



Health IT Policy Committee

A Public Advisory Body on Health Information Technology to the National Coordinator for Health IT

April 18, 2011

Farzad Mostashari, MD, ScM
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Dr. Mostashari:

In accordance with Section 1561 of the Affordable Care Act (ACA), the HIT Policy Committee (Committee) gave the following broad charge to the Enrollment Workgroup (Workgroup):

Broad Charge for the Enrollment Workgroup:

The Enrollment Workgroup is charged with developing interoperable and secure standards and protocols to facilitate electronic enrollment of individuals in Federal and State health and human services programs.

This letter provides feedback to the Department of Health and Human Services (HHS) on a proposed set of federal data services which could be used to streamline eligibility and enrollment in health and human services programs.

Background

Since June 2010, the Enrollment Workgroup has conducted a number of public meetings to discuss and develop standards that could be used to facilitate streamlined eligibility and enrollment in Federal and State health and human services programs. The HIT Policy and Standards Committees approved an initial set of ten recommendations on August 19, 2010, and August 30, 2010, respectively. On September 17, 2010, Secretary Kathleen Sebelius adopted these recommendations with slight edits.

These recommendations included initial standards and protocols to encourage adoption of modern electronic systems and processes that allow a consumer to seamlessly obtain and maintain the full range of available health coverage and other human services benefits. The initial set of recommendations focused on five key areas: 1) core data elements; 2) verification interfaces; 3) business rules; 4) transmission of information to and from health plans; and 5) privacy and security.

Two recommendations were made in the area of verifications interfaces. The recommendations were as follows:

Recommendation 2.1

We recommend that Federal agencies required by Section 1411 of the Affordable Care Act to share data with States for verification of a consumer's initial eligibility, renewal and change in circumstances for Affordable Care Act health insurance coverage options (including Medicaid and CHIP) use a set of standardized Web services that could also support the eligibility determination process in other health and human services programs such as SNAP and TANF.

Recommendation 2.2

We recommend development of a Federal reference software model, implementing standards for obtaining verification of a consumer's initial eligibility, renewal and change in circumstances information from Federal agencies and States to ensure a consistent, cost effective and streamlined approach across programs and State delivery systems.

The initial build of this toolset should include interfaces to the Federal agencies referenced in Recommendation 2.1. In order to ensure comprehensive and timely verification, additional interfaces to Federal, State or other widely-available data sources and tools should be added, including the National Directory of New Hires, the Electronic Verification of Vital Events Record (EVVE) system, State Income and Eligibility Verification System (IEVS), Public Assistance Reporting Information System (PARIS) and the U.S. Postal Service Address Standardization API.

Additional recommendations were made in the area of privacy and security. The following recommendation is particularly relevant to the development of federal data services which verify consumer information:

Recommendation 5.1

We recommend that consumers have: 1) timely, electronic access to their eligibility and enrollment data in a format they can use and reuse; 2) knowledge of how their eligibility and enrollment information will be used, including sharing across programs to facilitate additional enrollments, and to the extent practicable, control over such uses; and 3) the ability to request corrections and/or updates of such data.

Representatives from the Centers for Medicare and Medicaid Services (CMS), which includes the Center for Consumer Information and Insurance Oversight (CCIIO), as well as the Internal Revenue Service (IRS) and the Social Security Administration (SSA) have been active participants on the Enrollment Workgroup. Recognizing that the Enrollment Workgroup could serve as an objective resource for review of agency policy proposals, Workgroup members were asked to review and provide feedback on the perceived usefulness of a set of federal data services which could be used to streamline eligibility and enrollment in health and human services programs.

Discussion

Consistent with the Workgroup's initial recommendations, the Workgroup continues to believe that the consumer plays a critical role in the eligibility determination and enrollment process. Although not asked to specifically comment on the consumer relationship with the proposed HHS hub, at a minimum, the Workgroup believes that an authenticated consumer should have the ability to see, use, update, correct, and/or appeal any information returned to the Exchange by the hub. The Workgroup also believes the consumer should be provided information regarding key data sources and how the information obtained by these data sources will be used in the eligibility and enrollment process. In addition, the consumer should have the ability to elect to have key eligibility data obtained from the verification hub or other available data sources in lieu of providing such data themselves. Strong safeguards should be in place to ensure the privacy and security of consumer information.

I. Federal Data Services to Verify Consumer Provided Information

The ACA requires Exchanges to verify data with several federal agencies and check certain coverage before making eligibility determinations. Accordingly, the first set of services the Workgroup was asked to evaluate could be implemented at the Federal level to facilitate the verification of consumer-provided data using Federal, State or other data sources, and to retrieve relevant data to support the completion of an electronic application or renewal form. The Workgroup consider both services – verifying data provided by a consumer and retrieving relevant data – are “verification” for purposes of this letter.

The Workgroup believes that development of a Federal data service for verifying consumer-provided information against required Federal data sources (i.e., SSA, IRS, DHS) would be very useful to Exchanges and would be the most efficient and cost-effective approach to deliver these services. This proposed data service is consistent with the Workgroup's initial Recommendations 2.1 and 2.2, which recommended that required Federal data sources use a set of standardized web services to support the eligibility determination process and that the Federal government develop a mechanism for implementing standard interfaces to these data sources.

The Workgroup also evaluated the usefulness of providing a Federal data service to identify a consumer's available or existing health coverage. Since the presence of minimum essential coverage or affordable employer coverage is a crucial component of determining eligibility for premium tax credits and cost-sharing subsidies, the Workgroup believes that it would be very useful for HHS identify a consumer's other available coverage to the extent that information is currently available.¹ At a minimum, the Enrollment Workgroup believes there should be a mechanism for identifying existing Federal coverage by 2014, with the build out of additional capability as data sources are identified.

¹ Pursuant to the Deficit Reduction Act, section 6035, States are required to have a system in place for requesting and obtaining information about third party coverage for Medicaid recipients. This has created a challenge for plans, with different rules/reporting in different States, thus leading to the recent guidance re. a standard format. (SMDL #10-011). This experience identifies a potential valuable role for a federal hub function, especially given the larger pool of individuals involved, not just those in Medicaid.

The Workgroup was also asked to review the usefulness of a Federal data service that verifies a consumer's coverage in another State. Recognizing that modern consumers are highly mobile, the Workgroup determined that it is critical for States to be able to identify consumers enrolled in Medicaid and/or Exchange coverage in other States to reduce overlaps in coverage, promote seamless transitions, and increase the efficiency of the administration of premium credits and other benefits. However, the Workgroup also acknowledged that there are many outstanding policy issues related to sequencing and the authority of a State to disenroll a consumer enrolled in another State that need to be resolved before this data service can truly be useful to States.

The Workgroup believed it would be useful for a Federal data service to verify a consumer's simultaneous enrollment in an additional health and human services program – for example, to verify that an individual enrolled in the Exchange is also enrolled in the Supplemental Nutrition Assistance Program (SNAP). However, this service would rely heavily on State resources, which are already available to the State, and thus would not add as much value through a federal hub as some of the other services contemplated. The Workgroup believes that States should begin to consider how their systems can be adapted to facilitate increased information sharing between programs to create efficiencies for the individual and the systems, by streamlining the eligibility and enrollment processes.

Finally, the Workgroup was asked to evaluate the usefulness of a Federal data service to verify consumer-provided information with other Federal, national or State data sources. Consistent with initial Recommendation 2.2, the Workgroup reiterates its strong belief that interfaces to the National Directory of New Hires, the Electronic Verification of Vital Events Record (EVVE) system, State Income and Eligibility Verification System (IEVS), Public Assistance Reporting Information System (PARIS) and the U.S. Postal Service Address Standardization API are critical to ensuring comprehensive, timely verification of consumer-provided information. Recognizing that the timeline for Exchange implementation may necessitate the prioritization of Federal data services, the Exchange workgroup recommends that a Federal data service to manage queries to these sources be built out over time, but done according to a clear time schedule that allows States to plan accordingly and avoid duplicative effort. Additionally, while a data service connecting to State data sources could be considered at a later date, the Workgroup felt that the logistical challenges of connecting to State databases make it an important, but lower priority for the initial implementation.

II. Federal Data Services to Update and Maintain Exchange Account Information

A basic tenet of the Affordable Care Act (ACA) is that consumers should have a streamlined, 21st century customer experience when they enter Exchanges. The second set of services the Workgroup was asked to evaluate relate to the transfer and maintenance of account information as a consumer's circumstances change.

The Workgroup was first asked to consider whether HHS should organize a set of data services to facilitate the transfer of account and case data from one Exchange to another. The Workgroup found that such transfer would be very useful in achieving seamless transitions in coverage for consumers moving between States. The Workgroup discussed two potential service approaches,

consistent with the Workgroup's initial recommendations.² First, if each Exchange were to provide a consumer the ability to create an account to store their eligibility data, the verification hub could allow consumers to link their accounts to the hub, allowing data in their account to be available to any Exchange of the consumer's choosing as a source of data for the eligibility process. Thus, a consumer moving to a new Exchange could grant permission to that Exchange to obtain data from the consumer's existing account to complete the transfer of data for seamless transition in coverage. Alternatively, if each Exchange were to provide a consumer the ability to download and upload their own information, the consumer could ensure that accurate account and case information is transferred from one Exchange to another. Each of these approaches is consistent with the Workgroup's initial Recommendation 5.1, which recommended that consumers have timely, electronic access to eligibility and enrollment data in a format they can use and reuse. It is also consistent with the Health Information Technology for Economic and Clinical Health (HITECH) Act, which gave consumers the right to obtain an electronic copy of their protected health information from HIPAA covered entities that use or maintain an electronic health record.

The Workgroup was also asked to consider whether HHS should organize a set of data services to facilitate the maintenance of certain account information to enable some kind of "evergreen" capacity to avoid asking consumers for information that has already been verified. While the Workgroup acknowledges that States might want to consider this functionality for its own systems, the Workgroup questions the usefulness of a Federal service for this capability. While it might be useful for non-variable data elements (such as date of birth, social security number, or gender), the Workgroup believes this service would provide limited value for variable or frequently changing data elements such as income or household composition because this information will likely require re-verification when a consumer's circumstances change regardless of implementation of an "evergreening" capacity.

If this service is provided at the Federal level, the Workgroup believes it is critical to ensure that important pieces of metadata are included or attached to the verified consumer information. Such metadata should include the data source, verification data, identity of the verifying agency or organization, and time period for which the information is relevant or accurate. The Workgroup recommends that this information reside in the consumer's account and that consumers be able to access this information for subsequent use and re-use.

Conclusions

As suggested by the Workgroup's initial set of recommendations, the consumer plays a critical role in the eligibility and enrollment determination process. As such, the Workgroup believes that HHS should work with States to consider how the consumer will provide information to and receive information from the proposed HHS data services "hub." Critical considerations include the consumers ability to update, amend, or correct information provided to the State by HHS, the consumer's consent to subsequent use of data provided for eligibility purposes, and the consumer's ability to access their own information for use and re-use.

² Appendix A of the Workgroup's initial recommendations States that consumers should have mechanisms that 1) allow for "storage of data – including documents and data supplied by the consumer, obtained from other sources, and/or inferred or derived from other data – for reuse in the renewal process" and 2) allow "the consumer to view, print, save, and export the data in a format that can be used and reused by the consumer."

The Workgroup strongly supports the development of Federal data services to verify consumer-provided information against and retrieve available information from required Federal data sources (i.e., SSA, DHS, IRS) and other Federal or national data sources, as well as the development of services to identify other available health coverage and coverage in other States. The Workgroup also believes that a system in which the consumer has access to his or her own information in a format that can be used and re-used, potentially through the proposed HHS hub, may be the highest-value approach to transferring account or State information from one Exchange to another. The Workgroup placed lower priority on maintaining an “evergreen” capability for consumer-provided information.

We appreciate the opportunity to provide this feedback to HHS on this proposed set of Federal data services, and look forward to discussing next steps.

Sincerely yours,

/s/

Paul Tang
Vice Chair, HIT Policy Committee