

The Health and Human Service Integration Opportunity Toolkit

Short List of Opportunities

The eligibility system envisioned under the ACA is different from anything previously available in the public benefits world.

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 immediate approval. Applications will be screened simultaneously for Medicaid, CHIP and tax-based subsidies, regardless of where the customer initially applies for benefits.

While state health agencies are busy planning and developing these systems, human service agencies in most states either have not been engaged or are only tangentially involved in this process. Incorporating human services into the planning process for health care reform presents opportunities to improve coverage in both health care and human services.

The ACA envisions that customers will apply for health insurance coverage 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

States can maximize health care enrollment by:

- **Ensuring that traditional human services offices remain a point of entry for applicants for health insurance.** Tens of millions of low-income households currently use social services offices to obtain Medicaid

and other need-based assistance. It would be a step backward if households approaching human services programs for assistance were forced to apply separately and resubmit information to receive public health insurance.

- **Using human services data to identify individuals who are highly likely to be newly eligible for Medicaid coverage and providing targeted outreach to this population.** In particular, many individuals without minor children who are newly eligible for Medicaid are already known to state systems because they receive SNAP benefits.
- **Using data from human services programs to determine eligibility for Medicaid, CHIP and Exchange subsidies without requiring applicants to resubmit.** SNAP, TANF, and school meal programs often have recently verified information about household composition and income. These programs are particularly useful for having up-to-date information about individuals whose circumstances have changed since their last tax return.
- **Using Express Lane Eligibility to automatically qualify individuals in Medicaid or CHIP based on income eligibility for another program.** The health insurance programs use a different definition of income than SNAP and other human service programs. However, Express Lane Eligibility allows states to use the other programs' findings to qualify children for health insurance. States may be able to seek waivers that allow them to extend Express Lane Eligibility to adults. This could substantially ease the burden on state systems, both in January 2014 and upon renewal. Using Express Lane Eligibility, Louisiana enrolled 10,000 children in Medicaid based on receipt of SNAP with one "flip of the switch." The families of these children were automatically sent Medicaid cards, and use of them was considered enrollment consent.

States can maximize human services enrollment by:

- **Using the publicity around ACA to draw attention to the availability of other public benefit programs.** For example, federal officials estimate that only about two-thirds of eligible individuals received SNAP benefits in

2008. Screeners for other programs can be built into the health care exchanges so that individuals with high likelihood of eligibility for other programs can be encouraged to apply.

- **Using the full range of application systems envisioned under ACA to support human service enrollment as well as health care.** Under ACA, consumers may apply for health insurance coverage online, by phone, in person, or by mail or fax. Access to human service programs should be built into all of these approaches. States are required to fund “Navigators” to help consumers sort through their enrollment options, and these Navigators should be trained in issues related to human services and funded to support all types of application assistance.
- **Using data from health care programs to determine eligibility for human services programs without requiring applicants to resubmit.** This includes the documentation of income, earnings and citizenship through real-time matches with public and private data systems. States can design systems that use the health care data to pre-populate applications, or that use dynamic screens that only ask questions when additional information is needed. Consumers should have the ability to save partially completed applications and return to them at a future date. Consumers should never be required to bring in paper documentation of information that has already been validated by another agency.
- **Modifying eligibility rules under human services systems to reduce the amount of additional information that is required.** In the long run, states should consider implementing MAGI to eligibility determination under ACA to human service programs as well. States could consider deeming consumers as eligible for other programs if their Modified Adjusted Gross Income is low enough to meet that program’s eligibility standard. (To ensure that no one loses benefits as a result, consumers could still apply for benefits using the standard methodology). States implementing MAGI as income methodology for determining countable income for other human service programs. Similarly, states could remove asset tests from other programs to have consistent eligibility rules. In some programs, states have authority to make these changes on their own, while in others, federal waivers would be needed.

To make this vision a reality states will need to improve their data systems, many of which are clunky and antiquated. Fortunately, the Federal government is providing both technical support and financial assistance to support the needed upgrades. These include:

- **Development of a central Federal data hub** so states will not need to query multiple databases to get information from different federal agencies.
- **Development of and support for the National Information Exchange Model (NIEM)**, which provides standards for systems to talk to each other even if information is stored in different ways. For example, under one system “birth date” may be recorded in a single field, while in another “date of birth” is stored in three separate fields, for month, day and year.
- **Enhanced Federal funding for development of the Exchanges and for Medicaid eligibility modernization.** Human service systems have an unprecedented opportunity to leverage that funding because federal agencies are waiving the usual cost allocation requirements. (See “Enhanced Federal Funding fact sheet in this tool kit for more information)
- **Encouraging the development of software solutions that can be modified and shared among states** so that each state does not need to start from scratch.

Because the Exchanges and Medicaid systems must be open for business on January 1, 2014, states are under tight time pressure to build these systems. To ensure human services integration is incorporated in planning processes, human service agencies must get involved now.

Coalition for Access and Opportunity

