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2014 Open Enrollment Check-in (VOTE)

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Overview

- At our last Board of Directors meeting, on January 9, 2014, we reported that the Health Connector and EOHHS/MassHealth was bringing in a rapid assessment team to perform an end-to-end review of our existing system and help determine next steps for the project

- In response to preliminary findings and recommendations by MITRE, the Commonwealth team moved swiftly to secure a technical advisor able to provide IT and operations support to assist in charting the path forward

- The Commonwealth team also secured a new project leader to oversee the next phase of implementation and act as a single conduit between the Patrick Administration and the vendors supporting implementation of the integrated eligibility system and web portal

- Today we will present the findings of the MITRE report, introduce the Commonwealth's new project leader and provide the Board with Health Connector staff's recommendation for a new vendor to advise and support the project moving forward

- We will also outline our immediate next steps, to be reported at the next Board meeting on February 13, 2014

Rapid Assessment Review

- As noted at the January 2014 Board meeting, the Health Connector and EOHHS/MassHealth brought in MITRE, a non-profit research and development center with expertise in systems engineering and integration

- The team conducted an independent on-site assessment from January 6-10 and released its final report on February 4, 2014

- The review focused on four primary areas:

  - Project structure, roles and responsibilities

  - Project planning and execution

  - IT governance/software life-cycle process

  - Technical elements

- The MITRE team organized its findings in accordance with the above focus areas, while also conducting in-depth reviews related to concerns identified prior to the assessment by the Health Connector, MassHealth/EOHHS, UMass Medical School (UMMS) and the IV&V vendor, Berry Dunn

Rapid Assessment Key Findings

- Project Structure, Roles and Responsibilities

  - CGI team structure is poorly organized with deficient project management and systems engineering processes; lacks capability in translating business requirements to technical components; consistently fails to conform to architectural blueprint; offers poor quality assurance and data management; does not have sufficient depth to create, maintain and communicate processes; and did not leverage resources that were adequately proficient to effectuate proper design and functionality of the portal screens

  - HIX project team (Health Connector, MassHealth/EOHHS, UMMS) lacks unified vision for the system and clear delineation of accountability for implementation resulting in management and oversight challenges contributing to issues affecting the project

- Project Planning and Execution

  - CGI has failed to utilize the schedules, procedures and templates developed during initial phases of the project to carry out the scoped deliverables

  - CGI indicated it took on more work than it could accomplish within the available timeframe and despite efforts by the Commonwealth team to repeatedly re-scope to support CGI's 10/1 delivery, CGI lacked understanding of the impact of those changes, resulting in late deliverables

  - CGI did not appropriately coordinate or manage its resources, nor was there an integrated schedule that they adhered to

  - Gaps in quality assurance, communications and risk management efforts including unclear or absent definitions and delays in identifying risks or errors

Rapid Assessment Key Findings (cont'd)

- IT Governance/Software Life-cycle Process

  - Commonwealth team did not coordinate business and policy requirements effectively

  - Code releases did not involve appropriate processes to effectively implement new functionality or test for and fix bugs; while the tools to do so were present, they do not appear to have been used

  - CGI's technical design documents did not sufficiently detail the functionality needed to build the systems and included coding standards that were not followed; testing approaches have not allowed for quick identification of problems

- Technical Elements

  - Project lacks alignment between business functional architecture, process decompositions and interactions and a systematic mapping of those processes to a business service component

  - Software team did not properly understand business needs and CGI's detailed design documents are deficient; resulting experience is frustrating for users evidencing basic design flaws

  - Numerous challenges with data collection including data elements not mapped to correct database fields and data failing to move from one session to the next; data management issues are contributing to the overall system performance issues

  - System not well integrated; functionality developed in silos leading to integration problems; operational controls and processes for infrastructure management deficient

Rapid Assessment Recommendations

- Near Term (30-45 days)

  - Establish one full-time senior government executive accountable for ACA program planning and execution on behalf of the Commonwealth

  - Draft a governance model defining clear roles/responsibilities with an integrated program structure that includes leadership from the Health Connector, MassHealth and UMMS and a small PMO

  - Select from among three main options related to next steps for developing the HIX system:

    1. Engage a new systems integrator (SI) vendor and start over building a new system (assumes removal of CGI with proper transition plan)

    2. Engage a new SI vendor and continue incrementally improving current system (assumes removal of CGI with proper transition plan)

    3. Segment the current system into distinct technical segments and then re-engineer each segment as required to complete the system (could leverage combination of CGI and new, additional vendors)

  - Draft and execute a 12-week Program Plan with an overall, high-level program road map

- Long Term (Beyond 45 Days through to Completion)

  - Execute PMO responsibilities

  - Improve SI/development program management and technical performance

  - Develop a long-term Commonwealth operations strategy

Commonwealth Team's Response

- Based on discussions with MITRE, the Commonwealth Team, under Governor Patrick's leadership, swiftly moved forward to develop strategies for the near-term recommendations offered by MITRE while we continue to evaluate a longer-term vision

- To that end, we have identified the following strategies to move us forward:

  - Governor Patrick has hired a single full-time executive reporting directly to him to oversee the project

  - We have also begun working with a new vendor, Optum/QSSI, to advise us on how to move forward with the technical options presented by MITRE and on how to scale up our workarounds to support continued enrollment while we work to improve the system

Commonwealth Team's Response (cont'd)

- Governor Patrick has hired Sarah Iselin to act as the Commonwealth's Chief Executive Officer of the HIX project, reporting directly to the Governor

- Sarah Iselin formerly led the Division of Health Care Finance & Policy under the Patrick Administration and is temporarily on leave from her role at Blue Cross Blue Shield of Massachusetts as Senior Vice President of Strategy, Policy and Community Partnerships and Chief Strategy Officer

- In this role on behalf of the Commonwealth, Ms. Iselin will perform the following functions:

  – Serve as the single point of authority leading the Commonwealth teams, which currently include the Health Connector, EOHHS/MassHealth and UMMS, in an effort of rapid project turnaround

  – Ensure delivery of major and immediate upcoming goals of the HIX project, focused particularly on open enrollment and charting the course forward through the remainder of 2014 and beyond

  – Support external engagement, coordination of all Commonwealth vendors related to the HIX project and lead daily status and process check-ins and updates

Immediate Coverage Priorities

- Besides leveraging MITRE recommendations to fix the IT system and deliver a functioning website as soon as possible, the Commonwealth is facing urgent priorities to ensure its coverage obligations tied to 3/31/2014:

  - 124,000 members currently in extended coverage need a viable solution to continue their access to insurance post March 31st

  - Members who have applied or will apply for subsidized coverage during the open enrollment period, many of whom were placed under temporary MassHealth coverage, need a path to their permanent programs through either MassHealth or the Health Connector

  - Members who are seeking unsubsidized insurance through the Health Connector, including many of the 35,000 Commonwealth Choice members, need a reliable end-to-end process to enroll into QHPs

Immediate Coverage Priorities (cont'd)

- The Commonwealth team, under the oversight of Sarah Iselin, is rapidly pursuing the combination of several strategies, which we believe best position us to achieve the coverage goals within the compressed timeframe:

  - Work with CMS to seek necessary flexibility to protect existing coverage for Commonwealth Care members, which allows us to transition these members to ACA-compliant coverage with minimized exposure to coverage loss or gaps

    - Discussions with HHS have been ongoing since late 2013; state officials are meeting with CMS on 2/7 with the goal of securing flexibility

  - Identify and prioritize IT fixes/enhancements that can deliver meaningful improvements to the system and support enrollment in the near term, including fixing high-priority defects, improving speed and reliability, and increasing the proportion of populations that can be served end-to-end

  - Pursue an "operational surge" to strengthen workarounds, providing support functions where automated IT functionality is not available

    - Governor Patrick authorized the addition of up to 300 temporary staff for the initiative

Optum/QSSI Engagement

- To ensure rigorous, coordinated and successful execution of these strategies, the Health Connector engaged a new vendor – Optum/QSSI (Optum) to provide implementation support

- Optum has demonstrated expertise in health care systems and management, and has provided critical support to stabilize and improve the federal Exchange along with Exchanges in several other states

- In an effort to craft a plan that best supports the Commonwealth in achieving its 3/31 goals, we engaged Optum to provide an assessment on the IT system and the overall status of open enrollment, which helps us identify :

  – What IT fixes should be pursued and how to ensure the appropriate resources for these high-priority improvements

  – For the "operational surge", what resources are necessary to support the volume that needs to be addressed, and a plan to secure these resources

  – Opportunities to best pursue policy options, including strategies for engaging federal leadership

Optum/QSSI Engagement (cont'd)

- The Health Connector engaged Optum on January 31, 2014 to conduct a swift review of the HIX implementation project and open enrollment status

- At this time and based upon Optum's initial output, we would like to engage them for a second phase to provide the IT, operational and policy support and related project coordination needed to clear out application backlogs, scale up our workarounds, and effectuate IT fixes:

  - Advise on overall project organization

  - Advise on IT applications delivery, infrastructure services on staffing recommendations

  - Support manual workaround processes including external rules engine oversight and quality assurance

  - Advise on business processes and operational workarounds to increase scale and maximize efficiency

  - Provide data entry services into HIX system

  - Advise on member transition, outreach and other population-specific strategies

  - Provide analytic and reporting support and subject matter expertise

- Besides the immediate focus on 3/31 goals, Optum will also advise the Commonwealth on mid-to-long term IT and operational strategies, including developing a roadmap to having a complete and well-functioning website as quickly as possible

Optum/QSSI Engagement (cont'd)

- The terms of this engagement would be as follows:

  - Services to be provided in accordance with agreed-upon rates

  - Charges will be based on actual hours worked, with a cap on overall expenditure

  - The work order commencing this week will be through April 30, 2014. Subsequent work orders will be for similar, defined time periods.

  - Charges for the initial 30 days in this work order shall not exceed $9.8M. This cap on expenditures provides flexibility for hiring up to 300 additional personnel to support immediate operational needs

  - Subsequently, charges will be based on actual need for defined time periods; there will agreed-upon caps for each subsequent time period that reflect the level of effort needed for that time period based on then-current needs

- Funding for this engagement will leverage Exchange Establishment grants awarded. The Health Connector is in the process of analyzing its grant finances to support necessary reprioritization of ACA implementation projects, in consultation with the federal government

Immediate Next Steps

We are working on a number of key deliverables to be addressed at the next Board meeting on February 13th, informed by several critical inputs:

Inputs

- CMS feedback on critical flexibility in protecting existing coverage

- Detailed resource plan and on-boarding schedule

- IT strategy on high-priority enhancements and vendor commitment

Deliverables

- Progress made on IT fixes and operational launch

- Transition plan for Commonwealth Care, Medical Security Plan, Insurance Partnership and the temporary fee-for-service program

- Transition plan for Commonwealth Choice population to facilitate enrollment into QHPs on or before April 1, 2014

VOTE

- Health Connector staff recommends authorizing the Connector to engage Optum-Quality Software Services, Inc., to provide operational, IT and policy advice and services as set forth in this presentation, commencing February 6, 2014 and continuing throughout 2014 as needed, in accordance with the terms described here