

**HIT Enrollment Workgroup**  
**Draft Transcript**  
**March 14, 2011**

**Presentation**

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

Good afternoon, everybody and welcome to the HIT Policy Committee's Enrollment Workgroup. This is a Federal Advisory Committee, so there will be opportunity at the end of the call for the public to make comment. The call will run from 1:00 until about 3:30 p.m. Eastern time.

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 – Software Entrepreneur**

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?

**Lynn Jordan – USDA – Management Analyst, Food & Nutrition Service**

Lynn Jordan for Jessica.

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

Stacy Dean? Steve Fletcher? I know he dialed in. Reed Tuckson? Ronan Rooney, or is somebody from Cúram on?

**Hank Kehlbeck – Cúram Software**

This is Hank Kehlbeck from Cúram.

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

Robert Restuccia? Ray Baxter? Deborah Bachrach?

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

I'm on.

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

Gopal Khanna?

**Gopal Khanna – State of Minnesota – Chief Information Officer**

Yes, I'm here.

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

Ruth Kennedy? Anne Castro? Oren Michels? Wilfried Schobeiri? Terri Shaw?

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

Yes, here.

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

Beth Morrow? Sallie Milam? Darren Nolan? Bryan Sivak? Kristen Ratcliff?

**Kristen Ratcliff – ONC**

Here.

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

Bobbie Wilbur?

**Claudia Williams – ONC – Acting Director, Office State & Community Programs**

Judy, Bobbie’s not on, but Claudia’s here.

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

Thank you, Claudia. David Hale?

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

Hi, I’m here.

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

Bill Phillips?

**Bill Phillips**

Yes, I’m here.

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

Is either Penny Thompson or Henry Chao on the phone? Did I leave anyone off?

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

This is Reed Tuckson on.

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

Reed, thank you. Okay, with that I’ll turn it over to Sam Karp.

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

Thank you, Judy, and good morning, everyone. Welcome to the first and full Enrollment Workgroup meeting of 2011. I know some of you have been involved in the tiger team work that went on at the end of last year and I know that there have been a couple of tiger team meetings so far this year. This meeting is intended for really two purposes. One is to get an update on the work of the tiger teams. Second and really why the meeting was called at this time is to provide input to CMS on the verification hub work that they have undertaken.

About ten days ago, we were asked by CMS to provide feedback to a set of specific questions that they asked the workgroup’s views on, and also asked that we might provide them any other information that would be helpful to them about the verification work. We’ll talk a little more about what’s gone on since we got that request ten days ago when we get to that topic on the agenda. So two items, updates from the tiger teams and then a discussion of the verification hub and try to aggregate our feedback for CMS. I don’t believe that this meeting will take two and a half hours. I suspect we will be done with our work in 90 minutes or so, just for your planning purposes.

Why don't we start with updates from the tiger teams? Cris, can you give us an update on work in the Business Rules group?

**Cris Ross – LabHub – CIO**

Yes, I'll ask Hank from Cúram also to add on. Since our last full group meeting we have done some additional evaluation of both the context of how rules might be structured, getting advice from industry, but we also spent time talking to entities that have been involved in quasi-standards development kinds of work around rules from the finance industry, insurance, and ePrescribing world. We had received some guidance, Sam, I think from you and Aneesh that there was still fairly significant interest in business rules as a component of what we're doing going forward. So after our last group meeting, Cúram had agreed to do some straw man work to develop some sort of samples that we might use to progress the work. I'm going to defer at this point—I think it's Hank is on from Cúram today, is that correct?

**Hank Kehlbeck – Cúram Software**

Yes, Cris, that's right.

**Ronan Rooney – Cúram Software – CTO & Cofounder**

I was going to say, I think Hank is here, and I'm Ronan and I'm here as well.

**Cris Ross – LabHub – CIO**

Oh, great.

**Hank Kehlbeck – Cúram Software**

Hey, Ronan.

**Ronan Rooney – Cúram Software – CTO & Cofounder**

Hi, guys. How are you doing? So I think the update we had at the last session was I think we were in the process of getting a major release out the door, so we were going to provide an update after that. The release is currently packaging its way to go through the doors in the next week or so, so we'd be able to divert some results, probably not this week but next week to fulfill our task. So I'll send an update out probably early this day next week or tomorrow week to give everybody an actual target date.

**Cris Ross – LabHub – CIO**

That's great. Thanks. The tiger team does have a meeting on Wednesday to review the status of work as well.

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

Cris, do you have a sense of the type of product that may come out of your work? Are we thinking that it may be guidance for the recommendations that were previously made, or do you see anything that may resemble a standard or protocol? The reason I ask is that we're trying to assess in each of the workgroups the nature of this round of activity so we can best assess what process it will need to go through as it works its way through the HIT Policy and Standards Committees.

**Cris Ross – LabHub – CIO**

Unless Ronan has guidance otherwise, I think we would say that we're going to sharpen our recommendations previously and we might have some examples of the kinds of standards we had earlier proposed. We've made some recommendations about industry standards for representation of business rules, but I don't think we're going to go any further into actually articulating what that rule structure would look like or anything like that. I think the work that Cúram's doing is an illustrative example, as opposed to intended to be any kind of framework for this particular workgroup. Ronan, what's your view?

**Ronan Rooney – Cúram Software – CTO & Cofounder**

Yes, I would agree with Cris. What we were trying to do—there were a few sub-bullets that we were targeted to produce, I guess. They were around examples of what a rule would look like in one of the standard languages, but also in raw form, if you like, and we were going to take a fairly simple example, so the type of thing that people would have been kicking around, I guess, over the last few months. But

we were also going to take a more real world example probably from the Medicaid side to get across some of the challenges and issues, so that people can actually see, okay, here's two work ..., if you like, in a standard language so that people can see what it would actually look like and hopefully get a better understanding. I think once people see it they'll have a good sense of what's involved and the pros and cons, I think of the approaches I think will become much more clear and obvious, I think, when people see the two examples side by side.

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

That's really helpful. Thank you. Are there questions for Cris, Ronan or Hank from workgroup members?

**Cris Ross – LabHub – CIO**

Let me add one more feature. In addition to what Ronan just described, I think we're also going to try to provide some guidance around processes for rules management based on the different industry groups we talk to, not just recommended at a particular SDO or a particular approach, but best learnings from other industries that might be applied.

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

That also sounds like it would be quite helpful.

**Ronan Rooney – Cúram Software – CTO & Cofounder**

Yes, absolutely, Cris, yes, you're right.

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

Questions, anyone, comments? Okay, thanks a lot. Let's move to Privacy and Security. I didn't hear if Sallie was on. Sallie, are you there? Kristen, in Sallie's absence, can you update us on the work of the Privacy and Security Tiger Team?

**Kristen Ratcliff – ONC**

Yes, sure, and Claudia, feel free to jump in here too. At the last Privacy and Security meeting, we did a number of things. We first are engaged in working on a data mapping exercise that would map the use case here and then identify those areas where federal law might come into play, so what enrollment processes are subject to what standards and laws. That will probably be the focus of our next tiger team meeting is just discussing the use case so we can identify those trigger points where federal law might come into play. Another thing that we have discussed is leveraging the HIT Policy Committee Privacy and Security Tiger Teams' work. They've been turning out recommendations about a number of issues that could be applicable to our use case here. We're going to be looking at those in the very near future and seeing if there are any that we feel are particularly important for this use case and if any slight modifications or revisions would be needed to make them applicable to this use case.

We also discussed—for those of you who don't know, the Federal Trade Commission has come out with a privacy and security framework. So we discussed how that fits in with the ONC privacy and security framework. What we came to the conclusion was that the FTC is focused more on the commercial exchange of personally identifiable information and that might come into play when a state exchanges data with a private health plan, and that the FTC proposal could provide a safety net for things that fall outside of HIPAA or other protections. So we just explored that with Joy. There's no real action coming out of that. But we did explore the intersection there between commercial uses of data and then uses of data for health purposes.

On our last call, we also did an analysis of the SSA data sharing agreements. We received those agreements during our first round when we were looking into the SSA's verification interfaces, and so we took a closer look at those to see if there were any best practices related to the privacy and security of data that we could pull. We did an analysis of that and identified some areas where we'd like to go deeper. So, Claudia, I don't know if you have anything to add but I think that—oh, we also did look at a draft of additional privacy and security safeguards and we have some edits on those and we'll likely submit them to this full workgroup at the next public meeting. I think that's it.

Claudia, is there anything I'm missing?

**Claudia Williams – ONC – Acting Director, Office State & Community Programs**

No, those all sounded right, Kristen. One thing that got put on our radar at the last call was the federal effort called the National Strategy for Trusted Identities in Cyberspace. There was an acknowledgement that we should learn a little bit more and see if there aren't some synergies there to link up with.

**Kristen Ratcliff – ONC**

Yes, and I think that there will be more information about that forthcoming, so as soon as we get a little more information on that I think we'll, like you said, go into a more detailed analysis of how we might link up with that effort.

**Claudia Williams – ONC – Acting Director, Office State & Community Programs**

Sounds good.

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

Questions or comments by any workgroup member? I have one question, in that looking at the SSA activity, have you looked at the language that pertains to limitation of use?

**Kristen Ratcliff – ONC**

Yes, we took their actual sample agreement. This is going to be really jogging your memory, but the SSA has three basic data sharing agreements. The first is a very basic agreement that's signed at the governor's level. The second is a more detailed agreement that's signed at the agency head level for each program that will be using their interface to exchange data. Then they have an electronic data security package that goes along with that agreement. What we looked at was the electronic data security package and the language in this agreement basically just states that you won't use this data for any other purpose than the purpose for which, and they specify the purpose. They go into a little bit of detail about how you maintain or don't maintain the data on software and hardware and such.

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

Whether the data is stored, you mean?

**Kristen Ratcliff – ONC**

Exactly, yes.

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

So it would be interesting to know whether or not this same approach is being taken by the IRS and the Department of Homeland Security, or if they have a different approach to ensuring limitation of use. The reason I ask that is I think we all know these are the three data sources that are specified by the Affordable Care Act's statute for verification during the eligibility determination process. If there is a way to standardize the way limitation of use is expressed and enforced through each of the departments that probably would be great. But if it isn't that way, then there ought to be some disclosure about how that is done. So I'd just ask the tiger team to please take a look at that.

**Kristen Ratcliff – ONC**

Exactly. I do think that that is a perfect segue into our conversation today, in which we'll look at whether or not the hub could be used to pull back verification information from those three sources. Then that would lead to a greater conversation of whose privacy and security framework applied when and where the data is in the process of that.

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

I think that's right, so we'll talk about that a little more later.

**Kristen Ratcliff – ONC**

Yes.

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

Any other questions, comments for Kristen or Claudia? Okay, thank you all. Terri, do you want to give us an update on the Consumer Engagement Tiger Team?

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

Sure thing, will do, and others who are on from the tiger team please chime in with any additions. We have been continuing to refine some draft recommendations on the consumer engagement points. As folks will recall, we had an Appendix A that really did focus on consumer issues, but didn’t have recommendations per se in it. It was more guidance, getting back to Sam’s question about guidance versus standards. So we continue to grapple with what will come out as guidance versus standards or recommendations, but we are continuing to look at a number of different issues around ensuring consumer usability and access through these systems. The topic that we’re focusing on includes things such as clarifying the intent for these enrollment systems to support consumers. Those who would assist them throughout the entire enrollment process, including all the different phases like application, eligibility determination, plan selection, including some cost calculators potentially, enrollment obviously into a health plan, renewal of benefits, transitions among different benefit options, and customer service and appeals as well. So a wide panoply of aspects of the enrollment process that we just wanted to clarify the intent that these systems would support consumers throughout.

Then getting into more specifics on hopefully defining and identifying standards as much as we can around what consumer usability is and some standards for that, standards for users with disabilities. On that note, we have consulted with various experts, including folks from the Office for Civil Rights, and some of us have had discussions, we spoke to the Department of Justice as well regarding their evolving standards for ensuring access and usability for users with disabilities. We’re also looking at standards for users with varying literacy levels and we’re continuing to explore additional areas such as potentially identifying standards for users with limited English proficiency and looking at requirements for testing systems in order to gauge and guide consumer usability as these systems are being developed. In broad strokes, that’s the work that we are engaged in.

Does Kristen or Claudia or anybody from the tiger team want to weigh in?

**Claudia Williams – ONC – Acting Director, Office State & Community Programs**

I think that’s right, Terri. We’re trying to also talk about how that work fits in with the other focus of other agencies and tiger teams on the aspects that relate back to the consumer usability, defined kind of broadly as we’re defining it right now.

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

Okay, thank you all. Let me ask you a question, Terri. You were clear about some of the work would be offering additional guidance, but then you said that with respect to usability that there may be some standards work. I remember reading the draft set of recommendations before the end of the year that you all circulated, which were quite comprehensive, I thought. In terms of standards, they mostly referenced other existing federal standards. Am I right about that? I’m trying to, again, address this question about is there a new standard that’s being proposed or is there guidance with respect to specifying adherence to existing standards?

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

As I said, we’re still trying to grapple exactly with how to draw those distinctions and then how to apply them in these particular cases. But you’re correct that we have tried, in many areas, and I think the users with disabilities is a prime example of this, we’ve tried wherever possible to identify standards that are already out there and just be clear that they would apply in this context as well. Having said that, some of those standards are very much in development as we speak, and they’re in the process of being updated and refined as we speak. So part of the challenge is then figuring out what version to reference and how to ensure that we don’t, before we’ve even gone anywhere, already put ourselves a little behind the curve. We want to try and stay on or ahead of the curve. So there are multiple challenges that we’re struggling with.

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

I've got it. Good. That's helpful, thanks.

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

I'm sorry. Can I just jump in with one more comment?

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

Okay, Stacy, sure.

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

I think the other thing is that referencing the standards, while there are a very robust set of standards out there by DoJ and HHS, they don't necessarily translate for a typical reader. So what would the Web page look like? How would it work? Turn it into tangible operational standards. So we've also been looking for examples and, quite frankly, they're hard to come by. The federal agencies would be the first to acknowledge that they don't actually think what's out there now complies with standards very well. I would welcome suggestions, if anyone has them for something that they, either with the private or public sector really, this country, any country that they think meets or exceeds strong customer service usability standards. We really need to build a point to something rather than an abstract legal standard.

**Claudia Williams – ONC – Acting Director, Office State & Community Programs**

Yes, thank you, Stacy.

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

Other questions or comments, workgroup members? Okay, so let's use the update from the Verifications Tiger Team as a transition to the broader discussion about verification hub. I think you'll all remember that we actually had a couple of recommendations as part of the original Enrollment Group recommendations specific to electronic verification. You'll remember we had testimony from the three federal agencies about what they were capable of doing today with respect to electronic verification, what they hope to be able to do in order to meet the requirements of the statute. We were cautioned at the time about describing federal role in verification, not necessarily as a national service or as a national hub that we initially started to describe. But we ended up recommending what we called a "federal reference software model" and said that we thought that such a model ought to be built and that Web services ought to be the transport mechanism, rather than having each state have to build its own interface to each of these three separate verification sources. That if there was an aggregated place where states could, using standard protocol, could be able to access verification information, that would probably be the most efficient way and most cost effective way of satisfying the requirements of the statute.

We also said that even though the statute talked about three specific verification sources, that there were a range of other verification sources that states were currently using or may be helpful for states to have also in an aggregated manner, and we, in our appendices, listed the other verification sources that we thought ought to be looked at. About ten days ago, we were asked by CMS to reconvene the tiger team that had worked on verification interfaces to provide some comments on a number of specific questions that CMS had as they are beginning to look at this issue. So we actually had two meetings last week of the Verifications Tiger Team, along with a few other workgroup members, to kick around some of the questions that were asked, to more generally talk about and remind ourselves of exactly the discussions that we had had six months ago. A number of questions were raised in the course of those conversations where we felt like we actually needed some more information.

Kristen agreed to see if she could get some clarifications for us and will also walk us through the series of questions which are in your deck. You have both the copies in the deck of the recommendations that were made by the workgroup and approved by the secretary. You also have as a separate document, for reminder, the appendix that related specifically to verifications. Kristen, let me ask you to walk us through the series of questions that were asked, and in each instance where we noted from our meeting last week was that there was additional information needed, fill us in on what you've been able to learn since then.

**Kristen Ratcliff – ONC**

One process point before we jump in with the framework that I'd like us to use for analyzing these questions, we were asked by CMS and CCIO to provide feedback by March 15<sup>th</sup>. Obviously, Henry and Penny and many other people I'm sure listen in to these calls, so they will get our feedback as we discuss today. However, we do have to follow our FACA Committee process, so to the extent that we want to memorialize any of our analysis or conversations here today we can take the discussion that we have today and put it in a letter that would actually go through the Policy Committee to Dr. Blumenthal. Then Dr. Blumenthal or the National Coordinator at that time would then transmit it to CMS and CCIO. So there is a little bit of a formal process we have to follow, which won't necessarily be within this time frame, but as I said, many people from CMS and CCIO participate in these calls. So hopefully we can get them the feedback that they need that way on an informal basis and then go through the more formal process that we have established for the process.

Before I transition here, does anyone have a question about the process that will follow here to provide our feedback? No? Okay. So we'll jump in here with the slides that have been prepared on the verification hub analysis. We'll just start with, I guess we'll skip these slides on the recommendations, Sam already touched on those, so we'll start on the slides, the framework for hub analysis, which I think starts on slide nine. It would be most helpful, I think, for everyone if we could walk through this in a fairly methodical way, keeping in mind some overarching principles, so I just wanted to lay those out here before we get into the actual analysis.

Slide nine touches on what the scope of our analysis should be. As you all know, Section 1561 charged the workgroup with standards and protocols for streamlining eligibility in enrollment. So while there are many pieces to the ACA, some of which are related to eligibility enrollment and some of which are not, we should try and limit what we do here and the recommendations that we make on the proposed services here to that necessary to make an eligibility in enrollment determination and/or transfer information to another program for an eligibility in enrollment decision. Now, there will be some places where you see that the services or collection of data could be very useful for some other function of the exchange, such as calculating a premium tax credit or a subsidy or doing a risk adjustment, or any of those other things that we know that the exchanges are going to have to do. When that is the case we should note that, but you'll find that we have a lot to get through today, so we should really try and limit the scope of our analysis to eligibility in enrollment.

The next slide, slide 10 focuses on the actors here. We know that the exchanges aren't operating in a bubble. They're going to have to interact with other programs and other entities. And while we should focus on the exchange as the primary factor, we know that there will need to be close coordination with Medicaid and CHIP, SNAP, TANF and other state programs, and then as a secondary piece private sector actors and health plans. I did leave off this list, which was an oversight, we should also consider community based organizations in here as an actor that will play a role maybe between the SNAP, TANF and other state programs and private sector actors. They should be more a part of our secondary analysis. Although I would welcome any discussion on that because I have a feeling there might be varying opinions on that, but nevertheless, we should consider community based organizations as well.

The next slide, slide 11, overarching principles, we've listed four principles here to keep in mind as we work through this analysis. The first is centralized versus decentralized data silos. So the preference would be for decentralized data silos unless there is a reason why centralized would be necessary, and we can certainly discuss that if there are strong opinions on that. The next one is federal aggregation versus a separate state approach. The goal of course, as we've discussed from the very beginning of our work, is for a flexible modular infrastructure approach, taking into account that there will be various models and some states will choose to build completely new systems. Other states will choose to build on their legacy systems, so we should keep that in mind as we go through this as well.

Then of course, the fair information practices, we should make sure that the services exchange data, the data necessary for the purpose of making an eligibility in enrollment determination, minimum data necessary for eligibility in enrollment collected from the consumer, and then of course consumer control over and access to eligibility in enrollment data. These are all things that we've talked about before, but I

thought it would just be helpful to put it here on a slide so that it's at the forefront of your mind as we dive into this hub analysis.

Then the next slide here is the hub models. Before we can jump into what services the hub should provide, it would be helpful if we had in our mind a construction of what the hub might look like. However, we don't have that necessarily here because of the policy decisions that have not necessarily been made yet. So I just wanted to put this out here so that you could see that there are different formats and different functionalities that the hub can serve, so there are any number of models here, and whatever recommendations that we make today should be consistent with any of these models.

The first is that the hub would serve as a pass through or conduit which does not perform any calculations or aggregations of data or make determinations. Another construction would be that the hub does perform calculations or aggregation of data but don't make any determinations, they send that information back to the state, who will then make a determination or a decision on a particular piece of information. Then the third model would be the hub does everything. It retrieves the information. It may calculate or aggregate. Then it makes a determination and just sends the determination back to the state.

Does anyone have any questions about that? I know that it's going to be fairly challenging to discuss this without knowing which of these models we're really discussing, but I just wanted to make sure that everyone was clear that there could be a distinction on what the hub actually looks like.

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

Let me just ask in terms of the assumption of variability at the state level. Are we making the assumption that there's not going to be much variability at the state level; therefore, the hub could make these calculations in a fairly uniform way? Or, do you predict multiple permutations of issues that will come up state by state which will make it almost impossible to do this?

**Kristen Ratcliff – ONC**

I think—

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

Before you answer that, Kristen, and this is Sam, Reed, when you say "variation" do you mean variation with respect to eligibility rules?

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

Yes, the decision making. I'm really trying to focus in, and it's a little bit of naïveté on my part, but I'm just trying to make sure that decisions determining regarding program eligibility at the state level will there be, given waivers and all kinds of permutations, do we expect this to be quite complex state by state?

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

I just wanted to clarify what your question was. I'm sorry—

**Kristen Ratcliff – ONC**

Yes, I don't know. Have either Penny or Henry joined? It sounds like they have not. I can go ahead and take a shot. I think that we should prepare ourselves for significant variability, especially with regard to the Medicaid program. I think at this point we cannot make the conclusion that there will be some sort of federal guidance that tells us exactly how it's going to work and what all the rules are. It's going to be the same for all 50 states. We should prepare ourselves for maximum variation with eligibility rules, which, arguably, makes at least one or two of these models fairly unworkable.

**Gopal Khanna – State of Minnesota – Chief Information Officer**

A follow up question to Reed's, are there strategies or things that can be done, or should there be a consideration passed to remove that complexity or reduce it?

**Kristen Ratcliff – ONC**

Yes, I think that that's up for discussion today. So providing these services, if HHS were to provide some of these services I think that that would arguably reduce some of the complexity.

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

Can I jump in with a different set of questions?

**Kristen Ratcliff – ONC**

Sure.

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

Go ahead, Terri.

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

Some of this is going back to the previous slide about the primary actor, but not surprisingly my questions are going to focus on what is the role of the consumer in this. The consumer was not listed as any of the actors here, but I can imagine systems could exist where the consumer could have some role to play in either receiving the information themselves and then releasing it, if you will, to the eligibility system, as we've talked about for the IRS and a FAFSA model. In which case these models, you might have all three models as a possibility depending on what the individuals themselves choose, for example. So I wanted to just throw that in there. It's not clear to me what the role of the consumer is in this, and depending on how strong a role we are able to provide to the consumer, which I would argue for as strong as we can, then some of this becomes the consumer's option as opposed to a strict model that has to be built in.

**Kristen Ratcliff – ONC**

I think that there's conceivably, I don't know if you had a chance, but if you look through the slides you'll see that these questions are mainly formatted as to what services can HHS provide to exchanges. So just the questions as they're formatted don't really provide for consumer, but I don't think that that was intentional. So, as you said, you can conceive of a situation, one, where the consumer does all the work and clicks the button and the state eligibility systems serve as a conduit straight to, for example, this federal hub to do any number of things. Or you can conceive of a system where the individual goes in and enters their information, that's sent to the state, and then the state case worker clicks the button and sends it to HHS. I think that there are really two models here and that states will probably use both models, if that makes sense.

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

Yes, I can see it basically going any number of directions here, and perhaps we want to allow for the flexibility for there to be different directions that—

**Kristen Ratcliff – ONC**

Yes, and I think that areas where that distinction is particularly salient we should note in our feedback.

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

Yes, and I think that this relates back to some of the privacy and security issues too, obviously, that some people will have more sensitivity generally and some people will have more sensitivity about specific types of information. So to the extent we can give them the ability to essentially allow for action in accordance with their comfort level, I think we should try to build that into our models as we go through.

**Kristen Ratcliff – ONC**

Yes. Any other questions? Okay, so the next slide, before we get into the more detailed questions, is just a way for us to look at each of these questions. It might be helpful if we stepped through this fairly carefully and first discuss any outstanding questions that are raised by the questions and then give a rating or discuss the Verification Tiger Team's initial thought on a rating, and then go into critical assumptions and rationale for that rating.

With that, I think we can go ahead and jump into question one, which starts on slide 14 with a statement. The statement is, “The ACA requires exchanges to verify data with several federal agencies and check certain coverage before making eligibility determination.” On slide 15, you’ll see one preliminary rating and then a few TBDs and questions that we had. The question here—and we’ll treat these as three separate sub-parts as we go through. So we’ll start with discussing whether or not HHS should develop a set of hub data services to manage transfers and queries between exchanges and other entities for purposes of verification against required federal data sources, so those would be the three: FSA, DHS, and IRS, that we’ve discussed extensively. The tiger team gave us a preliminary three, meaning that it would be extremely useful and actually very consistent with the recommendations we made in the first round.

Let’s open it up now, I guess. We’ll step through these and then open it up for discussion. On this particular piece does anyone feel that it’s not a three, or does anyone agree with the three? What are your general thoughts here?

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

Let me ask, if anyone thinks this is not a three, please say so. Otherwise, we’ll assume it is.

**Kristen Ratcliff – ONC**

Yes. This one was kind of—go ahead.

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

It’s consistent with our recommendations, just as you said.

**Kristen Ratcliff – ONC**

Yes. This one was a no-brainer given our recommendations. The next one is should the HHS hub data services ID other federal coverage for people who are applying in the exchange? We had identified one outstanding question here, which was, what impact does federal coverage have on the person’s eligibility in enrollment? I did a little homework and got some clarification from CMS and CCIIO on this that access to or enrollment in another federal coverage, another federal program, does not statutorily prohibit exchange eligibility in enrollment, but that it does play a role in making you ineligible for the premium tax credit. Also, there’s a question about how that situation should be treated if the statute is silent on it, so should an employee’s coverage, for example, in Medicare as a policy make them ineligible or affect their eligibility for the exchange?

That was the question that the tiger team had here and the clarification that we received, I’m sure that was clear as mud as I explained it, but we were really looking for a little more discussion on this area so that we could draft a rating here for how useful it would be.

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

I would say if you’re ineligible for a premium credit because you’re eligible for minimum essential coverage, I think that’s how the statute reads, and minimal essential coverage includes Medicaid, CHIP, Medicare, TRICARE, ..., then I think the exchange needs to know. Therefore, it would be pretty critical, and I’d rate it as a three. Clearly it would alleviate the burden on both the exchange and the client to verify something that the federal agencies already know.

**Kristen Ratcliff – ONC**

So would you say that it is critical for eligibility in enrollment purposes?

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

It’s critical for ineligibility, so yes.

**Kristen Ratcliff – ONC**

Ineligibility for the tax credit—

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

Yes.

**Kristen Ratcliff – ONC**

—... not necessarily for the program?

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

But there's an enormous share of people in the exchange who are eligible for the tax credit, the majority of people.

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

I would totally agree. I actually would have commented on this in the earlier slide where we were trying to make a distinction between eligibility enrollment and the premium tax credit and other subsidies. To me those are part and parcel of eligibility in enrollment, and so I completely agree with what Stacy was just saying, that this is critical because part of eligibility in enrollment is determining what your subsidy level is, in my book. You can't separate that out.

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

Or first whether you're even eligible for subsidy by determining you're not already either enrolled in one of these other federal programs, or you may be eligible for Medicaid, right?

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

Right.

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

You can use both things. Are you already enrolled in something else, in another federal program? If you're not, are you first eligible for Medicaid before you become eligible for subsidy, which, as I understand, is what the statute requires, both Medicaid and/or if you're a child CHIP. \ I'm in agreement with Stacy's suggestion that this be a three. We need to try to move through these things, so, any other perspective on this, other than agreement that it's a three?

**Kristen Ratcliff – ONC**

I just have a note in here that our rationale for the three is that eligibility for tax credits and subsidies are an unfavorable piece of the enrollment process and this would be useful for that. Is that consistent?

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

I think it is, yes.

**Kristen Ratcliff – ONC**

All right, so the next piece here is ID of other available coverage, which that was where the sentence stops, with the question that we originally gave, the tiger team parsed out two separate scenarios which may or may not have slightly different ratings here, which is employer sponsored coverage and then private health plans. Any discussion on that?

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

Again, that goes to the minimum credible coverage, as Stacy was saying, and so it's the same analysis. I question, though, whether this data would be available at the federal level as opposed to the state level, or maybe anywhere, but to the extent it's available I think it would be useful.

**Kristen Ratcliff – ONC**

Does anybody else have any other thoughts? So as far as a rating do you think that because it's sort of the same issue this would also be a three?

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

To me, yes, for the same reason as above, but again I just question whether it's feasible.

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

Because you don't know where you're going to get that data from. On the other hand, isn't that part of what you're going into this exchange for in the first place, is to get coverage? So you probably ought to know what other coverage you have.

**Kristen Ratcliff – ONC**

Does anyone else have any other thoughts? Deborah, do you have any thoughts, you're quiet. Sorry, I'm going to start calling people out now. Any? Or Gopal? Should there be any distinction here between employer sponsored coverage and private health plan? Or is the scenario essentially the same?

**Gopal Khanna – State of Minnesota – Chief Information Officer**

It's the same. I'm okay.

**Kristen Ratcliff – ONC**

Okay. The next issue we were asked to look at here was identification of coverage in other programs, and we parse out three scenarios here. If a person moves from state A to state B you would want to know if they're still covered by the exchange in state A, their original state. Another scenario was as information is going from program A to program B where there's express lane eligibility. Then a third scenario is when there is no express lane eligibility. Thoughts on this one?

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

By this do we include the other programs? Is that meant to include other Health and Human Services programs like SNAP, TANF, etc.?

**Kristen Ratcliff – ONC**

Yes, I think that's what we meant by program A to program B, so maybe your Medicaid is sending information to SNAP and TANF. So it could be concurrent coverage or it could be handing off, and is there any nuance there that needs to be fleshed out.

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

Stacy, let me ask a question of you. Given that the eligibility requirements are different for some of these programs, I can see how a verification of citizenship or legal status being transferred to another agency—and this is where I think the issue of client consent comes up with respect to the limitation of use that we talked about earlier, but—the income verification for Medicaid or for subsidies is a different animal from the income verification for food stamps or TANF. So in some cases it would seem to me that passing verification information in some of these areas might be helpful to another agency, and in some other cases it wouldn't necessarily be as relevant. Do you have a perspective on that, Stacy?

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

I think that's right. So for example, state A to state B with respect to exchange or Medicaid coverage, I think is pretty crucial, both for enrollment and disenrollment purposes in the original state. I guess I would say it really depends on the elements of eligibility, as you were just saying, Sam. I can certainly see where SNAP has current income information that's already been verified, say, within the last month, and if we can alleviate an exchange applicant's requirement to do that is helpful, but I can't say it's essential. I guess I'd want to break some of these down and probably some would get a two in the sense of I think people would like it, but I don't know that the exchange couldn't move forward without it.

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

So give us your best take, Stacy, on the three options here. Do you want to stick a number in each one and then we can discuss the—

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

Sure. I would say state A to state B is a three. Then on the others, the reality is the exchange, if they can get access to their state human services department, can they look at it, for example, have query ability? I guess I would rate these maybe two and then one. I'm curious what some of the other folks think.

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

Yes, let's try to pull that—

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

I'm not sure it needs to be in a nationwide hub, given that I think they'll be able to talk to their own state.

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

Right. Deborah, are you on the call? I thought we had Deborah for a moment. Terri, do you have an opinion, given that you've done a lot of work around express lane eligibility, on that particular topic?

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

Yes, and I'll ask Beth to chime in as well. But I think I tentatively agree with Stacy's numbering, particularly where there is express lane eligibility this should make a lot more sense. While, yes, it would be nice to assume that intra-state communication is possible, I think we're all aware of plenty of situations where that's not the case. So to the extent that federal systems can develop faster and provide that capability so that states don't have to build that where it doesn't already exist, that could be really useful. I think probably talking to some individual states who are in that situation and getting a sense from them would be really helpful, but that's my gut. Beth, did you have anything to add?

**Beth Morrow – The Children's Partnership – Staff Attorney**

No, I agree as well. I think it's good to include it in the conversation, the notion of other programs like TANF, etc., but it generally would be at the state level that you would expect that to be done.

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

Is there any other differing point of view or additional information? Ronan, you have experience working across states, what do you think would be the interest in states in having this capability?

**Ronan Rooney – Cúram Software – CTO & Cofounder**

I think certainly the experiences we've had, I think it applies ... de facto in, for example, the unemployment insurance world, rather than you see it as just normal business there. There are already, I wouldn't call them hubs, but there are already so many complicated mechanisms to enable the same things, so an icon system, for example, interface in the unemployment world, specifically to support the exact... requirement, ... in other words, to notify from one state to another when a claim is made. It's a really old interface. It's very, very complicated. It pre-dates Web services and it's from the era of Moses, as far as I can see. It does work, albeit complicated, but it does work and it does the job and so there's a precedent, I guess for that inter-state transfer of information.

**Kristen Ratcliff – ONC**

I have another question here that I think we might want to discuss. So building on Terri's comment earlier about the role of the consumer, so are there any alternatives here which rather than putting the onus on either states or the Feds to do this, are there any alternatives here that could put the, or would we want to put the onus on the consumer to make sure that their information travels?

**Gopal Khanna – State of Minnesota – Chief Information Officer**

That's a very good point because you're talking from a program perspective and so far what I've heard is quite correct and right. If we just shift the conversation and see things from the citizen's perspective, we're living in a highly mobile world, which is going to increase. As the mobility of the citizen increases within regions or across state lines, is there something that we should consider in terms of the program design, the kind of questions that we're asking ourselves right now. I'm not quite sure what I'm saying is making sense, but I'm saying, is that customer's role in terms of the customer engagement plus the mobility factors—what I'm wondering, would that change our perspective as to the design from the point of view of whether HHS should develop a set of data services which are a little bit more in design and approach rather than less so and allowing more flexibility at the state level? That's just a question.

**Ronan Rooney – Cúram Software – CTO & Cofounder**

Yes, I guess, Gopal, I think the \$64,000 question is whether the change in the information is potentially going to affect the person's eligibility.

**Gopal Khanna – State of Minnesota – Chief Information Officer**

Right.

**Ronan Rooney – Cúram Software – CTO & Cofounder**

If it doesn't affect it, then it probably doesn't matter very much. If it has the potential to change either their eligibility or ongoing enrollment or something, then it's obviously quite important.

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

I think enrollment in dual states does affect eligibility, and certainly affects whether they owe money back in terms of their premium credit assistance that they were getting, if they were getting it in two states. There is this question of, well if I say I was enrolled in another state please dis-enroll me. This is a policy question. Can state B dis-enroll me from state A once state B has verified I live there and am eligible? So to some extent, I think regardless of how the sequencing works, you need the data hub to verify that they're still officially enrolled in state A in whatever coverage. So whether the client wants the state to dis-enroll them, the client needs to take action to dis-enroll or we just don't want to pay two premium credit subsidies, right? So I think whatever happens with the policy, it still needs to occur.

**Kristen Ratcliff – ONC**

So would you say that that's a policy question for the federal level or for the state level?

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

I think it's very much a policy question I'm assuming they will inform. But regardless of the outcome, you still need that service in the verification hub. Otherwise, you will have to ask the question, were you enrolled somewhere else within the last "x" days? If they answer yes, then the process stops, right? The verification hub would allow things to move forward regardless of the policy outcome.

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

Yes, and when you think about creating a seamless system, this would be the only way that you can really keep someone continuously in coverage even if they move from state to state, if you have that capability at the federal hub.

**Kristen Ratcliff – ONC**

Okay. So within the consumer context we're talking about the state A to state B situation, does that extend to these other two situations where we're talking about between programs?

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

I think as a state exchange you absolutely want all of that information. What I'm questioning the cost benefit effectiveness of is do we really need to build that up as a national database so that all other 49 states can look into what their food stamp income is in my state. I'm sure every state would like it, but I don't think that that's worth it for the Feds to have to do.

**Ronan Rooney – Cúram Software – CTO & Cofounder**

No, I think I'd agree. I also think it's probably kind of fraught with all kinds of issues and challenges you've given, that individual states have their own variations on programs and business rules and all that kind of stuff, and it has the potential to be way more trouble than it's worth, I would suspect.

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

I think that's part of what CMS is asking us, in terms of weighting these things given the short time frame to accomplish some of the basic stuff. Given all the variation, Ronan, as you're suggesting, in states I think part of our lens ought to be not only what do we think would be important to have in place, but how practical is it in this time frame.

**Ronan Rooney – Cúram Software – CTO & Cofounder**

Exactly, I agree with you.

**Kristen Ratcliff – ONC**

Any other thoughts on this before we move on to the last piece of question one? For that particular question we have them ranked: state A to state B is a three; program A to program B where there's express lane eligibility is a two; and program A to program B when there's no express lane eligibility is a one, with key considerations being the mobility of the consumer. One thing that we didn't necessarily discuss here, and maybe this gets to question three, I might be jumping ahead here, is whether there's any impact, if the consumer actually has the ability to upload and download their data due to states still need to have those kinds of capabilities provided at the federal level. Maybe we can get to that when we discuss alternatives, but I just thought I would raise it here for thoughts. So that's the rating we have for that question.

The last piece of question one is verification against other data sources. We've broken this out into other federal data sources, other national data sources, and other state data sources. We included in the material that was sent out for today's meeting a summary list of the other verification data sources that we've been looking at as a workgroup. So any thoughts on this one initially? Steve, I know you have some thoughts on at least the other state data sources piece.

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

Yes, and I would think that those are useful, particularly for the vital records activities. The more information—well, it is very useful even though there are state data sources to take advantage of that. Because it goes to the next question that we talked about is, one, how do you verify information initially, but then how do you update that information if things change or if, particularly in the areas of employment and employment levels, those need to be updated on a regular basis. So when you can identify those data sources, and many of those do come from states, how do you take advantage of that?

**Kristen Ratcliff – ONC**

I would think that here with other state data sources being number and complexity of the federal government interfacing with state data sources on behalf of a state would be very difficult. So here the scoping issue of what services the hub might provide to the federal exchange and what services the hub might provide to the state exchanges, that distinction might become more critical here. I don't know. When I'm conceptualizing this, I think it seems very complex, at least at this level with these data sources, with state specific data sources.

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

One other topic that may or may not be useful to introduce here, but the concept here when you talk about state data sources becomes, all right, if person A moves from state A to state B they will obviously change address. So how do you get that new information sourced and where should it come from? Should you wait until it evolves all the way back to a federal data source, or can that state eligibility determination source provide that information? So there's another complexity that's going to be added here, is how do you verify that new sourced information? Obviously that provides a lot of complexity in the activity.

**Kristen Ratcliff – ONC**

Any thoughts? What are we thinking on a preliminary rating for federal hub services for state data sources? Gopal, what do you think, or anyone else, Deborah and/or I don't know if Ruth's on the phone, anyone else who's state?

**Gopal Khanna – State of Minnesota – Chief Information Officer**

This is a really complex one.

**Kristen Ratcliff – ONC**

Yes.

**Ronan Rooney – Cúram Software – CTO & Cofounder**

Yes, I agree, Gopal. I think that just the sheer logistical challenges around it, if we make it a very high value it's going to fall down the list anyway.

**Gopal Khanna – State of Minnesota – Chief Information Officer**

Yet at the same time, the more we can minimize the complexity, the better at the state level also, I think.

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

So are there individual data sources that present themselves more as candidates for inclusion, where there is greater standardization or more modern systems behind those sources that Gopal or Steve or Ronan are familiar with based on your experience with those systems? In other words, for example, the U.S. Postal Service in terms of a verification of address my understanding is that they currently operate, they have a Web service, which would seem to make it easier than maybe some of these other data sources, or certainly have an API. Is that a criterion that should be used in terms of thinking about which ones, if any, should be used?

**Ronan Rooney – Cúram Software – CTO & Cofounder**

Sam, the Postal Service would verify that the address is a valid address, and I guess your different programs will be using different addresses for different purposes, so there's two different levels of verification, if you like. There's the idea that somebody can validly have more than one address, but you want to check separately whether each of those addresses are—

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

Right, I was less addressing the issue of what was being verified, which is important, but a more standardized approach that could be more easily made to interface.

**Ronan Rooney – Cúram Software – CTO & Cofounder**

With the objective of verifying that the address is a valid address as—

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

In that case, yes. I was more referring to the fact that I happen to know that the USPS has a standard interface in API that could be written to potentially easier than some of these older systems.

**Ronan Rooney – Cúram Software – CTO & Cofounder**

Right.

**Gopal Khanna – State of Minnesota – Chief Information Officer**

What about DMV?

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

The question is, what kind of standardization is there across states? I don't know that. I don't suspect that there is, given what we know about state systems.

**Ronan Rooney – Cúram Software – CTO & Cofounder**

No, from my experience there isn't any. I think a lot of people are trying to standardize on the USPS, but certainly we've had to implement many different variations on address formats over the years. So it's a good goal, definitely, for obvious reasons, as you said, Sam, but it's certainly not the standard today. I think it's becoming a lot more common, so I think it is a good goal.

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

You might put this as an option, because you're right in the fact that there are states that use this internally within their state, but there are some national services like IEVS and PARIS that you can aggregate this data and have an interface to it to use. There are some that you might be able to use and you might forward those that are deemed useful provided as a recommendation that states should work toward that, but not necessarily that it's mandatory.

**Kristen Ratcliff – ONC**

We've been asked too, so I think what we've said in the past is that verification against other data sources is particularly useful in income, where the IRS' data might be old and/or out of date. So do we want to

make a note here that either other federal or state data sources that would have current or more up to date, such as the new hire database, current or more up to date information on income would be the number one priority here, with other things following on the list of importance?

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

I think that that was the thrust of what our recommendation was. I spoke in error before when I said that we had provided a list in the appendix. It's actually we provided a list in the second paragraph of recommendation 2.2, which is included in everyone's packet today. We suggested a number of specific federal sources, which I think followed what you just said, Kristen. One was the national directory of new hires; the second was the electronic verification of vital event records; the third was state income and eligibility verification, the IEVS system; and the fourth was the public assistance reporting information system, PARIS.

**Kristen Ratcliff – ONC**

Yes, so I'm wondering if we want to refine that even further by saying that verification of other data sources, whether it be federal or state, which contain up to date, accurate income information is the number one priority. All other data sources, and we could name the rest of them that don't fall into that category, all other data sources would be nice but probably not critical.

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

So in the format that we've been asked to, you would say the first would be a number three and the second would be a one or two?

**Kristen Ratcliff – ONC**

No, I would probably revise the format and I would do it by data element rather than data source, and say that the number one data element that's most critical is income, that would be a three, whether it's a federal data source, a national data source, or a state data source. Then all other data elements are created equal. I don't know. That's probably very controversial.

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

I understand the distinction you're making, as part of this is there are some policy issues that everyone's waiting for CMS to resolve around modified adjusted gross income before we understand exactly what the relevance of our recommendations would be. Stacy, Terri, do you have an opinion about this?

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

The direction we're going sounds plausible to me. I think when we get into some of the consumer issues in question two, that that might help with some of this as well. Because part of my underlying question, as yet unstated in all of this is what if the consumer disagrees with information that is in the verification hub or pieces of information in the verification hub? So, for example, in the case of identity theft, let's say, how do they get to indicate which is an accurate source of data or an accurate data element versus not? We do some of that through the kinds of discussions we've just had about prioritizing different data systems as being more timely, etc., but there will be times at least when the consumer's really the only one who's going to be able to judge. So I think the interplay with the consumer role, the consumer interface, is going to be really critical here. We'll get to some of that in some of the later questions.

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

Yes, I think that's right. It's what's the adjudication process? If it's not in the federal hub, does the customer still get to see the data that whoever behind the scenes is causing the state or the exchange to make the judgment that the person isn't eligible for what the person believes they're eligible for. This is an intersection with policy.

**Lynn Jordan – USDA – Management Analyst, Food & Nutrition Service**

I think there's a difference too between something that's considered up to date, which could be an annual update and something that's timely, which could be refreshed more frequently than annually. That could work for or against the consumer, depending on whether, for instance, income goes up or down or what the source is.

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

We raised this issue, I think, when they first came to us, about is this just application and renewal, or does this also relate to reported changes. I think we were told to just kind of not worry too much about that. I'm not sure what the exact phrasing was, and, Kristen, you can let me know, but clearly, reports matter and the hub will influence what happens mid-year.

**Kristen Ratcliff – ONC**

Yes, and we do have a note, I think, this was under one of the previous questions, under question one, but we did have a note that certainly all of these verifications, the usefulness of them will be impacted by the data currency and the parameters of the information contained by the data source. So take that for what it's worth. Any thoughts on a rating? I haven't heard any general consensus on a rating, other than Ronan had indicated that verification from other state data sources, that the logistical nightmare of that decreases its usefulness. Any thoughts on verification against other federal data sources and the usefulness on that? I'm not hearing any strong threes here.

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

Are we assuming that it's otherwise available to the exchange?

**Kristen Ratcliff – ONC**

I don't know. We could just decide to make that assumption and note that in our feedback. I guess we could decide to assume that the information is otherwise available or exists.

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

Well, PARIS exists, so the question is, can a state exchange tap into it? If they can, then that would be a reason why it's not a three for the hub, even though eventually you'd certainly like to see it integrated. Is it a 2014 three or a 2020 three, that's my question?

**Kristen Ratcliff – ONC**

We should do 2014.

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

No, no, I understand that. I'm just saying that presumably eventually PARIS would be integrated.

**Kristen Ratcliff – ONC**

Yes. What about something like the new hire database, which is not currently available to the exchange but could require a policy or a legislative fix to make it available to the exchange?

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

I would say it's a three. It influences eligibility and certainly whether the consumer owes thousands of dollars at the end of the year. But if you can't put it in, you can't put it in.

**Kristen Ratcliff – ONC**

Maybe we see here that our rating would be that verification against other federal data sources would be a three assuming that those data sources are not currently available to the states. Those data sources that are currently available to the states are of lesser usefulness based on the presumption that they will eventually be integrated and states will already have access to those data sources. Is that consistent with what you—?

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

How are people with that approach? Does anyone disagree with it? Okay, let's try to move on.

**Kristen Ratcliff – ONC**

Do we want to go ahead and move on to, we haven't really answered the question for other national data sources, and I'm assuming that's maybe a two. I don't know. We haven't really discussed this. It would be the IEVS, the national DMV database, some of those kinds of things, maybe the TALX, which is

Equifax, which is, from what we're hearing, becoming more of an industry standard, but it's certainly not a federal data source. Any thoughts on this, or we can just go ahead and move to question two. Maybe we should do that in the interest of time.

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

I think we should. I'm not sure how familiar most people are with each of these separate sources.

**Kristen Ratcliff – ONC**

Okay, so let's go ahead and move to question two, it is slide 18, where the statement appears: "Consumers should have a streamlined 21<sup>st</sup> century customer experience when they enter the exchange." Our questions start on slide 19. The first question is whether HHS should organize a set of hub data services to facilitate the transfer of account and case data from one exchange to another when a consumer moves between exchanges. There are two scenarios there, maybe when the consumer moves between the federal exchange and the state exchange or when it moves from a state exchange to a state exchange. We did note in the tiger team that the consumer ability to upload and download information would be an alternative to the transfer of account information. Also that when an individual is moving between state exchanges the usefulness of the transfer of account information could be impacted by the likelihood that their circumstances have changed such that re-verification is necessary.

So those were just the initial thoughts of the tiger team, and certainly if anyone else has any other opinions, feel free to voice them. So I don't know who wants to start here. Terri, do you want to start?

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

Yes. I think we have, at least at times, had envisioned a system where the individual and potentially a family or household unit will have an account that persists over time for them to use for purposes of, say, renewal and transitions to maintain their coverage over time if their circumstances change, etc. I think of this as the equivalent of PHR but on the enrollment side. I don't know what you would call that, a PER. But at any rate, that concept then is for the individual to have that account that they hold on to, that they control, they manage, and that would be available to them wherever they wind up being covered, including in another state if they move, because they would control that repository of information. So if that's the world that we are in, which I think we are, then it seems to me what's been missing from this conversation is the ability for that consumer account to interface with this hub. For it to be one of the data sources and endpoints, if you will, for the hub, but not to live on the hub and not to be controlled by the hub, if you will, so I think that's where my mental mindset is, but I'm not sure if that fits with how this hub is being envisioned.

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

Terri, let me try to understand what you're saying. Let's just assume a state exchange for a moment, the consumer has an account on that state exchange, they've created an application, they've submitted data to satisfy eligibility requirements, and the system interacts with the federal hub to verify the data that's provided by the consumer. At any point that the consumer's information changes, the consumer has this account and she or he can go back in and say, "My income has now changed. I have a new child, etc.," which I always have assumed that would then enact a transaction at the exchange level which may in fact, depending on the new information, require a new verification, again, assuming that there's a federal verification service.

I hear you raising two issues. One is, what happens, and Stacy raised this issue earlier, what happens when the information coming back from the verification, first of all, is that information accessible to the consumer? Part of what we said, in terms of the business rules, is that if someone—and the implication has been that we're going to separate the determinations and the rules from the actual transaction system so that they're understandable to the consumer. So that the consumer would see, sorry, you've been denied coverage for Medicaid because your income is too high. We haven't gone as far as saying, and the reason we know your income is too high is because this verified source tells us that this is your income, not what you have reported.

The question that was raised earlier is what ability might the consumer have, at least as I understood it, to provide additional information that says, that income source is no longer current, for example. I used to have that job. I no longer have that job. I was terminated. I was laid off. I quit. This is the date. So that's what I'm hearing you ask. While I think that the kinds of interactions that I just described seem to be interactions not necessarily with the hub directly, the national verification service, if there is one, but really with the exchange through which that individual, on behalf of herself or himself or on behalf of her family, is applying.

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

I think what I'm getting at is exactly as you've envisioned, Sam. The question then to me becomes, is that account that the individual has with that exchange, or that the household has with that exchange, for simplicity sake, is that a portable account?

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

In other words, if that individual moved from one state to another?

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

Yes.

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

Right. I think—

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

And maybe that can be accomplished through the blue button concept, where at any given point in time if they want to say, okay, now download some minimum data set into my personal accounts and now I'm walking with that account somewhere—

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

That is what we said in our privacy and security recommendations from our original set of recommendations, we basically said that what the HITECH Act, in terms of expanding consumer rights under HIPAA, was that they had the ability to control their personal medical information, and we extended those rights to eligibility information and enrollment information with exchanges. So you're right, one mechanism is that the consumer should have, in each of the exchanges, based on our earlier recommendation and the fact that those were accepted, should be offered the capability to download the information so that they could then upload it to the next exchange. The question here is, and I think we ought to restate that as part of the response to this input, the question here is should there be a way between states to exchange that information?

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

My reaction to that is the capability should exist and whether it is actually triggered should be at the consumer's option.

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

So this should be a consent, is what you're suggesting?

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

I actually wouldn't phrase it as "consent," but yes, if the consumer says to do it, then you would do it, yes.

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

Yes, I understand, consent's a loaded word. Okay. Do others have an opinion about this?

**Ronan Rooney – Cúram Software – CTO & Cofounder**

I think it makes sense, the concept, perfectly.

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

Is it a three?

**Ronan Rooney – Cúram Software – CTO & Cofounder**

It depends on whether you want it to slide or not, I guess. I'm not sure how, it's obviously not going to be one of the easiest things to implement in terms of time frame and get consensus on. So if a three makes that a requirement that it's got to be done sooner, then I guess it may not be a three.

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

Yes. ....

**Kristen Ratcliff – ONC**

Are there—? Oh, go ahead.

**Gopal Khanna – State of Minnesota – Chief Information Officer**

Shouldn't a three be based upon how significant this is then, Ronan?

**Ronan Rooney – Cúram Software – CTO & Cofounder**

Yes, that's what I mean, if that was a three. I'm not sure what the definition is—

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

Yes, it's high priority, I would think. One question is how much movement is there of people between states, given all these other things?

**Ronan Rooney – Cúram Software – CTO & Cofounder**

Yes, I think the priority is probably lower down the scale. Also I guess obviously if you have the movement between the states is going to depend on the size of the cities bordering each other, across state borders, so you've probably got more of it in New York, Philadelphia, Boston, and Washington, then you might have on the west coast or in the mid-states. Yes, the volume may not be that high.

**Gopal Khanna – State of Minnesota – Chief Information Officer**

Exactly, but the volumes are high on the east coast and the west coast.

**Ronan Rooney – Cúram Software – CTO & Cofounder**

They're higher on the east coast and the west coast obviously, yes. It's a key question. There are probably a lot of people who may be living in one state, say New York or New Jersey, and may be working in the other, but that is not necessarily a problem that will be solved by this approach. So it's a question of how much migration, I guess, is there. ... to give a proper rating, because we could give it a three and find out that it's actually a one in terms of usefulness.

**Kristen Ratcliff – ONC**

Another thing from me that would impact a rating here which we should probably discuss is alternatives. So what alternatives are there? If we decide to give it a one, and that transfer of case information from one exchange to another is maybe not necessarily that useful, is it because there's some other alternative that makes it unnecessary for states to have to actually be doing the exchanging of information?

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

Presumably, the alternative is a combination of the pieces of eligibility data being exchanged via the hub, as we talked about with our question one set of issues, and everything else being done by the consumer, them having to reenter all the information manually. So to the extent that that is, I would argue that is a barrier to continuity, I would think that there aren't a lot of alternatives.

**Kristen Ratcliff – ONC**

Yes, and that approach, if the hub has to maintain those data elements and send them to the new exchange that the person wants to apply for, I think that privacy and security considerations would come in fairly heavily there.

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

Which is why I was urging it to be as consumer option, yes.

**Kristen Ratcliff – ONC**

It sounds like we're somewhere between, we've got one vote for "very important" and we've got another vote for "don't know." Does anyone else have any thoughts here?

**W**

Well, if we're voting I'll say "very important."

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

I think it's going to be even more important than what number we apply to these, but the comments and discussion that we're having about each one, that that will be valuable to CMS, and that's part of what they're wanting in terms of feedback.

**Kristen Ratcliff – ONC**

Maybe we should just move on to the next one just for the sake of time. The second question was whether the hub should provide a service to maintain certain account information to enable some kind of evergreen capacity to avoid asking consumers for information that's already been determined and verified. The tiger team had a little bit of discussion of what was meant by "evergreen," so we did a little bit of looking around after the call. Steve was advocating that this would be I think information that was variable, is that right, Steve?

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

That's correct.

**Kristen Ratcliff – ONC**

Variable information that needs constantly re-updating, which we've given examples here, such as income and household composition. We think that that's what's meant by evergreen, but then there's also other data that we should take into account, which is the non-variable information and then any decisions that are made. Does anyone want to kick off the conversation here to get us started on how important or useful it would be for the hub to maintain some sort of evergreen capacity to avoid asking consumers for information over and over?

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

I think it would be useful, particularly if you've got the data sources to provide that so that for determination and actually even for the citizen it would be a very useful thing to be able to put into the system. Because, as you said with the previous example that Sam gave, you may not get some incorrect determination because you don't have current data, and if you were able to put that in the system and the case workers, or whoever is assisting, I think that would be very, very useful to have that on a regular basis. So to the extent that you can get those sourced data that is available, I think it is a very, very important part of the system.

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

But can I play devil's advocate? I understand why an exchange would want to do that, but why is it important to have that available nationally, because presumably the non-variable data elements are pretty limited and I'm assuming that those are going to be the privacy questions to help authenticate some of who I am anyway. If you can transfer case data, as we talked about in the previous conversation, why does Utah need to know this for people living in the 49 other states?

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

We wouldn't. We only want to know what it is for the people in the state that the citizen is being served in.

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

I'm missing why this is a hub function. If you have all these other federal matches, presumably there's a hub that you can have access to and then there's separately all the things you're maintaining about your case load, so why—

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

Well, because the concept here from the states, and again this has to do with the design of the hub, but the idea here is when you were making that observation you want to have all of that information available to you in your system, in your exchange. So we don't care where it's done, if it's done in the hub or whether it's done locally, but it should be done as part of the exchange.

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

The idea is this is a service enhancement on the things we've already discussed, nothing new.

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

This sounds to me like we need some sort of metadata that flags particular data elements as already having been proven and don't need to be proven again, and where they reside is the question. I would argue again that it resides in the consumer accounts and they carry it with them. But if you have that kind of flag on data that sort of stamps it as approved and doesn't need to be approved again, then that makes the process of the person applying at the next point of contact much easier because all they have to do is upload that from their pre-approved data—

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

Got it. I didn't understand this the first time we talked about it, thank you, I now do, and yes, this makes a lot of sense.

**Kristen Ratcliff – ONC**

Any other thoughts here? It sounds like what I'm hearing is that we would need to have some sort of metadata, that the consumer should probably be able to control this process, that the consumer should say what is non-variable about them that has been confirmed, that doesn't need to be confirmed again. Obviously, things like income and household composition will not fall into that category, so do we need to have some sort of process for evergreening those pieces of data and/or decisions?

**Ronan Rooney – Cúram Software – CTO & Cofounder**

The question of the evergreening, I think there are two dimensions to it. One is like when we get updated data, the time period for which that piece of data is actually relevant regardless of when we got it, so there's a temporal dimension to this that probably needs to be looked at, both in terms of understanding the complexity but also in terms of understanding the usefulness of the situation. So, for example, somebody gives us a new address but it's only valid from some future date, or they give us a change of address retrospectively or whatever, or a job or whatever it might be, so there's a validity period associated with any piece of data that we're going to have to deal with.

Also introduce the, I gave the assumptions we're going to have to support that temporal aspect of the data as well. Because otherwise it's not a lot of use for state A to tell me in state B that they got a piece of data without being able to tell me the date they received it, the period that it's valid for, and there are probably two or three other data items associated with it. The date it's effective from will be an obvious one. So there are probably three or four temporal pieces of data, pieces of information that have to go with every individual field of information that we get via any of these interfaces, so we'd probably need to look at that to decide how valid some of the data is that is being put forward would be. Either we need to decide that we can support those extra dimensions or not, and that would obviously affect the usefulness of the interface.

**Kristen Ratcliff – ONC**

Okay, any other thoughts on this one? Hearing none, we'll move to question three. Question three is for any of the above questions, this is where the real conversation is in the last 15 minutes, for any of the above questions and regardless of how the workgroup answered with respect to usefulness, what are the viable alternatives, and would the alternatives contain or produce significantly more or less cost efficiency

performance or risk? We've discussed a few of these along the way, but we'd be interested in hearing any other thoughts that we haven't necessarily gotten into yet. Does anyone have anything, maybe someone who hasn't spoken as much today? I know there's a lot of you out there on the phone.

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

The real question is how viable is the alternative of not having a centralized federal hub. It does require that each of the state exchanges, or whatever mechanisms are established by the states, would have to build separate interfaces to at least three federal sources and probably more. The question we're being asked is, would it produce more cost, would it be less efficient? I don't think there's any question that those things would occur. It would cost more. It would be less efficient. It would take longer. It would put more demands on the federal agencies. There would be less standardization in terms of the queries.

**Gopal Khanna – State of Minnesota – Chief Information Officer**

All of them, right?

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

Right.

**Gopal Khanna – State of Minnesota – Chief Information Officer**

Absolutely.

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

That's the way the world exists today.

**Gopal Khanna – State of Minnesota – Chief Information Officer**

Right.

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

It's not pretty.

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

Yes.

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

The recommendations that we made six months ago, or longer ago now than that, I think were based on the way the world works today in trying to find a more efficient cost effective approach. I think we ought to respond basically saying the view of this workgroup is consistent with what the recommendations were early on. But we don't have a way to quantify that.

**Gopal Khanna – State of Minnesota – Chief Information Officer**

But we do know that, as was just stated, that on all fronts it would be more expensive, more complex, less customer friendly and on and on, right? So what are the viable alternatives, if the HHS does not perform these functions what are the alternatives? They're not pretty at all, right? Is that what you're saying?

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

That's right.

**Gopal Khanna – State of Minnesota – Chief Information Officer**

Yes, so I think we should say that up front. In other words, the recommended or suggested approach would be to have the hub perform as many of these functions as possible, right? We may have to prioritize, but that's a different story.

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

Just to state what's probably obvious, I think all of what we've just said is true on the assumption that this can be done in a timely manner and with confidence on the part of states that they don't also go out there and build it on their own. Which I think just reinforces the need for this to be a very high priority, to move

quickly to get it done in a manner that works so that there isn't duplication of effort and we gain those efficiencies that we're looking for.

**Gopal Khanna – State of Minnesota – Chief Information Officer**

Point well taken and I would suggest that maybe in our notes we could suggest that there should be guidance early and fast enough so that states do not go and build separately that would duplicate and be counterproductive and counterintuitive to the approach.

**Kristen Ratcliff – ONC**

Okay, when we're looking at these things obviously we've been asked about a very specific set of services, are there any services not included on this list that we would think that the hub would be critical for the hub to provide? We've briefly touched on, maybe not a service but a process for appealing information or determining the hierarchy of information according to its data source and metadata tagging as well, so any alternatives? I guess what I heard regarding the consumer that was sort of the blue button approach was the group thinks that the blue button could supplement the transfer of case or account information but it could not replace the transfer of account information. Is that correct?

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

It's a question of what the blue button elements contain. The way I always envisioned this was that it would contain the information that the consumer has already provided. It wouldn't necessarily contain, and I guess it could contain verification of some of the documents that don't change, birth certificate, social security number, etc., but that it would not contain eligibility determinations.

**Kristen Ratcliff – ONC**

Yes.

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

My conception of this was it would make it easier for the applicant, the consumer, to reapply in another state without having to necessarily manually reenter all of their information. But that has a lot of different assumptions built into it that that data could be easily uploaded into another exchange. It's unclear to me, because I haven't seen it in any of the guidance provided yet by CMS, and maybe we ought to raise it here for that purpose, that exchanges need to have that capability. The guidance suggests compliance with 1561 standards, but this hasn't been called out specifically.

**Kristen Ratcliff – ONC**

Okay. I don't know, Sam, if you have other things, but I just have one more question before we open it up for public comment. There was initial thinking in the tiger team call last week that maybe even between questions one, which dealt with the verification of pieces of information, and then question two, which dealt with the exchange of certain case information between exchanges, that if we're classifying the usefulness as a whole, that maybe question one was much more critical, or at least more critical than the functions contained in question two. I don't know if the whole group agrees with that, but I thought I would at least open that up to see if there was any thought on that. Does anyone believe that those services in question one should at least be given more attention or should have a greater sense of urgency than the services in question two?

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

I do.

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

I'm fine with that too, but I say that under the assumption that there is going to be this consumer mediated approach built into it.

**Kristen Ratcliff – ONC**

Yes. By "consumer mediated" you mean the consumer's ability to upload and download their own data?

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

And to be able to exercise choice about which data elements, being able to see those data elements and be able to have a role in choosing how those data elements are shared across programs.

**Kristen Ratcliff – ONC**

Great. Does anyone else have any closing thoughts on that particular issue, or anything really?

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

Thank you, Kristen, I appreciate it. I appreciate everybody's forbearance slogging through this. These are difficult questions that they put in front of us, and I trust that the feedback that we're going to provide will be useful to CMS, and I much appreciate their calling on the workgroup to get our input.

Judy, are you still on the call?

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

Yes, I am.

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

Can we open the call for public comment?

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

Operator, can you please check with the public and see if anybody wishes to make a comment?

**Operator**

*[Instructions given]*

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

This is Sam Karp, the Co-Chair of the Enrollment Workgroup. Is there any public comment?

**Darrell DeVeaux – HealthDetail – President**

This is Darrell DeVeaux with HealthDetail. I had just two quick comments on question three. One, I know this probably isn't the role of the workgroup, but if HHS doesn't build a hub I would say that a vendor, which is what we are, will probably step in to do such. So that would actually be the result of HHS not doing anything.

The second piece is it seems to us that the closest related use case to all of this is the tax filing mechanisms. State taxes and requirements at different verification sources are checked at the state level and companies such as Turbo Tax and others have stepped in to do that, but also not to just reinvent the wheel, a lot of that process is done in terms of applying for taxes. What happens next year when someone moves states, and there are use cases in place now to see exactly how that process works and the downloading of information or the re-entering of information for people. That's just one thing that we wanted to mention as we've gone through the workgroups and seen that that just seems to be the closest related—

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

Darrell, thank you for that. I want to make sure that I understand at least what you're saying. You're saying that the vendors have been providing these services for states currently?

**Darrell DeVeaux – HealthDetail – President**

Well, on a limited basis, but I'm saying that if there is no hub. It's clear that a hub is necessary. So if HHS is not the one that establishes a repository, then in my opinion what's going to happen is that states will look towards some way to have a repository of this information so that as consumers either move or verification pieces become necessary, that there is a hub in place to do that. I'm saying if it's not HHS it will be a vendor. No, there aren't vendors in place that I'm aware of now that do this across state lines. With individual states, sure, but across state lines, no, I'm not aware of any national entity today. But the reason we listen to this call and others listen to this call is to look at building that if this is not in place for HHS, or to do such for HHS.

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

That's helpful. Thank you so much.

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

Thank you, Darrell. Any other calls from the public? Okay, I'll turn it back to Sam. Thank you, everybody.

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

Good, well thanks, everyone for hanging in there on this call. Kristen, let's talk about process moving forward. We have a very quick turnaround date, like tomorrow.

**Kristen Ratcliff – ONC**

Sure. As I mentioned at the beginning of the call, we do have a FACA process, so anything that comes out of, as you all know, out of this subgroup does need to be run by the Policy Committee for their sign-off and then transmitted to Dr. Blumenthal. We can't just give anything official to CMS and CCIIO. So I believe, and I'm hopeful that some CMS and CCIIO people have been participating on the call today, and have heard our conversation, have heard our feedback, and can begin to take that today or tomorrow and run that feedback through their process. I will begin working with Bobbie and Claudia to draft a formal letter that we will send out to you all for feedback and comment, and then we will plan on presenting that, as well as the results of our analysis, to the Policy Committee at their next meeting, which I think is April 13<sup>th</sup>.

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

That's correct.

**Kristen Ratcliff – ONC**

So then hopefully we will get the Policy Committee to sign off on our analysis and feedback and then that letter will go from the Policy Committee to Dr. Blumenthal, who will then deliberate on whether or not to go ahead and transmit to CMS. As far as this particular exercise, those are the next steps, so you should look for a draft feedback letter probably in your e-mail. If the revisions are significant, we might need to schedule another call to review those and maybe clarify prior to the Policy Committee meeting, but we'll just see and go from there. Also, Judy, we'll probably have another full workgroup meeting to go over tiger team updates and review the tiger team work in April, and we'll also work to schedule some administrative calls between now and then. Those are the next steps. Sam, any comment on that?

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

No, I think that's terrific. I assume there will probably be 48 hour or so turnaround on getting response to a letter, and would just appreciate everybody taking the time to provide the feedback on what will be the draft that Kristen will send out. Again, thanks, everyone for participating. Thanks, Kristen, for an excellent job getting us through these questions and consolidating the feedback. We'll be back in touch with the next steps on this. Thanks, everyone.

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

Thank you.