

## **PATIENT PROTECTION AND AFFORDABLE CARE ACT SECTION 1561 RECOMMENDATIONS**

### **TOWARD A MORE EFFICIENT, CONSUMER-MEDIATED AND TRANSPARENT HEALTH AND HUMAN SERVICES ENROLLMENT PROCESS**

On March 23, 2010, President Obama signed the Affordable Care Act, which extends health care coverage to an estimated 32 million uninsured individuals and makes coverage more affordable for many others. Section 1561 requires HHS, in consultation with the Health Information Technology (HIT) Policy Committee and the HIT Standards Committee (the Committees), to develop interoperable and secure standards and protocols that facilitate electronic enrollment of individuals in Federal and State health and human services programs.

The Committees submitted to the National Coordinator for Health Information Technology the following approved, initial recommendations, which seek 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 core of these recommendations is the belief that the consumer will be best served by a health and human services eligibility and enrollment process that:

- Features a transparent, understandable and easy to use online process that enables consumers to make informed decisions about applying for and managing benefits;
- Accommodates the range of user capabilities, languages and access considerations;
- Offers seamless integration between private and public insurance options;
- Connects consumers not only with health coverage, but also other human services such as the Supplemental Nutrition Assistance Program (SNAP) and the Temporary Assistance for Needy Families (TANF) program; and
- Provides strong privacy and security protections.

See Appendix A for additional information on consumer usability.

### **RECOMMENDATIONS<sup>1</sup>**

#### **Core Data**

*Recommendation 1.1:* We recommend that Federal agencies and States administering health and human services programs use the National Information Exchange Model (NIEM) guidelines to develop, disseminate and support standards and processes that enable the consistent, efficient and transparent exchange of data elements between programs and States.

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<sup>1</sup> The standards and protocols in these recommendations should be applicable to health insurance Exchanges. Under the Affordable Care Act, States will administer health insurance Exchanges unless they choose not to do so. The Federal government will operate an Exchange for residents of any State that chooses not to operate an Exchange. These standards are intended to apply to both Federal and State operated Exchanges. For simplicity, the Recommendations and Appendices use the term “State” to describe the responsibility of the Government entity operating the Exchange. Similarly, in a State that delegates authority for determining eligibility for Medicaid, CHIP or the Exchange to counties or other local government entities, we intend that the same standards apply. Finally, for the purposes of income verification the Exchanges may handle tax return information provided by t

Further work will be done to refine these standards using the NIEM guidelines and in coordination with Standards Development Organizations (SDOs). As required by the National Technology Transfer and Advancement Act and Office of Management and Budget Circular A-119, the Committees used a voluntary, consensus-based process to develop these initial recommendations.

See Appendix B for information on standards for core data elements commonly exchanged across health and human service programs (e.g., Medicaid, Children’s Health Insurance Program (CHIP), SNAP, TANF).

### **Verification Interfaces**

*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 (IEVS) systems, Public Assistance Reporting Information System (PARIS) and the U.S. Postal Service Address Standardization API.

See Appendix C for additional information about the Federal reference software model.

### **Business Rules**

*Recommendation 3.1:* Federal agencies and States should express business rules using a consistent, technology-neutral standard format, congruent with the core data elements identified through the NIEM process. Upon identification of a consistent standard, Federal agencies and States should clearly and unambiguously express their business rules (outside of the transactional systems).

See Appendix D for additional discussion of technology options.

*Recommendation 3.2:* To allow for the open and collaborative exchange of information and innovation, we recommend the Federal government maintain a repository of business rules needed to administer Affordable Care Act health insurance coverage options (including Medicaid and CHIP), which may include an open source forum for documenting and displaying eligibility, entitlement and enrollment business rules to developers who build systems and the public in standards-based and human-readable formats.

To allow for seamless integration of all health and human services programs, business rules for other health and human services programs such as SNAP and TANF should be added to the repository over time.

## **Transmission of Enrollment Information**

*Recommendation 4.1:* We recommend using existing Health Insurance Portability and Accountability Act (HIPAA) adopted transaction standards (e.g., ASC X12N 834, ASC X12N 270, ASC X12N 271) to facilitate transfer of consumer eligibility, enrollment, and disenrollment information between Affordable Care Act health insurance coverage options (including Medicaid and CHIP), public/private health plans and other health and human service programs such as SNAP and TANF.

This recommendation supplements the existing requirement that electronic transactions constituting “covered transactions” under HIPAA comply with adopted HIPAA transaction standards.

*Recommendation 4.2:* We recommend further investigation of existing standards to acknowledge a health plan’s receipt of an HIPAA ASC X12N 834 transaction and, if necessary, development of new standards.

See Appendix E for additional information on existing HIPAA standards.

## **Privacy & Security**

All entities involved in health information exchange – including individual and institutional providers and third party service providers such as Health Information Organizations (HIOs) and other intermediaries – should follow the full complement of fair information practices (FIPs) when handling personally identifiable health information. Formulation of FIPs comes from the Office of the National Coordinator’s *Nationwide Privacy and Security Framework for Electronic Exchange of Individually Identifiable Health 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.

This recommendation builds upon 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, including health plans and clearinghouses. Additional investigation into format and content of such disclosures is needed.

See Appendix F for additional steps Federal agencies and States may need to take to facilitate a consumer-mediated approach to data sharing and examples of administrative tasks which may require Federal agencies or States administering health plans to reuse data.

*Recommendation 5.2:* We recommend that the consumer’s ability to designate third party access be as specific as feasible regarding authorization to data (e.g., read-only, write-only, read/write, or read/write/edit), access to data types, access to functions, role permissions and ability to further designate third parties. If third party access is allowed, access should be:

- Subject to the granting of separate authentication and/or login processes for third parties;
- Tracked in immutable audit logs designating each specific third party access and major activities;
- and

- Time-limited and easily revocable.<sup>2</sup>

See Appendix F for information on existing standards that States may use to implement this recommendation.

*Recommendation 5.3:* We recommend that States administering health and human services programs implement strong security safeguards to ensure the privacy and security of personally identifiable information. Specifically, we recommend the following safeguards:

- Data in motion should be encrypted. Valid encryption processes for data in motion are those which comply, as appropriate, with NIST SP 800-52, 800-77, or 800-113, or others which are Federal Information Processing Standards (FIPS) 140-2 validated.
- Automated eligibility systems should have the capability to:
  - Record actions related to the PII provided for determining eligibility. The date, time, client identification, and user identification must be recorded when electronic eligibility information is created, modified, deleted, or printed; and an indication of which action(s) occurred must also be recorded.
  - Generate audit log. Enable a user to generate an audit log for a specific time period and to sort entries in the audit log.

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<sup>2</sup> This recommendation does not address access by an individual's personal representative as provided in the HIPAA Standards for Privacy of Individually Identifiable Health Information.