



A Tool for States to Conduct a “Gap Analysis” of Their Information Infrastructure Resources

Helping states streamline enrollment systems to ensure coverage for the greatest number of people under health reform

SUMMARY

Notoriously fragmented enrollment systems in public health and social services programs create a time-consuming and overwhelming task for families eligible for them. The state health insurance exchanges created under the 2010 Affordable Care Act (ACA) offer an opportunity to simplify and integrate access to a range of coverage options as well as other social services.

However, building information systems to power the new exchanges is an enormous undertaking for state governments. To qualify for federal funds to develop the exchanges, each state had to complete a “gap analysis” revealing the existing software and hardware they could use in a new information infrastructure and that which they lacked.

From 2010 to 2011, the Center to Promote Healthcare Access, doing business as [Social Interest Solutions](#), created a tool to help state governments perform the required gap analysis. Social Interest Solutions is a nonprofit developer of technology that helps eligible people gain access to social services, and that improves organizational efficiency and effectiveness.

Key Results

Social Interest Solutions:

- Created the ACA Technical Gap Assessment tool to help states assess whether their existing information systems met ACA requirements. States can also use the tool to evaluate a gap analysis by a commercial vendor.
- Provided timely information to states on emerging federal standards for information systems for state health exchanges
- Worked with four states—Alabama, Arizona, Maryland, and New York—to assess their social services information systems using the gap assessment tool

Funding

The Robert Wood Johnson Foundation (RWJF) supported this project with a grant of \$250,000 from November 2010 through October 2011.

CONTEXT

Some 32 million uninsured people are expected to gain access to health insurance when the ACA is fully implemented in 2014. Of those, up to 16 million could qualify for Medicaid, and millions more will be eligible for government-subsidized commercial insurance.

In crafting the law, policy-makers envisioned an easy-to-use website in each state that would allow people to apply for private health insurance, government-funded options such as Medicaid and the Children's Health Insurance Program (CHIP), or subsidies to defray the cost of private insurance. Lawmakers also envisioned a seamless system that would allow people to apply for other programs at the same time, such as the Supplemental Nutrition Assistance Program (food stamps), although states would decide whether to enable that option.

Creating information systems to turn that vision into reality is an enormous undertaking for state governments. States need to connect the new exchanges to existing agency information systems, which are often cumbersome and outdated. States also need to verify the address, income, and other information of applicants in real time by sharing data with agencies such as the Internal Revenue Service and Social Security Administration.

“The challenge post-ACA is that there is a crazy timeline that states are racing toward to build a health insurance exchange,” said Claudia Page, co-director of Social Interest Solutions in Oakland, Calif.

Social Interest Solutions

The California HealthCare Foundation and the California Endowment launched the Center to Promote Healthcare Access, doing business as Social Interest Solutions, in 2005. The nonprofit created One-e-App, which allows people to use a single online application for a range of programs, including Medicaid, CHIP, food stamps, and the Earned Income Tax Credit. Arizona, Indiana, Maryland, and numerous counties in California use One-e-App.

Staff at Social Interest Solutions also helped write Section 1561 of the ACA, which requires the federal government to develop standards for consumer-centered information systems, and advised the U.S. Department of Health and Human Services (HHS) on those standards.

RWJF's Interest in This Area

This project was funded under RWJF's first Coverage Ideas from the Field solicitation that awarded nearly \$2 million to 11 organizations seeking to maximize the number of uninsured people who obtain coverage under the ACA. See the [Introduction](#) for more information on the solicitation and links to Program Results on other projects.

In addition, two RWJF national programs also provide technical assistance to help state governments expand health insurance coverage:

- The *State Health Reform Assistance Network*, managed by Princeton University's Woodrow Wilson School of Public & International Affairs, works with 10 states to implement the ACA. The states are Alabama, Colorado, Maryland, Michigan, Minnesota, New Mexico, New York, Oregon, Rhode Island, and Virginia.
- *State Coverage Initiatives*, managed by AcademyHealth, provides evidence-based information and technical assistance to support state efforts to expand coverage.

THE PROJECT

To qualify for Level 1 Establishment Grants from HHS to develop health insurance exchanges, states had to complete a "gap analysis" revealing the pieces of existing software and hardware that could support the exchanges, and those needing resources the state lacked. Social Interest Solutions created a tool to help states perform the gap analysis. The tool works best when used by someone with expertise in managing the development of new information systems.

Other Funding

The New York State Health Foundation awarded \$350,000 to enable Social Interest Solutions to complete a gap analysis in New York and help the state take other steps to comply with the ACA. The state of Arizona provided Social Interest Solutions \$175,000 to conduct that state's gap analysis.

RESULTS

In a report to RWJF and an interview, the project director cited the following results. Social Interest Solutions:

- **Created the ACA Technical Gap Assessment tool to help states assess whether their existing information systems met ACA requirements.** States could also use the tool, based on an Excel workbook, to evaluate a gap analysis by a commercial vendor, plan the information system for their health insurance exchange, and create a process for purchasing needed components.

The gap analysis also helped states determine which of five overall strategies officials should pursue to comply with ACA requirements:

- Tap into the federal health insurance exchange. Such states would still need to tie their existing Medicaid and CHIP information systems to that exchange
- Join a multi-state exchange
- Leverage existing state information systems and fill the gaps by creating new components
- Leverage existing state systems and fill the gaps by copying solutions developed by another state
- Build an information system from scratch

Social Interest Solutions completed the first version of the tool in February 2011, and updated it on numerous occasions to reflect federal regulatory changes until releasing a final version in June 2011. Social Interest Solutions, the National Academy for State Health Policy, and RWJF distributed the tool (not available online). The project director does not know how many states used it.

- **Worked with four states to assess their social services information systems using the gap assessment tool. Those states included:**
 - Alabama, which has postponed a decision on a strategy for building the needed information system until after the presidential election
 - Arizona and New York, which plan to use both existing and new components in their information systems for the health insurance exchange
 - Maryland, which plans to build a solution from scratch
- **Provided timely information to states on emerging federal standards for information systems for state health insurance exchanges.** “We were there at the right time because the states were still doing their gap analyses,” Page said.

Communications Results

Project staff gave presentations on the ACA and requirements for the gap analysis to numerous audiences, including:

- An annual conference for grantees of *Maximizing Enrollment*, a four-year, \$15 million RWJF national program, in Washington in December 2010. Managed by the National Academy for State Health Policy, the program aims to increase enrollment and retention of children in Medicaid and CHIP.
- A conference of the *Medicaid Leadership Institute*, an RWJF national program, in San Francisco in December 2011. Managed by the Center for Health Care Strategies,

the institute offers a 12-month intensive training program for state Medicaid directors. For more information on the program, see the [Progress Report](#).

- National Health Law Training: A New Era for Health Advocacy, in Baltimore in July 2011, co-sponsored by the National Health Law Program and the National Legal Aid & Defender Association.

LESSONS LEARNED

1. **Developing seamless information technology for health insurance exchanges requires bridging agency silos.** For example, Medicaid and CHIP typically have separate funding, sources, information systems, and staffs. “Culturally and historically, these silos have been in place as barriers to really integrating programs and information systems,” Page noted. “It is really impossible to just go in and look at information systems. Systems belong to agencies, and agencies have personalities.”
2. **Expect to play the role of facilitator to help multiple state agencies and departments work together.** “Project staff insisted that meetings planning for a health insurance exchange include representatives from Medicaid, CHIP, social service agencies, consumer advocacy groups, and insurance carriers and brokers. “The most important thing we did was to bring the players together,” Page said.
3. **Planning a new state information system often requires outside expertise.** “It is very unusual for a state to have a systems person who cuts across various agencies, unless you have a state-level chief information officer or chief technology officer who works in the governor’s office,” Page said. To overcome this barrier, project staff played the roles of project manager and systems analyst in the states with which they worked. Other states hired commercial consultants to complete their gap analysis.
4. **Even with outside consultants, states must commit staff time to such an effort.** Assigning a state employee, such as someone in the governor’s office, to help plan meetings and provide introductions to information systems experts in various departments proved important. (Report to RWJF)
5. **Start analyses of information technology with visioning.** In each state, “we would have a visioning meeting with all the people responsible for implementing health reform, and we would start by asking what their vision was. Were they going to pursue a partnership or build their own system?” said Page.

“Answering that fundamental question is critical to what you are looking at systems to do. You have to have some vision that you are mapping against when you do the gap analysis.” Depending on the results of the gap analysis, state officials could decide to change their initial vision for the exchange, she added.

AFTERWARD

With \$40,000 regrant from RWJF’s *State Health Reform Assistance Network*, Social Interest Solutions worked with Virginia to complete a gap analysis in 2012.

Project staff also used \$15,000 from the National Academy for State Health Policy to build a Business Services Assessment tool for Alabama. The tool—designed to enable the state to take the next step after the gap analysis—helped Alabama determine how to manage eligibility, enrollment, and renewal for commercial and government-subsidized health insurance, Medicaid, and CHIP.

The tool also helped Alabama officials define the processes needed to determine whether a small business is eligible to participate in the state’s exchange, and to manage employee enrollment in commercial insurance products sold through the exchange.

The tool is not available online, but can be used by other states.

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