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Enroll 12 Trigger Events

- MITA 3.0
- Eligibility business services
- Enroll UX2014
- Hub services
- Enrollment data elements
- Tri-agency letter
- National Human Services Interoperability Architecture (NHSIA)
- Affordable Care Act (target 2014)
Enroll 12 Project Goals & Values
Proof of Concept HIX / ME&E

- Target one MITA area ME&E
- Demonstrate reusability
- Collaboration
- Define technical services
- Education in BPMN 2.0 and business rules
- Education in SOA
- Crossover to Human Services
- Leverage other initiatives (UX-2014, hub)
User Experience and Enroll UX2014: Medicaid Perspective

- **MITA 3.0**
  - ConOps/Business Architecture
  - No wrong door

- **IT Guidance**
  - High quality customer experience
  - Collaborative IT development approach

- **Seven Conditions and Standards**
User Experience: IT Guidance 3.0

High Quality Customer Experience

Collaborative IT Development Approach

Streamlined, secure experience maximize automation and real-time adjudication while protecting privacy and personally identifiable information.

Same customer experience to all individuals seeking coverage.

Seamless coordination between Exchanges, Medicaid/CHIP and between the Exchanges, plans, employers, navigators and brokers, community- based organizations and providers providing enrollment assistance.
User Experience: 7 Conditions & Standards

MITA-Aligned

Industry Standards

Results-Focused

Modular

Interoperable

Program Evaluation

Share, Leverage, Reuse
APHSA’s “PATHWAYS” Goals

HEALTHIER

Families
Adults
Children
Youth
Communities

INDEPENDENCE
GAINFUL EMPLOYMENT

STRONGER

SUSTAINED
WELL-BEING

More “Pathways” information at: www.aphsa.org/Policy/pathways
National Workgroup on Integration

- **Purpose:** Provide information to enable the integration of human services with health care programs, specifically as it relates to eligibility and enrollment.
- **Contributors:** States, local agencies, industry
- **Guidance Documents**
  - Bridging The Divide: Leveraging New Opportunities To Integrate Health And Human Services
  - Governance Guidance
  - Technology Guidance
  - Business Model Guidance
  - Webinar series

*For more information on NWI see: [http://www.nwi.aphsa.org](http://www.nwi.aphsa.org)*
• People don’t live in silos, but our health and human service systems operate like they do!
• A holistic approach to interoperability supports improved outcomes, efficiency, decision making, ROI and reduction of fraud & waste.
• Systems should be designed to accommodate people regardless of how they enter the system.
One Example: A Multi-system Client Case

Case Details:
- Homeless diabetic woman
- Three episodes of hospitalization in last 12 months
- Hard for her to regularly take medications
- Hard for her to have nutritious meals

Services Required by Social Services:
- Homeless Program
- Housing Stabilization Services
- Food and Nutrition Services
- Mental Health and Substance Abuse
- Hospital and Clinic Services

Attribution: Montgomery County, MD; DHSS
Interoperability Goal: 
*Collect Data Once - Share Multiple Times*

Voluntary Programs (unduplicated count)
- Medicaid: 53.9 Million Individuals
- SNAP: 44.7 Million Individuals
- TANF: 4.4 Million Individuals
- Housing Assistance: 4.9 Million Individuals
- Unemployment Insurance: 8.4 Million Individuals
- Developmentally Disabled (severe): 32.5 Million Individuals
- LIHEAP (Heating): 4.9 Million HH’s

Involuntary Programs
- Adult Prisoners: 2.4 Million Individuals
- Foster Care/Out of Home: 425,000
- Juvenile Detention: 86,297

- Human Service Programs *already* collect volumes of information about clients that Medicaid and other health programs could benefit from for eligibility, enrollment and case management.
- Many people who are receiving human services benefits are also likely to be eligible for expanded Medicaid or Premium Tax Credits.
- We need better ways to use the information we already have in our systems!

Source: CMS, ACF, FNS, Census Bureau Websites
Beyond Providing Medical Care, Physicians Want to Help Remove Social Barriers to Health But Lack the Resources To Take Action

- 4 in 5 surveyed physicians say patient’s social needs are as important to address as their medical conditions.

- 85% of physicians surveyed believe that unmet social needs are leading directly to worse health for all Americans.

- **Physicians do not feel** they have the ability, training or time to access appropriate resources and/or address these issues. **Social Determinants Really Do Matter…**

Source: Harris Interactive on behalf of the Robert Wood John Foundation
Social Determinants Impact Health!

3 Behaviors
No Exercise
Poor Diet
Tobacco Use

4 Chronic Diseases
Cancer
Heart Disease
Type 2 Diabetes
Lung Disease

50%+ of Deaths

County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit. (October, 2010). 3-4-50: Chronic Disease in San Diego County.
There is a Robust and Mutually Beneficial Value Proposition For Health and Human Services Interoperability

There are significant benefits and value to creating and/or maintaining integrated eligibility, enrollment and case management systems:

- Improved Client Outcomes
- Enhanced Operational Efficiency
- Reduced Hospital Readmissions
- Increased use of shared services minimizing duplicative costs for building, maintaining and updating redundant systems
- Increased access to more timely and accurate verification information for eligibility and enrollment purposes
- More comprehensive information for better decision making
- Illness Prevention
- Build individual’s self-sufficiency
- Better Client Experience
- Transparency across programs can improve efforts to reduce fraud, waste and abuse
Building holistic solutions that span the continuum are vital to improving outcomes and lowering costs:

*Public/Population Health → Human Services → Disease Care → Health*

ACA provides the resources and authority that only come once in a lifetime:
- ACA Policy Authority (HBX and Medicaid Expansion)
- 90/10% Funding
- A-87 Cost-allocation Suspension
- Condition #7 of “Seven Conditions and Standards” requires human service interoperability

Adopt a “System of Systems Engineering” approach to create interoperability among human-serving systems and organizations.
- Leverage NHSIA and NIEM to Extend MITA

*Plan Now, Build Later!*
Tom Baden
Setting Focus

People
- Customer Channels
- Service delivery model
- Ecosystem of interconnected functions

Process
- Governance
- Project execution
- Contractor management

Staff
- Capacity
- Competence
- Socio-political & cultural

Finance
- Ranking of potentially conflicting values
- Leverage existing assets
- Make every investment leverage-able
## Modularity Matrix

### Business Modules
- Account Administration
- Fund Aggregation and Payment
- Provider Display
- Benefits and Navigator Broker Certification and Display
- Small Employer Eligibility and Enrollment
- Individual Enrollment
- Individual Eligibility and Exemption

### Integration Modules
- Federal Hub
- Insurance Providers
- Medicaid Management Information System
- MAXIS
- SMI

### Technical Modules
- User Interface Services
  - Web UI
  - Mobil Applications
- Business Services
  - SOA
  - Services Web Mobil
- Security Services
  - IDAM
  - LDAP
  - Web Services
- Process Services
  - Rules engine
  - Document Mgmt
  - Data Transformation
- Compliance Services
  - Logging
  - Analytics
- Project Methodology Tooling
  - PM, Analysts, Developers, Testing

### Infrastructure Modules
- Facility Services
  - Data Centers, DR, climate controls, physical security
- Network Services
  - Routers, switches, firewalls, load balancers
- Server Infrastructure Services
  - Web, application, data, OS engineering
- Infrastructure Management Services
  - Management, monitoring ITIL functions
- RDMS
  - Transactional Reporting/analytics
  - Legacy
- Information Management
  - Data modeling
  - ETL
  - Connectors JDBC
Balance for Success

- Manage expectations
- Complex & adaptive
- Manage scope

- Focus
- Revisit decisions
- Stakeholder involvement
- Perfect is the enemy of good

- Immovable
- Risk
- Challenge
- Opportunity

- Lever
- Speed costs
- Staff capacity & Competency

- Time
- Cost
- Quality
- Functionality
Jim Jones
Designing a First-Class User Experience for Affordable Care Act Enrollment
OVERVIEW

Project Objectives

1. Develop a highly customizable, first-class user experience (UX) design for health insurance exchanges operated by state and federal governments under the Affordable Care Act.

2. Design the UX based on an understanding of consumer needs and refined through user testing.

3. Create a new standard for public and private health insurance enrollment.
OVERVIEW

Design Concepts

- Design determines the user experience of the online enrollment process
- Enroll UX 2014 design is a toolkit for state and federal implementers
  - Set of customizable, scalable materials and instructions
  - Describes and demonstrates interactions, flow, visuals, help tools, etc.
  - Not a functional website
  - Placeholder language – final wording part of customization and implementation
- CMS plans to leverage the design for the Federally-facilitated Exchange and model application and portal
OVERVIEW

Public / Private Partnership
OVERVIEW
11 Participating States

AL, AR, CA, CO, IL, MA (RI, VT), MN, MO, NY, OR, TN
OVERVIEW

UX 2014 Design Partner

IDEO

- Global design and innovation firm
- Palo Alto-based with 10 offices on three continents
- Market leader in simplifying design of complex systems; understanding and then translating needs and desires of end users
OVERVIEW

Project Scope

- Individual and family self-service enrollment
- End-to-end eligibility, enrollment, plan comparison and selection, premium payment and retention experience
- All health insurance affordability programs (Medicaid, CHIP, Exchange, Basic Health Plan); linkage to other human services programs
- Multiple pathways; support for assisters
- Design for diversity and ADA compliance
- Vendor neutral, system agnostic and customizable
DELIVERABLES

Project Deliverables Summary

- Design Reference Prototype
- Design Specifications Manual
- Iconography and Illustrations
- Policy and Implementation Supplement
- User Evaluation Summary
- Communications materials for sharing design
The Enroll UX 2014 design offers a new standard for public and private health insurance enrollment, and serves as a reference model for a first-class user experience (UX) design for health insurance exchanges.

Watch a short video of the project in action.

View Design Reference Prototype
For more information visit

www.ux2014.org
Enroll 12 Project

- Discuss major components of Enroll 12
  - UX (UX2014) and related services
  - Fact collection framework
  - Business rules
  - Business process flow
  - Analytics integration
  - External services

- Reuse in Human Services
Enroll 12 – HIX BPMN Context
Enroll 12 – BPMN, Rules, Services

User Experience In Browser

Application Utility Services
- UI Data Model
- State
- Controller
- View Management
- Persistence

Rules

BPMN Services
- Data Lookup
- Data Validation
- Data Verification
- Rule Orchestration

FACTS

Business & Data Services
- Internal
- External
Enroll 12 Project & Human Services

- Enterprise Governance
  - Data Services
    - Internal
    - External
  - Business Services
  - Rules
  - External services

- Reuse Across Agencies
  - Cost Effective
  - Consistent Business Information
Questions and Answers