



# Use Case Scenario Summary

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<b>Use Case Scenario Name:</b>	Social Security Determination
<b>Use Case to Which Scenario Belongs:</b>	eHealth Exchange
<b>Sponsor:</b>	Michigan Department of Health and Human Services and Social Security Administration
<b>Date:</b>	March 7, 2019

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## Executive Summary

*This brief section highlights the purpose for the use case scenario and its value. The executive summary gives a description of the use case's importance while highlighting expected positive impact.*

The Social Security Administration (SSA) receives and must respond to millions of claims for disability benefits each year. In the past, this process was entirely manual, labor-intensive, paper-intensive, and very costly. The SSA has now developed the ability to augment determination process for eligibility that saves both time and money.

Yet, due to the sheer volume of information being requested, received, processed and reviewed, the disability determination period under the current process can still take 18 to 24 months, impacting final determinations and payment to hospitals.

This process is a burden and resource drain on all participants, from healthcare providers to the SSA itself, and, more importantly, to patients waiting on approvals. Healthcare providers devote significant personnel resources to processing and submitting this medical evidence, and the SSA is overwhelmed handling the volume of applications it receives and paperwork it requests from providers.

**Purpose of Use Case:** The Social Security Determination use case scenario enables a participating organization to retrieve patient authorization documents from the SSA and to then respond electronically to the SSA request by submitting clinical Continuity of Care Documents (CCDs) through the statewide health information network and through the Sequoia Project (formerly eHealth Exchange) to the SSA.



## Overview

*This overview goes into more details about the use case.*

Annual disability claims submitted to the Social Security Administration (SSA) are growing at a rate of 11%. In fiscal year 2011, the SSA received 3.3 million initial disability requests, 800,000 requests for reconsideration of the initial decision, and 650,000 requests for administrative law judge reviews. In that same year, the SSA requested medical evidence data 15 million times (typically 3-4 requests per disability application) from more than 500,000 doctors, hospitals and other care providers.

To provide perspective on the scope of these requests, mid-size hospitals submit an estimated 400 medical records per month to the SSA with each submission averaging 50 pages per mailing/fax. At 15 million medical record submissions in 2011, that means the SSA may be receiving and processing 750 million pages of mailed/faxed medical evidence per year.

In response to the volume of work required to process disability claims, the SSA funded several vendors to:

- Develop electronic claims processing to help reduce paper work
- Eliminate manual record processing
- Expedite responses to SSA requests
- Ensure more complete medical record information
- Standardize medical record data formats
- Eliminate medical record information security breaches
- Enable faster payment (a few days, vs. months before)
- Reduce significant overhead through streamlining the process

As part of these efforts, the SSA connected to the Sequoia Project (previously the Nationwide Health Information Network [NwHIN] and eHealth Exchange) to enable the exchange of health information from other organizations around the U.S. that are connected to the Sequoia Project. As a participant in the Sequoia Project, MiHIN has established the necessary connectivity enabling organizations to respond to SSA requests electronically.

The SSA benefits from streamlining the current process as do other stakeholders, including hospitals, health systems, and patients. Facilitating electronic submission of information to the SSA using an electronic claims processing service helps hospitals and healthcare providers realize:

- Service, efficiency, and quality advantages
- Enhanced security and breach avoidance



- Cost reduction maximization
- Improved ROI of hospital HIE investment
- Revenue optimization (uncompensated care recovery)

More importantly, patients receive benefits responses much sooner (within days as opposed to more than a year) and hospitals are reimbursed much sooner in addition to the reduced costs.

A four-hospital integrated health system realized an incremental year one revenue recovery of \$1.9M associated with more timely claims processing and a three-year recovery of \$6.1M between 2009 and 2012.<sup>1</sup>

Faster, easier SSA request processing offers hospitals and health systems the opportunity to:

- Reduce Full-Time-Equivalent (FTE) personnel handling medical record requests or redirect current FTEs to revenue-producing activities;
- Decrease medical record vendor copy fees; minimize office supplies; avoid increasing postage fees (which are no longer paid by SSA);
- Expedite replies to SSA requests leading to timely accurate processing of disability cases (resulting in faster payments, greater provider reimbursement, and better patient care)
- Enhance integrity of patient information by minimizing potential in-house patient record security breaches; eliminate the need to outsource SSA record submissions

This use case scenario enables responses to electronic eligibility determination requests via a sending of CCDs through MiHIN's infrastructure service called Common Gateway Service (CGS). CGS offers the capability to send, find, receive, and use healthcare data throughout Michigan or with other states. CGS consists of a CONNECT Gateway together with an exchange broker, and utilizes NwHIN's SOAP-based messaging for:

- Document submission (DS)
- Patient discovery (PD)
- Query for document (QD)
- Document retrieve (DR)

The exchange broker manages message transformation and routing to and from the Sequoia Project (these messages work with Sequoia Project participants, such as federal agencies including SSA, Department of Veterans Affairs, and Centers for Medicare and Medicaid Service) and also to and from trusted data-sharing organizations (TDSOs). The message transformation services allow TDSOs to send and receive messages in a number of protocols whether NwHIN SOAP, or the more widely used IHE standards for XCA and XDS.b.

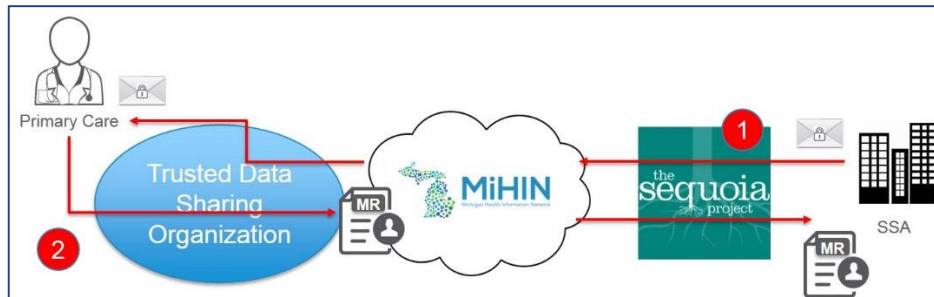
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<sup>1</sup> S. Feldman, T. Horan, and D. Drew, *Claremont University Case Study – MedVirginia HIE and Bon Secour Hospitals, Health Systems*, 1–13

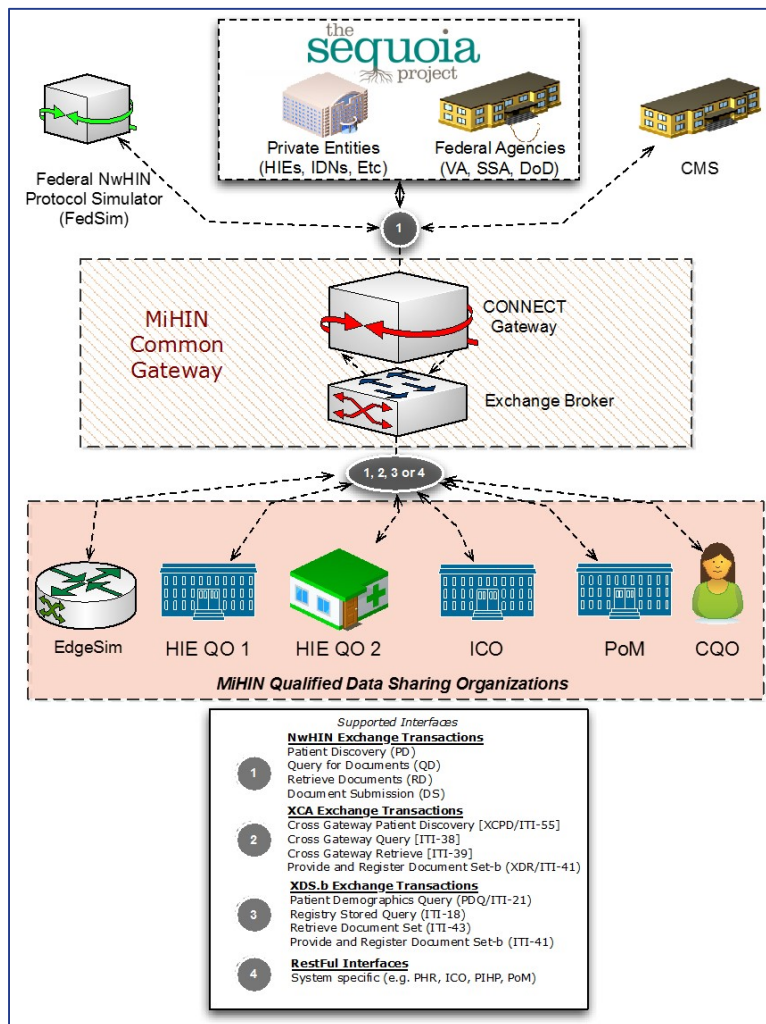


## Diagram

*This diagram shows the information flow for this use case.*



**Figure 1. Basic Data Flow for SSA Requests for Disability Determination Information**



**Figure 2. Detailed Figure of SSA Requests**

## Regulation

*This section describes whether this use case is being developed in response to a federal regulation, state legislation or state level administrative rule or directive.*

### Legislation/Administrative Rule/Directive:

- ☐ Yes
- ☐ No
- ☒ Unknown

### Meaningful Use:

- ☐ Yes
- ☐ No
- ☒ Unknown

## Cost and Revenue

*This section provides an estimate of the investment of time and money needed or currently secured for this use case.*

### Costs

This use case scenario includes the following cost components:

- Development of message protocols compatible with certified electronic health record (EHR) systems to receive and process patient authorizations and to submit standardized patient medication data (completed)
- Health information exchange-qualified organization (HIE-QO) development and implementation to onboard with the exchange broker (optional)
- Hospital/Health system implementation and integration (approximately \$30k)

### Revenues

The SSA will pay MiHIN \$15.00 per successful two-way exchange of eligibility determination information. MiHIN elects to retain only a few dollars per transaction to cover its costs, sharing the remaining revenues with participating organizations. A large hospital or health system may process 9,000-10,000 determination requests per year. This represents a six-figure revenue sharing opportunity for the hospital or health system and

their HIE (health information exchange) if the HIE participates also. This “plus revenue” is in addition to the significant cost savings and labor reduction discussed previously.

## Implementation Challenges

*This section describes the challenges that may be faced to implement this use case.*

The greatest implementation challenges for this use case scenario are:

- Communicating its availability and capability to healthcare providers and to compel participation to begin accepting electronic eligibility determination requests from the SSA via MiHIN, and communicating electronic claims data to the SSA via MiHIN
- Implementing standards for communication of medical records in response to requests for medical evidence from the SSA for the purpose of claims determination
- The potential need for additional development by EHR vendors to support this type of communication with the SSA

## Vendor Community Preparedness

*This section addresses the vendor community preparedness to readily participate in the implementation of this use case.*

Some large EHR vendors are prepared to participate in this use case scenario due to their native support of the NwHIN protocols. Other EHRs can be enabled to participate in this use case scenario by integrating with CGS, the cost for which is estimated in the vicinity of \$30k.

There are third-party solutions available to hospitals and health systems which can be integrated with both their EHR and CGS.



## Support Information

*This section provides known information on this support for this use case.*

### Political Support:

- ☐ Governor
- ☐ Michigan Legislature
- ☐ Health Information Technology Commission
- ☒ Michigan Department of Health and Human Services or other State of Michigan department
- ☒ CMS/ONC
- ☐ CDC
- ☒ MiHIN Board

**Other:** Social Security Administration

## Sponsor(s) of Use Case

*This section lists the sponsor(s) of the use case*

- Michigan Department of Health and Human Services
- Social Security Administration
- Michigan Health Information Network Shared Services

## Metrics of Use Case

*This section defines the target metrics identified to track the success of the use case.*

The key metrics for this use case scenario include:

- Number and amount of payments from SSA
- Number and amount of revenue sharing payments from MiHIN to hospitals/health systems
- Cost savings achieved at hospitals/health systems

- Number of hospitals/health systems participating in the electronic transmission of claims data and medical records
- Frequency and quantity of electronic claims data requests and submissions
- Reduction in processing time and resources required for healthcare providers to respond to requests for medical evidence from the SSA

Other metrics will be identified.

