



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

Update on Maryland Health Connection

Testimony before the Committee on Health and Government Operations

Maryland House of Delegates

January 14, 2014

Joshua M. Sharfstein, M.D.

Secretary

Maryland Department of Health and Mental Hygiene

Thank you for the opportunity to testify today about Maryland Health Connection, the website and IT system of the Maryland Health Benefit Exchange.

As the chair of the board of the Maryland Health Benefit Exchange, and as Secretary of the Department of Health and Mental Hygiene, I take responsibility for the disappointing launch. I apologize to the many Marylanders who have struggled with the website and the call center, and I regret the anxiety experienced by individuals and families who are seeking health insurance and have been frustrated in their efforts to obtain it.

To date, about 170,000 Marylanders have received or are on track to receive health coverage under the Affordable Care Act's 2014 coverage expansion, and this number is growing by the thousands each week. More than 91,000 of these individuals were automatically enrolled in Medicaid through their participation in the Primary Adult Care program—participation we encouraged through an extensive outreach campaign this year. We are more than halfway towards the goal of 260,000 individuals covered by the end of open enrollment on March 31.

As I will discuss in a few minutes, we are taking steps to assist people who have been frustrated by the website in their attempts to gain insurance. And we will continue to work night and day to make sure that the promise of the Affordable Care Act is available to all Marylanders.

In this testimony, I will (1) provide an overview of the IT system, (2) discuss what went wrong in the lead-up to October 1, (3) explain what has happened since October 1, and (4) describe our plans moving forward.

Overview of the IT system

The Affordable Care Act made a number of important reforms. It changed health insurance rules so that insurance companies will no longer be able to deny coverage to someone because of a preexisting condition, and so that insurance companies cannot drop someone if she gets sick.

The law also seeks to increase the number of Americans with health coverage. It does this in two principal ways: (1) it expands Medicaid coverage for more citizens, and (2) it provides advance premium tax credits and other assistance to make private insurance more affordable for low- and moderate-income individuals and families.

In Maryland, we built the Maryland Health Connection website in order to make both of these steps possible. In addition to allowing Marylanders to shop for health insurance plans, the website is also used to determine whether Marylanders are eligible either to enroll in Medicaid, or to receive financial assistance to purchase private care.

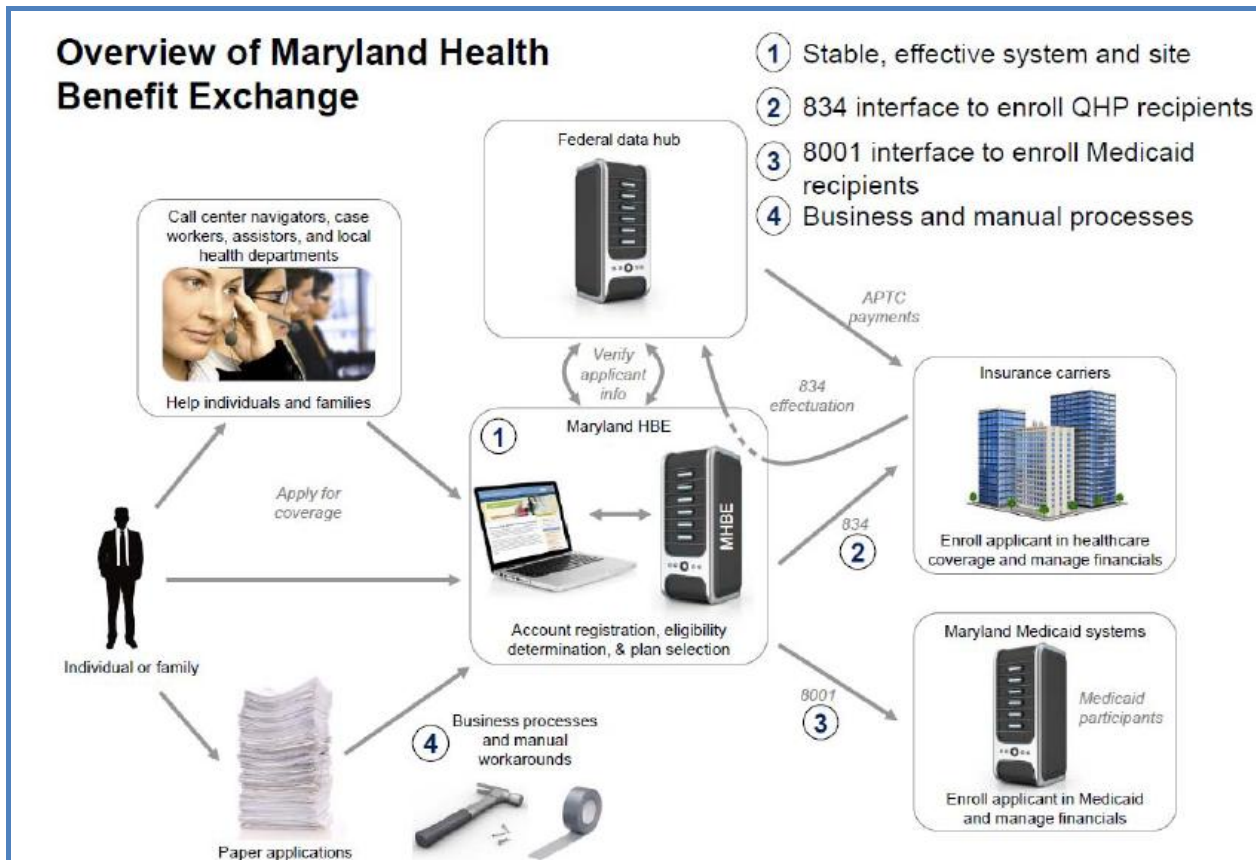


Figure 1: Overview of Maryland Health Benefit Exchange

The IT system is not able to make these eligibility determinations on its own. It must interact with a federal information database—called the “federal data hub”—for verifications, and with the Maryland Medicaid Information System for Medicaid enrollment. The website is interconnected with other IT systems as well. It interacts with insurance carriers for plan details, financial management, and coverage; and with consumer assistance organizations to provide access to the call center and others (Figure 1).

This adds up to a complex architecture – which had never been built before anywhere. (Figure 2) Given this complexity, we always regarded the IT build as the most challenging aspect of exchange development.

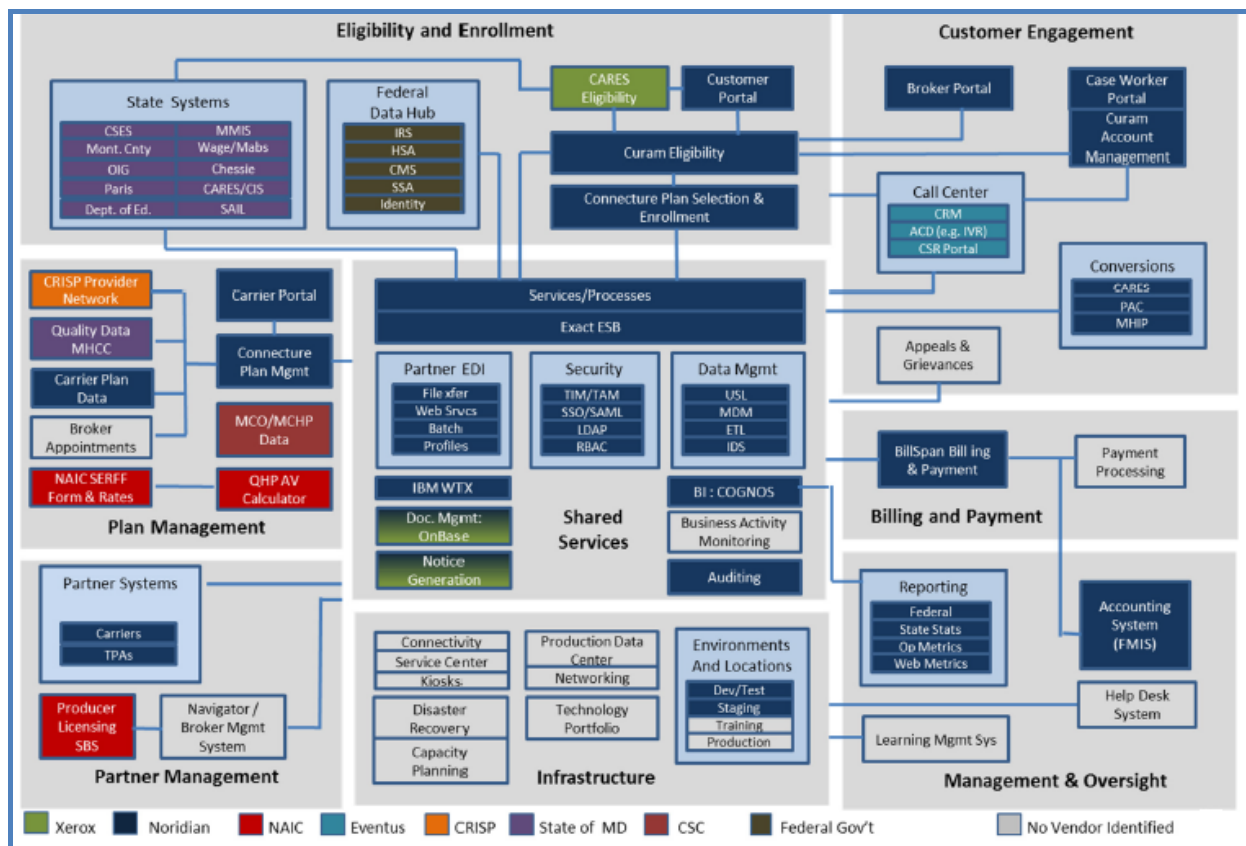


Figure 2: Overview of Technical Architecture

What Went Wrong

The companies we hired to build our IT system failed to deliver the system promised on October 1. The most significant problems included:

- serious software defects, including with the Curam eligibility software. (Maryland has experienced issues similar to Minnesota, which is using the same product);
- poorly configured hardware, which crashed on October 1; and
- major challenges with integrating different software products.

Understanding what went wrong requires answering several key questions, including:

- Why did the Maryland Health Benefit Exchange procure this system from these vendors?
- How did the state respond to early warning signs?
- What happened down the home stretch this summer?
- Why did we launch on October 1?

My answers to these questions are based in part upon my own recollection and in part based upon my review of the attached documents.

**Why did the Maryland Health Benefit Exchange
procure this system from these vendors?**

Soon after its formation, the Maryland Health Benefit Exchange adopted procurement policies with support of the Office of the Attorney General. These policies provide for a rigorous, competitive process for major procurements.

Consistent with this policy, the selection process for the IT vendor began in the fall of 2011 and took several months. The procurement review committee included six people: two from the Department of Health and Mental Hygiene (DHMH), including our Chief Information Officer (CIO); two from the Department of Human Resources (DHR), including the CIO, one from the Department of Information Technology (DoIT), and the CIO of the Maryland Health Benefit Exchange.

The selection process considered a number of categories of factors, including understanding of the technical challenge, quality of staff and past performance (including reference checks), and meeting system requirements. Each proposal was reviewed independently by evaluation team members, and proposals were then qualitatively rated collectively in 6 full-day and 6 half-day sessions across all evaluation categories.

Based on this review, the team unanimously recommended the Noridian bid, finding that it had put forward the strongest technical proposal and a competitive price proposal. I have attached as Appendix 1 the presentation that was provided to the Board at the time of the bid's selection.

Of particular note:

- We gave points in the procurement process to vendors that proposed COTS or “commercial off the shelf” software that could be modified for the purpose of the new system. This approach was based on the judgment that COTS software would be better able to meet our need and the aggressive federal deadline. Noridian’s COTS software approach included IBM-Curam software for eligibility and Connecture for plan selection.
- Noridian was recognized as a relatively small company with a successful track record working with Medicare and CMS. Our confidence in Noridian was enhanced because IBM

was a significant partner to Noridian – providing both software (through its subsidiary, Curam) and hardware.

After the procurement was complete, the initial development phase began. To gain an independent perspective on the project, the Maryland Health Benefit Exchange hired the firm BerryDunn to serve as the vendor for independent verification and validation. This is a role in which a company provides internal oversight to identify weaknesses. The IT team provided full access to BerryDunn to meetings and documents, there were regular meetings with technical staff, and there were monthly meetings with senior staff from the Maryland Health Benefit Exchange, senior staff from the Department of Health and Mental Hygiene, senior staff from the Department of Human Resources, and the Chief Innovation Officer. I participated in these meetings. The executive summaries of the BerryDunn reports through the launch are attached as Appendix 2.

As BerryDunn was brought on board, the project was proceeding through a number of CMS reviews, including conditional certification from CMS in December 2012.

How did the state respond to early warning signs?

In February 2013, BerryDunn identified areas where the project needed to improve, including gaps in project management and planning. This report led to a restructuring of the project, including installing new project leadership, adopting a revised project plan, and deciding to defer certain elements of the original requirements. For example, the Maryland Health Benefit Exchange decided to delay implementation of the exchange for small business (a decision that was supported by organizations representing small businesses and by insurance producers). The Department of Human Resources decided not to pursue integrating the new IT system with the system of eligibility for other social service programs.

In the March report, BerryDunn noted that “the State has been making progress to date” on all of the key issues identified and stated:

The consolidated master program schedule was spearheaded by the Executive Director of the HBE and was developed in collaboration with internal stakeholders (MHBE, DHMH, and DHR) and external stakeholders (Noridian, Xerox, etc.), so that there is a common understanding of what needs to occur between now and October 1, 2013, who will be responsible for completing this work, and the dependencies between key project milestones.

Following this reorganization, the team focused its attention on integrating the different parts of the software and developing the capacity for end-to-end enrollment.

In June 2013, as part of the Final Development and Design Review with the Centers for Medicare & Medicaid Services, the IT team did demonstrate end-to-end enrollment, which included connecting with the federal data hub and correctly distinguishing between parents eligible for private health plans and children eligible for Medicaid. Following this test, BerryDunn noted that the testing process was “highly successful” and commented:

[T]he IV&V team participated in the Final Development and Design Review (FDDR) which was highly successful. The development team articulated the current state of the system and provided a status update on the remaining development efforts required to meet the October 1, 2013 deadline. There is still quite a bit of work to be done and additional risks and issues are being identified; however, the technical team appears to be focused and working hard.

In July 2013, CMS “commend[ed] MHBE on its operational progress to date, including ... successful demonstration of test scenarios showing the capacity to register a health insurance carrier and activate a qualified health plan (QHP); to enroll a family in a QHP, Maryland Children’s Health plan (MCHP); to verify eligibility and select a Managed Care Organization (MCO) for Medicaid and MCHP, and to establish a disaster recovery plan.” (Attached as Appendix 3).

At this point, significant risks remained, and a lot of work needed to be done. But the successful test in June kept the project moving forward with the expectation that the October 1 launch would be successful.

This summer of 2013 was a critical period for work on the project. The vendors released new versions of multiple COTS products, which all had to be integrated in an environment to allow for one username and password for each user. User testing began, and additional hardware environments needed to be established. We had a series of successful tests with the federal data hub over the summer (Appendix 4). Throughout July and August, the IT team anticipated a successful launch on October 1.

What happened down the home stretch this summer?

As the summer went on, work was undermined by a distracting dispute between two companies that worked on the project: Noridian and one of its leading subcontractors EngagePoint.

At the time of Noridian's bid in 2011, EngagePoint had no role on the project. In 2012, without clear communication or formal approval from the Maryland Health Benefit Exchange (as required by our contract), Noridian brought EngagePoint on board and assigned it a lead role on the project. Without our knowledge, Noridian entered into a profit-loss sharing agreement with EngagePoint.

EngagePoint is a small company without significant reserves. Therefore—in the summer of 2013, when both companies came to believe that they would lose money on the project—the profit-loss-sharing agreement created problems. Disputes over money slowed progress in August and September; the state became involved in mediating disputes between the two companies in order to keep all parties working on the system.

During this time, there was inadequate progress fixing the defects identified during user testing. Changes had to be made to each of the COTS products, and to the software linking them together. Significantly, the COTS products themselves were much less mature than first represented to the State in the procurement. The system proved fragile, so that a change in one product would cause something that had been functioning to stop working. I tested the system myself around this time and became concerned that the October 1 launch was in jeopardy.

Why did we launch on October 1?

In mid-September, the state leadership considered several options for the website's launch, including a limited launch with account creation only (for people to register with the system, and come back later to actually apply and choose a plan). This was an option recommended by BerryDunn (Appendix 5).

The Governor made the decision to go live on October 1 with several functions, including account creation, eligibility determination, and plan shopping. This decision, which had my support, was based on several factors:

- First, working around the clock, the IT team was able to demonstrate end-to-end function through the plan selection software.
- Second, even if there were glitches at launch, the expectation was that they would be short lived: Our contractors had assured us that further improvements would be made to the system quickly.
- Third, launching would provide the opportunity to identify and address other gaps in the system quickly.

In the days before October 1, the Maryland Health Benefit Exchange publicly disclosed that IT glitches were expected and would be addressed as quickly as possible. The IT team also developed an approach of alerting everyone upon account creation of the potential for problems.

When October 1 arrived, however, Noridian's hardware crashed quickly and unexpectedly. Compounding the problem, product upgrades that our vendors assured us could be implemented in a couple of days took a few weeks to implement. Infighting between our prime contractor and its subcontractor intensified. During this difficult period, it was clear that the project faced significant challenges and that change was needed.

Actions after October 1

Following the failed launch on October 1, at our request, and at no cost to the state, Noridian brought in external consultants who reported directly to the state on immediate steps to improve the website and project management. Noridian also let its subcontractor, Engagepoint, go and brought in several other IT companies to join the effort.

With guidance from the external consultant, the IT team directed Noridian to focus immediately on the "minimum viable" functionality for January 1. This included: (1) improving the user experience on the site; (2) sending accurate 834 reports, which carry enrollment information to carriers and accurate 8001 reports, which carry enrollment information to the Medicaid system; and (3) assessing and improving eligibility results. The Maryland Health Benefit Exchange further deferred the small group exchange, again with the support of small business organizations and insurance producers, as well as some other functionality.

In December, Becca Pearce resigned as executive director of the Maryland Health Benefit Exchange, and the Board appointed Carolyn Quattrochi as interim executive director. Also, Governor O'Malley asked Isabel FitzGerald, the Secretary of the Department of Information Technology, to take control of the IT operations. At the same time, he set the goal of fixing nine critical issues affecting consumers by mid-December. The IT team, led by Secretary FitzGerald, accomplished the fixes by the Governor's deadline. Thereafter, far more users were able to navigate the website. Navigators have reported to me that about 60 to 70 percent of users are now able to enroll right away, with most of the others running into minor issues related to their passwords and accounts that can be addressed through the call center.

Our enrollments both in Medicaid and private health insurance have increased markedly. Our recent weekly report shows the progress made to date. (Appendix 6)

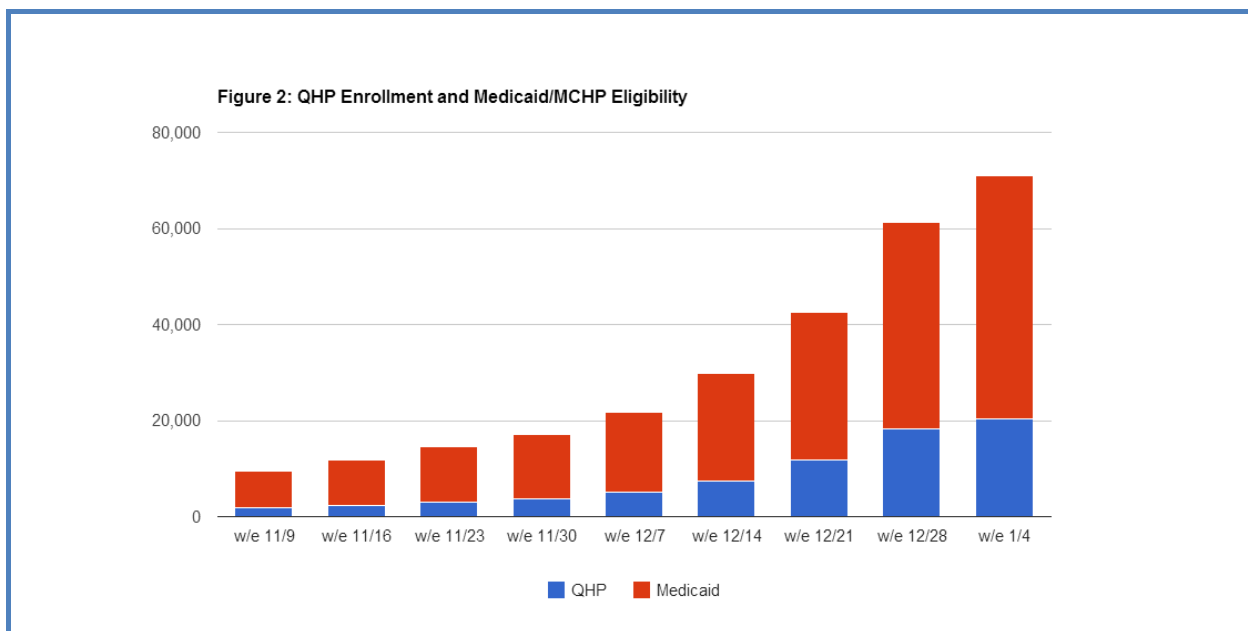


Figure 3: QHP Enrollment and Medicaid Eligibility By Week/End

However, despite this progress, the IT team is still working to address significant challenges with the website. Defects continue to exist in the individual software components, including Curam. As a result:

- certain 834 reports to carriers are generated with errors, and must be corrected manually;
- certain 8001 reports are rejected by our Medicaid system and must be corrected;
- some applications may be lost or suspended in the IBM-Curam program; and
- the ability to sort plans by doctor's participation is not yet available. We have established a separate site to search for doctors who participate at <http://providersearch.crisphealth.org>.

We have directed our contractors to correct these problems, and we will hold our contractors accountable for doing so. We are constantly evaluating possible options for better service and greater enrollment for Marylanders.

In December, the Maryland Health Benefit Exchange hired Optum/QSSI, the Columbia, Maryland-based company to serve as a general contractor. Optum/QSSI is the lead contractor fixing the federal exchange. The company has helped make short term hardware and software improvements and is advising us on medium and long-term changes that should be made.

Next Steps

Our approach moving forward has three critical elements.

First, we are providing critical support to Marylanders who ran into problems on the website. About a week ago, the Governor and Lt. Governor proposed legislation to allow individuals and families who were not able to gain coverage on the website to join the Maryland Health Insurance Plan (MHIP) for a limited period of time.

Governor O'Malley and Lt. Governor Brown today announced that an estimated several thousand Marylanders who experienced technical challenges on the health reform website will be able enroll in the plan of their choice with coverage retroactive to January 1. All four insurance carriers participating in the state-based exchange – CareFirst, Evergreen Co-op, Kaiser Permanente, and United -- have agreed to participate in the program.

Here's how it will work: Maryland Health Benefit Exchange will reach out to consumers with known issues in their applications prior to January 1, and offer an opportunity to register with the program. Other Marylanders who experienced significant website problems that prevented enrollment and are interested in coverage back to January 1, can be considered for the program by calling the Consumer Support Center.

All participants in the program must be registered by 5 pm on January 21, 2014. Staff from the Maryland Health Benefit Exchange will then contact participants to confirm eligibility and choose a plan. Coverage will be effective once consumers pay their January and February premiums by February 15, 2014. Consumers will then be able to submit for bills for medical services received back to January 1 for reimbursement under the terms of their policy.

Second, we remain focused on continuing to improve our website. We are addressing issues that are affecting users and targeting problems causing issues for transmission of enrollments to carriers and the Medicaid program. Secretary FitzGerald works with Optum and all of the vendors to prioritize the key fixes and continually improve, stabilize and optimize the software. Secretary FitzGerald is setting high expectations for the vendors.

Third, we are continuing to evaluate the potential benefit of major changes to Maryland Health Connection. We recently evaluated the idea of using certain back-end functions of the federal marketplace. Significantly, leadership of CareFirst—which has experience with the federal exchange because of its business in Virginia—strongly advised the state not to attempt this transition at this time. Governor O'Malley made the decision to continue making progress with our current system, through open enrollment, because the risks of a transition outweigh the benefits at this time.

We will continue to evaluate the progress of our website and the potential benefit of major changes. Maryland needs a fully functional Maryland Health Connection, and we will continue maximizing Maryland's enrollment as we move forward to the March 31 deadline.

Conclusion

Despite the troubled launch of Maryland Health Connection, many Marylanders are already benefitting from health coverage under the Affordable Care Act. Many more will gain coverage before the end of the first open enrollment period on March 31. And citizens across the country are benefitting from the fact that they can no longer be denied coverage because of a preexisting condition, and they cannot be dropped from coverage if they get sick.

We deeply regret the frustration that Marylanders have experienced. We cannot lose sight, however, that people are frustrated for a reason: They need health coverage for themselves and their families. I am focused on fixing Maryland Health Connection so that the website can serve as many Marylanders as possible as quickly and seamlessly as possible. We will not stop working on this challenge until we have succeeded.

Thank you for the opportunity to testify, and I look forward to your questions.

Appendix 1: Presentation to Board for Noridian selection

Appendix 2: Executive summaries of BerryDunn reports

Appendix 3: CMS letter of July 12

Appendix 4: Executive summaries of testing reports

Appendix 5: Exchange of letters regarding October 1

Appendix 6: January 10 weekly report



MARYLAND HEALTH BENEFIT EXCHANGE (EXCHANGE)

Affordable Care Act (ACA) Healthcare Reform Project

Support Maryland Health Benefit Exchange to Implement the Affordable Care Act (ACA) – Request for Proposal (RFP) Recommendation for Phase 1A

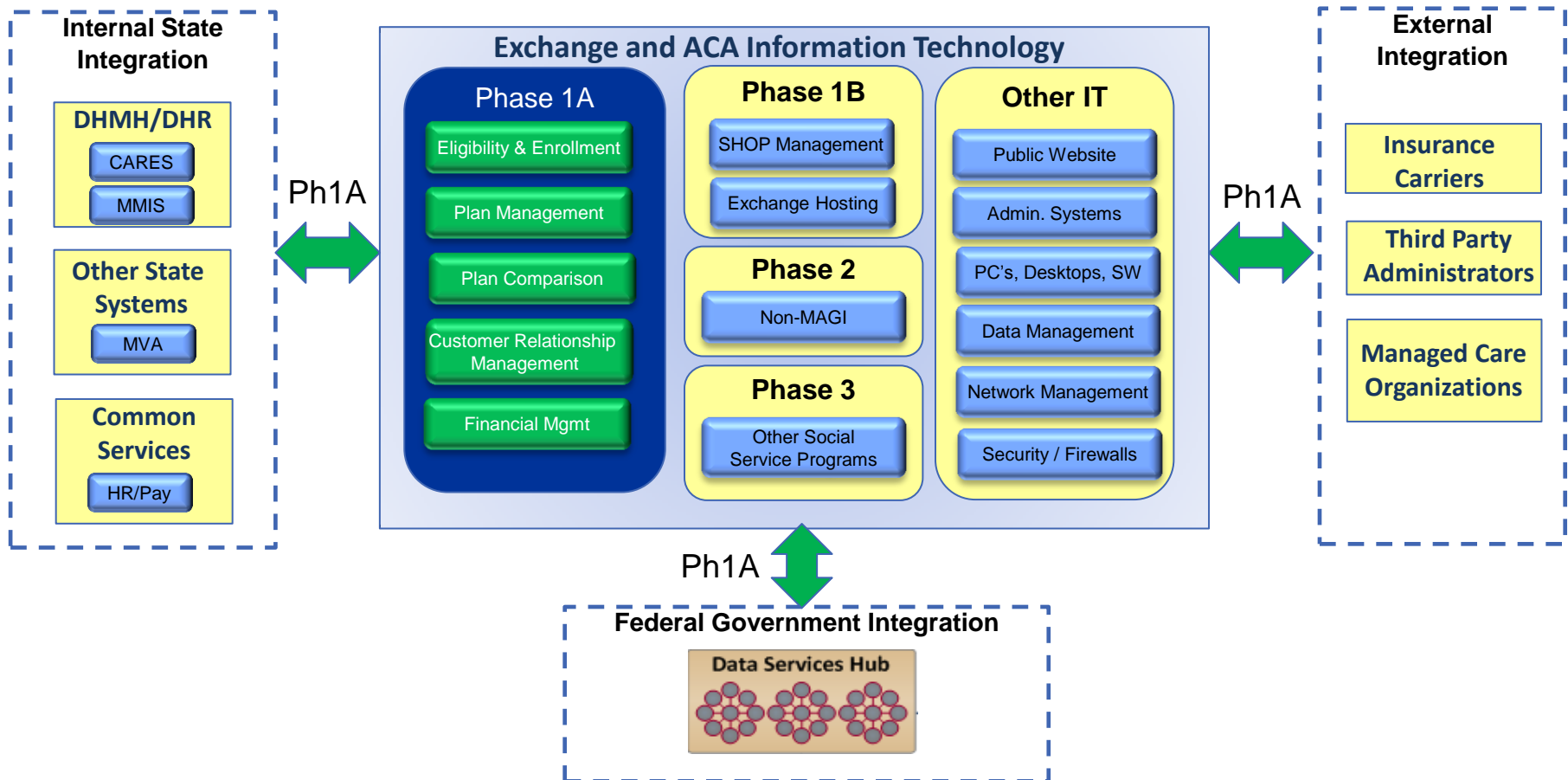
February 14, 2012

Agenda

- Exchange Information Technology Overview
- IT Vendor /COTS Selection Timeline
- Proposal Evaluation Criteria and Process
- IT Vendor Recommendation
- Next Steps Pending Board Approval

Exchange Information Technology Landscape

Phase 1A of the Program to “*Support the Maryland Health Benefit Exchange and the Affordable Care Act*” provides the core functionality for the Individual Exchange and Medicaid Expansion along with key interfaces



IT Vendor Selection Milestone Review

Key ACA Dates for MD Exchange

ACA signed into law on March 23, 2010	Maryland creates the Health Benefit Exchange in April, 2011	Exchange IT Vendor notice to proceed (NTP) targeted for February 22, 2012	Exchange seeks Level 2 grant from CCIO by June 30, 2012	Exchanges must be certified by CMS in January 2013	First Exchange open enrollment period for individuals and small groups in October 2014
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2010

2011

2012

2013

2014

Oct-11

Nov-11

Dec-11

Jan-12

Feb-12

RFP Issued

Over 200 questions received and answered; Issued 2 addendums and 2 additional attachments

Pre-bid conference attended by 150+ people, 70+ companies

Vendor oral presentations

Past performance validation and reference checks

Five (5) companies submitted responses

Three (3) companies submitted financial BAFOs

Four (4) companies submitted technical clarification questions

Presented recommendation to DHMH and DHR Secretaries and Exchange Executive Director

Present Recommendation to the Exchange Board

Key Criteria for IT Vendor Selection

The Secretaries of DHMH, and DHR, and the Exchange Executive Director established three equally weighted technical evaluation categories

- **Understanding of the Problem**
- **Quality of Staff and Past Performance**
- **Meeting Systems Requirements**

Evaluation Team

- Evaluation Team balanced IT and Operations expertise across multiple stakeholder agencies:
 - Leonard Howie – DHR
 - Robert Krauss – DoIT
 - Chuck Lehman – DHMH
 - Kenyatta Powers – DHR
 - Saleem Sayani – DHMH
 - Kevin Yang (chair) – Exchange
- DHMH and DHR functional area SMEs provided feedback on product demonstrations during oral presentations
- Vendors provided technical clarifications based on questions from the evaluation team

Evaluation Process

- Each proposal reviewed independently by evaluation team members
- Proposals were qualitatively rated collaboratively by team in 6 full-day and 6 half-day sessions across all major evaluation categories and sub-factors
- Ratings were applied as follows:
 - **Excellent** - The proposal addressed the criteria completely, exhibited outstanding knowledge, creativity, innovation or other factors justifying this rating.
 - **Very Good** - The proposal addressed the criteria completely and addressed some elements of the criteria in an outstanding manner
 - **Satisfactory** - All elements of the criteria were addressed to the satisfaction of the requirements of the RFP
 - **Poor** - The proposal addressed some but not all elements of the criteria.
 - **Non-Responsive** - The proposal failed to address these criteria
- Rating designations were generally unanimous in some cases after discussion led by team subject matter expert

Offeror Overviews and Corporate Profiles

	Company A	Company B	Company C	Company D
Profile	Operations and technology provider for Medicare and state Medicaid programs	Large government IT consultancy with large footprint in federal and state social services domain	Hardware company that added a leading health IT consultancy through acquisition	One of the largest general IT consulting and outsourcing companies in the world
Value Proposition	Operational and systems integration expertise teamed with best in class COTS vendors	Program management, systems integration and ACA expertise augmented by MD-experienced partners	Systems integration expertise leveraging Health IT legacy and strategic partnership with Oracle	Building a Health IT eco-system with best in breed partners
General Approach	Leverage mature COTS products and augment with integration services	Build MD HIX solution with COTS tools and best of breed integration	Build MD HIX solution with COTS tools	Build MD HIX solution with COTS tools and best of breed integration
MBE %*	39.5%	30.4%	30.3%	30%
MD Economic Benefit*	\$1.5 in tax revenue	\$1M in tax revenue	Not provided	\$430,000 in tax revenue

* Provided before financial BAFO

Vendor Assessments

Technical Evaluation Categories	Company A	Company B	Company C	Company D
Understanding of the Problem	Excellent	Very Good	Satisfactory	Poor
Quality of Staff and Past Performance	Excellent	Very Good	Satisfactory	Satisfactory
Meeting System Requirements	Very Good	Very Good	Very Good	Poor
Best Value Analysis	Company A	Company B	Company C	Company D
Design, Development and Integration (DDI)	Lowest Cost	Median Cost	Highest Cost	Not Evaluated
License, HW, and SW Maintenance Cost	Median Cost	Highest Cost	Lowest Cost	Not Evaluated
Overall	Median Cost (+5%)	Highest Cost (+7.5%)	Lowest Cost	Not Evaluated
Comments	Top rated technically with price in acceptable range	2 nd rated technically and price within acceptable range	3 rd rated technically with assumptions that could result in change orders	Not Evaluated
Final Rank	#1	#2	#3	#4

Recommended Awardee: Noridian (Company A)

The Exchange Executive Director recommends the Board resolve to award the **Noridian Team** the contract for phase IA of the program to “*Support the Maryland Health Benefit Exchange and the Affordable Care Act*”

- Unanimous recommendation from the evaluation team which included leadership from DHMH, DHR, DOIT, and the Exchange
- Highest percentage of minority business participation (39.5%)
- Rated as an excellent technical proposal overall
- Team offers strong software solutions for public exchanges and state-based social service management
- Provides the robust operational, technical, and data management capabilities required by the State

Recommended Awardee: Noridian (Company A)

- Detailed project management plan incorporating all state required functionality with no modifications or limiting assumptions
- Knowledgeable and experienced staff to support achievement of aggressive implementation time lines
- Solution and licenses are extensible to later implementation phases:
 - SHOP and Hosting (Phase 1B),
 - Non-MAGI determinations (Phase 2),
 - Other social service programs (Phase 3)

The Noridian Team

Team Member	Profile	Role on Team	Current Customers
Noridian	Health care administrative and technical services	Program management and systems integration through the Exact SOA tool	Medicare Part A/B (Jurisdiction F) and Medicare DME (Jurisdiction D)
Curam	Global leading Social Enterprise Management (SEM) COTS vendor	Medicaid, CHIP & commercial insurance eligibility and enrollment; Customer relationship management (CRM)	Utah, Louisiana, Indiana, North Carolina, New York City
Connecture	Industry-leading multi-carrier sales automation COTS vendor	Plan management and online plan comparison	50,000 brokers nationwide; 12 of 20 largest health plans; 64% of BlueCross BlueShield plans
CNSI	Maryland-based IT development and services organization	Support data integration with eligibility sources across many state systems	Fortune 500 companies, Federal Agencies, multiple state agencies within Maryland

Financial Information for Award

- Total amount of the Noridian Team proposal was \$67M for
 - Design, Development and Implementation
 - Hardware and Licensing Costs
 - 5 Years of Optional Maintenance (starting in 2014)
- The Exchange will apply funding received from two federal grants:
 - Early Innovator Grant
 - Level 1 Establishment Grant
- Funding required for Fiscal 2012 is covered by existing grants and within the overall FY12 Exchange budget
- Additional funds required for FY 2013 will be sought via application for a Level 2 Establishment Grant from CMS, which will also pay for Phase 1B SHOP and Hosting costs as well other Exchange set-up costs

Next Steps

- Announce Board resolution to make an award to Noridian
- Notify non-successful vendors and conduct RFP debriefs
- Receive approval to proceed with Noridian from CMS (will only look to ensure that terms and conditions of RFP have not changed)
- Execute contract with Noridian and provide Notice to Proceed (NTP) on February 22nd
- Initiate Phase 1A program



- Make determination of Phase 1B (SHOP and IT Hosting) by March 30, 2012
- Award Phase 1B via task order or new procurement by May 1, 2012
- Apply for Level 2 Establishment grant with CMS



Maryland Health Benefit Exchange

Services for

Independent Verification and Validation (IV&V)



Monthly Review Report

Final Draft (v2)

January 8, 2013

Prepared for:

Maryland Health Benefit Exchange
4201 Patterson Ave., 4th Floor
Baltimore, MD 21215

Executive Summary

During the reporting period (November 7 through December 12, 2012), IV&V work at the Maryland Health Benefit Exchange began. BerryDunn conducted a kickoff meeting with the state and vendor stakeholders on November 7, 2012, during which BerryDunn reviewed the IV&V approach and answered questions. Directly following the kickoff, we began our on-site study of the current status within the Health Benefit Exchange project by reviewing documentation provided to date and coordinating the scheduling of our checklist meetings. Our original plan was to collect necessary documentation, and conduct our first round of fact-finding meetings by the end of November, leaving sufficient time to develop our first IV&V Monthly Report before the December 15 due date. A number of reasons contributed to delays for our work:

1. It was more challenging than anticipated to determine which recurring meetings occur, and of those, determining which BerryDunn should attend.
2. It has been challenging to determine which non-recurring meetings occur, and which BerryDunn should plan to attend.
3. It took longer than expected to identify points of contact and schedule necessary checklist meetings. Although Noridian's initial meetings were completed, the PMO meetings were not able to be scheduled in their entirety before our established "cut-off date" for data collection, December 12, 2012. Any information provided after this date will be reviewed as part of a future IV&V Monthly Report.
4. As a result of completing our first round of checklist meetings, we became aware of other documents that BerryDunn desired to review. Assessment and review of these additional documents will not be included in the first IV&V Monthly Report.
5. Some documentation was not provided to BerryDunn until close to our established cut-off date of December 12, 2012. The limited amount of time we have been able to spend on this documentation hopefully will set the expectations appropriately for the level of assessment we have been able to provide as part of this first IV&V Monthly Report.

BerryDunn has begun to receive the information we have requested, to understand the recurring meetings that happen regularly, and to determine a process to ensure the IV&V team is aware and invited to all non-recurring meetings that occur. Additionally, the checklist approach to IV&V is new to BerryDunn, and we have become more familiar with the process of organizing these meetings based on the staff with whom we should meet. We anticipate that scheduling these meetings in the future will be easier to manage.

BerryDunn conducted interviews with the State PMO and Noridian for the eleven assessment areas of our IV&V checklist, which are covered in section 2.0 of this report. We had planned to be able to review, verify, and validate the eleven assessment areas in more detail in the first month, in order to assign an "assessment color" but do not feel comfortable at this time assigning values within the monthly report card. All assessment areas except the first will have a "Gray" status this first month. Although colors of progress have not yet been assigned, section 2.1 includes a full description of our high-level findings to date.

BerryDunn has identified three issues and six risks in our first month of IV&V. We have included all of these risks and issues in sections 2.2. and 2.3 of this report, and intend to work with the State and Noridian to mitigate the risks and resolve the issues moving forward. The IV&V team has reached out to both the State PMO and Noridian to begin scheduling next month's IV&V fact-finding interviews, and will work with both to help alleviate as much additional work for those resources as we can.



Maryland Health Benefit Exchange

Services for

Independent Verification and Validation (IV&V)



Monthly Review Report

Final (v2)

February 8, 2013

Prepared for:

Maryland Health Benefit Exchange
4201 Patterson Ave., 4th Floor
Baltimore, MD 21215

Executive Summary

During the reporting period (December 13 through January 15, 2013), the IV&V team has diligently attended project meetings, conducted interviews and continued to evaluate the documentation provided for the MHBE effort. Due to competing factors such as understanding both the current activities taking place on the project along with participating in discussions for additional components that still need to be procured, the IV&V team has focused its efforts for this cycle on understanding the oversight efforts of the project to include the Program Management of the entire effort. We are seeking clarification on how the critical path for the MHBE program is being managed and the how the detailed work plan has been updated to reflect current efforts (Noridian), as well as future efforts that are critical to the successful implementation of the HIX (Infrastructure, call center, interfaces, etc.). By focusing our efforts for this cycle, we have provided leadership with some fundamental areas that once addressed, would mitigate some of the initial concerns that have been identified as Findings, Risks and Issues.

BerryDunn has received a number of the documents that we have requested and are now being incorporated into most of the project meetings. As such, two Issues developed last month have been closed; Issue 1 (i.e., difficulties being incorporated into the project) and Issue 3 (i.e., IV&V receiving requested project documentation). We have however, left Issue 2 (i.e., being incorporated into meetings) open, because we have still found some challenges in scheduling necessary meetings in a timely manner to provide our team with satisfactory time to develop our monthly reports. Based on the information we have learned from our direct observations, interviews and meetings, our team is beginning to understand root causes of our findings and in this and subsequent reporting cycles will provide comprehensive data to show that we have conducted our due diligence to uncover the correct information founded in facts and examples from the project and not opinions or perceptions of what is fact – wherever possible. Our primary goal is to articulate to Executive Leadership critical risks/issues and recommended mitigation strategies that will assist in the successful implementation of the MHBE.

Five new risks were added this month which included risks related to interfaces, outstanding RFPs (call center and infrastructure), lack of a Program Manager, understanding the critical path, and training. Since no risks have been closed from the previous period, the completion of the second IV&V Status Report/Monthly Report has resulted in 12 total risks that are being monitored in relationship to our checklist items. Although we would like to see progress against all 12 risks, there are five risks that we recommend require immediate attention:

- **Risk 3:** Lack of a detailed project plan that identifies all major activities that need to occur on the project.
- **Risk 8:** Lack of stakeholder buy-in exists regarding an overall interface strategy.
- **Risk 9:** Infrastructure and Call Center vendors may not be in place to properly test the production environment and software prior to the July 2013 deadline.
- **Risk 10:** There is no overall Program Management oversight specifically a Program Manager who is responsible for tracking the progress of the entire MHBE effort.
- **Risk 11:** The critical path for the project has not been communicated or documented for the MHBE.

BerryDunn conducted interviews with the State PMO and Noridian for the eleven assessment areas of our IV&V checklist, which are covered in Section 2.0 of this report. We have assigned an initial “assessment color” to each of the assessment areas within the monthly report card as described in the following section. Six areas of the checklist are “Red”, four are “Yellow” and one is “Green”. Please read the following section for more detail on the Checklist Report Card.



Maryland Health Benefit Exchange

Services for

Independent Verification and Validation (IV&V)



Monthly Review Report

Final (v2)

February 26, 2013

Prepared for:

Maryland Health Benefit Exchange
4201 Patterson Ave., 4th Floor
Baltimore, MD 21215

Executive Summary

During the reporting period (January 15, 2013 through February 15, 2013), the IV&V team has continued to attend project meetings, conduct interviews, and evaluate the documentation provided for the MHBE effort. Due to sometimes competing factors such as understanding the current activities taking place on the project while participating in discussions for additional components that still need to be procured, the IV&V team has focused its efforts this cycle on understanding and evaluating that the oversight of the project including both Program Management and Communications efforts across the entire effort.

We continue to seek clarification on what the scope of the MHBE program and how DHR, DHMH, and the HIX are communicating the needs of each entity for the success of the overall effort. Since the IV&V Team is now more entrenched in the team meetings, understanding who all the key players are for the project, and having the ability to understand the documentation as it relates to the actual work being performed, we have identified new Risks and Issues during this period.

Based on the information gleaned from our direct observations, interviews, and meetings, our team is beginning to understand root causes of our findings. In this and subsequent reporting cycles, we will provide comprehensive data to show that, wherever possible, we have conducted our due diligence to uncover the correct information founded in facts and examples from the project rather than opinions or perceptions of what is fact. Our primary goal is to articulate to Executive Leadership critical risks/issues and recommend mitigation strategies that will assist in the successful implementation of the MHBE.

Six new risks were added this month, including risks related to the overall security strategy, detailed data conversion plans, Reporting Strategy/Plan, ESB Planning/Strategy, Vendor Staffing, and Executive Leadership from MHBE, DHMH, and DHR focusing on the overall project needs. Two Risks (number four and seven) were consolidated into one since they both had to do with an overall testing strategy. The completion of the third IV&V Status Report/Monthly Report has resulted in 13 open risks and 6 open issues being monitored in relationship to our checklist items.

Four risks were elevated to issue status this month; Risk #3 – Lack of a detailed project plan, Risk #5 – Inefficient Project Communications, Risk #10 – Lack of Program Management Oversight, and Risk #11 – Scope of the Project has not Been Communicated. These issues have been added to the issue register and are described below:

Issue #4 – The lack of a detailed project plan that identifies all major activities that need to occur on this project is preventing stakeholders from understanding the scope of this project. BerryDunn understands that Noridian maintains the high-level project schedule with input from the State's PMO for remaining project activities. However, we are not aware of a detailed project plan that helps to identify the detailed project tasks required. We recognize that major portions of the future environment (e.g., Financial Management and Call Center) have not yet been procured, so identification of necessary activities is difficult at this time. However, not understanding scope for Phase 1 may mean some project participants spend time on activities not required for Phase 1.

Issue #5 – Inefficient communication between project teams (the State PMO, Noridian, State staff, and the IV&V vendor) is having a negative impact on project results. Additional vendors will be added to the team (Xerox and vendors for the Call Center and the Financial Management components) which will increase the importance of effective cross-project team communication.

Issue #6 – There is no overall Program Management oversight specifically a Program Manager who is responsible for tracking the progress of the entire MHBE effort. Because of this, there is also no overall Master Project Plan and schedule that is being utilized to manage the milestones and activities necessary for the entire program effort.

Issue #7 – The scope of the project has not been communicated or documented for the MHBE. Because of this, it is difficult for the team to know which items must be completed before October 2013 and which ones can still be in progress allowing full necessary functionality of the MHBE solution.

The State has been making progress to date on all four of these issues, and as part of the Multi-Agency Implementation Meeting on February 26, 2013 will be presenting their progress on these areas. From our perspective, agreement on the consolidated work plan will need to come from all project internal stakeholders (MHBE, DHMH, and DHR) and external stakeholders (e.g., Noridian, Xerox, Call Center Vendor, Infrastructure Vendor), so that there is a common understanding of what needs to occur between now and October 1, 2013, and who will be responsible for completing this work.

BerryDunn conducted interviews with the State PMO, Noridian, and Xerox for the 11 assessment areas of our IV&V checklist, which are covered in Section 2.0 of this report. We have assigned an initial “assessment color” to each of the assessment areas within the monthly report card as described in the following section. Seven areas of the checklist are “Red”, and four are “Yellow”. Please read the following section for more detail on the Checklist Report Card.



Maryland Health Benefit Exchange

Services for

Independent Verification and Validation (IV&V)



Monthly Review Report

Final (v2)

March 26, 2013

Prepared for:

Maryland Health Benefit Exchange
4201 Patterson Ave., 4th Floor
Baltimore, MD 21215

Executive Summary

During the reporting period (February 18, 2013 through March 15, 2013), the IV&V team has continued to attend project meetings and evaluate the documentation provided for the MHBE effort. For this cycle, many of the IV&V interviews were cancelled to provide the development teams an opportunity to focus on creating a comprehensive integrated project schedule. The Executive Director also used the time to address many of the risks and issues that have been identified by the IV&V team over the last couple of reporting cycles. Two major mitigations were the new Program Structure with the establishment of a Program Director with Technical and Functional Project Managers reporting to him. This structure will allow those Project Managers the ability to track the progress of those individuals reporting to them using the consolidated master program schedule and then provide accurate status reporting to the Program Director. The mitigation steps will be reviewed for the next reporting cycle.

Two new risks were added this month, including risks related to the Curam streamlined application and knowledge management/transfer. The completion of the fourth IV&V Status Report/Monthly Report has resulted in 15 open risks and 6 open issues being monitored in relationship to our checklist items. IV&V believes the focus should remain on Issues 4 – 7 again this month, since the State will now need to begin driving their project schedules and meeting very strict timelines with very little room for error. Both the State and vendors should understand how the new schedule makes the October 1 go-live possible, and follow their new processes by utilizing the new tools they have created.

Issue #4 – The lack of a detailed project plan that identifies all major activities that need to occur on this project is preventing stakeholders from understanding the scope of this project. BerryDunn understands that Noridian maintains the high-level project schedule with input from the State's PMO for remaining project activities. However, we are not aware of a detailed project plan that helps to identify the detailed project tasks required. We recognize that major portions of the future environment (e.g., Financial Management and Call Center) have not yet been procured, so identification of necessary activities is difficult at this time. However, not understanding scope for Phase 1 may mean some project participants spend time on activities not required for Phase 1.

Issue #5 – Inefficient communication between project teams (the State PMO, Noridian, State staff, and the IV&V vendor) is having a negative impact on project results. Additional vendors will be added to the team (Xerox and vendors for the Call Center and the Financial Management components) which will increase the importance of effective cross-project team communication.

Issue #6 – There is no overall Program Management oversight specifically a Program Manager who is responsible for tracking the progress of the entire MHBE effort. Because of this, there is also no overall Master Project Plan and schedule that is being utilized to manage the milestones and activities necessary for the entire program effort.

Issue #7 – The **scope of the project has not been communicated or documented for the MHBE.** Because of this, it is difficult for the team to know which items must be completed before October 2013 and which ones can still be in progress allowing full necessary functionality of the MHBE solution.

The State has been making progress to date on all four of these issues, and as part of its effort to develop a consolidated master program schedule and with the reorganization of the HIX project at the program level. The consolidated master program schedule was spearheaded by the Executive Director of the HBE and was developed in collaboration with internal stakeholders (MHBE, DHMH, and DHR) and external stakeholders (Noridian, Xerox, etc.), so that there is a common understanding of what needs to occur between now and October 1, 2013, who will be responsible for completing this work, and the dependencies between key project milestones.

IV&V conducted limited interviews with the State PMO, Noridian, and Xerox for this reporting period due to the State's focus on developing the consolidated master program schedule. However, an additional assessment area was added to our IV&V checklist around security, which is covered in Section 2.0 of this report. We have assigned an initial "assessment color" to each of the assessment areas within the monthly report card as described in the following section. Eight areas of the checklist are "Red", and four are "Yellow". Please read the following section for more detail on the Checklist Report Card.



Maryland Health Benefit Exchange

Services for

Independent Verification and Validation (IV&V)



Monthly Review Report

Final (v2)

April 30, 2013

Prepared for:

Maryland Health Benefit Exchange
4201 Patterson Ave., 4th Floor
Baltimore, MD 21215

Executive Summary

During the reporting period (March 16, 2013 through April 15, 2013), the IV&V team has continued to attend project meetings and evaluate the documentation provided for the MHBE effort. For this cycle, the IV&V team focused on attending critical technical meetings and direct observation of the software development and testing efforts due to tight deadlines with less focus on interviews. Our team worked very closely with the new Functional and Technical Project Managers to understand the new focus and how they would be managing the prior role of the Technical Project Management Officer to make sure all tasks continued to flow as planned. Although the full team spent a great deal of effort on developing a work plan, we are still evaluating if that plan contains all known activities for the project and if the teams are fully utilizing it to provide an accurate weekly snap shot of the progress. For the next cycle, the IV&V team will be monitoring the use of the work plan and its effectiveness. The teams also spent a little more time with the executives for both Noridian and Engagepoint to understand their perspective on the efforts their teams are developing respectively and if they felt confident their solutions would meet the deadlines. Our questions were addressed with caution but assurance that they could meet the deadlines. The IV&V team will be working closely with the technical team to determine if there is a need to raise awareness to leadership on the necessity of evoking contingency plans. Specifically, whether or not the technical teams can and will be able to deliver a technical solution.

Three new risks were added this month, including risks related to communications, training, and compliance with Federal and State rules and regulations. The completion of the fifth IV&V Status Report/Monthly Report has resulted in 18 open risks and 5 open issues being monitored in relationship to our checklist items. IV&V believes the focus should be on Issues 8 – 12 this month, as presented below.

Issue #8 – Discussions for how some major business processes will be conducted during live operation have not been made and have therefore not been considered in development/testing efforts to date. We were unable to get a clear picture on who was doing what in this area. This reporting cycle included who IV&V understood was the Change Manager in charge of BPR; however, as a result of that interview, we were told that person was responsible for validation of BPR efforts and with not enough resources for this area; he is still waiting for resources for this area. We were also provided a Noridian staff member, although we have asked since our first round of interviews about a Noridian person, that there is someone focused on a component of BPR that has been on board since last year.

Issue #9 – The work plan created for the MHBE does not appear to be an active tool for managing the effort. Since the IV&V team received the MHBE work plan on 3/15/13, we have not seen updates to percent (%) complete of activities to see that it is the tool being used to manage the effort. We are also unsure if it contains all of the activities that need to occur external to the technical development.

Issue #10 – There is no centralization of meetings. It appears that with the new organizational structure, it has become difficult for team members to know what meetings are taking place and other communications occurring on the project effort.

Issue #11 – No clear date for executing the State’s contingency plans exists. With the tight deadline for the 10/1/13 delivery of the program, it is unclear what activities will evoke the State’s contingency plans.

Issue #12 – The Critical Path for the MHBE has not been determined. With the Critical Path being defined as the longest path through a program to complete the effort, it is unclear if the work plan shows the critical path.

Reflective of the State’s effort to develop a consolidated master program schedule and with the reorganization of the HIX project at the program level, the IV&V team was able to close out four issues this cycle (Issues 4-7). The consolidated master program schedule has been completed to the best of the team’s knowledge; however, we have not seen it used as a tool to manage the project to this point. The new organizational structure has created different team meetings and the information regarding meetings has become vague and non-existent to many parties; therefore, the IV&V team suggests the use of a centralized meeting list to be shared on SharePoint. Although there is a program work plan, it is unclear if the team understands the critical path necessary for a successful implementation. The final area of great concern is knowing which drop-dead dates have been established by the Executive Leadership for when they need to evoke contingency plans if it appears that the system would not be ready in time.

We have assigned an initial “assessment color” to each of the assessment areas within the monthly report card as described in the following section. Seven areas of the checklist are “Red”, and six are “Yellow”. Please read the following section for more detail on the Checklist Report Card.



Maryland Health Benefit Exchange

Services for

Independent Verification and Validation (IV&V)



Monthly Review Report

Final (v2)

May 28, 2013

Prepared for:

Maryland Health Benefit Exchange
750 East Pratt Street, 16th Floor
Baltimore, MD 21202

Executive Summary

During the reporting period (April 16, 2013 through May 15, 2013), the IV&V team continued to attend project meetings and evaluate the documentation provided for the MHBE effort. Based on the request by CCIIO to conduct a demonstration to CMS between the dates of May 29 and May 30, Noridian requested that the IV&V team not conduct interviews for the month of May to allow them to meet their development deadlines. Due to the request, the IV&V team relied heavily on attending meetings to gauge the health of the program for this cycle. Focus was placed on validating and communicating questions and comments for both the development and Wave testing components of the MHBE. The technical component of the IV&V team was plugged into the development and testing efforts to fully understand the capabilities and readiness of the Architecture Design and the Security components of the system. Our teams worked closely with the Noridian and Xerox technical teams to understand how they plan to implement the necessary components of the MHBE along with how the User Community will perform testing and training.

A key focus area for IV&V this reporting period included helping the State devise a strategy to determine whether the technical components would meet the CCIIO compliances prior to the demonstration. The teams also spent a little more time with Noridian and EngagePoint Executives to understand their perspective on progress made to date and to determine their level of confidence for their solutions meeting the deadlines imposed. The development teams have become more comfortable with allowing the IV&V team to be privy to their concerns of meeting all of the integration requirements of the system and the required functionality for the demonstration.

The IV&V team will continue to work closely with the technical team to determine if there is a need to raise awareness to leadership on the necessity of evoking contingency plans. Specifically, whether or not the technical teams can and will be able to deliver the technical solution on time or provide other alternatives for technology deadlines. From the Program Management perspective, the IV&V team understood that the Project Management Office (PMO) was working on hiring necessary resources to potentially correct the issues with the work plan and other vacancies within the PMO.

Three new risks were added this month stemming from the area of Organizational Change Management, which has received little attention at the program level to date. Concerns exist regarding the process of educating the DHR user community on how their legacy business processes would transcend into the new MHBE. There were a number of risks that were escalated to issues for this cycle, including issues with the delay of the hosting and training RFPs, limited vendor resources, and security architecture. The completion of the sixth IV&V Status Report/Monthly Report has resulted in 15 open risks and 9 open issues being monitored in relationship to our checklist items. IV&V believes the focus should be on Issues 8 – 12 this month, as presented on the following page.

Issue #8 – Discussions for how some major business processes will be conducted during live operation have not been made and have therefore not been considered in development/testing efforts to date. For this cycle, the State and the PMO have made great strides in bringing on resources to validate this area. The concern still exists based on the IV&V team not being able to validate if all of the business processes have been defined or seeing someone who is overseeing this effort to make sure all processes are being incorporated into the overall solution.

Issue #14 – The contract for the training vendor has not been awarded, and the timeline for training all stakeholders prior to the October 1, 2013 deadline is very short. There is a concern that since the RFP had to be re-bid for the Training, the chosen vendor will have a very short turnaround for understanding the MHBE, creating the training documentation, and training the user community.

Issue #15 – The Infrastructure and Call Center vendors may not be in place to properly test the production environment and software prior to the operational deadline. Although both of these RFPs are in progress, the required work that needs to be done raises a concern based on the amount of time needed. With the vendors not yet being on board, the amount of time to perform testing efforts may be impacted.

Issue #17 –The lack of a detailed Security Architecture and strategy across all Exchange components at this point in the development timeline creates a significant risk to project success. There is a concern that the lack of detailed documentation around security architecture is incomplete and the resources are insufficient for the level of work required to meet the FDDR design review.

We have assigned an initial “assessment color” to each of the assessment areas within the monthly report card as described in the following section. Seven areas of the checklist are “Red” and six are “Yellow.” Please read the following section for more detail on the Checklist Report Card.



Maryland Health Benefit Exchange

Services for

Independent Verification and Validation (IV&V)



Monthly Review Report

Final (v2)

June 28, 2013

Prepared for:

Maryland Health Benefit Exchange
750 East Pratt Street, 16th Floor
Baltimore, MD 21202

Executive Summary

During the reporting period (May 16, 2013 through June 15, 2013), the IV&V team continued to attend project meetings and evaluate the documentation provided for the MHBE effort. For this cycle, the IV&V team participated in the Final Development and Design Review (FDDR) which was highly successful. The development team articulated the current state of the system and provided a status update on the remaining development efforts required to meet the October 1, 2013 deadline. There is still quite a bit of work to be done and additional risks and issues are being identified; however, the technical team appears to be focused and working hard. The technical component of the IV&V team remains plugged into the development and testing efforts to fully understand the capabilities and readiness of the Architecture Design and the Security components of the system. Our team has worked closely with the Noridian and Xerox technical teams to understand how they plan to implement the necessary components of the MHBE along with how the User Community will perform testing and training. The training and call center vendors were named during this reporting cycle.

The IV&V team had the opportunity to meet the new members of the State's PMO and attended their kick-off meeting. Those individuals are aligned to the roles identified in the PMO Roadmap developed earlier this year. Based on this initial forum, as well as working with the team to understand their strategy, the IV&V team is participating in meetings they are scheduling for their prospective areas and allowing them to familiarize themselves with their new responsibilities. IV&V met with the schedulers for this reporting cycle and will work closely with them as they integrate the schedules and make sure that the information is accurate.

The IV&V team will continue to work closely with the technical team to determine if there is a need to raise awareness to leadership on the necessity of evoking contingency plans. Specifically, whether or not the technical teams can and will be able to deliver the security features and have a functional call center or provide workarounds for those areas.

The completion of the seventh IV&V Status Report/Monthly Report has resulted in 18 open risks and 4 open issues being monitored in relationship to our checklist items. IV&V believes the focus this month should be on Issues 9 and 18, along with Risks 14, 29, 32, 33, and 35, as presented below and on the following page.

Issue 9 – The work plan created for the MHBE does not appear to be an active tool for managing the effort. Since the IV&V team received the MHBE work plan on 3/15/13, we have not seen updates to percent (%) complete of activities to see that it is the tool being used to manage the effort. We are also unsure if it contains all of the activities that need to occur external to the technical development.

Issue 18 – Development of the logon process of self-registration and identity proofing for the HIX is significant and behind schedule.

Risk 14 – The lack of a detailed data conversion plan for all Exchange components at this point in the timeline creates significant risk to project success. Lack of a detailed data conversion plan that identifies the key elements will inhibit the ability to convert data fields for CARES and MMIS.

Risk 29 – Development is on-going throughout UAT, and with the lack of a clear schedule of what functionality is available when, it is difficult for UAT Testing to develop an accurate schedule of what scenarios can be tested and when. This also has an impact on the Integration Testing, Application, and Performance Testing.

Risk 32 – COTS Products having releases during UAT. The products include Curam, Connecture, BillSpan, and EXACT.

Risk 33 – Call center connectivity. Circuits will not be delivered until October 1, 2013. Additional two weeks required for set-up.

Risk 35 – State Interfaces: CARES/CIS certification may not be completed in time to develop UAT data sets. CIS certification effort is significant and requires detailed coordination and testing windows due to start July 1 and may extend beyond July 12. MABS needs to work through data load details for October 1. MMIS needs to integrate in recent 2013 guidance changes to the 270/271s - specifically a termination date needs to be in the reports; however, MMIS does not have this end date in the dataset provided. CRISP development is completed and tested to work plan.

We have assigned an initial “assessment color” to each of the assessment areas within the monthly report card as described in the following section. One area of the checklist is “Red”, 11 are “Yellow”, and 1 is “Green.” Please read the following section for more detail on the Checklist Report Card.



Maryland Health Benefit Exchange

Services for

Independent Verification and Validation (IV&V)



Monthly Review Report

Final (v2)

July 31, 2013

Prepared for:

Maryland Health Benefit Exchange
750 East Pratt Street, 16th Floor
Baltimore, MD 21202

Executive Summary

During the reporting period (June 16, 2013 through July 15, 2013), the IV&V team continued to attend project meetings and evaluate the documentation provided for the MHBE effort. For this cycle, IV&V focused heavily on the technical components of the MHBE. The team participated in daily status meetings, as well as Security, User Acceptance, and Call Center meetings. Interviews were conducted with various members of the development efforts to gain an understanding of the components of the application and preparation for testing and training efforts that are still in progress. Based on the still very tight schedule for meeting the October 2013 Eligibility and Enrollment requirements, the IV&V team is working diligently with leadership to understand how each component still in progress will be ready on time or with a contingency to support testing and training efforts scheduled to begin on July 22, 2013. The IV&V team also worked with Executive Leadership for this cycle to further refine the IV&V Risk and Identification process to better support and raise the awareness of the critical findings that are crucial to the success of the key milestones towards the October 2013 rollout.

The IV&V Team is working on the Wave 3 attestation, which will be completed over the next two reporting cycles. This process includes our Technical team constructing automated test tools to better allow our team to quickly evaluate the readiness of the Wave 3 version of the application. Once the test scripts are complete, the IV&V team will evaluate the findings and write a report that will be reviewed by BerryDunn leadership to then prepare a letter for signature and submission to the MHBE leadership. The team is also gearing up for the Operational Readiness Review by identifying the key areas that need to be evaluated that are outside of the current monthly IV&V cycle.

The IV&V team will continue to work closely with the technical team to determine if there is a need to raise awareness to leadership on the necessity of evoking contingency plans. Specifically, whether or not the technical teams can and will be able to deliver the security features and have a functional call center or provide workarounds for those areas.

The completion of the eighth IV&V Status Report/Monthly Report has resulted in 11 open risks and 7 open issues being monitored in relationship to our checklist items. IV&V believes the focus this month should be on Issues 18 and 21, along with Risks 6, 15, 24, 38, and 39, as presented below and on the following page.

Issue 18 – Development of the logon process of self-registration and identity proofing for the HIX is significant and behind schedule.

Issue 21 – Single Sign On (SSO) development work is unfinished. SSO integration into Curam, Connecture, EP Financials COTS products as well as EXACT is incomplete.

Risk 6 – Noridian Deliverables have not met the expectations of the State and CMS. This poses risk for ORR for the State.

Risk 15 – The lack of a detailed report development at this point in the project creates significant project risk. IV&V requested artifacts from Noridian during this month's reporting period and only received an excel spreadsheet identifying required reports. A formal plan lacks the overarching strategy, ownership of each report, and timelines.

Risk 24 – The user community does not understand how the new HIX system impacts their work. There is a lack of understanding from the user community across the State Agencies of the "To-Be" system. The User Community doesn't fully understand the new application flow of the HIX system. This will make both User Acceptance Testing and Training difficult to focus on the scope of the new functionality.

Risk 38 – There is a shortage of environments for a project of this size. The wave 3 testing environment has been re-purposed for UAT, and there is no dedicated training environment.

Risk 39 – Staging Environment is not available for UAT. UAT may not be a replica of the production environment which may not provide an accurate user experience.

We have assigned an initial "assessment color" to each of the assessment areas within the monthly report card as described in the following section. Nine areas of the checklist are "Red" and three are "Yellow." Please read the following section for more detail on the Checklist Report Card.



Maryland Health Benefit Exchange

Services for

Independent Verification and Validation (IV&V)



Monthly Review Report

Final (v2)

August 30, 2013

Prepared for:

Maryland Health Benefit Exchange
750 East Pratt Street, 16th Floor
Baltimore, MD 21202

Executive Summary

During the reporting period (July 16, 2013 through August 15, 2013), the IV&V team continued to attend project meetings, evaluate the documentation provided for the MHBE effort, and work closely with the Design, Development, and Implementation (DDI) vendor to validate system functionality. For this cycle, IV&V focused heavily on the technical components of the MHBE. The team participated in daily DDI status meetings, as well as Security, User Acceptance, and Call Center meetings. Due to tight time constraints, the IV&V team relied heavily on attending project meetings and less on one-on-one interviews where possible. With the Operational Readiness Review scheduled for the end of August, there was substantial emphasis this cycle on validating CCIIO Blueprint scenarios, which show the basic functionality required by the federal government for the Exchange.

The IV&V Team continues to monitor the efforts around the critical components that are still in progress such as User Acceptance Testing, Training, and the Overall management of the Program to provide the Executive Director with a weekly pulse on any items that may create a Risk or Issue between now and the Phase 1 system delivery. There are quite a few items that have been accepted by the State as areas they do not have the bandwidth to correct prior to the Phase 1 delivery; however, the IV&V team continues to monitor those to determine if they may impact the success of the October 1, 2013 delivery.

The IV&V team continues to work closely with the technical team to determine if there is a need to raise awareness to leadership on the necessity of evoking contingency plans. Specifically, whether or not the technical teams can and will be able to validate full end-to end testing once all of the Security features have been turned on in the system and understanding what will be in the final release for Phase 1.

The completion of the ninth IV&V Status Report/Monthly Report has resulted in eight open risks and seven open issues being monitored in relationship to our checklist items. IV&V believes the focus this month should be on Issues 9 and 25, along with Risks 15, 29, and 33, as presented below and on the following page.

Issue 9 – The Workplan created for the MHBE is not being used as a proactive tool for managing the effort. Since the IV&V team received the MHBE work plan on 3/15/13, we have not seen updates to percent (%) complete of activities to see that it is the tool being used to manage the effort. We are also unsure if it contains all of the activities that need to occur external to the technical development.

Issue 25 – Lack of a published list of service functionality for October 1 for the MDHIX service. The State needs a definitive list of what is in and what will be deferred in the October 1, MDHIX release necessary to begin contingency planning activities.

Risk 15 – The lack of a detailed report development at this point in the project creates significant project risk. IV&V requested artifacts from Noridian during this month's reporting period and only received an excel spreadsheet identifying required reports. A formal plan lacks the overarching

strategy, ownership of each report, and timelines.

Risk 29 – Without a clear schedule of when functionality will be available, it is difficult for UAT Testing to develop their test plans and testing efforts appropriately. Scheduling needs to be well understood between UAT and systems integration and performance testing efforts.

Risk 33 – Call Center Connectivity. Circuits will not be delivered until October 1, 2013. Additional two weeks required for set-up.

We have assigned an initial “assessment color” to each of the assessment areas within the monthly report card as described in the following section. Seven areas of the checklist are “Red,” four are “Yellow,” and one is “Green.” Please read the following section for more detail on the Checklist Report Card.



Maryland Health Benefit Exchange

Services for

Independent Verification and Validation (IV&V)



Monthly Review Report

Final (v2)

September 30, 2013

Prepared for:

Maryland Health Benefit Exchange
750 East Pratt Street, 16th Floor
Baltimore, MD 21202

Executive Summary

During the reporting period (August 16, 2013 through September 15, 2013), the IV&V team continued to attend project meetings, evaluate the documentation provided for the MHBE effort, and work closely with the Design, Development, and Implementation (DDI) vendor to validate system functionality. For this cycle, IV&V focused heavily on the technical components of the MHBE. The team participated in daily DDI status meetings, as well as Security, User Acceptance, and Call Center meetings. Due to tight time constraints, the IV&V team relied heavily on attending project meetings and less on one-on-one interviews where possible. With the focus this cycle being on understanding what components of the system were stable enough for the October 1 delivery, the technical team focused on the CMS attestation activities to validate the CCIIO defined end-to-end testing of the federal services with the Quality Team focusing on the overall testing efforts and the Project Management team focused on training efforts along with the plan for post October 1 planning.

The IV&V team relied heavily on the DDI team to understand what functionality would be in the October 1 delivery; however, it was very difficult to get definitive answers with the challenges of instability in the release candidates. We understand the need to have a system release for October 1; however, the IV&V team is concerned with the extended code freeze date moving to September 25 allowing very little time for the full suite of testing activities necessary to validate the readiness of an application.

With the continued development efforts necessary along with supporting the live operations environment as of October 1, IV&V also participated in the planning efforts necessary for Maintenance & Operations (M&O). We are concerned that the activities required for transitioning components of the application into the production environment and the hand-offs necessary for the iterative cycle of fixing production issues, applying patches to the system and maintaining the hardware and software will be performed successfully. There was an issue raised for this cycle that reflects that concern.

The completion of the tenth IV&V Status Report/Monthly Report has resulted in nine (9) open risks and thirty (30) open issues related to the October 1 go-live. IV&V believes the focus this month should be on the following key issues and risk oriented around go-live and supporting a live system as of October 1.

Issue 18 – Development of the logon process of self-registration and identity proofing for the HIX is significant and behind schedule.

Issue 25 – Lack of a published list of service functionality for October 1 for the MDHIX service. The State needs a definitive list of the features that are in the October 1 MDHIX release and the features that are deferred in order to conduct contingency planning activities.

Issue 28 – Performance testing does not complete full end-to-end testing. Extensive stubbing, including external calls, may lead to overall favorable performance results. However, the favorable performance results may not be reflective of the current environment. For example, lack of database connectivity exists. Finally, the breadth of performance testing scenarios does not cover all critical functionality for MDHIX.

Issue 31 – Test coverage for critical features being introduced in release candidates 5.0 through go-live may not be included as part of performance testing.

Issue 34 – Performance database testing is not being conducted.

Issue 41 – Operational aspects of the production database systems is unfinished. This software has not been used on the project before this point. Although the encryption is functional, monitoring is not complete. Documentation is lacking details to provide operations to verify database safeguards are in place for all databases.

Issue 44 – Lack of an on-going UAT-like process to test new functionality of the HIX. UAT was not able to test the complex test scenarios/cases due to UAT not receiving an update with functionality that allows them to conduct this testing. State stakeholders have not been able to validate the interfaces into other State systems through UAT. Stakeholders (internal and external) need to have a mechanism to verify how new and existing functionality align with the business processes and expectations.

Issue 47 – Lack of a defined procedure to upgrade releases without deleting existing data in databases. Current mechanisms are to simply back up the data and then reload. Various COTS products have different upgrade methods related to data, which complicates the upgrade processes and reversion/rollback contingency plans.

Issue 48 – Operational Change Control process for releases to production are not in place nor coordinated across the teams for go-live. We anticipate problems during product releases due to the lacking of change control processes, as well as the pressure on the development team to fix last minute bugs/defects and introduce required functionality. This is not allowing for best-practice release management.

Issue 50 – Backup and recovery testing is incomplete.

Issue 55 – System acceptance criterion have not been documented and communicated to all stakeholders. It is not clear what functionality will be acceptable by the MHBE for the October 1 release. There is a list from the technical vendor of what will be available in the system on October 1; however, the list appears to be dynamic.

Risk 46 – No clear understanding of Delineation of Warranty and M&O responsibilities. It is unclear how Noridian and EngagePoint will manage the delineation of Warranty and M&O tasks with multiple releases and the Warranty period overlapping the January 1, 2014 due date of the final system.

We have assigned an initial “assessment color” to each of the assessment areas within the monthly report card as described in the following section. Ten (10) areas of the checklist are “Red” and two (2) are “Yellow.” Please read the following section for more detail on the Checklist Report Card.



Maryland Health Benefit Exchange

Services for
Independent Verification and Validation (IV&V)



Monthly Review Report

Draft (v1)

October 25, 2013

Prepared for:
Maryland Health Benefit Exchange
750 East Pratt Street, 16th Floor
Baltimore, MD 21202

Executive Summary

During the reporting period (September 16, 2013 through October 15, 2013), the IV&V team continued to attend project meetings, evaluate the documentation provided for the MHBE effort, and work closely with the Design, Development, and Implementation (DDI) vendor to validate system functionality. For this cycle, IV&V focused heavily on the technical components of the HIX and assessing the delivered system for the MHBE. The team participated in daily Command Center activities, DDI status meetings when aware of them, and Call Center meetings as they occurred. Due to the shift in focus to support live operations, the IV&V team relied heavily on one-on-one interviews where possible and evaluating the live system functionality. The focus this cycle for the Technical Team of IV&V was in understanding the functionality that was incorporated in the initial release of the system and the plan for the remaining functionality, with the Quality Team focusing on the overall testing efforts, and the Project Management Team focusing on training efforts along with the plan for post October 1 planning.

The IV&V team has relied heavily on the DDI team in order to understand what functionality was included in the October 1 delivery and it is still unclear what the current production environment consists of and what functionality was originally planned but will now be provided in a future release. We understand the core group of developers is focused on fixing issues in the application; however, we are waiting to receive a list of functionality for validation purposes in the next cycle. Additionally, since go-live many of the prior project communication vehicles have either been cancelled or are being held with different dial-in numbers and have not been widely communicated. With that said, the IV&V team is finding it challenging to be a “fly on the wall” at the right meetings so that we can fully assess the status of the releases and the direction for the work to be completed by January 1, 2014.

The MHBE has reached out to McKinsey and Company to determine the Barriers to Success by the Noridian/EngagePoint team and to mitigate the findings so that the next implementation is successful. The IV&V Team has provided McKinsey with all of our Monthly Reports to help them understand our findings along with the roadmap we have provided of project Risks and Issues since October 2012. We have also met with McKinsey to orient them to the technical environment and have shared our perspective related to with some of the challenges currently being experienced. It is our belief that the State should strongly consider not going-live with additional functionality for January 1, 2014, if new functionality has not been appropriately tested (e.g., unit, system, stress, regression, and UAT/operational readiness testing) prior to its release. With the timing of the project, we do not see how this testing can occur between now and the planned go-live event. We have let McKinsey know that our team would be happy to brainstorm about appropriate considerations/recommendations for the January 1, 2014 go-live, if desired. Additionally, we would be happy to meet with the State to share our perspective if that would be desirable to the State.

With the continued development efforts related to the January 1, 2014 release, along with supporting the live operations environment as of October 1, we feel it is critical that Maintenance and Operations (M&O) expectations be set and the team be capable of supporting the environment. IV&V participated in the planning efforts necessary for M&O. Based on results we have seen, we are concerned with the

project's ability to conduct the activities required for transitioning components of the application into the production environment and the hand-offs necessary for the iterative cycle of fixing production issues, applying patches to the system, and maintaining the hardware and software. The IV&V team was also made aware of contractual agreements around M&O that still need to be signed; therefore, there is a disconnect in the knowledge of the current state of that effort.

The completion of the eleventh IV&V Status Report/Monthly Report has resulted in seven (7) open risks and thirty (32) open issues. IV&V believes the focus this month should be on the following key issues and risks.

Issue 25 – A Requirements Traceability Matrix (RTM) showing what requirements/functionality is available in the 10/1 release, and what requirements/functionality will be available in the 1/1 release, should be available to the project. The State needs a definitive list of the system functionality that went live on 10/1 and is being planned for 1/1.

Issue 27 – Current notices functionality generates static template data with no citizen specific content. In addition, all notices must be generated from the Case Worker Portal when enrollment notices should automatically be generated and not require case worker support.

Issue 28 – Performance testing was not completed utilizing full “end-to-end” testing. Extensive stubbing, including external calls, may lead to overall favorable performance results. However, the favorable performance results may not be reflective of the current environment. For example, a lack of database connectivity exists. Finally, the breadth of performance testing scenarios does not cover all critical functionality for MDHIX.

Issue 36 – The bulk upload process for user profiles has had data quality issues. Processes are being worked through for both initial and changes to user profile data however uncertainty regarding the onboarding of State workers exists.

Issue 41 – Documentation is lacking details to provide the operations team with the ability to verify database safeguards are in place for all databases. This software has not been used on the project before this point. Although the encryption appears to be functional, monitoring and testing to ensure that this is done at the database level is not complete.

Issue 44 – There is a lack of an on-going UAT processes to test new functionality of the HIX. UAT was not able to test the complex test scenarios/cases due to UAT not receiving an update with functionality that allows them to conduct this testing. State stakeholders have not been able to validate the interfaces into other State systems through UAT. Stakeholders (internal and external) need to have a mechanism to verify how new and existing functionality align with the business processes and expectations. IV&V is not aware of UAT activities planned for Release 2.

Issue 46 – The release management process lacks automation. Manual processes are currently in

place for release management, which causes a greater chance of error. For example, the application and infrastructure layers of the system are not stable and a large part of UAT was not successful due to this instability of the HIX. When a release candidate moves out of development it takes over a week to obtain a stable product capable of being used by external communities.

Issue 48 – Operational Change Control process for releases to production is not in place nor coordinated across the teams for go-live. We anticipate problems during product releases due to the lacking of change control processes, as well as the pressure on the development team to fix last minute bugs/defects and introduce required functionality.

Issue 50 – Backup and recovery testing is incomplete. IV&V is concerned that without a fully functioning backup and recovery process, the MHBE may be at risk.

Issue 55 – System acceptance criterion have not been documented and communicated to all stakeholders. It is not clear what things must be true in order for the MHBE to be ready to consider the 1/1 release operational.

Issue 60 – There is a risk that Noridian development resources may not be able to support data conversion and a major release at the same time. Data conversion rollout goes in parallel with critical code release for the project which is likely coupled. In addition, the rollout schedule needs to account for end of year processing requirements of state systems. Concern that development resources may not be able to support data conversion and a major release at the same time.

Issue 61 – There is a shortage of environments for a project of this size. The wave 3 testing environment has been re-purposed for UAT, and there is no dedicated training environment.

Providing a training environment dedicated to the purpose of navigating through a solution, without impacting production, allows for system users to gain confidence in their abilities to use the new solution.

Conducting training within the UAT environment while UAT is in progress may corrupt the test cases and or the test data. Using an environment for something other than its original purpose increases the risk of corrupting the data and scenarios due to the goals being different.

Issue 62 – Disaster Recovery (DR) testing for 10/1 is not completed. The Charlotte site is still being built out. Storage replication is occurring and half the systems have been brought online. A DR test plan is being worked on and a draft has been submitted to the State. We anticipate that a formal DR test will occur sometime over the next reporting period but realize that this may be limited in scope.

Issue 63 – It is unclear how Noridian and EngagePoint will manage the delineation of Warranty and M&O tasks with multiple releases and the Warranty period overlapping the 1/1/14 due date of the final system.

Issue 64 – Hot-fixes and other production software updates bypass normal safety checks. We have been informed that the Testing Team is not involved in the testing of these patches and have not appeared at all change control meetings. Due to the lack of environments, builds are generated in development and then directly installed into production. Development and production are sufficiently different that unforeseen problems may occur due to small environmental differences.

We have assigned an initial “assessment color” to each of the assessment areas within the monthly report card as described in the following section. Ten areas of the checklist are “Red”. Please read the following section for more detail on the Checklist Report Card.

Draft



April 18, 2013

Richard Wheeler, PMP
Program Manager
Maryland Health Benefit Exchange

RE: CMS Wave 1 Formal Testing Assessment

Dear Rick,

As part of BerryDunn's Independent Verification and Validation (IV&V) effort on the State of Maryland's Health Insurance Exchange project, IV&V was requested by CMS to review the formal work completed by Noridian related to Wave 1 Formal Testing. IV&V attended the formal testing and attests to the successful completion of the activities we witnessed and the artifacts generated from the testing related to:

- H19 – Advance Payment Computation (APTC)

All artifacts are stored in a versioning system under SharePoint.

If you have any questions regarding this letter, please feel free to contact me at jstrasenburgh@berrydunn.com or via phone at 585 662-3892.

Sincerely,

Charles K. Leadbetter
BerryDunn Principal

Sincerely,

A handwritten signature in black ink, appearing to read 'Jim G. Strassenburgh'.

Jim G. Strassenburgh
IV&V Technical Consultant

Executive Summary

This report summarizes the results of CMS Blueprint scenarios conducted by the State of Maryland and Noridian (the System's Integrator). Overall the core components of the Maryland Health Insurance Exchange (MDHIX) – eligibility, plan selection, and billing appear to have tested well, however, the full process flows, from end-to-end are not yet complete. Note that notices within MDHIX are not yet functional (code release due week of 08/19) and integration between MDHIX and the Fulfillment Service Center (part of the Call Center), which does notice printing is not yet available. Finally, alternative language support in notices is not supported until after the 10/01 initial release. The three test conditions in 3.4a require alternative language notices features that are fully functioning in order to pass. Finally, we encountered a known bug in the APTC component of MDHIX passing an incorrect value of \$0 to FDSH H19 – APTC call. This has been reported to be fixed, however, IV&V has yet to participate in re-testing activities for this purpose.

Results Overview

Below is a summary of blueprint scenarios tested by IV&V, their description, pass/fail test results and any comments about the test. IV&V is strict in having to fail a test if it observes unexpected discrepancies in test results. Details of each test are in separate documents each with screenshots, audit log data, and annotations around the scenario tested.

1.0 Executive Summary

CMS federal Wave 3 testing was conducted by the Maryland Health Information Exchange (HIX) System Integrator (SI) on July 8-9, 2013, and uploaded to CALT on July 11, 2013 (filename: Test Cases [100] Test Results). This work consisted of conducting testing for six services defined by CMS by generating Payload(s) 1/5 through the Maryland HIX and the processing of the Payload through the Federal Data Hub (FDH). As the IV&V contractor, BerryDunn was responsible for verifying that the State received and consumed CMS' response of Payload(s) 4/8. We were also responsible for certifying that the State consumed all appropriate services to allow for the State to exit formal Wave 3 testing.

Each of the six services consisted of a number of test cases and a subset of the test cases were required to be run to ensure that the Maryland HIX service interoperates correctly to the services presented by the FDH. Before the formal test was performed, IV&V worked with the Maryland HIX SI, State, and Federal points of contact to develop an agreed-upon approach for this testing effort. Even though several guidance documents were provided by CMS, IV&V believed that reviewing the testing requirements with CMS would further help to ensure that the tests were run correctly.

In order to complete the federal Wave 3 testing, the Maryland HIX Testing Team scheduled several meetings to run the services with IV&V present. The Maryland HIX Testing Team ran the test cases for each service with the test program reading directly from CMS provided spreadsheets containing Payload 1 and Payload 5 source data. These payloads were then formulated into XML messages completing service calls into the Maryland HIX middleware layer (e.g., the EXACT SOA Engine) that then passed the message request and response payloads back and forth between the FDH.

Additional meetings were held with the Maryland HIX Testing Team to verify that the calls being made by the testing tool used the same middleware layer web service calls as the COTS application software did and also to ensure that the EXACT Engine was not being bypassed during testing. IV&V also intended to view the EXACT Audit Log while the tests were running to give us further assurance of how the testing was being run; however, the SI communicated to IV&V that the audit subsystem was not configured properly and the audit logs were not available. As such, IV&V modified its approach to manually verify through date/time stamps of debugging logs from the EXACT engine instead to confirm that the tests were using the Maryland HIX service appropriately.

IV&V observed that the State did achieve the expected outcome for the 100 test cases and conducted in-depth analysis of the 25 required test cases for each of the 6 services. It is important to note that although all test cases were run for each of the six services it was the intent of IV&V to review all payload data. However, upon receipt of the raw XML payload content and review of the volume of data generated (some XML files were over 25,000 lines in

length), IV&V modified its approach to review the required baseline of test cases satisfying CMS testing requirements. IV&V also wrote some validation programs (e.g., Perl programs) to help automate three of the services, recognizing that a manual review of data between CMS provided spreadsheet data and XML content would be time intensive and would be prone to inaccuracy. The Perl programs developed by the IV&V team have been described in more depth in Appendix 1 of this report.

The table below presents an overview of IV&V's efforts for the six service testing reviews. The comments column identifies whether IV&V conducted a manual testing review for the service or utilized the automated Perl programs to verify results.

Overview of Service Testing Reviews		
Service	Result	Comments
H1 – Remote Identity Proofing	Approved	Automated. No discrepancies found between actual and expected message request for Payload 1 and 5. Payload 4 had minor textual errors and the DSHReferenceNumber column differed. Payload 8 had no discrepancies.
H3 – Social Security Administration Composite	Approved	Manual. XML Payload 1 matched each test case, although the CMS spreadsheet had additional rows for each test case which was not tested against. Payload 4 matched.
H4 - Verify Lawful Presence	Approved	Manual. Several textual errors were identified in Payload 1; Payload 4 also had textual errors. TC10378 and TC10389 appeared to have failed despite Payload 1 matching, which is believed to be due to CMS data which may be incorrect.
H9 – Annual Household Income	Approved	Manual. The payload data varies for three test cases with a single field missing data. Payload 4 has several records with a field that varies; one record is garbled from the testing tool which was manually inspected and determined correct up to the truncation point.
H14 – Employer Sponsored Insurance - Minimal Essential Coverage	Approved	Automated. Payload 1 matches; Payload 4 start and end date fields vary for all records. No employee premium amounts are returned by the CMS service.

Overview of Service Testing Reviews		
Service	Result	Comments
H31 – Non-Employer Sponsored Insurance - Minimal Essential Coverage	Approved	Automated. Payload 4 records match except when response is truncated from the testing tool. In these cases, IV&V manually inspected to the point where truncation occurred to be correct. CMS returns WA rather than MD despite Payload 1 being sent with MD as state field(s). Other textual differences. TC10060 and TV10349 have difference response codes which may indicate a test failure.

2.0 Document Organization

The document has been structured so that a high level overview is presented upfront and then supportive details about each test and other supportive information are organized by section:

- **Section 1, Executive Summary.** This section presents a high level table of results and provides a general overview of IV&V's testing efforts, including key considerations and testing approach.
- **Section 2, Document Organization:** This section briefly describes how the document is structured.
- **Section 3, Scope:** This section describes the Maryland HIX environment and IV&V's testing environment, as well as our approach to the Wave 3 review.
- **Section 4, Methodology:** This section briefly describes how IV&V reviewed the services including the structure of the intermediate spreadsheets generated from our test validation programs.
- **Section 5, Services Findings:** This section lists out the details of each service run and documents any discrepancies between the XML payloads and CMS expected inputs and outputs.
- **Appendix 1, Automation Programs:** This section serves as a summary of the Perl program scripts created by IV&V for the review.
- **Appendix 2, Input, Intermediary, Output, and Auxiliary Files:** This section provides a listing, by service, of all files as part of each service including actual spreadsheets with review comments. This section also lists general auxiliary supportive material.



**Maryland Health
Benefit Exchange**

Services for

Independent Verification and Validation



IV&V Exchange Blueprint Test Scenario Results Report

Final

August 20, 2013

Prepared for:

Maryland Health Benefit Exchange
4201 Patterson Ave., 4th Floor
Baltimore, MD 21215



**Maryland Health Benefit
Exchange**

Services for

Independent Verification and Validation



IV&V Exchange Regression Test Results Report

Final

August 21, 2013

Prepared for:

Maryland Health Benefit Exchange
4201 Patterson Ave., 4th Floor
Baltimore, MD 21215

Executive Summary

This report summarizes the results of Regression Testing requested by CMS and observed by IV&V during our CMS Blueprint scenarios testing for the Federal Data Services Hub (FDSH) which were completed by August 15, 2013. The requirement from CMS is for IV&V to observe regression testing for each of the FDSH services two times. As part of Wave 3 testing conducted July 8-9, 2013, IV&V observed the services listed below being executed from the middleware, and during the Blueprint tests IV&V observed Maryland test from the user interface four times for four services, and 10 times for two services, exceeding the CMS requirement. IV&V observed the FDSH tests run during the Blueprint testing for the following services: H3 SSA Composite, H4 Verify Lawful Presence (VLP), H9T Verify Annual Income & Family Size (Transactional), H14 Verify Employer Sponsored Insurance (ESI) Minimum Essential Coverage (MEC), H19T Calculate Maximum Advance Payment of the Premium Tax Credit (Transactional), and H31 Verify Non-Employer Sponsored Insurance. Below are the results of our observations.

Results Overview

Below is a summary of regression testing observed by IV&V.

Service ID	Service Name	Comments
H3	SSA Composite	Observed being executed 10 times during blueprint testing.
H4	Verify Lawful Presence (VLP)	Observed being executed 10 times during blueprint testing.
H9T	Verify Annual Income & Family Size (Transactional)	Observed being executed 4 times during blueprint testing.
H14	Verify Employer Sponsored Insurance (ESI) Minimum Essential Coverage (MEC)	Observed being executed 4 times during blueprint testing.
H19T	Calculate Maximum Advance Payment of the Premium Tax Credit (Transactional)	Observed being executed 4 times during blueprint testing.
H31	Verify Non-Employer Sponsored Insurance	Observed being executed 4 times during blueprint testing.

Artifacts

As the tests were conducted from the UI Application, IV&V Monitored the audit log and took screen shots. Included with this report are the documented screenshots for each service from the audit log.

3.4a.1_FDSH audit log.docx

3.4a.2_FDSH audit log.docx

3.4a.3_FDSH audit log.docx
3.5.3_FDSH audit log.docx
3.7b1.-2.1_FDSH audit log.docx
3.7b1.-2.2_FDSH audit log.docx
3.7b1.-2.3_FDSH audit log.docx
3.8.1_FDSH audit log.docx
3.8.2_FDSH audit log.docx
3.12a.1_FDSH audit log.docx
3.12a.2_FDSH audit log.docx
3.12a.3_FDSH audit log.docx



Maryland Health Benefit Exchange

Services for

Independent Verification and Validation



IV&V Exchange Blueprint Non-FSDH Test Scenario Results Report

Draft

August 26, 2013

Prepared for:

Maryland Health Benefit Exchange
4201 Patterson Ave., 4th Floor
Baltimore, MD 21215

Executive Summary

This report summarizes the results of CMS Blueprint scenarios that were not associated with the Federal Data Services Hub (FSDH) testing although were conducted by the State of Maryland and Noridian (the System's Integrator). During testing, ten test scenarios passed and two failed. In regards to the two failed tests, they failed because the functionality for notices is not yet operational. In regards to the 10 Passed scenarios it is important to mention that functionality to upload documents is not yet operational for everyone, i.e. citizens cannot directly upload documentation. This functionality is currently available to Caseworkers. These 10 tests "Passed", although they did so only because of the work-around that allowed Caseworkers to associate documents with a case.

Results Overview

Below is a summary of blueprint scenarios tested by IV&V, their description, pass/fail test results, and our comments. Details of each test are attached separately (including screenshots and annotations for each scenario). In some cases test scenarios reference screenshots from other test scenarios where application process flows are identical.



Maryland Health Benefit Exchange

Services for

Independent Verification and Validation



IV&V Exchange End-To-End Report

FINAL

September 24, 2013

Prepared for:

Maryland Health Benefit Exchange
4201 Patterson Ave., 4th Floor
Baltimore, MD 21215

Executive Summary

This report summarizes the results of CMS End-To-End scenarios conducted by the State of Maryland, the IV&V Team for Maryland, and Noridian (the System's Integrator). The purpose of the CMS End-To-End testing is to verify that calls from the Maryland Health Insurance Exchange (MDHIX) production environment can correctly connect to the pre-production environment of the Federal Data Services Hub (FDSH) services. A minimum of five calls per service are needed to satisfy the CMS End-To-End testing requirements.

Maryland struggled to accomplish these testing requirements due to:

1. The processing of production certificates for the service that took, overall, longer than a month to complete on 09/18 allowing just two days of a testing window to schedule these tests.
2. The inability of the project to have the production environment and application code stable in time to do End-To-End testing before the cut-off date the evening of 09/20 which is when data was cleared in the FDSH pre-prod environment to be promoted to production status.

Test Scenario Overview

Maryland created five test scenarios for a Pre-Prod CMS demonstration that were used as the basis for End-To-End validation efforts. Testing focused upon FDSH calls from the UI and capturing the audit log to verify that these calls were working correctly; overall scenario outcomes were not the focus of this testing. Test data was derived from a spreadsheet created based upon CMS data and has been included as an artifact with this report. Tests were pushed up to the last possible day (Friday 09/20) in hopes that production stability would occur after verifying that the production certificates were working on Wednesday 09/18. Two rounds of testing occurred: one at 9:30AM and one at 6:30PM in the evening. As the team ran through several scenarios in the morning session, a coding bug was encountered where H31/H19 FDSH calls from the UI were not calling into the middleware layer. In addition, the H1 – RIDP service was not functioning correctly. The testing team decided to reschedule for the early evening in anticipation that these issues would be fixed by that time. At 6:30PM the team re-ran tests and although the H1 – RIDP service was fixed the H31/H19 services were still not working from the UI layer (although IV&V validated that at the middleware layer send/response messages were working for H31/H19 services via SoapUI).

September 26, 2013

Ms. Rebecca Pearce
Maryland Health Benefit Exchange
4201 Patterson Avenue, 4th Floor
Baltimore, MD 21215

Rebecca:

Our role as IV&V on the Maryland Health Benefit Exchange (MD HBE) project is to independently and objectively assess the Design, Development, and Implementation (DDI) of the systems and systems infrastructure that support the MD HBE. In this capacity, our team has a unique understanding of the challenges that the development team(s) are experiencing on this project, the progress made thus far with design, development, and testing activities, and the risks/issues associated with making the current systems environment operational. With the go-live date imminent, we feel it is important for us to share our perspective with you prior to the final “go-no go” decision being made.

First, BerryDunn recognizes the tremendous efforts both the State and its solution providers have expended since we became involved with this project in October 2012, and particularly over the past six months as the October 1 due date has grown closer. We learned early on during our involvement with the project that our advice and guidance should not merely adhere to industry standards and best practices, but rather focus on practical advice that recognizes the amount of time available, resource constraints faced by the project, lack of clear guidance from the federal government, and the myriad of other challenges that are beyond the control of the project team.

We also know, that when documenting risks and issues, the MD HBE has challenged us to focus our energies to provide effective mitigation (risks) and resolution (issues) recommendations. We have worked with you closely to develop a process by which the MD HBE could identify which risks and issues we have documented that the MD HBE accepts, because for one reason or another, the MD HBE does not plan to work on mitigation or resolution activities. The intent of this letter is not to focus on the detailed risks and issues that have been documented in our monthly report, but rather to provide you a high-level summary of things we recommend you consider as you make your final “go/no-go” decision.

We believe the decision you need to make is focused on determining how far to reduce the scope of the functionality of the system for the October 1, 2013 go-live. On September 16, IV&V learned that the MD HBE was planning to go-live with the minimum amount of functionality possible (Account Creation). On Thursday, September 19 we called Justin to communicate that IV&V fully supported the decision to go-live with the minimal functionality possible. We mentioned to Justin on this call that we had been contemplating developing a letter describing our concern with the importance of going live with the minimum amount of functionality possible, but that based on the decision made by MD HBE, we no longer felt the letter was necessary. On September 24 we learned that the MD HBE is planning to go live with what MD HBE believes is the minimum amount of functionality possible and this will include Account Creation, Enrollment, and Plan Selection.

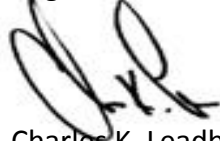
We recommend that you continue to consider ways to reduce the scope of the October 1 go-live to the minimum amount of functionality possible. Our monthly report includes many risks and issues that support this recommendation; however, we did not feel it would make sense to simply repeat the concerns we have been raising in our monthly report. Instead, below are eight key reasons for our recommendation based on our current understanding, presented in no particular order:

1. **Over the course of the last few months, problems and challenges with the DDI have continued, and although progress has certainly been made with development and testing activities, very few activities went exactly as planned or without identification of unexpected problems.** Going live with the minimal functionality possible helps to reduce the risk that unexpected problems will arise. This will provide additional time to ensure development that has occurred in the last few weeks will not introduce significant and/or unplanned problems prior to this functionality being made available to the public.
2. **We are not aware that security has been fully implemented and/or appropriately tested.** Although a third party company reviewed the systems environment from a hardware and intrusion security perspective, we do not have evidence that application and data level security features have been adequately tested and been properly configured for live operation. Minimizing the amount of functionality available on the first day of operation allows for more time to test and configure critical security functions. Security concerns, particularly related to data, should be paramount to every decision making process.
3. **We are concerned that CMS testing activities may have set the bar very low and in fact, could be potentially misleading when setting expectations for specific testing activities such as “regression” and “end-to-end” testing.** Although IV&V has been very careful to witness and respond to all CMS testing activities, and the majority of these have passed based on the definitions of the tests provided by CMS, we do not believe that these tests replace the need for conducting complete regression and end-to-end testing activities on all aspects of the system Maryland plans to make operational. We also believe that these tests might be providing the MD HBE with false perceptions that the system has been fully tested “end-to-end” or that “regression” tests have been fully carried out with all new code changes being introduced, which IV&V has not seen. Going live with the minimum amount of system functionality will provide additional time to test critical features prior to these additional features being made operational and it will also help to minimize the potential impact of unexpected problems.
4. **IV&V has not seen tests or test results that simulate the production environment and there is insufficient time remaining to test the ‘frozen’ code from a system performance, stress, and volume perspective.** System performance, stress, and volume testing is particularly critical on projects where transactions rely on exchanging data between multiple systems. We are concerned that development has continued to the very last week prior to go-live and there has not been time for testing to prove that the system will be capable of supporting the number of expected users or that performance will be acceptable in the live environment. Minimizing the amount of functionality available on the first day of live operation will help to reduce the impact of unanticipated problems related to application or hardware performance.

5. **User Acceptance Testing (UAT) concluded prior to development being complete, did not test all system functionality planned for go-live within UAT, and was never conducted in an environment (neither software nor hardware environments) that will be made operational.** Going live with the minimum amount of system functionality provides additional time for UAT testing of application functionality prior to being made operational.
6. **The application functionality that will be made operational, to our knowledge, has not been fully tested in a production-like environment.** Going live with the minimum amount of system functionality provides additional time to test critical features in a production-like environment, prior to them being made operational and helps to minimize the impact of unexpected problems should they occur.
7. **To our knowledge, a number of critical system areas have had minimal or no testing, for example, user interfaces in general, case worker portal, security, interfaces, and notices (this is a representative list).** Going live with the minimum amount of system functionality provides additional time to test critical features in a production-like environment, prior to these additional features being made operational.
8. **Each time new code has been deployed, the database has to be recreated and data reloaded.** Should this system be made operational, it's imperative that a process for software change management exist that does not impact the reliability or the integrity of the data collected by the Exchange. Going live with the minimum amount of system functionality minimizes the potential impact of this risk.

BerryDunn is available to you should you like us to participate in additional operational readiness discussions. We are prepared to continue to roll-up our sleeves, and work with you diligently in an effort to support the best possible outcome for this project on October 1.

Regards,



Charles K. Leadbetter, PMP
Principal

Cc: Justin Stokes, Kevin Yang



Charlie Leadbetter
Berry Dunn
100 Middle Street
Portland, ME 04104

September 30, 2013

Dear Charlie,

Thank you for your letter dated September 26. I appreciate your input and value your perspective on the risks of the system at this time. After reviewing both your concerns in the context of our current October 1 plan and a number of steps the team has taken to mitigate these issues over the last few days, I remain comfortable with our plan to move forward. The remainder of this letter explains this decision in further detail.

Our October 1 plan. Your letter appears to be based on the assumption that we will be opening the application to all users for account creation, eligibility determination, and plan shopping without reservation. This is not the case. For October 1, we intend to make account creation available to all users. Following successful account creation, however, the user will not be able to go directly into the application itself. Instead, the user will receive an email with several notes followed by a link to the application. These notes will include that the user should be aware that glitches might happen (as with any new system), that their feedback will be useful, and if any problems in eligibility determination are discovered later, we will alert them as soon as possible.

We will also advise certain users of our recommendation to defer eligibility determination until we have further tested the system for their situation. Note that we will not be sending the 8001 to Medicaid or the 834 to carriers until mid-December and November first respectively, which means that the individuals will not be in the carrier systems until that time. If issues arise to suggest that revised eligibility determinations are needed, we will have the opportunity to fix the problem and alert the consumers before proceeding with enrollment.

Security: In your letter, you expressed concern about potential threats to the security of the system. We have taken a number of important steps related to security. Specifically:

- MHBE has received approvals on all security documentation and has been granted Authority to Connect (ATC) to the Federal Data Services Hub from HHS. The ATC includes approval of MHBE's security safeguards procedures report from the IRS and represents approval from all federal agencies connected to the Federal Data Services HUB.



- MHBE has run two independent security scans in the production environment on final production code. The Nessus Perimeter Service is used for remote vulnerability scanning to audit Internet facing IP addresses for both network and web application vulnerabilities. That audit found three low impact issues on a server that we have subsequently determined we will not be using on 10/1.
- The last Curam upload to the system successfully hid Federal Tax Information (FTI) as required by the IRS.
- We have established user provisioning in such a way that users' privileges to work on citizen applications are appropriately limited by their geographic scope (i.e. offices for case workers and region for navigators).
- We will be turning off the ability for users from outside of the country to access the site for the first several weeks to eliminate the possibility of cyber attacks originating from foreign countries.
- We have robust security monitoring tools in place and are fully confident in their ability to alert us of any threats and attacks. Moreover, we will be doing frequent (and in some cases continuous) scans as a matter of practice with strictly adhered-to protocols for dealing with any issues and findings.

Because of these and other steps, our team -- including security experts at Noridian, Engagepoint and the Federal Government -- has concluded a high level of security will be in place for 10/1.

Testing: In your letter, you raise several issues around testing, including the fact that UAT was not completed on the final code, that CMS testing requirements are not sufficiently rigorous, and that the production environment has not been fully load tested.

In each of these areas, the right question to ask is not whether additional testing would be helpful (it always is), but whether we have done sufficient testing for the level of function we intend for October 1, as described above.

In making this determination, I am considering:

- UAT was open for the amount of time agreed upon by all agencies within the state. UAT led to a number of important changes in the system.
- The State decided on September 13th to turn off UAT as planned and to allow experienced testers to test the system.
- Testing of the final builds in both the test and production environments has been considerable, including testing of each COTS component (account creation, Curam, Connecture, Financials) along with rigorous end-to-end solution testing, integration and system testing that tests the integration layer.
- Testers have determined that all known end-to-end blockers have been fixed and have documented known issues to support day one operations. These known issues do not pose a critical risk to the project.



Regarding the CMS testing, it has never been our plan to rely entirely on this testing, nor have we done so. It is, however, an independent validation that the system works as intended. Regarding the load testing of the system, load testing is generally completed on executable code in an environment similar to production but not in the production environment itself. The version 4.5 HIX code, which is the release directly prior to the version that will go live, has been tested to 5,000 concurrent users. We have addressed the issues identified during this testing to ensure that the site will meet desired performance service levels with high volumes of user activity.

I appreciate your comment regarding the cleaning of the database upon refresh. This is something the team is already discussing as we determine how to implement subsequent releases.

Regardless, this would be something that would need to be addressed in production whenever we go live, even if we went live with just the account creation. We will rely on back-ups created of the earlier data, as well as the DR environment that is an exact replica of the current environment to ensure the data is secure and not erased. This process has already been utilized and proven as it is the same process we have used when backing-up and restoring carrier data, which has been in production for several months.

In summary, your input throughout this process has been very important to the project. I appreciate your candor at this late stage, and it has led me to review our plans for October 1. My assessment is that the security of the system is strong, that (while we would always want more) user testing is adequate, and that we have some flexibility built into our approach to catch problems as they arise and fix them. For these reasons, we are proceeding for October 1. I look forward to your continued assistance with this project.

Sincerely,

A handwritten signature in black ink, appearing to read "Rebecca Pearce".

Rebecca Pearce
Executive Director

Cc:

Josh Sharfstein
Ted Dallas
Mike Powell



Report from The Maryland Health Benefit Exchange about Maryland Health Connection, the state-based health insurance marketplace

BALTIMORE (January 10, 2014) -- As expected, following the deadline to enroll in coverage for January 1, 2014, the number of enrollments declined last week, but we continued to see steady enrollments. Open enrollment continues through March 31, 2014, so Marylanders who have not yet enrolled in coverage can still do so.

Marylanders who have enrolled in coverage that began on January 1, 2014, are reminded that they must submit their first payment directly to their carrier, and the carrier must receive the payment, no later than January 15, 2014. Carrier-specific billing information can be found [on the website](#). Carriers encourage electronic payments when possible. Failure to make timely payment could result in cancelled coverage. Consumers will receive a communication from their carrier within one to two weeks, and should follow instructions for paying their first invoice.

We also want to remind consumers that if they are not seeking financial assistance, they may enroll in a plan directly through carriers. [A link on the website](#) directs consumers to this option. They also may contact an insurance agent or insurance company directly.

This week, Governor O'Malley and Lt. Governor Brown introduced legislation that will allow individuals who attempted to obtain coverage through Maryland Health Connection and were unsuccessful to access retroactive and temporary bridge coverage through the Maryland Health Insurance Plan. Eligible individuals would be able to enroll in MHIP through March 31, 2014 -- the end of the Maryland Health Connection open enrollment period. As the website continues to improve, those individuals are expected to be able to transition into qualified health plans through Maryland Health Connection.

In addition, we are adding 70 additional staff at the Consumer Support Center to answer calls, and we are implementing strategies to triage calls as they come in to better and more efficiently assist consumers.

Highlights from today's report include that, as of January 4:

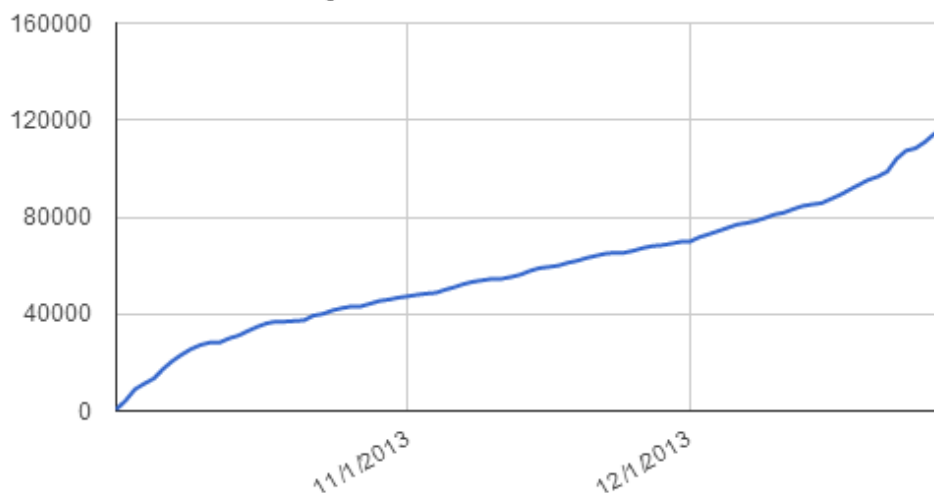
- More than 123,000 Marylanders have created identity-verified accounts, and there have been more than 784,000 unique visitors to the website;
- Enrollments in qualified health plans increased to a total of 20,358 individuals;
- Counting Medicaid pre-enrollments, new Medicaid eligibles, and individuals who have

selected qualified health plans for enrollment, as many as 162,000 Marylanders are on track for coverage under the Affordable Care Act.

Weekly Report

From October 1, 2013, through January 4, 2014, there have been 784,336 unique visitors to the Maryland Health Connection website. 123,779 Marylanders have created identity-verified accounts.

Figure 1: Cumulative totals of accounts created with verified identity



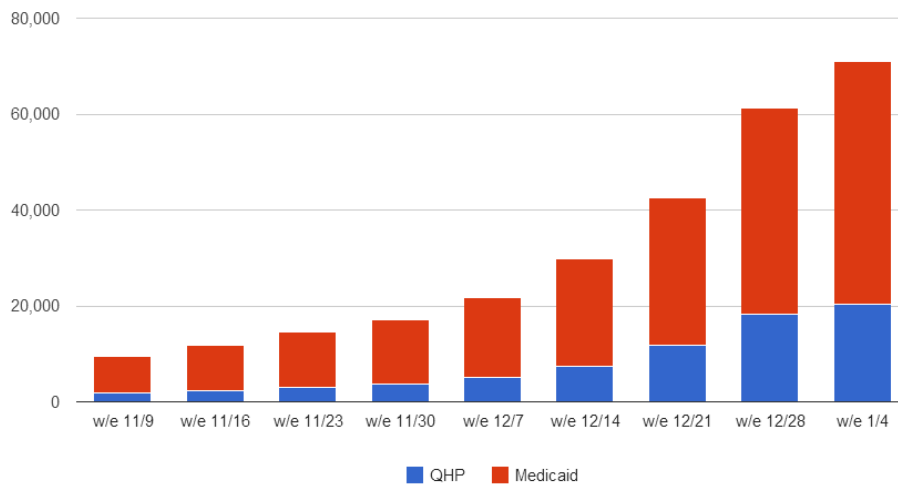
Through January 4, 20,358 Marylanders have chosen to enroll in private health plans through Maryland Health Connection.

91,570 Marylanders signed up through the Primary Adult Care (PAC) program to be automatically enrolled in Medicaid coverage on January 1, 2014, and now have full Medicaid coverage. Separately, through January 4, 50,522 Marylanders have been found eligible for a Medicaid program through Maryland Health Connection.¹ As of January 6, approximately 26,500 of those individuals were enrolled in Medicaid, and we expect many more of those found eligible to be enrolled in the coming weeks, with coverage retroactive to January 1.

Combining new Medicaid, PAC Medicaid enrollment, and qualified health plan enrollment, as many as 162,000 Marylanders are on track to receive health coverage under the Affordable Care Act.

¹ Some of these individuals may need to present additional documentation before coverage is effective, and others may turn out to already have Medicaid coverage.

Figure 2: QHP Enrollment and Medicaid/MCHP Eligibility



Information for Users of Maryland Health Connection

Marylanders who enroll in a Qualified Health Plan through Maryland Health Connection for coverage beginning on January 1, 2014, must submit their first payment directly to the carrier by January 15, 2014.

Open enrollment continues until March 31, 2014, so Marylanders will continue to be able to apply for, shop and enroll in coverage. Many of the technical glitches most frustrating to consumers have been fixed, and we continue to work to address others that continue to cause difficulties for some Maryland consumers.

As more people learn about their health coverage options and the consumer experience on the website improves, enrollment through Maryland Health Connection into more than 60 medical and dental plans will increase. We anticipate that as many as three-fourths of individuals and families enrolling in private health coverage through Maryland Health Connection will qualify for tax credits and other assistance to reduce their costs.

Options when having trouble:

- Visit the [Consumer Information Update](#) page for important notices before beginning. These notices include advice on how to navigate some of the issues on the website as we work to address them.
- Try again at a later time. At times of peak usage, heavy volume can still cause errors and delays.

- *Call the Consumer Support Center toll-free at 1-855-642-8572 to discuss the issue or start an application by phone.* In response to high call volumes, additional staff are being trained to provide additional customer support. Hours of operation are Monday through Friday, 8 a.m. - 8 p.m., Saturday 8 a.m. - 6 p.m., and Sunday 8 a.m. - 2 p.m.
- *Talk to a consumer assistance worker or authorized insurance agent for assistance.* The link to contact information for connector entities in each of the State's 6 regions can be found on the [Prepare for Enrollment](#) page which is accessible from the landing page at the front of the website, or under the [Individuals and Families](#) tab under the heading of "Consumer Assistance." In-person assistance is available statewide through six Connector organizations and 50 supporting grassroots organizations that employ 158 navigators and 171 assisters.

Feedback:

- If consumers using the site run into any issues and want to provide feedback, they can do so via the link found on the [Consumer Information Update](#) page. Information from users is sent to Maryland Health Connection's technical team working to improve the user experience on the site.

Website availability:

- As the technical team continues to improve the experience of using the website, it may from time to time be temporarily unavailable. In addition, in order to perform routine maintenance, certain functions may be unavailable from 11 p.m. to 5 a.m. daily.

Insurance Producers:

- More than 2,000 insurance agents in Maryland have completed training to sell qualified health plans through Maryland Health Connection. A weekly communication to all authorized insurance brokers provides details about system updates and news to increase efficiency and address issues.

Spanish language:

- A Spanish language website will launch in two phases to meet the needs of Maryland's Latino community. The first phase of the launch, which went live in November, includes the information resources section of MarylandHealthConnection.gov where information, updates, outreach and resources are available. The second phase of the Spanish language website expansion includes the application portal. This functionality will launch during the first quarter of 2014 and includes account creation, application, shopping and enrollment.

Accessibility for persons with disabilities:

- Consumer information materials will soon be available in Braille and large print. More

information about when the website will be compatible for blind consumers' software will also be provided soon. Consumers seeking services for the deaf or hard of hearing may call the Consumer Support Center toll-free at 1-855-642-8573.

Outreach:

- Outreach continues throughout the state seven days per week to educate consumers about their health coverage options. Grassroots outreach events are scheduled and available on MarylandHealthConnection.gov under the [Calendar of Events](#) for consumers to visit and speak directly with navigators and assisters in their local communities.

Security of information on website:

- Maryland Health Connection, supported by experts in IT security at government agencies and through our IT team, has taken many steps to assure the security of the data entered on the website.

Accessing information about health plan benefits, rates, and providers before creating an account:

- We have posted a webpage, [Prepare for Enrollment](#), which provides information on plans, shows sample rates for a range of scenarios, and provides instructions on the documents needed for the application for financial assistance. In addition, a [Provider Search Tool](#), which is accessible through a link on the "Prepare for Enrollment" page, allows consumers to search for a doctor and find out the plans in which their doctor participates. A link to this tool is also made available to consumers during the actual plan selection process.

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