County Response to the Enrollment, Verification and Eligibility Work Group White Paper on Horizontal Integration
July 11, 2011

First, we would like to thank the Enrollment, Verification and Eligibility Work Group for the opportunity to provide formal feedback on the white paper entitled "Horizontal Integration of the Exchange with Means-Tested Programs." Colorado's human services delivery system exists to help Colorado's most vulnerable families and individuals meet their basic needs in the areas of health, nutrition and financial self-sufficiency. National research on best practices in providing for economic stability and community health shows that a front-end, integrated services delivery model creates the best outcomes for low-income families[i]. The decisions before this work group and the Health Benefits Exchange board are consequential and significant and must be informed by relevant data and research.

Federal health reform provides the state of Colorado with an unprecedented opportunity to take advantage of new Federal funding that will come to the state to implement the law. Colorado has the opportunity to break down siloes that exist between departments and programs and to develop an efficient, streamlined health and human services system. Together, we can develop a vision for how to best serve all families in Colorado. Governor Hickenlooper frequently expresses strong support for breaking down interdepartmental siloes in his speeches, and his choices for Department-level cabinet members have been a further reflection of this commitment.

We look forward to working in close partnership with the EVE Work Group to develop a shared vision for serving families in Colorado. It is in this spirit that we submit the following feedback to the Horizontal Integration White Paper.

Importance of Integration

National research consistently shows that the best way to provide families with economic stability is to provide front-end, wrap-around services to families where they are. No family, regardless of income, wants to go to multiple places to access services that could be delivered in one location. But schedules and transportation for low-income families can be much more complicated than for a family with adequate financial resources. When government services and systems are siloed, a family might find the time to take care of one need, but then not be able to find the time, or know where, to get other needs met; and the needs we are talking about are the most basic needs of food, shelter, clothing, child care and medical care, among others. Separation can lead to poor outcomes for families over time. It is important to provide services to the fullest extent in order to assist the family to achieve self-sufficiency which is the ultimate goal.

Eligible but Unenrolled

Colorado has made great strides in reaching more families who are eligible but unenrolled in both Medicaid and SNAP. But there is much more work to be done in this

area. While we take exception to the statement that "While state policy option and automated service delivery system modifications could increase participation, it is also possible that the current method for service delivery through county agencies may contribute to the poor participation rate," because it is an assumption that is not grounded in data, we agree that there are too many families who are eligible for public benefits, but are not accessing those benefits for a variety of reasons. According to a November 2010 household survey of Coloradans by the Colorado Health Institute in 2009, *"The reasons why Coloradans are uninsured are important to consider as Colorado policymakers implement state and federal health reforms. For example, nearly nine in 10 Coloradans who were uninsured at the time of the survey cited the high cost of health insurance as a reason why they lacked health insurance."*[ii]

Local, county professionals work hard, with extremely limited resources amidst unprecedented caseload growth, to develop the best outreach and enrollment strategies to help families access these necessary services and benefits every day. Many counties, with additional resources provided through grants or other funding, have successfully decreased the rate of eligible but unenrolled individuals in their communities. As an example, the Boulder County Healthy Kids program has enrolled nearly 6,000 eligible but unenrolled individuals in the last 2.5 years. Other counties have similar programs that have been working to address this important issue. Program successes in this area have been accomplished through the existing enrollment systems paired with a county-based, community outreach and enrollment program and NOT through a private vendor contract or the development of a parallel system. Usurping already limited resources to create a parallel system would further inhibit counties' ability to increase outreach and enrollment for families eligible for health and other public benefits in local communities across the state.

We mentioned some reasons that families might be eligible but unenrolled in the meeting last week, but to ensure that the group has the opportunity to review these in writing, we are documenting those reasons, along with several others, in the points below:

- Colorado neglected to create and fund a State SNAP Outreach Plan for many years. Legislation was passed in 2010 requiring this, but state implementation continues to be severely limited.
- Absence of electronic interfaces such as verification of citizenship, income and identity. Currently, the burden of supplying proof falls on the clients and is a known barrier to enrollment. Electronic interfaces, such as the ones counties have been advocating on behalf of for many years, would remove this barrier to enrollment.
- For many years, counties and advocacy groups have been strongly requesting process improvements at the state level to streamline the enrollment process, including realignment of redetermination of dates (aligning program renewal dates to minimize the number of times a client case needs to be processed).

- Colorado has adopted rules and policies that are more restrictive than federal requirements. Moreover, Colorado has not applied for available waivers that would simplify and streamline the application process.

- Colorado's application is one of the longest combined applications in the nation: 26 pages. To date, Colorado has not implemented a shortened application which would make it easier for individuals and families to apply.

- Colorado has not requested a USDA waiver for all face-to-face interviews which would allow interviews to instead be conducted over the phone. Replacing in person interviews with telephone interviews would remove additional barriers to enrollment.

- Colorado has opted for a 6 month certification period instead of the 12 months allowed by federal law. This short certification period creates unnecessarily burdensome workloads for caseworkers, increases delays in benefit distribution, and unnecessarily removes eligible participants from the program thereby increasing the eligible but not enrolled population.

- Inadequate funding debilitates Colorado's eligibility and enrollment process: financial allocations to fund enrollment in Colorado are not tied to caseload size. Consequently, no substantial additional funding was provided to meet the unprecedented increase in demand due to the 2008 economic downturn. Without adequate funding, effectively enrolling eligible Coloradoans is difficult.

- Performance data is essential to effectively improving processes. Such data is scarce in Colorado.

In the 2009 CHI household survey, 15% of low-income (below 200% FPL) respondents indicated they did not know how to get health insurance. These individuals may need more help understanding the new and existing system in order to access health care – and they may also qualify for additional benefits such as childcare assistance and SNAP. If increasing the participation rate is a goal, then offering multiple portals of entry may be the solution – but these portals should be linked so that an increased participation rate in one program will positively impact the participation in other programs due to increased connectivity.

While we can disagree about why there are so many eligible but unenrolled families, we share a belief that there should be significantly fewer families and individuals in this situation. Building more siloes that divide medical programs from other human services programs will only increase the number of eligible but unenrolled families, particularly for the SNAP program, which is a key support system for many families both financially

and nutritionally. It is a major economic driver and development tool, which helps families and the state economy at the same time.

Colorado must find new ways to connect families efficiently with the benefits they need. This is another reason why we believe strongly that there needs to be one, integrated, fully-functioning health and human services system in Colorado.

Federal Perspective

The federal government has clearly and explicitly encouraged interoperability between health and human services systems and the exchange. This is, no doubt, based on the best practices research we referred to previously. We believe that the white paper should reflect more information about the guidance from the federal government.

Specifically, it could be helpful to mention some of the following information from the Interoperability Toolkit released by the Administration for Children, Youth and Families last week:

- "Greater coordination across agencies could reduce these requirements, thus reducing costs and simplifying and harmonizing rules….each agency shall attempt to promote such coordination, simplification and harmonization…"
  (Executive Order 13563: Improving Regulation and Regulatory Review)
- "seek to encourage adoption of modern electronic systems that allow a consumer to seamlessly obtain and maintain the full range of available health coverage and other human services benefits."
  (ONC HIT Enrollment Workgroup's recommendations, which were approved by the US Department of Health and Human Services, on Section 1561)

We feel that the guidance and requirements for the enhanced match funding is clear in relation to interoperability. In fact, interoperability is one of the seven conditions and standards for receiving the enhanced match for new technology systems. Some highlights from the federal guidance are listed below:

- "CMS will also review carefully any proposed investments in sub-state systems when the federal government is asked to share in the costs of updating or maintaining multiple systems performing essentially the same functions within the same state."
  (Enhanced Funding Requirements: Seven Conditions and Standards)
- "States should identify existing duplicative services within the state and seek to eliminate duplicative system services…"
  (Enhanced Funding Requirements: Seven Conditions and Standards)
- "Systems must ensure seamless coordination and integration with the Exchange (whether run by state or federal government), and allow interoperability with health information exchanges, public health agencies, human services programs and community organizations providing outreach and enrollment assistance services.
  (Enhanced Funding Requirements: Seven Conditions and Standards)

- “CMS expects that a key outcome of government’s technology investments will be a much higher degree of interaction and interoperability in order to maximize value and minimize burden and costs on provider, beneficiaries and other stakeholders…”
  (Enhanced Funding Requirements: Seven Conditions and Standards)
- “Systems must also be built with the appropriate architecture and using standard messaging and communication protocols in order to preserve the ability to efficiently, effectively, and appropriately exchange data with other participants in the health and human services enterprise.”
  (Enhanced Funding Requirements: Seven Conditions and Standards)
- “Interactions with Other Entities; States should consult with and discuss how the proposed systems development path will support interoperability with health information exchanges, public health agencies, and human services programs to promote effective customer service and better clinical management and health services to beneficiaries.”
  (Enhanced Funding Requirements: Seven Conditions and Standards)

The National Human Services Interoperability Architecture makes it clear that the federal government is moving toward breaking down siloes, not creating more separation between Medicaid and human services.

- “The desired state is to have an environment characterized by interoperability. Interoperable systems share information and processes to efficiently deliver integrated services to the user. “
  (National Human Services Interoperability Architecture)
- “A number of states have been identified as early adopters in terms of implementing …with the end goal of providing architecture that is used broadly for human services in every state.”
  (National Human Services Interoperability Architecture)

It is be important for the group to have access to this information, and we believe that it should be incorporated in the white paper. We would also like to see a document, perhaps an appendix, which shows all of the federal guidance which has been released to date, along with information regarding what guidance is yet to come. We believe that this would allow for a much more informed discussion.

We appreciate that you will be adding citations to the paper during the revision process. With citations, the group can read the source documents and can make informed decisions knowing the source of evidence shared.

Experience of Other States

We find that the white paper is missing some critical information regarding other states which could be valuable information for the work group to consider. While the document attempts to identify how many states are county-administered rather than state-administered, it does not appear to reflect the experiences regarding integration of

enrollment and eligibility systems around the country. For example, it could be helpful to look at Wisconsin and Pennsylvania's experiences with integrated systems.

It would also be helpful to look at what is happening in Oregon, which has received an early innovator grant to establish an integrated exchange. According to the grant narrative from Oregon:

- "Because of Oregon's many disparate systems, only a limited amount of client information is accessible and reusable across multiple programs. Inconsistent data are stored in application silos with duplicated functionality where security and access varies. In addition, Oregon has developed hundreds of custom interfaces between these silos to support integrated business processes, making systems extremely complex, inflexible and expensive to maintain. The grant funds will allow Oregon to begin the move to a system that no longer requires custom "fixes" that bridge between legacy systems."
- "At the end of the two-year grant period, Oregon will have designed and implemented a technology solution that can be used by Oregon and other states to ensure that efficient, user-friendly eligibility determinations, plan "shopping," and enrollment are available to residents without regard to income. Oregon's approach is to commit to working in consultation with multiple states to ensure a program and technology solution set that can be reused, yet tailored to other states' needs without heavy customization or changes to the base solution. This includes establishing a multi-state stakeholder advisory group that keeps our state partners informed and includes them in Oregon's development process, allowing them to more easily assess how to use the Oregon solution in their own states."
- "As many states are in the same position as Oregon – with multiple demands on an eligibility and enrollment system from state agencies involved in Medicaid, insurance regulation, health information technology planning and self-sufficiency programs – Oregon believes that its solution will be a useful model for many other states seeking to establish their exchanges as a mechanism for improving eligibility and enrollment for Medicaid and commercial insurance consumers and at the same time evaluating Medicaid eligibles for enrollment in other self-sufficiency programs.."

Given the federal guidance encouraging integration, bolstered by the best-practices research showing that this is what works for families, we believe that if Colorado is going to make a decision about horizontal integration, we must look closely at states that have successfully done this already or at states that are currently developing this technology to see if we can build upon their work. This could create significant cost efficiencies for the state, as opposed to starting from scratch.

Need for IT Expertise and Human Services Expertise

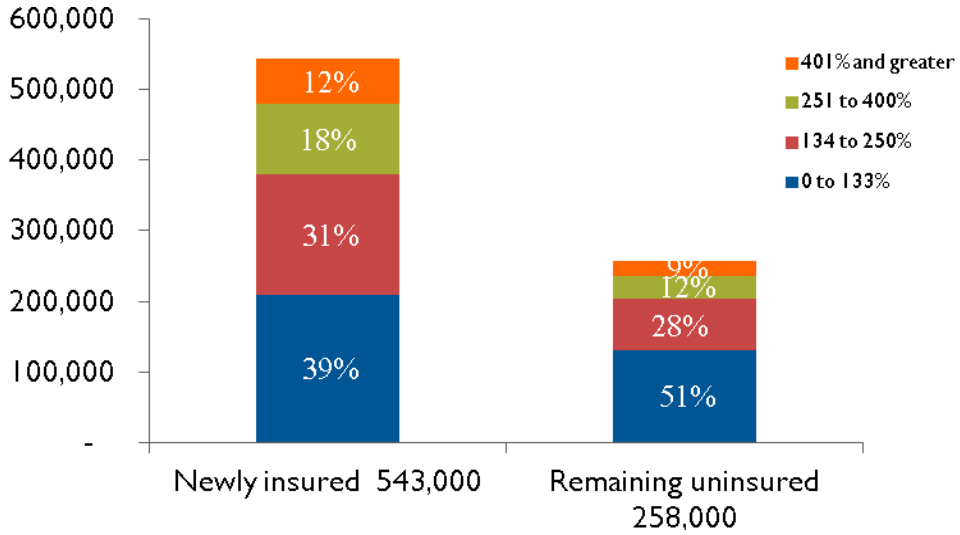
While the EVE workgroup has gathered an impressive group of health policy experts, there is a lack of input from the Office of Information and Technology and from the Colorado Department of Human Services. Both of these departments will be

significantly impacted by decisions made by this group and their knowledge and experience would be a valuable addition to help inform the discussion.

It is also worth noting in the white paper, that the National Association of Chief Information Officers (NASCIO), in their paper entitled On the Fence: IT Implications of Health Benefit Exchanges, states that:

- "state CIOs should consider how to integrate other social services programs into a single point of entry and break down the siloed atmosphere of these systems. States that commit to combining these social systems will reap the rewards of improved customer service and efficiencies." (pg. 9)

Dual Enrollment and Eligibility Systems



Colorado Health Institute: ***Income levels of Coloradans newly insured and those likely to remaining uninsured***[iii]

As illustrated in the chart above, it's anticipated that the newly insured in Colorado will primarily (88%) be those below 400% FPL; 70% will be individuals below 250%FPL. Eligibility for some benefits in Colorado, including childcare assistance, go up as high as 220% FPL, and food stamps can go as high as 185% FPL. This means that nearly 70% of the newly insured could be eligible for some other benefit or program. The exact cost of enrolling these individuals in health insurance through one program, and then in another though an entirely different portal is unknown; but it can be deduced that it will be more costly than if they could enter multiple programs through one portal.

It is simply not efficient, nor cost-effective, to develop two separate systems for enrollment and eligibility for public benefits. We are all well aware of the ongoing struggles with CBMS. Two of the options presented in the paper appear to involve removing Medicaid and CHP+ from CBMS, thereby operating two separate systems. The cost alone, not to mention the loss of efficiencies, would appear to make this

prohibitive. And for low-income families, the implications for the food and cash assistance programs would be dire.

To develop a separate Medicaid system, which would have access to all the modern technological advancements, while at the same time removing Medicaid funding from CBMS, would create two unequal systems in Colorado; it would create a new, centralized, system with enhanced resources and additional tools for Coloradans seeking medical benefits exclusively, while diverting resources from other programs that provide critical supports to low income families. Given the number of people who are eligible for multiple public benefits, it would be more efficient, and more effective, for Colorado to invest in the entire health and human services system to support families in need.

Modernization and Streamlining of Eligibility and Enrollment Systems

We are absolutely delighted with the potential time-saving and efficiency producing opportunities inherent in the exchange and through federal health reform. No one has been arguing more strongly for developing these efficiencies for years than counties. The burdens that will be lifted for caseworkers simply by allowing access to vital records, is priceless in our view. PEAK has already begun connecting families with many of the benefits they need from any computer, and counties have been key in the development and implementation of this concept.

We look forward to further modernization and streamlining of eligibility systems. We simply believe that the state of Colorado should take this unprecedented opportunity to invest in its technological infrastructure to develop one integrated, fully-functioning eligibility and enrollment system to serve families more effectively and efficiently. We are not tied to a specific system; we just encourage the state to find a way to make this possible.

Conclusion and Recommendation

For all of the reasons reflected in this document, we strongly believe that Colorado should create a vision for a single, integrated, fully-functioning health and human services system, and develop a roadmap for achieving this goal in conjunction with the EVE workgroup. Without considering the three options presented in the paper, the group should have a meaningful conversation about the future of Colorado's services for low income families. Do we, as a state, believe that integrated wrap around services are more easily accessible for families, are going to enable the state to save money and will achieve better outcomes for families, or do we not?

We look forward to continuing these critical discussions in the weeks and months ahead. The implications of the decisions made here will have significant consequences for struggling families and children in Colorado. The decisions will also have serious financial implications for the state. We must not make these decisions lightly.

Thank you again for providing us with the opportunity to provide feedback on the white paper. Please feel free to contact us if you would like to meet to discuss this further.

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[i]Werth, J. and Fleming, D. (2008) Creating a "super" agency in San Diego County. *The Public Manager*, v. 37(3), 21-26. Retrieved on 7/5/2011 from http://findarticles.com/p/articles/mi_m0HTO/is_3_37/ai_n31347610/

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[ii] Why Coloradans Are Uninsured and the Likely Effects of Health Care Reform. (November 2010) *The Colorado Health Institute.* Retrieved on 7/5/2010 from http://www.coloradohealthinstitute.org/~/media/Documents/Colorado%20Household%20Survey/COHS_why_uninsured.ashx

[iii] Colorado Health Institute: Presentation: Helping communities prepare for health reform - Coverage estimates of Coloradans after implementation Retrieved on 6/3/2011 from http://www.coloradohealthinstitute.org/Presentations/2010/101810-HCR.aspx