

Health Information Technology Policy Committee Enrollment Workgroup

June 14, 2010

12:00 p.m. – 5:00 p.m. (Eastern)

Washington Marriott at Metro Center – 775 12th Street, NW
Washington, DC

Instructions and Questions for Panelists

Background

Testimony from this hearing will help the Enrollment Workgroup formulate recommendations to the HIT Policy Committee/HIT Standards Committee and National Coordinator on the issues mandated by Section 1561 of the Affordable Care Act (ACA). If you have any questions, please contact Claudia Williams at Claudia.Williams@hhs.gov

Format of Presentation:

The Workgroup respectfully requests that panelists limit their prepared remarks to 10-12 minutes. This will allow the Workgroup to ask questions of the panelists and allow every presenter time to present his or her remarks. We have found that this creates a conversation for a full understanding of the issue. You may submit as much detailed written testimony as you would like, and the Workgroup members will have reviewed this material in detail before the hearing. PowerPoint presentations (PPTs) can also be used.

Pre-Presentation Questions/Themes:

The questions below represent areas the Workgroup intends to explore at the hearing. Please feel free to use them in preparing your oral and written testimony; the Workgroup recognizes that certain questions may not apply to all presenters.

The Workgroup respectfully requests panelists to provide PPTs/written testimony by **Friday, June 11, 2010, 3:00 p.m./Eastern Time**. Please submit the PPTs and/or testimony to Claudia Williams and Judy Sparrow at Claudia.Williams@hhs.gov and Judy.sparrow@hhs.gov

THEMES/QUESTIONS

This is the inaugural meeting of the Enrollment Workgroup, which has been tasked to come up with a set of standards to facilitate enrollment in Federal and state health and human services programs. This might include standards for:

- Electronic matching across state and Federal data
- Retrieval and submission of electronic documentation for verification
- Reuse of eligibility information
- Capability for individuals to maintain eligibility information online
- Notification of eligibility

Please focus your panel remarks on where we are today, where we want to be in future and how our group can accelerate progress.

Panel 1: Eligibility and Enrollment in 2014: taking a future look at health reform changes.

- What is at stake: how should our work support health reform goals, including simplified and streamlined eligibility?
- What are the key components and timing of the health reform coverage efforts?
 - Scope and timeline for state and federal fallback exchanges
 - Core eligibility group and single application (Medicaid, Children's Health Insurance Program, exchange insurance)
 - Required verification sources/interfaces
 - Timing of state grants

Panel 2: State/Local eHuman Services Efforts: Describe your efforts, including use of standards and technology to simplify eligibility and enrollment.

- Our starting conception of the use case for 1561 is a consumer portal to help manage eligibility information and processes across multiple programs. Please discuss your experience with:
 - **Front end check of eligibility/enrollment across multiple programs:** How do you check eligibility across programs at the front end? Approach and standards for data linking? Which programs included?
 - **Collecting information to determine multiple program eligibility**
 - What interfaces do you use to obtain electronic verification information? What standards used?
 - Consumer entry of eligibility information, what data elements? Consumer authentication?
 - **Sending “packets” of eligibility information to programs for final eligibility determinations.** What business rules do you apply centrally, vs. keep at the program level? What standards used for messaging?

Panel 3: Internet-Web Services/Consumer Data Platform: How do we move towards 21st century practices?

- Each of the panelists will be talking about a particular initiative or perspective (Wes- opportunities to pursue a consumer mediated model, Julie -IRS/Free Application for Student Aid, Paul- Children's Health Insurance Program Reauthorization Act data match, Bryan – open 311).
- In addition we would like you to share your perspectives on:
 - Opportunity to move towards a web-services model

- Viability of a platform-based or enterprise service approach
- Role of consumer in managing own data
- Where we need standards to accelerate progress and consumer participation

We realize there will be time constraints on your remarks, but we would also greatly appreciate your input on some starting assumptions and principles that could shape our work:

- **Keep it simple - Think big, but start small.** Recommend standards as minimal as required to support necessary policy objective/business need, and then build as you go.

Don't rip and replace existing interfaces that are working (e.g., with Social Security Administration etc.) Advance adoption of common standards where proven through use (e.g., 270/271). Standards cannot be the sole driver of policy change.

- **Don't let "perfect" be the enemy of "good enough"** - Go for the 80 percent that everyone can agree on.

Our opportunity is to designate and standardize the core, shared data elements across programs.

- **Keep the implementation cost as low as possible.**

May be possible to construct a basic set of services and interfaces that can be built once and used by or incorporated by states.

Opportunity to accelerate move to web services model, platform/enterprise service bus

- **Do not try to create a one-size-fits-all standard** that add burden or complexity to the simple use cases

We cannot represent detailed business rules for every relevant program, or include every desired data element.