



---

## Go-Live System Update

Board of Directors Meeting, November 13, 2014

# Agenda



- Systems Readiness
- Go-Live Functionality, Workarounds and Future Upgrades
- Getting Started
- Transparency, Accountability and Public Engagement
- What's At Stake
- Next Steps

# Summary



- Today we pledge to the Commonwealth's residents who are in need of health insurance that they will be able to access it through [MAhealthconnector.org](http://MAhealthconnector.org) starting November 15
- This meeting of the Board of Directors gives us the opportunity to present the public with the culmination of ten months of around-the-clock work to build a working, stable website
- In two days you will get a system that provides better, faster and easier access to health security. We have implemented project reforms, partnered with new vendors, applied lessons learned and been transparent about our progress every step of the way
- The result is a website that will take anyone seeking health insurance through a single front door, end-to-end eligibility determination, shopping, plan selection and enrollment process

# Summary (cont'd)



- We fully anticipate and, more importantly, are prepared to address the inevitable hiccups that occur in the early days of any complicated IT launch
- Systems of this size and scope usually take two years to complete. We stood up our integrated eligibility product in seven months. It has complicated integration points with existing MassHealth and carrier systems and must handle a high volume of users from day one
- We have matched the project's aggressive timelines and inherent complexity with rigorous testing to confirm system readiness, robust customer service staffing and training, operational readiness planning and a schedule to provide daily report-outs on the progress we make and challenges we encounter
- Regular system upgrades are already planned to ensure that we can enhance what works today throughout December, January and February

# Summary (cont'd)



- Today we will hear from three people who are counting on the system to work – two enrollment assisters and an individual planning to sign up for health insurance. As always, we are joined by members of the Commonwealth’s vibrant health care community – the insurers, providers and consumer advocates who have helped us come so far so quickly
- Everyone in this room has a stake in this project’s success. It is our responsibility to get this right so that we can get people the coverage they need and deserve
- This website and the bridge it provides to coverage matters because it helps people. At the end of the day, we will measure our progress and success by every person and family we cover, day-by-day and week-by-week
- Thank you for seeing the value in what we are doing and for sticking with us. Your support and partnership will make all the difference in the coming days and throughout the entirety of Open Enrollment 2015

# **Systems Readiness**

# Functional Testing Results



***Functional testing: Testing to ensure the system works the way it was designed***

Total Test Cases Executed	MassHealth Passage Rate	Health Connector Passage Rate	Testing Status
5,978	97%	98.5%	Complete

- All test cases executed across four cycles. Cycles 1 and 2 tested the major functional releases of the system. Freeze cycles were executed to address code changes to include previously unexecuted or failed test cases in order to prepare for production code freeze and deployment of the application on November 15, 2014
- Based on Optum’s project portfolio and industry experience, the test execution and pass rates across all four cycles compare very favorably to projects of similar size and complexity, especially given the expedited implementation schedule
- CMS has closely monitored testing, and on Monday granted the Commonwealth the Authority to Connect (“ATC”) to the Federal Hub as a result of the system’s strong functional, performance and integration test results, as well as the security and integrity of the system overall

# Integration Testing Update



**Integration testing: Ensures that individual systems work interactively to provide a seamless consumer experience**

	Testing Type	Total Test Cases	Percent of Test Cases Executed	Passage/Accuracy Rate
GO-LIVE (11/15)	Blueprint Round 1	10	100%	100%
	Blueprint Round 2	15	60%	100%
	Carrier Testing Round 1	229	100%	95%
	Wave Testing	100	100%	100%
	End-to-End Testing (Adds)	196	100%	94%
POST GO-LIVE (12/15)	Carrier Testing Round 2	193	100%	68%
	Carrier Testing Round 3	377	0%	0%
	End-to-End Testing (Changes)	32	0%	0%

## GO-LIVE (11/15)

- Both rounds of **Blueprint testing** are complete and awaiting IV&V attestation
- **Wave testing** is complete and has been approved by CMS
- **End-to-End testing** (Adds) is 100% Executed
- **Carrier testing** (Round 1 - Adds) is 100% executed with a 95% passage rate

## POST GO -LIVE (12/15)

- **End-to-End testing** (Changes) is set to begin on 11/13/14
- **Carrier testing**
  - Round Two (Cancels/Terms) is 100% executed; we are awaiting validation from carriers
  - Round Three (Changes) is on target to begin on 11/17



# Performance Testing – Load Analytics



*The Commonwealth has successfully completed all cycles of load, stress, endurance and failover tests in a performance testing environment and replicated the baseline results in the production environment that will be used for go-live. Testing was run for two key populations: anonymous browsers and eligible members on two peak days*

November 15, 2014  
Open Enrollment starts

**Peak #1**

Total 46,036 concurrent users/hour  
@ 288 transactions per second (TPS)

Anonymous Browsers = 40,038 concurrent users /hour  
@ 200 transactions per second (TPS)

Eligible Members= 5,998 concurrent users /hour  
@ 88 transactions per second (TPS)

December 23, 2014  
Last day to enroll in coverage starting 1/1/15

**Peak #2**

Total 26,554 concurrent users /hour  
@ 325 transactions per second (TPS)

Anonymous Browsers = 6,562 concurrent users /hour  
@ 31 transactions per second (TPS)

Eligible Members= 19,992 concurrent users/hour  
@ 294 transactions per second (TPS)

# Performance Testing Results



## *Achievements*

- All transaction response times met contracted service levels with **95% under 3 seconds** and **99% under 7 seconds**
- Met end-to-end scenario volume and response targets
  - First day of Open Enrollment and last day for 1/1 coverage test scenarios
  - Included complex interfaces to MMIS, Lexis/Nexis, Federal Data Services Hub and Dell
- Proved performance of critical system functions and components
  - Identity Management, Login/Logout, Account Creation and Anonymous Browsing
- Upgraded capacity of Optum ID and hCentive application servers in Optum data centers

## *Observations*

- Platform is performing to meet and exceed our volume and response targets
- Our **peak modeling is extremely aggressive**; it assumes everybody arrives and enrolls at the same time
- System capacity at 4x expected volumes – Observed CPU/Memory & I/O utilization well within capacity limits
- The federal testing team has noted **peak volumes are exceptionally high compared to expected volumes**
- Compared to other state-based Exchanges (NY/KY/CO), our peak estimates are well above actual experiences
- Performance testing indicates the system is ready for go-live

## *Go-Live*

- Perform regular performance monitoring and reporting using currently deployed tools and instrumentation
- Continue to analyze daily reports for tuning opportunities

# Performance Testing Results (cont'd)



*Performance testing of the final code release was completed on November 8 with strong results that confirm the system can handle high traffic for extended periods and is ready for go-live on November 15*

Smoke test

Load test

Stress test

Endurance test

Failover test

## Primary Test Scenarios

Anonymous Browsing

User Account Creation

IDM Login & Logout

QHP Unsubsidized /Subsidized

Medicaid


Combined Test 1 (Peak 1 volume)

Combined Test 2 (Peak 2 volume)

## Performance Testing Results – Ready for Go Live

- **Combined Test 1: First day of Open Enrollment**
  - Load testing with a peak load of 12,671 concurrent users and 40,036 iterations
  - Stress testing peaked at 29,000 concurrent users
  - Endurance test for 12 hours with expected daily load of 3,168 concurrent users
  - Failover successful – System continues to operate during localized component failure scenarios
  - Dell – 2,400 enrollments /30 minutes @1.1 seconds/transaction
  - MMIS – Member Search 20,000 transactions/hour
    - Member Detail Return 10,000 transactions/Hour
- **Combined Test 2: Last day to enroll in 1/1/15 coverage**
  - Load testing with a peak load of 20,660 concurrent users and 26,554 iterations
  - Endurance test for 24 hours with 25% of peak load of 5,164 concurrent users

□ Combined tests include Anonymous Shopping, QHP (Sub & Un-Subsidized) & Medicaid Scripts.



# **Go-Live Functionality, Workarounds and Future Upgrades**

# Summary



- Lessons learned from last year’s attempt at “building the perfect mousetrap” combined with needing to launch a two-year project on a seven-month timetable required the Commonwealth to be ruthlessly pragmatic when making decisions about go-live functionality
- We successfully prioritized, built and tested critical functionality to ensure that every eligible consumer who first enters through the front door exits with health insurance
- Decisions about must-haves for go-live were made knowing that we will have workarounds for gaps in order to protect consumers and the market, and that system upgrades will occur on a regular basis starting next month
- Large, complex IT systems always require enhancements to make what works well today work even better tomorrow. MAhealthconnector.org is no exception to this industry rule as we continue to automate processes that are currently manual

# MAhealthconnector.org Go-Live Functionality



***MAhealthconnector.org will go-live with core Exchange functionality, support Massachusetts-specific affordability policies and MassHealth MAGI program determination and provide a single front door for consumers seeking subsidized and unsubsidized insurance options***

- **User Interface (UI/UX)**: The overall look and feel of the website is Massachusetts-specific, with Health Connector and MassHealth logos and state-specific content
- **Application Intake**: Single Streamlined Application for Exchange, MassHealth and mixed households has been approved by CMS; modifications have been made to reflect feedback from stakeholders
- **Eligibility Verification**: With Authority to Connect (ATC) granted on 11/10, integration with the Federal Data Services Hub, including calls to Social Security Administration, Internal Revenue Service and other trusted federal data sources critical to enrollment, are in place for go-live; additionally, website can run a Massachusetts residency check and contains additional verification functionality that strengthens program integrity
- **Program Determination**: Supports QHP program determination and MassHealth program determination for 24 MAGI-based aid categories; it can also generate MassHealth notices and integrate with internal MassHealth claims payment system (MMIS)
- **Connector Care / State Wrap**: State Wrap has been seamlessly integrated into new system, which means Wrap-eligible consumers will be shown the appropriate, more affordable plans made possible through this Massachusetts-specific subsidy
- **Plan Management**: All plans have been loaded with 2015 rates and benefits, and have passed our quality assurance validation as well as issuer validation
- **Billing and Enrollment**: MAhealthconnector.org has been configured to interface directly with Dell, the Health Connector's vendor that handles billing and enrollment transactions
- **Back Office**: Customer Service Representatives (CSRs) can act on behalf of an applicant to help consumers file applications over the phone at call centers

# MAhealthconnector.org

## Go-Live Consumer Experience



***Beginning November 15, MAhealthconnector.org will offer members and new users a better, easier way to access affordable health insurance. The new system will allow Massachusetts consumers to:***

- Browse plans anonymously
- Create a new account
- Complete an eligibility application online
- Find out what program you qualify for (MassHealth, subsidized coverage through the Health Connector or shopping in the commercial market through the Health Connector)
- Compare plans, including premiums, co-pays, benefits and other important details online
- Select a plan to purchase
- Pay premium

# Defects Resolved



***The Commonwealth has resolved over 1,500 defects since June, including all critical and high defects that would have blocked access to the system or seriously hindered the consumer experience***

- A rigorous system enhancement and defect remediation process with policy, business operations and IT leadership has helped the Commonwealth appropriately fix defects without introducing additional risk to an already ambitious, time-sensitive project
  - Daily defect and testing meetings drive decisions on the timing and sequencing of all defect fixes, giving consideration to consumers and the market, business operations impacts and the need to minimize system launch risks
- Post go-live fixes are part of scheduled system upgrades
  - The vast majority of these items have low consumer impact, including a significant portion that are cosmetic in nature (e.g., messages or “tooltip” sentences with grammatical errors)
  - Training for CSRs and consumer manuals such as the Getting Started Guide include workarounds to issues that will be remediated post go-live to avoid any possible confusion or inconvenience now
- Projects of this size and scope built within aggressive timelines always launch with known issues. Here the small number, minimal consumer, market and business operations impact and expedited resolution schedule set the Health Insurance Exchange Project apart
  - Current go-live system passed CMS and production tests and received third-party IV&V attestation



# Workarounds to Protect Consumers & the Marketplace



***The Commonwealth has worked with its stakeholders and vendors to stand up operational workarounds that will bridge gaps prior to scheduled system enhancements. Three examples are:***

- **Processing Member Changes and Eligibility Verifications**
  - We are focused on bringing people through the front door for determinations and initial enrollments. To ensure system stability, we will limit member-reported changes related to eligibility determinations. If a consumer needs to report other changes or send follow-up eligibility verification documents after they submit their application, we will process their changes and verifications in mid-December. Adding this functionality a month into go-live gives us a stable, working system prior to introducing complex functionality
  - Applicants, assisters and CSRs are being encouraged and trained to take particular care to proofread information before submitting an application; assisters and CSRs will be able to tell consumers who call whether their follow-up eligibility verification documentation has been received
  - We are currently working closely with carriers to ensure this functionality runs smoothly
- **Authorized Representative Designation Forms and Notices**
  - Currently, the system will not automatically send notices to authorized representatives who should receive them at the same time as the applicant. MassHealth will use reports to manually send notices to court-appointed legal representatives/guardians
- **Preventing Coverage Gaps**
  - MassHealth and the Health Connector will employ a manual process to ensure that individuals and families moving from MassHealth to QHP do not experience gaps in coverage. The current system does not reconcile end dates for MassHealth coverage with effective dates for QHP coverage. The agencies will work together to ensure that MassHealth coverage stays in effect until QHP enrollment begins
  - Future system enhancements will include programming to connect end and start dates to protect care continuity as individuals move between subsidized and unsubsidized plans

# MAhealthconnector.org

## Post Go-Live Upgrades



***Regular system enhancements will continue to automate manual processes, add new functionality and above all strengthen our front and back offices so that consumers and the market benefit from a more seamless, smoother experience***

- **Member Change Transactions**
  - Go-live functionality focused on the first critical enrollment and billing step – sending insurers notice that consumers have selected their plan. With those systems in place, the Commonwealth and carriers are now focused on the second step – sending member-reported life changes from Dell, the Connector’s enrollment and billing vendor, to issuers
  - Member change transactions scheduled to be added next month
- **Integrated Provider Search**
  - On Day 1, the system will not include provider search functionality. Instead, applicants will need to access the provider search and directory on health plan websites. Links to issuers’ sites will be available on MAhealthconnector.org’s shopping page
  - Search function scheduled to be added in the first quarter of 2015
- **Integrated Online Payments**
  - For this Open Enrollment, Dell has stood up an online payment collection system. The system is available through the new online application but it does not automatically populate information consumers have previously provided in the application
  - Users will not be able to see the amount owed or the payment due date. They will need to separately enter their health plan information and payment amount to pay online

# MAhealthconnector.org Post Go-Live Upgrades Schedule



***Regular enhancements to MAhealthconnector.org will start in December to consistently enhance the consumer experience and reduce the number of manual operational workarounds needed to protect coverage***

- **December 2014**
  - Disable Requests for Information (RFIs) that are automatically triggered when verifications are submitted with a paper application
  - Ensure a smooth application process for non-applying members
  - Ability to transact member changes to issuers
  - Add CSR ability to “unlock” applications and process member-reported changes
- **First Quarter of 2015**
  - Add integrated provider search to plan shopping
  - Address standardization added to minimize Requests for Information (RFI) from consumers
- **Open Enrollment 2016**
  - Introduce robust, integrated online payment system
  - Resolve plan display for QHP and QDP shopping



# Getting Started

# Getting Started on MAhealthconnector.org



***The “Getting Started Guide”, available on MAhealthconnector.org, is a helpful resource for consumers, CSRs, assisters and consumer advocates. A sampling of tips include:***

## Use the right browser, and note security rules

- MAhealthconnector.org will work best with Chrome version 30 or better, Firefox version 30 or better and Internet Explorer version 10 or better
- Like many websites, the system will timeout after 20 minutes of inactivity to ensure your information is being kept safe; users will have to sign back in, and you may lose unsaved information
- Remember to close your browser after you are done, not just the tab on your browser, especially if you are using a public computer

## Start at the beginning

- The first step seems pretty simple: Creating a username and password through the OptumID system. Make sure you keep track of your unique name and password. If you forget and try to guess, the system will lock you out after three tries, similar to how many other websites operate. This will ensure the safety and security of your information as you fill out an application. It can take some time to get your account unlocked, so keep track of that username and password

# Getting Started on MAhealthconnector.org (cont'd)



## Identity Verification

- Per ACA requirements, part of the system asks you a series of security questions about yourself and your history so we know who you are. This is an important part of the security process, and through an outside, industry-standard process, applicants will be asked questions that verify historical information like previous addresses or cars owned
- If you answer these questions incorrectly, you will be asked to contact our call center and provide documentation to prove your identity

## Measure twice, cut once – “Save” your work; “Submit” only after thorough review

- **Online Eligibility Application:** The system will allow you to come in and out as often as necessary using the “Save” function. When you sign in, you can go back to the same spot in the application when you left
- If you don’t have information you need to fill out your application, “Save” and return when you have it; do not “Submit” your application
- **While changes are easy mid-application, once the eligibility application is submitted, changes can be more difficult and take more time. By verifying your household’s information up front, you will have an easier time**
- **Online Plan Selection:** After completing your eligibility application, you will need to make a plan selection if you qualify for a program through the Health Connector
- Please make sure to review your choices, familiarize yourself with the benefits and premiums and check to make sure your doctor accepts the plan before you submit your plan selection
- **Changes are difficult and take more time if you have submitted your plan selection and would like to change your choice of plan. By reviewing and re-reviewing your plan selection before you submit, you will have an easier time. If you are unsure, “Save” and return later**

# Getting Started on MAhealthconnector.org (cont'd)



*The “Getting Started Guide” is available at four different locations on MAhealthconnector.org, and can also be accessed during the online application*

A screenshot of the MAhealthconnector.org website. At the top, a green banner contains the text "Before you apply, read our Getting Started Guide." with a yellow star icon. Below this is a dark blue navigation bar with links for "Account Login", "Payments", "Forms", "Help Center", "Language", and "Accessibility". The main header features the "MASSACHUSETTS HEALTH CONNECTOR" logo and a navigation menu with "GET STARTED", "LEARN", and "ABOUT" options, each with a yellow star icon. The main content area has a large heading "Open Enrollment is Here" and a sub-heading "Individuals and families apply now for health and dental coverage and see if you qualify for free or lower cost coverage like MassHealth, ConnectorCare plans, or a tax credit." Below this are two buttons: "Start Your Application" (orange) and "Learn More" (grey), with a yellow star icon next to the latter. There are three tabs: "Individuals &amp; Families", "Small Businesses", and "Brokers". Below the tabs are four cards: "MassHealth" (with a MassHealth logo), "Start Here" (with a checkmark icon and a yellow star), "Get Help" (with a question mark icon), and "How to Pay" (with a dollar sign icon). Each card contains a brief description and a "GO" button.



# **Transparency, Accountability and Public Engagement**



# Transparency and Accountability

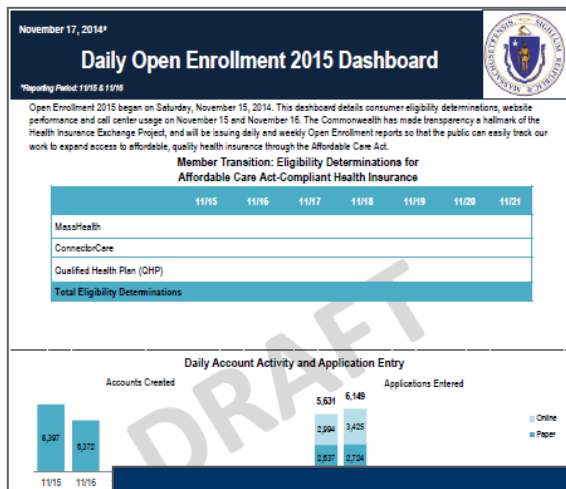


*The Commonwealth will continue to provide the public direct sightlines into the project's successes and challenges throughout Open Enrollment 2015. Daily reporting and regular briefings will hold project leadership accountable for delivering results promised*

- Project leadership will release and discuss **daily and weekly dashboards** that at the outset measure progress by the system's ability to make eligibility determinations for ACA-compliant health plans as well as attract and withstand high-levels of activity, including accounts created, applications entered and concurrent users supported. The dashboards will also track how the Commonwealth's call centers and application processing units are providing responsive and effective customer service
- The dashboards will evolve over time from tracking our ability to **“get people in the door”** to our ability to move members to **“permanent coverage”**. We will be closely monitoring where people started and where they end up in order to enhance our understanding of the temporary population and the remaining uninsured
- This level of transparency allows us to hold the state's vendors accountable for delivering the results they have promised to deliver. Optum, hCentive, Dell and Maximus are contracted to meet high standards for IT stability and soundness and customer service levels. Daily and weekly dashboards are one of the tools we have at our disposal to keep our **vendors “honest”**

# Transparency and Accountability (cont'd)

*World-class, around-the-clock command center monitoring will allow project leadership to effectively address and communicate out issues, and measure progress*



- IT, policy and business operations leadership from the state, Optum, hCentive, Dell and Maximus work from a central Command Center
- Issues are reported into the Command Center from the iMOCC (24/7 system monitoring) and other sources (e.g., CSRs) so that project leadership is immediately aware and can work to identify solutions in real-time
- Problems and solutions will be communicated out to stakeholders they impact – members, Navigators, CACs, CSRs, carriers, consumer advocates – through stand-up calls, website messaging and emails so that people on the front lines have the answers they need to quickly and effectively serve their various constituencies



# Public Engagement



**Daily check-ins with issuers, providers, enrollment assisters, consumer advocates and media will ensure direct lines of communication, close collaboration and serve best interests of project, marketplace and public-at-large**

Times	Monday	Tuesday	Wednesday	Thursday	Friday
10 AM	Project leadership to conduct call with carriers				
12 PM	Project leadership to conduct call with consumer advocates, Navigators, Certified Application Counselors (CACs), Issuer Enrollment Assisters (IEAs) and Broker Enrollment Assisters (BEAs)				
1 PM	Project leadership to email consumer advocates, Navigators, Certified Application Counselors (CACs), Issuer Enrollment Assisters (IEAs) and Broker Enrollment Assisters (BEAs)				
1 PM	Project leadership to email dashboard to media and external stakeholders				
1 PM	Project leadership to hold briefing with media				
8 AM (Tues) 9 AM (Fri)		Carrier IT/ Alpha Meeting			Carrier IT/Alpha Meeting
11:30 AM					Project leadership call with carrier CEOs
10 AM			Project leadership meeting with consumer advocates		
1 PM					MassHealth call with Managed Care Entities (MCEs)



# **What's At Stake**

# What's At Stake



***People who need coverage for themselves and their families are counting on the Commonwealth to help. We owe them a website that provides a bridge to health insurance and the better health, economic security and peace of mind that goes along with it***

- In Massachusetts, we believe that health is a public good and that everyone who needs health insurance should be able to get it. As a result of that fundamental belief, over 97% of our residents have insurance and more people are covered today than before the ACA began
- What's at stake now for the project is meeting the promise we have made to deliver better, faster, easier access to health security. It continues to be true that the ACA is not just about a website. This site is a tool to accomplish the goal of access to affordable, quality health insurance
- People like Heather Goodhind and Deb Kelsey, Navigators from Caring Health Center and the Fishing Partnership, and Doris Morales, a Health Connector client who will sign up for insurance when MAhealthconnector.org goes live, are counting on us to deliver
- There are thousands of other of stories just like theirs across the Commonwealth. These individuals and families are the reason we have worked so hard and why we will continue to lean in throughout Open Enrollment
- Our collective success will be measured by the one person, the one family, the one story of coverage day-by-day, week-by-week

# What's At Stake

“It’s very exciting to be included in the navigator program because we feel like we’ve been navigating for decades...It’s not just filling out a form. It’s understanding the implications that go along with it...Hopefully the people in the community know they can come to us with any questions or problems: that is what we’re here for and we’re happy to help.” – Sarah Kuh, Director of Vineyard Health Care Access Program (Martha’s Vineyard Times, 10/30)



“It is our top priority to make sure that no one in our communities is undercovered or uninsured, and we will be working hard day in and day out to help our clients submit their applications.” – Dulce Almeida Ferreira, Massachusetts Alliance of Portuguese Speakers (MAPS, 10/24)



“We’re here to help...we’re going to get you through it. It’s a little daunting, but you can trust us. We’ve been trained and trained and trained again.” - Ginny DeSilva, People Acting in Community Endeavors (PACE) (SouthCoast Today, 10/9)

# Next Steps



- Open Enrollment 2015 begins at 8 a.m. on Saturday, November 15, 2014
- System upgrades scheduled throughout December
- Next Board of Directors Meeting on December 11, 2014
- Current Qualified Health Plan and temporary MassHealth members in Group A (purple mailing) must submit application and payment by December 23, 2014 to secure January 1, 2015 coverage