

Illinois HFS and 1561 Standards

Overview

In Illinois, medical and human services are in the main divided between 2 agencies, the Healthcare and Family Services (HFS) and Human Services (HS). We also have a Department of Aging and a Department of Children and Family Services. HFS is responsible for Medicaid, CHIP and related services as well as Child Support Services. HS is responsible for SNAP, TANF, Mental Health and others.

The services that are delivered are supported by technology that in many cases is over 30 years old.

We are in the process of upgrading all of our health and human services technology. Our MMIS is already in the planning phase, we are using MITA guidelines and intend for our MMIS to be 100% MITA compliant. We also intend on using NIEM for our MITA information architecture. We are on a similar trajectory with a project we call The Human Services Framework—which will integrate information systems across a range of State agencies, including HFS. Unfortunately there are no similar guidelines to MITA available for human services information systems. Furthermore, our Office of Health Information Technology is leading us through the development of a state wide Health Information Exchange (HIE), which will facilitate the exchange of administrative and clinical data across unaffiliated systems. There are some standards for that such as CONNECT, but these are not yet harmonized with NIEM, a direction that has been endorsed by HHS. We encourage CMS and the ONC to establish an aggressive approach toward NIEM adoption.

We are also in the process of working on re-procuring our medical data warehouse as well as creating the subsystem of our MMIS, which will support the Medicaid EHR Payment Incentive Program for meaningful use of electronic medical records. Given all of this activity, we have decided that we need one approach for all of these projects as a practical matter especially in the face of budget shortfalls, staff retirements and staff shortages. In particular we see the HIE as basic infrastructure with all of the traditional applications such as MMIS, PIP, SNAP and TANF as services. This means we will need unified repositories that are usable by all services as well as well defined communications protocols. We expect this to take place over time and that the initial focus will be on HIT development needed to support ACA and related programs.

Recommendations

1. Extend the MITA governance process to encompass all of the ACA and related programs' HIT efforts with the goal of eventually governing all of HHS technical services.
2. Adopt NIEM as the basis for creating MITA information architecture.
 - a. This would seem to imply having general repository services (storage services and retrieving via query services) rather than the current model of repositories serving a single application or service with the difficulty that imposes when attempting to integrate applications.

This is the context to view the answers to the questions we have provided.