

HIT Policy and Standards Committees

State Perspectives on Implementation of Initial 1561 Standards

November 10, 2010

Background

Please provide high-level information to the workgroup for understanding how your state agencies and programs are structured.

1. Who administers your Medicaid, CHIP, SNAP and/or TANF programs?
 - a. Are these programs administered at the State or County level? **State**
 - b. Does the same agency administer each of these programs? If not, how is administration divided among state and/or county agencies?
Medicaid & CHIP are administered by the Department of Healthcare and Family Services (HFS); SNAP and TANF by the Department of Human Services (DHS).
 - c. Does the same agency that administers the program perform eligibility determinations? If not, how is this responsibility divided? **DHS is responsible for performing all eligibility determinations for SNAP and TANF and, through delegation of authority from HFS, the majority of determinations for Medicaid and CHIP. HFS performs the balance of determinations for Medicaid and CHIP.**
 - d. What role, if any, do community-based organizations play in the eligibility determination and enrollment processes? **Such organizations (and health care providers) may assist individuals and families in completing the applications which are then forwarded to HFS or DHS for eligibility determination and enrollment.**

2. Please discuss the level of system integration your state currently has for the Medicaid, CHIP, SNAP and TANF programs.
 - a. Is there a state repository of information that provides information on a consumers' enrollment in programs (e.g., master client index)? **There are two of them. One for individual recipients (HFS' MMIS recipient database) and one for "cases" (families/households/individuals) (DHS' client database). While they are substantially in sync, each repository contains individuals not contained in the other.**
 - b. Can consumers apply statewide to any single or multiple programs online? If so, does the online process include submission of documentation? E-signatures? If all application data and documentation is submitted, is the applicant required to come in to an office? If yes, for what purpose and for which specific programs? **DHS has a statewide online application for multiple programs currently. But depending on the program (SNAP & TANF), applicants may still have to come to a local office for an interview no matter what documentation was submitted electronically. One of the outcomes we hope to accomplish with our Framework initiative whose planning RFP should be out in January 2011 is to have a comprehensive online application that may eliminate the need to come to a local office.**

3. Please tell of us of any *recent* innovations in enrollment in your state and/or of any *early* preparations you have made for enrollment under the Affordable Care Act. **We are about to release an RFP for a planning vendor to help us.**

Core Data Elements

- Does your state currently use the National Information Exchange Model (NIEM) guidelines to exchange data elements between health care programs? **No**

- If no, do you use NIEM to exchange data elements in any other domains? What alternatives do you use to ensure consistent, efficient and transparent exchange of information between programs? **We do not currently use NIEM in any capacity. That means we need to use manual means to insure that information is exchanged consistently between programs as the mandates for data sharing come in. This is expensive and inefficient and we are looking forward to using NIEM as a vehicle to standardize data exchanges as we plan to replace, upgrade and enhance existing systems.**
- What is the biggest current barrier(s) to exchanging eligibility and enrollment data between health and human services programs (e.g., Medicaid, CHIP, SNAP and TANF)? **Almost any new requirements will involve programming efforts either at the level of the production applications (whose cores are, in the instance of HFS over 30, and, in the instance of DHS, over 40, years old) or at the data warehouse which is much easier but is still not completely transparent. While interagency agreements currently exist, in some cases they may need to be modified or new ones created. This is also a time consuming process and can be difficult depending how burdensome the new requirements can be for an existing agency.**

Verification Interfaces

- Does your system currently use a real time (Web services) approach to obtain verifications from Federal and/or State data sources? **No**
 - If not, what would it take to do so? Have you ever encountered a situation where a Web service would not be the preferred approach? **We would like to use Web Services in all circumstances. We have a planning vendor, Fox Systems, to help us with our MMIS upgrade. We expect them to help us create a strategy to enable a uniform set of Web Services for all verifications as well as other services.**
- ACA Section 1561 Standard 2.2 states that future iterations of the Federal reference software model should include additional interfaces to Federal, State or other widely-available data sources including the National Directory of New Hires, the Electronic Verification of Vital Events Record (EVVE) system, State Income and Eligibility Verification (IEVS) systems, Public Assistance Reporting Information System (PARIS) and the U.S. Postal Service Address Standardization API.
 - Real-time, web services access to which of these interfaces is most critical for your state and why? **All of these are critical for Illinois. New Hires for our Child Support Services, Vital Events is important for Medicaid and CHIP and especially our Maternal and Child Support programs, IEVS for Medicaid and related services including waivers, PARIS because we share eligibility with DHS and we also need to use our data warehouse to model the populations we serve, 70% of whom also receive other human services. The Postal Service Address Standardization is already a critical priority for the agency.**
 - Are there any additional interfaces that are critical for your state? **We need IRS for Insurance Exchange. SVES with SSA would also be very useful as web services.**

Business Rules

- How does your state currently incorporate business rules in your transaction systems? **No.**
 - What standard do you use for consistently expressing rules? **We have custom COBOL code in a variety of systems for this purpose.**
 - If so, what benefits have you seen from doing so? What challenges did you encounter?
 - If not, what (if any) challenges has this presented? What strategies do your systems

currently employ to ensure the capacity and flexibility to change and/or modify rules as needed? We have an extensible set of 200+ codes that we use to create and/or modify eligibility categories for medical assistance programs alone. This is very old and involves custom COBOL coding where many of the experts have retired or will retire within 5 years. We are moving to upgrade all of our medical and human services systems to utilize business rules engines as a result. We do not believe we have any choice in the matter except for determining the most efficient way to implement the rules.

- How could eligibility determinations made from these business rules be presented to consumers in a more clear, concise and unambiguous manner? Simplified and consistent rules between programs are critical in this regard. There is no way to present things to the consumer that are clear, concise and unambiguous if the underlying rules are not the same. We also hope to be able to utilize the systems of our non-profit partners (such as public schools, community action agencies) that already collect much if not all of this information depending on the programs they support. In this way, once a member of the community decides to apply for a service, the existing local system should be able to engage a state system on the back end to exchange information in a structured way and determine an outcome without having to have the client undergo another long application process. That is a small number of data items may need to be provided, but that would be all.
- Is additional standardization of business rules necessary to make the business rules repository proposed in Recommendation 3.2 a valuable resource? Yes. Business rules are made up of a lot of dependencies. The more inconsistent the rules, the larger the maintenance burden since if there are enough inconsistencies, the rules repository in essence becomes the union of distinctly maintained repositories with hard to predict interactions.
 - What strategies would you suggest for contributing to and/or maintaining such a resource? Start with an analysis of all of the rules for all the programs. Create high level dependency charts and other documentation. Call out the inconsistencies and propose resolutions. Involve state and federal elected officials in the process from the start so law makers will have personal experience and a vested interest in the outcome. Also involve other stakeholders from public and private sector to ensure that there is a large momentum driving this effort forward.

Transmission of Enrollment and Eligibility Information

- Does your system currently use existing HIPAA standards to transmit eligibility and enrollment information to other entities? Yes

Privacy and Security

- How, if at all, does the consumer interact with your system(s)? Currently, through our AllKids application and our call centers. Our sister agency, DHS, also has a call center and some online applications in use.
 - How difficult would it be to modify your system to offer consumer access to and control over eligibility and enrollment information? It would be very difficult since the system was not designed for this purpose. On the other hand, this is one of the goals of our MMIS upgrade as well as the Framework. We expect to include such designs when we get to the appropriate IAPDs and RFPs.
 - Where is the greatest opportunity to do so? What is the greatest challenge? Legal or statutory barriers? The application process offers the greatest opportunity from what we can see right now. We don't believe the application process offers any legal or statutory barriers. We are not yet very far down the path here, so that may change. Once we allow

users to check on the status of their applications or services rendered then we think there will be both legal (ensuring HIPAA compliance) and statutory (will probably need some new laws or rules laying out the roles and responsibilities of parties in these interactions) hurdles.

- The initial 1561 standards recommend that all entities involved in health information exchange follow the full complement of fair information practices (FIPs) when handling personally identifiable health information. How does your state incorporate the fair information practices into your eligibility and enrollment systems for Medicaid, CHIP, SNAP and TANF?
We are currently HIPAA compliant, but our systems are very old and were not designed with the FIP requirements. On the other hand, we do have a HIPAA compliant privacy notice that goes out to consumers with all our communications.
- Do your systems currently include the security safeguards recommended in the initial 1561 standards? We currently encrypt any PHI that is sent electronically to authorized 3rd parties. All safeguards that we use fall within the bounds of HIPAA compliance.
 - If not, what are the barriers to inclusion of such safeguards? There are no hard barriers, we intend to use all recommended privacy and security standards and safeguards as we implement new or upgraded systems.
 - Do your systems include any additional security safeguards? If so, what? No.