

**Enrollment Workgroup**  
**Draft Transcript**  
**July 19, 2010**

**Presentation**

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

Good morning, everybody, and welcome to the enrollment workgroup. This is a public call, so there will be opportunity at the end of the call for the public to make comments. Let me do a quick roll call. Sam Karp?

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

Here.

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

Paul Egerman?

**Paul Egerman – eScription – CEO**

Here.

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

Cris Ross?

**Cris Ross – LabHub – CIO**

Here.

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

Jim Borland? Jessica Shahin or Lisa Pino? Stacy Dean? Steve Fletcher?

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

Here.

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

Reed Tuckson?

**Reed Tuckson – UnitedHealth Group – EVP & Chief of Medical Affairs**

Yes. Here.

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

Thomas Baden? Walt Sedlazek is on for Ronan Rooney, who will be joining late. Walt, are you there?

**Walt Sedlazek – Curam**

I am here.

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

Rob Restuccia? Ray Baxter or Bob Arndt? Deborah Bachrach? Gopal Khana? Bill Oates? Robynn Schifano is on for Ruth Kennedy. Robin, are you there?

**Robynn Schifano – Louisiana Medicaid Department LaCHIP – Medicaid Director**

I'm here.

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

Anne Castro?

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

I'm here.

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

Oren Michels?

**Oren Michels – Mashery – CEO**

Here.

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

Wilfried Schobeiri?

**Wilfried Schobeiri – InTake1**

Here.

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

Terri Shaw?

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

Here.

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

Sallie Milam?

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

Here.

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

Dave Molchany? Elizabeth Royal?

**Elizabeth Royal – SEIU – Political Coordinator**

Here.

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

Bryan Sivak?

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

Here.

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

Claudia Williams?

**Claudia Williams - ONC**

Here.

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

Joy Pritts?

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

Here.

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

Bobbie Wilbur?

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

Here.

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

Sharon Parrott? Gary Glickman?

**Gary Glickman – OMB – Coordinator, Partnership Fund for Program Integrity**

Here.

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

John Galloway? Donna Schmidt? David Hale?

**David Hale – NLM NIH – Project Manager for Pillbox**

Here.

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

Paul Swanenburg?

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

Here.

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

David Hansel? Julie Rushin? Chris Kim? Penny Thompson? Henry Chao? Tony Gagliardo?

**Dee Tiner – CMS**

I'm Dee Tiner. I'm on the line for Tony.

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

Okay. Dee Tiner. All right. And John Roessler? And Aneesh Chopra, has Aneesh joined yet? Okay. Sam, I'll turn it over to you.

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

Good morning again, everyone. I want to welcome you to today's call. We're looking forward to a productive meeting, and on behalf of Aneesh and myself, I certainly want to express our appreciation for the commitment and time and effort you all have put in, particularly over the last week, everyone that participated in the tiger team. Without it, we certainly wouldn't be able to meet our aggressive schedule. Let me take a minute and just walk us through the agenda.

Today's meeting is largely to hear reports from each of the four tiger teams that met over the last week to ten days. We're going to spend ten minutes or so hearing a report from the chair or chairs of the tiger

team, and hopefully they will tee up for us any outstanding questions, particularly where they want the entire group's feedback. And we'll take about 20 minutes to have that discussion, so about two hours of our call is going to be taken up in tiger team reports and discussion.

Then, hopefully at 1:30, we're going to hear a report from Doug Fridsma about efforts going on around data element mapping, and I'm hopeful that Doug is also going to give us just a brief overview for those who aren't familiar with the work of the National Information Exchange Model. Then I'm going to do a very brief review of the blog and other responses that we received, and then we'll turn it over to staff and get a report on next steps and our schedule. Claudia, did I leave anything out that's important?

**Claudia Williams - ONC**

No. Just really a note of huge thanks to all the folks who worked incredibly hard last week, and I think that work really paid off. The goal was to be able to, at a sort of molded clay level, see the direction of the recommendations so that we'd have plenty of time over the next month to refine them, so gaps. Be sure our thinking was in the right direction, so I think what we see today is a really thoughtful look at sort of the directionality of the recommendations, and a great opportunity for this group to shape what those look like, identify issues, and sort of tee up the work of these tiger teams over the next month so that we can get to something much more refined by our next meeting.

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

Good. Thank you. So I ask everyone to turn to our principle slide, which we briefly review at each meeting. Our work is going to be driven around keeping it simple, thinking big, but starting small. Don't let perfect be the enemy of what's good enough. Keep the implementation costs as low as possible, and we're not trying to create a one size fits all standard. With that, let me turn it over to our first tiger team presentation on verification interfaces. Steve or Henry, I'd ask one of you to take the lead and walk us through the set of slides and then tee up for us the questions that are outstanding, as Claudia suggested, where we can help you deepen the direction.

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

Henry, do you want to go ahead and start?

**Claudia Williams - ONC**

I'm not sure Henry is on so, Steve, I think you have the floor.

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

All right. Then I guess I've got the floor. I think that we've had some very good discussions on the interfaces, and I think some of the things that we've recognized is that there are some sources of information that we have to connect to. I think that there are some connectivity – connections that are already taking place within the environment. Some are connected. Some states are connecting. Some states are still struggling with it. And I think that we can look at ways in which we can simplify that, and I think that there's also an opportunity to kind of look at those folks who have connected, and to provide some assistance, some availability, as we go forward, to look at this. And I think that we've talked about a lot of ways in which we can kind of, as we go forward with some of these data sources we have to connect to, that we can use some things like Web services, make the information more readily available, and we can put some standards around – even more standards around how we would communicate with the federal sources.

So I think that we've gone through it, and we've identified a lot of these interfaces and what is available. And I think probably we are going to make some recommendations in terms of what these interfaces should look like. They should be using Web services. We should use, as much as possible, for the

capabilities, some of the standards that are already being adopted in the federal space, and in many of the state spaces also, which is the NIEM standards, maybe, and be able to support a data exchange with many of the systems that are currently in place.

I think some of the things that we've also stated is we can start with these services and then kind of evolve in the future in order to make it even more streamlined and capable. And I think that the idea here is to try to get a means by which we can roll this out as quickly as possible. I think that there's already some good starts, but we've got to recognize the fact that there's a number of different systems that are currently in place in the states that need to be brought up to speed in terms of being able to communicate with some of these federal sources.

I think the other thing that we are looking to do is, we're looking at verification capabilities in this, as we do our interfaces. And I think that we've kind of focused on the fact that we need to look at verification services and look at what standards are being used, look at ways in which we can put that in place. Some of this, obviously, will be determined with the business rules that are being defined right now. But I think we want to kind of leverage the verification structures that are currently in use and be able to streamline those to be able to put them as a service that people can connect to and authenticate against. And we are going down the path of trying to define what the requirements and capabilities are going to look like, as we go forward.

With that, I can kind of – I think that's basically where we have been focusing our time and attention is on the interfaces, as well as the verification services. I can answer any questions or turn it back over to you.

**Aneesh Chopra – White House – CTO**

Sorry for my delay, but I'm here, and great job.

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

Good. Good morning, Aneesh. Let me ask. Bobbie, you're staff to this tiger team?

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

That's right, Sam.

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

If we go back to page 12, slide number 12, and let's spend a minute going through each of the recommendations of the tiger team and then seeing if there are questions about each of those individual recommendations.

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

Okay. I'm happy to do that, Sam. Do you want me to read then and then kind of stop, or go through each ...?

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

I think, read them, and then if you don't get any comment, move to the next one.

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

Got it. Okay. Everyone, Steve gave you the broad-brush overview. Probably I need to go back to just to remind everybody to go back to slide number ten. I'm sorry. It's slide number 11 has the systems that are in play here from our previous conversation. The law requires or OCA requires that there be an interface to IRS, DHS, and SSA, and those are basically given in the context of what we're doing. The other systems that we've looked at also incorporating or utilizing to support this process are the EVVES

system. If you remember, that's the vital records process. PARIS, which is a system that looks at cross-state eligibility kind of considerations, and EVVES, which is a system that most states have, like Steve was saying, that have quite a bit of capability already, so a lot of matching across a variety of different constructs.

Just keeping that in mind in context of the recommendations, so the first one is the base verifications are given, which are the DHS, IRS, and SSA. Obviously those guys have to play, and we have to figure out how to make sure that the things that we're recommending work in the context of what they're doing. And so that's number one, and I'll pause there, Sam, in case there are any questions from the group.

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

Good. Thanks. Questions? Okay. Go ahead, Bobbie.

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

Number two is, again, the interfaces should be real time, and we've talked about this a lot as part of our group process. But what we're trying to do is online, real time verification so that the applicant, when they're actually interacting with whether it's exchange or the Medicaid systems or whatever, have the ability to have their data verified right up front. And if it doesn't get verified, that they have a way to correct the information or provide what we call point in time verification to support what they're doing. In order to do that, we believe that the base verifications should be Web services.

And as Steve mentioned, that they should probably be NIEM compliant. I think our group basically believes that if we follow the already construct of NIEM as our basis of exchanges, that most states will be able to match to those or utilize those where they're already doing a lot of that work. And then the other part of this is that because we're not thinking about ripping and replacing all the systems, we actually believe that there will be a variety of approaches to this. Some people will build new systems from scratch, all the way to some people using kind of more of an approach where they're building a front end that basically supports their legacy systems in all ranges in between.

The idea would be that we have to have some kind of translation service, Web service that basically augments and supports the exchange of data so that it can translate it to the legacy system and back. We believe all of these are probably two-way communications. So that's the second recommendation. I'll pause and see if we can get any comment on that one.

**Claudia Williams - ONC**

Henry, are you on the line? No? I had a conversation with Henry last week about these. Henry, are you there?

**Henry Chao – CMS – CTO**

Yes, I am.

**Claudia Williams - ONC**

I just know the point you raised that I thought was a good one was to frame these in terms of providing a glide path so that this is the goal, but like you said, Bobbie, we're not talking about – if an interface is currently working, delivering information that's useful to folks, that there be a way over time to get to these objectives.

**Henry Chao – CMS – CTO**

Yes. I think you captured what we were talking about accurately in that I think there won't be kind of this one set of standards in any one given situation that we can just all kind of target. I think it has to be a

range of things in which we gradually allow that glide path to occur, starting with some things that may have to support things in these interfaces in the interim, but know that they have to shift slightly at kind of the data element level, as well as the service level or the type of technologies that provide that enablement or the connection in the passing of the data and the data flows. We'll have to kind of drive to accommodating a range of things that will occur over a transitional period.

**Claudia Williams - ONC**

Any other comments there, guys?

**Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics**

I think, with regard to the glide path, you know, the way you sort of get to where you want to go is to first find out where you are now, and so just as Henry was sort of articulating, I think, understanding what the current services are and what the current definitions around the data and the data elements are, you know, first getting kind of the unambiguous definitions is that first step towards that glide path. Now you kind of know where everybody is. Then as we begin to understand that we will probably identify concepts that are similarly defined and that perhaps the aggregated or things that are different and just need to stay that way as well. That's going to be truth, both of the data, as well as the services.

**Paul Egerman – eScription – CEO**

Yes. I appreciate your comment there, Doug. One very specific comment or question I have is, I like what it says about Web services and real time verification, and I like what you said, Doug, about you have to know where you are right now. My only question about the real time verification is are these various interfaces or services really set up to be responsive? How long does it take to ask the IRS and SSA and all these other entities to submit the request to them and get a response back? Is it really practical to do that with these verification interfaces?

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

We heard in public testimony from SSA that they were already moving in that direction, so that was the most positive indication we got in response to your question, a little less clear with both IRS and Homeland Security.

**M**

Isn't the IRS student loan thing real time?

**W**

Yes, that one is real time too, Sam, so at least for student loan inquiries, it's real time.

**W**

I guess there are two issues. Maybe, Paul, you'll want to weigh in here. There are two issues too. It's whether the data are real time or whether the interfaces directly, it's not batch, you know. So in the case of the ACA interface with IRS, it's going to be last year's W-2's, so in that sense, it's old data. But the question is, maybe there are two sort of slightly different issues that play there. Paul, do you want to say a word or two about SSA and the interfaces?

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

Sure. Basically, as far as the interfaces we have, the real time provides a response with respect to the identity, so for example, if you were to come in with the individual's name ... and date of birth, we go back immediately, and we'll tell you. And that's in a matter of seconds that we can or cannot match up on that information, and then go into our databases to extract data. That's a real time response.

The problem with that is that we have only built a batch process for the citizenship match. While the agency is now looking forward to incorporating to the citizenship into the real time aspect, we haven't come up with an exact date for that. That's in the planning stages now, and I think, as I may have mentioned before that some input from this group may help SSA determine the priorities for that.

**Henry Chao – CMS – CTO**

I clearly understand it, you know, the conversation about real time, particularly in cases where you have scenarios where consumer expectation is that some kind of answer is provided in a particular situation in which they are seeking one or more answers in order to complete a step in the process. That kind of provides the context in which you, you know, how you define real time and whether if real time is adequate or not. I think this is going to get into a lower level of detail in which we'll understand much more, as we describe more scenarios that dictate data flows across one or more interfaces in a given use case. I'm not necessarily concerned that we need to get to that level of detail now, but I think, as a matter of principle, that we should strive to make the interfaces and data flow on as near a real time basis as possible depending upon the set of kind of business process and requirements associated with that process.

**Sharon Parrott – Secretary Sebelius – Counselor, Human Services**

Can I ask a question? I understand there are these data that you all have been looking at. What's the role of state wage data from the Department of Labor to the extent that someone is saying my last year's tax information doesn't reflect my current earnings? And I think there may be a glitch in the language that's maybe precluding NDNH, but I also wondered if you had all talked about NDNH, the National Directory of New Hires.

**Claudia Williams - ONC**

Yes. It's actually on the last slide. Just so you know that we're recommending that that be added as a core system that came up as part of the workgroup, so that's one of the last recommendations in here. The second part is the state wage information is part of or built into most of the state connections through the EVVES system, so when you look at EVVES, it has a series of system interfaces that it's doing, including the state wage and the state tax systems in order to determine income.

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

Bobbie, do you want to continue walking us through?

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

I will.

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

...can I break in and ask one more question?

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

Sure.

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

Sorry. I probably should have asked this earlier, but just taking a step back and understanding what it is that we mean when we say verification interface. Do these systems literally require you to have asked the information of the individual and then go out and verify against the other systems, or are we building a system that will enable the applicant to enter as little information as possible and actually pull the data from these other systems that are necessary to complete an application? What are we accomplishing

with this interface that we're envisioning or set of interfaces we're envisioning? Is it literally verification, or is it for pre-population, if you will?

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

I think that's a good question, Terri. To my knowledge, and some of the other folks in the group, we didn't really talk about it that way, Terri, so it's a great question. So I don't know if other folks in the group would like to react to the range of what we're doing. I think our goal is always to make it as consumer friendly as possible, which would probably be on the side of minimal information, Terri, but that's my assessment of where we were talking. Does anybody else in the group want to ...?

**W**

I think it's going to be a state choice. Of course, I'd love to see pre-population, but that's, to some extent, a policy call ... flexibility there.

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

This is Paul.

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

That's my question though is do the standards that we're looking at allow for states to make that choice, or is there only one choice ...?

**Henry Chao – CMS – CTO**

I think there, again, you have to define the very specific scenario use case that defines is it a consumer to exchange interaction versus a consumer and a health plan, and whether if this larger context of "enrollment" in the varying, you can even break that down in what I would call a pre-enrollment kind of a qualification set of steps versus the actual act of enrollment and processing of that enrollment across one or more entities in which the verification validation of data at the point in time of processing versus post enrollment, which is another set of verifications, which may, again, close the loop in terms of an interchange with the consumer to initiate verification that they are indeed enrolled. So I think it's a little broad, and it covers a lot of those situations that I'm talking about.

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

That isn't, at a high level, the policy intent that electronic verifications is to take the place of the applicant having to provide paper verification on income, on citizenship, on legal residency, etc. That certainly there are some core data elements, which we'll get to later on in this discussion that are required that the applicant needs to provide. We saw in each of the verification services, there are several core data elements that are needed to be able to do the verification. But again, at a high level, my understanding of the intent here is this is a key component of how we're going to simplify eligibility determination.

**W**

Sam, just to clarify, I think there are two pieces to that. You're right on wherever possible, it's supposed to be automated verification, so it's real time, you know, verification upfront. But where it's not possible, in other words, a chance of circumstances happen, then you have to do point in time, and you have to facilitate the capability to provide that, which would be probably a post enrollment verification, if that makes sense.

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

And we're also talking about exception processing as well.

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

We've experienced pretty much what you've just discussed here that we have a batch process, which we found that is useful for maybe if a state has a program, which they are converting over to a Medicaid type of process, that we allow them to use the batch process to come in and do the citizenship match with us. So I think there's a need for both the real time and a batch process depending upon the circumstances, so we would probably defer to the language in the matching agreements that would support both activities.

**Claudia Williams - ONC**

I hate to be the time police, but we probably should move on to recommendations three and four, and wrap up this discussion in five or maybe ten minutes.

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

Good. We're intending. Bobbie, take us through three, please.

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

I'm there. Data associated with the verification interfaces should be disaggregated. There are a number of the interfaces right now that provide it on a family basis or a group basis. And in order to do eligibility at an individual level, we'll have to just aggregate. Wherever possible, information used for one program, the goal of the group was that it could be used for another program, and it doesn't mean that the data necessarily transfers that program, but an eligibility decision made by one hopefully would be adopted and acceptable to the others. That may cause a little policy discussion, but that was the goal of the group.

The data should be cleansed and ranked using an algorithmic approach so that we eliminate duplicates and other kinds of issues in the data wherever possible. That may not always be possible where the goal would hopefully help make appropriate decisions about the quality of the data and the timeliness of the data. That's recommendation three, guys.

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

Questions about this recommendation, concerns?

**W**

This is ... speaking on behalf of Dave Molchany, Fairfax County, Virginia. I know that we are on recommendation number three, but I still have an issue with recommendation number two, and many of our consumers have irregular income. This is income like odd jobs, and they are not traditionally captured by more traditional systems, such as IRS or the state income verification systems. So we just need to be mindful that we need to provide some sort of manual verification for those cases. We experience that situation constantly, especially the lower the income the family has, the more likely that we're going to encounter this situation.

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

That's a very good point, and the group, while it's not kind of called out in these slides, really calls that point in time verification. So when you hear us talk about that, that's what we mean is that there are circumstances like that where IRS or new hires or anybody else, the employment systems are not going to have information about that person's income. Does that make sense?

**W**

Yes. Thank you.

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

You bet. Thanks for bringing up the point.

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

Want to move us?

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

...three, or should I move on to four?

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

Let's move on to four.

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

The construct around implementing these verifications is the group felt strongly that while there can be some centralized process for guiding states in providing that guidance, that there needed to be a way to promote continuous innovation. While we didn't get very far into really deciding exactly how that worked, the goal would be that we set up constructs that the developers could actually use as their basis, as they basically created a better, more improved service process that that could be put back, almost like you're checking it out of the library, and then you're basically checking it back into the library for others to be able to use that improved or better process. The goal being is that we have a way to get people to have the basis, but continuously make it better for all.

In addition to that, we really believe that if we really use the NIEM exchange of data processes or construct that we don't have to get real detailed in terms of how this might work that we could leverage the work that's already been done, and that we were hoping that the system we developed could be used by either federal or state exchanges, Medicaid, and other programs as we go on. So in other words, it would be, that what we did would be cross-programmatic support. And the goal of all of this is knowing that all the different states are at a different place and a different capability set is that we would build enough that each state didn't have to start from scratch, and that they could leverage what we could do kind of more at a central guidance level. That's recommendation number four.

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

Bobbie, I have one question, and that is, we know we're weighting policy guidance from CMS on a number of issues. Are there any specific areas your group discussed where the policy guidance, when it comes, might have some impact on this direction?

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

I'll take a first cut at that and let the group jump in. I think all of us are struggling a little bit because, for example, the definition of MAGI, some of that kind of stuff will definitely impact how the IRS interface or verification is done and the impact on other kinds of support that you need around that depending on the timeliness of that data and the process for that. There's obviously going to be some point in time support, so that was a big area of discussion in the group, but anybody else want to weigh in on that one?

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

I'd say yes, there are definitely some issues regarding that, so it's one of those, which comes first, chicken or the egg. Is it a policy issue, and then we define our processes and technology around that, or do we define the interfaces and the standards, and then hope that the policy will support that? There are some issues that we need to coordinate.

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

Okay.

## **M**

Isn't the policy already defined? Aren't the rules the rules?

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

The rules are at a broad level, so even the definition of MAGI, while at a broad level, could be changed by the implementation approach to that. Sam, the last slide, and I'll move on quickly, and then we can open it back up of the half a minute we have left is that we did, as Steve said, we do believe that there are existing assets in a number of states that should be leveraged to this process. And looking at how we can find those, locate them, assess them, and leverage them into what could be kind of a beginning library for folks, and then the second one is, and we talked about this earlier too on the – to add the child support new hires as a verification system, as well as the national DMV. That was recommendations from the group in order to help determine identity, residency, and other kinds of things, so that's where we kind of left.

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

Any final questions?

### **Elizabeth Royal - SEIU**

This is Fairfax County, Virginia. I have a question about what is the child support new hires and what is MAGI. I was not aware of any child support new hire. I thought that new hire information comes from the IRS or from the local state systems, employment systems.

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

I'm the liaison with the Office of Child Support Enforcement, and what we have is access to their national directory of new hires. It's comprised essentially of four significant data sources. One is the quarterly wage data that they receive. The other is new hire data, as a person who is employed or hired on. The third is the unemployment compensation data, and the fourth is what they call the Case 4D registry, which is compiled of support orders.

### **Elizabeth Royal - SEIU**

Okay. Everything goes through child support, and there is another system that will do the same, I think, as the employment commissions at the local state level, but you may have....

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

Yes. The state workforce agencies provide this information to child support, and then they compile it in their databases. What child support has done is they've made that available under legal authority to appropriate agencies so that they could access that, and they're actually building Web services for that access. Thank you again, Bobbie. Let me turn it over to Aneesh and Cris.

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

Yes, and I will be brief to say that Cris and his team had a terrific set of conversations, and look forward to having him present the quick overview, and then we'll similarly engage on the recommendations on the backend. Cris, I'll turn it over to you.

### **Cris Ross – LabHub – CIO**

We've got, I think, four pages of overview and then six recommendations. On page 18 was our charge. It's recommendations for development and modernization of systems. We're looking at sort of two pieces of this. The formats and tools used to be consistent around eligibility processes and rules across states, so that serves the function of providing some standard sets of descriptions of what the rules of the road

are for each state to understand and to implement in systems, as they see fit. And the second is dealing with interrelationships of systems, including the pieces, the specific technical pieces that get surfaced, the security models, the verification model, data standards. So we're really talking about business rules within systems, you know, what exactly makes someone eligible, as well as business rules between systems. When the systems don't work gracefully together, how can business rules be used to moderate those differences?

Our work is somewhat abstract and responsive to the limitations of data and of existing systems, especially verification interfaces. We did not approach this from the context of let's create a galaxy of comprehensive and complete business rules, which would then be presented to states and federal systems that needed to be implemented and so on, just to sort of state the obvious absurd extreme. You could take this to we were really trying to look at how could business rules be used to support existing system development and buffer differences.

Page 19 had a working definition of business rules that you can refer to as necessary, as we go through this. Page 20 refines our charge as somewhat again, that again, our goal is not to standardize underlying programmatic rules, but methods for consistent expression. The intent is hope is that this consistently express set of business rules would allow for rapid and efficient development work.

Page 21 gets to the context of role and purpose. In a perfect world, the data model would be consistent and the verification and interfaces and eligibility rules would be consistent across federal and state systems. In addition, each of the systems that worked that supported this work in the states would have been implemented consistently, and they would all have nice, clean, Web services interfaces, that there would be separation between online transactions and batch processes, that the vocabulary and standards would be, you know, pretty consistent, and that's not the case. We know that there are going to be differences in data, and we're eager to hear the update on the data model. We also know that the interfaces and the program rules may have some differences.

We wanted to isolate what the role of business rules is dependent on. Again, it's dependent on that consistency and completeness. We probably spent most of our time talking about the role of business rules, dealing with ambiguity, and I'd give maybe three examples. One is if real time verification fails, what's the processes for graceful exception handling? We talked a lot about the desire to have real time verification. But when that's not possible in whatever percentage of time that that occurs, maybe it's one percent, maybe it's 20%. How do you have graceful exception handling so that the class of service doesn't vary wildly for a citizen when, for whatever reason, maybe having nothing to do at all with the responsibility or culpability of the citizen. You know, the data simply isn't available, so how do you make the exception handled well?

The second would be if real time and point in time verification is insufficient or contradictory. What's the exception handling then? And, finally, how do we encourage and support consistency so that state-to-state variation is minimized? Again, the experience of a citizen across any given state is as close to consistent as possible.

We also saw a role for rules supporting optimization of enrollment. What exact path do we take? That's what's listed on the final point. And we raised some policy questions like in case of ambiguity, do you assume eligibility, or do you assume non-eligibility? What exactly are the policy rules and how do those get instantiated into business rules?

From here, we have a set of business rule recommendations. The first is around consistent expression. The second is around standardization and expression. I know we'll go back to these in detail, but I want

to call out one thing on item number two, which is, even though we talk about standardization of expression of business rules, there really isn't in the computer science sort of field a strong consensus on business rule coding, languages, and vocabularies. There isn't a strongly agreed upon business rule markup language or vocabulary in the same way that there are for some other artifacts. We're going to have a conversation around how does that standardization of expression occur.

On the third recommendation where we talk about standards for enrollment workgroup, we also had a fair bit of discussion in this area around states that may have 15 or 20-year-old COBOL systems where they may choose to do more replacement than augmentation as opposed to newer systems where the goal would be to simply update and where they may in fact already have a structure to accept business rules.

The fourth, we talked about a couple of different ways the business rules could be implemented. On the fifth rule, we were looking at how do you support policy, standardized data elements, and make decisions. Again, there are a lot of policy issues that were embedded in this.

Finally, on number six, recommendations around an ongoing process for managing rules. We talked or acknowledged the fact that the desire would be for interfaces to exist as Web services, so how do we create kind of a base ... to make sure that these rules, that the services are accessible in the proper sort of context? And finally, a role for some form of centralized orchestration, which could be anything from things that we talked about under sort of an open source business rule development kind of process, as well as a library type function that could serve in this fashion with the idea of not having each state have to do all of their work green fields development independently, but provide some guidance for states for implementation, and to identify places where there needs to be interconnections between federal and state systems and between state systems where business rules would make sense.

I think that's the brief overview. Maybe now we can go back and go through each of the recommendations.

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

That was very helpful. There's a lot of meat in there, so perhaps if we go back to the first – first of all, on the premise, the work of the committee in setting up the recommendations, any broad reactions before we dive into the specific recommendations? Hearing none, why don't we turn then to the recommendations? We can go through them in order, or in the spirit of phone-based communication, if anybody would like to engage on any of the questions, to start wherever the bidding may take us. So I would love to encourage any reactions, questions, or concerns.

#### **Gary Glickman – OMB – Coordinator, Partnership Fund for Program Integrity**

As we're looking at business rules, what I didn't hear here is what are the rules meant to do. In other words, are they for agreements between the individual and the providers? Are they agreements from state-to-state or from state to the federal government? What are we trying to govern with these rules?

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

Maybe I can help take a stab at that and, Cris, if you wouldn't mind chiming in. I believe the scope of this is to discuss as whatever the local or state rules are that are in place today, and we have a number of colleagues. Fairfax has been vocal on the phone today. Fairfax administers a set of rules when they decide who can or cannot qualify. How they express those rules in a manner so that others can understand those rules, preferably in some type of machine connected way, that is the core of the question here. It's not to suggest that we should tell Fairfax what rules it should actually accept when it decides who is or is not eligible for a given program. But rather, whatever the rules are that they choose locally, that they're expressed in a manner that is understandable by machine. Cris, would you like to ...?

**Cris Ross – LabHub – CIO**

Yes. It's a great question. I would refer back to the definition of business rule on page 19 as examples. The first is in force of business policy of is this person eligible or not. What are the specific statutory rules is sort of the clearest and cleanest set of business policy. The second around making a decision is, okay, how do we decide in the new hierarchy of benefits that are provided under ACA, is someone eligible for Medicaid, or are they eligible for one of the programs that provides tax incentives? Are they available to buy insurance from a health insurance exchange?

We talked a little bit about that hierarchy of programs that actually wasn't in this recommendation slide, but was in some previous slides, but that idea, how do you step someone between different programs, and then the last one about inferring new data from existing data. In the case of ambiguity where two systems are providing two different sets of guidance, what do you do, and how do you provide guidance to a human being, either the citizen or a verification expert around what next steps do you take to get someone through the system promptly and accurately.

**Aneesh Chopra – White House – CTO**

Other questions?

**Paul Egerman – eScription – CEO**

Yes. First, this is really very impressive. I really like what you're doing here. This is great. The question I have is, you made a statement that it doesn't seem to be standards that exist for expressing these rules. And so my question is, what are we going to do about that?

**Aneesh Chopra – White House – CTO**

I'd imagine ....

**Cris Ross – LabHub – CIO**

Yes. I will take a stab at it, but eager to hear from others in the group. My guess is that in the absence of that, the standardization of expression may have to be design artifacts rather than code artifacts. Where it might be tempting to say you can, you know, in the case of a real time interface, you can publish a WISDL. In the case of business rules, you might say, well, let's just write it all on EBXML, which is a business markup language. But it's not widely used. Its implementation is complicated, and there are competitors for it. And the other issue is, the business rules, as they get expressed in a COBAL system, are going to be very different. You know, a legacy COBAL system as opposed to something that's been developed in C#, .NET, or Java, or something like that. I think it is clarity around design artifact as opposed to code artifact.

**Aneesh Chopra – White House – CTO**

I think this is a terrific opportunity for some discussion. I think that's probably one of the key questions confronting this group and would welcome others to chime in, as we kind of plow through the remaining recommendations, but this is a core one if there are those who have views on how to go about this.

**Paul Egerman – eScription – CEO**

I understand you correctly in terms of design artifacts. You're saying you want to have a consistent way to express design concepts, which would certainly be useful, but you still have to define something. And so my question is, are you going to do that, or are we going to do that? I mean, as I read through this, I listened to you. I think there's huge value in doing this, even if it's only used for design, but also for communications between one state and another in terms of how people are doing things. Who is going to

make the decision as to what is the language, if that's the right expression, or the standards that are used?

**Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics**

I like the definition of a business rule. The rule can enforce business policy, make a decision, or infer new data from existing data. That's on slide 19. And it would seem to me that inferring new data from existing data in some sense is something that we can get some clarity on, which is, how do you calculate income based on a series of parameters? That is sort of a formula that you can go through. I suspect that there are some kinds of business rules that will lend themselves to more computational answers. It's sort of what's the equation that we would use, given the variables, to come up with some new variable, you know, the difference between gross income and net income, for example.

And so, it seems to me that perhaps separating out those different kinds of business rules that we anticipate, we may come up with different solutions for those kinds of standards. Inferring new data from existing data, we may just come up with a kind of algorithmic equation that allows us to take variables in and then calculate a new data element. Making a decision may be sort of one level that's a little bit more complicated. It's like, well, what is the data that you need to make the decision, and what are the kinds of criteria? You may be able to separate it into, at some level, data and criteria. Then when it comes to enforcing the business policy, that might be the hardest one to be able to actually create a computational standard, if you will, around that, but maybe there's a standard way in which we can ask people, even in text, to describe the elements of the business policy and how those things slow down into the business rules that they use.

**Cris Ross – LabHub – CIO**

I think Doug's description is excellent. I guess my comment would be is, I think it's beyond the scope of the tiger team to try to define the level of expression at a great level of detail. That is, it requires some concentrated expert sort of staff time to really push that forward. But if it is the desire of the enrollment group as a whole, that that's an area we should really focus on, that would certainly make sense as sort of a next step.

Part of what we were looking at is wanting to be responsive to what the findings have been and will be around verification interfaces and the quality of the data because, depending on where that lands, there's a more or less intensive role for business rules. I would say, on a next iteration, it would make sense to charge the business rules group to work with the appropriate ONC staff to try to answer this question of expression.

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

This is Lynn Hadden representing Dave Molchany in Fairfax County. It seems like what I've heard is that each state has policies, regulations, and procedures that sort of dictate how their individual processes get carried out. Wouldn't something like that IDEF standard related to swim lanes where you just understand units of behavior and how they relate to one another be appropriate at the business level, not the computational level? And if you would go out to each of the 50 states and document those processes using some type of swim lane format, it would give you a good place to start then seeing if there's consistency across the units of behavior, which ultimately becomes the Web services that you can orchestrate in any possible combination.

**M**

That's actually an excellent question. I mean, one of the things that we've been looking at, as we examine the NIEM process and looking at how that can be used to do data standards development, harmonization, and clarity around the data elements that might be out there is that there's a piece that's

missing. And that has to do with the behaviors and the way in which these data elements are used. Clearly those behaviors are defined in business rules, and those get translated into services that are provided that you give a particular Web service a series of data elements. It does something with it, and returns to you some value or update or transformation that occurs. Clearly, because the NIEM process is based on UML and essentially exports then an XML description of these things, that may be a place to start by coming up with a high level description of what the requirements really are for the business rules, described, as you say, using swim lanes or using UML or behavioral diagrams. Then using that as a way of translating into services or into rules or into other things as well.

### **Cris Ross – LabHub – CIO**

The only comment I'd make is I think IDEF is a really interesting suggestion, and it probably is as close as we're going to get to that sort of how you document the gray area between systems and use cases, and specifics and general behavior. The only sort of caution I'd sort of throw out is I've worked a little bit with IDEF in a previous life, and it can get very complicated and very comprehensive very quickly, so whoever manages that process will have to make sure that there's some strong guard rails on it, that it doesn't become an all encompassing sort of fishing expedition to document everything about every system, which it can be if it's not in the right hands, but it's a terrific suggestion.

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

Other thoughts on the other recommendations, and then we'll hand the ball back to Sam. Any other reactions to the set? We're going to have a lot more to do on this, as you can imagine. This isn't done yet, so, Sam, I'll turn it back over to you.

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

I'm going to just pass it to Reed to take us through the set of discussions and recommendations that you had on health plan and benefit charge exchanges.

### **Reed Tuckson – UnitedHealth Group – EVP & Chief of Medical Affairs**

We had a good time sort of looking at this, and our team enjoyed it. You can see the charge through our committee, identifying the key data elements needed for data exchange between health plans, Medicaid, and the state and federal exchanges. We spent some time on that to remind ourselves that that also means that it's not a unidirectional exchange, but I bidirectional exchange back from plans to Medicaid and to the exchanges. There will be some information that we will accumulate that will be very necessary going back to the second loop of that. And then explore approaches for streamline, well, there is it, in fact, bidirectional where appropriate.

Our team is indicated, and each of them were extremely helpful. We started out with thinking about a set of principles that would guide us, as we went forward. And I think those principles are important because of the unique nature of how health plans have to think about this. We started out by, of course, expressing complete fidelity to the fundamental purposes of this activity, which is to maximize the chance that people will get the needed coverage, and that's ... key in a ... way, the needed coverage. That continuity of care coverage, continuity of coverage is very important if we are to achieve continuity of care ... facilitate this.

Be mindful of driving up costs by over-engineering the process, and I think that there is, for the health plans, the need to incur a certain discipline and reality that the economics of trying to achieve coverage for 30+ million Americans costs close to a trillion dollars. So to do things in this space that are not administratively efficient would be terrible, and so we're trying to think very much about being mindful, if not over-engineering, and that the data should require to be limited to that necessary for the health plan to execute the enrollment transaction.

With that, we made some assumptions, which were important, as we had the original material provided to us. That is that the information transfers to the plan after eligibility is determined, and that that becomes very important that we are going to be getting our information after eligibility is determined. And the key thing that we spent a lot of time struggling with is that this coverage period and effective dates are contingent upon policy decisions that are not in our purview.

And so, we are, as the earlier discussions have touched on, very interested in how to solve for understanding changes in circumstances, whether the change in circumstance is eligibility or coverage. Eligibility for coverage, excuse me, and also for subsidy. So if a person is terminated because of some reason or their subsidy amount changes because of circumstances, we just want to make sure that we're clear about the plan's responsibility in terms of liability for getting the appropriate financial settlement and those kinds of things. And so the data that may or may not be required to be transferred to us would be dependent upon some of those policy decisions, which are outside of our purview.

I think that we felt pretty comfortable though that generally, from our experience, that enrollment transactions are usually dated, and so we think we're going to be okay there, as long as that's still the case. We also are using, and as follow-up work, going to look carefully at the CMS planned communications guide, which provides some potentially useful information that will help us, and so that's some follow-up work that the committee has to do.

Turning to the core data elements, we think that these core data elements, as defined, are going to be important. The ones at the bottom, the last two, race, ethnicity, and primary care provider, are two that we are considering for our final recommendations, adding to this. This gets to that principle I mentioned earlier of insuring continuity of care and also the issue of race and ethnicity being so important to the delivery system. There are a number of other places where these data sets are required by the new, by ACA, so we'll see how those things fit in. But within these core data elements, the one that perhaps is going to be the one that we have to look at going forward with a little more intensity will be the social security number.

We need to be able to identify that we've got the right person. And so SSN is about the best thing that is available at this time, but we're also aware that there are some states that perhaps have rules about limiting the ability to use the social security number in this capacity. And there may be people who will have other questions and observations on this point. And so I'll save that for the discussion, but the issue ultimately is, we have to be able to know that we've got the right person.

As a result, the plans, benefits, recommendations that we have starting, number one, we think that the 834, which is the standard that we now use, will actually provide the necessary framework to conduct the effective operations. And so the 834 contains most of what we need, including plan choice, primary care provider information, and there's still time to modify the 834 before all of this becomes locked in. And there are in fact people and activities that are underway even now to do some of those trimmings. We think of it as a core engine. This is how we normally do business, and this in fact will be something that we can use. We also would supplement, as necessary, with the 270 and the 271.

Then, finally, we think these standards handle the common, identified data elements, the race and ethnicity, and care provider, as I mentioned, are handled in the 834. Then we're going to need to address consumer communication regarding change in eligibility and coverage status, as I have mentioned. With that, let me stop and see how the discussion goes. Members of my team are on the call.

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

Let's go back and start with principles and assumptions first. Any comments about these, often very helpful in these kinds of discussions? Hearing none, let's move to the recommendations.

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

I've got a question about a core data element. I'm looking at the incarceration element and wondering if there is statutory authority to collect that. Then, secondly, wondering from an operations standpoint why it's important to know for all time as opposed to within a more reasonably defined time period.

**Reed Tuckson – UnitedHealth Group – EVP & Chief of Medical Affairs**

Yes. I think, first of all, I'll have the members of the committee chime in, but I think if you would sort of think in terms of as I follow the discussion, but we haven't made a final consensus recommendation, so I want to be a little bit careful not to disrespect my committee. But I think that the ones that are going to be the most important are listed in some order, and that's the name, date of birth, SSN, address, and gender. And some of these others will probably be things that will be coming forward to us through the – solved by the eligibility process. I don't know whether any other members of our team want to comment further.

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

Yes. I agree and appreciate with your answer there, Reed. I think we wouldn't have a discussion among the group on which of these data elements could flow. We're looking more at what are some core data elements that are used in this process and do the standards that we're looking at have the ability to support them should they need to flow. But whether they should actually flow and in what circumstances, we wouldn't get into a discussion on that, and I think, personally I think that relates back to some of the business rule conversation that we have to break through a lot of policy question embedded in that, and it's going to vary, I think. And there's no question that it will vary place-by-place, and so we need to have business rules to be able to determine when and under what circumstances these data elements will flow. The fact that they're listed here to me does not necessarily mean that we are recommending that they always flow in the package of this type ....

**W**

I'd just note that this is a tricky area when I think of employment law and the privacy regulations around the kinds of information that could be collected there, conviction versus final determination. And ... just suggests that we find a statutory basis ... that is ....

**Reed Tuckson – UnitedHealth Group – EVP & Chief of Medical Affairs**

We appreciate those comments .... What we will do is take that into consideration, and so without belaboring it now, I don't think this is one that you can assume will be something that we will fall on our sword about, so thank you for the cautionary note.

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

I'm on this subcommittee, and I just want to make two comments. We added, I believe, primary care providers, a core data element, and I just want to emphasize that I think that that's incredibly important in terms of insuring continuity of access as individual's income fluctuates, and they may actually have to switch plans. So that's, from my perspective at least, one of the reasons this is now on the core data elements and, although last, in fact quite important. While I have the floor, so to speak, the other point I wanted to make is on the assumption that we assume that eligibility would be determined and then enrollment into the plan effectuated, and again, we have to be careful not to have a gap there or have as small a gap as possible because, in many instances, coverage is dependent on enrollment. And so that becomes very key to how the two processes link together.

**Reed Tuckson – UnitedHealth Group – EVP & Chief of Medical Affairs**

Thank you. Those are definitely worthy points to reemphasize again. Thank you.

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

Just a comment on the incarceration: I think that those two, the eligibility issue, because if you're incarcerated, you're not eligible for exchange because you have healthcare provided through the prison sentence network. I think that goes to the comment just made about separating maybe the core data elements between eligibility and actual enrollment.

**Paul Egerman – eScription – CEO**

I have a couple questions also on the core data elements. One of them is, you list address. I don't know if address includes contact information like phone number or possibly even e-mail address, but it seems to me that would be useful to obtain contact information. But my other comment, maybe this is what you meant by household composition, but in a previous discussion, I raised the concept that this entire process should be like family oriented, should be possible to enter all the members of the family at one time, and is that what household composition includes? Is there a family orientation, at least from a data entry standpoint for these data elements?

**W**

That is presumed.

**Paul Egerman – eScription – CEO**

Okay. Thank you.

**Reed Tuckson – UnitedHealth Group – EVP & Chief of Medical Affairs**

So the challenge is, these are great points, and so the thing that I think you're making us look at in our next meeting, especially on the e-mail stuff, for example, is it is very hard in real life to get functioning e-mails for people in healthcare. I don't know why it is so much more difficult than in every other endeavor. Being able to, as most of us know, when we fill out any forms online, you are required to, you know, if you don't fill out the e-mail address thing, it won't let you submit. In healthcare, we just seem to have a real hard time actually getting e-mail information on people in a consistent way. This is something that we're going to have to look at in our next committee meeting.

The same for getting the family stuff, if you can ... so I think that what you are raising, at least in my mind, is how we get to minimum necessary to actually get the job done to what are the must haves versus the likes to have, and how do you sort of build it in, in a way that doesn't make it so cumbersome that you lose the, you know, getting people engaged in the system as easy as possible and maximizing people getting in the system. I'm not disagreeing with your point at all. I'm saying, I think these are the kinds of questions that you're forcing us to grapple with on this meeting.

**Paul Egerman – eScription – CEO**

In my opinion, if you have a family of any number, if you have a family of two or three children, you want to be able to enter them all in one shot. You don't want to have to reenter the address for each one of those kids. That would be annoying to the consumer.

**Reed Tuckson – UnitedHealth Group – EVP & Chief of Medical Affairs**

Yes. Your point is well made.

**Henry Chao – CMS – CTO**

I think, in general, we're going to have to discuss in detail. Core data elements may be kind of this proposed set of data elements supporting any given situation, and even in CMS, we have found that when you ask things such as date of birth, you typically would ask for date of death. That if you ask for someone's name in an application versus it's a processing kind of cycle for a set of given kind of requirements, it's, for instance, bridging an enrollment from one plan year to the next. Things such as name and address, which seem simple on its face, you need to have several iterations because you have to know how the name or changes in names across time. It's temporal in that you have to ask the question pivoting on a specific reference point in time to get the right answer about name and address. There's a much deeper level of discussion, even on some basic data elements driven by a set of requirements.

**Claudia Williams - ONC**

Doug, maybe you can touch on some of this stuff when we go through the NIEM analysis because I think what you're raising, Henry, is what metadata need to be associated with these data elements and how to think about that in such a way that you can use the information most effectively for a variety of purposes.

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

As I look at the list of core data elements, I'm wondering if we have all of the elements needed for probabilistic matching for identity matching.

**Henry Chao – CMS – CTO**

I think probabilistic matching includes not just what is provided to you in a given transaction by, let's say, a consumer. But also probabilistic involves some data mining approaches within a specific entity to append kind of the probabilistic algorithm about what you know about this person in your system already, and it can be also supplemented by third party vetting sources. I don't think you can possibly say, well, this captures all of it for probabilistic matching.

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

If there are no more questions about core data elements, let's move to the recommendations. Questions here, let me start. Was there any differentiation between how you see this data being handed off between commercial plans and Medicaid plans or fee for service in states, or do you think this handles all of those instances?

**Reed Tuckson – UnitedHealth Group – EVP & Chief of Medical Affairs**

First of all, I think that we thought this was going to be generic, and we did not subsidize that in that same way. But what I would say is that a lot of the plans that you deal with handle both commercial and Medicaid all at once, and so you've got a lot of plans for whom that differentiation is irrelevant. Anybody else have a question on that? Any other questions on the recommendations? We hit a homerun.

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

Good.

**Aneesh Chopra – White House – CTO**

I'll grab the ball and pass it back. This is Aneesh. I think we'll move to the privacy and security tiger team. The most recent conversation we had about the probabilistic matching is sort of a perfect segue. Sallie was our lead, and I'm hopeful she can bring us through the set of ideas, charges, and recommendations.

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

Sure. I'm on slide 38, which summarizes our charge. And you'll see the first bullet is fairly broad: application of fair information practices. Then our second bullet has to do with security safeguards, so the recommendations we'll be discussing that we're bringing forward today are really with respect to the first bullet, application of FIPS, and we'll be taking up security at a later call, I think, later this week.

Moving on to the fair information practices, starting with collection, we've got pretty easy agreement around collecting only the data you need. In fact, I think I just heard that from another group. We're taking that into consideration a desire to collect once and reuse. Had a further discussion around later use and disclosure limitations. That's more complicated, more problematic. That is not part of this initial recommendation, so just want to sort of draw the line in the sand.

This is at the collection point. We took up data integrity and quality. The first bullet, everybody, you know, kind of a give me, access to real time data. You want to have mechanisms to maintain data accuracy.

We've put the second bullet in there as a goal. We recognize, again, as we heard from another group this morning that it may be challenging for some folks to move away from the SSN. We do know that certain states have laws around collection of the SSN. We also know that the Privacy Act, even the federal Privacy Act applies to states with respect to collection of the SSN, and you have to have a law requiring your collection of it. Private insurance uses SSN for coordination of benefits, so we understand real time application that it may be very difficult to move away, but we still feel like it's the appropriate goal. Thus, we've included it.

The third recommendation here is to establish a threshold level for matches using the advanced probabilistic matching. The importance of this recommendation is that you are getting the right person. We're accurately identifying the individual.

We have recommendations around accountability and oversight. We want to have clear, transparent policies about access and data use provided to the enrollee. We move on to the next slide, slide 40, we had a lot of discussion around purpose specification and use limitation. This goes to the privacy notice that's provided to the individual. The individual needs to be notified with regard to all of the anticipated uses and disclosures. We agreed that it should be sent ahead of time or at least simultaneous with the data collection, not subsequent.

We had a big discussion around the kinds of organizations permitted to use the data and felt that these organizations should be identified in the privacy notice themselves. We felt that they should be able to reuse the data, but that that needed to go in the notice. In our discussion, we could not come up with a situation where an employer needed to have this information or should have it. So we thought there should be a prohibition from including employers in the notice as possible organizations for downstream disclosure of this information. We looked at some of the different data sharing requirements in law for use in secure transport and recognized that it may be – we might find the easiest way of negotiating these different agreements through a consumer mediated model, and that if we still do the traditional model of agency-to-agency, that we will have to figure out how to negotiate the various requirements of these agreements.

Moving on to slide 41, we have several recommendations around individual control and participation, that consumers should always be able to reuse their own information. They should be able to correct information in the databases. That their consent for application is implied when they apply themselves, including subsequent eligibility checks. Any additional use not in the notice, additional consent needs to be obtained from the consumer. That's it.

**Aneesh Chopra – White House – CTO**

All right.

**W**

Sallie, just one more thing on the social security numbers, and Joy can chime in here too. This is obviously a challenge for lots of federal agencies as well. There was a White House directive. Joy, you can say what the date was. Asking that organizations and federal agencies move in this direction and provide justification if they continue to use social security numbers for why that's necessary. So I think there's push from lots of directions to see what we can do to move away, understanding it will be a gradual process in some cases.

**Aneesh Chopra – White House – CTO**

Other reactions?

**W**

Just checking in with the privacy team again, I think, if I understand right, you guys had teed up a couple of additional items to look at next, including authentication, secure transport, and potentially ID resolution of users. Is that right?

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

That's right. I'm just pulling that back. Let's see. That's right.

**W**

And I think one of the ideas that this group had was to ... ask ... workgroup to see if there are privacy and security focusing organizations who would participate in the next call because that's likely to be more technical in nature, and we could definitely use the additional expertise.

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

I'm sorry. There seems to be a lot of background ... feed on this call. But we're also going to ask Deborah Lansky of our office, ONC office, who works on security groups if she can participate in some of these. It's a little difficult given all the other competing workgroups going on, but we're going to try to coordinate that.

**Aneesh Chopra – White House – CTO**

Okay. All of that is points well taken, and ... is kind of odd, so it may be somewhat annoying for folks. Any other questions or reactions before we switch over to Dougie Fresh?

**Claudia Williams - ONC**

Aneesh, I wonder. You know, there's been a lot of both embracing of the consumer mediated model, but also recognition that it may not be feasible in some cases. And I guess I'd just like to pushback on the group to see. One of the things I was thinking about, as I was thinking about this is, maybe we don't need a completely consumer ... model as long as we have a mechanism where I can say reuse my data for this, you know, whether it's blue button or some other mechanism where I can just say, do it now, please. I'm asking you to. And to the extent I always, I would think, have rights to my data, maybe that's not needed as part of the data use agreement, but I'd love to get folks' thoughts on maybe not a full blown kind of consumer platform idea, but if we just simply say, I always have the right to tell you to reuse it how I want because that gets to the problem and does that actually need to be written into the data use agreement.

**Aneesh Chopra – White House – CTO**

Or put another way, Claudia, I think the real question is, I'm not so sure it's our charge to judge whether the consumer mediated model is good or bad, but rather to say, whatever models are ultimately engaged, you know, implemented, that we have a framework that would allow for the standards work to fit in. Maybe slightly framed that way might be a better one than to have kind of our own views about that model, good or bad.

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

I'm sorry. I got bumped off for a minute, so I apologize if this has already been asked as part of the last question. But I was wondering if the privacy and security tiger team has looked at the issue of any particular privacy and security concerns that may come along with the model where the consumer is applying, but they have somebody assisting them in that application process, be it a navigator or somebody else. Is that something that you all talked about or are planning to?

**Claudia Williams - ONC**

We discussed how a caseworker might assist, but we didn't talk about the navigator role. We can certainly take that up. What sort of risks or concerns are you seeing, Terri?

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

Well, so for example, if you've got an application assistor who is helping a person fill out the form and maintains a record of that, for some time being where the person goes out and gathers some additional information or for whatever reason they need to pause and come back, if the assistor is holding onto information or needs to be able to re-access information on behalf of the individual, are there any particular concerns that we want to make sure we address in that situation?

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

Can I just add a little bit more nuance to that because I share that concern? I think there are three basic situations. One is when the individual is an actual authorized rep. The state has said you are going to function on behalf of that client, perhaps because the person has a mental impairment or a physical impairment that precludes them from conducting business with the state on their own behalf. The second would be when, as we just described, maybe a health clinic is helping someone fill out an application or a nonprofit. And then the third is a friend of a family member where obviously we have less capacity to govern. And, in some cases, the federal government is reimbursing the assistor, and in some cases they aren't, either directly or through state administrative channels, and so it's very important to consider maintaining privacy because not everyone acting – most people obviously acting on behalf of clients this way are doing it for all the right reasons, but some aren't.

**Claudia Williams - ONC**

These are really good issues, and we certainly can take these up.

**Aneesh Chopra – White House – CTO**

All right. Other comments? Hearing none, should we turn this back over to Doug?

**Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics**

Sure. Do we want to talk NIEM?

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

Yes.

**Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics**

Okay. I've got about ten slides here that I'm going to step through some of the work that the team has been doing in terms of taking a look at some of the core data elements that are out there and sort of the process that we're going through in terms of analyzing those core data elements, getting clarity around them, and then trying to figure out what the elements and attributes, the metadata, if you will, around those elements should be or is at this point. Let's go to the next slide.

What I hope to do here is we are going to try, as part of this NIEM data element mapping, we're taking an inventory of the core enrollment data elements, both across state and human services, trying to not necessarily pick every possible state, but giving a couple of exemplars to help drive the process. And taking a look at the existing data standards that are out there as well and see if we can't come up with the common things that are across the enrollment data element, those things that could be potentially harmonized or shared across the various agencies, and where that isn't the case, trying to make sure that there is clarity about what the definitions are and that each of the elements are described in an unambiguous way.

I think it's important, if we go back to some of the earlier sort of charges and the principles to keep in mind is do not try to create a one size fits all standard. In fact, what we're trying to do is figure out where people already have a size that is at least compatible across different groups. And, where that isn't the case, to try to articulate where there are differences so that people don't inadvertently aggregate or share data that isn't essentially the same data or the same data elements. I'll give some examples of what that is, as we go through.

One of the things we did is we took a look at a series of six different health and human services programs, both health insurance exchange, Medicaid, CHIP, SNAP, TANF, and PITC. And we also took a look at the kind of core data elements that have been described previously. There's a list here of nine different core data elements. Then we also took a look at what are the existing data standards that are present within NIEM, as well as HL-7, and some of the other standards organizations that are out there.

Next slide: What we have to do is we have to first sort of define the scope, and we did this by identifying the programs that were listed before, identifying some sample states that we could also include in this process, and identifying the data elements, those core data elements that were necessary. Realizing that if we could kind of figure out how this process should work, adding in or creating, you know, taking a look at additional states or additional programs would be easy or would be easier once we had sort of defined that core element, set of elements, and done the harmonization process.

The next step and the step that we're sort of going to at this point is to identify the data and analyze the different criteria that are in there. Take a look at whether there are some existing data models that either the states or the programs are using, and then try to identify what the current sets of definitions and attributes and metadata might be. Then what we need to do is begin to sort of figure out what the overlap is, how many are shared, how many are different. And once we've done that, we can then go and decide what are the elements that are really close that we need to just decide on how we're going to represent this for data exchange, and which other ones need to remain unique because they have different definitions associated with them or they have different uses associated with them. That's kind of the steps that we go through in this harmonization process.

Next slide: I'm going to use a couple of different terms as they go through this, and the first is, there's a data element name, and this is the label for each of the core data elements. For example, address might be a core element that we need to be able to collect from the various citizens and the folks that are working on becoming eligible or assessing their eligibility for insurance. But within that notion of an

address, there are a lot of other things that might be relevant. In some sense, these are sub-concepts, or they may be pieces of that element that are relevant.

An address could be a home address. It could be a mailing address. It could be the person's address. It could be where things get delivered to. And we need to identify what that means when people are kind of collecting that information or when they're exchanging it.

It's also important to recognize that we need to get definitions around that, so it's probably less important when we talk about something like an address, but some of the things, particularly things like income, we have to define explicitly what we mean by that, and then be able to then understand how income in one agency might be different than income in another agency, and then make sure that we create the necessary distinctions or attributions to make sure that we've identified that.

Finally, we have to look at the data that might be captured, and so address itself may have different data elements in it. So there may be a street address, a city, a state, or a zip code, components that all are captured in this data element that we take a look at. And so, once we've sort of done that and have done sort of that analysis, then what we need to do is we need to take a look if there are existing standards, both within NIEM, within HL-7, within other standards organizations that could potentially map to what it is that we want to use. This kind of goes to the principle that we don't want to reinvent something if there's already an existing standard that's out there. And so it could be that there's another standard that calls it person address or postal address, but is really the address that we are interested in, has the same definition and the same kinds of attributes, and so we can just simply use those definitions and that kind of data element for the purposes of our harmonization or standards approach.

Let's go to the next slide. Next what we want to do is we want to understand what the data details might be. This is a screen shot here that shows something about household information and where we want to enter address, where we've got street address, and maybe there's a second line that needs to be collected. A city, state, a zip code, if there's a four-digit extension that's in there, and it may be that we also get county information because that would be relevant as well. And so, not every agency might collect all the elements of a particular data element. They may say collect everything but county, or they may collect county, but not collect the zip four extension. But trying to understand, first of all, where we are is a really important step, particularly when we talk about exchange.

Then, once we've done that, we need to kind of talk with our subject matter experts and the people who are out there in the states or out running the programs to understand what the underlying business rules are, which take these different variables and then come up with some other element. For example, if we're talking about income, there may be a variety of different elements that will be aggregated together to determine the income for a particular agency, and those algorithms that would be applied to those data elements come up with what they would classify or what that agency might classify as income. Throughout this process, we want to make sure that we identify commonalities across the different state programs and existing standards resources, as well as the different programs that we're looking at to make sure that if we're going to consolidate anything, that they are the same, and that when they're not the same, don't spend a lot of time trying to kind of shoehorn them together, but really to try to get clarity about how they may be the same or different.

The next slide, so I'm going to step through a couple of the different analyses that we are currently looking at and just sort of give people a sense for some of the issues that we come against when we try to do this analysis. Then, at the end, sort of give you a sense of the assumptions and constraints that we have with regard to this as well. When it comes to income, income is one of those much more complicated data elements that we've seen. If you take a look, we've identified 11 data attributes related

to income across four state programs. Those that are listed in green, and there are five of them listed, are common across all four programs. This notion of earned income, other income, expenses, insurance, and resources are common across all four of the state programs that we examined.

There are two that were shared across three programs, and there were an additional four that were common across two of the programs. And so, the difference here is that when people go to calculate income, they may apply different business rules or different algorithms to that, and include assets, for example, as something different than, say, resources that might be in there. And when it comes to expenses, some may treat housing and utility expenses different than other kinds of expenses, and so the reason that a lot of this data is collected is because there are different business rules that are used to calculate income and use that as eligibility determination. But for each of these data attributes, we have to have clear definitions, and this is something that we'll be getting from our subject matter experts and from the program of what we mean by earned income, what we mean by other income, what we might mean by unearned income, self-employment, in kind income, and really make sure that we understand precisely what those things are.

It's also important to note, and I'll show you this in a couple of other places is that one of the things that happens is that we've got here other income as a data attribute, as well as unearned income. And then there's another organization that just sort of lumps unearned/other income together. And so, whenever possible, we want to get the most granular level because we can always aggregate, but it's difficult once things are kind of put together in the same bucket of separating those things out.

We can go to the next slide. Household composition, we identified six data attributes related to the composition, and three data attributes related to incarceration across the four programs. And so, again, the ones in green are shared across all four programs. The ones in yellow are across three, and the ones in orange are shared across two programs.

I think it's important to understand too is that as we take a look at this, we are going to need to get additional insight. For example, incarceration with jail begin date and jail end date is very different than criminal history, which might just be a yes or a no. And again, if there's a jail begin date and end date, we can infer from that that there's a criminal history. But if we've just recorded criminal history, we can't necessarily determine begin and end date. Going back to one of the other comments, whether or not we want to be able to have any history of criminal, any criminal history versus something that has happened recently in terms of determining eligibility, I think, becomes important for us to look at.

We'll go to the next slide here. Again, there are some things that we know are going to be easier for us to aggregate or to kind of harmonize. And one of them, of course, is date of birth. We had data attributes that was birth date and date of birth. Now those, from a computer perspective, those would seem to be two different elements. The computer isn't going to be able to know that those are the same thing. But what we'll need to do then is just sort of aggregate those together and choose that the way we're going to exchange information is to use this date of birth. For those systems that use birth date as their attribute may have to do some sort of translation because we know that they're essentially the same thing.

Also, the difference between citizenship status and is this person a U.S. citizen. Is this person a U.S. citizen is answered with a yes or a no. Citizenship status may mean that this person is a citizen, that they're a non-U.S. citizen, that they have some kind of immigration status of alien status, and so the legal status is sort of related to citizenship, and we'll again need to work through with our subject matter experts to clarify what we mean by those different data elements. Again, we'll want to probably go to something in which we provide additional detail rather than asking questions like is this person a citizen,

yes or no. It would be easier for us to have a pick list or have some other things that might be important for us to look at.

Next slide: Social security number, in all of these here when it comes to gender and sex, as well as mailing address, previous address, and home address. Those were shared across all four of the programs, and that makes it easier for us to be able to harmonize those. Some of the attributes, so whether or not people have for gender, male/female, or unknown, for example, versus just male or female, might vary, the kinds of elements that you might put in there. But the underlying information that's gathered was relatively similar across the various programs that we took a look at.

Let's go to the last slide in this section here. The current analysis that we've done includes six of the health and human services programs and nine of the core enrollment data elements. Our goal here is to really focus on the data concepts and the definitions. It says here to standardize, but what we really want to do is we want to get clarity around what are the definitions of the data, what are the same, what are different, and making sure that we can kind of merge those things together.

As we anticipate, income and household composition are going to have the most variability in large part, I think, because the business rules that underlie them and the way that people calculate income varies across state programs, as well as the federal program. And so, we'll have to really understand how those are derived from the information that are collected, and I think this goes to this notion of the business rule in which we have data that is essentially collected and then transformed in some way through the business rules, that sort of third level down that we had taken a look at.

We anticipate further harmonization of the income data elements with the ... standards once those are published, and we plan to collect data details from a sample set of the state program to really take a look at what elements are collected in those various data attributes that we looked at. And then we'll leverage existing standards for electronic insurance enrollment to drive concept details for the health insurance exchange. We only have limited information available regarding earned income tax credit information, and we recognize that the work that we're doing has a selection bias and that we've only sampled a small set of the states. We focused on those states that have used the portal approach to determine eligibility. And on states that use other approaches may actually have different data elements that they might collect.

But our goal in all of this is that if we can kind of get the process in place about understanding the data and those that are different, and begin the process or at least providing through this NIEM process infrastructure and the process that will allow us to harmonize and achieve clarity around these data elements, we hope that the incremental cost of looking at another state or looking at another program will be less once we've sort of worked out these core elements across these six different programs. With that, I'll stop and see if there are any questions. I've lost you all.

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

Doug, we've got to lift up the energy here, people. This is great stuff, man. It's Aneesh. Doug, I just want you to know – how difficult was it for you to do that kind of early run, if you will, that analysis?

#### **Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics**

We had a team that was working on it. It's only really taken a couple of weeks to do this. The nice thing about the NIEM process and the way in which we're approaching this is that it's something that very quickly, by getting the definitions clear, you very quickly begin to sort of see what are the same and what are different, and then we have a framework in which we can kind of put all of this in place. What will happen is once we've kind of gotten clarity, you know, sort of human understanding of the definitions and

the attributes and all of these different elements, we can translate that very easily into computable representations that then become resources for states or other organizations that are trying to develop portals or exchange mechanisms because we'll have very crisp human, sort of human harmonized data elements that then have their electronic counterpart that will make it easy for systems and databases to be constructed.

**Aneesh Chopra – White House – CTO**

Can I ask Fletcher? Has NASIO thought of doing some of this kind of stuff?

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

We've thought about doing some kind of stuff along that line. What I think the position we've tried to take is to take and use the NIEM standard and say, all right, let's adopt that as a standard, and then let's again work through that for all different states in order to kind of, as you say, harmonize the elements, and so that we can provide the same kind of standard. But what hasn't happened is what Doug has just gone through, which is absolutely great to say all right. Here are the elements. Here are the actual data elements that are common that we're going to be using. That hasn't been done yet.

**Aneesh Chopra – White House – CTO**

Doug, do you want to say a word about how hard it would be to kind of run the table on this sort of work for the remainder of the core elements that we've sited earlier in this discussion?

**Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics**

The actual process itself is actually fairly quick and fairly robust. It takes probably the hardest part to all of this is, again, sort of getting that human consensus, coming up with how a particular definition is described so that other people understand what it is. If we were to say, take a look at household composition, we have things like number of household members sharing food, number of people living in the household, number of children living outside of the home. How does that relate to other household members, which is one of the things that is collected, or the head of the household, which might have a very specific definition in the tax world, but may have a different definition if we're talking about some of the other state programs, for example?

And so the first step is just, you know, we basically create these big spreadsheets that have all the definitions in them, and we get subject matter experts to say yes, we agree that's the definition that we want to use. Or they'll say, gee, those are really close definitions. Let's just agree to call that, you know, number of people living in the household. We'll just aggregate those two things together. Then once you do that, you just keep track of the relationship to the source that you had.

You get this big spreadsheet that everybody kind of agrees upon. It takes probably four to six weeks to kind of, with teleconferences and things like that, to go through a list of elements and to come to agreement. Then from there, you translate that into these UML or these XML descriptions, which form the basis of the NIEM packages. And so the thing I think that's important is that the process that we're doing is really the NIEM process. The core elements within NIEM are certainly a very helpful thing to kind of get started with, but the process that enables interoperability is really getting that human understanding and then being able to translate that into things that machines understand as well.

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

This is Lynn Hadden representing Dave Molchany, Fairfax County. The utility of this vocabulary is when you associate this NIEM vocabulary that you're creating with the business processes and create those IEPDs or the message sets. Is it the intent of this group to create those message sets because that's where the Web services will intersect with the vocabulary that you're creating?

**Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics**

I think within, you know, we can talk about what the scope of the HIT enrollment working group might be, but I will tell you that one of the objectives, I think, that we have within ONC is that we're standing up a standards and interoperability framework that will allow us to describe the data, the services, and the policies for information exchange. This certainly falls within the purview of that. What that means is that we have to come up with ways of describing those business transactions and the business services that are being provided, and we've already done that for a couple of other use cases regarding meaningful use.

Generalizing it to include these kinds of services as well, I think, is clearly a next step, and it is an extension of the NIEM process. NIEM has focused in the past primarily on the data elements that get exchanged, and we're – although they capture the business rules at a high level, they never translate those really down into things that become part of the IEPD package. And we're working with the NIEM teams to try to get those kinds of descriptions much more explicit so that we can use them as the basis for describing services and Web services and things like that.

**Cris Ross – LabHub – CIO**

This is really terrific work. I've got two questions. The first of which is, when you looked at this, did you have any chance to figure out if the data elements have changed very much over time and whether you expect that they would change in time going forward?

**Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics**

That's a great question, and the answer I believe is no. I don't think that we've looked at these over time. One can imagine though that even within this group, if we select the core data elements that we need for insurance eligibility, it is not unlikely. In fact, we can almost be certain that some of these elements are likely going to change over time.

It may be that the data elements, sort of the definitions and the nuance changes. It could be that the business rules change. It could be both. Maintaining this over time will require us to kind of maintain not only relationships between the data like between the concepts and their attributes. But then between concepts over time so that income in 2010 may be slightly different than income in 2012 based on a change in the business rules or in the data that gets collected.

**Cris Ross – LabHub – CIO**

That makes total sense, which sort of leads to the second question. This idea of time lining data and time lining definitions is not impossible, but it requires some method for managing it, obviously, and you've touched on that. The second question is, this is where business rules hits data, and I was really eager to see this work. I'm sure everybody in our group was. And that was, if there is a need to have some sort of synthetic data that's calculated from some other element like you take a couple of data points, you worry about the timeline definition, and apply appropriately, and you come up with some synthetic data point that says this person is eligible for X. It may make sense to store that data someplace so that it can be reused someplace else. I know this is getting way ahead of your work, but I'm wondering if you've had any chance to think about where that kind of computed data element or synthetic data element might live and whom might be responsible for its management because it could have some power?

**Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics**

I think that's a great question. Certainly I think, if we've got data elements that are calculated from other ones, you know, call them sort of synthetic, I might call the derived. They're data elements that are derived from ....

**Cris Ross – LabHub – CIO**

Yes, that's a better word. Yes, yes.

**Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics**

...synthetic seems like we made it up.

**Cris Ross – LabHub – CIO**

Yes.

**Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics**

But the derived data elements, the definition of a derived data element is the business rule that calculated it.

**Cris Ross – LabHub – CIO**

Agreed.

**Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics**

You would essentially create that data element ... definition would be, this is 20% of data element A plus 30% of data element B divided by data element C. That's how we calculate this derived data element. That would just be captured in the definition of that so that if anybody – you know, so even if you stored it as a derived data element, you could always figure out sort of its provenance, if you will. It's always best to be able to store raw data with the derived data because if you ever have to go back and audit or recalculate, you've got that audit trail.

**Cris Ross – LabHub – CIO**

Completely agree. It's just sometimes trying to keep the raw data and the set of time lined business rules together in one place so that you can generate a derived data element sort of on demand can get to be pretty computationally intense, and it may be useful to keep that data in some place. Anyway, it's a place where business rules and data meet, and for further discussion.

**Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics**

Sure.

**Aneesh Chopra – White House – CTO**

Again, all the work, Doug, you did was very, very helpful. As everyone else said, thank you for that excellent explanation and briefing. We are swimming along on the agenda here. Now there's a lot that we've absorbed today with these preliminary recommendations. Before we dive into the last topic, any other reactions to the framework and how it might be applied, as we – essentially, a lot of what Doug is describing helps us navigate a number of the questions that we just raised. Any other thoughts besides Cris to that effect? Hearing none, so, Sam, do you want to take us back to the last round of summarizing what we've heard online, so to speak?

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

I think everybody received a spreadsheet that Judy sent out this morning. To date, we've had 41 blog posts. We received 13 other written responses, mostly through e-mail. We've heard from 13 states, and we've heard from consumers, industry groups, and associations. Judy has listed the topics that we've heard. Let me, having read all these comments, let me just briefly summarize what the content of these topics were.

Most of the comments were from a policy perspective really supportive of the new direction, direction of simplification, no wrong door, multiple entry points, use of CBOs. There was strong support for the use of e-verifications data matching, but also in the comments were some cautions about some of the challenges associated with the currency and the completeness of the available data sources. There were several comments about the need for clarity on how the verification data would be used, shared, etc. And several people mentioned the importance of building trust in this area.

We didn't get a lot of very specific detailed comments on standards feedback, although there was general support, I thought, for the need to develop standards. Probably the most comments that were received had to do with the value of standardizing eligibility data, and whatever efforts could be made around standardizing rules and business processes in order to support enrollment across programs. And we heard that consistently through the feedback. Let's not create with health reforms another silo.

Then, lastly, there were a number of comments, which encouraged innovations in the space. Several states talked about the success they're having in use of the Web and encouraging us to be thinking more about shared business services. Even though we had what I would consider limited feedback, the feedback that we have received seems to support the direction that we're heading. Anybody else spend time reading these comments and want to pull out things that they heard?

**Aneesh Chopra – White House – CTO**

I think, Sam, everybody loved those comments.

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

Yes. They were good, and I think we just wished we had more of them. I saw Claudia has teed up whether in one of our public meetings we're going to have another public hearing and whether or not we want to actually go back out to another blog post now that we've made a little more progress, solicit some more feedback.

**Claudia Williams - ONC**

Sam, that's a great idea. I will tell you that I don't know if we hit the record or not, but we came close to it in terms of responses to this blog post, not that we're competing, but we got a pretty rich set of responses, and I think some of that was due to outreach we did. But I think it's also just real interest in this topic.

If folks haven't read them, I encourage you to, and maybe we can also just have some conversation through e-mail and through – one thought I had in follow up to today's meeting would be to draft just a real kind of high level summary of some of the next steps and questions we have in each of the recommendation areas. That could be the basis for a blog post. All of our recommendations today, of course, are completely public, but we might want to tee up some of the things that we'll be looking at over the next month or so.

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

I think that's a great idea, kind of a summary of where we are to date.

**Claudia Williams - ONC**

Yes.

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

Claudia, why don't you take us through next steps and remind us of our timetable here?

**Claudia Williams - ONC**

Great. Really, I think, to the relief probably of many, we're going to move into a period of focused work. I think we're hoping that, at a staff level, we can take some of the gaps and pieces of analysis that are needed and turn those around quickly. I would think that, in most cases, the tiger teams will need to meet again once or maybe twice, but we may just give you a few days off so that we can sort of gather our forces, and you can do the same. And then we can tee up a schedule over the next couple weeks. But if I could ask just the chairs to be thinking from their perspectives, both from a vacation standpoint, but also from the topics we need to cover to get back to us and to just, you know, dates and times and a general timeframe that would work for you.

We'll be taking the recommendations ... today. I think every tiger team had a set of to-dos that it wanted to turn to next and next steps. So in addition to whatever was discussed today, there'll be a lot of work on that. I think Doug also teed up very nicely the next steps in the NIEM analysis that'll be going on, and what we hope to do August 12<sup>th</sup>, which is an in person meeting. And, actually, I'm reminded, we do have a July 30<sup>th</sup>. Is that right, Judy?

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

Yes. That's correct, 11:00 to 2:00, again on the phone.

**Claudia Williams - ONC**

Okay. We'll do a little bit of thinking about what the interim step needs to be, but our idea is that by August 12<sup>th</sup>, we have a set of recommendations that are close or can be really discussed and adopted by the group, and there may be, I'm thinking about services descriptions and a NIEM analysis. We may need to use the later August meeting to do that same kind of actual acceptance of recommendations later on in the month. But by August 12<sup>th</sup>, many of the recommendations we made today that I think need to be reiterated and refined, our hope would be in that in person setting to really get to some resolution on those and have them – have kind of a motion on them within the group.

We benefited greatly from testimony, and I know we're getting to a place where we have some more congealed thinking about several things, but would love to get feedback from the group here today, whether in the July 30<sup>th</sup> meeting or August 12<sup>th</sup>. What are some of the perspectives you'd most like to hear from? What are the gaps you feel in experience or models that you'd like to bring to the table? Maybe I'll just pause there and see what folks think, see if you have any specific recommendations. And if not, we can certainly tee some up and see what you think. I think folks are hungry for lunch.

**W**

Could you repeat what you'll be looking for one more time, please?

**Claudia Williams - ONC**

Sure. This month until August 12<sup>th</sup>, our goal, including the July 30<sup>th</sup> meeting, our goal is to take the set of recommendations discussed today and get to a point by August 12<sup>th</sup> where we feel like they're really strong and really solid, and we can actually, if not, I don't know that we'll take a vote, but actually consider them for adoption at that time. I think there are going to be though another set of recommendations that we'll be bringing forward on NIEM, on service descriptions, and I think certainly in privacy and, I think, in verification, there are some additional topics that we need to get to.

We'll be using August 12<sup>th</sup> to try to refine and take some action on the recommendations we've been able to get to so far and get to the next layer of refinement for those that'll be new so that in August 17<sup>th</sup>, 31<sup>st</sup>, and September 9<sup>th</sup>, we can really be taking those to conclusion. Remembering that our final deadline is September for bringing things forward.

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

I'm wondering, and it may be the wrong timing, but at some point before we conclude, should we reach out specifically to states, and I'm thinking particularly Medicaid directors who are really grappling with these issues right now, as they start to think through the new enrollment processes and whether we go to Medicaid ... or we go to NASHB back to Alice Wyse perhaps or NASMAD to get some reactions at the kind of on the ground level from the state perspective?

**David Molchany – Fairfax County, VA – Deputy County Executive**

I think that would be a great idea.

**Claudia Williams - ONC**

We could do that a couple of ways. We could do that through some focused outreach with our FACA blog question to them. We could host a listening session where we ... either through NASMAD or through NASHB where we tee up some questions and basically are in more of a listening mode, or we could ask for testimony from specific directors. Any thoughts? We could do all of them, but any thoughts about which would be most productive?

**W**

It might be most productive to do a NASHB and NASMAD outreach and ask them what's the best way to organize it. Medicaid directors are so overwhelmed at the moment.

**M**

Yes, but I think you're right. I think, the sooner we can get some of those folks involved, I think, the better and the quicker you're going to get the adoption and the consensus on how to go forward.

**M**

I think that's right. One of the things that we saw in Doug's analysis, and he mentioned the bias in the states were already spoken to. These were states that already had portals, and so the assumption here is that they've already done some harmonization work, which suggests that many other states may have further to come, so it would be important to get that perspective.

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

I'm happy to work offline on this or whatever would be the most expeditious.

**Claudia Williams - ONC**

Deborah, maybe we'll reach out to you and get your help with this.

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

Sure. Happy to.

**Claudia Williams - ONC**

That would be great, and any others who would like to be part – I mean, I think there'll be an opportunity for everyone to participate, but it would be good to get something going.

**M**

Claudia, I've had a couple of requests for staff to send out a schedule. There seems to be a little bit of confusion of which meetings everybody is supposed to be on, so just a schedule of the upcoming tiger team meetings and the in person meeting and the phone meetings.

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

Yes, I'll do that, Claudia.

**Claudia Williams - ONC**

Just to clarify, we had scheduled tiger team meetings, I believe, through last week, but don't have any schedule for the future, so we'll reach out to each of the chairs and have just an e-mail discussion about what the preferences for timing and how many more meetings we'd like over the next month.

**W**

Just tagging onto that, can someone explain quickly what Wednesday is about, the Wednesday meeting? We got an Outlook request for about a six-hour meeting on Wednesday the 21<sup>st</sup>.

**M**

No. Judy, do you want to clarify that, please?

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

Is that the HIT Policy Committee meeting?

**M**

Yes, it is.

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

I'm sorry. That was the HIT Policy Committee meeting. They have a meeting every month, and you can certainly listen in to it, or it will be held publicly here at the Renaissance DuPont Circle Hotel, but it's also dial in and Web cast.

**M**

It's not a required meeting of this group.

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

No, it's not.

**Aneesh Chopra – White House – CTO**

No. Sam is going to be briefing the policy committee on what this group has done, so no one is obligated to participate in that ....

**Claudia Williams - ONC**

Thank you. We will certainly send out the clarification on the dates and what's expected.

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

Terrific. Thanks. Judy, are we ready now to open up for public comments?

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

Operator, could you check and see if anybody from the public wishes to make a comment?

**Operator**

We do not have any comments at this time.

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

Thank you, operator. Sam and Aneesh, back to you.

**Aneesh Chopra – White House – CTO**

Wow. A lot of meat today, Sam, and a lot of healthy conversation, although obviously a great deal of work left to be done. On my end, I'm excited about the direction the working groups have taken. There's always this tension between solving a very near term problem, that is, people have to actually get to work on these issues now, and so the more clarity we could offer, the more direction we have for the near term, the better. And also, those who want to make sure that as we proceed down this path, we've got a strategy to move the current world to one that's a little bit more open for improvement. I'd love to hear your thoughts, Sam, if you want to say a word or two, or else we can rock and roll.

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

No. Let me just echo your comments and thank everyone again for all of the time that was spent in the tiger teams. And for those who were on vacation last week or who weren't able to fit it into their schedule, when the new schedule for tiger team meetings are put out, I'd encourage you to participate. As Aneesh said, a tremendous amount of work was done. We could not do it or we would not be able to get through what we need to do without the work of these groups. Again, thanks, everyone, for putting the time in and focusing and getting us to a place where we have something significant to talk about, and we'll move it to the next step in the next set of meetings.

**Aneesh Chopra – White House – CTO**

All right. Let's cheers. Claudia, Judy, anyone else want to make any final words, or are we ready to roll? Are we done?

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

I think we're done. Great meeting.

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

Thanks, everyone.

**Aneesh Chopra – White House – CTO**

Bye, everyone.

## **Public Comment Received During the Meeting**

1. What is the harmonization process to use X12 transactions in an XML NEIM format?