

## **Building an Intelligent, Consumer-Friendly Eligibility System: A Little Help from Exchange and Medicaid IT Guidance 2.0**

In order to help states design, implement, and operate their exchange, Medicaid, and Children's Health Insurance Program (CHIP) information technology (IT) systems, the Centers for Medicare and Medicaid Services (CMS) recently offered IT guidance in the publication: *Guidance for Exchange and Medicaid Information Technology (IT) Systems Version 2.0*. This "IT guidance 2.0," which replaces the previous 1.0 version, gives a framework for what the federal government is looking for states to include in their exchange, Medicaid, and CHIP IT systems. This guidance stresses that exchange, Medicaid, and CHIP eligibility systems should be "common" or "shared." The IT guidance reiterates that the following aspects of IT design are of utmost importance.

### **Seamless Coordination and Integration**

IT guidance 2.0 calls for seamless coordination between the exchange, Medicaid, and CHIP. It also calls for seamless coordination between the exchange, insurance plans, employers, brokers, navigators, and other community-based organizations or providers assisting with enrollment. In addition to coordination between programs and agencies, the guidance encourages integration of programs and eligibility systems in order to "limit duplication of costs, processes, data, and effort on the part of either the state or the beneficiary."

### **A Shared Eligibility System and One Medicaid Eligibility System**

CMS provides a lot of clarification surrounding the issue of eligibility determination systems in this IT guidance. First, IT guidance 2.0 squashes the idea that there will be separate eligibility systems for separate coverage programs, "Most individuals will be evaluated for eligibility in the Exchange, tax credits, Medicaid, and CHIP using a coordinated set of rules. As a result, we expect the use of a common or shared eligibility system or service to adjudicate placement for most individuals." Secondly, the IT guidance explains that states will not have to create more than one eligibility system in order to determine what applicants are "newly eligible" for Medicaid for the purposes of receiving the correct amount of federal funding. Federal rulemaking will suggest other ways to manage federal and state funding obligations for Medicaid enrollees.

## High-Quality User Experience

According to the IT guidance, the ideal exchange website will look and feel a lot like those of “leading service and retail companies.” Enrolling in health coverage online will be fast, simple, and consumer-friendly. There should be a high level of service and support, with a “customer service or caseworker representative” available via online chat or telephone. All applicants should receive the same level of customer service, “regardless of source or amount of financial assistance for which they may qualify or whether they enter the process through the Exchange, Medicaid, or CHIP.”

## Fast Enrollment Process

The new IT guidance specifies that enrolling in coverage through the exchange—completing an application for coverage and receiving a program placement—should, for most people, happen in real time. The guidance states that this process should typically take no longer than 15 to 20 minutes. Applicants will be answering a “defined and limited set of questions,” and third-party data and automated eligibility rules will allow for a fast enrollment process.

## Federal Data Services Hub

IT guidance 2.0 explains the importance of using third-party data to simplify the enrollment process for states and consumers. The guidance confirms that HHS will be setting up a “data services hub” to provide applicant information to state exchanges and Medicaid and CHIP agencies. The federal data services hub will provide information from the Social Security Administration, Department of Homeland Security, and Internal Revenue Service to verify citizenship, immigration status, and tax information. CMS is also exploring what other databases might be useful to include in the data services hub.

## Standardized Business Rules

The new IT guidance explains that automated, standardized business rules and policies will allow for standardized decision making and resolution of discrepancies, “The required verifications that will be necessary to validate the accuracy of information supplied by applicants will be managed in a standardized fashion . . . . Business rules will be supplied that will allow for resolution of most discrepancies through automation, including explanations of discrepancies for the consumer, opportunities to correct information or explain discrepancies, and hierarchies to deal with conflicts based on source of information and extent and impact of conflicts on eligibility.” Not only will standardized business rules for the automated system ensure that people are receiving fair eligibility determinations, but it will help enroll Americans in an efficient manner.

## Multiple Pathways to Apply

The IT guidance recognizes that while many people will be able to enroll in coverage online, others will have more complicated cases and need in-person or telephone assistance. Thus, this IT guidance stresses the need for not only online enrollment, but also the ability to enroll on the phone, in person, or by mail.

IT guidance 2.0 also acknowledges that the integration of exchange, Medicaid, and CHIP systems will require careful attention to cost allocation. To read more, the full document, *Guidance for Exchange and Medicaid Information Technology (IT) Systems Version 2.0*, can be found online at <http://www.cms.gov/Medicaid-Information-Technology-MIT/Downloads/exchangemedicaiditguidance.pdf>.



1201 New York Avenue NW, Suite 1100 ■ Washington, DC 20005  
Phone: 202-628-3030 ■ Email: [info@familiesusa.org](mailto:info@familiesusa.org) ■ [www.familiesusa.org](http://www.familiesusa.org)