Information Technology in Support of Health Insurance Exchange, Integrated Eligibility System, and Health Information Exchange

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Agenda

• MA HIX/IES project approach and update

• MA Reusability Scorecard

• Medicaid's Role in HIX, IES, and HIE

• HIX/IES possible expansion to other Health and Human Service Programs
Why are HIX and IES being done together?

The Federal government has strongly encouraged states to integrate the eligibility functions and exchange systems.

A combined approach is cost and resource efficient.

Customer centric streamlined view hard to achieve unless we closely coordinate.
- Competing program demands
- Tight implementation timelines
Massachusetts Progress to Date

✓ SI Vendor Procurement:
  • Vendor selected and contract signed on 7/11/12
    • CGI/Deloitte is the selected System Integrator

✓ Procuring an IV&V:
  • Finalizing vendor selection

✓ Significant Progress on Shared Services activities including security framework and MDM

✓ Requirements and process model development for E&E, Plan Management, Financial Management
  • JAD sessions underway for Medicaid eligibility, QHP & SHOP plan selection

✓ Participating in collaborative efforts
  • New England States Collaborative for Insurance Exchange Systems (NESCIES),
  • Numerous presentations at conferences (e.g. NGA, MMIS, etc.)
  • Enroll UX 2014 Project
MA HIX/IES Development Sequencing

<table>
<thead>
<tr>
<th>Components</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code Drop 1</td>
<td>Address Validation, HIPAA X12, AIMS, HIX/IES App Framework</td>
<td>![Design] (10/26/12)</td>
</tr>
</tbody>
</table>

Design: Blue, Build: Blue, Test: Grey
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Establishing Tiers of Reusability

**Tier 1**
Share Documents, Process and Knowledge

**Tier 2**
Share & Reuse Code, Library and Packages

**Tier 3**
Jointly procure hardware/software and manage joint deployments

States are exploring reusability and CMS is encouraging reuse and multi-state collaborative
# Massachusetts Reusability Scorecard

## Within the State (Attained Level 3)

- Leveraged combined Hardware Software purchasing power across initiatives
- Leveraging common cloud hosting environment for HIX/IES and HIE efforts (saving resources and time)
- Reuse of HIX/Medicaid E&E will dramatically reduce cost of standing up similar solution ground up for other EOHHS programs
- Reuse of shared services e.g. Identity Management, MDM, Address Validation
- Easier due to presence of coordinated governance and cross agency cooperation. Assisted by neutral convener.

## Amongst States (Attained Level 1, poised for limited Level 2)

- Leveraged other state RFPs, procurement templates, and other artifacts
  - Saved countless man hours avoiding recreation of documentation
- Positioned to share COTS tool for HIX Shopping with other New England states at no additional procurement and no ongoing license costs
  - Savings – Multi million dollars of procurement and ongoing costs associated with typical ERPs
- Intend to reuse MAGI rules
- RI and VT as design partners with Massachusetts offer best chance of higher than Level 1 reusability.
MA Reusability Scorecard – Contd.

With the Federal Government (Attained Level 1)

- Leveraged Federally-facilitated Exchange (FFE) artifacts to accelerate development
- Negotiated “reusability credit” with Systems Integrator leveraging federal artifacts
- Looking to share code with Federal Facilitated Exchange (FFE)

Barriers to higher degree of reusability outside of state/agency boundaries

- Lack of cross state governance is a hurdle to inter state reuse
- As all state based exchanges march to the same end date, it is hard to remain passive until reusable solutions develop.
- No real out of the box solution available in the market, resulting in custom solutions with relatively higher degree of customization and configuration.
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Medicaid’s role in MA Health IT initiatives

In Massachusetts three major Health IT related initiatives are being executed in parallel.

Massachusetts Medicaid plays a key role in all of them.

- Statewide Health Information Exchange (HIE) phased in from 2012-2015
- ACA compliant Health Insurance Exchange (HIX) by 2014
- Integrated Eligibility System (IES) at EOHHS by 2015
Summary of Features

**HIX**
- is about getting residents access to healthcare

**IES**
- is about getting residents access to comprehensive health and human services with effective data sharing amongst programs

**HIE**
- is about giving residents, care providers, and public agencies timely access to consented information needed to enhance quality and contain costs in the healthcare system.

While each has its own mission, the three initiatives provide considerable cross leverage opportunities.

- Maximizing FFP, each project enhances coordination with federal agencies.
- They all leverage the MA Virtual Gateway providing a common face for these services.
- Built in cohesion, the incremental cost for each project is lower.
- They provide an opportunity to coordinate "transition of care" with "transition of coverage".
- Ability to share consented data across entities allows for coordinated care and an effective programmatic case management
- A linked provider directory and patient record locator services allows for effective handoff between clinical and administrative exchanges.

Jointly they take us on a journey from episodic care to coordinated care to patient directed care. We're moving from fee for service to bundled payments/capitation. Our IT systems are evolving from segmented to integrated to community based.
The HIX, IES and HIE connection
Shared Services centric approach

• Leveraging shared services to drive down costs and accelerate development
  – Common platform for clinical and administrative transactions
  – Common cloud IaaS vendor
  – Common identify management (Oracle IAM)
  – Common master data management for client and provider (IBM Initiate)
Medicaid plays a key role in MA's approach to HIX/IES and HIE. Alignment of clinical and administrative transactions shall be a key success factor for alternative payment models.
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2015 MA HIX and Integrated Eligibility System

- Eligibility Hub
- Eligibility Processes & Services
- Integrated Eligibility Rules
- MDM (Medicaid/CHIP/Other EOHHS programs, Private/Subsidized Eligibility)
- Integrated Eligibility Domain
- Health Insurance Exchange Portal
- Other EOHHS Programs Portal

- HIX Domain
- Other Health and Human Services Programs (TBD)
- Shared Services
  - Document Management
  - Security
  - Others

- Plan Processes & Services
- Financial Processes & Services
- SHOP Processes & Services

- Federal Data Hub
- State Data Hub
- Carrier Gateway
IES Phase 2 Planning (example)

High overlap of Data Elements across HHS programs

Based on a survey of 20 eligibility programs, EOHHS identified 44 high-level data elements collected by agencies.

<table>
<thead>
<tr>
<th>Data Elements</th>
<th># of programs (N=20) collecting data element</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name, Gender, DOB, Contact Information, SSN, State Residency, Disability, Language</td>
<td>16-20</td>
</tr>
<tr>
<td>Employment, Race, Ethnicity, Unearned Income, Earned Income, Military/Veteran, Medical Coverage, Household, Marital Status, Clinical Information, Education/Student, SSA, SSI</td>
<td>11-15</td>
</tr>
<tr>
<td>Citizenship/Immigration Status, Residential Facility, LTC Facility, Authorized Representative, Special Assistance Requirement, Assets, Native American, Pregnancy, Other Benefits Received, Child Support, Assistance Requested</td>
<td>6-10</td>
</tr>
<tr>
<td>Expenses, Voter Registration, Domestic Abuse, HIV, Work Requirement, Immunization, Convictions, Alternate Name, Accident/Lawsuit, Teen Parent, Interview Hardship, Expedited SNAP Questions</td>
<td>1-5</td>
</tr>
</tbody>
</table>
While there was a large amount of overlap among high-level data elements, these elements are defined and captured differently across agencies and programs. An initial assessment of the complexity of harmonization revealed the following:

<table>
<thead>
<tr>
<th>Complexity of Harmonization</th>
<th># of data elements</th>
</tr>
</thead>
<tbody>
<tr>
<td>High (e.g. income, household, clinical information)</td>
<td>6</td>
</tr>
<tr>
<td>Medium (e.g. race and ethnicity, military/veteran status, state residency, and medical coverage)</td>
<td>18</td>
</tr>
<tr>
<td>Low (e.g. name, DOB, gender, contact information)</td>
<td>20</td>
</tr>
</tbody>
</table>
Integrated Service Delivery Journey

2007

Virtual Gateway

One-Stop EOHHS Centers

Cross-Agency Outcomes

MMIS Case Processing Updates

WIC-EOS

JJ EMS

iNet

2012

IES PHASE 2
STRATEGIC PLAN

IES2 Planning Start

HIE Go Live – 10/2012

Phone-Based Services Assessment

Care and Service Coordination

Business Process Redesign

IES2 Implementation SDLC Begins

Requirements Design

Development

Test

Train

Pilot Implementation

Continuous Improvement of ISD

IES2 Implementation Rollout

2015
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