



The Computerworld Honors Program

Honoring those who use Information Technology to benefit society

Final Copy of Case Study

YEAR:
2012

STATUS:
Laureate

Organization:
Welfare Client Data Systems Consortium

Organization URL:
www.calwin.org

Project Name:
CalWIN Strategy to Health Care Reform Coverage Initiative

**What social/humanitarian issue was the project designed to address?
What specific metrics did you use to measure the project's success?**

Human existence requires basic needs: food/water, shelter and care. Society on a whole prioritizes health care services as a societal need while attaching a price tag. Standing in the middle of the spectrum is one individual and the agencies in line to bridge the gap between the price tag and the need. The Coverage Initiative project was designed to address the needs of the middle: obtain the appropriate citizenship and identity verification needed for the individual services using the state-sanctioned automated Welfare Eligibility system, CalWIN, while building a structure to communicate the information between agencies for payment services. Health care agencies are responsible for administering care. Lacking a tool to obtain proper citizenship and identity verification for federal/state reimbursement of care, the health care agency must link their referral system to CalWIN, or use the web-based application system Benefits CalWIN-Health Care (BCW-HC) to link to CalWIN in order to request the verification. The Coverage Initiative project using CalWIN is a vital tool; on behalf of the health Care agencies, CalWIN acts as the sanctioned system to obtain the required citizenship and identity verifications. Implemented in less than a year, BCW-HC and CalWIN have provided nearly 70,000 referrals from the health care agencies and have been able to obtain an average of 58% of citizenship and identity verification for individuals referred from health care agencies in 6 counties (both San Francisco and Alameda Counties have percentages exceeding 80%). In turn, health care agencies now have the ability to recoup their share of several million dollars in reimbursement funds from state and federal agencies to continue to provide the care and bridge the spectrum gap of care to finance.

Please describe the technologies used and how those technologies were deployed in an innovative way. Also, please include any technical or other challenges that were overcome for the successful implementation of the project.

Health care agencies across the state use different software systems. Some have systems solely responsible for the application process of county health programs; others manage benefits delivery and some provide both services. Regardless of the county system, the Coverage Initiative project provides a solution to seamlessly interface any health care system with CalWIN. Take, for example, San Diego County. Their health agency uses a system that administers benefits, and can send applications to an existing entity. Freely dangling interfaces hang from the system back end, with no hooks to grasp into the system that can provide them the answers they are seeking. Enter Coverage Initiative. This project established well-grooved hooks for any system to link to in order to interface applications into CalWIN. Health care agencies have a choice when deciding interface delivery modes to CalWIN: batch or real-time. Additionally, counties that do not have an application system readily available find a solution in Benefits CalWIN Health Care (BCW-HC). Much like the interface options, BCW-HC is an online web-based application which offers real-time access to enter an application for both Medi-Cal or citizenship/identity verification requests into CalWIN. All applications coming from the health care system, or entered directly into BCW-HC, are received and processed in CalWIN. Results of the applications and requests will be delivered back to the health care agency for reimbursement processing. Each option represents an innovative approach to solving business process needs using technology-based options: web-based and standardized file interfaces. Additionally, health care agencies can use both options collectively to maximize the amount of requests to be processed by CalWIN. More options open the doors to a wider audience of health care agency end users, thus serving a larger population of underserved and underprivileged customers.

Please list the specific humanitarian benefits the project has yielded so far.

Imagine yourself a homeless man; citizenship documentation of any kind is not within your grasp when you most need it. Entering a county hospital in California, you encounter a slew of applications and paperwork to complete before and after treatment. You leave the facility fully serviced and the cycle has begun. You work in the administrative department of the county hospital. Flowing across your desk is the customer paperwork. His services rendered, his Medi-Cal application, his county services application, everything, is intact except his citizenship validation. Your client doesn't have children, isn't disabled and doesn't meet the basic criteria for Medi-Cal. You determine he meets the county services criteria; however, he lacks the appropriate documentation for the state reimbursement to the county for services rendered. You electronically submit a referral to the human services agency using BCW-HC to verify his citizenship and identity. You are responsible for receiving and processing the BCW-HC referrals at the human services agency. At your disposal is CalWIN, California's centralized Medi-Cal Eligibility Data System (MEDS), and the Social Security Administration, all interfacing to validate our referred individual's citizenship. Upon recording citizenship and identity validation in CalWIN, the system generates an extract displaying all identifying information needed by the hospital. Expediently sending the extract back to the health care agency, you have completed the cycle. The homeless man continues receiving services. The county hospital is reimbursed for his services and can now financially support others in need. The human services agency stores the individual's data in CalWIN for future use. This is not a singular entity of benefit. On the scale of millions served across California through this cycle, the collaborative effort between systems and agencies contributes to the overall well being of the neediest of our population.

Please provide the best example of how the project has benefited a specific individual, enterprise or organization. Feel free to include personal quotes from individuals who have directly benefited from the work.

The health care agencies of California have been given an opportunity to expand current services to individuals most in need. The state and federal governments are poised to provide funding reimbursement to the tune of 50% of agency expanded services spending for those soliciting this offer. In order to obtain said funding, the agency must first validate both citizenship and/or identity of any individual requesting reimbursable coverage. Should the agency be unable to obtain such information, the only option for the agency is to obtain it third party via the sanctioned automated welfare system (CalWIN) and the California State Medical Eligibility Data System (MEDS). The existing interface between CalWIN and MEDS and the latest project of the Strategy to Health Care Reform provides for this verification to be obtained and referred back to health care for financial reimbursement. This benefit extends past the agency on a whole to the individuals serviced and to be serviced. As an example, San Diego County has been able to match over 3,500 individuals to date, which in turn allowed them to submit reimbursement for an estimated \$544,000.00. San Francisco has also benefited from the functionality in matching over 9,000 individuals and capturing nearly \$5,000,000.00 in reimbursement funding. In total, counties have been able to obtain documentation for nearly 40,000 individuals in 6 California counties, enabling the health care agencies to obtain reimbursement funding from the federal government.