

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?
 - b. Does the same agency administer each of these programs? If not, how is administration divided among state and/or county agencies?
 - c. Does the same agency that administers the program perform eligibility determinations? If not, how is this responsibility divided?
 - d. What role, if any, do community-based organizations play in the eligibility determination and enrollment processes?

Arizona administers Medicaid, CHIP, SNAP and TANF at the state level. The Arizona Health Care Cost Containment System (AHCCCS) is the single state agency responsible for Medicaid and CHIP in Arizona. Our sister agency, the Department of Economic Security (DES) is responsible for SNAP and TANF in Arizona.

The eligibility determinations are divided in an interesting manner between the two agencies. DES determines eligibility for SNAP, TANF and about 77% of our Medicaid population, including families, children, pregnant women, and a waiver program for childless adults and medical spend down. AHCCCS determines eligibility for long term care recipients, the aged, blind disabled population, CHIP, and other members of the CHIP household who are Medicaid eligible. However, Arizona froze enrollment into CHIP on January 1, 2010. We do not know when the freeze might be lifted. We went from 105 to 16 CHIP staff, who currently maintain the CHIP caseload.

Community organizations play an ever increasing role in our eligibility determinations. In 2002, a consortium of Federally Qualified Health Centers (FQHCs) brought the California Health-e-app software to Arizona. They worked with AHCCCS and DES to adapt it for Arizona rules for Medicaid and CHIP, and implemented the Health-e-Arizona system. Health-e-Arizona is an on-line application utilized by trained assisters in community organizations to electronically apply for Medicaid and CHIP. Information is collected through the application and transmitted to the appropriate eligibility office. Signatures are collected on an electronic tablet. In 2006 SNAP and TANF were added to Health-e-Arizona. Health-e-Arizona also screens for several local medical discount programs and for sliding fee scale programs in the FQHCs.

The FQHC consortium funded the entire project for Arizona, and developed a model for organizations using the Health-e-Arizona system to assist consumers with the application process to pay a subscription fee. The subscription fee is used for future development and for the costs of maintaining the system. The consortium transferred the Health-e-Arizona license to AHCCCS in 2007. AHCCCS manages Health-e-Arizona in cooperation with DES, Social Interest Solutions (SIS, the Health-e-Arizona developer) and other community partners.

Today we have 68 subscriber organizations in about 200 locations who pay a fee to use Health-e-Arizona. These subscribers are currently submitting over 8,000 applications per month or about 6% of all applications. Subscribers have access to reports, work management information and have direct contact with eligibility staff to resolve outstanding issues to completing the eligibility determination. Medical providers who subscribe to Health-e-Arizona have a high degree of success in converting uninsured patients into covered Medicaid or CHIP recipients.

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)?
 - 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?

There is no single state repository of information about consumer's enrollment in Arizona. AHCCCS keeps enrollment information on all Medicaid and CHIP recipients in its MMIS system, and all of its own applicants in the ACE system. DES keeps enrollment information about all SNAP and TANF recipients in its AZTECS system. AHCCCS, DES and Health-e-Arizona maintain a database of all applications submitted to those systems.

In December 2008 AHCCCS, DES and SIS implemented Health-e-Arizona for public access. Consumers can apply on line using essentially the same tool that subscribers use. Consumers establish an account and password, which in conjunction with their verification of identity, becomes their electronic signature. They are able to fax verification to the system. Very shortly they will be able to upload scanned documentation to the system. The application and documentation are linked together by a bar code.

Applicants for Medicaid and CHIP do not have to come into the office. SNAP requires an interview, which can be by phone, but in Arizona, the SNAP head of household must come into the office for finger imaging.

Public Access Health-e-Arizona has been a resounding success for us. We have done no outreach for this product to date, other than putting it on AHCCCS and DES websites and telling consumers that come into the eligibility offices about it. In 2009, the first full year of public access, we received over 192,000 applications. In 2010 we are on track to receive over 428,000 public access applications. We will receive another 77,000 applications through our Health-e-Arizona community subscribers. This represents about 34% of all Medicaid and CHIP applications for the State of Arizona.

We survey after the completion of every public access application, and receive about 2000 surveys per month. We use the data to identify and prioritize new development for the system. One of the most interesting outcomes is that 74% of all survey respondents are accessing Health-e-Arizona from their own homes. Although we make computers available to consumers in most eligibility offices, there is very little use in those locations.

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 consider Public Access for Health-e-Arizona to be a recent innovation. We have a constant stream of improvements being developed. By the end of the year we expect to make scanning available to subscribers and the public as a means to submit verification and documentation. We are currently funded under a Medicaid Infrastructure Grant to improve the accessibility of Health-e-Arizona for users with disabilities by the end of the year.

We are currently evaluating the use of Health-e-Arizona as a front end to the DES aging eligibility system, and potentially for AHCCCS' much newer eligibility system, ACE. DES uses AZTECS, implemented in 1986 to determine eligibility for Medicaid, SNAP and TANF. While we evaluate the possibility of using Health-e-Arizona as the front end into AZTECS, we are looking at the opportunities to combine that work with development necessary for Health Care Reform.

Core Data Elements

- Does your state currently use the National Information Exchange Model (NIEM) guidelines to exchange data elements between health care programs?
 - 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?
- 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)?

Arizona does not use NIEM to exchange data elements between health care programs.

Seven years ago AHCCCS and DES developed our own data exchange model, the Technical Interface Project System (TIPS). At the time there were several local and national public assistance screening tools being developed. Owners of these tools wanted them to interface with our eligibility systems. We did not want to build proprietary interfaces with everyone who had a screening tool and we needed a new interface between AZTECS and AHCCCS' new eligibility system ACE.

We created a standard set of eligibility data elements for Medicaid, CHIP, SNAP and TANF, agreed upon by the two state agencies. We notified anyone requesting to exchange eligibility data with us that they must use TIPS. We have spent 6 years perfecting the exchange of data between ACE, AZTECS and Health-e-Arizona, and we are at a point where this process is very successful for us.

The biggest barrier currently comes from exchanging data about consumers already known to the systems. When we receive applications from Health-e-Arizona the data elements are driven into our eligibility systems. This works very well when the applicant is unknown to us. If the applicant is known to the eligibility system the process works well, unless there is discrepant demographic data. If TIPS encounters discrepant data, it is unable to push the data into the eligibility systems. AHCCCS staff can correct the discrepancies and then release the information into the ACE eligibility system. If data discrepancies hit the DES AZTECS system the application is moved off to a report to be worked.

We have significantly reduced the occurrence of discrepant data for Medicaid and CHIP applications by interfacing with our MMIS system at the start of the Health-e-Arizona application. Applicants are able to pull their demographic data from the MMIS system to ensure that discrepancies for name, social security number and date of birth are resolved early in the process.

If the household composition has changed from the last known household in the eligibility systems, that situation creates a discrepancy that we currently deal with manually.

The biggest barrier to creating the exchange of data initially was ensuring that we agreed upon the definition of every single data element. That was very difficult in the beginning and is not a problem today. Establishing data file content was difficult, but creating the data file format was very simple.

Verification Interfaces

- Does your system currently use a real time (Web services) approach to obtain verifications from Federal and/or State data sources?
 - 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?

- 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?
 - Are there any additional interfaces that are critical for your state?

AHCCCS and DES use a variety of approaches to obtain verifications. Both agencies have real time access to the TALX Work Number website for verification of employment. We are also exploring batch and integrated interfaces with the Work Number.

When the DRA citizenship documentation requirements were implemented in July 2006, AHCCCS developed a website to provide Arizona Vital Records birth information to both AHCCCS and DES eligibility workers. The Office of Vital Records provides AHCCCS with a monthly file of all of its birth records. Eligibility workers enter information about the applicant and the applicant's parents. The website provides confirmation that the birth is known to the Office of Vital Records.

The DES AZTEC system is integrated with DES base wage and unemployment insurance data. AHCCCS staff access these systems real time.

Health-e-Arizona does access the U.S. Postal Service address look up real time.

The state uses batch interfaces with Social Security, IRS, PARIS, New Hire File, etc.

Business Rules

- How does your state currently incorporate business rules in your transaction systems?
 - What standard do you use for consistently expressing rules?

Health-e-Arizona has a sophisticated eligibility rules engine that is encapsulated in a web service and provides simultaneous preliminary determinations for a broad range of programs. The rules engine, which always screens applicants first for federal and state programs, ensures that the local and FQHC programs are the payer of last resort. Only when an applicant is found not eligible for state programs like Medicaid or CHIP does Health-e-Arizona screen them for a local program. The rules engine also determines the verification documents that are required for each program based on the program rules. Many of the program rules are complex and operate under a huge number of variables. The rules engine allows the Health-e-Arizona technical team to configure the complex program rules and also define the hierarchy for each program. It executes those program rules during the application process and provides simultaneous preliminary eligibility determination and determination of required verification documents for multiple programs.

- If so, what benefits have you seen from doing so? What challenges did you encounter?

Technical: We use XML and SOAP to pass the data to and receive results from the rules engine. Internal to the rules engine we use the Microsoft .NET framework.

Business: We currently use English to express the business rules but have not adopted a more structured standard of expression.

- 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?

Use of the industry standard architecture and protocols (Service Oriented Architecture, Web Services, XML and SOAP) allows Health-e-Arizona's Rules Engine to have the flexibility to be used by a broad range of external systems irrespective of the technology platform they are operating on.

Health-e-Arizona's Rules Engine uses a universal standardized data format using XML. This data format allows the Rules Engine to communicate with other systems without reprogramming to accommodate differences in the data formats across systems.

The biggest challenges were to determine a universal standardized data format for the rules engine and developing an engine that will use cutting edge technology but at the same time will have the flexibility to communicate with older legacy systems.

- 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?

The Rules Engine has been developed using a flexible architecture where the rules are modularized. At the same time different rule sets for different programs are loosely coupled. This means that the rules for one program can be developed and modified in isolation without impacting other rules, but can be easily integrated after the changes are done and tested.

The Rules Engine uses a mix and match of code and configurable items for the execution of the business logic. The configurable items allow Health-e-Arizona system administrators to make certain modifications by making changes to a configurable value, such as FPL, as opposed to making code changes.

- How could eligibility determinations made from these business rules be presented to consumers in a more clear, concise and unambiguous manner?
 - Health-e-Arizona's Rules Engine uses XML to communicate the eligibility determination results. XML allows a message format that can be easily interpreted by the systems and can be easily converted into a desired format. At the same time Health-e-Arizona's consumer portal has the intelligence to convert the eligibility determination results from the Rules Engine in a clear, concise and unambiguous manner that gets presented to the consumer.
 - Currently, Health-e-Arizona provides results to the consumer, but does not provide much of a description of why a person was not eligible for a particular program. This is one area of enhancement that we think will be necessary to meet the needs of the consumer in ACA.

- Is additional standardization of business rules necessary to make the business rules repository proposed in Recommendation 3.2 a valuable resource?
 - What strategies would you suggest for contributing to and/or maintaining such a resource?

 - Having a single interpretation provided by the federal government would greatly simplify the management and updating of the rules in Health-e-Arizona. It would be important, however, that the rules repository be established with consumable web services and web contracts that are clear and delineated, or the value of the repository would be diminished. It should be recognized that states will need to integrate this with their traditional Medicaid programs that will need to be offered in addition to the ACA programs.

 - We would propose the following strategies:
 - Determining and providing federal rules in the repository
 - Providing more commonalities across different programs in terms of business rules and data elements.
 - Provide a robust and flexible technology platform that will host this resource. The technology platform should allow easier integrations of this resource with other systems and should also have an architecture that should allow easier modifications to the rules.

 - Some states, like Arizona have created an integration framework that has been working for more than 6 years. Recognize the components that work and allow for them to be used and shared with other states. The repository, should allow for states to share their best practices.

Transmission of Enrollment and Eligibility Information

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

Yes. We use the 834 transactions to send eligibility and enrollment information to our health plans. We use the 270/271 transactions to provide eligibility and enrollment information to AHCCCS registered Providers.

Privacy and Security

- How, if at all, does the consumer interact with your system(s)?

Health-e-Arizona offers a self-service portal where an applicant can apply, search to see if they are known to the MMIS and state eligibility system, check the status of their application and enrollment, provide updated information when circumstances change and complete renewals.

AHCCCS has a website for consumers call myahcccs.com. Myahcccs.com allows the consumer to look up their eligibility and enrollment status on-line, make address changes, pay premiums (if any) and make health plan changes at annual enrollment.

- How difficult would it be to modify your system to offer consumer access to and control over eligibility and enrollment information?

Health-e-Arizona already allows the applicant to consent to share information, designate a third party, view and manage eligibility and enrollment status, electronically submit verification documents, electronically sign applications and other materials, update information, re-use information to apply for additional benefits in Medicaid, CHIP, SNAP, TANF and local programs, and print a summary that includes all the data they supplied with their application.

Health-e-Arizona could be augmented to allow the applicant to apply for private and subsidized Medicaid programs, provide for the applicant to view and respond to federal and other verification data, as well as allowing the applicant to “download” their information for re-use with other systems.

- Where is the greatest opportunity to do so? What is the greatest challenge? Legal or statutory barriers?

Insuring that the system provides comprehensive opportunity for consumers while making the information understandable, complete enough to make appropriate real-time decisions and elegantly handling the persons who apply that are more likely eligible for other Medicaid benefits such as aged, blind and disabled programs that are not covered by ACA.

- 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 have worked very hard to make sure the systems we use provide reasonable and appropriate security for our consumers. Below are the FIPs standards and our approach for meeting the standard:

- 1) Individual Access: Health-e-Arizona allows persons with appropriate secure log-ons to access their personal data. Individuals are allowed to correct their own data if it is not correct.
- 2) Correction: Health-e-Arizona allows the applicant to update their data.
- 3) Openness and Transparency: Health-e-Arizona provides a consent, discloses applicant's rights and the applicant is provided a summary of all the information they provided, and is able to view it all on-line.
- 4) Individual Choice: Individuals are informed where their data will be provided and will be used and are allowed to make a decision based on this information as to whether they want to provide their personal health information.
- 5) Collection, Use and Disclosure Limitation: Health-e-Arizona collects, uses, and/or discloses individually identifiable health information only to the extent necessary to accomplish a specified purpose(s) and never to discriminate.
- 6) Data Quality and Integrity: Health-e-Arizona and systems to which it interfaces have taken significant effort to insure data quality and integrity.
- 7) Safeguards: Health-e-Arizona and systems to which it interfaces meet industry standards for physical, administrative and technical security of the data collected and stored as part of the eligibility and enrollment process.
- 8) Accountability: Health-e-Arizona is subject to SAS70 Security annual audit to make sure that it meets appropriate security standards.

- Do your systems currently include the security safeguards recommended in the initial 1561 standards?

5.1) Consumers have access to eligibility and enrollment data that they can use and reuse. Verification information is stored and managed for reuse as well. Consents are garnered to allow the applicant to determine who will see their data and consumers can "opt out" of applying for programs if they choose not to proceed.

5.2) Third party authorization is provided for persons to provide and receive updates on status. In addition, community based assistors and others can be authorized to input, view and update the data on the consumer's behalf. There is a detailed audit trail of all transactions, updates and other changes in the application. We need to do more work on being more specific to time of access and revocation of access.

5.3) All data is exchanged through a secure tunnel which provides for secure, encrypted transmission of the packets. All entries are logged, and an audit trail of who entered or changed the data as well as the time and date of the change. Audit logs are generated and monitored regularly.

- If not, what are the barriers to inclusion of such safeguards?
- Do you systems include any additional security safeguards? If so, what?

See attached security document (Health-e-Arizona Security).