

Policy to Practice®

**How real-time alignment of HHS policy
with State and Local eligibility systems
improves effectiveness and quality,
lowers cost, and mitigates risk**

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Introduction

The process of determining if and when a person is eligible for one or more public assistance programs such as Medicaid, SNAP, and TANF in any given state or local agency is undeniably complex. In addition, changes in Federal laws migrate in inconsistent and often undocumented ways to state and local systems for determining eligibility. The resulting lack of clarity and precision from Federal Law to the implementation of that law in each state's eligibility systems is expensive and breeds a host of additional risks and complications, including the potential for errors in translation at each step, the inability to ensure that citizens are appropriately granted or denied benefits, and fraud.

In the face of these challenges, government agencies are calling for standards and best practices to ensure that states can deliver the outcome-based, citizen-centric services the systems were designed to serve.

Policy to Practice® is an initiative designed to meet these challenges and those that lie ahead. This article describes how the principles of Policy to Practice deliver the following benefits to government agencies:

- Conforms to Centers for Medicare & Medicaid Services (CMS) Enhanced Funding Requirements: Seven Conditions and Standards enables real-time policy alignment with practice
- Promotes the ability to collaborate across agencies and states
- Improves project effectiveness and quality; lowers maintenance costs
- Mitigates risks, including of inaccuracy of decisions, fraud, and project overruns

This paper also describes how state and local governments can leverage a CMS-mandated technology for more decisive results.

Current Landscape

"Currently, the majority of business rules [that apply to Medicaid eligibility] are not easily known or accessible. It's hard to understand how some states determine eligibility."

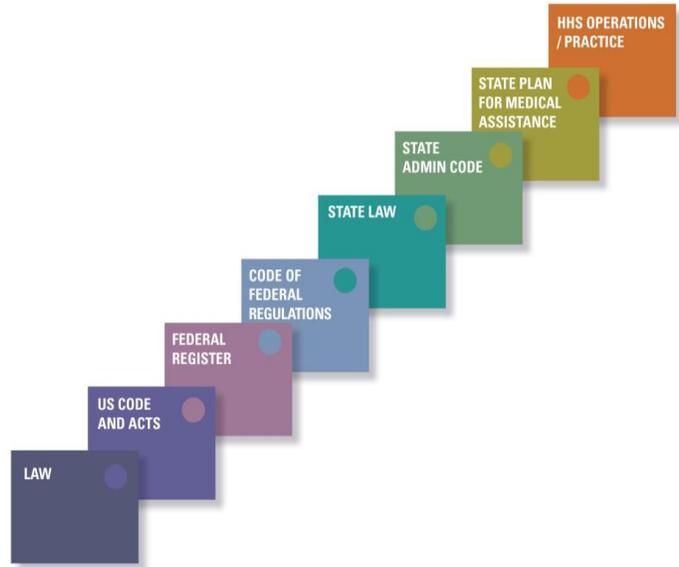
—Aneesh Chopra, former United States Chief Technology Officer

Across the country, leaders of Federal, state, and local health and human services (HHS) programs are struggling in the minutia of policy and rules. Traditional project management techniques often result in project cost overruns, the inability to share rules from project to project in an effective way, and the potential for widespread fraud. On May 2nd, 2012, the Federal government announced the biggest-ever Medicare fraud case in which 107 people were accused in scheming to cheat the Medicare system out of \$452 million through fraudulent billing. Project teams work in siloes, attempting to identify their optimum starting points: another state's rules, the existing legacy system rules, or the "start from scratch" requirements process. They trudge through the web of words and terms to try to match the subject matter expert's (SME) interpretations of such policy and rules. These expressions are then transformed to the systems environment through the traditional development lifecycle, losing precise connection to the originating policy.

Many leaders are now recognizing that if a fundamental change in approach is not taken, we will simply find ourselves in a similar situation in the future.

Policy to Practice®

The CMS, through its Seven Conditions and Standards are mandating to states that systemic improvement projects utilize a Business Rule Management System (BRMS) to address these issues. While the technical requirements documented in these standards are spot-on, leaders recognize that the problem is not just technical; it is also and perhaps primarily a process problem. Good technology requirements can provide a firm foundation, but to improve States' abilities to effectively deliver services to increasing populations, the process must change to enable real-time policy alignment with practice.



What Can Be Done?

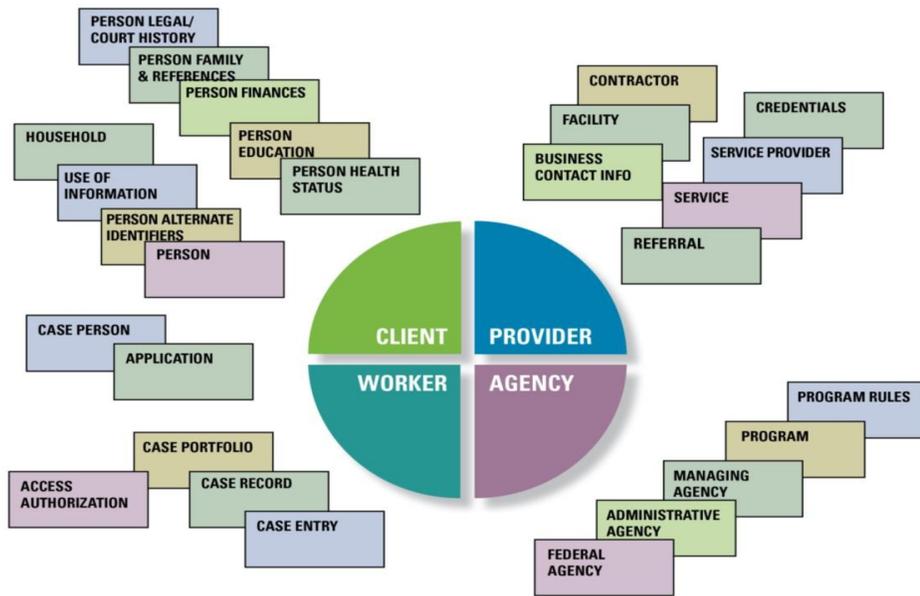
In 2011, InRule Technology launched its Policy to Practice™ initiative in an effort to address both the technical and business process challenges in the HHS Eligibility space. Policy to Practice provides four principles that provide roadmap to meeting the challenges of HHS Eligibility Systems.

1. Establish a Content Framework
2. Engage Industry Standards to establish Vocabulary and Process
3. Transform the Content
4. Enable with Technology

PRINCIPLE #1: Establish Content Framework

InRule Technology identified eight “libraries” in which key government policy, regulation and rules originate. These libraries include Federal Law, U.S. Code and Acts, Federal Register, the Code of Federal Regulations, State Law, State Administrative Code, State Plans for Medical Assistance, and HHS Operations and Practice.

The content from these libraries and the relationship of the content from one library to another informed the framework design. A key factor of the framework is its ability to establish and maintain a “line of sight” to ensure that policies and policy changes at the highest level (Federal Law) are accurately reflected in of HHS Operations and Practice. This means a precise linking content from one library to similar or related content in other libraries to support referenceability and traceability.



PRINCIPLE #2: Engage Industry Standards to Establish Vocabulary and Process

Incorporate Industry and Federal Guidance. Defining consistent vocabulary across all libraries is a cornerstone of Policy to Practice. Currently, different libraries (and the technical systems that support them) use inconsistent vocabulary, resulting in ambiguity, errors, and difficulty in sharing information among different systems and agencies. The higher cost and lower quality resulting from inconsistent vocabulary is driving the development of HHS vocabulary standards such as the Human Services National Information Exchange Model (NIEM) and National Human Services Interoperability Architecture (NHSIA.)

Using one of these emerging standards can provide an excellent starting point to creating a standard vocabulary. However, because states have specific requirements and there is no single accepted standard, states may choose to build a custom or hybrid vocabulary based on the emerging standards.

To enable consistent and shared vocabulary from the state enterprise to the many organizations within the state, Policy to Practice provides a Vocabulary Matrix. A Vocabulary Matrix includes a standard vocabulary dictionary as well as a matrix that defines, links and differentiates similar and related terms from multiple Libraries and systems. The matrix ensures accurate understanding and usage of vocabulary and terms, promotes transformation toward the vocabulary standard, and ensures ongoing consistent use of terms.

NIEM IEPD	NHSIA	AGENCY A	POLICY TO PRACTICE
CasePerson.LastName	PersonName.lastName	Client.1Name	Person.LastName
PersonDem.DOB	PersonDemographics.dateOfBirth	Client.dob	Person.BirthDate

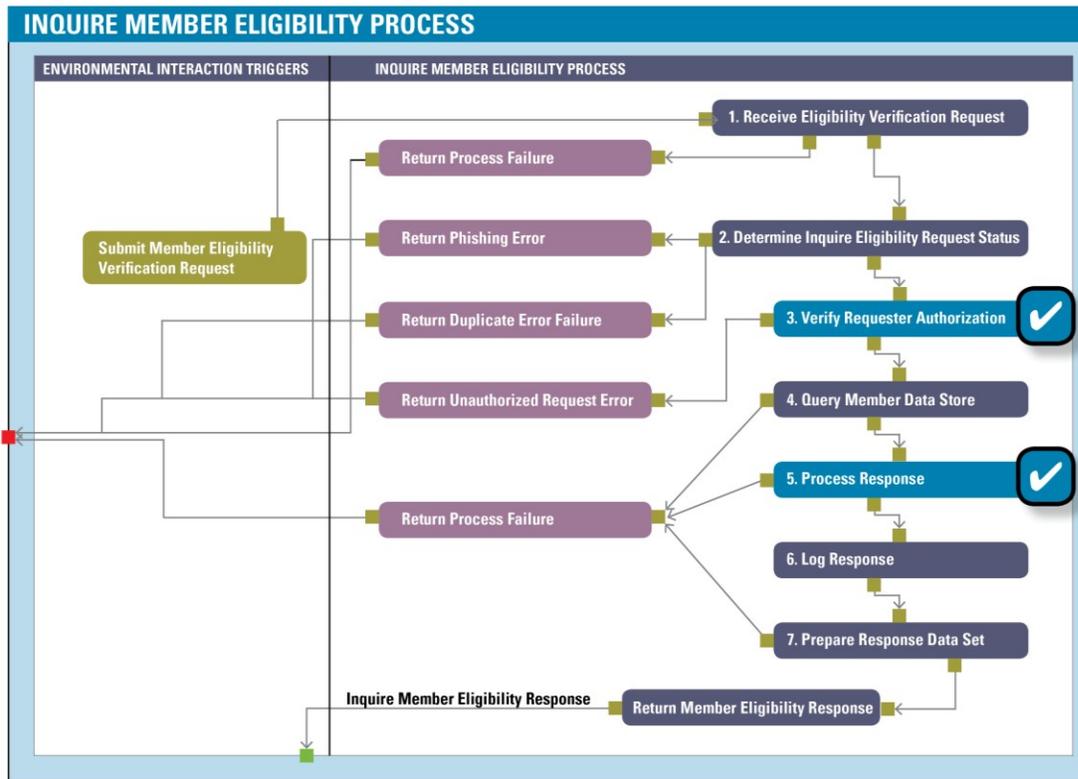


Figure 4: Example from MITA Business Process: Inquire Member Eligibility Business Process

The other key asset type in the content libraries is the business process. Recent leadership from CMS around the Medicaid Information Technology Architecture (MITA) and the Exchange Reference Architecture (ERA) derived to support the Patient Protection and Affordable Care Act (PPACA) has established a solid foundation to understand the business processes supporting HHS Eligibility. Analysis of publicly available HHS model and process artifacts identified many processes with complex decision points.

These frequently cited decision points have been identified as candidates for decision services based on their prevalence of rules, calculations, and/or complex decision logic. Once decision logic has been identified and externalized, it can be managed as a decision service within a BRMS.

For example, in Figure 4, the MITA Inquire Member Eligibility Business Process contains two rules sets that have been exposed as a decision service with Policy to Practice. This is significant in the context of movement toward Service Oriented Architectures (SOA). The concept of a decision service is the basis of the “MAGI in a box” concept: managing the MAGI calculation as a decision service, transparent, centrally managed, shareable among agencies, and optionally hosted in the cloud.

Establishing standards for Vocabulary and Process promotes the ability to collaborate across agencies and states and improves project effectiveness and quality.

PRINCIPLE #3: Transform the Content

With the Content Framework and Vocabulary and Process Standards in place, agencies are now ready to transform content to Policy to Practice, resulting in a line of sight from Federal Policy to agency practice. The method to dissect and propagate Federal legislation into a State or local program is to parse, deconstruct, and transform the native legislative and corresponding regulatory content.

Parsing content reduces highly complex laws and corresponding regulations into manageable segments, while retaining a line of sight to the original source language. No translation or interpretation is applied to the source language, which supports development of a common audit trail.

Deconstruction begins once the target document or document section has been parsed. The deconstruction methodology is critical to establishing an accurate allocation of the document's content as well as the scalability of the output. Basic deconstruction methodology starts with a common framework where every element contained in a parsed segment can be consistently allocated.

The final step, Transformation, maps the deconstructed content to a common standard, which enables developers to build solutions that consistently align the array of requirements established by the legislation and corresponding regulations.

Transformation is where the line of sight from Federal Agency to citizens being served is established; it is this step that provides the information that enables technology to deliver real-time policy alignment with practice.

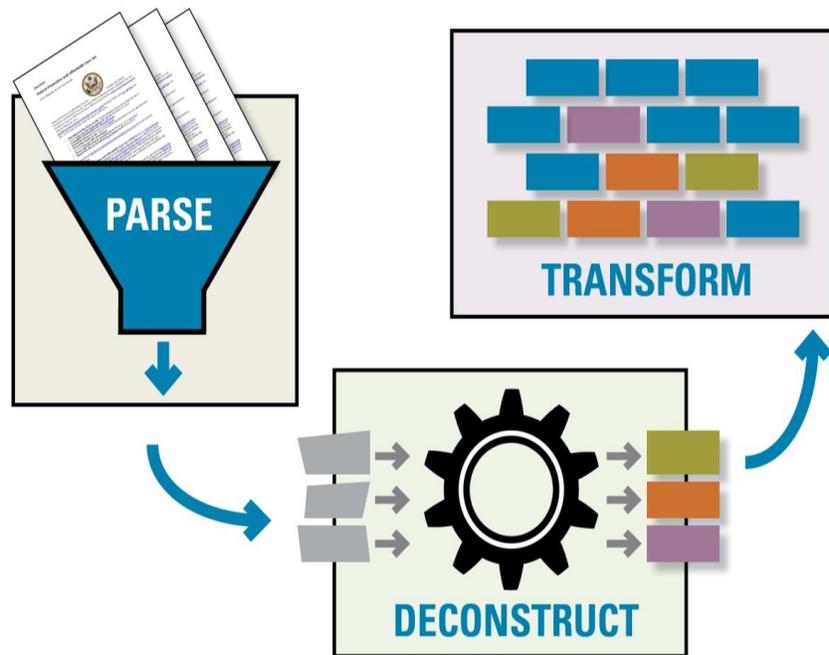


Figure 5: Example of PDT to extract "MAGI-in-a-Box"

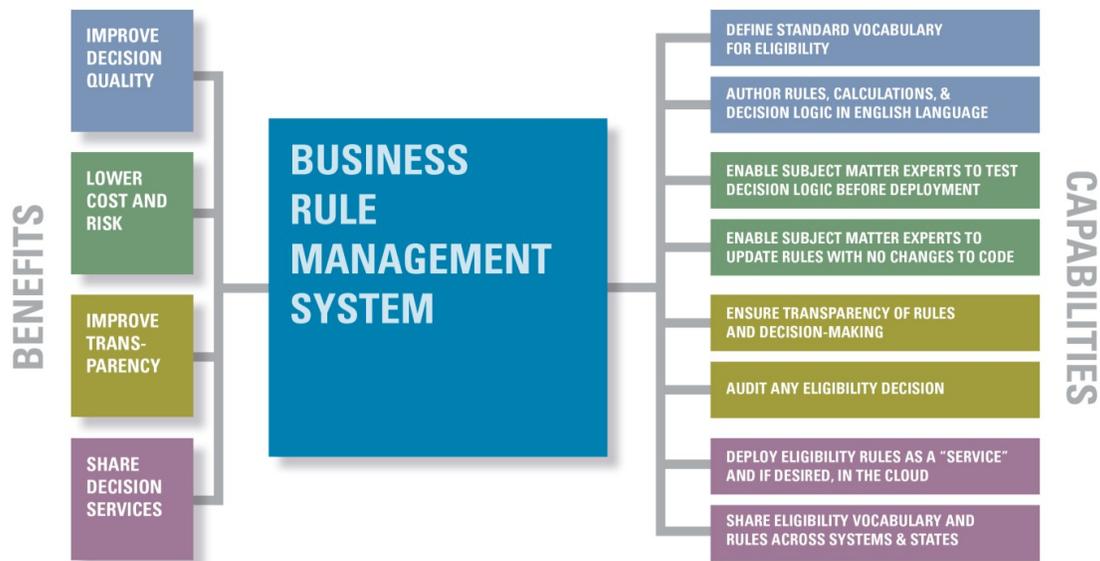


Figure 6: Business Rule Management Systems Enable Policy to Practice, with Improved Quality, Lower Risk, and Improved Transparency and Sharing

PRINCIPLE #4: Enable Policy to Practice with BRMS Technology

The foundation has been built: libraries have been established, standards have been defined and deployed for vocabulary and standards, and a line of sight has been identified from Federal law to policy practice. What’s needed now is technology to not only enable the one-time definition of this line of sight, but also support a living, easily maintainable, cost-effective eligibility system that enables real-time policy alignment with practice.

CMS mandates a BRMS as one of the Seven Conditions required for Federal funding of Health Insurance Exchange, Medicaid, and CHIP systems. A BRMS enables decision logic to be authored and managed separately from code and provides IT and other leaders control over how rules are deployed and shared among systems. BRMS enable agencies to:

- Define standard vocabulary for eligibility systems
- Define and update rules, calculations, and other decision logic in business language
- Share eligibility vocabulary and rules across systems and states
- Deploy eligibility rules as a “service” and if desired, in the Cloud
- Ensure transparency of rules and decision-making; audit any eligibility decision
- Lower risk by enabling SMEs to test decision logic before deployment
- Lower maintenance costs by enabling SMEs to update rules, calculations, and decision logic with no changes to code

Policy to Practice can be implemented at the State enterprise level and that is surely the vision of many States. However, agencies don’t have to wait for a state- wide initiative. HHS agencies can benefit from deploying Policy to Practice for their programs, knowing that their work will benefit them in the short term and provide a foundation for policy to practice at the State level in the future.