



Illinois Unified System Planning Project

Deliverable #5: Provide analysis and recommendations for the extension of the Recipient Identification Number (RIN) to all DHS Early Childhood Systems and other DHS system integrations and enhancements.

Prepared for:
**Governor's Office
Of
Early Childhood Development**

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I. Introduction

The ability to consistently identify individuals (children and the early childhood workforce) across multiple early childhood programs and systems is an important consideration for ensuring the availability, accuracy and completeness of information within an integrated systems environment. This issue has been raised and to varying degrees addressed by agencies offering early childhood services across the State. The Illinois State Board of Education uses the Statewide Identifier (SID) to uniquely identify students in the Student Information System (SIS). A project currently under development, the Common Identifier Project (CIP), seeks to define and implement a statewide workforce unique identifier. The Department of Healthcare and Family Services (HFS) and the Department of Human Services (DHS) have implemented the Recipient Identification Number (RIN) as their standard unique identifier for Medicaid eligible residents as well as residents that utilize DHS social services respectively.

One goal of this phase of the Unified System Planning Project is to provide analysis and recommendations for the extension of the RIN to all DHS Early Childhood Systems. Another goal is to understand other unique identifier-related initiatives that may be relevant to DHS efforts. Ultimately, this document will provide key findings and preliminary recommendations for a systems-based approach to using unique identifiers. To accomplish this, the process summarized below was followed and is documented in this report.

- HFS and DHS were reviewed to provide context for the report.
- The currently implemented RIN administrative and management capabilities were reviewed and documented.
- Current RIN business practices of DHS programs were reviewed and documented.
- Other projects that have a unique identifier component which may potentially impact DHS were reviewed and documented.
- Preliminary findings and recommendations were documented to inform subsequent phases of the Unified System Planning Project.

II. Department of Healthcare and Family Services (HFS)

The Department of Healthcare and Family Services is responsible for providing health care coverage for adults and children who qualify for Medicaid and for providing Child Support Services to help ensure that Illinois children receive financial support from both parents. The agency is organized into two major divisions, Medical Programs and Child Support Services. For the purposes of this review, the division of Medical Programs is being reviewed to the extent that they create and manage RINs through the Medicaid system (the client database or CDB).

The Division of Medical Programs administers, and in conjunction with the Federal government, funds medical services provided to about 20 percent of the State's population. Illinois' Medical Assistance Programs, consisting of Medicaid and numerous other medical programs associated with it, provide comprehensive health care coverage to over 2.6 million Illinoisans and partial benefits to another 290,000+. The programs cover children, parents or relatives caring for children, pregnant women, veterans, seniors, persons who are blind, and persons with disabilities.

Illinois residents that require health care services supported by HFS present at one of the many Family Community Resource Centers across the State. At these facilities, intake workers gather the required information, verify eligibility and enroll the client/family in one of several Medicaid programs. Through this process, Medicaid case numbers and RINs are generated and assigned.

Public Act 88-554 mandated that HFS create a statewide electronic Recipient Eligibility Verification (REV) system to support this process. The REV system is available to enrolled providers throughout the State. The REV system utilizes three approaches for providers to assess the Medicaid eligibility of their clients.

- HFS contracts with 3rd party vendors (REV vendors) that relay electronic transactions back and forth between a provider and the Department. These clearinghouses have direct access into the CDB.
- HFS offers the ability for providers to perform Direct Data Entry (DDE) through the Medical Electronic Data Interchange (MEDI) Web site.
- HFS offers an Automated Voice Response System (AVRS). The AVRS will provide all information relating to a participant's eligibility and will permit up to six eligibility inquiries during each telephone call.

The REV, MEDI and AVRS systems provide mechanisms by which a single recipient eligibility inquiry request can be processed and returned. Under normal conditions, the response to any real-time inquiry will be returned in a matter of seconds. The REV system also supports larger scale batch processing of multiple eligibility requests. Through this process, Medicaid case numbers and RINs are routinely assigned. These unique identifiers are stored in the CDB and are made available to HFS and DHS staff as described in the subsequent sections of this report.

III. Department of Human Services (DHS)

The Department of Human Services consists of five divisions including The Division of Alcoholism and Substance Abuse, The Division of Developmental Disabilities, The Division of Family and Community Services, The Division of Mental Health, and the Division of Rehabilitation Services. Of particular interest to this project are the early childhood related

programs under the Division of Family and Community Services. The early childhood related programs within this Division include:

- Cash Assistance
- Child Care Assistance Program
- Early Intervention
- Family Case Management
- Healthy Families Illinois
- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

To support service delivery and the ongoing management of these programs, DHS has adopted the RIN as the system-wide unique identifier for its clients that apply for and receive DHS social services through the programs listed above.

As part of the Unified System Planning Project, DHS has determined that an assessment of the RIN assignment and management process is necessary. The intent of the assessment is to determine the feasibility of using RIN as the primary unique identifier for children in all DHS early childhood related programs and systems. To support this effort, key stakeholders within the DHS early childhood-related programs listed in Table 1 were engaged and their corresponding data systems and processes were reviewed.

Table 1 – DHS Early Childhood Programs Using RIN	
Program	Data System
Cash Assistance	Automated Inquiry System (AIS)
Child Care Assistance Program	Child Care Tracking System/ Child Care Management System
Early Intervention	Cornerstone
Family Case Management	Cornerstone
Healthy Families Illinois	Cornerstone
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	Cornerstone

Supplemental Nutrition Assistance Program (SNAP)	Automated Inquiry System (AIS)
Temporary Assistance for Needy Families (TANF)	Cornerstone

IV. RIN Processing in DHS

The Illinois Department of Human Services supports the Identity Protection Act (HB547) through the implementation and support of the RIN Project for DHS social services. The DHS RIN Project started in 2004 and since that time, approximately 2,000,000 RINS have been created for Illinois citizens that utilize DHS social services made available through the five major DHS Divisions. The goal of the RIN Project is to have a universal single identifier for individuals using State services while removing dependence on the individual’s social security number for identification.

On July 1, 2004 The DHS call center began RIN assignment. The Bureau of Customer and Provider Assistance (now the Office of Accessibility & Customer Support) was identified as the organization responsible for RIN assignment for the Division of Mental Health. Other DHS agencies participating in the project include: Community Health and Prevention, Office of Rehabilitation Services, the Office of Developmental Disabilities, and the Office of Alcohol and Substance Abuse. Attributes of the RIN Project include:

- The RIN must be tied to the demographics of a person.
- The RIN is used for eligibility inquiry, claims, payments, and reimbursements.
- A person will have one and only one RIN.
- A central unit from DHS supervises and oversees the process for RIN creation and maintenance.

A 3rd party vendor, Chicago Lighthouse (CLH), is responsible for day-to-day operations of the eRIN Request System and associated business processes. CLH staff representatives (seven to ten staff) plus several interns have been keeping up with daily demands of the RIN Project, assigning an average of 1,200 to 1,500 RINs per day. Participating agencies submit batch files or individual client records containing the required information and in return are provided a DHS Medicaid or Social Services RIN. The process is supported by a Web-based application and is totally paperless. RINs are consistently maintained in the Medicaid system (client database (CDB)). Early childhood-related DHS programs are connected to that database by a variety of methods using one or more of the processes described below.

A. Automated RIN Assignment (Cornerstone and CCTS Systems)

Please refer to Figure 1 for the following workflow review. Illinois residents who request HFS medical services through Early Intervention (1), DHS Social Services through Family and Community Resource Centers (2) or Child Care Assistance (3) are enrolled by program staff at various sites throughout the State. Program staffs enter new participant data into their systems, capturing demographic and eligibility information. On a nightly basis, batch files containing all new clients are submitted to the CDB to obtain Medicaid RINs (4). The CDB analyzes each submitted record and attempts to retrieve a previously assigned RIN that is associated with a Medicaid case number (5). If the participant is in the Medicaid system, the existing RIN is returned to the program as part of the overnight batch processing cycle (6). If the participant is not matched in the Medicaid system, then no RIN is returned to the submitting agency.

B. Automated eRIN Assignment (Cornerstone)

Please refer to Figure 1 for the following workflow review. After the batch file is returned to the agency that submitted it, that agency will then take all records returned without a RIN and will resubmit them within another batch file. This batch file, as submitted by DHS agencies, is referred to as an eRIN request (7). CLH staff review the eRIN requests against the CDB in an attempt to find an existing DHS Social Services eRIN. If one is found, the eRIN is returned to the submitting agency as part of an updated batch file (8). If no eRIN is found, one will be assigned by CLH staff and that new eRIN will be returned to the submitting agency through an updated batch file as well (9). Note that if a Medicaid RIN is not found through the original request, the CCTS system does not request an eRIN.

Automated RIN/eRIN Assignment

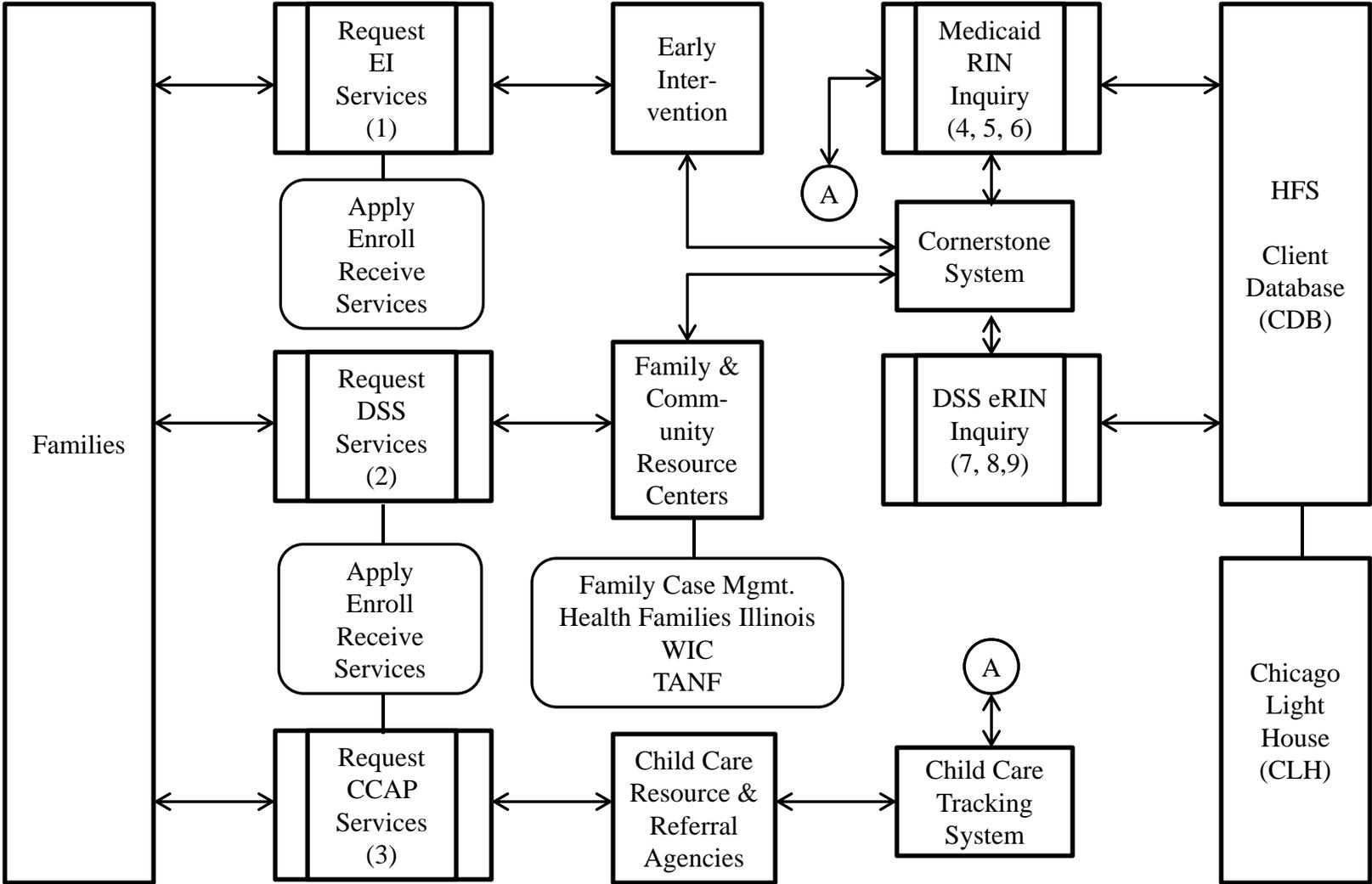


Figure 1

Illinois Unified System Planning Project
 Recipient Identification Number (RIN) Analysis
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C. Manual RIN Assignment (AIS System)

Please refer to Figure 2 for the following workflow review. Program participants of SNAP and Cash Assistance are enrolled by program staff at various sites throughout the State (1). Program staffs enter new participant data into the Automated Inquiry System (AIS) to determine program and benefit eligibility (2). During this process, AIS also queries the CDB for an existing RIN (3). If a RIN is found, it is returned via the AIS system (4). If more than one RIN is identified, program staffs use a RIN selection hierarchy to choose the correct RIN (5). If a RIN is not identified by AIS, AIS will assign the participant a RIN based on the next RIN available within the CDB system (6).

D. Manual DHS RIN/eRIN Assignment

Please refer to Figure 2 for the following workflow review. Program participants of mental health, developmental disabilities, rehabilitation and other DHS services are enrolled by program staff at various sites throughout the State (7). As part of this process, service providers engage CLH to obtain RINs. CLH supports manual one-at-a-time eRIN requests through their Web-based eRIN request system. When seeking an eRIN, the provider enters the required information and submits the eRIN request via the Web site (8). CLH staff manages each request and verifies that the data is accurate and complete. The system attempts to find a match against an existing RIN within the CDB. If an exact match is found, CLH staff provides the RIN to the service provider (9). Any partial match cases are manually reviewed by CLH staff. If no match is found, a new DHS Social Services eRIN is created. The eRIN is then given to the provider (10). After CLH provides the RIN number to the provider, they are required to verify the RIN number through a submission to HFS or to a neutral 3rd party vendor (Valley Systems) (11). The vendor checks the RIN number submitted by the provider to see that the number is accurate.

Manual RIN/eRIN Assignment

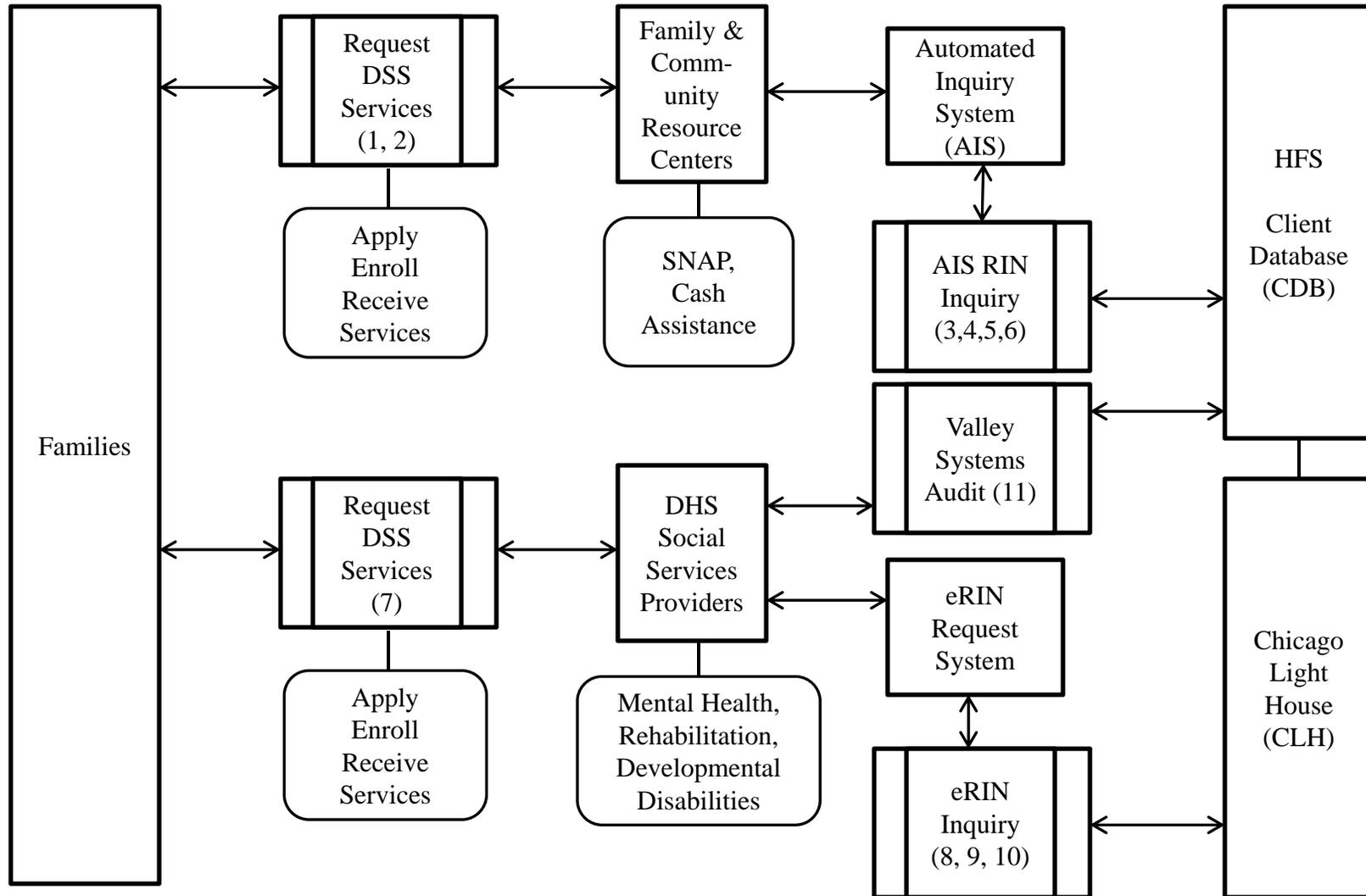


Figure 2

E. Special Considerations

1. Assignment of Multiple RINs

One of the more significant challenges currently being addressed by DHS staff is the assignment of multiple RINs to a single person within the system. For example, when a newborn baby comes into the system, that child is given a RIN. Subsequently, the parents may go to a local service provider and request that their child be added to their medical card. During intake, CLH staff may not correctly look up information that is in the system or may overwrite it resulting in the creation of another RIN for an individual. This happens with some frequency and requires manual intervention to correct. When duplicate or multiple RIN assignments are found, an algorithm is followed to determine which RIN is the correct RIN and will be kept (see Table 2).

2. Criteria Used for Selecting a Previously Assigned RIN

When a client has more than one RIN, the following hierarchy is used to decide which RIN to assign:

Table 2 – RIN Prioritization Criteria	
Order of Preference	Types of Coverage
Active Medical Eligibility RIN	Medical benefits from Family Health Plans (Family Assist, All Kids/FamilyCare Assist, Share, Premium, Rebate, Moms & Babies), TANF, Illinois Healthy Women, Aid to the Aged, Blind and Disabled (AABD), Health Benefits for Workers with Disabilities (HBWD), Breast & Cervical Cancer, Veteran's Care, Medicare Savings Programs (QMB, SLIB, QI-1), presumptive eligibility (Child PE, MPE, temporary medical pending disposition on an application, P3, P4, P6), Refugee Assistance, Repatriate Assistance and DCFS (Category 98).
Most Recent Inactive Medical Eligibility RIN	Same types of coverage as for Active Medical Eligibility RIN.
Active Specialty RINs	DHS Social Service Package B (LO 193), HFS Social Service Package A (LO 194), Department of Corrections (LO 195).
Most Recent Inactive Specialty RINs	Same types of coverage as for Active Specialty RIN.
Payee RIN	All programs when the payee never received medical or specialty coverage.

<p>Active or Inactive Supplemental Nutrition Assistance Program (SNAP) RIN</p>	<p>Use when the active or inactive SNAP recipient did not receive medical or specialty coverage or was never a payee for another person.</p>
<p>Most Recent Inactive SNAP RIN</p>	<p>Use when the inactive SNAP recipient did not receive medical or specialty coverage or was never a payee for another person.</p>

3. Other Issues

If multiple RINs are found within a single group in the order of preference, the most recently assigned RIN should be used.

New RINs should not be automatically assigned to a newborn. Some newborns are immediately connected with other DHS Services at birth and a RIN is assigned at that time. First, a search for a previously assigned RIN should be conducted and if no RIN is found, a new RIN is assigned.

If a case has been canceled for more than 24 months, the person's original RIN may still be in the system but may be unusable. If the system does not permit entry of a previously assigned RIN, a new RIN is assigned.

V. Other Approaches to Unique Identifiers

While the RIN supports the identification and tracking of individuals utilizing HFS medical services and DHS social services, the larger community of children and workforce are not tracked through this system. The Unified System Planning Project will most likely implement a strategy for identifying all children in the State as well as the early childhood workforce. To support this strategy, there are several initiatives currently underway in the State that must be reviewed and considered. These include the Common Identifier Project (CIP), the Illinois Healthcare and Human Services Delivery Framework (the Framework Project), the Illinois Health Information Exchange (ILHIE) and the Illinois State Board of Education (ISBE) Statewide Identifier (SID). Each of these unique identifier-related initiatives is reviewed below.

A. Common Identifier Project (CIP)

Illinois Department of Commerce and Economic Opportunity (DCEO) and the Illinois Department of Employment Security recently received a grant from the U.S. Department of Labor for a Workforce Data Quality Initiative (WDQI) project. DCEO is working in coordination with Illinois education agencies including the State Board of Education, the Illinois

Community College Board as well as the Illinois Board of Higher Education and the Illinois Student Assistance Commission.

Illinois is well positioned to utilize federal WDQI funding to take the final steps in moving from a “partial” to a “comprehensive” workforce longitudinal data system. Such a system will support sophisticated performance management and reporting, extensive policy analysis and research, and comprehensive consumer information systems consistent with all federal and state privacy and security requirements. Illinois will invest the requested federal WDQI funds to establish a more comprehensive and integrated workforce longitudinal data system that can be more easily and consistently linked with State educational longitudinal data systems for performance management, policy research and consumer information applications meeting the most stringent data quality and security requirements.

For the purposes of this report, WDQI’s approach to identity management is most relevant. The project will develop a technical and operational solution for how education data from the Illinois Longitudinal Data System (ILDS) and workforce data from participating agencies can be integrated at the individual level. The recommended approach to data is that a central reference table and person-matching function will be developed and implemented. Education, workforce and human services agencies will work together to develop a common identifier system to improve the effectiveness and efficiency of matching individual records. Key elements of the common identifier system will include:

- Common approach for matching records based on core identifiers and rules for conducting matches with a high degree of confidence (e.g. social security number, last name, first name, middle initial, birthday, and gender).
- Common approach with additional core identifiers (e.g. race/ethnicity, address/location, agency program ID, and name history).
- Common identifier system and reference table using core identifiers.

The common identifier system will ensure consistent quality, reliability, and security to individual record matching among all agency partners. This system also will improve overall privacy/security by removing confidential personal information (e.g., name, social security number, birth date) from both agency and multiagency longitudinal databases.

Illinois education and workforce agencies have developed a common reference table containing the definitions and coding of core personal identifiers maintained and used by agencies in matching individual records within and across agencies. These core personal identifiers include:

- Social security number
- Person name (first name, last name, middle initial)
- Birthdate (day, month, year)

- Gender
- Race/Ethnicity
- Address/Location
- Agency/Program ID
- Name History
- Geographic Indicator (e.g., zipcode)

The central reference table also provides information on the quality of the data for these core personal identifiers based on if and how these data are validated by the agency and its partners.

Through the WDQI project, agency partners will present a plan for establishing a centralized identification management service. The service will be used by all federated system partners to manage interagency matching of records in ways that continuously improves the quality and security of all recorded matches. The identification management service will include the following capabilities to support intra-agency entity matching.

- Source Personal Identification Data (PID) – Each agency’s source PID will be maintained unedited and will be continually updated by the responsible agency. Each entity will have an agency provided unique identifier.
- Standardized Agency Data – A standard set of rules are applied to each element in an agency’s PID transforming it into an element that yields better matching. An example of a translation would be converting all character signs to upper case text.
- Data Analysis - PID is reviewed to determine what is or is not allowable with value frequencies run to make sure no default values are present. Often these are manual examinations of the data values and data frequencies.
- Matching Algorithms - Matching logic and associated software will support ongoing analysis and resolution of partial matches.

B. Framework Project

Illinois is currently engaged in a process of developing a strategic technology infrastructure and business model that will integrate DHS programs including Medicaid and the Children's Health Insurance Program (CHIP), TANF and SNAP programs. The technology infrastructure will replace siloed, outdated technology currently being used in several DHS programs with a modern, build-once-use-many infrastructure. The new business model will integrate DHS services to support no-wrong-door access and improved coordination of care and service delivery. This project is referred to as the Illinois Healthcare and Human Services Delivery Framework (The Framework).

The Framework encompasses technology infrastructure and business process redesign, both important considerations for how to approach unique identifiers. A contract has recently been completed with a planning vendor (CSG Government Solutions). CSG will conduct detailed reviews of existing systems and business processes across DHS to support the development of technical specifications for The Framework. While the Framework is still in the planning stages, it is recognized within the project that specific consideration must be given to the approach for defining and managing unique identifiers for individuals and workforce. The approach to managing unique identifiers currently under development with the Illinois Health Information Exchange (ILHIE) is being specifically considered (reviewed in the following section).

To further support the goals of the Framework project, DHS is taking active steps for the development of the required information technology infrastructure. DHS is leveraging available federal funds to support the development and implementation of the Integrated Eligibility System (IES). IES is an integrated eligibility and case management system for Medicaid, SNAP, and Cash Assistance (including TANF). The Illinois IES will be based on the Michigan Bridges system (<http://www.michigan.gov/mibridges>) with implementation being supported by Deloitte Consulting. As with other systems supporting application, enrollment and service delivery for State and Federal educational and health care programs, the approach to managing person identifiers is an important consideration.

Illinois has three additional projects currently underway that will influence The Framework. These parallel initiatives are being proactively considered by Framework project leadership. The Medicaid Management Information System (MMIS), the Health Benefits Exchange under the Affordable Care Act, and the development of the ILHIE under the Office of Information Technology are all underway. These three projects are collectively referred to as the Medicaid/Healthcare Projects. All three projects are at different stages of planning and development, with aggressive timelines for implementation. All three projects also have obtained substantial Federal funding. Many of the core business functions that will support the Medicaid/Healthcare projects are also required for managing the other Framework programs and services, including how unique identifiers will be managed within and across these systems.

C. Illinois Health Information Exchange

The Illinois Office of Health Information Technology (OHIT) was created by executive order 2010-1, signed by Governor Pat Quinn on February 12, 2010. OHIT works to promote the development of health information technology, increase the adoption and meaningful use of electronic health records, assure the privacy and security of electronic health information, and direct the State's health information exchange implementation efforts (the Illinois Health Information Exchange (ILHIE)).

The Illinois Health Information Exchange facilitates and supports the exchange of electronic health information among clinical and public health settings. Illinois has developed a set of principles that guide the design and implementation of the ILHIE:

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- The ILHIE will initially focus on serving as a secure communications/message routing hub (ILHIE Direct) ensuring connectivity among multiple local and enterprise HIEs; other state HIEs; NHIN; providers and other stakeholders that chose to use the
- The ILHIE will expand to provide more comprehensive data exchange services for the Illinois health care community including master patient index, master provider index, master payer index, message broker service, and record locator service.
- The ILHIE will develop, assemble and maintain several statewide databases that will serve as intrastate and interstate resources to enrich services to participating providers for document look-up and retrieval (i.e., paid claim database, filled prescription database).

The statewide HIE infrastructure is a hybrid model, utilizing local and regional HIEs in support of coordinated clinical data exchange among autonomous components. This standards based model will facilitate and support data exchange among the local HIEs, public health agencies, other state HIEs, the Illinois health care provider community, and other clinical settings.

The ILHIE will focus on providing core services that local and regional HIEs and providers will utilize. Each service listed below will be Web services accessible to authorized HIEs, payer and provider systems serving as a single “source of truth” for health exchange activities in Illinois:

- Master Patient Index
- Record Locator Service
- Provider Directory
- Payer Directory
- Public Health Entity Directory
- Security Services (Authentication, Access Control, Auditing)

Conceptually and practically, the ILHIE has the broadest potential for managing the identity of individuals across the State of Illinois given the assumption that everyone utilizes the health care system at one point in time or another. The project also has significant funding and access to technical resources to support the development of identity management utilities such as master patient index, record locator service and provider directories. These utilities are also needed within the early childhood domain in support of identity management.

There are however, concerns about the extent to which ILHIE efforts align with the needs of the early childhood environment and The Unified System. The ILHIE is extensively focused on health-related data exchange and has made a strong commitment to the rigorous standards and functionality necessary to be successful in that environment. In this regard, ILHIE may not be responsive to the needs of systems integration efforts in the early childhood community. That being said, The Unified System Planning Project should keep abreast of developments within the

ILHIE and be prepared to collaborate and possibly leverage capabilities developed by that enterprise.

D. ISBE Student Information System Statewide Identifier (SID)

The Illinois State Board of Education (ISBE) Student Information System (SIS) provides the State education agency, State and Federal entities, the education community, and the public with timely and accurate data collection and reporting about students (including early childhood) at the school, district, and state levels. The SIS provides secure and appropriate access for data-related services such as student record inquiry, retrieval, and transfer. This system serves as the vehicle to collect student-related information electronically from school districts and entities that provide Preschool For All prekindergarten programs and Prevention Initiative programs. The system provides for:

- Assigning a unique student identifier to all students,
- Collecting demographic, performance, and program participation data for each student,
- Tracking students as they move or matriculate from one school, district, or entity to another within the State, and
- Reporting timely and accurate information/data through standardized reporting capabilities.

The system also provides a set of data exchange capabilities that enables districts/entities to use their preferred student information systems, while sharing appropriate information with the SIS to meet the broader needs of the State educational system.

As school districts enroll and serve students, they submit student information to the SIS on an ongoing basis. When information for a new student is submitted, a statewide identifier (SID) is assigned. The SID is a nine-digit random number automatically assigned to the student and serves as the unique identifier for the student throughout their involvement with the Illinois school system.

VI. Key Findings and Preliminary Recommendations

- The RIN is widely implemented across all DHS programs that were reviewed and is generally accepted as the unique identifier for DHS program participants. While there are gaps that must be addressed (reviewed below), there appears to be strong support for the RIN as the unique identifier across all DHS systems.
- While the RIN may be an acceptable unique identifier across DHS systems, it has significant limitations relative to its potential as a statewide unique identifier. DHS

programs serve only a subset of the Illinois population and therefore, RINs are not used beyond HFS and DHS. This limitation is understood and accepted within DHS programs.

- It is unlikely that there will be a single unique identifier implemented within the many independent data systems across the State. The strategy that is adopted by any single entity must consider capture and management of multiple unique identifiers, especially those utilized by collaborating partners.
- The business process and technology that supports RIN assignment requires further analysis and refinement. Currently, there are multiple processes supporting RIN assignment and they are not consistently implemented. Limitations of the existing system include partial RIN assignment to program participants, multiple RIN assignments to individuals, and inconsistent auditing and quality control measures. Some degree of business process redesign, auditing and/or automation may be required to improve accuracy in RIN assignment.
- Current operational capabilities within Chicago Lighthouse support RIN assignment for most DHS social services clients. If a concerted effort is made to support RIN assignment for all DHS clients, staffing for this organization may have to be increased in order to meet the increased operational requirements. This finding depends on the extent to which existing processes are consolidated and/or automated.
- Extending RINs to all DHS clients will potentially impact service providers and/or their administrative staffs. For example, Early Intervention billing staff obtains the RIN as part of the billing process for their Medicaid clients. Extending the process to all clients may impose a significant burden on Early Intervention staff. Another example involves the Child Care Tracking System (CCTS). That system queries the CDB for preexisting RINs on a nightly basis. If one is found, it is stored in CCTS for reference. However, if a RIN is not returned, no action is taken.
- Other projects with unique identifier components such as WDQI (Common Identifier Project), Illinois Health Information Exchange (Master Patient Index), ISBE Student Information System (Statewide Identifier), Illinois Longitudinal Data System (Statewide Identifier and Common Identifier Project) should be considered as the DHS strategy for unique identifiers is formalized.
- The Unified System will require utilities for identity management and associated data collection and data management capabilities. These utilities include tools for creating unique identifiers, master client index, data collection/translation, record locator service, workforce directory and security/privacy-based capabilities. While this report specifically reviews RIN creation and management, these utilities are interrelated and must be considered concurrently though the technical design and system architecture development processes.