

Information Technology in Support of Health Insurance Exchanges and Modernized Medicaid Eligibility Systems: Early Innovator Status Update

**Webinar Transcript
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Patricia Boozang:

Good morning everyone. Thanks for joining us today.

This is Patti Boozang of Manatt. And I'm one of the facilitators and content experts supporting the MAC Early Innovator Learning Collaborative.

And I'm pleased to welcome you today to this first in a series of all state webinars to share best practices and recommendations that are coming from the Learning Collaborative Initiative.

We have a good amount of time this morning but a lot of content to get through so I'm going to go immediately to Slide 1. And we're going to start by - today by providing a brief background on the Medicaid and CHIP Learning Collaborative.

So we can go to the next slide please.

And again thanks. The Medicaid and CHIP Learning Collaboratives were established by CMS to bring together states with federal partners to work toward establishing a solid health insurance infrastructure across Medicaid, CHIP and the developing Health Insurance Exchanges both the federal exchange and state-based exchange.

There are five Collaborative Work Groups that have been working for about the last year and they are in five domains or disciplines. The Early Innovator Collaborative which we'll be speaking with you today, the Value-Based Purchasing Initiative, the Data Analytics Collaborative, the Medicaid IT Collaborative, and we have a sixth collaborative that is forming and will begin work later that month and that is the Federally Facilitated Exchange Collaborative.

These collaboratives are coordinated by us as we said together with our partners at Mathematica Policy Research and the Center for Healthcare Strategies.

Next slide; just focusing for a minute on the Early Innovator Learning Collaborative, this collaborative really provides a forum for the Early Innovator Grantee and other innovator states to come together to work on common operational and business issues that they're facing in systems development both for Health Insurance Exchanges but also Integrated Eligibility System.

And a second and really equally important goal for this collaborative is to create, identify and disseminate tools and artifacts that the Early Innovator states are developing with all states, with other states that are similarly engaged in these development projects.

Our structure is that we are a ten state collaborative. We meet on a biweekly basis primarily by webinar. And as I said this is a first - a series of webinars that we along with our other collaboratives will be presenting for all states.

The next slide provides an overview of just the topics we've tackled to date at the Early Innovator Learning Collaborative. As you can see here they range from plan management to eligibility enrollment, the Federal Data Services Hub which actually ends up being really a standing topic as you might imagine for the states that participate in this collaborative and really for all states that are working to connect to the Federal Hub in 2014.

And these topics are really primarily generated by the states. These are their priorities as they grapple with the design development and implementation of their projects.

In terms of dissemination overall there's a dissemination plan for products generated by the Early Innovator in all of the Learning Collaboratives. These include TA tools, state resources, in the case of this collaborative artifacts and learning's from project development. And they're disseminated publicly online at Medicaid.gov.

There will also be a collaborative toolkit being released later this month also on Medicaid.gov.

And we would also point out that all of the Early Innovator Collaborative Meeting materials and summaries so the content we develop for those webinars that we do with states, the summaries that come out of the discussion with our states are posted on CALT.

And finally I think we've well covered and we would love for you all to keep an eye out for the Series of All State Webinars that we'll be rolling out beginning with this first one.

If you have questions about the MAC Learning Collaborative Initiative, if you could just go to the next slide, my contact information is here. You can certainly contact me. You can also contact my co-facilitator for the Early Innovator Learning Collaborative, Joseph Ray.

So today we have a panel of presenters from the four Early Innovator Grantee States, Massachusetts, Maryland, New York and Oregon who will be providing an overview of their approaches to Health Insurance Exchange and Integrated Eligibility System design and development and an update on their implementation.

Some of you may have participated in the Exchange Grantees Meeting in Washington, D.C. in May. These states did do a panel presentation there.

And they have generously updated their presentation so they can give you the extensive progress they've made since May to this point.

Our objective really is to provide information that might facilitate reuse of Early Innovator state work to facilitate or accelerate Health Insurance Exchange or Integrated Eligibility Systems development in all of your states.

Our format this morning is that each of our four presenters will speak for 10 to 12 minutes. We'll also have time at each of their presentations for you to direct questions to each presenter.

And then we'll reserve time at the end of our panel to open up questions for all presenters.

So I'd like to introduce our first presenter. He's Dr. Michael Tutty. He's the Director of the Office of Health Policy and Technology for the Center of Health Policy and Research at the University of Massachusetts Medical School.

Dr. Tutty is an instructor at the Department of Medicine and Community Health at UMass Medical School and Adjunct Professor at Clark University.

And he has deep experience in Massachusetts and National Healthcare Reform Implementation including exchange development, implementation of coverage expansion, and the need for outreach and enrollment efforts to maximize enrollment.

So I'd like to turn it over to Dr. Tutty.

Michael Tutty:

Thank you Patti. I appreciate the introduction.

I've been asked to do a little bit of an introduction to our four speakers who will follow me who will get a little bit deeper about what the four Early Innovator states are doing and their progress as they move to set up their state-based exchanges. But I wanted to set a little bit of context this morning for our speakers.

Next slide please.

If we think about what we're all trying to work to we're all under these tight deadlines to try to set up our state-based exchange. And I know and for me and the folks that were working here in Massachusetts time is our biggest challenge as we think about getting ready to - for open enrollment in 2013 and going live in 2014.

And states as many of you are aware are obligated to get HHS approval or conditional approval by January 1st and sending our information in actually by November for January 1st of this year that we'll be committed to operate in a state-based exchange in 2014.

While that deadline I know resonates with many of us and as we have our countdown for our activities here in Massachusetts which we'll hear a bit more about from my colleague, Jason. The January 1, 2014 deadline is just one of many deadlines I think that we'll all be facing.

And for states who are not able to make that deadline there is other options from participating at the state with the federally facilitated exchange or through a state partnership model.

But we're all facing this development lifecycle and challenges to update our IT Systems. Go through state-based procurements to get the resources we need.

And these activities take time. So one of the things I want to reinforce is that although January 1st is a key deadline for 2014, it's not going to be the only deadline as we kind of move ahead on a lot of these activities.

Next slide please.

So states really have a flexible option to becoming an exchange. And what you'll hear from the four colleagues who are following are those activities in the Early Innovator space as they prepare to be a state-based exchange for 2014.

But states have other options to set up their exchange from the federally facilitated exchange which we'll be hearing more about in future sessions or the state partnership model which is the collaboration between federally facilitated exchange and state activities where the state operates plan management and consumer assistance and may be involved in the Medicaid eligibility termination while the federally facilitated exchange runs the other activities.

So they're all options for states to try to be ready for the 2014 deadline if they choose not to become a state-based exchange or they don't have the time to become a state-based exchange for the 2014 deadline.

Next slide please.

So for those who are making the decision to be a state-based exchange are thinking about, you know, the technology and the choices of technology. What you'll hear from the following four presenters are four states who are moving ahead at a rapid clip via state-based exchange.

And I will comment that they're not the only four. There's a number of other advance states who are making great progress to become a state-based exchange.

But the interesting thing you'll hear from our four colleagues coming up is that you're seeing - you'll hear about four different approaches in four different parts of the country on how they're choosing their technology and their - and the basis of their approach to be building their state-based exchange.

And states who are thinking about that really need to think about how they're going to be integrating their Medicaid Program and other state systems into their exchange, what their current technology baseline is including their Medicaid Eligibility System, thinking about the deadlines for development, how long it will take to build their exchange, as well as the funding and sustainability, as well as the operations and maintenance costs for the exchange after it goes live.

So states really have a degree of activities to think about from choosing a fully commercial off the shelf system that some vendors are promising to deliver to the other extreme of building a fully custom system although with the timeline available we find it very difficult to build a fully custom system kind of leveraging a commercial off the shelf component and tools to build a technology stack for their exchange. You're going to hear some different approaches from states coming up.

Next slide please.

One of the things that we talk about in the importance of the Early Innovators is reuse and sharing and really how can we take advantage of states who are moving ahead to learn from.

And what we have been talking about for quite sometime here in Massachusetts and I know we've been talking about this more broadly is three tiers of reusability with Tier 1 being kind of the basic knowledge, documents, artifacts. Many of those things you could find today on CALT as the Early Innovators and other states are putting those artifacts up on CALT.

The second tier of reusability is around sharing reuse and code in packages whether it be customization or some customization of a commercial off the shelf tool where you can leverage that customization or code or other library packages. And how you can kind of share those and absorb those into your system.

Kind of the Holy Grail is the Tier 3 of reusability is really kind of joint procurement or joint deployment hosted in a Software-as-a-Service model or hosted in a cloud. These activities, you know, the Tier 3 although a number of states have talked about it, I'm not aware of any states who are fully engaged in this model yet which may be difficult for 2014 but definitely could be a model going forward as states think about costs and sustainability and driving down costs as they share some of the operating costs.

So next slide, so as we listen to our Early Innovator states coming up they were charged with designing and implementing information systems. And really charged with identifying opportunities for reuse, making themselves available for webinars like this and as I said are taking different approaches in their development.

So as you are thinking about your state listen to what the approaches they've taken from the technology solutions to where how they've designed their exchange, where it's based within their government within HS - DHS or HHS or as a separate entity as well as how they're thinking about integrating the Medicaid Program so trying to find which partner state could be one to call upon to learn some more lessons.

And finally on my last slide here is on Slide 18, as I said in case you're looking for those other Early Innovators or other advanced states we're trying to take a similar IT approach and business process approach and learn from each other. We are all working towards the same end goal. Nobody should be going it alone. There's lots of opportunities to leverage.

And I know even in Massachusetts as an Early Innovator we're not only providing to other states. We've been leveraging reuse both as something we've written into our contract with our systems integrator as well as even getting artifacts like some tools from Maryland on how to better host oral presentations from systems integrators that we leverage.

So there's lots of opportunities for reuse. And I encourage all the participants listening to see if there's opportunities or similarities of the states you'll hear about to find some opportunities for reuse, sharing and assessing and brainstorming.

So I will turn it back over to Patti who will introduce Kevin Yang from Maryland.

Patricia Boozang:

Thanks Michael. Kevin Yang is our next presenter. He's the Chief Information Officer for the Maryland's Health Benefit Exchange.

Kevin has 20 years of experience in large scale government and healthcare systems implementation. Prior to joining the Maryland Health Insurance Exchange he worked at a major commercial health insurance company and his work focused on ACA and exchange implementation.

Kevin.

Kevin Yang:

Thanks Patti. So as Patti mentioned I'm with the Maryland Health Benefit Exchange. And in Maryland we really have a collaborative effort among multiple state agencies including the Department of Health and Mental Hygiene of which are Medicaid Programs. It is part of - and the Department of Human Resources which currently run our state eligibility and enrollment systems including legacy Medicaid Enrollment System.

If we could go to the next slide, so all three agencies have been working collaboratively as I said on a phased implementation approach to Medicaid expansion and exchange enablement and I'm just going to give a brief overview of those phases as well as the solution approach we took.

So there are really four phases, Phase 1 is split into A and B. Phase 1 is really focused on MAGI eligibility determination principally for qualifying people into Medicaid using the new rules as well as into the individual exchange and determining whether they qualify for an advanced premium tax credit or other cost sharing benefit.

As we move into Phase 1B we're going to be tackling other aspects of the exchange implementation including shop hosting and operations and call center.

Phase 1A and 1B are targeted to be complete in time for open enrollment, 2013. The later phases we do have on a roadmap but we don't have specific timetables yet. Phase 2 will focus on non-MAGI eligibility determination and as we get into Phase 3 we'll be looking at other social service programs, food stamps, temporary assistance for needy families, etcetera.

So something that was really important to us as we looked at all of the functionality that we had to put in place relatively quickly was, you know, how could we leverage existing systems and solutions and that really led us to a cost-based approach.

Back in March of this year we made an award to our main systems integrator, Noridian Administrative Services. And they brought along with them on their team two primary (comps) vendors that were really targeting their products towards exchange functionality.

So for social services eligibility enrollment and customer relationship management we had (Quorum) which is now part of IBM and then for plan management and online plan comparisons and enrollment they brought in Connector which has a fairly mature product. It's been out there for 15 years specializing in online sales channels both public and private for health insurance.

Additionally the team brought some very robust operational technical and data management capabilities. One of the things that I'll discuss further as we get into the architecture of the system is the role that the exact service oriented architecture platform plays. And that was actually brought in by our systems integrator, Noridian.

And then we also have many partners who are helping us with various aspects of a project including integration and custom development. And we do have another company named Gaugepoint who has been instrumental in those phases.

One of the things that we really wanted to incorporate into our plan as we look forward into the later phases was to make sure that the solution and licenses were extensible into phases (too) and the solution that we purchased is consistent generally with that approach.

Next slide please.

Travis Ruscil:

Hey Kevin. Sorry to interrupt. This is Travis Ruscil at CHCS. Do you mind just speaking a little bit louder or getting closer to the phone?

Kevin Yang:

Oh sure. No problem. Is that better?

Travis Ruscil:

Yes.

Kevin Yang:

Yes, I apologize if...I faded out on that one. I'll try to speak into the phone.

So the next set of slides are kind of different view of the same basic concepts. But this was a (2B) architecture that we developed early on in the project even ahead of bringing on our systems integrator and it really encapsulated what we were looking to accomplish with our main system.

So this breaks out the architectural function. It talks about the different users we expected to service with our system. Their interaction method and business components and support functions that they would be accessing.

So under business components you can see that, you know, due to the partnership that we had with the State Medicaid Agency there were going to be business components specific to Medicaid as well as business components specific to exchanges and common services in between.

Additionally there were core enterprise architectural functions that we wanted to ensure that we had including security, enterprise service bus, database and master data management. And all of these then would integrate with existing systems that surrounded the overall (HIX) solution.

So next slide, so this is the same diagram again but what it shows is how the different vendor partners fit into the different architectural components.

And so we had existing systems which are marked in green. IBM provided many of the core enterprise architectural function. (Quorum) again is our main eligibility and enrollment platform, covered many of the interaction methods as well as providing services for Medicaid and case management. Noridian provided other interaction methods and our service bus and Connector really focuses on plan management and selection.

Next slide please.

So this is another view of our architecture. And this slide lays out some of the key goals that we worked with in conjunction with our state partners and our vendors. You know on a very high level, you know, we wanted to architect a system that was built to last which required it to be as much as possible platform and technology agnostic as well as standard space, built to scale and built to fit.

So as the diagram here demonstrates we have many cost products, not just the two main ones I mentioned but, you know, we have had separate cost products for customer relationship management and document management. All are being connected to our exact enterprise service bus and that really is a transport mechanism for communications and transactions between those systems as well as external systems whether they be the federal data hub or other state systems such as our State Medicaid System or our legacy eligibility and enrollment system and all the carriers in our state.

Next slide please.

So this is a layered architectural approach. Basically it's the same components split into the different architectural layers. Presentation, the process layer, the data layer, the integration layer and, you know, you can again see all the systems that we are integrating with.

Next slide; so in terms of our implementation online not only it has made very good progress since the May (CCIO) Meeting, what this diagram does is at a high level basically shows our development and methodology aligned to CMS's Investment Lifecycle and Exchange Lifecycle Gate Reviews. We actually had our design review with (CCIO) last week. It went very well.

In terms of our progress on our work plan we are through many of the upfront phases around validation and design and now are in our development implementation and test phase. We are using an iterative agile faced approach so within that, you know, we have basically three major areas of implementation and deployment. Those are sort of in the center of the slide so the core requirements really I should say they were more focused on technology and getting the different cost products that we purchased to work together in our - in a class service bus.

And then moving onto our functional requirements which are divided into two separate efforts so from basically the time we started the development sprints through the end of the year, were focused on federal requirements. We have five separate development sprints to build. The majority of the functionality that conforms to ACA requirements for state-based exchanges according to (CCIO)'s blueprint.

We are currently in the midst of sprint two. Towards the end of the year we expect to have enough - made enough progress to go through the certification process through (CCIO).

We have also identified several other sprints going into 2013. And those are generally focused on state-based requirements.

So I want to wrap in a couple of minutes here so we'll just go very quickly to the next couple of slides.

So, you know, getting back to the discussion of reuse, just wanted to touch a little bit on what Maryland has been doing on that front. And, you know, we very much like the framework that was developed in Massachusetts.

Obviously Tier 1 reuses is the easiest. And that concerns documents, process and knowledge and so we believe, you know, we - there are many reusable artifacts that we have shared on calls and with states in one-on-one discussions.

If we go to the next slide, this is just a list of the specific artifacts that you could find on CALT from Maryland. They're broken up into categories, procurement requirements, the documents from our design review as well as testing.

On the next slide Tier 2 reuse obviously is much more complicated and definitely depends on each state's specific implementation.

So what we're looking at it in Maryland is a framework for technical reuse. It involves categorizing technology and components into different categories of reuse whether they be end-to-end systems, business services, standard space, inner spaces, web services and down to role test and product configuration.

Within that inventory we definitely want to have a good taxonomy where we describe, you know, the description of the component and what it's appropriate usage are, whether it's extensible for new requirements and one of the prerequisites independent.

So are specific cost license needed before you can say we'll set our own product configuration or if it's more agnostic like a web service. Are there other additional underlying infrastructure requirements?

We are looking at what the specific mechanisms of reuse are working with other states so whether they be memorandum of understanding or business agreements.

Next slide; and so, you know, I think a further decomposition of technical and business reuse works against these 12 dimensions. I won't go through them all.

But, you know, we can leave them on the screen if folks have questions.

So with that said, you know, Patti I think that's what I wanted to cover. I don't know if we have time for questions or if you want to move on.

Patricia Boozang:

Great. I think we do. If folks have - I think we could take one or two questions for Kevin.

And I would just remind you. You can submit your question online or ask by phone by dialing star 1 on your keypad to join the question queue.

Patricia Boozang:

Kevin we do have a question that's come in regarding your sprints, specifically looking for a status. Where is Maryland with Sprints 1 and 2?

Kevin Yang:

So Sprint 1 is completed. And actually I am at our development site right now because they just wrapped up the development portion of Sprint 2. And we're getting a debrief as we speak and heading into Sprint 2 testing.

Patricia Boozang:

I think we'll move then to our next speaker. Can you bring us to the next slide?

Who is Jason Hetherington. Jason is the Director of IT Services for the Massachusetts Health Connector. That's the Massachusetts Exchange.

Mr. Hetherington was previously the Manager of IT Partnerships with the Massachusetts Health Connector and before that worked for Mass Health, the Massachusetts Medicaid Program under new MMIS implementation.

Jason.

Jason Hetherington:

Thanks Patti. Hi everyone. One thing to keep in mind when we go through all these Massachusetts slides, our plan and our implementation looks very much like what Kevin just presented from Maryland. So we have different cost vendors and different products that we're using but other than that the overall strategy looks very, very similar to what Kevin is presenting from Maryland's lens.

So I haven't included all of the detail that Kevin has but just keep in mind that Massachusetts is using a very similar model particularly with respect to leveraging cost products where we can and leveraging existing technology, things within our - within particular our Medicaid stack to support the project.

Massachusetts initiative is a purely integrated project between our Medicaid agency and the Health Connector which is our exchange.

We are not reusing every single part of the system but we are working as partners through every phase of the design and the development.

So that said our progress to date we do have our systems integrator onboard. It's CGI with Deloitte as their primary subcontractor. They have been onboard with us since the middle of July. It feels like more than a month that we have been working with them. We've made a great deal of progress. But we are just in our first official month of our project at this point.

We're also in the process of procuring the services of an (IV&V) an independent verification and validation vendor. We hope to have then onboard in September to help us with deliverable review, some of the financial management for the project and then some of the user acceptance testing when we get further down.

We have made a lot of progress both in preparation for CGI coming onboard and now that they're here we've done many cost tools evaluations that I'll talk about a little later so we know the primary cost technologies that we're bringing onboard and we're continuing to evaluate particular products and particular tools that we want to use specifically next week we're really focusing on the financial management suite that we want to bring in.

We are using this project as an opportunity to replace the IT backbone of the Health Connector. So we are replacing our financial management, our existing financial management systems and we're using this project, you know, at the time to evaluate what solutions will help us for the future.

We are in the midst of (Jazz) sessions with our systems integrator, with CGI. We started with eligibility. That's the place where we have the most interaction with Mass Health. It's also the most complicated thing that we're going to end up doing. So we decided to start there and we're moving now into appeals management, QHP shopping design and the design of the shop plan selections screen.

During the course of our project and as an Early Innovator Massachusetts considers it very, very important that we collaborate as much as possible and share with other states as much as possible. There are some of the places where we're sharing down at the bottom.

I will talk later about reuse. Massachusetts really is interested in partnering with or working with any states that we can to make sure we're getting most out of reuse and the most out of all these federal dollars that we're using to develop this project.

The next slide please.

One of the first things that we did in Massachusetts was develop what we're calling a project implementation functional ownership. This is really the foundational document that formalizes our relationship with our Medicaid agency, with Mass Health, how we are going to do this project, how we're going to own, share and design all the phases of the project and all the pieces of the project.

That said there 116 different functional sub-areas that we identified. And this functional decomposition it should be on CALT. So any state should be able to access it to help with your planning, to help with how you integrate with your Medicaid agency.

Twenty-three of the functions that we identified we consider primarily shared. Both agencies, Medicaid and the Exchange, will have to use these about equally.

Thirty-four of the functions are really Medicaid functions. Medicaid plan selection, updates to our legacy eligibility system which is (MA21) here in Massachusetts. And then 59 of the sub-functions we said are primarily exchange function. How do you do QHP shopping? How does the shop function? How do we build for QHP eligible individuals?

And then additionally both agencies, Mass Health and the Connector, have their own internal work groups. Mass Health has 19 of them. The Connector has 7 of them and then we have a whole layer of coordination to make sure those work groups are all working toward a common goal.

Next slide please.

We are currently in the high level design phase of our project. So let me flip ahead myself. We are currently in the high level design phase of our project. Really CGI's methodology is that we do high level design for most of the project areas, then we do detail level design and then that gets us into implementation.

So I won't spend too much time here.

Next slide please.

This is our implementation schedule. So rather than using sprints we're actually using four major code drops. And you can see the functionality that we plan to implement in each of these. So we're coming up very rapidly on our first code drop which is really the technical release for the project. It gets our application framework and everything that we need to build the rest of the system.

This is a very busy time for us and for our vendor as we're overlapping the design of each of these code drops and then ultimately it will get spread out a little bit as the build and the test gets more layered and we're not doing so much at once.

Two other things that I just want to sort of superimpose on this calendar for all of you. We are targeting having high level design for all our functional areas complete by the end of September. And the detailed level design complete by the end of November. We're also targeting mid-September for when we will do our design review with (CCIO).

So again when we talk about reuse keep those dates in mind. We are able to share our high level design documents. We'll be able to share our detailed level design documents so end of September for the high level design, end of November for the detail level designs.

Next slide please.

Our reusability approach, this should be very familiar to folks at this point. It's the same triangle. We joke that this is the first piece of reuse for these projects was this triangle for how we can share.

Massachusetts committed - it's committed to sharing as much as we can from our design. We're also committed to working with other states where we have common tools or common goals. In particular hCentive, it's a portal product that we've selected for all of the customer facing web portals that we're going to develop.

Colorado and New York are also using hCentive. So we have weekly calls with the three states to coordinate our efforts in this way.

Additionally Massachusetts has selected OPA, Oracle Policy Automation, as our rules engine. And again we're going to be looking for design partners where we can collaborate with you and make sure that the work you're doing benefits Massachusetts and the work Massachusetts is doing can benefit other states.

Additionally as part of our project we've done a number of evaluations of costs. So we have done or are doing a number of evaluations of cost products that we intend to integrate to use for a particular function.

So as I mentioned we're finalizing our evaluation of financial management tools. Next week we recently finalized our evaluation of a product that we plan to use as our HIPAA translator. And these are things that we can share with other states to help jumpstart your evaluations or at least show you

the work that Massachusetts has done to move you down the path as you have to evaluate your own tools.

Next slide please.

And then I think one thing that's relatively unique for the Massachusetts development is that we are part of a broader project, the (NEHIS) collaboration with the New England states in our development.

And so all of our licensing agreements, all of those things that we had through our systems integrator are automatically extensible to the other New England states if they want to come in and choose to be part of our project or leverage the work we're doing.

And to that end Rhode Island and Vermont have committed to be design partners as part of the Massachusetts project. So they'll actually be helping us in all of the design and development and hopefully getting the most out of all the work we do and sharing we're able to generate.

And the next slide is just a list of what we have on CALT.

And I think that's all for me unless there are questions.

Patricia Boozang:

Great. Thanks Jason. Once again if folks have questions for Jason or Michael, the Massachusetts project or what they submitted - presented to us today, we have a little time to take questions now.

We do have one question coming in online. And that is do you have published tool systems solutions that you are using including connecting with third parties?

Jason Hetherington:

So that's not - we haven't published yet the tool set that we plan to use to connect with third parties. I think in some ways it's something that's still open on our project.

As we - the product that we looked at or that we're looking at most closely right now as our HIPAA translator is ORION Health Rhapsody Tool. Also offers the ability to connect with third parties and build custom interfaces which is one of the reasons we were drawn to it.

We know from the work we've done already in Massachusetts that as standardized as you want to make things you don't quite get there. So we know we're going to have to have a fair number of custom web services, custom connections with either data sources or with - particularly with the carriers. So that's one of the things that drew us to the Rhapsody product.

As we finalize our evaluation of that we're certainly able to put that on CALT and make it available for sharing. It's just not something we've finalized at this point.

Patti Boozang:

Thanks Jason. And someone else also pointed out online that we should just give some advice. For those of you who aren't using CALT that you can get CALT credentials by emailing a CALT Help Desk Contact. Her name is (Samantha Neblestein).

And we will post on - to all participants in the Chat (Samantha)'s email if you do not have CALT credentials and would like them so that you could - can access all of these documents.

I think we'll move along to our third presenter to - it's Beth Ostheimer from the State of New York.

Beth has over 25 years of experience in policy analysis and legal advocacy. And her primary focus for the past 15 years has been on expanding access and reducing barriers to care and coverage for the uninsured.

Beth today is the Bureau Director for Medicaid and Health Reform in the Division of Health Reform and Health Insurers Exchange Integration for New York State.

She plays a key leadership role in planning for federal healthcare reform implementation in New York and she's working closely with the IT Team there on design development and implementation of their new exchange system including their Integrated Eligibility Systems.

Beth.

Beth Osthimer:

Hi Patti. Thanks. And it's nice to see or hear everyone.

I always feel like starting this by saying ditto when I follow Kevin and Jason because it feels like we have a lot of similarities which isn't surprising given the kind of aggressive timelines that we're all under and trying to be as collaborative and focusing as much on reuse as we possibly can.

So if we could go to the next slide, I'll briefly talk about where we are. I'll talk a little bit our approach. Again this presentation is not at the level of detail that we saw from Kevin. It's more along the lines of what Jason presented.

But we are in the midst and in the throes of working with our new systems integrator to make some of these decisions, evaluate the cost tools and anticipate circulating and posting to CALT additional information as we move forward as we've already started our sprints.

I'll talk a little bit about our collaborative approach which is very similar to Maryland and our strategy and approach for sharing which I think Jason already touched on specifically with respect to hCentive Tool which is something that, you know, we're very pleased to be working with Colorado and Massachusetts on.

Next slide; we've started a process well before we had a systems integrator onboard in terms of our Early Innovator Grant Application and a PMO Office. Our exchange was established in April of this year by Executive Order of our Governor in the Department of Health with a charge to work very closely as we have and continue to do with our colleagues and partners in the Department of Financial Services which is our Insurance Department and with other agencies across the state that are all - have parts of this effort.

We are now under contract with Computer Science Preparation, CSP, our systems integrator. That was as of June. And we also have our QA contractor Award to (Cognoscente) and are very happy and (Larry Tool) from Cognoscente is on today as well if there are questions, on the policy side of the ITT, not the technical side.

And we have an existing contractor with our Enrollment Center Broker, (Maximus) who will be handling the backend operations, call center, customer services for individual enrollment and we will be exploring. There's a number of options that we're still considering in terms of our shop support which our shop sprints just launched this week.

And we have as been mentioned, we're also using the agile approach to development here. We think that kind of given the timeframe it was the best solution, the best approach for us. And it allows us to kind of move ahead in the areas where we had more certainty and had done a lot of work in

collaboration with other states specifically around plan management and also could jumpstart some of our ability in enrollment in areas we felt like we were in a position to move forward and allows us to kind of backend other pieces that we may still be, you know, (sticking) through or working through with our federal and state colleagues.

So next slide, we have been through three gateway reviews with CMS. And those documents are posted to CALT along with our business design documents at a high level. We did our preliminary design review in February of this year before our systems integrator came onboard and are scheduled for our detailed design review sometime in the first week in October. I think we're nailing down the date so we're very much looking forward to that. It's a very aggressive schedule as you all know. And we're triple tracking our development sprints as we speak.

So next slide, our sprints began in July which is pretty phenomenal since we just got the contract in June but we are - we have a series of 13 releases that are scheduled. Eligibility and enrollment and plan management were where we started.

And it's very similar to what Jason said. We really frontloaded plan management because we're planning one release there. We've done a lot of work with other states and with (NAIC) and with federally facilitated exchange partners at (CCIO) around how we could get plan management up and utilized and leverage the (served) system.

And so that work is progressing. And we're trying to - we view that as obviously it's a key accelerator in terms of the work that we're doing for our plan management solution. So that's underway and in fact folks are down at the conference with (NAIC) today.

And then for eligibility and enrollment because it is one of the most complex areas, we did want to start early. And we feel like we've got an approach where we have been able to both utilize and consume if you will the - what we have from other states, from our federal partners in terms of FFE documentation and our own requirements, development and work that we've been doing in our own (Jazz) system since last year in preparation for having our systems integrator onboard so that we could get down to kind of parsing out what we can develop with what pieces, costs, what we need to modify, what we need to design because it's a requirement that we have that isn't provided for.

And so that process is also underway. And when we get to the schedule on the next slide you'll kind of see where we anticipate having kind of, you know, a fair chunk of the production on that available for release. Financial management comes - starts in about another month, month and a half as does the customer service communication piece which is kind of the back of our plan management. The way you'll see how we structured the sprint so that we could kind of accommodate the workload.

And then we have one release that actually you'll see that looks maybe scary to some people because it's actually already in 2014 but we thought there were some things that were post-production in terms of reporting and things that we can continue to develop and refine that wouldn't necessarily be needed for open enrollment. We really focused our efforts on plan management and eligibility around the key functionalities we think we need to hit the ground on October, 2013.

We have some dependencies as all of us do. The federal data has development schedule. It's underway and, you know, we're anticipating as are other states and looking forward to even more participation in terms of testing those services as they come online.

But that I think is for all of us is a key concern and just something to, you know, to keep in mind and continue to work on.

And then our (VNAIC) (CERT) Plan Management Development Schedule, you know, because we are utilizing that as a way to ensure that insurers who already were using it and our insurance colleagues who already used that system for their regulatory activity that we leverage that out that but as a result we also then have to make sure that we can meet our timeframes and that that's proceeding at pace.

Next slide; as you'll see the release schedule and I apologize, it's very difficult to read on the slide. We debated about trying to put it on one slide. I can certainly make this information available to folks that are interested.

But basically it gives you a sense that we are double and triple and even in one instance quadruple tracking our design and development efforts to meet these timelines.

And we've worked closely with CSP with their subcontractor, Social (Enter) Solutions on the eligibility and enrollment side and other consultants that we have working with us and supporting the department to make sure that we can timely provide the business direction, the information that's needed to ensure that we can chunk out these pieces that all need to be done and kind of have it add up to the whole that's going to take us across that, you know, that threshold in October, 2013 and then well beyond because clearly as I think it was Kevin that mentioned there are deadlines. And we're cognizant of that deadline.

But we also will be continuing to do development and refinement of what we're putting in place and we'll make decisions and planning with understanding that that will be the case because we have to be able to deliver minimum, good quality functionality and be able to continue to develop and improve on that as we move forward.

And I think we're very mindful of things that we want as enhancements and things that we anticipate, that we will move into the schedule. But all of this is kind of lining this out to in October, open enrollment.

And we are like the other states of course like all of you I think looking at a system that will contemplate Medicaid, CHIP and exchange determinations and support them. And we're doing this through our new system, not through our legacy system and therefore it's important.

So next slide, we have a number of assets and resources that we are building on that we had in place that we have done through some modernization through the Department of Health in terms of our enterprise service bus for our (UMEDLI) system. We are planning to have and utilize a rules engine in our overall solution.

There are a number of components of our MMIS environment today which are going to help us materially in terms of our ability to stand this up in time and that includes things like our data center, our disaster recovery processes and our whole kind of (ESB) infrastructure.

We also have been a participant as a number of states have in the UX enrolled 2014 design discussions. And ((inaudible)) I think Jason mentioned collaboratively with Colorado and Massachusetts to - because of our work and use of the hCentive-based tool in terms of our solution we want to make sure that the requirements that we have that are within UX 2014 are part of that process and part of that tool. And doing the kinds of GAAP analysis and also identifying areas where we might need to do our own refinement versus what another state might want to, you know, kind of accept as part of a base package. I think it's - those are very important discussions to have and very helpful for us and hopefully for other states.

Whether you can work together around a toll like hCentive or work together around work that might be happening in an Oracle stack or elsewhere I do think that there's opportunities for us to very practically exchange information and also talk about, you know, what we're encountering and what we're coming up with in terms of solutions.

Next slide; that's just kind of a picture overview of how the pieces fit together so I'm not going to spend any time on that, I'll go to the next slide.

As I indicated we are coordinating closely with our other agencies and that really is with a focus on trying to promote this one stop shopping consumer centric portal experience and also a very high quality experience for our small employers through our shop exchange. We're using one system to support both of those but we do intend to provide very tailored decision support that's quite different for the individual consumers obviously from our small employers and our employees while still wanting to maintain our ability to make sure that people get access to what they need across our system.

Next slide; we were asked to talk a little bit about what the different agency roles and the coordination are. You know our insurance agency does rate review, has the broker program, handles risk adjustment, plan management and will continue to provide the regulatory or continue to perform the regulatory roles as well as operate as a partner in the operation of the exchange in support of the things, particularly those things that go inside and outside the exchange but also for example in plan management being able to work through the surface and to certify that the plan is ready to be moved into our exchange for a plan comparison and selection and so that we feel very good about where that process is moving forward at a good pace.

On the (DOH) side we have the contract for the system and for the responsibility for integration with our Medicaid and CHIP Programs and any (DHP) Program that the state decides to operate.

And with our Human Services sister agency as Kevin mentioned we anticipate a phased approach where initially we're looking at our MAGI population, then our non-MAGI population and then ultimately our interoperability with our Human Services.

And then our Tax and Finance Department is also a repository for a number of data services that we anticipate will readily support our exchange income verification requirements. And there's a white paper on that and a process that we're working on with them to get that in place.

Next slide; as I mentioned we participate in, you know, regular joint discussions. There's a number of other states but most specifically lately these weekly meetings with Colorado and Massachusetts focus on hCentive and kind of our approach have been I think extremely helpful. And our federal partners have also been participating in those.

We think that the Early Innovator Collaborator is a place where people can share information and also states who are starting their process or considering options can benefit and not have to reinvent the wheel. We do everything we can not to reinvent. We beg, borrow and steal from everybody constantly. And, you know, try to share what we have, you know, to the extent it's useful for the same reasons.

And I think we all have to approach it that way because that's the only way we're all going to kind of get across the finish line here.

So I think that's it.

Next slide; as I mentioned I really do think where there are opportunities where we can share information that where we're working together using similar tools or a similar process, I think that's very useful. I also think it's useful just types of document, artifacts have been created whether its inventories of data elements and comparisons with other states or the FFE model, whether it's rules, requirements that are - and business requirements that are in a document whether it's for shop or eligibility, I think that those are things that we can find on CALT, that we share on CALT, that we can all use and improve what we do and that we often reach out to each other and share back and forth and we'll continue to do that.

And as we move into the testing phase and are beginning the testing phase with the FFE and the beta and the alpha testing I think that sharing strategies around what kinds of tests and having some common scripts and having an approach I think is going to help us all as I said kind of, you know, benefit from all of the work that we're doing in parallel necessarily because of the timeframe but with the goal of, you know, being able to kind of, you know, share best practices as we roll.

Next slide; that's my contact information; as I said I'm not the technical side of our IT Team but certainly we have folks that can address questions and respond if not today, then in the future.

And thanks for the time.

Patricia Boozang:

Thanks so much Beth. We do have a lot of questions coming in online. Thank you everyone. Beth I'm going to put one to you and then we'll move to our next presenter.

One of the participants asked, what types of interfaces do you anticipate to support the navigator and consumer assistance functions in your state?

Beth Osthimer:

Well we anticipate having an ability for a navigator or an assister to be able to come into our system to have that role designated for them by an individual consumer and be able to, you know, provide assistance.

We also envision having more, a kind of behind the scenes support if you will in terms of some level of functionality to support a navigator for example being able to see all of the people that (they want to see) and maybe being able to even generate some reports or information on that.

We're in the process. The navigator piece of the functionality for the system is actually part of our kind of customer service discussion. It's back a little bit. It's not at the forefront of eligibility but we have talked about those requirements. And at a minimum we will have the system view or where an assister would be able to help them with that but the goal is and what we want to have is the ability for an assister to have kind of their own view and their own ability to kind of go in and be able to make sure that they can keep up with the people that they're helping and keep track of them.

So I don't know if that's helpful. We're doing a combination of cost tools and our own design and development. So there will be more to come that's more specific on that but that's kind of - that's the thinking about what we want in terms of ultimate functionality and at a minimum there will be functionality when we launch for navigator and assisters and we contemplate a role for brokers as well to be able to do their various functions.

Patricia Boozang:

Great, thank you. Because I want to leave time for the end so that the panelists can respond to all of the questions we're getting in, I'm going to move onto our last but not ((inaudible)) presenter (Russell Hargreaves) from Oregon. (Russ) is the IT Director for the Oregon Health Authority.

And in that role he's responsible for management and evolution for all OHA computer information systems and for leadership in establishing the Health Information Technology strategic direction and the Health Insurance Exchange strategic direction for IT.

(Russ).

Rus Hargrave:

Hi. Thanks a lot and good morning from point of view ((inaudible)). I want to tell you for sure about the Health Insurance Exchange Project and our strategy and technology stack there. But I also step back a little bit and try and explain the context of that project in terms of broader strategy that we have moving that technology forward - leveraging that project.

So if you could go to the first slide, so our technology strategy is to use commercial products. And we're fortunate enough to have purchased an integrated technology stack from Oracle. So we'll be using primarily Oracle SEBEL products, Web Center products that Oracle calls to automation for the rules engine. Tying that all together with Oracle SOA and also using Oracle Business Intelligence and their master data management tool set.

We believe that the capabilities we need are available off the shelf and it'll actually take us a lot less time to build the system using these products totally from scratch and maybe more importantly to us it'll give us a lot more reuse down the road. It'll be a much more flexible tool set we feel with this strategy and we'll be able to evolve it.

One of the challenges we have in this state and probably all states is you can get enough enthusiasm and resources to implement something but can you maintain the workforce to continue to evolve it.

By using off the shelf products we're able to leverage evolution of the product by the vendors themselves because they have a vested interest in keeping those products current and we'll be able to just use their upgrades.

We're implementing it in the cloud and we're using HP Application Lifecycle Management to manage the whole process from requirements through bugs.

You could go to the next slide please.

So the way we're going about it here at Oregon is we are actually moving our system for eligibility to directly for eligibility. We'll move to this new tool set as we implement the Health Insurance Exchange and the (F4T80) Medicaid eligibility, Medicaid enrollment will be accomplished by integration back to the legacy MMIS.

As we go about this with the Health Insurance Exchange Project we have a complementary project on the Department of Human Service side is - are two different agencies in Oregon but our IT organization serves both the Department of Human Services and the Oregon Health Authority.

And so these two teams are organized as one group and they're using a shared service approach to implement on the same technology platform so in addition to the Health Insurance Exchange at the same time we're building out a horizontally integrated eligibility and case management capability across the other benefit areas, (NAP), ((inaudible)) and so forth.

If you go to the next slide please, so if you want to take a look at the impact of those two projects across the enterprise and services that we support one way to do it is using the National Human Service Interoperability Architecture model and that's what I've shown here so in the middle are the ten business areas for NHSIA.

And it's a high level graphic but illustratively I think you can see that the vast majority of areas are impacted by these two projects. And we intend to leverage that to really transform those systems capabilities underneath all of our benefit areas eventually improving child welfare as well as eligibility and qualified health plan and case management.

If you go to the next slide please, another way to look at it and so the technology stacked up. So this is a technical model that we use in Oregon to describe the same enterprise as shown on the previous slide.

And again the point is that as we implement the technology that I showed on the first slide we will be upgrading the vast majority of capability areas that we support all of the T1s except licensing, laboratory and the electronic health records.

But pretty much across the board it's an opportunity to transform our technology, to upgrade all of our legacy systems and accordingly we're in the process now of trying to transform our workforce to be able to work in the new tool set which initially we're getting a lot of help from vendors. So it is a challenge to implement the projects and at the same time we're embracing the broader challenge of transforming all of our technology and all of our people.

If you could go to the next slide, so a little bit of status, we're fortunate enough that the Human Service Project was actually underway for a full year before the mandate came down to do the Health Insurance Exchange. And so we were able to leverage the work that the Human Service Modernization Project had done in vendor selection.

And just as we kicked off the Health Insurance Exchange Project we were able to sign a contract with Oracle for the integrated tool set and we're also having Oracle do the configuration of that tool set.

So that was a lot of the contracting requirements and we were able to get that almost right out of the shoot. We also got other vendors onboard. We have since Oracle's doing the configuration of their tools we brought in a different vendor to write the interfaces external for that platform and that's project ((inaudible)).

We also have an (IV&V) vendor. That's (Maximus). We have a vendor to extend the UX 2014 user interface work and complete that work and customize it for Oregon and that user interface vendor is the (right VMP).

And we're in the process of looking for a call center management solution so that'll be one last piece.

When we went out and bought the Oracle stack originally we were still reluctant ((inaudible)) about how we were going to do the financial piece. And we've now settled on Oracle PeopleSoft product for financial management.

In terms of the project status we have completed all of our baseline requirements. And we're in the process of translating all of those to use cases and as we translate into use cases we're able to get good estimates of the amount of effort and eventually get an optimized schedule.

We've got about I think 209 use cases in total. And an example of an unoptimized schedule is although we've been doing development since the end of January and we've put more than two dozen of the 200 use cases through the iterative cycle and produced - and constructed those use cases. They all have to go back through for pieces that weren't done or changes that are required.

An example is we haven't done the final user interface work. So many of them need to go back to program that user interface to be updated.

We have also established connectivity with the Federal Hub. It was a basic technical test to verify Social Security Number. But it is - it works.

If you can go to the next slide please, so as I mentioned we actually started building in January of this year. We have monthly iterations. We started with three week iterations. We're not able to hold that pace so we've switched to four weeks and that's working for us.

And at this point we've completed 12 iterations. We're in the 13th right now.

The first thing we did was try and make sure that everything worked. What we called our widened shower approach. We package our iterations into quarterly cycles so we had the March to March and then the Jog to June and we've had similarly athletic titles for each of the subsequent quarters until we go into testing.

In the very first one our goal was simply to make sure we had all of the products stood up, integrated and working and we did a little bit of eligibility including a ((inaudible)) (screen), a little bit of enrollment and just touched all the products and made sure that we had the rules engine, Oracle Policy Automation working with case management backbone and SEBEL working with Web Center, the user interface customization tool set.

And that's what we were able to demonstrate to the Fed in April for our Gate Review.

And since then we've been doing iterations pretty successfully hitting its monthly (feed rate) and demonstrating a bill back to the business partners at the end of each month.

And we've essentially done a deep dive into shop as well as continuing to work on other areas of eligibility and enrollment. We plan to finish the shop functionality in August and we're also going into customer service in August.

We've also done a lot of work with the carriers which a rather simple picture here in Oregon is about a dozen that we're working with. And we get quote pieces in design.

And there's a team of people doing the 2014 (NHI) rules right now but that configuration has just begun.

If you could go to the next slide, so in terms of the support for this obviously we've had great support from our federal partners. We're happy to be an Early Innovator state.

We're also very - getting very good support locally so the project is being run from the Oregon Health Authority which is the state's Medicaid agency so no bridges to build there.

And we will be putting on an integrated solution with qualified health plans and public plans in one team with experience.

The Health Insurance Exchange will be run by a separate entity which is called HIX Corp here in Oregon. We've got great collaboration with them. They're part of the Project Team.

And we also have good support for the (UN) Health Insurance Division and the field offices and the Department of Community Service.

And last but very importantly the legislator is very supportive. In fact Oregon originally, our legislature asked us to put together a plan for Health Insurance Exchange back in 2007 so the momentum to do this goes way before the ((inaudible)).

If you could go to the next slide, so in terms of sharing we take our roles as an administrator seriously and we put a lot of effort into trying to share as much as possible. Very similar strategy to the triangle that was presented earlier and the easiest stuff to share at the top of that triangle are the artifacts that are produced from the Gates and from other work that we do.

We are also looking at sharing not really code. I think the word is a little bit misused here because it's an off the shelf product. So the code essentially we purchase from the vendors that we're using primarily Oracle.

So if you have the same tools then you might be able to reuse some of the configuration that we've done and certainly you would be able to reuse the architecture and design documents.

Primary mechanism for sharing this is putting them on CALT. But we do also have a collaborative partnership going with Vermont. I believe we've signed on disclosure with them. And we're putting them together with Michigan.

So we are collaborating actively in these other states as well as publishing material and participating in presentations like this.

And on the last slide, I'm not going to talk to, in fact I can't really read it but that's a list of the stuff that we have posted on CALT right now.

So that's what I was going to share with you from Oregon. Thank you very much.

Patricia Boozang:

Thanks very much (Russ). We have about ten minutes for questions. And I think we'll open the lines now for folks to ask via phone and we do have a bit of backlog of online questions that we'll start going through.

And I'll start (Russ) with one for you because you talked a little bit about use cases.

One of our participants says she's been working very hard to look for use cases from other states. And is finding them a bit hard to find including on CALT particularly use cases related to shop.

So can you talk a little bit about if and how you've made your use cases available?

Rus Hargrave:

Yes. So the good news is we have written more shop use cases than any other type of use case so we do have them.

I doubt they're on CALT because although we've completed about 30, 35 of the 209 use cases, a lot of that is still being finalized. And so they may not be in the final stage. They may not be on CALT yet.

Most of those are about to be finalized. Our big focus this month is to finish those use cases. There's a SWAT Team hunkered down in a bunker somewhere I think and they've got a special athletic name for their effort which needs to complete in August which will finalize all of those use cases and at that time I expect we can post them all.

We could probably get some of the shop ones posted more quickly if there's particular interest in that. My email and (Tracy Humphrey) who's our Reuse Manager, her email is also on that slide.

So feel free to solicit us offline and see if we can get you that earlier.

Female:

Hi. Good afternoon. I'd first like to take the opportunity to thank all of our panelists. It's been a great discussion today and certainly appreciate all of your information.

My question would be since you're all working together, you know, really trying to share the information and I do know that some states or just Oregon are starting to work with some of the carriers.

What is the - what is your environment for how far down the road will you begin to work with the carriers or with a third party company that's, you know, they're administering all these plans for multiple carriers throughout 49 states? What is the policy there? How much information can you share?

Rus Hargrave:

It's pretty quick in Oregon so I thought I could start here. As I mentioned we've only got a dozen carriers so it's not - I know in some states they're in the hundreds.

For us we engaged them right away. We've been meeting with them every single week for the past three months, four months almost.

And we've done a lot of design work. We've got a pretty good design for most of the circumstances.

And as I say we meet weekly with their CIOs.

So I think having only a dozen of them makes that pretty manageable here in Oregon. But we engaged them right out of the shoot.

Patricia Boozang:

Can another state comment on that? Kevin maybe from Maryland, do you have a comment on that question?

Kevin Yang:

Yes, sure. So similar to what (Russ) mentioned in Oregon we've been meeting with our carriers, MCOs and TPAs on a biweekly basis. We've done that for several months.

And we've worked with them on design and we have also talked to them about being incorporated into our Sprint Testing Schedule.

So as we start hitting those sprints specifically focused on plan management, enrollment exchange and so forth we hope to have a subset of our carriers working with us in the context of our sprint and then all of them working with us later in the year as we go through integrated testing.

Female:

Wonderful. Thank you. Again I appreciate the answers.

Patricia Boozang:

Thanks Kevin. So I'm going to take another question from online.

And Kevin I'm going to stay with you and then go to Massachusetts on this one.

So the question is have you already developed or begun to develop data use agreements among your state agencies for data exchange?

And can you say a little bit about whether those are general agreements, do they deal with reimbursement or data sharing services and just where you are with that and whether those can be shared to the extent they've been developed?

Kevin Yang:

I'll answer the second part first and I'll just have to check on that. I know we did submit some examples of those agreements as part of our design review process. I don't know if they're up on CALT or not at this point.

But yes, we have started working with several of our partner agencies on those memorandums of understanding. At this point, you know, we're still looking mainly at the nature of the interfaces, the specific data elements that will be exchanged and their usage and then also addressing, you know, security and all that good stuff.

So from a functional perspective I think we're pretty close to having a standard template we'll use for those. And then obviously there's got to be some business agreement that includes the legal folks with those agencies.

But I think we're well on our way to developing those agreements.

Patricia Boozang:

And Jason can you answer the same question for Massachusetts and I'm thinking because the Connectors has some longevity here, maybe you also have templates that can be shared?

Jason Hetherington:

Yes. So Massachusetts, we're sort of in a bit of a different place. We have - we use Mass Health Data Share Agreements with other agencies today. Essentially our eligibility is currently done - our eligibility for our subsidized line of business is currently done by our Medicaid Agency today. And so that - those individuals or the eligibility for those individuals are able to leverage the preexisting data share agreements that Mass Health has with other agencies.

We're in the process of between, you know, our Legal Team and the Mass Health Legal Team and the Legal Teams of the other agencies of evaluating those existing agreements to see if they could either meet in their current form or could be extended to meet the needs of the exchange.

So we should be able to share some of those with the caveat that we're not 100% sure that they're actually, you know, able to be used to cover the entire exchange population at this point.

But our plan would be to extend existing agreements with those states rather or with those agencies rather than try to create brand new agreements.

Patricia Boozang:

Thank you. Do - I think we have time for one more phone question or online question if we have no one in queue.

Patricia Boozang:

Okay. Then I would ask any of the states to respond to this next question.

Do states have direction or plans for data warehouse implementation?

Jason Hetherington:

This is Jason from Massachusetts. It's something that's in the scope for our engagement with our systems integrator. We have an existing or EHS which houses our Medicaid Agency has an existing data warehouse. We intend to expand that data warehouse to include the new HIX data, the eligibility and enrollment data for the other populations just so we can have a single reporting engine that we can use across all of the health programs in the state. The exact plans for that aren't quite as flushed out but that's a broad strokes in scope for the project in order to expand our existing EHS data set.

Patricia Boozang:

Thank you. I see that we're at time. And while there are more questions here online I do have a proposal for how we handle these.

We would like to work with the panel and with CHCS to try to draft answers to as many of these to post on Medicaid.gov after this call including I know many of you have asked about CALT credentials access so we would also intend to post information about how you get access to CALT.

So we urge all of you to get to Medicaid.gov to look to the materials following up from this webinar.

And I'd just like to thank our panelists for the excellent content they provided and thank all of you for participating.

END