

July 1, 2010



To: Aneesh Chopra, Chair, Enrollment Workgroup
Sam Karp, Co-chair, Enrollment Workgroup

From: Elizabeth Lower-Basch

Re: Using Health Care Reform as a Platform for Benefits Access

Thank you for the opportunity to provide input to the Enrollment Workgroup on standards to facilitate enrollment in Federal and state health and human services programs. I write on behalf of CLASP, a nonprofit organization that develops and advocates for federal, state and local policies to strengthen families and create pathways to education and work in order to improve the lives of low-income people.

We urge HHS to take all steps possible to ensure that the systems being developed to promote access to health insurance can also be used to provide access to the full range of public income- and work-support programs. In addition to making application processes more efficient and less duplicative, ensuring access through the systems you are developing is important because these programs also contribute to public health. They enable families to purchase nutritious food and to live in homes free of lead or other environmental toxins, and reduce poverty-induced stress.

When health care reform is fully implemented, millions of Americans will interact with these new systems to learn about different health care plans, and to apply for subsidies or coverage. This represents an unprecedented opportunity to inform visitors of their potential eligibility for other benefits or credits, such as SNAP, WIC, TANF, child care subsidies, or the Earned Income Tax Credit, and to simplify the process of applying and documenting eligibility for these income- and work-supports. By contrast, if these programs are not incorporated into the systems, participation may actually decline, as many families currently learn of their eligibility for other benefits when they apply for Medicaid or SCHIP benefits.

In most states, the enrollment process for public benefits is uncoordinated and duplicative, burdening families with trips to multiple offices, and repeated requests for the same documentation. The principles behind improving health care access – providing “no wrong door” for applications, relying on information technology to provide documentation of eligibility from existing sources rather than asking customers to provide it, storing documents for future retrieval – can also transform the enrollment process for other programs.

We recognize that the health care reform legislation sets an ambitious timeline, and that the statutory mandates for providing information about and access to the different types of health

care assistance will be challenging to implement without the complications of additional programs. However, it is far simpler to add new functions to a system when the possibility of such staged additions is envisioned and planned for up front, rather than added as an afterthought once the system is up and running. Moreover, we simply cannot afford to continue to pay for the development of duplicative, siloed computer systems.

HHS can take action now to ensure that the health insurance portals can be the backbones for a system that allows access to the full range of income and work-supports. We urge HHS to:

- Develop model data and administrative systems and encourage states to use them.
- Provide higher rates of reimbursement to states for developing information systems based on open-source tools that can be shared among states and that allow technology providers other than the original developers to add functionalities in the future.
- Clarify and simplify “Advanced Document Planning” and cost allocation requirements to encourage states to build multi-program systems rather than separate systems for each program.
- Require portals to accept and export data in standard machine-readable formats so that information can be automatically transferred between health care portals and other state systems. This will also allow for third-parties to provide application assistance.
- Clarify and standardize federal requirements regarding electronic applications and e-signatures.
- Encourage states to use Medicaid and CHIP outreach efforts to enroll customers in the range of public benefit programs.
- Provide clear guidance and technical assistance regarding the applicability of Americans with Disabilities Act rules to online systems, and the need to provide alternative application mechanisms for individuals unable to use them.

Thank you for your consideration. We appreciate your efforts on this most important project.