

# The Health and Human Service Integration Opportunity Toolkit

## Five Reasons to Integrate Human Services into Health Care Reform Now

On Jan. 1, 2014, most health care coverage expansions included in the health care reform law, the Patient Protection and Affordable Care Act (ACA), will take effect. These include dramatic extension of Medicaid eligibility to non-elderly adults and children with incomes up to 138 percent of the federal poverty level (FPL), and refundable tax credits to subsidize the purchase of private health insurance for individuals in households with incomes at or below 400 percent of FPL. These provisions will expand affordable health coverage to an estimated 32 million people nationwide, greatly improving the health and economic well-being of American families. An even larger impact on health and well-being will be made if states use this opportunity to improve how families access human services (such as SNAP/food stamps and child care assistance) as well as health care.

The ACA requires each state to use a single, integrated, user friendly eligibility process that draws on existing data in real time for eligibility determination, and enrollment and retention. While state health agencies are busy planning and developing these systems human service agencies in most states have either not been engaged or are only tangentially involved in this process. Human service agencies that do not take part in this planning process risk missing out on a major opportunity.

The eligibility system envisioned under the ACA is different from anything previously available in the public benefits world. The ACA envisions that customers will apply in a variety of ways, including online, by phone, mail, fax, or in person at benefits offices or community-based organizations. Customers could even begin an application one way and finish another. As much as possible, states will use existing federal and state data, including vital records, employment history, tax records, and enrollment in other programs to determine eligibility and in place of paper documentation. Records will be checked in real time, while customers are waiting, so many will be able to receive an immediate approval. Applications will be screened simultaneously for Medicaid, CHIP and the tax-based subsidies, regardless of where the customer initially applies.

Section 1561 of the ACA, which discusses requirements for enrollment IT systems, is clear that **this vision of a seamless customer-focused system also applies to human service programs** such as cash assistance, SNAP (food stamps), and child care. **This presents an unprecedented opportunity to expand coverage, reduce administrative costs and error rates, improve the customer experience, and leverage federal funds to modernize systems.**

Using implementation of the ACA as an opportunity to integrate health and human services will:

1. Expand coverage in both health and human services.

Human service programs such as SNAP reach millions of low-income individuals and families, including many of the groups newly eligible for public health insurance. States can use data already collected and

verified by SNAP and other non-health programs to facilitate implementation of health coverage expansions. Similarly, by piggybacking on outreach and data systems required under the Affordable Care Act, states can reach individuals who are eligible for, but not enrolled in, other public benefit programs. The end result is improved health and economic security.

## 2. Reduce administrative costs.

States currently spend a great deal of time and money collecting and verifying the same information repeatedly because agencies don't share information. ACA requires states to use existing data sources, such as vital records and tax information, before asking clients to provide it. Such data matches greatly reduce the amount of staff time needed to process applications. The federal government is creating a central data hub, so states will only have to process one request, rather than contacting each federal agency separately. Human services programs can benefit from these investments if they are integrated into health care reform.

## 3. Reduce error rates.

If human service programs are integrated with health care reform, less data will need to be manually re-entered, a stage where many errors are introduced. More information will be verified through cross-checks against other sources, such as tax returns and wage records. In many cases, these records will be checked in real time, so that accurate determinations can be made immediately.

## 4. Improve the customer experience.

Eliminating redundant requests for information will save clients both time and hassle. ACA envisions customer friendly systems where applicants can apply, recertify, and check the status of their benefits through multiple venues, on-line, in person, or by mail or phone. Integrating systems would bring this capacity to other programs.

## 5. Leverage federal funds to modernize systems.

Many states' eligibility systems are antiquated and difficult for both customers and staff to use. The Federal government is providing enhanced funding for a limited time to support the costs of developing health care Exchanges and improving Medicaid eligibility systems. This enhanced funding may be used to support integrated systems — and the Federal government has temporarily waived cost allocation requirements for systems that are used by other programs. This means that 90 percent or more of the cost of systems used by Medicaid and the Exchanges will be paid by the Federal government, far more than the usual share. (Costs of features that are relevant only for human service programs must still be charged to those programs at the usual match rate.)

The time to take action is now. Delay will lead to increased costs and greater complexity down the road. The ACA is a tremendous opportunity to affordably build a highly effective, integrated system. Integration will serve as a valuable investment to health care organizations, human services organizations, and most importantly, to millions of families in need.

Coalition for Access and Opportunity

