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

August 9, 2012

For audio, dial: 1-888-600-4866; Passcode: 989271
## Agenda

<table>
<thead>
<tr>
<th>Session</th>
<th>Duration</th>
<th>Presenter(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome &amp; Overview of Early Innovator Collaborative</td>
<td>5 min.</td>
<td>Manatt</td>
</tr>
<tr>
<td>Setting the Stage: Update from the Early Innovator States on Exchange &amp; Integrated Eligibility System Development</td>
<td>10 min.</td>
<td>NESCIES</td>
</tr>
<tr>
<td>Early Innovator State Panel</td>
<td>60 min.</td>
<td>Maryland, Massachusetts, New York, Oregon</td>
</tr>
<tr>
<td>Q&amp;A</td>
<td>15 min</td>
<td>All</td>
</tr>
</tbody>
</table>
Early Innovator Learning Collaborative
Medicaid and CHIP Learning Collaboratives (MAC LCs)

- Established by CMS to bring state and federal partners together to work toward establishing a solid health insurance infrastructure.
- Five collaborative workgroups are addressing: early innovator (EI) information technology (IT) solutions; coverage expansion; value-based purchasing; data analytics; and promotion of IT efficiency and effectiveness Medicaid enterprise systems.
- Coordinated by Mathematica Policy Research, the Center for Health Care Strategies, and Manatt Health Solutions.
Early Innovator (EI) Learning Collaborative

- **Purpose:** Forum for EI and other innovator states to collaboratively work on common operational/business issues that they are facing in their development. Create/identify and disseminate various tools and artifacts that can be shared with non-EI states.

- **Structure:** Bi-weekly call. Periodic “all state” webinars for EI LC participating state(s) to present on topic specific challenge/approach.
# Early Innovator Meeting Topics

<table>
<thead>
<tr>
<th>Meetings to Date</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 21</td>
<td>Kick Off</td>
</tr>
<tr>
<td>January 12</td>
<td>LC Approach and Topic Review</td>
</tr>
<tr>
<td>January 26</td>
<td>Plan Management</td>
</tr>
<tr>
<td>February 9</td>
<td>Eligibility and Enrollment</td>
</tr>
<tr>
<td>February 23</td>
<td>Federal Hub</td>
</tr>
<tr>
<td>March 8</td>
<td>SHOP Procurement and Federal Hub Follow Up</td>
</tr>
<tr>
<td>March 22</td>
<td>Shared Services</td>
</tr>
<tr>
<td>April 5</td>
<td>PBGH Plan Choice Decision Support Rules</td>
</tr>
<tr>
<td>May 3</td>
<td>Shared Services Release Schedule</td>
</tr>
<tr>
<td>May 17</td>
<td>Premium Billing</td>
</tr>
<tr>
<td>May 31</td>
<td>State Priority Information Needs</td>
</tr>
<tr>
<td>June 14</td>
<td>IRS Data: Authorized Use and Safeguards</td>
</tr>
<tr>
<td>June 28</td>
<td>Updates and Future Meeting Planning</td>
</tr>
<tr>
<td>July 12</td>
<td>No Meeting</td>
</tr>
<tr>
<td>July 26</td>
<td>Identity Proofing</td>
</tr>
</tbody>
</table>
Dissemination

- Products generated by the collaboratives, including technical assistance tools and state resources, will be disseminated to all states in a publicly available online library on Medicaid.gov.

- First “tool kit” release expected in August 2012.

- Early Innovator Collaborative meeting materials and summaries are available on CALT:
  [https://calt.hhs.gov/sf/docman/do/listDocuments/projects.se_portal_sandbox/docman.root.early_innovator](https://calt.hhs.gov/sf/docman/do/listDocuments/projects.se_portal_sandbox/docman.root.early_innovator)

- The collaboratives will host a series of All-State webinars to share emerging practices and recommendations.
Contact:

Patricia Boozang, Managing Director
Manatt Health Solutions
Email: pboozang@manatt.com

Joseph Ray, Managing Director
Manatt Health Solutions
Email: jdray@manatt.com
Early Innovator Presenters

- **New England Collaborative for Insurance Exchange Systems (NECIES)**
  Michael Tutty (Michael.Tutty@umassmed.edu), Project Director, NECIES

- **Maryland**
  Kevin Yang (kyang@dhmh.state.md.us), Chief Information Officer at the Maryland Health Benefit Exchange

- **Massachusetts**
  Jason Hetherington (jason.hetherington@state.ma.us), Director of IT Services at the Massachusetts Health Connector

- **New York**
  Beth Osthimer (b xo03@health.state.ny.us), Director of Medicaid and Health Reform at the New York State Health Department

- **Oregon**
  Rusell Hargrave (rusell.hargrave@state.or.us), Senior Health and Human Service Technology Advisor at the Oregon Health Authority and Human Services, Office of Information Services
El State Panel
Information Technology in Support of Health Insurance Exchanges and Integrated Eligibility Systems: 
*Update from the “Early Innovator” States*

Michael Tutty, MHA, PhD  
New England Collaborative for Insurance Exchange Systems (NESCIES)  
University of Massachusetts Medical School  
August 9, 2012
Tight Deadlines for Exchange Operations!

- Regulations implementing the Affordable Care Act require HHS to approve or conditionally approve State-based Exchanges no later than January 1, 2013, for operation in 2014.

- Even if a State-based Exchange cannot be completed by October 2013, options for temporarily leveraging the FFE exist through State Partnership model.

- The development lifecycle for updating and/or building information systems, including procurement, can be prolonged. Time is not our friend!
HIX: Flexible Options for States

State-based Exchange

- States may use Federal Services for:
  - Premium tax credit determinations
  - Exemptions
  - Risk Adjustment
  - Reinsurance

State Partnership Model

- States operate:
  - Plan Management and/or
  - Consumer assistance

- States may also run:
  - Reinsurance
  - Medicaid & CHIP eligibility determinations

Federally-facilitated Exchange

- States may run:
  - Reinsurance
  - Medicaid & CHIP eligibility determinations
Key Issues for State-Based Exchange IT Decision Making

- Degree of Integration with Medicaid and other State Systems
- State Systems and Technology Baseline
- Deadlines for Exchange Development
- Funding and Sustainability for development and operation
Tiered Approach to Reusability

- Advantages of reuse are lower costs, faster software development
- HIX components designed for reuse should leverage established designs, application frameworks, and cloud computing
- Tiered approach gives flexibility to accommodate each state’s requirements and platform
Early Innovator (EI) Cooperative Agreement Program

- EI states are charged with designing and implementing the information technology (IT) infrastructure needed to operate HIXs
- Required to develop “reusable and transferable” technology components
- Grantees represent different regions of the country, as well as different Exchange governance structures, IT systems and approaches
State Considerations When Looking For Information Technology Solutions

- Look at states with similar IT profiles and business processes
- Consider the costs/benefits and timing of various technological approaches
- Don’t start from scratch - Leverage other states’ and federal deliverables and services

Don’t go it alone! We’re all trying to meet the same deadlines/deliverables!
Thank you! For further information:

Michael Tutty, MHA, PhD
Michael.Tutty@umassmed.edu
Jay Himmelstein, MD, MPH
Jay.Himmelstein@umassmed.edu
New England Collaborative for Insurance Exchange Systems (NESCIES)
www.nescies.org
DEPARTMENT OF HUMAN RESOURCES
MARYLAND HEALTH BENEFIT EXCHANGE
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Early Innovator Panel Discussion

August 9, 2012
Maryland Approach to Health Insurance Exchange (HIX) Technology Enablement

Phased Development

- Phase 1A – MAGI Eligibility Determinations
- Phase 1B – SHOP, Hosting, Operations, Call Center
- Phase 2 – Non-MAGI Eligibility Determinations
- Phase 3 – Social Services Programs (SNAP, TANF, etc.)

COTS Based Solution

- Systems Integrator (Noridian Administrative Services) on-boarded in March
- Partners include COTS vendors and other specialized IT service providers:
  - Social services eligibility, enrollment, and customer relationship management (Curam),
  - Plan Management and online Plan Comparison and Enrollment (Connecture).
- Provides the robust operational, technical, and data management capabilities required by the State:
  - Large scale social service technical and administrative management (Noridian),
  - The EXACT™ Service Oriented Architecture (SOA) platform (Noridian),
  - Integration with federal data hub and state eligibility sources (EngagePoint)
- Solution and licenses are extensible to later implementation phases: SHOP (Phase 1B), Non-MAGI determinations (Phase 2), & other social services (Phase 3)
Exchange To-Be Architecture
Exchange HIX System
High Level Architectural Approach

Architecture goals:

**Built-to-Last**
- Platform and technology-agnostic
- Standards-based

**Built-to-Scale**
- Multi-zoned deployment architecture
- Design with redundancy

**Built-to-Fit**
- Separation of Concerns
- Loose-coupling
- Leverage SOA best practices
Layered Architectural Approach
The diagram below articulates the timeline and development approach Maryland is following in order to be prepared for CMS Certification and to deliver the HIX Solution in time for production operations in Q4, 2013.

Key:
- DDR – Detail Design Review
- FDDR – Final Detail Design Review
- PORR – Preliminary Operational Readiness Review
- ORR – Operation Readiness Review

### Implementation Timeline

<table>
<thead>
<tr>
<th>Validate</th>
<th>Design</th>
<th>Implementation &amp; Test</th>
<th>Integrated Testing</th>
<th>Deployment &amp; Disposition</th>
<th>Warranty / Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge Transfer</td>
<td>Prioritize Rqmts &amp; activities for Certification on 1/1/13</td>
<td>Sprint Execution – for requirements required for CMS Certification 1/1/13</td>
<td>End-to-End Testing, including: Functional and Technical Testing</td>
<td>Deployment to Production</td>
<td>Fix any Production bugs, etc.</td>
</tr>
<tr>
<td>Planning &amp; Rqmt Artifacts</td>
<td>Federal Requirements</td>
<td>Core Requirements</td>
<td>State Requirements</td>
<td>Training</td>
<td></td>
</tr>
<tr>
<td>NFRD</td>
<td>SP1 → SP2 → SP3 → SP4 → SP5</td>
<td>Non-Functional / Technical Requirement Development</td>
<td>Certification Process</td>
<td>Fix any Production bugs, etc.</td>
<td></td>
</tr>
<tr>
<td>Sprint Order</td>
<td>Architecture Plan</td>
<td>Architecture Development</td>
<td>Certification Process</td>
<td>Fix any Production bugs, etc.</td>
<td></td>
</tr>
<tr>
<td>COTS Demo</td>
<td></td>
<td></td>
<td>End-to-End Testing, including: Functional and Technical Testing</td>
<td>Fix any Production bugs, etc.</td>
<td></td>
</tr>
</tbody>
</table>
Tier 1 Reuse: Documents, Process and Knowledge

Reusable Artifacts

- Research and Analyses
- Business Requirements
- Wire-Frames / Storyboards / Workflows
- Procurement-Related Documents
- Test Documents
- Project Management Documents
- Best Practices / Lessons Learned

Mechanisms for Reuse

- Document Repositories – CALT
- State to State collaborations
Maryland Artifacts on CALT

Procurement Information:
HIX Phase 1A RFP (Final)
IV&V RFP (Final)
SHOP Statement of Work (Draft)

Requirements Artifacts:
HIX BRD 2.0
SHOP BRD (Draft)

Design Review Documentation
Financial Disclosures
Legal Authority
Board & Governance Structure
COI and Financial Disclosure process
MHBE Bios
MHBE Board Meeting agenda
Stakeholder meeting agendas
Call center information
Navigator information
Web site information
Agents and Brokers Overview
Navigator Advisory Committee Charter
Continuity of Care Announcement
Communication Plan
Stakeholder Analysis
Financing Committee Members
Navigator Advisory Committee Agenda
Navigator Advisory Committee Presentation
MD Exchange Environmental Scan
MHBE Brand Report
Outreach
Stakeholder Consultation Plan
Stakeholder Analysis Overview
Eligibility and Enrollment Overview
PCIP Transition Plan

Design Review (continued)
Coordinating Committee Kick-Off
Coordinating Committee Presentation
HIX and Medicaid Interface Analysis
Plan Management Authority
Plan Certification
Plan Management System Features and Functions
Plan Management System Portal Screenshots
Plan Management System
Issuer Oversight
Issuer Plan Management Screenshots
Issuer Support
Recertification
Decertification
Appeals and Decertification
Accreditation
Quality
Reinsurance
Exchange Organization and HR
Exchange Organization Chart
Exchange Accounting Procedures
Exchange Finance and Accounting
Technology Overview
Change Management Plan
Disaster Recovery Business Continuity Plan
Business Rules
Communications Matrix
Data Conversion Plan
Implementation Plan
Interface Control Plan
Performance Measurement Plan
Testing Plan
User Stories
Database Design Document
Data Management Plan

Testing Artifacts:
Maryland Testing Strategy
Test Plan
Test Cases
Tier 2 Reuse: Code, Library, and Packages

Framework for Technical Reuse

- Types of reusable technology: end-to-end systems, business services, standards-based interfaces, web services, source code, data models, data exchange formats, rule sets, product configurations
- Inventory of reusable technology including type, description, and appropriate usage
- Extensibility for new requirements
- Prerequisites and dependencies: specific COTS licenses and software, and underlying infrastructure requirements

Mechanisms for Reuse?

- Memorandums of Understanding (MOU’s) / Business Agreements / Contracts
Twelve Dimensions of Reuse

- System Architecture
- Functional Modules
- Enterprise Shared Services
- Informational Services
- Compliance
- High Availability and Scalability
- Presentation Layer
- Business Process Layer
- Business Service Layer
- Integration Layer
- Data Reporting Layer
- Quality of Service and Protection Layer
Contact:
Kevin Yang, Chief Information Officer
Maryland Health Benefit Exchange

Email: kyang@dhmh.state.md.us
Health Connector
HIX/IES Project Overview

Exchange Grantee Conference
Early Innovator Panel
August 9, 2012
Massachusetts Progress to date

- SI Vendor Procurement:
  - RFR released on 12/21/11
  - Responses received on 2/14/12
  - Vendor selected and contract signed on 7/11/12
    - CGI/Deloitte is the selected System Integrator
- Procuring an IV&V:
  - Finalizing vendor selection
- Significant Progress on Shared Services activities including security framework and MDM
- Requirements and process model development for E&E, Plan Management, Financial Management
  - JAD Sessions underway for integrated eligibility and QHP & SHOP plan selection
- Participating in collaborative efforts
  - California Health Foundation UX Project
  - Early Innovator Learning Collaborative
  - Numerous presentations at conferences (e.g. NGA, MMIS, etc.)
• Developed a “project implementation functional ownership” to provide structure and ownership throughout the SDLC:
  – 23 sub-functions are “Shared” (e.g. eligibility determination)
  – 34 sub-functions are assigned to MassHealth (Medicaid) (e.g. MassHealth plan selection, MA-21 updates)
  – 59 sub-functions are assigned to the Health Connector (Exchange) (e.g. QHP and SHOP web shopping, QHP billing system)
• Coordinating with individual agency workgroups
  19 MassHealth led workgroups
  – 7 Connector led workgroups
High Level Design Sequencing

• Within the High Level Design phase, the scope of the HIX-IES project will be split up into smaller, discrete design topics, each of which will go through the High Level Design process outlined on subsequent slides.

• The Functional Decomposition, including 116 HIX-IES project functions, will serve as the foundation for Design – CGI, MassHealth, and the Health Connector functional leadership will work to finalize the appropriate groupings of functions within each design topic.
  − Sequencing of design topics will be based on priority of function, ownership, time sensitivity related to the Code Drop scheduling, and complexity.
  − The first design topic will be Individual Eligibility, including Health Insurance Exchange and MassHealth eligibility determination for individuals and families.

• Following High Level Design, Detailed Design will begin – details to be discussed in subsequent sessions.
## Functional Design sequencing

<table>
<thead>
<tr>
<th>Components</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Code Drop 1</strong> Address Validation, HIPAA X12, AIMS, HIX/IES App Framework</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Code Drop 2</strong> AIMS, HIX/IES App Framework, Private Insurance, SHOP, Plan Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Code Drop 3</strong> AIMS, HIX/IES App Framework, Subsidized Insurance, Medicaid Eligibility, Renewals, Navigator / Broker Portals, Fin Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Code Drop 4</strong> Premium Billing, Notices, Business Intelligence/ DW, Other Interfaces, Customer Service Interface</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **10/26/12** Code Drop 1 Complete
- **1/4/13** Code Drop 2 Complete
- **4/26/13** Code Drop 3 Complete
- **7/29/13** Code Drop 4 Complete
Reusability Approach

• Functionality will be bundled for deployments and sharing
• Modified Agile methodology will be used
  – Iterative code releases
  – Parallel testing and development
• Sharing of Documents, Process and Knowledge
• Sharing of Code Libraries and Packages
• Jointly procuring and Hosting
SI Collaboration with Participating States

• Develop a reusability plan with the participating New England states. The plan will include the scope of reusable components and a timeline for reusability milestones.
  – Complete JAD sessions with participating New England States. Synthesize and provide feedback from state sessions, compile lessons learned, and document ways to improve and expand reusability opportunities.

• Identify reusable components and support components sharing to selected and agreeable New England states.

• Contractor’s resources will work directly with New England states designated by the Commonwealth to support knowledge transfer, and to support implementation efforts with each state’s IT staff and vendors.
  – Rhode Island and Vermont will collaborate with the MA HIX/IES project as “design partners”
Massachusetts Artifacts on CALT

Architecture Review (AR) – Stage Gate
Architecture Review
Architecture Review Findings
MA HIX Business Process Models
MA HIX PM Requirements
MA HIX EE Requirements version

Detailed Design Review
MA HIX_IES Release Plan version 0.5
MA HIX_IES Risk Management Plan version 0.4
MA HIX_IES Communication Plan version 0.3
MA HIX_IES Project Management Plan version 0.9
MA HIX_IES Phase 1 ConOps version 1.0

Establishment Planning/Project Baseline Review (PBR)
Project Baseline Review
MA HIX Release Plan version 0.3
MA HIX Project Management Plan version 0.8
MA HIX Privacy Impact Assessment version 0.2
MA HIX Project Process Agreement
Preliminary version 0.2

IT State Profiles
Massachusetts IT Profile

Request for Information (RFI)/Proposal (RFP) & Statement of Work (SOW)
MA Use Case Inventory
MA Health Connector Reports
MA Software and Hardware Costs
MA Use Case Sample
MA Standard Form LLL
MA Business Process Model Sample 2
MA Business Process Model Sample 1
MA Requirements Matrix
MA HIX/IES Special Terms and Conditions
MA Intellectual Property and Work Effort Agreement
MA Software and Hardware List
MA Assumptions Qualifiers Contraints Table
MA Part Three Cost Response
MA HIX/IES Special Terms and Conditions
MA Federal Funding Reporting Requirements
MA Data Management Agreement
MA Exhibit XII HIX/IES Special Terms and Conditions
MA_Contract
MA RFR
MA HIX IES IV&V RFR

Preliminary Design Review
MA HIX ICD Core and Shared Interface Document version 0.2

Preliminary Design Review (cont’d)
MA HIX ICD Federal Hub Interface Document version 0.4
MA HIX ICD State Interface Document version 0.4
MA HIX Database Design Document version 0.5
MA HIX ICD Carrier Interface Document version 0.4
MA HIX System Design Document version 0.6
MA HIX Technical Architecture Diagrams version 0.3
MA HIX Logical Data Model version 0.3
MA HIX Test Plan Preliminary Document version 0.3

State Business and Processes and Requirements
MA - HCR-Eligibility Enrollment Presentation Template – 09172011
MA - EEI-17 Verify Household Income_20110919
MA - EEI-12 Plan Selection_20110919
MA - EEI-10 Determine Medicaid & CHIP Eligibility_20110919
MA - Final Himmelstein August 1 MMIS HIX development
Contact:
Jason Hetherington, Director of IT Services
Massachusetts Health Connector

Email: jason.hetherington@state.ma.us
Information Technology in Support of Health Insurance Exchanges and Integrated Eligibility Systems

Update from New York
August 9, 2012

Beth Osthimer
Division of Health Reform and Health Insurance Exchange Integration
Office of Health Insurance Programs
New York State Department of Health
Discussion Topics

- Current Status
- Development Update
- NY–HX Technological Approach
- State Agency Roles and Coordination
- Strategy and Approach for Sharing Components with Other States
Current Status

- NY established EI Project Management Office (PMO) in DOH in February 2011
- NY–HX established by Executive Order in April 2012
- Contract with CSC Systems Integrator (SI)– June 2012; QA contract award–Cognosante, Enrollment Center– Maximus
- NY–HX system design/development underway– using Agile SCRUM SDLC methodology
Current Status

NY has conducted three gateway reviews with CMS

- Architecture Gateway Review – April 2011
- Project Baseline Gateway Review – May 2011
- Preliminary Design Review – Feb 2012
- Detailed Design Review (scheduled) – October 2012
Development Update

- Sprints began in July—13 releases
  - Eligibility and Enrollment—7 releases (*includes individual EE and SHOP)
  - Plan Management—1 release
  - Financial Management—3 releases
  - Customer Service/Communication—1 release
  - Post-Production Reporting—1 release

- Project work plan dependencies:
  - Federal Data Hub development schedule
  - NAIC SERFF Plan Management development schedule
# NY–HX Release Schedule

<table>
<thead>
<tr>
<th>Project</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>(NY-HX) Integrated Master Schedule DDO - Execution and Support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(NY-HX) TRACK Plan Management and Consumer Assistance Part 1 (PM/CC)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(NY-HX) Track PM Execution - Release 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(NY-HX) Track PM Rel 1 - Sprint 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(NY-HX) Track PM Deliverables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(NY-HX) TRACK Plan Management and Consumer Assistance Part 2 (PM/CC)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(NY-HX) Track CC Execution - Release 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(NY-HX) Track CC Deliverables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(NY-HX) TRACK Eligibility and Enrollment (E&amp;E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(NY-HX) Track Individual E&amp;E Execution - Release 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(NY-HX) Track Individual E&amp;E Rel 1 - Sprint 2 - Team 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(NY-HX) Track Individual E&amp;E Deliverables - Release 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(NY-HX) Track Individual E&amp;E Execution - Release 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(NY-HX) Track Individual E&amp;E Deliverables - Release 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(NY-HX) Track Individual E&amp;E Execution - Release 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(NY-HX) Track Individual E&amp;E Deliverables - Release 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(NY-HX) Track SHOP E&amp;E Execution - Release 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(NY-HX) Track SHOP E&amp;E Deliverables - Release 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(NY-HX) Track SHOP E&amp;E Execution - Release 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(NY-HX) Track SHOP E&amp;E Deliverables - Release 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(NY-HX) Track SHOP E&amp;E Execution - Release 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(NY-HX) Track SHOP E&amp;E Deliverables - Release 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(NY-HX) Track E&amp;E Execution - Release 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(NY-HX) Track E&amp;E Deliverables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(NY-HX) TRACK Financial Management (FM)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(NY-HX) Track FM Execution - Release 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(NY-HX) Track FM Deliverables - Release 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(NY-HX) Track FM Execution - Release 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(NY-HX) Track FM Deliverables - Release 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(NY-HX) Track FM Execution - Release 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(NY-HX) Track FM Deliverables - Release 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(NY-HX) Track FM Track Deliverables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(NY-HX) TRACK Post-Production Data Aggregation and Reporting (PPR)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(NY-HX) Track PPR Execution - Release 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(NY-HX) Track PPR Deliverables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(NY-HX) Track Integration SIT/UAT</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
NY–HX Technological Approach

- Build Service Oriented Architecture (SOA) with Enterprise Service Bus (ESB)
- Utilize Business Rules Engine
- Where possible, leverage advanced components and facilities of current MMIS environment
  - Data center
  - Disaster Recovery
  - ESB infrastructure
- Adhere to CMS security standards and IRS safeguards
- Incorporate UX Enroll 2014 design guidelines, where applicable, for user interface
Ny–HX Technological Approach

NY–HX/SERFF Architecture

- Create and submit health plans for certification as QHPs
- Leverage previously approved filings
- Review certify and manage insurer QHP submissions

NY–HX Disaster Recovery Site

Two OC12’s

NY–HX

NAIC/SERFF

Insurers

NYS Regulators

Federal Data Sources

Federal Data Hub

State Data Sources

State Data Hub
Governor Cuomo’s Executive Order (EO) established the Exchange within the Department of Health (DOH)
EO directs DOH to work in conjunction with the Department of Financial Services (DFS) and other state agencies
Ensures close integration with Medicaid program to promote “one stop shopping”, consumer-centric portal experience
State Agency Roles and Coordination

- DFS—rate review, broker program, risk adjustment, Plan Management
- DOH—Exchange, NY–HX system, Medicaid/CHP programs
- Office of Temporary Disability Assistance (OTDA)—future human services interoperability with NY–HX system
- Department of Taxation and Finance—data exchange services to support Exchange income verification as a supplement to Federal Data Hub
Strategy and Approach for Sharing Components with Other States

- Participate in regular joint discussions with other EI and non-EI States, federal partners throughout all ELC phases
- Use CALT to post project artifacts, deliverables, lessons learned
- Aggressively support initiatives that can be leveraged and reused by other states—e.g. NAIC SERFF Plan Management, UX Enroll Project, formulation and sharing of policies/requirements through user groups, pilots
Strategy and Approach for Sharing Components with Other States

- Identify opportunities to share software components to accelerate the development efforts of other states
- Collaborate re solutions (e.g. work with other states using same applications, tools)
- Share testing strategies and generic test cases and scripts
Contact Information

Beth Osthimer, Division of Health Reform and Health Insurance Exchange Integration
Office of Health Insurance Programs
New York State Health Department
Email: bxo03@health.state.ny.us
Oregon HIX-IT Strategies and Status

Oregon Health Insurance Exchange IT Project

Update to Panel Discussion at the May CCIIO Health Insurance Exchange System-Wide Meeting

August 7, 2012
Using Commercial Off The Shelf Products
• Oregon's Health Insurance Exchange Information Technology (HIX-IT) platform will become the system of record for all Medicaid and CHIP (MAC) eligibility
  • One automated eligibility system for both Qualified Health Plans (QHPs) and "MAGI" MAC
  • Enrollment in MAC will be accomplished by integration with legacy MMIS
• Oregon's HIX-IT project has a complementary human service modernization project implementing "horizontally" integrated HHS eligibility and case management
  • The project teams use a shared service approach and are implementing on the same technology platform
Leveraging DHS and HIX-IT Projects as Spring-board to Transform All Services

Plan to migrate all core HHS services in phases over 5 years

Human Service Modernization and HIX-IT Projects Will Affect Most Service Areas
Leveraging DHS and HIX-IT Projects to Transform IT Enterprise

Human Service Modernization and HIX-IT Projects Will Implement New Technologies in Most Areas

COTS tools will be used as enterprise technology platform
Oregon HIX-IT Project

Current Status

- Technology and configuration vendor selected (Oracle)
- Completed Initial Requirements gathering
  
<table>
<thead>
<tr>
<th>Requirements</th>
<th>Use Cases</th>
<th>Estimates</th>
<th>Optimized Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>we are here</strong></td>
<td></td>
</tr>
</tbody>
</table>

- External interface contract awarded (Cognosante/Speridian)
  - Vendor is on-site
- Selected & procured PeopleSoft Financial Management tool
- Established connectivity with Federal Hub
• Initial "working" build presented in April 2012 Gate Review
  – Demonstrated successful implementation and integration of all major technology components

• Successfully completing monthly development iterations
  – We have done some configuration in account management and eligibility / enrollment (including pre-screening)
  – We have configured about half of the required SHOP functionality
  – We are beginning to focus on customer service area in August

• Completed pilot interface process with carriers
  – "Get Quote" designed

• 2014 Magi Rules Design and Configuration Underway
• The HIX-IT project is within the Oregon Health Authority, the state's Medicaid agency

• Oregon’s integrated HIX-IT vision is supported by collaboration across all relevant state bodies
  – Building an integrated eligibility and enrollment marketplace for both Medicaid, CHIP and tax credit eligible (and those without assistance)
  – HIX-IT is a collaboration by OHA, the Oregon Health Insurance Exchange Corporation, the Department of Human Services, and the Oregon Insurance Division
  – Oregon's legislature is very supportive
Oregon HIX-IT Project
Strategy for Sharing With Other States

What Will Oregon Share?

• Gate Artifacts:
  – Project Charter; PMO Plans; Schedules; Strategies

• Code Repository and Corresponding Technical, Functional, Architectural, and Design Documents

How Will Oregon Share?

• CALT; SERVIS; CALLS; ELC. Monthly CIIIO, other: Conference Participation; Direct Collaboration and Partnering

• Contact Tracey Humphreys, Manager State & Federal Collaboration and Reuse (tracey.j.humphreys@state.or.us)
Oregon HIX-IT Project

Oregon Artifacts on CALT

Artifacts Oregon Currently Has Posted on CALT

<table>
<thead>
<tr>
<th>Document ID</th>
<th>Document Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>doc3596</td>
<td>Copy of 00_HIX-IT DRR Gate Deliverables Index</td>
</tr>
<tr>
<td>doc3598</td>
<td>Copy of 01_HIX-IT Project Charter</td>
</tr>
<tr>
<td>doc3597</td>
<td>Copy of 02_Business Requirements Artifacts</td>
</tr>
<tr>
<td>doc3596</td>
<td>Copy of 03 Information Security Risk Assessment</td>
</tr>
<tr>
<td>doc3596</td>
<td>Copy of 04_HIX-IT Test Plan</td>
</tr>
<tr>
<td>doc3596</td>
<td>Copy of 05_System Design Document</td>
</tr>
<tr>
<td>doc3592</td>
<td>Copy of 06_HIX-IT Interface Control Document</td>
</tr>
<tr>
<td>doc3592</td>
<td>Copy of 07_HIX-IT Project Management Plan</td>
</tr>
<tr>
<td>doc3591</td>
<td>Copy of 08_HIX-IT Project Schedule</td>
</tr>
<tr>
<td>doc3596</td>
<td>Copy of 09_Risk and Issue Management Plan</td>
</tr>
<tr>
<td>doc3498</td>
<td>Copy of 10_Risk Register</td>
</tr>
<tr>
<td>doc3497</td>
<td>Copy of 11_Communication Plan</td>
</tr>
<tr>
<td>doc3497</td>
<td>Copy of 12_Change Management Plan</td>
</tr>
<tr>
<td>doc3496</td>
<td>Copy of 13_Configuration Management Plan</td>
</tr>
<tr>
<td>doc3496</td>
<td>Copy of 14_Staff Management Plan</td>
</tr>
<tr>
<td>doc3494</td>
<td>Copy of 15_Financial Management Plan</td>
</tr>
<tr>
<td>doc3493</td>
<td>Copy of 16_HIX-IT Financial Status Report</td>
</tr>
<tr>
<td>doc3492</td>
<td>Copy of 17_Performance Measurement Plan</td>
</tr>
<tr>
<td>doc3491</td>
<td>Copy of 18_Cost Allocation Plan Methodology</td>
</tr>
<tr>
<td>doc3490</td>
<td>Copy of 19_Integration Strategy</td>
</tr>
<tr>
<td>doc3490</td>
<td>Copy of 20_Architecture Governance Process</td>
</tr>
<tr>
<td>doc3488</td>
<td>Copy of 21_Data Management Strategy</td>
</tr>
<tr>
<td>doc3487</td>
<td>Copy of 22_Identity and Authentication</td>
</tr>
<tr>
<td>doc3486</td>
<td>Copy of 23_HIX-IT Security Strategic Plan</td>
</tr>
<tr>
<td>doc3481</td>
<td>Copy of 24_Security Controls</td>
</tr>
<tr>
<td>doc3481</td>
<td>Copy of 25_Product Plan</td>
</tr>
<tr>
<td>doc3481</td>
<td>Copy of 26_MAX Message Matrix</td>
</tr>
<tr>
<td>doc3481</td>
<td>Copy of 27_MAX Stakeholder Matrix</td>
</tr>
<tr>
<td>doc3481</td>
<td>Copy of Oregon HIX-IT DRR Gate Presentation</td>
</tr>
</tbody>
</table>