

Enrollment Workgroup
Draft Transcript
July 30, 2010

Presentation

Judy Sparrow – Office of the National Coordinator – Executive Director

Good morning, everybody, and welcome to the Enrollment Workgroup. This will be a public listening session, so members of the public will periodically be allowed to make comments. Please remember to state your name and organization when you do so, and any members of the workgroup, when you're speaking, do the same. Let me do a very quick roll call, since we have a packed agenda. Sam Karp?

Sam Karp – California HealthCare Foundation – Chief Program Officer

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Paul Egerman?

Paul Egerman – eScription – CEO

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

....

M

I'm here, Judy.

Judy Sparrow – Office of the National Coordinator – Executive Director

Jessica Shahin? Stacy Dean?

Stacy Dean – Center Budget & Policy Priorities

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Steve Fletcher?

Steve Fletcher – State of Utah – Chief Information Officer

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Reed Tuckson? Thomas Baden? Ronan Rooney?

Ronan Rooney – Curam Software – CTO & Cofounder

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Rob Restuccia or Sue Kaufman? Ray Baxter or Bob Arndt?

Bob Arndt – Kaiser Permanente

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Is that Ray?

Bob Arndt

No, it's Bob.

Judy Sparrow – Office of the National Coordinator – Executive Director

Bob. Okay. Deborah Bachrach?

Deborah Bachrach – Bachrach Health Strategies – President

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Gopal Khanna? Bill Oakes? Anne Castro.

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect

I'm here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Oren Michels?

Oren Michels – Mashery – CEO

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Wilfried Schobeiri?

Wilfried Schobeiri – InTake1

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Terry Shaw?

Terry Shaw – Children's Partnership – Deputy Director

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Dave Molchany? Elizabeth Royal?

Elizabeth Royal – SEIU – Political Coordinator

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Bryan Sivak?

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

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Dave Temoshok?

David Temoshok – General Services Administration – Director

I'm here.

Judy Sparrow – Office of the National Coordinator – Executive Director

David Jenkins?

David Jenkins

I'm here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Kristin Ratcliff?

Kristin Ratcliff

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Bobbie Wilbur?

Bobbie Wilbur – Social Interest Solutions – Co-Director

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Sharon Parrott? Nancy DeLew? Gary Griffin or John Galloway from OMB? Donna Schmidt? Paul Swanenburg?

Paul Swanenburg – SSA – Senior IT Specialist & Program Manager

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

David Hansell? Julie Rushin?

Julie Rushin – Internal Revenue Service – Deputy CIO

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Henry Chao? Tony Guagliardo? John Roessler? And that's it. I don't know whether Aneesh has joined yet.

Aneesh Chopra – White House – CTO

Yes. I'm here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Oh, good.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Sam Karp is here as well.

Judy Sparrow – Office of the National Coordinator – Executive Director

Oh, good, and Sam Karp. Thank you. I'll turn it over to Aneesh and Sam.

Chris Weaver – Altarum

Judy, one quick reminder for everybody who's on. We have a lot of people with open lines, so if all workgroup members and all presenters can make sure to have your phones muted and have the sound on your computers please turned off. Thank you.

Aneesh Chopra – White House – CTO

Excellent. Well, this is Aneesh. Judy, perhaps, I might get us kicked off. We're going to have a lot of fun over the next couple of hours, and thank you all for doing this in the middle of August. I'm sure many of you are either on vacation or in route, so thank you again.

Why don't we dive right in to the first set of slides and, as we have on the agenda, a quick background of what we're doing and where we are. As we recall, on page three for those of you that are following online, we have, obviously, a lot of activity that's taken place for the Tiger team that we've dispatched, and we're going to hear directly from the Tiger teams on where we are. Those Tiger teams will focus on verification interfaces, the plan/benefit handoffs, the privacy and security work, and on business rules. We're going to have an open discussion about next steps, and at the end of the conversation, we're going to have a few folks to talk a bit about what life is like in the real world. How they're thinking about these issues in the current environment and what their thoughts might be moving forward.

But to begin, let's just remind ourselves of the charge that we're on and very briefly we've kind of gone through this in considerable length, so we won't have to spend too much time. If you flip to page five on the slide deck, we have written, again, our homework assignment with the flashing red lights around 180 days from enactment. We have to provide recommendations from the secretary that will be born out of the work of this committee. So we will continue to stick on that timeframe. In fact, we might even set up a little countdown clock, Judy, somewhere, so we have a sense ... that to happen.

Page six offers us a pretty good summary of the technology standards and protocols that are of interest from 1561 in the Healthcare Reform Bill that are called upon, and you can see, actually, a very nice graphical description of those. Whether it be the electronic matching that would allow for the basis of evidence of eligibility in lieu of paper, so specifically around vital records, employment history, enrollment, tax records, and so forth. The simplification of verification and the submission of documents, the ability—and this is an important one we keep coming back to—of reusing stored eligibility information to help make that customer experience better, the ability to allow for online access, to apply, to recertify, and to, generally speaking, manage eligibility information, and the ability to expand these enrollment systems to both integrate new programs, new rules, new functionalities so that this evolves over time. I know we've had multiple conversations about the scope and what we're seeing happen. This is really a stakeholder in the ground that says we're going to evolve over time. And then obviously, the notification piece, how should we communicate back to people, by e-mail, by text messaging, other platforms. All of this is to say that we've got a lot of work that we've been doing and focused on these key areas of technological development.

We have a charge. That charge is available on page seven. That charge is to do a couple of things. We've been inventorying existing standards that are in use. We are identifying gaps. And we are hopefully getting ready for recommendations for candidate standards for federal and state health and human services programs, with particular emphasis around the following dimensions: electronic

matching, the retrieval/the re-usability of the data, the capability of folks to maintain their own eligibility information online, and that notification feature that I just described.

The principles of how we are going to get this done have been very clear from day one. We are going to do as much as we can to keep this simple, to begin with a big vision in mind but to start small and to execute. We obviously want to acknowledge that to get this implemented across the country. There is a lot of existing infrastructure in place and we don't envision the need to rip or replace all of it, but that we should do our best to improve.

We want to advance the adoption of the common standards that have been proven successful. And, we want to use the other principles of not letting the perfect be the enemy of good enough. That we focus on how we can standardize the core of shared data elements themselves that are necessary across all programs, and acknowledge up front that we're not going to be able to represent every possible desired data element or mathematical formula.

We obviously want to make the implementation cost as low as possible for all stakeholders in this program, which we believe means a couple of things. The ability to think about a basic set of service interfaces that might be built and reused and also to think about the role of Web services in this environment. Finally, we are not envisioning the need or the opportunity to create a single, one-size-fits-all standard that would add burden and complexity to the use cases that we've been talking about thus far.

I wanted to riff through those quickly because, really, the goal here is to get into the specifics of our various Tiger teams. I don't recall if Sam is on the line as well.

Sam Karp – California HealthCare Foundation—Chief Program Officer

I am.

Aneesh Chopra – White House – CTO

Oh, good. Okay. Sam, I was, kind of, filibustering in your behalf. So, would you like to add to this before we get into the meeting?

Sam Karp – California HealthCare Foundation – Chief Program Officer

No, let me just simply welcome everyone and say how much we're looking forward to presenting a summary of the substantial work that we've done over the last couple of months, and getting your input. So, like Aneesh, I want to just move us along because we really want to take the time to hear from you all.

The processes going forward is that each of the co-chairs of our four teams are going to lead us through a very brief, two to three minute overview presentation of the work of their Tiger team, and then we have listed a series of questions and we're going to open the lines and get your feedback. So, why don't we begin with that, and let's start with the first Tiger team, our verification interfaces, and let me turn it over to Steve Fletcher.

Steve Fletcher – State of Utah – Chief Information Officer

Thank you. If you'll turn to the slides on the Verification Interfaces team, we were looking at a couple of areas, and that is to look at the interfaces that we currently have and how we can modernize those, and then look at a possible verification interface hub. So, in other words, how do we get to the stores of information that useful, that are pertinent, and how do we then make sure that that information is appropriate?

So, I think the first thing that we did is we looked at the different interfaces that are the basis for the verifications. We looked at how we could improve those, and we said we want to, as much as possible, provide real-time verification. We want to look at ways in which we can use Web services. We want to use standards that are already in place, standards like NIEM, and be able to use and incorporate those because they're already in place. We want to make sure that the data associated with the verification interfaces should be able to be disaggregated by individuals rather than households, so we want to get right down to the unit level.

We want to make sure that this information that we collect can be reusable, meaning that we can use it for other eligibility determination, other programs, other areas, so we need to be able to look at it for that. And we want to make sure that it is cleansed and ranked, which means that we want to be—we know where the source is and we know that we have a correct identification of what the correct data that should be used is. And we also said that it ought to be date-stamped.

We also talked a little bit about what the verification, we called it a hub, but we changed it to a service. We want to kind of look at this as a service, and then be able to look at how we can take this service and make it available to any of our different systems, our different programs that might need to use this. And so we're looking at ways in which we can provide that service, make it available, notify people that these services are there, so at the end of the day, we can have a catalogue of services associated with these programs that we're going to be using.

So, we want to be able to include that and notify everybody on how we're going to go forward. There might be lots of Web services that are going to be made available and we want to make sure that we can make these services available. We also want to make sure that, as we go forward, we can easily interface to many, many different types of structures.

The other thing that we wanted to look at is we wanted to look at approaches that are currently being used. We want to see if we can redistribute those applications or those services that are already out there. How can we exchange that so that we don't have to build this thing, as Aneesh said, 50 times, and then we also said that we are looking at adding the national DMV and child support new hires verification to the list of systems that we need to connect to. We've got a list that we are compiling of what are our base interfaces and how we're going to address those, and that is one that we are in the process of trying to finalize.

So, here's some of the questions that we have put forward. We want to make sure that we do answer these questions and we would probably be looking at comments and other concerns that folks have regarding these areas of which we've formulated the questions.

With that, if Henry's on the line, if he would like to make a couple of other comments, I will turn it over to Henry or else open it up to the public.

Judy Sparrow – Office of the National Coordinator – Executive Director

Yes, I don't think Henry's joining, but, there's a site up there. If the public wishes to make a comment, there are instructions on how to do that, and just a reminder to please state your name, your organization, and know that you've got a two minute limit on your comments so we can include as many people as possible. Also, please let us know which question you're addressing. Thank you. Do we have any comments from the public?

Operator

Our first comment is from Steve Novak with Oregon Health Authority.

Steve Novak – Oregon Health Authority

Hi. Thank you very much for the opportunity. Of course, the first critical element in eligibility determinations is getting information on income, and under PPECA, we're both going to have to have taxable MAGI income from the previous year for the exchanges, but also real time income information under Medicaid.

We are concerned, looking at section 14:14-A, it's not clear what we'll be able to get from the IRS. It says that the IRS will be able to tell us about any inconsistency between what the client's telling us and what they have. What we'd like, obviously, is to be able to look up and see what the IRS data shows about family composition and actual MAGI, so we're curious as to what you thought our access really would be to IRS data.

Then as to real time data, our case workers spend a lot of their time trying to get clients to bring in pay stubs, with the exception of clients who have employers that are part of a national, but only participated in by some employers, payroll service called the Work Number. So, ideally, there would be some sort of national payroll service that everybody could tap into that was up to date, and would be complete access to the IRS income information. So, we're wondering what you think is actually going to happen.

Judy Sparrow – Office of the National Coordinator – Executive Director

Thank you. Do we have another caller on the line?

Chris Weaver – Altarum

I don't believe we have anyone else at this moment, Judy.

Judy Sparrow – Office of the National Coordinator – Executive Director

Okay. Does anybody from the workgroup want to address that comment?

Deborah Bachrach – Bachrach Health Strategies – President

I think that the question assumes that for Medicaid, we will not be able to use IRS information because it is not sufficiently current, and I, for one, hope that we will receive a CMS interpretation that may well permit that. So, I think, I just wanted to underscore that I'm not entirely certain if function is correct. The question, of course, remains if it is correct.

Operator

Our next comment is from Betsy Heder with Oklahoma Healthcare Authority.

Betsy Heder – Oklahoma Healthcare Authority

Our basic, just overarching comment is a centralized one hub approach should be used for the federal verification. States should be able to undergo development of only one contract or one connection or one data use agreement, and we would hope that that federal verification service would allow one connection or one contract to be able to access multiple different types of data for verification purposes.

Some additional examples of federal verification that would be helpful in addition to the IRS comment that was already made would be homeland security for citizenship, perhaps a national repository of citizenship data. We would also suggest, of course, a social security administration, which I believe currently limits states to only one connection per state, with multiple agencies being able to utilize that data. It would make it easier for multiple agencies to be able to access that federal verification service, especially as it

pertains to SSA data. If there were a national child support registry, citizenship databases such as the ... and the SAVE systems, those would be additional uses that would be very helpful.

Short comment on question two: We would suggest that the mapping of the data fields would be standardized, and that a standard Web service and a common vocabulary would be used.

We would also respond to question number three in that, as Oklahoma operates a premium assistance program where data verification might be contained at the federal level for qualified health plans and the private health market, that they would be asked to utilize standard rate categories for their premium structures. For example, employee, employee plus spouse, family-type coverage, those sorts.

My last comment would be just towards Native American data on the membership and the roles that are by federally recognized tribes. We, in Oklahoma, have many different tribes, and so we are trying to engage with each one of those tribes individually, for verification. If, somehow, the federal government might be able to help us out by creating a standardized list, that we could then do one call and receive those verifications, that would be very helpful. Thank you for allowing me to comment.

Judy Sparrow – Office of the National Coordinator – Executive Director

Thank you. Good comment.

Operator

Our next comment is from Yvonne Luca with Pennsylvania Medicaid Agency.

Yvonne Luca – Pennsylvania Medicaid Agency

...that we heartily endorse the approach that was reported by Oregon, and the need to simplify the differences that seem to exist in the law related to the MAGI determination and then the point in time determination that states are obligated to make. Second of all, I think, in addition to some of the other comments that I've heard, we would like to have a service that proactively notifies a state when a previously queried individual has a data change, so there would be an interactive system and not just driven by state query.

Judy Sparrow – Office of the National Coordinator – Executive Director

Great. Thank you, Ms. Luca. Any other comments?

Chris Weaver – Altarum

I don't believe we have any others at this moment.

Judy Sparrow – Office of the National Coordinator – Executive Director

Okay. Steve or anyone from the workgroup care to say anything about the questions or comments?

Steve Fletcher – State of Utah – Chief Information Officer

I would probably like to respond a little bit to the Oklahoma comment, and that is, I think that the idea here is to provide in terms of services so that it should be very easy to be able to interface to it. We should be able to provide those services. It would be great if you didn't have to, I guess, connect to a lot of different places, but we can make it as a service to where you can get access to the information that you need. Obviously that's not currently in place.

So as we migrate and get there, there will probably be some multiple interfaces and multiple sources that you're going to have to pull information from. But the idea here is to try and streamline that and make it so that, as you say, you can—if we base it around standards, then vendors can develop to that, they can

make it available, and then they can incorporate it into your current systems. That's the idea here is to make it as simple and efficient as possible. And so, we do appreciate that as a comment because that is what the goal is as we go forward.

Judy Sparrow – Office of the National Coordinator – Executive Director

Great. Thank you. Is Reed Tuckson—are you on the line yet?

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

I am on the line.

Judy Sparrow – Office of the National Coordinator – Executive Director

Great. We're running a little bit ahead of time, so you've got 15 minutes for your section.

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

No problem.

Sam Karp – California HealthCare Foundation – Chief Program Officer

That doesn't mean we've got to use all of it.

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

My committee is so enthusiastic; we want every inch of the space that we are given. The Benefits/Plan Tiger team, you see listed on slide 19, who our team is, and this really is a team effort supported by several technical consultants as well. Our charge is to identify the key data elements needed for the data exchange between plans, Medicaid and federal exchanges. And then to try to make sure that we are sensitive to the bi-directionality, so that when information comes to us, to be able to assist the individual to make the appropriate benefit plan choices and get that operationalized. We also know that people move through plans, through companies and types of plans, and so to make sure that we are able to feed back information to make the downstream activities more seamless and more convenient for the consumer/patient.

We decided to focus on some principles and I think, although it would seem self-evident from the planned perspective, we really do want to emphasize our focus on maximizing the opportunity for people to get coverage and work through the system. And so this idea of making this as seamless and as easy as possible is really forefront and this idea of also facilitating, as I mentioned, in the bi-directionality, the continuity in enrollment and coverage.

Having said that, we, in our space, really understand the dramatic impact of administrative waste and inefficiency in terms of elevating healthcare costs, which would fundamentally defeat the purposes of the entire bill, and so, we are very mindful of not over-engineering and trying to keep it as simple. And therefore, data that we collect should be limited to, really, fundamental purposes and not try to pile on too many things.

The assumptions on slide 22 that we make—and this is not a simple assumption—are that the information that we get, in order to operationalize, comes after eligibility is determined. And we are spending a great deal of our energy at this very moment making sure that we are connected to the eligibility conversations. In specific, to know that information like coverage periods, effective dates, are being included in the material that comes to us so there is some clarity about—we will know how—what is it that a person seeks to choose and what is the specifics of their eligibility? And that's material that we will need coming in on our front end if we are to do what we do.

And then the consumer plan choice, we will be engaged in conversation around how the information about the choices of plan is going to be made available to the consumer; their range of options. And we want to spend a little energy in the coming days on understanding how this part will work.

In that regard, on page 23, our recommendations, in terms of meeting these, are that the existing HIPAA 834 is really the key and the core. It works well for us, and will be the one that has the essential data elements that we will require to do our work. So, it's a fairly complete tool that we are quite familiar with. And now our job is to make sure that we understand that if the key elements that are contained within that 834 are well understood by the rest of the system, then we can actually implement that. The 270 and the 271 are lesser important adjuncts, are helpful, but those are not the essential things that we need.

The core data elements that we are focused on, and let me just indicate them for completeness that we think are the most important and that are contained in the 834 are name, date of birth, social security number, address, gender, and then those are the really fundamental ones. Then, there are two that we think are particularly important to augment that are especially important, and that's adding information on race and ethnicity and on primary care provider. The race and ethnicity fields are increasingly covered by new legislation and mandates in a variety of different data sets, and those will be very helpful, we think, to overall healthcare not only coverage, but delivery decisions and then for the continuity of care, understanding something about the primary care provider.

With that, let me turn to the questions, and we sort of want to see how people feel about or if there is any controversy regarding the 834 or 270/271, any changes or simplification of these standards for continuity, and do you have any other suggestions that would help us to streamline this bi-directional exchange between state programs and health plans. So with that, Aneesh, I think I came in under the wire, and open it up for questions.

Judy Sparrow – Office of the National Coordinator – Executive Director

Great. Thank you. Probably, if you want to make a comment, instructions on how to do that, and just state your name, your organization, and you have a two minute limit on your comment. Do we have anybody on the line?

Chris Weaver – Altarum

I don't have anybody yet, Judy.

Judy Sparrow – Office of the National Coordinator – Executive Director

Okay. Is anybody from the Health Plan Tiger team want to make a comment or say anything while we're waiting?

Terry Shaw – Children's Partnership – Deputy Director

I just wanted to clarify that Reed referred to race and ethnicity as additional elements that we've discussed. Language was also among those elements. I think it just got inadvertently left off the list.

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

Oh, you're right. You're absolutely right. Thank you for that. That's a very, very important point, the most important.

David Molchany – Fairfax County, VA – Deputy County Executive

One that we had talked about here was gender. Would that be one you'd want as a primary element?

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

Yes, it is, actually one of the ones that is on our primary core list.

Judy Sparrow – Office of the National Coordinator – Executive Director

This is a great opportunity. No comments.

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

Well, we have a lot of work to do, so there will be other opportunities for people to weigh in.

Judy Sparrow – Office of the National Coordinator – Executive Director

Right, and we might want to maybe put some of these questions up on the blog?

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

That'd be great.

Operator

Our comment is from Yvonne Luca with Pennsylvania Medicaid Agency.

Yvonne Luca – Pennsylvania Medicaid Agency

We have several comments and we have them in written form and we'd like to submit them, but one particular is that we don't believe that the HIPAA standards account for other types of information that may be within the exchange. Other standards are proprietary formats and they still need to be used. For example, pharmacy information in the NCPDP format ... any complete records in a proprietary format.

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

So, just to make sure that we understand what's behind your point because it's an important one and I think it's an interesting one. Is it you are suggesting that for the enrollment process, that you want to make sure that people are also enrolled in the appropriate pharmacy programs and, therefore, we need to have specific data on that?

Yvonne Luca – Pennsylvania Medicaid Agency

Yes, we believe that the system should accommodate other healthcare related pieces like the pharmacy that I think are as integral as a PCP designation.

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

Thank you very much. We will definitely look at that.

Judy Sparrow – Office of the National Coordinator – Executive Director

Any other comments from the public?

Chris Weaver – Altarum

No other comments, Judy.

Judy Sparrow – Office of the National Coordinator – Executive Director

Okay. Aneesh and Sam, should we go on to the next one, Privacy and Security, Paul Egerman?

Paul Egerman – eScription – CEO

Terrific. I'm Paul Egerman and I'm going to take you through, very briefly, the privacy and security presentation. But first, I want to say that any time we talk about sharing consumer information among public organizations or public agencies and private entities, there are very important, very serious privacy and security issues to address, and so we are taking this issue very seriously.

Here, very briefly, are the members of the Tiger team. My colleague, Sallie Milam, who is the Chief Privacy Officer in West Virginia, had a last minute conflict and I'm sort of stepping in for her. But we have a great group and we are supported by a great group of people from various federal agencies including Paul Swanenburg from SSA, who's been extremely helpful.

Here is our charge. It really has two parts. The first part, as it relates to the enrollment process, is to make recommendations on the application of fair information practices, including purpose limitation re-use, and the second, of course, is security safeguards.

Based on that charge, we've actually created five privacy and security recommendations, and then on this screen, there's a lot of words. I'm not going to go through all of these words, but I'm going to take you through this very rapidly.

The first issue recommendation area is Collection Limitation, which is a simple recommendation that we collect simply the minimum necessary data for enrollment and eligibility.

The second area is Data Integrity and Quality, and, as the first part of that, as already discussed, we want to use real time data mechanisms to maintain data accuracy. The other two bullets under this are very interesting. One of them is to explore alternatives to using social security number for applicant or enrollee identification and data matching, so we want to explore alternatives. The next bullet says to establish threshold levels for matches. This entire area of identification match is an area that we're hoping to get public feedback on. Also, I should mention, we certainly acknowledge that there are state laws that deal with this area and also with all of privacy and security.

The third recommendation, of course, is Accountability and Oversight, and that relates to making sure that there is transparency in the entire process.

Fourth recommendation, very important, has to do with this whole issue of Use Limitation and Purpose Specification, and basically the way we are approaching this is actually very simple. We say that there either needs to be some privacy notice that is given to the applicant or the consumer or the enrollee, given to that individual prior to date of being sent. It's really prior to date of being entered, and that notice has to very clearly identify all the organizations for whom this data will be going, who will get this data. Those organizations can include public health organizations, they could include social service agencies, they might include private health plans, public health plans. We're saying it does not include, not appropriate to include employers in the notice, but the use has to be limited to only those that are listed in the notice. Then for everybody that's listed in the notice, we're suggesting there will be data sharing agreements that will really govern requirements for subsequent reuse and secure transport of the information.

The final area, which is also an area which we're hoping to get public comment on, is Individual Control and Participation. Basic concept here is we'd like to have consumers be able to use their information on their own, if they choose to do so. And we're also saying is that prior to that though, that the information cannot be used without their consent for any other purpose besides what was described in the previous slide. So, that is also an important area.

So with these, a very, very brief description of what's really a critically important topic, we have these questions that we would very much like to get responses from, from people who are listening. So, first question really relates to the last comment about consumer reuse. We say what would it take to allow for consumer re-use of their own information for additional eligibility enrollment decisions? That's additional,

beyond what was listed in the privacy notice. So what does it take to make that happen or for an express lane approach to sharing eligibility determinations across programs?

The second series of questions are about security safeguards, which are what security safeguards do you currently have in place. In particular, we're interested in encryption for data at rest, which of course is at times controversial, encryption for data at rest and/or data in motion, authentication, secure transport, and this issue of ID resolution or identification matching. We'd love to hear what you have in place.

So, with those very brief comments, Judy, if we could open it up to see if there is public comments on these important issues.

Judy Sparrow – Office of the National Coordinator – Executive Director

Again, the slide will come up with how to make a public comment, and if you have one, please state your name, your organization, and you do have a two minute time limit. Chris, you want to tell them how to do it?

Chris Weaver – Altarum

I don't see any on the line.

Judy Sparrow – Office of the National Coordinator – Executive Director

Anybody from the workgroup want to add to what Paul said while we're waiting?

Operator

Our first comment is from Yvonne Luca with Pennsylvania Medicaid.

Yvonne Luca – Pennsylvania Medicaid Agency

Yes, you talked about the conundrum of state laws. In the state of Pennsylvania, we have some pretty restricted drug and alcohol confidentiality regulations that are much more restrictive than the federal. Specifically, we had laws that governed the release of information between licensed drug and alcohol treatment providers and government officials, managed care organizations and other third party payers, and essentially, there can only be the sharing of information across five very, very broad domains, even with patient consent, and that is whether the patient is or is not in treatment, the prognosis, the nature of the project, a brief description of progress of the patient, and a short statement whether the patient has relapsed into drug and alcohol abuse and the frequency of that relapse. In that context, even with the patient's consent, a project or anyone else cannot disclose key information any more than that.

Given the restrictiveness of that, how would the consent given by a consumer who is on a line, maybe not fully aware of these restrictive law, how would that be managed through a system like yours? What is your vision?

Paul Egerman – eScription – CEO

Yvonne, first of all, I want to thank you for the question, and it's an excellent question because it's always great to see specific examples of some of the challenges to apply this material. The material that you described for, basically, substance abuse programs, is very interesting. We have to keep in mind that what we are dealing with is simply enrollment information, and with collection of minimum necessary information, it might be that we simply not collecting a lot of the information that would trigger some of the issues that you raised.

So, I would first suggest what we would have to do is look at that. But I would also suggest that what we put forward here for privacy and security is going to have to be changed and the security notice will have

to be changed for each state. And so that, it could very well be possible, that when we look at it, we might determine that it just doesn't work for the substance abuse programs that you mentioned so that they wouldn't be listed in the notice. That would also be one possibility. But that would be sort of up to you, in working with the states, to figure out how to address these issues.

Judy Sparrow – Office of the National Coordinator – Executive Director

Do we have any other callers?

Operator

Our next comment is from Daniel Stein with Stewards of Change.

Daniel Stein –Stewards of Change – Co-Founder

I was going to actually address the issue that was brought up in Pennsylvania, since every state does seem to have their own unique set of privacy laws for a variety of, not only for HIPAA, but also for educational data and also for other kinds of things like that. So I think you may have addressed the issue already, but it looks like there may be 50 varieties of state law and both managing that and understanding the complexity of that will be something that I'm curious about how that's going to be taken into account as you look forward on that.

Paul Egerman – eScription – CEO

Daniel, what state are you with?

Daniel Stein –Stewards of Change – Co-Founder

I'm in New York.

Paul Egerman – eScription – CEO

What I would tell you, Daniel, is that again, we talked about this, sort of, privacy notice. That privacy notice, implicitly, has to be changed for each state because it has to specifically list the state health plans or the state's social service agencies that the information is going to. And so, I would hope that what we would be doing is altering that privacy notice, or perhaps, supplementing that privacy notice, for each state, to try to accommodate whatever the state regulations are. But, you tell me. Do you think that that's an inappropriate response? Is there something else that we should be doing that we're not?

Daniel Stein –Stewards of Change – Co-Founder

I don't know if there is other federal level opportunities, although I think the state's sort of trumped in this case, from a legal perspective. I think it's one of the things that could be of interest is for—there may be commonalities or similarities between states in terms of their regulations or their laws relevant to privacy. I don't know if you have thoughts about being able to aggregate that so that it wouldn't need to be replicated 50 times, but that ... of that approach or those models or those templates could be shared across states, or at least there would be a repository for them to be able to consult with one place.

The issues of confidentiality, clearly, are across all of the interoperability initiatives that states and the feds are looking at. And so, the issue comes up multiple times, especially related to, well, not only health, but also education. So, I guess the question is, is there a way to or a thought around aggregating responses by the states for further study or evaluation as state's move forward on this?

Paul Egerman – eScription – CEO

I guess the answer is there is now. I think it's a great suggestion. It's very helpful.

Judy Sparrow – Office of the National Coordinator – Executive Director

Any other comments?

Joy Pritts – ONC – Chief Privacy Officer

Judy, this is Joy Pritts, Chief Privacy Officer with ONC, and I think the starting point for the last series of questions has been to look at the enrollment data that needs to be collected for each of these programs and see whether that information actually would be subject to any of these higher protections. I would be curious as to the states who had mentioned this in the phone call, as to whether they had actually looked at what information is collected for this enrollment purposes and whether it would be subjected to higher standards because, as a general matter, I've looked at a lot of these state laws, and usually it applies to information that is already maintained by a healthcare provider or a state agency, and I'm not sure whether they're actually exchanging data elements that would be protected under some of these more stringent state laws.

Judy Sparrow – Office of the National Coordinator – Executive Director

Any states on the line care to respond to that?

Operator

Lynn Dieker with National Academy for State Health Policy.

Lynn Dieker – NASHP – Senior Program Director

I want to echo what Daniel Stein said, but also to point out that part of what's really active right now across states is sort of developing efficient models for how they're going to mobilized infrastructure across Medicaid, Medicaid incentive programs, state HIE, capacity development. So, this issue of data sharing agreements and really streamlining ways to really align relationships and data sharing relationships is a really big issue.

So, I guess I'd like to just emphasize the need for, perhaps, a concerted process to talk with states and think through some of the different models and business operations that are emerging because while on its face, some of the requirements for enrollment may not be subject to some of the consent and permission that clinical data is. Nonetheless, the business processes for getting it and for arranging the data, sharing agreements, just to have a streamlined approach, are really going to need to think about this whole gamut.

So, I think there's a really important opportunity to think through how to do additive permissions and prophesies and make this aligned. And there are some mechanisms by which to pull together states and really get some of this input, so we're eager to help in that.

Paul Egerman – eScription – CEO

That's very helpful, so thank you very much for that comment.

Judy Sparrow – Office of the National Coordinator – Executive Director

Any other comments?

Paul Egerman – eScription – CEO

I did want to make sure that we followed up on the comment that Joy made, which is, the basic issue is something I tried to say quickly, perhaps not as clearly as Joy did, when I was responding to Yvonne from Pennsylvania. The basic issue to remember here from a privacy standpoint is this is an enrollment process and it's a process where we're asking for a minimal amount of enrollment information, and so that could make some of these state privacy issues a little bit easier to deal with because, I suspect, we

will not be asking for very much, if any, clinical information. It's still information that's identity and includes income status that needs to be protected.

Chris Weaver – Altarum

There are no more comments, Judy.

Judy Sparrow – Office of the National Coordinator – Executive Director

Alright. Shall we move on to the Business Rules and, I think, Ronan Rooney, you're going to handle that one?

Ronan Rooney – Curam Software – CTO & Cofounder

I will indeed, yes.

Judy Sparrow – Office of the National Coordinator – Executive Director

Thank you.

Ronan Rooney – Curam Software – CTO & Cofounder

Okay, so hopefully the Irish accent isn't going to be too strong over the phone here, and people will be able to follow. So, I'm kind of deputizing here for Cris, who has led the team here on the Tiger team for Business Rules. So if we can move on, on the next slide we have the members of the team, and again, I think like the previous presenters here, this has obviously been a very strong team effort with people providing a lot of valuable input into the thoughts and recommendations that are highlighted in the upcoming slides. So, I guess on behalf of Cris, I just wanted to say thank you to the team that's actually worked quite hard on these over the last few weeks and months.

So, I think the goal for the team here was to really try and ... a common understanding of the business rules that are associated with intake, eligibility, and enrollment, and since the business rules themselves are a key element of any solution approach, they have to be consistent with the underlying data, and with the associated verification rules. So, I think ... on from the verifications team and the data team, how they've worked to come up with standard definitions associated with both verifications and data, as we try and come up standards for rules, clearly, there's the integration and the intersection of those three elements, is obviously pretty critical and we'll come to that a bit later on, on one of the later slides.

I think this comes up later on as well, so it's a little bit of duplication here, so I'll go through this once here, and then we can save some time on a slide later on. One of the things the group wanted to come up with earlier on was a broad and acceptable definition of what a business rule is. We had a lot of discussion around what are business rules were associated with eligibility or whether they were associated with validations or verifications or various other areas including the third bullet here, around inferring new data from existing data.

So, the definition that we used was provided by an IBM Website, which defined a business rule as anything that captures and implements business policies and practices, and that's something that obviously critical in the context of what we're trying to do here, especially with the privacy changes that are coming down stream and relation to the intake on enrollment. So we're saying that rule can basically enforce a business policy, to ensure that something is done in a correct way. It can either make a decision or recommend the decision, which is the traditional kind of eligibility type processing or entitlement type processing.

The last point was to be able to infer new data from existing data. So in some cases, for example, it may be possible to infer information about employment or income or demographics based on other data that

has already been provided. So, I think it's a fairly broad definition, but I think one that kind of meets the needs and the breadth and the depth of what's asked for in the Act.

So, I guess we believe here on the team that this is a primary requirement for the business rules, that they be defined in a way that's actually understandable by three different types of communities, I guess. One is for the consumers, so that when the consumer is provided with an explanation as to why they're eligible or not eligible to be enrolled in a particular program or set of programs, that they can understand why and they can ask why and get an answer that's explicable to them.

Obviously, the same applies for agency workers. I think as we look across the range of HHS programs here for things like TANF and SNAP or food stamps, the various Medicaid and premium tax credits and so on. As we look across those different areas, clearly we have a range of different agency workers with various skills, and that will vary widely depending on the individual state or perhaps the make of those structures of organizations and individual counties. So, clearly, we need to make sure the rules and the output of the rules, at least as importantly, are understandable by those various agency workers.

Last, but not least, I guess, it's really important and it comes in to one of the final points of our recommendations as a team here, is that it's really critical that the expression of the rules and the understanding and interpretation of the rules is something that's understood clearly and unambiguously by the ... community. If we don't manage to do that, for the last group, we will definitely end up with multiple interpretations, and as a result of that, multiple implementations of rules, and that will, in turn, lead us into a situation where citizens and consumers are faced with inconsistent and potentially conflicting decisions, as well as on top of that, a whole lot of duplication in terms of effort and, of course, maintenance. So, I think for the team, this was probably one of the key recommendations, and it's not a particularly easy one to implement, but I think we do believe that it's very important and it is actually, obviously, achievable.

There are a number of kinds of sub-bullets on this slide. There's a lot of text, so I'll try and maybe summarize it. So, I think the first thing is I think we have to understand and accept is that there will be many implementations of the business rules that are defined, and that's a part of the natural order of things. It will depend very much on things like the approach taken, by states, whether they want to combine or augment their existing legacy systems like the first bullet here, where we say we don't want to force people to rip and replace an existing system. We don't want to say you have to implement it in a particular, standardized set of rules, which is not going to work. So the existing technology platforms and technology sects and application platforms that states have, and the approach they take to implementing the requirements of ACA are clearly going to affect and provide multiple ways of multiple implementation options. So, that's something that the standards need to support.

We also want to make sure that any recommendations that are coming from the committee don't constrain the flexibility that's required by individual states, to meet their own specific needs and requirements both at a state level, but also at a local level. Because I think we all understand there's a lot of flexibility needed at the three tiers: federal, state, and local.

We mentioned earlier on, I think, Aneesh, in his introduction mentioned, the role of policy in this whole process, and I think it's important for us to make sure that the rules, the standards that are set or at least recommended here, are taken into account, the execution hierarchies and cascading kind of requirements for various programs. There are examples for that, obviously, today in the Medicaid programs where it is a cascading eligibility, and even in that environment, different states choose to implement those cascading rules in quite different ways. So, that's obviously a requirement for states to be able to do. What we're recommending is that the rules, that standards and approaches, should support that level of flexibility.

I think we've already mentioned the need to have clear unambiguous expression of the rules as being one of the critical elements of the puzzle here. And, I guess lastly here, we're staying that the standard definition should ensure that the additional program-related rules can be added without the need to re-develop existing rule sets. And to some extent, I think that's a very good and healthy recommendation. It also kind of is a guideline, I think, for the development community, business community, as they come to make design decisions and architectural decisions about how they want to implement the rule sets.

This probably got a special mention here because it's probably, as I mentioned earlier on, one of the key, if not the key, recommendation here to be able to make a success of anything that we can come up with here on the committee in terms of standardizing the approach for rules definitions and rules implementation. So, we want to make sure here that whatever approach is taken, that the rules themselves and the resulting eligibility decisions are actually understandable and unambiguous, so that we are certainly recommending a way, an approach that would allow for a common definition or an understandable definition of the rules, at least in the English language first and foremost, so that we can avoid the misinterpretations and multiple interpretations that can lead to all sorts of inefficiencies and as I said multiple implementations, which are very costly down the road.

I think the three bullets here I mentioned at the very beginning, so I think the rules, the definitions of what we described from that IBM definition of what a business rule is, has put a little bit of meat on that definition here. To tie it to specific things like the MAGI requirements, and noting, obviously, as we said earlier on, that the policy decisions are going to be made by the CMS folks and the other federal agencies that are involved in defining it.

On the last one, again, one of the things that we're trying to address here is to look at business rules to not just determine eligibility, but to handle workflow and routing, as well as understanding and implementing program hierarchies, verifications, and ... validations associated with the common defined data elements. So, fairly standard stuff, but I think important just to put it there in black and white, so that there is a clarity of what the recommendations are in relation to these key three points.

This is obviously, again, another fairly full slide and I think there's a number of key points here. First and foremost, I guess, when we looked at the rules and the rules definitions, we kind of wanted to recommend something fairly important which was that when agencies and states are developing business rules, that they should be developed in a way that provides a standardized Web services that implement key business processes or key business services. So that rather than having business rules, just a big collection of rules, the rules themselves should be grouped into some kind of way that supports service requests.

So, for example, if I want a request to determine an eligibility for a particular program or a group of programs, that they will be kind of fairly common, what you would expect to be standard, common requirements or required services. Likewise, you'd expect to be able to perhaps have the ability to request an eligibility determination for a particular period or maybe a set of periods for one or more programs. So, those kind of things, to come up with a standard way of providing a set of services that will be common across agencies and it will be across states.

The other thing we were acutely aware of I think on the committee here was that given the complexities involved with dealing with multiple people and multiple consumers, multiple households, multiple programs, and, again, the requirement to embrace and support the federal, state and local business requirements there's clearly a need to construct these business rules in a way that supports their understanding. And as I think, Sam, mentioned in his introduction here and it was mentioned on the

verification team as well, support the understanding, but also the reuse. So we need to be able to ensure that the data that we use can be reused, but also we need to ensure that the rules themselves can be reused, so we don't want to have 15 different rule sets for determining an income or an address or something like that. ... to plan it can be done in one rule set or indeed with a single rule. So, again, a service-oriented approach to those kind of things, I guess, is what we're promoting here, and hopefully that's coming out clear.

We also have ... here what our individual states and local administrations are going to have to contend with it, and that is taking federal rules and either extending those or modifying them to meet local requirements. Again, that clearly has an impact in terms of the architecture and the design of the approach, and we believe that a service-oriented model is probably the way forward to ensure that those requirements can be accommodated without sacrificing the overall structure and architecture of a set of business rules around an intake and relevant ... eligibility.

On the last one, just in relation to sharing, it really is back to the key element that I touched on three times already, and that's to make sure that the rules themselves are expressed in a way that's actually understandable. Otherwise, having a library of rules is not going to aid anybody if they're not clearly understandable, but we believe if we can get that common understanding, then having a library of those rules is clearly going to be a benefit to all the three stakeholders: the development community, consumers, and the agencies including the case workers.

That is going to lead me up, ... on the next slide, to the questions for public comment. I'll throw it open here, the questions that we've placed on slide 43, the first question is what value would a centralized orchestration of business rules bring to streamlining eligibility and enrollment within, as well as across, state health and human services programs? Are there kind of opportunities in there? Are there significant challenges?

We've looked, on the committee, that a model like that might include a concept that maintains the base rules that I mentioned earlier, a set of Web services, which will defined common interfaces from a business perspective, rather than focusing purely on the rules, and providing common understanding and unambiguous clarity around what the rules actually mean. And then potentially provide the ability to share the rules. And again, I guess that depends on how often they're going to be modified and how many variations there are across states and obviously, within states.

We talked about the last two points here about the requirement and the desire to be able to have a library of rules. So, I think we have to kind of balance that with the idea, I think, of having a set of services that execute the rules, which I think may be, perhaps, more useful, or maybe, at least, more attainable and certainly we'd be happy to have questions on that.

The last question here, second question, was really around are there other areas where people might think that standardization could make a big difference in terms of ease of use, in terms of efficiency, or trying to reduce complexity? Are there any candidate standards? Obviously, we've looked at a range of standards out there for defining rules, but I think most of the ones we've looked at were either very academic or very unwieldy, or the third option was some of them we looked at actually built.

So, with that, I'll say thank you very much and thank you on behalf of Cris to the team, and put it open for questions.

Judy Sparrow – Office of the National Coordinator – Executive Director

Great. Thank you, Ronan, and we're looking now for some reaction or comment to the Business Rules presentation. Are there any comments from the public?

Chris Weaver – Altarum

Nothing yet, Judy. Do you want to see if the workgroup has any?

Judy Sparrow – Office of the National Coordinator – Executive Director

Anybody from the workgroup want to make a comment? Good opportunity for the public to say something about these important— Well, I guess with that, I'll turn it over to Aneesh and Sam.

Sam Karp – California HealthCare Foundation – Chief Program Officer

I want to thank everyone for their participation. If you turn to slide 45, you'll see a series of next steps. Our Tiger teams are going to continue meeting between August 2nd and August 6th next week. Then the full committee will have an in-person meeting on August 12th in Washington, where we will do our best to try to finalize a series of recommendations. Our August 17th meeting has been cancelled.

The draft final recommendations will be presented to the HIT Policy Committee on August 19th. We scheduled another workgroup meeting for August 24th, a telephonic meeting, in order to hear some of the comments from the HIT Policy Committee, and then to re-work the draft final recommendations based on those comments, including all the comments we received today and others we hope to receive online in another form from the public. And then on August 30th, present those recommendations to the HIT Standards Committee. In September, the recommendations will be finalized by ONC and presented to the HHS Secretary.

So, that's what our work plan looks like between now and September. Again, as Aneesh said from the beginning, by September 30th, these recommendations are supposed to be final according to the requirements set out in the Affordable Care Act.

So, Aneesh, anything further before we move into demonstrations? Not hearing Aneesh. We've scheduled three very brief presentations more than actual live demonstrations of some innovations in enrollment and we encourage the public to stay on and observe some of these presentations, so let me first turn it over to Linda Skinner from the state of Arizona. She'll be followed by a presentation from the state of Utah, and then a presentation on more general HR enrollment.

Linda Skinner – State of Arizona

Good morning. Just before we go into the demo, I want to present a few slides about Health-e-Arizona, which is our online application in Arizona that we use for Medicaid, CHIP, Medicare Cost Sharing, food stamps and TANF. Health-e-Arizona is based on a product that was created in 1998 by the California Health Care Foundation. They funded the development of it with Deloitte Consulting for a product that would help community health centers assist people with public assistance applications, particularly Medicaid and CHIP.

In June, 2001, there was a study of that showing that it improved the speed, data quality, consumer satisfaction with public assistance application process. In 2002, we launched that product in Arizona, which was brought here for partnership of state agencies and community health centers, and we modified it to meet our needs in Arizona.

After the early successes of that application, was a software called Health-e-App. They developed On-e-App, a Web-based on eligibility and enrollment system that was extended to include applications for a broader range of public assistance programs. In 2005, Social Interest Solutions was established as an

independent, nonprofit entity and they helped maintain and develop the system and spread the word of it nationally.

In 2008, Arizona upgraded our Health-e-Arizona system to the One-e-App platform. So, One-e-App is today available in four states, California, Arizona, Indiana, and Maryland, through a variety of products and it supports over 23 different public assistance programs between the different states.

The basics in Arizona are that we originally developed this product so that community health centers could screen for Medicaid, CHIP, and discount community medical programs when patients came into their facilities and didn't have insurance. That whole effort was developed through grants and community contributions. Today, the ongoing maintenance costs for that are paid actually by the users of the system. The community users pay a fee and, for that fee, they use Health-e-Arizona, help people get into Medicaid and CHIP, which, in turn, lowers their cost as they have fewer patients that don't have insurance, then. Then in December of 2008, Arizona implemented Health-e-Arizona for public use.

So, over the last eight years, we implemented Health-e-Arizona in 2002. In 2006, we added Nutrition Assistance (Food Stamps) and TANF. We added a two-way electronic interface with our eligibility systems. We upgraded the platform. In 2008, we implemented public access so the public could use this product. In 2009, we developed a real time interface with the Medicaid MMIS system. Today, in 2010, we currently have 65 different community partner organizations at over 200 locations that subscribe and pay a fee to use the system, and then we have a lot of applications coming in now. In June 2010, 46,000 applications came through both the subscription and public access versions of the system.

On the public access side, we didn't know what to expect. I think the long time feeling about public assistance recipients is that they don't have access to the Web and they don't have access to computers, and so we set our sights small, at first. But, you can see from the slide that we started very small December 2008. By June, 2010, we've developed quite a growth of applications, so it's been pretty amazing how the public has adopted this product and is excited about using it. In fact, we get lots of survey data every month from Health-e-Arizona and in that survey data, we not only get feedback about improvements for the program, but we get so much feedback about the joy people have in being able to do this online and being able to avoid coming in to a public assistance office. In fact, 74% of the people ... surveys are filling out Health-e-Arizona in their own home on the computers.

In Arizona, we have two eligibility systems. AHCCCS, where I work, is a Medicaid agency with a 2003 eligibility system called ACE, it's a terminal service system. Our sister agency, the Department of Economic Security, has a old mainframe system from 1986, called AZTECS, and the Department of Economic Security does most of the Medicaid determinations for children and families, pregnant women, and we do most of the aging ... disabled programs, long-term care, and CHIP.

We both feed that file of eligibility data to the main Medicaid MMIS system nightly, and then we developed a process in 2005, which we called TIPS. TIPS is a standardized set of data, of all eligibility data elements, that we use to exchange data with each other, and we can push data back and forth to each other's eligibility systems. We also implemented that with Health-e-Arizona, so we can push data between Health-e-Arizona and our eligibility system, and Health-e-Arizona online applications will actually be pushed right into our eligibility system.

Our most recent upgrade, then, was a real time interface without MMIS system, that allows Health-e-Arizona users to pull data from our MMIS system, that tells us that they currently have Medicaid or not, or whether they were ever known to the Medicaid system. And helps us limit discrepancies in critical data elements like social security number and name, date of birth.

So, I want to move on to the demonstration of the product. Let me pull that up. So, Cathy's going to be logging in to Health-e-Arizona in a moment here. There's a lot of information on our log-in page in tabs across the top. People who come to use Health-e-Arizona for the first time will be creating a log-on and a password, and they'll use that log-on and password in combination with agreement about use of the system and documentation that we collect about their identity that all forms the basis of their electronic signature, so people do not have to sign a paper application at any point when using Health-e-Arizona. We have an agreement with the Secretary of State's office to do this electronically— And I see we have a small systems problem here, but hopefully— Oh, here it comes.

So, Cathy's logging in now. You see across the top of the page, there's a lot of help tabs with information for users. Your Rights tab, which explains all the information that's normally included on an application that people can use to find out what they're agreeing to in the application process.

We're going to be demonstrating a renewal application here. We're going to demonstrate a person named Cathy Baker and it looks like our software is running a little slow through the meeting software today. Not sure why. This applicant is already known to us as a Medicaid family. It's a mom and her two children, and so her data is already in the Health-e-Arizona system, and we're going to walk through reusing this data so that she can do a redetermination. Because we're simulating this and not doing a real redetermination, we are going to mess with a few things, but when the screen comes up, I'll show you what that will look like.

Sorry for the delay. This worked very fast yesterday through the software, so I'm really surprised at the delay today. Okay, well, we're not moving at all right now.

Bobbie Wilbur – Social Interest Solutions – Co-Director

Linda, it's Bobbie. We're looking at it on our site. But, Chris is there something on the site of the software, Chris Weaver?

Chris Weaver – Altarum

No, this is Chris. Sorry. It looks like— Is your application running on your end, Cathy?

Cathy

No.

Chris Weaver – Altarum

Okay. I don't think that has— I think your application has stalled out. We're seeing everything that you're doing.

Bobbie Wilbur – Social Interest Solutions – Co-Director

Cathy, we're not seeing any difficulty on this end, so I think you may need to relaunch it. Not sure what's going on. I'm not sure if the computer's locked or something.

Cathy

Okay, I can try—

Dave Baxter

Dave Baxter. I'm not seeing anything.

Linda Skinner – State of Arizona

Okay, are you going to log in again?

Cathy

Well, it's open—

Chris Weaver – Altarum

Cathy, you may just want to close the One-e-App, and just try to relaunch that on your desktop.

Cathy

That's what I'm trying to do.

Linda Skinner – State of Arizona

Well, while she's doing that, it really has been a very exciting product for Arizona, where we've spent a lot of effort in the last five years particularly making the data flow between our two agency eligibility systems and Health-e-Arizona work well. Like every other state, of course, we have significant budget cuts in Arizona. We have considerable loss of employees. In my own division, I'm down over 40% of the employees I had three years ago.

Health-e-Arizona is one of the ways that helps us stay on top being able to do this job because we have applications pushed directly into the system. We have less data entry, the data's edited. It's legible, of course. With our real time interface with our MMIS system, we are cleaning up discrepancies in demographics that would keep the data from flowing well into the system, so we've been resolving a lot of problems. We think those all look like good options, when you look at what needs to be on the exchange in the future. So, we're very happy with it. Not happy with not being able to log in right now, but—

Cathy

I can't even get it to close.

Chris Weaver – Altarum

We may want to move on to the second demo, and maybe give her a chance to see if she can get her application running on her desktop.

Bobbie Wilbur – Social Interest Solutions – Co-Director

She's locked up on her desktop. Cathy, you need to reboot your computer. So, Chris, I think we should move on, unfortunately to—

Chris Weaver – Altarum

Yes, we're going to bring the slides back up and we can turn it on over to Utah and let them go ahead. Steve, do we have you on now? Steve Cuthbert and Steve Fletcher?

Steve Cuthbert – Workforce Services – Assistant Director – IT Strategy

Yes, this is Steve Cuthbert.

Chris Weaver – Altarum

Okay, you guys can go ahead, if you want.

Steve Cuthbert – Workforce Services – Assistant Director – IT Strategy

Steve, do you want me to just jump into this?

Steve Fletcher – State of Utah – Chief Information Officer

Yes, Steve. We're both Steve's, so we'll just go ahead, and we'll have Steve start.

Steve Cuthbert – Workforce Services – Assistant Director – IT Strategy

Just to introduce myself, I'm Steve Cuthbert. I am over IT Strategy for the Department of Workforce Services. Most recently, I was a business manager for our eREP eligibility system that we have just brought up that I'll be demoing here in a minute.

I have also got Mark VanOrten and Susan Green with me today. Mark is our IT Director and Susan leads our Business Analyst group. So, just a quick background on Workforce Services, we administer a wide range of programs including unemployment insurance, Department of Labor workforce programs, and then public assistance programs, the biggest being TANF, SNAP, childcare, Medicaid, CHIP, as well as other smaller state and federal programs. Based on the programs and the services we provide, we run an integrated service delivery model that relies heavily on technology, and a little of that is what I'd like to share with you this morning.

I'll be focusing mostly on our eFIND application and our eREP eligibility determination system this morning. But to put it in the context, I just had a quick flow of what our enrollment process is. Typically, customers will now access our services through an online application. Over 70% of our customers have now chosen to work with us online rather than a paper application. Once an application comes in through our online application, customers can go ahead and call an 800 number anywhere in the state and get an interview without an appointment. At that time, the information from the online application is imaged into our document imaging system to be available for our staff to use during the interview.

Once the application is done, it's also automatically routed through our workflow to specialized teams based on what our customers are applying for. Once the application is in, our workers do an eFIND search, that's our basic data brokering, electronic data match system that I'll be going into more detail, and then they enter evidence and data into our eREP system, that stands for Electronic Resource and Eligibility Product. At that point, if we need more verification from the customer, we'll go ahead and request that, and then we run our eligibility decision in the system and go ahead and authorize the benefits if customers are indeed eligible.

I highlighted a couple of these processes in red. These areas are areas that we'd like to improve on going forward, they tend to be bottlenecks for us, and that's a lot of manual entry into our system as well as having to do interviews with most of our customers. Over time, we'd like to rely more on the data matching as the dominance of our evidence that we use for eligibility determination, much like the workgroups have reported out this morning.

This first screen shot is just a quick screen shot to give you an idea of the look and feel of our online application. This is where we start gathering the first level of information from the customer. The second screen, I just wanted to highlight it, this is what we can our agenda-setter screen, and this screen is one of the first screens that the customers will complete when they go online. It asks a series of questions that you see here, and based on how they respond to these questions, the rest of the application will be tailored to their individual situation. So, basically, the application's dynamic and it doesn't require customers to go through questions that aren't pertinent to their individual situation, which is good for multi-program applications like we have here in Utah.

Once a customer completes their application, they have the ability to go through and review the information and, for our first iteration of our online application, we built this information into a PDF that mirrors our paper application. This isn't a feature that we'll have long term, but this was a functionality that helped our customers to get a comfort level with the process in doing it online because it's familiar to

them. Like I mentioned, we have over 70% take-up rate on our application, which we feel pretty good about at this point.

Once they do an electronic signature, they can go ahead and, like I said, call for an interview and, as I mentioned, that information is imaged into our system to be available for our eligibility staff. This is a screen shot of our eREP system here. This is the first screen our staff sees when an interview comes in over the phone. It's an automatic screen pop from our IVR system. If the customer is known to anyone of state systems through our customer directory, which is a high level client index, we're able to identify and authenticate that customer and automatically bring their information over to eREP, as well as automatically register the programs that they are applying for, and I'll do a live demonstration of that here in a minute.

Just moving on, jumping into our eFIND application. As I mentioned, this is our electronic data matching system we've had deployed in production for over five years. It's probably the most popular—

Chris Weaver – Altarum

Whoops. I think somebody has put the call on hold. Looks like Melissa's got it taken care of.

Steve Cuthbert – Workforce Services – Assistant Director – IT Strategy

Like I was saying, this is probably the most popular application that is available to our staff in eligibility process. In time and motion studies, we've found that this saves us 15 minutes on applications and re-certifications over the previous process. The old process that I'm familiar with, when I did eligibility years ago, I had to access four or five or six separate different databases to try to find information on the customers, and those all had different log-ins and passwords and formats to get information from, and took quite a bit of time. Today, workers simply just complete a basic search and they're able to go after 23 different data sources, federal and state, and then it pulls all the information back in a user-friendly format.

Depending on the data source, information is received either real-time through our Web service or accessed through our data warehouse that gets regular downloads for wherever the data's coming from. The nice thing about eFIND is whether the access is real-time or batch, it's seamless to our workers in terms of how the information is given to them.

A little more background on the technical and the decision on whether to use real-time or batch depends on several things primarily, but a lot of it depends on our data sharing agreement with whoever we're working with and what their system can handle, as well as how fluid the data is that we're after. One of the biggest challenges that we've had with our eFIND product hasn't been on the technical side, it's been more on the data sharing agreement and the MOU side that's been mentioned previously. So, we started out just with 5 or 6 matches, and over time, like I said, we're up to about 23 matches.

Just to give you an idea, I can't demonstrate this live because we don't have a testing environment for this product, but I can show you some screen shots. This first screen is what workers see when they go into eFIND. Workers can only do an eFIND search if there's an active case open in our eREP system, so workers just can't go out and search on anybody they want based on social security number, that kind of thing. What they do is they go ahead and put the eREP case number in eFIND and it goes ahead and pulls that basic identifying information for the customer. And at that point, the worker can choose the parameters of their search.

Typically, they would do a full search on application and re-certification. They can also tailor their search by the programs that the customer is applying for because each program has different requirements as

far as verifications. They can also include other things in their search that aren't included in the basic search. These things are here on the bottom. These are things that either cost us per transaction, like the work number, or data that basically doesn't change very much, and so we didn't include those in the full search. We've also built in, I might add, a very strong audit trail that's built in to maintain data security in to the system, obviously because we're dealing with a lot of different data sources.

When workers go ahead and do their search, they get this results screen. I had to break this out into two screens, so you're seeing the top portion right now. But you can start to see the various data sources that we're tapping into with eFIND. I'll go ahead and show the bottom of the screen now, shows you the rest of the data sources. What the worker will do from here is you can see that there's these red checkmarks. Those checkmarks indicate that there's no data match with the customer with these data sources. And the green checkmarks show that there is, in fact, some information that we would want to go look at. And anytime, a worker can come back and run a search, and if they haven't drilled down into these areas, these checkmarks will stay green. Once they do look at it, the checkmark turns to a more red color there to show that they've examined the information.

So, for example, if we want to look at social security information in more detail, we can go ahead and drill down on one of those green checkmarks, which pulls up the actual information and then like this screen shows, you can see the information here, the worker can see this information. Hopefully, this information lines up with what the customer was telling us on the application, and most of the time it does, but if it doesn't, then that's the time that our workers can clarify that with the applicant.

At this point, the worker would take this information and put it into our eREP system. One of our goals moving forward in the next year, year and a half, is to automatically populate this information directly into our system so our workers don't have to manually work with that. So, that was eFIND, really quickly.

Let me jump into our eREP system and while I do that, I'm going to try to pull up the demonstration here. Okay, you should be seeing that momentarily, just a little background on eREP. This was one of the largest IT projects in the state of Utah. It replaced a 20-year-old legacy system, called PACMIS, that a lot of states have used or still use, and it supports all of our public assistance programs, which is over 60 different programs. Most of those are categories and subsets of Medicaid ... waver-type programs to prenatal programs to family medical programs. It is a rules-based program, which is a change in how we really approach eligibility, at least here in Utah.

On our previous system, our staff had to gather information from the customer or from the application and try to anticipate what programs they may be eligible for, and then run that program through the system. The paradigm change for us on eREP is now the focus on doing a good interview and getting the right evidence into the system and the system goes ahead and determines the appropriate program based on a program hierarchy. It's a true decision support tool for our staff, which in Utah, is good for us since we administer so many different programs with different rules, and those rules and policies change over time, so it's hard to us to have to keep up with that with our old system.

As I mentioned, this system is very new. We just finished our case conversion last month, and just anecdotally I can tell you, when going through a case conversion process, it really showed us how inaccurate or inconsistent our old system was. As we put our cases through the conversion process and the rules took that information and put our customers in the correct programs, we found that, in fact, we weren't quite as accurate as we thought we were. So, one of the big benefits to this system is the rule support as well as just the overall accuracy and consistency that we'll get.

I would also like to mention our project benefited from strong executive support, cabinet level support since it was such a big project, and Steve Fletcher, who's obviously on your workgroup, chaired our government's board and did a great job moving this project forward.

So with that, I'm going to go ahead and show you a little bit how this system works. Like I said, this is the screen that will be populated once an interview comes in, through our IVR, and it's basically a snapshot of the information in the system. And so you can see down here you have the people that are applying or customers that are applying for assistance, and this is the test case, so I've got Mary Smith and her daughter, Jane Smith. If I click on her high level index number, you can see the information that's automatically pulled over from the online application. It also shows us any other state system that the customer may be currently on.

It also, as I mentioned, pulls over the programs or types of assistance that the customer is looking for in their application. Like I said, it changes the paradigm a little bit because they're not applying for a specific medical program. They're just applying for medical help or financial assistance, and so the hierarchy basically goes through and determines the correct program for the customer.

We did try to automate as many things as we could in this system. For example, with our programs, we need to issue electronic benefits cards and the system automatically, once an application comes in, sets up an account with our EBT vendor, and sends out the EBT card directly to the customer through the mail. So when their application is approved, they can go and access their benefits.

So, from this point, during an interview, obviously we don't have all the information that we need to process the case or process the benefits. We have to add in additional evidence that we got through the eFIND search or other things that the customer may tell us during the interview. So we would go to our evidence site map here, and here you can start to see all the different categories of verifications that may be required by different programs to determine eligibility. And we've broken them down between household evidence, income evidence, extensive assets, and then medical.

These checkmarks that you see by these individual links or boxes is information that was directly imported over from the online application. Now, this information will stay in a pending status until the worker goes in and changes the status over to an electronic match. So, the worker still is in control of the information that they use in the system. They can always go ahead and make sure that they've got the right evidence before they run our rules.

This, I might add too, is one of the most difficult parts of building the system. We have over 130 different rule sets and 7,000 different business rules built into the system, based on all the programs that we have. So going after and getting the right evidence in the system, the more we can make that automated and electronic and the more those verifications can be reconciled and reduced across programs, it will just help us out in our rule sets and maintaining the program going forward.

Once we get all of our evidence in the system, we do what we call a check eligibility, and this feature is kind of nice when we have our customers on the phone because while we have our customers on the phone, we can enter some basic information and evidence and do a quick check of their eligibility and see what they may be eligible for. And at that point, we're actually running our eligibility rules and our cascade in the system. With this case, I did a check eligibility previously, and it shows that they are potentially eligible for financial, childcare, food assistance and medical. Of course, I don't have all the evidence in the system, but if I did, at this point I can go ahead and authorize benefits. I'll just go ahead and click on the financial assistance and show you a decision here that they system is making.

Chris Weaver – Altarum

Steve, this is Chris. While you're doing that, I'm just going to remind our audience that if you want to see the details on the screen any better, you have a little full screen button that you are able to click on to enlarge the screen demonstration that he's doing.

Kristin Ratcliff

I just want to jump in and say if any of the workgroup members have any questions on what we've covered so far, feel free to chime in.

Steve Cuthbert – Workforce Services – Assistant Director – IT Strategy

So, what I'm showing you right now, this screen is the actual rules that this case went through to determine eligibility for the financial programs, and they are listed here. These are the business rules. One thing I do want to point out is that this case is regular or is approved or available for our family program, which is our version of TANF here in Utah. However, they're not eligible for what we call effective version.

What our workers like about this breakdown is that if a case is failing on any of the individual rules, the can go ahead and click on that particular business rule, and it links directly to our electronic policy, that they can go through and get the exact policy that's behind that business rule. So at that point, they can go ahead and describe that back to the customer and give them the information they need.

This is also the basic information that comes out on our notices, once we approve or deny a case, so this core information is used for several different reasons. We've found that this rules-based system and the connection with the rules and the systems, the policies, is helping our training time and getting our staff up to speed much quicker because they can start to see the connection between what the system is doing and how it's utilizing the policy to make decisions.

I'm going to go ahead and go back to our case home here, and just show you kind of the same process with medical assistance. Really, one of the valuable things about this system is with the medical programs. I think we have well over 30 different medical subsets between the different Medicaid programs and CHIP programs and other state medical programs.

So, I'll go ahead and click View Medical History here. I could come in and see that they system cascaded down to a family medical program for this case. If I wanted to go ahead and authorize that, I could go ahead and create that program and authorize it and send out an interface to our MMIS system, which would go ahead and get that going for our customer.

If, for whatever reason, I'm doing an interview with our customer on the phone and, for whatever reason, this program is something they weren't looking for—perhaps they were looking for a different category, they had different coverage standards, that kind of thing—I could go into View Ineligible Decisions, and this basically walks through the different programs that they aren't eligible for.

For example, if I just pulled up Child Medical, I could start hitting the various rules as to why they weren't eligible for that program. Basically in this instance, they weren't eligible for that program because they were eligible for the family medical program, which is a program higher on our program hierarchy. So if, for whatever reason, the mother on this case did not want to be included, I could go ahead and go back and authorize the child program by changing some of the evidence in the system.

So, that's a very, very quick look at eREP, in terms of how we pull information in, how we utilize the evidence, and how we run the rules. So at this point, Chris, I think I'll just jump back to the slideshow.

Chris Weaver – Altarum

You'll see it in one second.

Steve Cuthbert – State of Utah – Workforce Services

One nice thing that we really like about eREP is once we put evidence in the system, and the system's able to basically determine whether or not we need more information to process the application. So if we need more information, the system will automatically send out what we call a Verification Checklist, and this goes through and, based on the program we're looking at, will automatically go out and request information. Most of this is usually income, as was mentioned by one of the states in the earlier workgroup presentations. Income is used differently for different programs and most of our programs require up-to-date information and so we typically have to go through that employer hotline or ask for check stubs or try to do a collateral contact over the phone. But typically, we need income information to process the application.

I will say our legislature here in Utah did, in our last session, pass a bill that allows us to go interface with our state tax return information for CHIP eligibility. So we'll be working on that interface with our tax division here in Utah and, hopefully, we'll have that up and running by October. What that will allow us to do is just directly interface over and pull back adjusted tax return information and use that for more of a real-time income check for CHIP eligibility. With that, our customers do have to basically give us the ability to do that. We're just not going to go out and do that, but they have to give us, basically, a waiver to go after their tax information.

Moving forward here, once the case has been approved in eREP and benefits issued, at that point the information is available for other entities, third party users to use for their eligibility determinations for other programs, and this is mostly other state agencies, but we do this through an application that we call eSHARE. As you can tell, we name all of our systems with "E" here in Utah. But eSHARE is very similar to the eFIND application. It's just used for third party users to get eligibility information.

So, the agencies that we partner with this system, we have a data sharing agreement with and all those data sharing agreements go through our legal and audit department to make sure that we're sharing appropriate information. Basically, this is nice for these other agencies because they don't have to go after this information again, and it's also nice for our customers because if they have an open case in eREP, they know they don't have to re-validate their information to another service provider, as long as that information is the same information that they're looking for.

Because we do administer so many different programs, Workforce Services has almost become a data broker in itself because we do collect and validate so much eligibility information. As I mentioned, you can see the look and feel of this application is very similar to eFIND. Our partner agencies really liked this application. It's very easy for them to search and get information on and enter into their individual systems to determine eligibility for their programs.

As far as data security, we have a very robust security profiles that really locked down who can get into what. We review those on a periodic basis to make sure we continue without data integrity.

That's where we are right now. Just wanted to give kind of a "to be" model for Utah of where we're headed. We've really spent the last few years focusing on our back-end of our eligibility process, with eFIND, eREP, our phone technology, and our document imaging technology.

Now, we want to really look at our front-end customer facing applications, the front-end of our eligibility system, and what we're looking at is just a complete overhaul of what we have currently out there today. As was mentioned again in one of the previous workgroups, we want to give our customers more flexibility and potential in self-service options with their case so they can manage their case more actively. We want to look at doing more electronic communication through our portal and through text.

I don't know about other states, but our postage costs next year are projected to be almost \$3 million. That's something that we just can't continue to pay. We've got to look at other options as far as communicating with our customers. I will say, too, that we've done a lot of different surveys with our customers and the demand with our demographic to communicate and work with us via the Web is actually quite high, and we're glad to see that, and glad to accommodate that.

The next big piece that we'll be working on, and I've mentioned this a few times, is that we want to further integrate and pull information directly into our application, into eREP, from what the customer is telling us and from our eFIND searches so that we reduce the amount of data entry that our staff are doing, so they can really focus on getting the right program and service to the customer, based on the information that they're getting through the electronic matches and through the interview. We also feel like the more we rely on automation and the electronic matches, our accuracy and consistency will go up dramatically.

We've just started a project, just recently. It will be an 18 to 24 month project and we're looking forward to getting started. And with that, I think that basically concludes what I wanted to cover. I do appreciate the opportunity to present. We're excited about many of the things that we're doing here in Utah, and I've got my contact information up here if anybody would like more information, I'd be glad to work with them on that. Just send me an e-mail. So, thank you.

Chris Weaver – Altarum

Terrific, Steve. Thank you very much. Questions from the public?

Steve Fletcher – State of Utah – Chief Information Officer

This is Steve Fletcher, and let me just add a couple of interesting follow-ons to this, and that is, the first is the eFIND and as I've been working on the enrollment workgroup verification interfaces, I think what it is indicated is that there are a lot of different ways in which you have to assemble this information. You use Web services when you can, but sometimes you're not able to do that. So I think that that's sort of, we incorporated some of those ideas, as we're going forward, to look at how we want the new systems to go forward, as well as how you determine that eligibility and whether or not there are possibilities ... rules-based engines as you go forward. So, I think Steve highlighted two areas that are very pertinent to the conversation as we look for enrollment.

Chris Weaver – Altarum

Just FYI, we have Linda and Cathy from Arizona back on and ready to do their application demonstration again, so just let us know when you want to do that or if you want to take questions first.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Let's take a couple of questions first, if there are any. Any questions? Is it still possible for the public to dial in?

Chris Weaver – Altarum

Sure. If you want public comments, give us one second. And Cathy and Linda, if you can hold off on your demonstration please? We need to pull up the slide for public comment.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Just hold on for one second. Let's see if there is any public comment.

Chris Weaver – Altarum

Hold on one second. We'll get the slide up there. Anybody is on the phone and wants to make a comment or a question on what has been demonstrated so far. And if the workgroup members have any comments while we're waiting, they can go ahead.

Joy Pritts – ONC – Chief Privacy Officer

I have a question as to when the individual first is able to get on to the system, how do you ensure that the individual is who they say they are?

Steve Cuthbert – Workforce Services – Assistant Director – IT Strategy

As far as authentication?

Joy Pritts – ONC – Chief Privacy Officer

Yes.

Steve Cuthbert – Workforce Services – Assistant Director – IT Strategy

Yes, we have a series of steps that all have to ... before we pull information over. As I mentioned, we have a customer directory here in Utah, that over 6 state systems participate, and between the match between the social, date of birth, and the name, they basically all have to line up and, like I said, be known to our systems. I think there's an additional couple of data elements that we go through to make sure that we have the right customer. As I mentioned, most of our customers have been on one of our systems about 70%, so we already have a lot of data. It's just matching that data up with the right customer.

Operator

Our first comment is from Christy Garland with the State of Oregon's Department of Human Services.

Christy Garland – State of Oregon DHS – OHP Program Analyst

I apologize if you already covered this, but with the Utah eREP Workforce Services, where verification is updated—maybe income verification, might use that as an example. If I heard you correctly you said that other agencies may be able to access that information? Was that correct?

Steve Cuthbert – Workforce Services – Assistant Director – IT Strategy

Yes. Once a case is set up in our system and active, if we have a data sharing agreement with another agency, they are able to access that information.

Christy Garland – State of Oregon DHS – OHP Program Analyst

If you have the data sharing agreement with the other agency, are they also able to enter in information so that a worker determining medical eligibility can look on the same system and say that income was just verified by such-and-such agency, and use that income verification without getting their own verification?

Steve Cuthbert – Workforce Services – Assistant Director – IT Strategy

Yes. And we, like I mentioned, we're kind of viewed as the data brokering agency because we do have up-to-date, valid information, but obviously, we leave that up to them as far as their business rules, to use that information if they choose to.

Operator

Our next comment is from Jacquetta Ellinger with the State of Illinois Department of Healthcare and Family Services.

Jacquetta Ellinger – Illinois HFS – Deputy Administrator for Policy Coordination

How long ago did you start the design process? This is for Utah. When did you first hatch the idea and when did you begin in earnest to design this new system?

Steve Cuthbert – Workforce Services – Assistant Director – IT Strategy

Well, really the genesis was probably around 2001 and we've implemented various functionality iterations, whether that was our imaging system or our phone system, our electronic policy, our customer directory, our online application, and most recently, our eligibility system. So what we did is we kind of laid out what we wanted our eligibility system to look like, and then we just basically built it in iteration. And, like I said, the kind of final piece was getting our eREP system deployed and operational, which we just did and completed last month.

Jacquetta Ellinger – Illinois HFS – Deputy Administrator for Policy Coordination

Can you tell us how much you think you invested over those years?

Steve Cuthbert – Workforce Services – Assistant Director – IT Strategy

Yes. A guesstimate would be about \$80 million and that doesn't include maintenance, those types of things.

Jacquetta Ellinger – Illinois HFS – Deputy Administrator for Policy Coordination And that would not include populating the data from eREP directly into the application system? That next step, if I understood you?

Steve Cuthbert – Workforce Services – Assistant Director – IT Strategy

Yes. We only bring over about 13 or 15 data ... right now, and increasing that functionality would be additional scope on the project. Yes.

Chris Weaver – Altarum

We don't have any other public comments at the moment. Should we go back to Linda and Cathy?

Sam Karp – California HealthCare Foundation – Chief Program Officer

Yes, please.

Chris Weaver – Altarum

Okay. Hold on one second. Linda, Cathy, do we have you on?

Linda Skinner – State of Arizona

Yes, we're here.

Chris Weaver – Altarum

Okay. If you want to go ahead, you can, I think I saw you before, but you want to go ahead and share your screen and demonstrate your application?

Linda Skinner – State of Arizona

So Cathy is going to run a simulation of a mom and two children who are renewing their Medicaid benefits and so the information is already in Health-e-Arizona. We don't have to change much, and so we're going to take a look at what the mom would actually go through.

Now, Cathy's clicking on a data element that says "Not Sent," as if it were a pending application; that's just for simulation purposes. Otherwise, the mom would go to the left hand column of that page and click "Renew Application."

So this is going to bring us to—

Bobbie Wilbur – Social Interest Solutions – Co-Director

And Chris, on our side, we are still seeing the dial in public number. Is everybody else seeing that?

Chris Weaver – Altarum

No, I think we're all seeing the application demonstration. Maybe you lost your internet there for a second.

Bobbie Wilbur – Social Interest Solutions – Co-Director

Okay, just making sure. Thanks, guys.

Linda Skinner – State of Arizona

So now we're on a Household page. The family's information has all been copied to this page from the previous data. Social security numbers are intentionally not copied for security reasons, and so mom is going to re-enter the social security numbers for each person in the household. So, the date of birth plus the social security number, or our access ID, or Medicaid ID in Arizona, is required in order to check our access in MMIS system to see if the person has active or inactive Medicaid eligibility. So, we're going to click on that and see what the results are.

Through the interface we have with our MMIS system, we're going to identify that all three persons have known Medicaid records. This is expected because the family's renewing eligibility. All three persons are found and so the results are correct. When the name entered is different from the name found in the access records, both names get displayed so the applicants can choose the correct name for the application. On this page, this applicant can also self-declare if they're receiving Nutrition Assistance or Food Stamps or TANF. In this situation, they're not receiving anything but Medicaid.

So we're going to click "Next" on the bottom of the screen, and a pop-up box displays, confirming program renewal information based on the information they entered in the application. So this pop-up confirms that the medical application is for a renewal, and that household will also be screened for potential eligibility for other programs. This pop-up only displays when there is a renewal involved for the case.

Now we're going to display the Contact Information for the Head of Household. The information can get updated by clicking in the "Edit" box, and then seeing over the existing information. Everything's still correct, so we're just going to click "Next" and advance on to the next screen. We're not going to update most of these screens, just in one example we'll do an actual update and show you what happens. And that's here on the Home and Mailing Address screen coming up shortly.

So the home and mailing address information is copied from the previous application in the system, and they can be updated by checking the "Edit Information" box. The applicant has moved, and so we'll update her address. Selecting "Yes" to the original question, "Are your home and mailing address the same?" will automatically copy the applicant's home address to the mailing address field. The applicant next selects a delivery type that determines the layout of the home address field, and then the address

entry fields are configured to match the U.S. Postal system format. So, when we update the address, that will activate the U.S. Postal Service address check.

So, we're going to see a box pop up here that confirms that that address that was entered is known to the postal system. So the box will remain open to help the applicant make any necessary corrections. Everything's good here, the address matches, and so we know we have a good address in the system. It might be wrong, but it's a real address.

Next, we get a variety of helpful demographic information on this screen. You can see that ... there's page level help available at the top of every screen, and there's question level help denoted by question mark icons available for certain questions throughout the application. Question level help's added where we think there's a need for additional guidance, and frequently, that's been driven by comments from the surveys we run at the end of each application, so we get lots of good feedback from the public about where they had trouble or what they'd like to see in the application. And we actually prioritize our development work based on those comments, frequently.

Demographic screens for the other members of the household display in the order they were listed on the first screen, the Tell Us about Your Household screen. The same demographic information is gathered for other household members, plus two additional questions to identify the relationship of this person to the head of household, and whether or not this person buys and prepares food with the head of household or separately. So, we are screening for food stamps. The person hasn't asked to apply, but it's very few additional questions to pick up information for the Food Stamp Program, and so we try and provide people some assistance by spitting in the screening for that so that they have some good information to go on by the end of the renewal.

Each child also has a second demographic screen to gather information about that child's parents. Based on the relationship entered on the previous screen, the mother's identity is already known to us and the information's pre-filled. Since the child's father is not a member of the household, his information has been entered, and we'll click "Next" to move on.

The demographic information for the second child is entered on a separate screen. The child's name, date of birth, and social security number will be pre-filled based on the information entered on the initial household screen. The other information has already been entered. We'll move on.

Sometimes complete information about an absent parent is not available. Although with Health-e-Arizona, it's designed to encourage entry of complete information, we also took into account that there's some kinds of information the applicant might not know or have available while they're keying in the application, so it lets you move through those.

The Household Summary is the first of several summary screens in the application process. It gives the applicant an opportunity to make corrections before they continue on through the rest of the application. This is also where they can list other people who live in the same home that are not part of the household unit, budget unit.

The Other Insurance screen gathers information about current and recent health insurance coverage and whether or not the family is willing to pay a premium for Kid's Care, which is our CHIP program in Arizona.

We're going to move on to a screen that asks questions about pregnancy. I'm getting ahead of myself, here. The screen coming up allows the applicant the opportunity to enter information about pregnant

females in the household, the due dates, the number of babies expected is entered. Entering number of babies is important because it affects our income budgeting for some of the programs.

On the next page, the applicant clarifies their relationship among household members. In this situation, the applicant has clarified that the two children are siblings. In general, the relationship between the household members is very important for Medicaid, CHIP, and TANF budgeting.

This is the first of several income screens. This one gathers some general information about employment and income of household members. It's used to identify children who are receiving child support. The migrant or seasonal farm worker question is one of several questions we added for emergency food stamps. When we added food stamps and TANF to our Health-e-Arizona application, we found, like I said earlier, we're already collecting most of the ... so just a few questions added to help with that screening process.

Next is a series of individual income screens for each person in the household. So the Medicaid recipient, Cathy, is working and her employment income has been entered. ... gross amount Income can be entered either as a gross amount, which is also well-suited for unearned income types of income, such as social security benefits or unemployment insurance. If the person is working, they may choose to enter the number of hours worked each week and their hourly rate of pay, and overtime regularly worked can be entered separately.

For the child, one of the child's ... for child support income has been entered on her income screen coming up. When a child is identified as receiving child support on the initial income screen, the child support income type is pre-filled in the child's individual income screen. This helps the applicant enter the support correctly as the child's income and not the parent's income. The income type field is a very long drop-down list. The categories at the top of the page can be used to more quickly identify the appropriate income type.

Next, we've got Timothy's income page and he has no income, but an income type has to be selected anyway, so "None" is a valid selection. When the individual has more than one source of income, selecting "Yes" to the question, "Does this person have any more income?" will open another income screen for the person so they can enter the additional income.

The next screen, the Income Summary screen, gives the applicant the opportunity to review all the income for the household and make corrections or additions ...

Chris Weaver – Altarum

We have somebody who's computer is not on mute. Can you isolate that?

Sam Karp – California HealthCare Foundation – Chief Program Officer

One thing to have on the Web calls.

Linda Skinner – State of Arizona

Clicking on the individual's name will open that individual income screen for editing, if they want to make any changes on that page.

Next, we're going to enter Care Expenses. So, childcare expenses that Cathy is being billed are going to be entered on this screen. Multiple expenses can be entered for each person. In this situation, she only has expenses for her son. Most children are not billed for any care expenses. ... the children have no expenses themselves. Sometimes, older teenagers have expenses for children of their own that can be

entered on this screen. A variety of different care expenses can be entered on the care expenses screen, including children, care for incapacitated, disabled or elderly persons, and court-ordered child support.

The next screen, the Household Care Expenses Summary, gives the applicant the opportunity to review the information they've entered and they can go back in and add or amend information.

The next screen coming up, we're going to use to collect some medical information about household members that might be used to screen for a variety of programs. In this case, the member's already eligible and is doing a renewal, but we have a medical ... down program here and a variety of questions. Answering "Yes" to any of these questions opens up additional fields to identify household members to whom that answer pertains and to gather additional information.

This next screen coming up is kind of a hodge-podge of questions that didn't fit the descriptions of the other screens. Most importantly, these are the final questions needed to complete eligibility screening. And then the next screen that we're coming up to simply informs the applicant that they will be able to see their screening results next. It also assures them that an application has not been submitted yet.

This is the first of two screens coming up that display the screening results. This screen shows the programs for which the household members may qualify, based on the information entered in the application. Eligibility for Medicaid is displayed by person, and eligibility for food stamps and TANF is displayed for the household.

In this scenario, everyone is renewing their Medicaid coverage and household also screened potentially eligible for food stamps. The applicant chooses whether or not she wants to apply for food stamps. Applicants have expressed they appreciate the ease of applying for multiple programs with this one application.

The second screen in our scenario, the household did not screen potentially eligible for TANF, but she does have the right to apply for TANF anyway. This screen does not display for all applications. It only displays when there are persons who did not screen potentially eligible for a Medicaid or CHIP programs or the household did not screen potentially eligible for food stamps or TANF.

This next screen is going to collect a little more information now about the household's shelter and utilities. Selecting "Yes" to the first question opens a list of expense types so the applicant can easily select the ones that apply and enter the expense amount for each. This screen and the next two screens collect information that is not used in the screening to see if they might be eligible, but might be needed for the eligibility determination.

There are two screens that gather information about the household's assets or resources. On this screen, the applicant enters information about checking and savings accounts, cash, and investment accounts. Although assets are not factored into the screening process, they are used in determining eligibility for multiple programs. Entries on this screen are used mainly to identify a list of the documentation needed to verify the household's assets. The eligibility worker will evaluate the documentation to determine the actual, countable amount of assets. We actually don't have asset tests for many of our Medicaid groups in Arizona, so we kept it fairly simple.

The second screen identifies the real property and vehicles owned by household members. Actual countable value of these items is verified by the eligibility worker when the information is critical to the particular eligibility

This next question coming up is used to identify any additional income or assistance the household might be receiving from other people. In situations where the expenses claimed by the household exceed the amount of income they've reported to us, a second question will be displayed, asking the applicant to explain to us how they're able to pay their bills. Throughout the application, questions and whole screens display dynamically based on the answers provided to prior questions.

And then the applicant has the option of providing several types of contact information including contact information for someone who knows them well and can help verify information entered on the application, or they can enter information about their landlord. The applicant can also name somebody else to receive a duplicate EBT card for their food stamp or TANF benefits.

This next screen coming up is used to collect information to assist the eligibility agencies in communicating with the applicant to obtain additional information that might be needed for an eligibility determination. It also gathers voter registration information.

So, data collection's now complete, and the applicant can review all of the conditions to which they are agreeing or authorizing by signing the application. The applicant signs the application by keying in his or her name and checking a box. This electronic signature combined with the personal data the applicant used to create the account is accepted as a valid signature.

The "Submit" button at the bottom of the page sends the application to the appropriate office for processing. The applicant has the option of printing this information or accessing it anytime from the "Your Rights" tab, which is available on the log-in screen.

This screen now explains how the applicant can provide copies of the required proof documents by fax. The applicant can print their fax cover sheet using the button at the bottom of the page. There are two fax cover sheets, one listing the permanent documents needed and the other listing the temporary documents needed. The lists are customized based on the information entered in the application and specified for whom each type of documentation is needed.

The applicant may also print a summary of the application from this page. The application summary and fax cover sheets may also be printed from the applicant's home page, and we'll be returning there in just a minute. We are shortly making changes so that people will also be able to scan and submit this information as well. We have lots of requests for scanning. Nobody has a fax machine.

This is the final page in the application. It confirms where the application was sent. In this scenario, the Medical Application for everyone and the Food Stamp Application all went to the same office. The applicant can print a copy of this page that provides the address and phone number of the eligibility office.

By clicking on "Next" the applicant has the opportunity to complete a survey before returning to the home page. And again, I can't stress the survey is so valuable to us to identify what we need to focus on, what the issues are, and it's also that it's really gratifying to know that people really want this option of applying electronically.

This screen explains— Are we in now? Okay.

Cathy

Go back to the Home page.

Linda Skinner – State of Arizona

Okay. Questions?

Chris Weaver – Altarum

Questions from workgroup members or, in a minute, we'll open up lines for questions from the public. So, any public comment? And while we're waiting, we do have the one more presentation from Jack Irby.

Jessica Shahin – USDA – Associate Administrator, Food Stamp Program

This is Jessica Shahin with Food and Nutrition Service. I just wanted to take a quick minute to say thank you to both Utah and Arizona for extremely thorough presentations and giving us a lot of information. Utah's presentation actually helped me understand a lot of things about rules engines as well, so I just wanted to say thanks to both of those presenters.

Paul Egerman – eScription – CEO

First, excellent presentation, thank you very much. What do you do about identity proofing? In other words, how do you know that I'm not Cathy Baker and I'm signing on and messing around? How do you know that—?

Linda Skinner – State of Arizona

Well, the first time you sign on, we don't, until we get your documentation. So, until we go through the eligibility determination process, and get your documentation of identity and other information we're looking for, it's really not complete. But at the point where you're doing a renewal and we've already made that determination and you have your own private password and log-in to this, we're not questioning that.

Paul Egerman – eScription – CEO

So, if I may, make sure I understand that for initial application, you don't, but you send some material or something out to the individual and then that's how you know, subsequently, they are who they are?

Linda Skinner – State of Arizona

Actually the individual is sending us enough—you know, eligibility is based on a ... of evidence. So they're sending us documentation or we might be independently gathering documentation about identity. And that, in combination with the information they provide in the application and the creation of their log-on and password all combine to be a valid signature for us.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Any other comments before we move on?

Chris Weaver – Altarum

We have no public comments.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Thank you very much. We appreciate both Utah's presentation and the Arizona presentation. Let's move to our last presentation from Jack Irby from Benelicious. Jack?

Jack Irby – Benelicious – CTO and Founder

Thank you very much for this opportunity to talk a little bit about Benelicious and what we're doing out here. Little brief history, Benelicious is an early stage start-up here in northern California. We're comprised of a small team of technical and health benefit professionals with a long experience in benefits enrollment and management.

We have written a piece of software that is a proof of concept, utilizing cloud technology and we have chosen the Salesforce platform in order to deliver this. Salesforce.com has a development platform they call Force.com. We were lucky enough to be their innovation award winner last year, as being what they felt was the most innovative application built on their platform. We chose Force.com for many reasons: HIPAA compliant, SAS 70 Type II certified, an integrated workflow engine, ultimately scalable to millions of potential users, it's a very secure environment, and also a low cost and proven environment. So we wanted to build a new technology, take a new approach of the role of healthcare development and deliver a consumer interface for users based upon rules.

I'm going to move my ahead here. I'm not going to show you the software, per se, but a few screen shots to kind of describe what we're doing and also to reiterate a lot of what Ronan said earlier about the need for standardization of the rule set.

So, we have provided and designed a very clean interface that allows the user to work through the environment in somewhat of an ad hoc fashion, as they need to access information. It's not so much moving them through a series of screens, but more of presenting information to them and request for information to them as necessary based upon the rules that we define and associated with the insurance plans that we were dealing with and the healthcare benefits.

The front of the application, again, was designed very much to be a consumer-based environment. I'm going to switch you over to kind of the back-end system, if you will, and this was not designed to be pretty at all, but more functional. We really wanted to build a system that enables us to base the enrollment process on rules and rules as data. So we did not want to have to re-program the system each time a rule changed or as an insurance carrier changed some requirement for the system, so we went to the process of parsing through the plan descriptions and plan designs and manually creating these rules ourselves so that we could then evaluate a user's actions on the front end against these rules on the back end.

What ultimately ends up happening— This is a very ugly screen, but it drove our point home, and this is a very small snippet or subset of a series of records that are associated with a rule, where we're evaluating age, address, whether or not someone can actually do the action. In fact we called our rules engines allowed actions because as the user moves through the system, they are evaluated against the rules. What the allowed actions do is it then paints the appropriate interface for the user at the time of data capture, so that we're one, only capturing the data that we need, and two, assuring that we are capturing the proper data and making it as clean as possible.

Basically what my presentation and request is of the Enrollment Workgroup is that we really need to define the service that's going to enable fast, secure, and accurate communication of the rules data based upon an open structure and standard and expression of those rules that are part of the enrollment. If that was the case, we wouldn't necessarily have to parse through the plan design to build this, but more use a Web service to reach out to the rules data ... in order to be able to properly capture the rules and then evaluate the enrollment cost set as we move forward.

That's really what I had to present and ask for. If you have any questions, I'd be happy to answer.

Sam Karp – California HealthCare Foundation – Chief Program Officer

So questions for Jack? Questions from workgroup members or we can open it up to the public to see if there are any public comments or questions. Thanks Jack, for the presentation.

Hearing no other public comments, we're going to close our meeting. I want to thank everyone for participation. I'm told that 140 different people, had called in, connected in to the meeting. We had some very important feedback on verifications, on benefit/plan design, some caution around privacy and security, all of those comments will be taken into consideration by the workgroups in their meetings next week.

I particularly want to point out a comment that we got from Wisconsin and Pennsylvania, both in support of a single verification service in line with our thinking that if we could create these service or services once, states wouldn't have to re-create them. Another set of feedback that I thought was particularly interesting from Pennsylvania, and I know it's a problem in working California, and that is that when circumstances change and a beneficiary comes back on to what we hope will be capability in the exchanges, to change their or update their circumstances, their income, that there be some type of automated transaction that begins to address eligibility again.

The comment from Pennsylvania was so we don't have to keep going in and querying the system to see if there are any changes. And in the public's testimony that we've heard from Massachusetts; that's one of the important things that they have learned is that circumstances change more often than one might expect, and it's important to have a system that can be responsive to that.

So we will take all of these comments into consideration as our Tiger teams continue their work. Again, I want to thank the members of the workgroup for being on the call, and the members of the public for their participation and their questions.

Lastly, I want to mention that if those who have been listening to the conversation or reviewed the slides have comments, the FACA blog is open for you to submit written comments. If you do a Google on FACA blog, you will see that 50 or so comments have already been received, many of them in quite a level of detail that have been very helpful. We review those regularly, and so we would encourage those on the phone that didn't speak up but have questions or comments to please use the FACA blog.

Judy Sparrow – Office of the National Coordinator – Executive Director

Yes, I think what I'll do is I'll actually put those questions up, make it a little bit easier and that might not go up until later this afternoon.

Sam Karp – California HealthCare Foundation – Chief Program Officer

That would be great. So, you can respond to the specific questions or we also are happy to receive general comments. So again, thank you very much for your participation today and we'll look forward to hearing from you in the future. Thanks everyone.

Judy Sparrow – Office of the National Coordinator – Executive Director

Thank you.

Public Comment Received During the Meeting

1. When Paul Egerman says individual needs to be notified prior to data being sent, can you clarify if he means each time or if there is a general consent for release listing all entities with which info would be shared, would this suffice?