it also can't be person specific, like a particular role. It shouldn't only be available online. I think that's an important part of the equation and solution, and hopefully we're going to see two sides of that when we get into the application today.

The other thing I would say to some of the points that we heard earlier on in finishing is that having a platform like that, I think, is a way to encourage that innovation and encourage people to build new applications on top of it because if the core platform gives you those set of services, then you can build whatever you want on top. It doesn't have to be a specific solution for TANF or child welfare. You can build those other programs and ... innovation. Patrick, I'm going to hand it over to you. I hope I didn't take too much of your time with that little intro.

**M**

Ronan, with the enormous amount of demand from public for transparency and accountability and understanding the information to make more informed choices in terms of the outcomes and should we have a program or not in the future, the last slide talks about various role-based and availability access to it. One thing that seems to be missing is public access in this day and age when talks—

**Ronan Rooney – Curam Software – CTO & Cofounder**

One of them was public access.

**M**

Okay—

**Ronan Rooney – Curam Software – CTO & Cofounder**

...and access, I think, at the bottom left.

**M**

Right. But I'm saying more in the sense of having data information rich from every angle that it could be analyzed for assessing the overall—

**Ronan Rooney – Curam Software – CTO & Cofounder**

At a program level?

**M**

Program level or at the outcomes level as far as—

**Ronan Rooney – Curam Software – CTO & Cofounder**

Yes. Again, maybe it wasn't explicit, but it's certainly an implicit ... picture. Yes, absolutely. It is.

**M**

The story of my life.

**Patrick – Curam Software**

Good afternoon, everybody. I acknowledge that I'm at the end of a long and involved day here. I'm going to make this as engaging as I possibly can. What we're going to do is a little demonstration here in Curam that follows the story of a consumer named Mary and her experience at using a public facing Web site to enroll in various eligibility programs, and then what happens on the agency side when that enrollment information arrives there.

I'm going to focus on the story with Mary, and if you take a look at what's up on the screen here, it says Curam Citizen Self-Service. This is the public-facing portal that Mary experiences when she goes online to find out if she's eligible for anything and then to do a potential enrollment. What she sees here is that there's a link here to find out if she's eligible.

Now her situation is this. Living with her is her young son, and she also has her mother living with her, who is disabled and is on social security. And Mary's unemployment insurance benefits have just run out, so she's gone to the public Web site to find out what she's potentially eligible for.

She goes to the first spot here, and she takes a look to see is she eligible for something. And the very first screen that you're presented with is something around account management. So if you've had interaction with the state before, with the agency before, we can retrieve that information with the user and password.

But this is her first visit, and so she says, okay, I'm going to start screening here without creating an account or without logging in. She goes ahead and does that, and what that's going to do is going to take her to a page that asks her what it is she wants to do, and there are three basic options. There's an express screening, which is a one-pager, just a few minutes to walk through some very basic information, am I eligible for anything. There's a screening that does all programs, so you don't have to pick and choose. It's kind of that no wrong door concept. And there's one that lists all the programs, and I'll show you that just to give you an idea of the breadth of programs you can put into a screening application like this.

She goes ahead and chooses that she's going to screen for all programs, and she gets presented with a list, and the list starts with cash assistance, continues with childcare, and then other programs like early head start, food stamps, low income home energy assistance, and so on. There's a link there that says more info, and if she navigates that link, it'll actually open up a Web page that tells her what that's all about. She can have external access to policy documents to help citizens guide themselves through this process.

She takes a look, and she says cash assistance, food stamps, and medical assistance is what she wants to be screened for. Ultimately, this doesn't control what she applies for. All the information that we capture here is going to be packaged up and sent to the agency. It's just going to give her an indication of what she's potentially eligible for.

It takes her to a screening page, and what you'll note on this page is that a few of the fields are marked with an asterisk, and the asterisk means that the information is mandatory. There are very few fields that are marked with asterisks. The whole idea is to get through this process in a very streamlined fashion. If you look at the progress bar, it's kind of absurdly precise. It says 6%. But as that moves, it'll give them an idea of where they are.

And on the left-hand side, it'll show us what we're going to visit. We're going to collect information about our home. We want to know if you're currently receiving benefits. Is there any income, resources, expenses? You can enter as much or as little as you like at this step. The more information you enter,

the more precise we're going to be in our screening. Also, once it's entered, you never have to enter it again, and that'll carry forward all the way through to the agency side.

Mary looks at this, and she says, okay, well, this seems simple enough. I see it's a required item to enter my first name. I'll enter my last name, which happens to be Till. I'll put in my date of birth. I'll pick my gender, and the marital status. I listened with interest to the discussion about the data verification requirements and the sort of options that you have. All of these drop down boxes are and should be configurable, so you can put in the options that are sort of the standard across the application, but this is what we're starting with. She looks at that, and she says, okay, I'm separated.

**M**

Why wouldn't last name be required?

**Patrick – Curam Software**

I'm sorry, why would it not be?

**M**

Yes.

**Patrick – Curam Software**

This is just the screening process. In fact, this is kind of anonymous. This can be anonymous at this stage. When she gets through screening and actually does an online application, we will require a last name.

**M**

Yes.

**M**

So this is kind of hypothetical.

**Patrick – Curam Software**

It is. This is like your baseline product. In fact, you can enforce more stringent requirements on this or relax it. But I think first name, DOB, are you a resident is kind of the bare minimum set to start with. Okay? There is help located along the way, and she's going to say, look. There are three people in my household. She's going to be asked a question upfront about emergency needs, so kind of a triage upfront, potentially is she being evicted from her house? Has she run out of heating or cooling? And she can indicate this at this time.

She looks at the options for emergency need, and none of those apply to her, so she goes back and says no. We're going to be asked a basic question about whether she pays for her heating or cooling, and then she gets a summary. Then she gets a summary. Sorry. I'm not sure what happened there. And that's going to happen at each step along the way.

When the summary comes up, she's able to go back and review the information that she's entered and modify it. We indicated at that first step that there's three people in the house, so we built a little metaphor here, and you can see there's Mary, and she's pink, and the next person in the household is who we're talking about now. The metaphor is to let the consumer be able to go through this in a very intuitive way.

It's designed to take the consumer through in a very intuitive way. So she can see now that she's dealing with her son. Her son's name is Eric. His date of birth is February 2, 2000. Puts in the gender. His marital status is single because he's only ten years old, and we go to the third person in the household. The third person in the household, her name is Myrtle. She has a different last name because it's her mother. Her last name is Santal. We put in her date of birth and her gender. We take her marital status. She happens to be widowed, and we go to the next step.

You'll notice at this point we're already 25% complete with the process, so this is a very streamlined way of getting the screening information in. The next thing we need to build up is a picture of the household, so we need to know who are the relationships between the members of the household, and we're going to use this when we determine eligibility because a lot of eligibility is run individually. It's also run on household composition units, so we need to know who is in there. We're going to say Mary is, and we'll have a drop down box of relationships. Mary is the parent of Eric. She is the child of Myrtle, and then we need the relationship between Eric and Myrtle, and it's grandparent and grandchild. The system builds the reciprocal relationship, so we only need to ask that question on the one side.

We're going to ask some basic questions about the household. Is anybody in the house blind? She answers no. Is anybody in the house disabled? There is, and it shows you the persons in the household, and you can pick who is there.

She gets to a question about does anybody in the home purchase and prepare food with you. Obviously a very specific question for SNAP eligibility. She may not know the answer. She may not have the expertise. I'm not sure what that means. She can leave it blank, and the system will help figure out what that means downstream from there. So she leaves that blank.

She goes onto the next step. Again, she gets a summary of her information. She can review it and change it if she likes. Now we get to the question, is anybody receiving benefits? They are. In fact, Myrtle's SSI happens to be what they're living on, so she picks that and goes to the next step.

We take a look at income. We going to ask, does anybody have a job? Is anybody self-employed? Is there any other income? Had we answered yes, we'd actually go through the logical flow of collecting that information. Because we don't, we proceed to the next step.

She gets the summary. You can see we're already 75% of the way complete here. There are a couple of questions we're going to ask about resources, so we're going to indicate that Mary has resources, and we're going to indicate that the resource is a savings account. She can put in the value here. Now at this point, this is all unverified, unattributed evidence. It's just information that the consumer is volunteering about themselves. When we get to the agency's view, you'll see how this actually gets verified.

She puts in the \$200. We'll say that she has no other sources. If she said yes, it would have looped around and asked her for those. We're going to answer some questions about expenses. Again, the paradigm is very simple. You say yes, it pops down a picture of the household, you pick who this information applies to.

This happens to apply to Mary. She has shelter expenses because she's renting an apartment, and we know Myrtle, her mother, has medical expenses. So it's going to ask her what kind of shelter expense do you have? It's rent. We'll say she pays it on a monthly basis, and she'll put in an indication of how much that is. We'll collect the information about Myrtle's medical expenses. She pays prescription drug to the amount of \$97 a month.

Now this is a fair amount of information that we're collecting. It's not mandatory. The next thing is though, once the consumer puts this in, it's carried all the way downstream, so the value is in the consumer self-identifying and self-volunteering what the information is. From an agency's perspective, you click through that, you verify it, and you make the application ultimately ready for eligibility.

She enters her final bit of information about her medical expenses. I'm 100% complete, and I say next. What just happened? What just happened is we took all the information that we have about this household and applied it against high level and, in this case, these are just the federal rules, high level federal rules for each of the programs that she wanted to be screened for. And you can see, hopefully you can see there are three programs there. The first one is food stamps, and it says Mary and Eric might be able, so it's a potential eligibility of 298 a month. You can see there's a medical assistance potential eligibly indicated here. Mary, Eric, and Myrtle might be able to get help with paying for medical bills.

We know at this stage it's Medicaid. They don't necessarily know that yet. We're picking the best option for the household based on the policy rules that we have in here. So there are Medicaid rules in here. There are also CHIP rules in here. At this case, because she has no income, Medicaid is the best option. You also see that Myrtle gets a line here that says she might be able to get help paying her Medicare premiums, so if she's actually on Medicare, there's a separate benefit that's issued to her. And then for cash assistance, there's a potential benefit there.

You can leave out the benefit amount. You can put a ceiling or a floor, but it gives them a strong and clear language what they're potentially eligible for.

Mary looks at this, and obviously this is very good news for her. She might be able to get help through this process, so she's going to go on to the next step. And what the system is going to present her with is what are her options at this stage. She could go forward, and that's what I'm going to show you, and actually apply online. Take all the information that was gathered, put that into an online application, send it into the agency. We could also print it out in a PDF. That is the agency's application form, just the paper application form, but pre-populated. Or we could do a referral to a local office.

So she gets presented with those options, and unsurprisingly, considering the options here, she says, look. If I can apply online, let me do that. And she gets an indication that says the same application form can be used for all three of these programs. I think I heard the idea earlier today, one application and all the decisions get rendered from that, and that's kind of what we're trying to support here.

She looks at this, and she says, okay, I'm going to select all programs, and I'll say next. What this is going to actually do is populate an online application form. A couple points I want to make here. It has a similar look and feel to the screening, but this is the agency's paper application form translated to electronic format. So we know, for example, FNS rules require that anything you present over the Web looks precisely like what you have on paper. We can support that, so you can actually add questions to this application form. It's also slightly longer because you're collecting the full set of information. But the counter side to that is we also know the rules say only a small amount of information is actually required before you submit. And you'll see, again, very few mandatory fields here, again supporting SNF rules that say name, address, residency, off the application goes.

The first thing we're going to do is we're going to look at this and say, they're potentially eligible for expedited food stamps. You can see some of the information was pre-populated from my screening form, and that's really a key concept here is that you never have to enter the information twice. We're going to

get presented with information about each consumer here. Steve, you'll notice here that the last name is actually mandatory at this stage because this is the application form.

There's information we haven't collected yet around address, so we'll go ahead and collect that. And I won't make you watch me type that, but she puts in her address. It populates that, and then goes on to some additional information, so if we want to collect social security number, information about whether she is a U.S. citizen, what's her living arrangement, all the things that are relevant for the eligibility programs we're ultimately going to enroll her in. We'll collect that information, and then we'll just cycle through each consumer in the household.

Here's Eric. Again, it's pre-populated with everything that came from screening. We'll put his social security number in and take a look at the rest of the applications, so you'll see things we're picking up like where is their permanent abode? What's the ethnic and racial background? If you want to collect information about education, this is the paper form translated to online and all the information you want to collect. We'll finish that with Myrtle, so we'll put in her social security number. My apologies if your social security number is all 3's. I put your private information up here. Long day.

Again, we get the relationship ... and now at this stage, all the consumer has to do is review the information they've collected. I'm collapsing this into just a few minutes, but they could have screened two weeks ago. All they have to do is review the information that's in there, pick up any changes, and then go ahead and apply. She looks at this, and she says, well, you know what? None of this stuff has really change. I'm going to go right to the finish, make this a streamlined process. So she goes right to the finish. I get a full summary. I can review it.

You see those little change bars on the right-hand side. That means I can change it at any time. I take a look at all the information that I've entered, general information. Most of this came from screening. I did pick up one additional bit of information. There's an absent parent. We're obviously going to want that for TANF purposes, so we'll enter that here. Then we look at our application, and we say, okay, this looks good. We get down to the very bottom, and we can go ahead and submit.

When we submit, it's going to ask us what we want to do, again, kind of that account management idea. I'm not going to linger on this, but I'll give you just a little taste of it. Basically you can create an account with a user and password that'll let you go back and change this information at any time, also go back and check the status of your application, so you're not constantly phoning in saying—I think I heard it earlier today—what's the status of my application? What's holding this up? What state is it in? We can communicate it through this online channel. That's if you create an account.

She looks at the anonymous option, but decides it actually makes a lot of sense to go ahead and create an account, so she'll go ahead and do that. I just filled in Mary Till with an easy user name and password. This would obviously be the agency's rules around password security, and a challenge question. The whole idea here is self-service, so you put a challenge question up there. So if they forget their password. Screening for benefits and enrolling may not be something they do every day. So if they forget it, it helps to give them an option to retrieve that. She retrieves it.

Second to last page on the user experience, some of the disclaimers around have you read your rights and responsibilities? It's an electronic signature, also some of the disclosure information about sharing private health information. Obviously some of the discussion today was about where is the appropriate part in the process for that disclosure to live. You can move that, but here's where I've kind of chosen to put it.

She looks at this information. She does an electronic signature and submits it. And this is the last thing she sees, a reference number, and that reference number would be something she could use online to look up the status of her application. If you had an IVR system that she was calling us, she could use this. If she phones somebody and picks up a human, this reference number is her one application stop to know what the status of her benefits are. Also some verification items, so if we're going to do any sort of interview process, or if you're going to do something over the phone to actually get the enrollment process complete, it gives an indication to the consumer what they're going to need to produce. That's the viewpoint from the consumer, and that's the process.

**M**

...checklist on the page that suggested the verification documents that were required.

**Patrick – Curam Software**

Yes.

**M**

How are they submitted?

**Patrick – Curam Software**

Lots of different options to do that. You could do— I know actually Steve could probably talk about what's happening in the state of Utah, which is kind of almost like a self-service process where persons can have the verification—and you can correct me if I'm wrong here—where the verification documents are scanned at regional offices and that are associated with the application that comes in.

**M**

...home, so I have to bring them into a regional office?

**Patrick – Curam Software**

You could bring them in. The product supports lots of different options, so you could bring them into a regional office, or you could submit it. You could actually do an upload online if you have something local, like if you wanted to scan it locally, like it's your house and had that. The other option, which, of course, is relevant to the discussion we were having earlier is if there are documents that are available somewhere else, like a passport information, like IRS information, we'd go out and retrieve that, and then the process would actually just be accepting the information that's come in.

Now I'm showing you the caseworker's view .... I'm sorry?

**M**

(Inaudible.)

**Patrick – Curam Software**

Yes. Sure. This?

**M**

Yes. Go back to that.

**Patrick – Curam Software**

Okay.

**M**

...does completely.

**Patrick – Curam Software**

Yes.

**M**

It's on video—

**Patrick – Curam Software**

I think so, yes.

**M**

Yes.

**Patrick – Curam Software**

Do you want me to pause for a second while we check that? Okay. I guess this will be a good time if there are any questions about the consumer's experience. This would be the right time for it, I suppose.

**W**

(Inaudible.)

**Patrick – Curam Software**

You could mail it in. One of the options that we've— Again, were coming to market with a product, so there are lots of things you could do. One of the things we talked about was, which we actually prototyped is a coversheet that gets printed out at this point with a barcode. And so you kind of put the barcode, and that associates with the consumer on the backend. Yes, absolutely.

**W**

How many states already use something similar to this?

**Patrick – Curam Software**

...New York, North Carolina, Utah, and Nevada, and Louisiana, and ... New Jersey.

**W**

...half dozen that use Curam particularly.

**Patrick – Curam Software**

Yes. It would not be a software demonstration if there weren't a few technical difficulties. We wouldn't know what we were doing. All right, so this is what the view is from the agency side because we talked a lot about what the consumer's experience is, but obviously with all these applications coming in online, there's going to be somebody on the other side having to deal with it.

What I'm giving you here is a view of the worker's perspective, and what they see there is a list of applications that have come in recently, and those allocations would find their way to the worker's desktop through any work allocation rule that she put in. It just happened to be on their desktop. You see the top one says Mary Till. As I start this, if you scroll down, you can actually see a little dashboard here that's shows the applications that have come in.

What's significant, obviously, for applications in health and human services are the timeliness standards around them. You have a certain amount of time to dispose of them. This gives an immediate view to the worker of what's happening across those programs.

I go ahead and take a look at the application, and this gives me a view in kind of a summary form from a business process perspective of what's happened. I see everybody who is in the household: Mary, Eric, and Myrtle. I see what they've applied for: medical assistance, cash assistance, and food stamps. I see how many days left they have to apply, and I know what I have to do now as a worker, which is process this application. And the whole idea from this perspective is to streamline this. Just like we streamlined the consumer's experience, we also want to streamline the experience at the agency that has to deal with these applications coming in.

I take a look at this, and I say, okay. I've got to process these three applications. I'm going to go ahead and start the interview process. This could be something that's done in person. This could be done ahead of time. You have lots of different options about how this gets done. But ultimately what we have to do is inspect the information that's come in, go through our verifications, and make this eligibility ready. And what you're going to see later on is there's a little wrinkle in this because this is kind of modeled on a real world case where the caseworker or the worker at the agency has to do something else to kind of help the application get processed.

There's a little checklist here. Just like the consumer gets help as they fill out the application, so does the agency get help in what do we do to process this. We can see what came in is already checked we see the household contains the parent of a minor child, disabled individual, and there's income and resources that have been reported. If there's anything I want to change at this time, I can do that, and get this application ready for eligibility. What it's showing me now is the system constructed a wizard that's going to walk me through all the steps I need to complete in order to make this application complete, the enrollment ready, and it eligibility ready.

If I look at the information on the left-hand side, we're going to visit household composition, household relationships, living arrangements, income, and so on. If you look at what's in the right-hand side here, you'll see there's a list of information. I didn't have to enter this again, and neither does the worker. All this information came from the online app. And you see it's called work in progress. I've got Mary, Eric, and Myrtle. And you can see underneath there, there's also verification requirements. These are the things we actually need to verify, and it's all completely configurable.

In this case, we need to verify citizenship, and it says not verified. I take a look at this as a worker, and I'll scroll down and take a look at that. And I'll say, okay, I'm going to go ahead and add an item, see if anything has come in, perhaps through a trusted source. And I take a look at the list of items, and I say, all right. If we've received a U.S. passport for Mary, and again, this could be going out to a trusted source, and getting that, or it could be something they present. If we have that U.S. passport though, we'll talk about who presented it and save it, and it could be that simple.

If you're going to streamline and automate the process coming from a trusted source, it could be as simple as they're presenting a passport that's coming from whoever controls passports, then there you go. We'll go ahead and accept that as a verification, and now it moves to verify. You can imagine this is useful if instead of one application, you're dealing with hundreds of applications. You can keep track of where you are in the process.

We'll go ahead and complete the process for Eric and for Myrtle. I just kind of showed you that dropdown briefly to show you their options because obviously there are different documents and different

combinations of documents that represent verification of a particular item. So I'll finish the process here for Myrtle. In this case, we'll say there is a U.S. passport for her and save it.

Now it's going to take me to the next step, just a little wizard there, which is household relationship. There are the relationships that came in from my screening and application. I'm the worker. I review it. It looks good. I can move on to the next step. The same thing with living arrangement, I can obviously modify this if need be, but the process is very streamlined from the worker's perspective.

Head of household, we have two heads of household. Why? Because the system picked up, we've got food stamps, and we've got cash assistance, TANF. There's two head of households required. The consumer didn't have to indicate that. The system figured it out, so one of the key values here is simplifying a complex problem domain and doing it for the worker, as well as for the citizen.

Work requirement, so we know this is something that's required for TANF, not something you'd typically see in an online application, so the worker might have to add this. She'll open up a screen to add a new work requirement, and they'll say, all right. Mary is going to say she is registered for work. If she's not registered and has good cause, we can catch for the noncompliance reason here. There's also a place, any time you see comments or notes, there's places for the worker to actually do notes on the process and capture their insight into the consumer's situation.

We'll navigate through the meal groups. There are two meal groups here. There's a disability and so on. I get to the end of this. I go through all of my information that's come in, and I see there's still one thing that needs to be verified, something that may not potentially come in from a trusted source might be something that they actually do have to present a document like the checking account. Maybe they bring that in, so we'll take a look at that. We'll verify the checking account. Again, we'll be presented with who does it. She's going to bring in a Brink statement and save that. And now our verifications are complete. All right. So we've completed that wizard process.

Now during the interview, this is all the information that we've collected, and what you're looking at now is a site map that shows all of the information that's potentially there when you're talking about eligibility programs. There's actually about 1,500 eligibility items that's represented on this screen. Obviously not all of them are relevant to every eligibility program, but there's a lot of complexity underneath here that even the process I'm showing is smoothing over for you.

Now if you're familiar with these programs, the one thing I didn't do was talk about child support enforcement because we have a woman who is separated from her husband with a child, so we want to look at child support enforcement. If I'm the worker, and I've got them on the phone or I've got them in front of me, I pull up child support enforcement. It'll let me navigate to that directly. And I'll enter some information about it. And it's going to say, okay, this is on behalf of Mary, and my child's name is obviously Eric.

And I'm going to say, okay, well, obviously, Mary, you're going to assign us support rights and cooperate with the child support enforcement division, and she says no. No, I'm not. And the reason why I'm not is because my husband is abusive. That's in fact why we're separated. So the worker says, okay. That's interesting. Let me go ahead and deal with that information that you've just presented to me. I'm going to have a noncompliance reason here that we're not cooperating with child support enforcement because it may result in physical or emotional harm.

And I'm a mandated reporter, so kind of going back to this no wrong door idea, Mary didn't come to this site because she wanted to report domestic abuse. She came to the site to get help. However, during

the interviewer process, we've discovered potential domestic abuse. So I'm pulling up a view here of everything we know about Mary, and I have a lovely picture of her as well. But if you take a look there, you'll see it says care and protection. It says zero. It means there's no cases currently open for her. We didn't know about this child abuse or this domestic abuse allegation. We just found out about it. We need to package it up, give the right information to the right agency. It might be a different department. It might be a completely different agency. But we're mandated to share it with them.

We're going to package that information up. We're going to take a look at Mary. We're going to see who is in her family. Again, I'm collapsing this into a few minutes. It might be a week before they looked at this application. They may not remember who is in the family. This gives me that graphical view. So I see that I'm going to take Mary, and I'm just going to drag and drop her. All it means is I'm going to share this information with the appropriate agency. I take a look at Myrtle. I see she lives at the same address. So I want to drag and drop her over. Then there's the child Eric in the house. I see they all live at the same address. I drag and drop it, and now what this means is I can satisfy my mandated reporter requirement, again, kind of emphasizing that no wrong door.

I've sent that happy bit of news off to the folks who are supposed to get that, and now what do I do with this? I have an enrollment application that's ready to have eligibility checked on it. I'm going to say check eligibility. And you'll notice that there are a number of programs up here: cash assistance, food stamps, and Medicaid. But there's a program I didn't actually solicit information on and that's CHIP. The reason why is the system will figure out what's the best outcome for each individual member of the household by applying the information collected against our business rules. I take a look at that. I ask to see what we're eligible for, and I get this result. Again, this is against real U.S. federal rules.

I see I have cash assistance eligibility for Mary, and you'll see it's being done at an individual level. When you see that —Mnext to the name, that means it's mandatory. Eric and Mary together are eligible for cash assistance. You can see the amount, and that's a prorated amount for the initial disbursement. We also have eligibility for food stamps, two different household meal groups. So the system is able to iterate over all the possible household combinations, apply the hierarchical rules that are there, and determine that Eric and Mary are eligible for food stamps.

(Technical difficulty with the computer software program Patrick is demonstrating.)

### **Patrick – Curam Software**

I'll talk about this page just for a few minutes because I have a few more things I want to share with it, and we'll see if we can move on to the next one. You see actually that the system actually figures out that there are two household composition units here, Eric and Mary for food stamps, and Myrtle gets food stamps on her own, which is going to be important when I report a change in circumstance in just a few minutes.

Then Medicaid, we get to the health side of this. Myrtle is eligible for aged, blind, and disabled. She's also eligible for QMB because she's receiving Medicare, and that will assist her with her premiums. Then Mary and Eric are eligible for LIFC, Low Income Families with Children, and that's the best possible option for her, so the system presented it to her based on ... rules.

I've been determined eligible, and that kind of wraps up that first enrollment process, so I took it from the consumer's viewpoint. You saw what the worker sees, and you see eligibility. And I know I've got just a few minutes left here.

What I want to show now is a complication of what happens when circumstances change because we know that, over time, things will either improve or get worse for this family. I want to show you the impact that actually has on enrollment. If you take a look here of some time passed, and you've going to have that ongoing process, you'll see this family is receiving six different programs. Each individual is determined to be eligible for those programs, but you can see the household view here. I go forward, and I'm going to record a change in circumstance. That circumstance is going to affect these programs. I go and record my change of circumstance, and what I wanted to report was income being changed.

If you remember the little wizard I built earlier to collect information, this is saying the income has changed. In this case, they're not going to enter the information because I'm just going to say this comes from a trusted source. And all I want to do on the worker's side is just validate or verify that I've received it.

I'll say my income has changed, and you'll see what it presents me with is here's all the data that's relevant that I have about this citizen or consumer. They're all verified except for one, the income. I'm going to go ahead and say that the income is there. She's now making \$1,500 a month, and those of you that are on the policy side will know this obviously is going to have an impact on her eligibility. She's making \$1,500 a month. That came in through a pay stub. We'll verify that.

You'll notice here, we've got something called recent changes. There's actually a rolling audit log on this case that tells you everything that's happened, and we could say in a real world situation this report about a change in come could happen after benefits were disbursed for this month. So the system keeps track of an overpayment for the particular programs that are affected by this change while continuing to administer the programs for which the people in this household are still eligible.

The last and final screen, you'll let me know if I drop here, I'm sure. All right. Last one, so what we're going to do now is say based on that change in circumstance, based on the fact that Mary is now employed and making \$1,500 a month, we're going to check eligibility again. The one thing I didn't have to do is reapply. There's no new application for CHIP, unless you want there to be. We take the information that's there and can recheck eligibility based on that information being in process.

You'll notice it says here, what are we now eligible for? Myrtle still gets her QMB. She still gets her aged, blind, and disabled. She still gets her food stamps because even though she's part of this household, it's assessing her eligibility as an individual, and she's still entitled to food stamps. But Mary and Eric are not entitled to food stamps because she's making too much money. However, Eric is entitled to CHIP, so we're going to go a little bit through that enrollment process.

We see that he's entitled to CHIP. We'll go forward here. What it's going to do is present some information about the assistance unit. Again, this is just some standard data that I'm showing you, but it'll show the premium for the assistance unit. It'll show the maximum copay and all the details associated with the CHIP program that he's now going to be enrolling for.

We go forward and complete some of the enrollment details, so as you know, CHIP can have information assigned to each child individually, or we can deal with all the children as a unit. We only have one child, so I guess it doesn't really matter which one I pick. We'll say all the children in the assistance unit, and now we're going to do two things. We're going to pick a health plan, and we're going to pick a dental plan. We can do that by provider, individual provider who is in our central system, or we can do it by plan.

The first thing I need to do is pick a state and county. Keeping with my Utah thing, I'll pick a county in Utah and say this is where we're going to have the provision. We're going to look for all eligible CHIP

health plans in Cash County, Utah. And there are three of them: Well-being, Good Health, and Major. We'll pick Major Health, so we're just going to enroll Eric in that. We will pick a primary care provider for this plan. It will give us a list. I admit, this is not an extensive list, but it gives you an idea. We'll pick Utah Pharma Care. And now we're going to do the same thing for dental. The first thing we have to do is pick a state and county. Again, we'll pick Cash County. We could go directly to a provider if we wanted to, or we could pick by plan. Again, it'll present me with all the plans, and then I'll pick a primary dental provider.

What I'm doing now is completing the enrollment process for CHIP without having to go through another application process, certainly without having to go out and ask the consumer more questions that we already know the answer to. So I'll pick my dentist, Dr. Betty Behaving, and I guess this is where I'll leave it. I think I'm actually just about right on time.

What we have now is a situation, and I think what strikes me about this example is it's a relatively simple household. It's three people, a very common scenario, so a single mother with a child, disabled parent living with them, and the complexity that she faces as she goes through the enrollment process and what happens on the worker's side is also significant. I kind of like this example because it shows that. We'll leave it with their enrolled in CHIP. You can see they're actually receiving that, and Myrtle, who is not affected by the eligibility rules, continues receiving her benefits unabated.

That's all, and thank you for your time and attention at the end of the day. Ronan, I don't know if you have any parting comments.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

We've got a minute for questions, comments. Thank you. Judy, we turn to you for public hearing.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

All right. This is the public comment section of the meeting. If anybody in the room cares to make a comment, if you'd please come up to the microphone, which is being brought forward right now, and anybody on the telephone, if you wish to make a comment, please just press star, one. And if you're on the computer, you'll need to dial in to 1-877-705-2976. And just a reminder to state your name, your organization, and there is a two-minute time limit. Yes, ma'am.

**W**

Hello ... question about the ... I noticed ... available—

**Patrick – Curam Software**

...up to the microphone ... answer the question. Household is really the term for the family unit. The key thing for us is getting the family relationships between the people, so we're using the term household to say that's the unit around which those relationships are established. It doesn't imply that they're in a home or have a stable address or anything like that. I know we went through it quickly, but one of the things you can pick is tell us what your living arrangement is. You could be living in a long-term care facility. You could have children that have been out placed from the home, so it does ... but I just didn't have time to go into it.

**W**

Okay. I was just wondering ....

**Patrick – Curam Software**

Absolutely. Yes.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Thank you. We have another comment in the room, I believe.

**Alice Weiss – NASHP – Deputy Director, Maximizing Enrollment for Kids**

Hello. It's Alice Weiss from the National Academy for State Health Policy and the Maximizing Enrollment for Kids Program. And I did want to make a comment related to the conversation really earlier in the day relating to the importance of having a process, mapping the process by which states make eligibility determinations. I just wanted to remind the committee, the workgroup that the Maximizing Enrollment for Kids Program actually has engaged in such a process with our eight grantee states, and we provided you all with a report of some of the findings of that process, I think, attached to my testimony that I delivered on June 14<sup>th</sup>. It's called *Maximizing Enrollment for Kids: results from a diagnostic assessment of enrollment and retention in eight states*. And we are in the process of creating a tool that states can use to assess their own enrollment and retention process, and I'd be happy to provide the workgroup with more information on that.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Thanks, Alice. We have no comments on the phone. Anybody else in the audience? Okay. With that, I'll turn it back to Sam Karp.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Thank you, Judy, and thanks to everyone. Long day, productive day. Tiger teams are still meeting. Yes. Have a lot of work to finish up. Come on. Give a smile. Again, on behalf of Aneesh and myself, I want to echo Farzad's thanks to everyone. Tremendous amount of work over the last couple of months, and going to bring this work at least to the interim conclusion over the next month, so I'd just encourage everyone to stay at it.

We'll take the feedback from today and try to incorporate them into our final recommendations, and then it'll go through the process that Farzad outlined earlier. Judy is going to send out, just as a reminder, the schedule of meetings, times, dial in numbers, etc. Thanks, everyone.

## **Public Comment Received During the Meeting**

1. Thank you for providing this meeting available to the public. It is very helpful to be able to attend the meeting virtually and participate in our government in this way.
2. Couldn't disagree with current speaker more (person dissing data harmonization).