

CONNECTICUT HEALTH INSURANCE EXCHANGE PLANNING PROJECT

Task 9: Assess the existing Medicaid eligibility system and identify interface issues and necessary requirements for integration with the Exchange information technology (IT) infrastructure

BASELINE INFORMATION REQUEST

BACKGROUND

Task 9 is one of eleven planning tasks that are part of a comprehensive effort to design Connecticut's Health Insurance Exchange ("Exchange").

Task 9 requires:

- (1) Identifying key IT requirements for enabling the eligibility and enrollment business processes of health insurance exchange(s) in the state, including interfaces to relevant programs such as Medicaid and CHIP; and
- (2) Assessing Connecticut's existing IT capabilities and associated gaps as it relates to:
 - a. Health insurance exchange eligibility and enrollment management, and
 - b. Interfaces to relevant "in-scope" systems as it relates to this business process area, i.e. EMS, MMIS and (if applicable) ConneXion.

The requirements of identification, capability assessment and gap analysis will be grounded on:

- The Guidance for Exchange and Medicaid Information Technology (IT) Systems version 2.0 issued by CMS/CCIIO in May
- The Exchange Reference Architecture supplements (version 1.0) published by CCIIO – this is a critical document set for this analysis since it provides the business process framework for conducting this assessment (the analog to this framework is the Medicaid Information Technology Architecture/MITA developed to support Medicaid Management Information System/MMIS planning)
- The rules on health insurance exchange establishment and operations issued by CCIIO in July and August
- Expectations around the information which will be housed in, and functionality which will be provided by, the emerging federal Data Services Hub, and
- The work being performed by the Early Innovator grant recipients including the consortium of New England states

The outputs of this task will serve as the starting point for "progressive elaboration" activities to be funded out of the Level 1 Exchange Establishment grant; these activities will lead to the *IT Architectural Model* (with information system functionality requirements bundled into application components as deemed appropriate) and capability acquisition strategy described in the Establishment grant application.

The following diagrams provide a frame of reference for the planning activities associated with this task:

- The first diagram was published by the Office of the National Coordinator for Health IT (ONC) prior to the formation of The Center for Consumer Information & Insurance Oversight (CCIIO), the federal entity responsible for implementation of the Health Insurance Exchange provisions within the Affordable Care Act. The diagram provides high-level architectural guidance as it relates to

determination of eligibility and enrollment into the Exchange and other government-funded health insurance programs based on the expectation, confirmed by the rule issued just last week, that Health Insurance Exchanges must have the capability to determine eligibility for both Medicaid and CHIP.

- The second diagram is from a use case developed by CCIIO - and its parent entity CMS - as part of the “Enroll 11” project, an initiative tied to the creation of the aforementioned Data Services Hub. The Enroll 11 project’s goal is to provide both the federal government and states with clearly defined processes and expectations regarding eligibility and enrollment functionality which would be based in an Exchange.

DIAGRAM 1

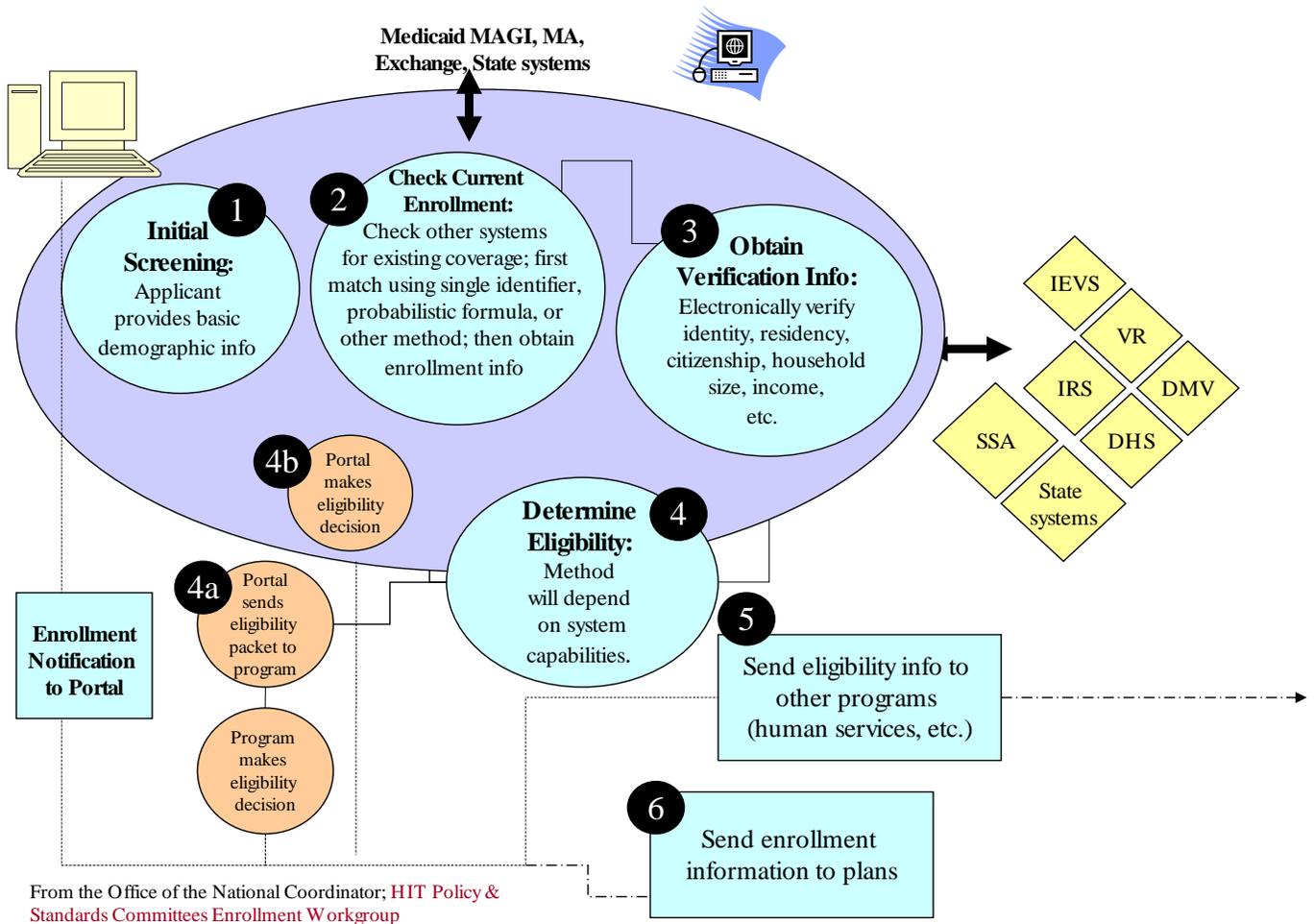
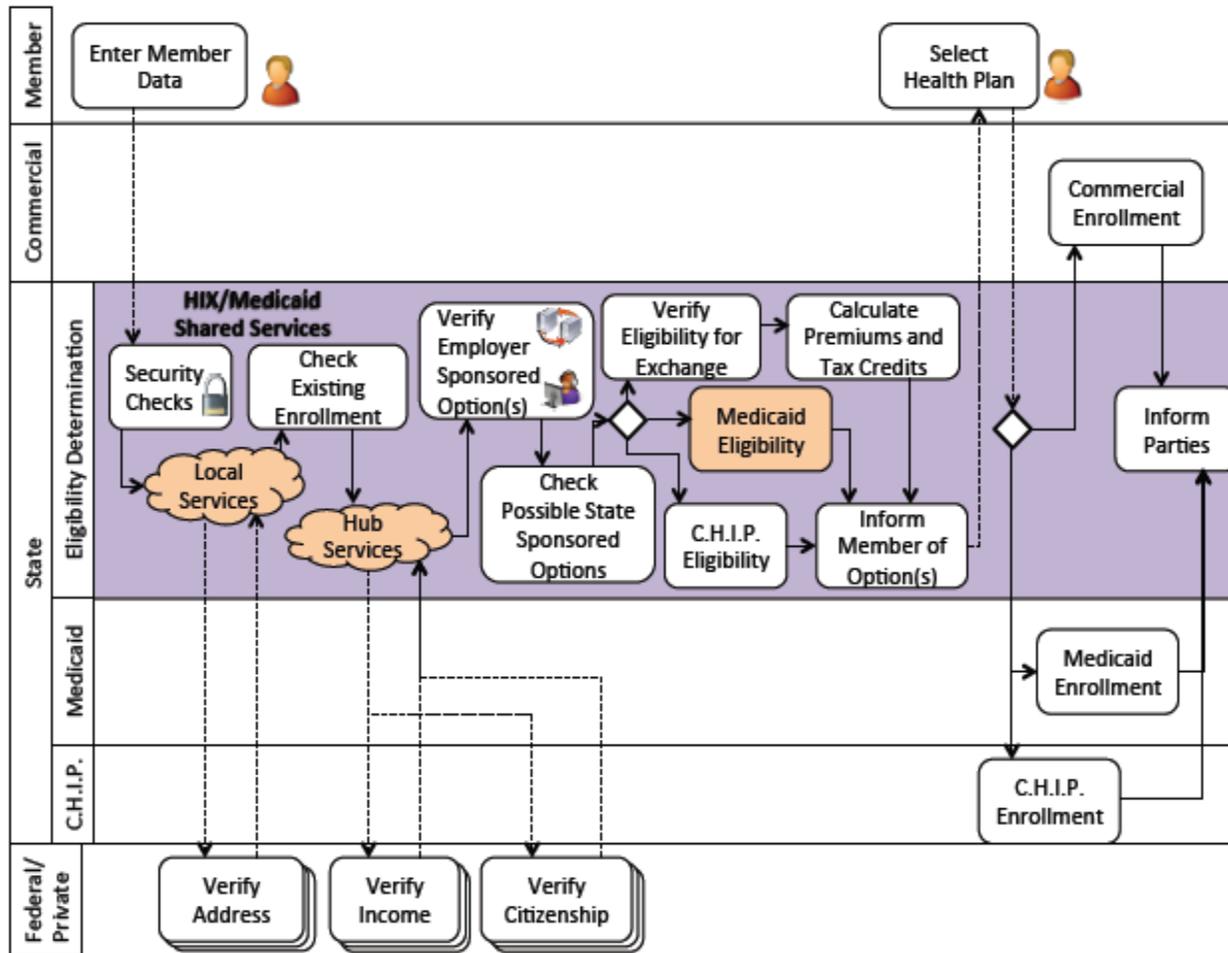


DIAGRAM 2



NEED FOR DSS PARTICIPATION

The DSS will play a critical role in this task, by providing both information about the in-scope systems and input with regards to how these systems would be leveraged and/or interfaced to systems which would be acquired or built to support Health Insurance Exchange eligibility determination and enrollment management functions.

BASELINE INFORMATION REQUEST

In order to complete this task, we seek the following information from DSS:

- (1) System architecture-level detail (application, data and network/infrastructure domains) for:
 - o EMS
 - o MMIS (HP/interChange) – eligibility and enrollment/membership subsystem
 - o CHIP Eligibility Management System (ACS/ConneXion) – lower priority but still relevant

- (2) Current plans for upgrades/enhancements/replacements of EMS or MMIS
 - Focus on CMAP eligibility and enrollment (E&E) functionality
 - Medicaid, several Medicaid waiver programs, CT BHP, ConnPACE, HUSKY A & B, Connecticut CADAP, Connecticut Dental Health Partnership, Charter Oak Health Plan

- (3) List of key contacts for EMS and MMIS and availability for conference calls and/or onsite meetings beginning late August and into September
 - Business and system analysts that can speak to system functionality, interfaces/data exchanges and architectural constraints/challenges
 - Resources that can speak to the costs and resources associated with maintenance and operation of these systems, particularly E&E functionality

After DSS has the opportunity to review this information request, we are available to discuss the best approach to obtaining the information. We appreciate your assistance with this request. If you have any questions, please feel free to contact Juan Montanez, HMA at (202) 785-3669, ext. 766.