



New England States Collaborative for **Insurance Exchange Systems**

Supporting Health Reform through Technology Innovation

Health Insurance Exchanges and “Reusability” of IT Components: Early Lessons from The New England States Collaborative for Insurance Exchange Systems (NESCIES)

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CCIIO Mini-Conference:
Establishing and Sustaining a State-Based Exchange in Lower Population States
Bethesda, Maryland: December 7, 2011

Overview

- NESCIES: The Massachusetts Early Innovator Collaborative Agreement
- Massachusetts “Single-Project” approach to Health Insurance Exchange and Integrated Eligibility System technology design and implementation
 - Key Issue: Integration of Health Insurance Exchange and Medicaid Eligibility and Enrollment
- NESCIES approach to “Reusability” of Health Insurance Exchange Components
- Case Study in Reusability: Rhode Island
- Current Status and Discussion

The Massachusetts Early Innovator Grant: The New England States Collaborative for Insurance Exchange Systems (NESCIES)

- The overall goal of the *New England States Collaborative Insurance Exchange Systems (NESCIES)* project is to create Health Insurance Exchange (HIX) Information Technology components in **Massachusetts** that are consumer-focused, cost-effective, reusable, and sustainable and **that can be leveraged** by New England and other states to operate Health Insurance Exchanges.
- The **NESCIES** project has established a learning collaborative, led by a multi-state steering committee, where participating states can share and develop cutting edge and cost-effective technology components, intellectual property, and best practices for implementing an insurance exchange.
- NESCIES is the only “innovator grant” to involve multiple states in HIX design and potential implementation.

New England Interstate Collaboration

Interstate Collaborative Steering Committee

CONVENER: New England Consortium Systems Organization (NESCSO)

MEMBERS: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont

STAFF: UMass Medical School and NESCSO

CHAIR: Brenda Harvey

UMass Medical School

- Grant Management
- Fiduciary Responsibility
- Project Management
- Evaluation / Best Practices
- Documenting Process
- Dissemination Nationally

Massachusetts

Scott Devonshire, CIO, Connector
Manu Tandon, CIO, EOHHS
Jay Himmelstein, PPI, UMMS
Michael Tutty, PD, UMMS
Janice Baker, PM, EOHHS

New England States Consortium Systems Organization

- Convener
- Collaborative Meetings
- Dissemination in New England

HIX Components – Technology – Procurement – Operational Assistance – Lessons Learned

Maine

Will Kilbreth
Karynlee Harrington
Stefanie Nadeau
Cindy Hopkins

Connecticut

Lou Polzella
Tia Cintron
Marc Shok

New Hampshire

Bill Baggeroer
Alain Couture
Andrew Chalsma
Mindy Cox

Rhode Island

Art Schnure
Deb Faulkner
Elena Nicolella
Angela Sherwin
Matt Harvey

Vermont

Hunt Blair
Terry Bequette
Betsy Forrest
Joe Liscinsky

NESCIES – Current Status

- Have established a governance structure within MA that includes leadership and staff from the Connector and the Medicaid agency.
- Have hired dedicated IT staff to develop state “shared services” to support HIX and work in collaboration with Systems Integrator.
- Have received encouragement from CMSC and CCIIO to proceed with procurement and next phase of Design, Development and Implementation (DDI) and collaborate with other states to the best extent possible.

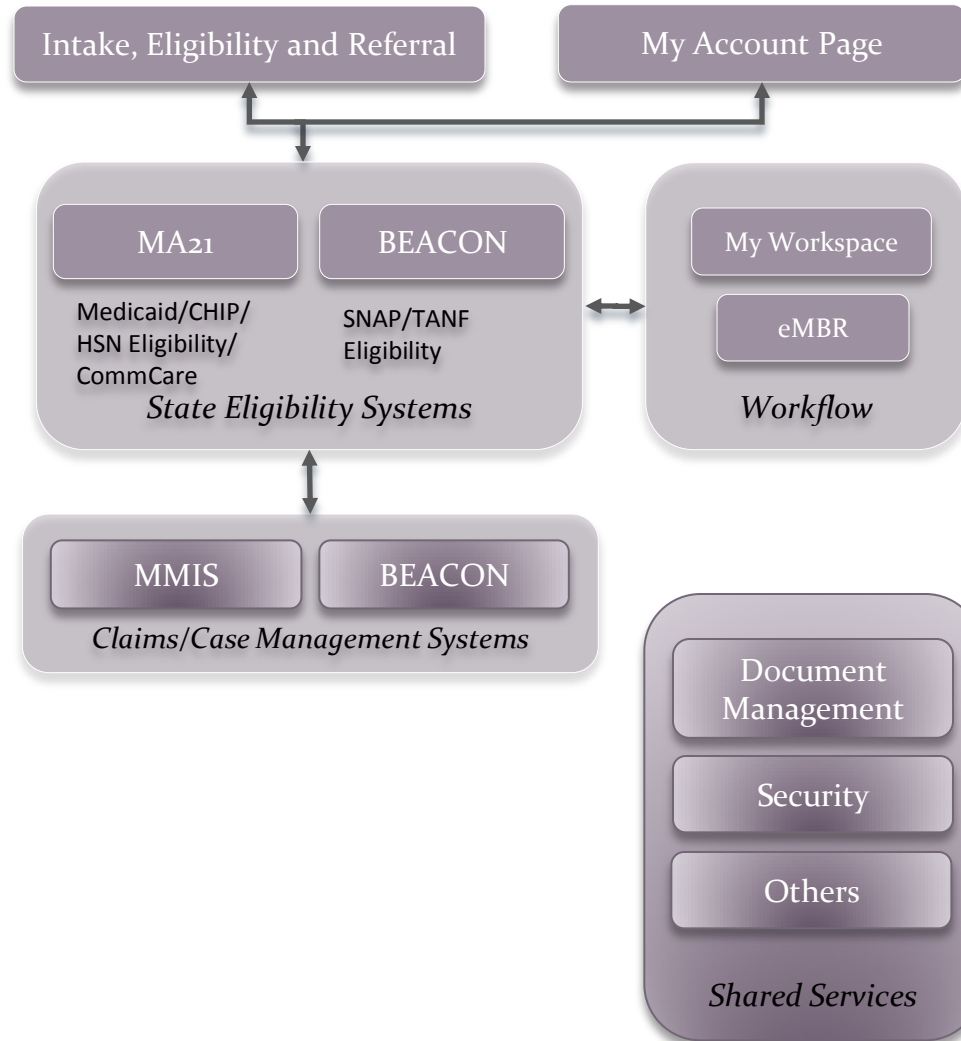
MA “Single-Project” approach to HIX and IES technology design and implementation

- Allows the Connector and MassHealth to upgrade and develop new technology infrastructure to meet ACA requirements and enhance customer service and program efficiency
- Coordinated development, procurement, and implementation of HIX and IES technology
- We will have one major SI vendor to work alongside state staff to build and implement
- Receiving extra consideration and funding from Feds for coordination efforts and willingness to support additional states if possible

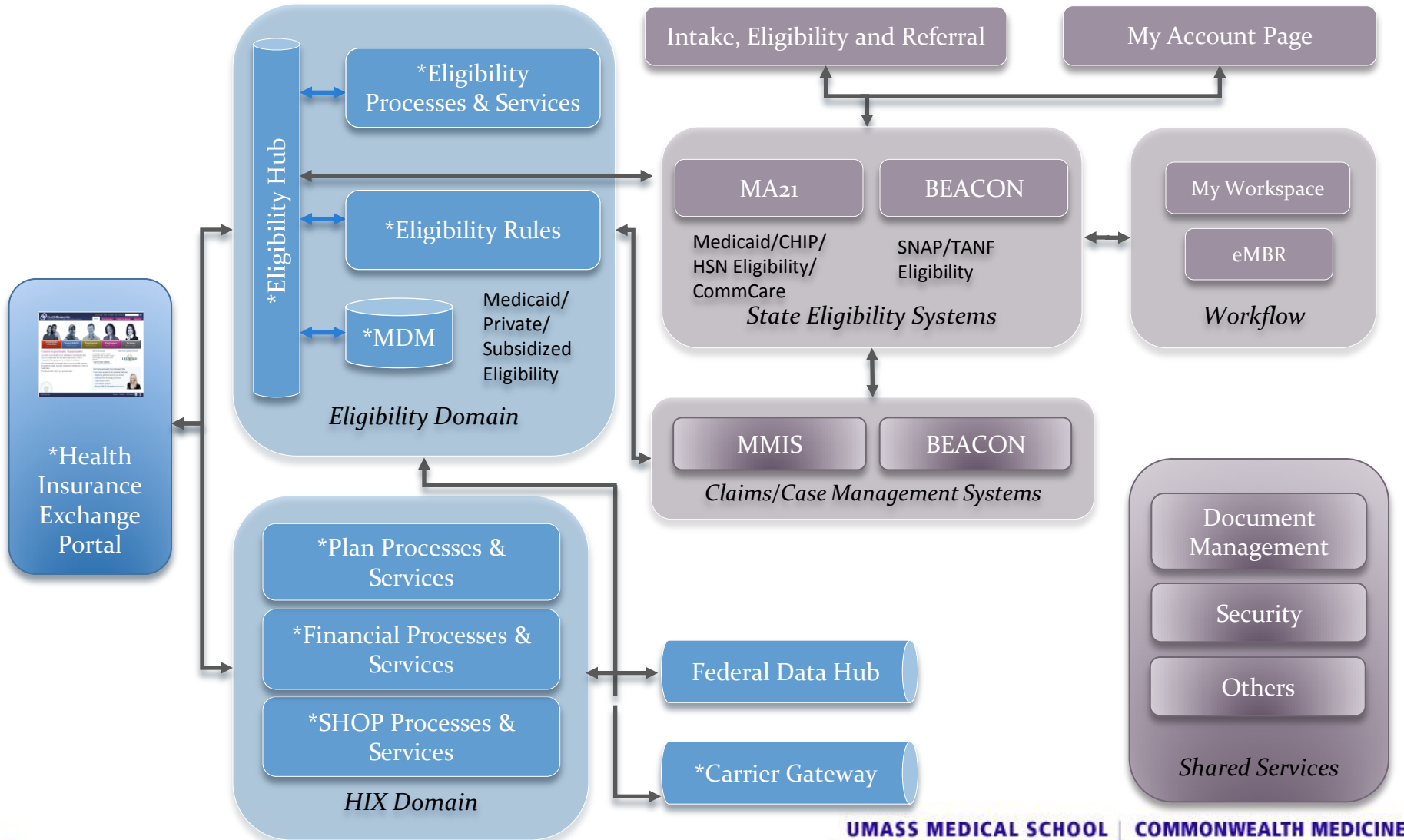
Key Issue: Integration of HIX and Medicaid Eligibility and Enrollment

- Exchanges are required to determine eligibility for and coordinate enrollment in Medicaid, CHIP, and state health subsidy programs using: (ACA § 1413)
- A single, streamlined eligibility form for all programs
 - A “secure, electronic interface”
 - Multiple access points: internet, mail, phone, in person
- See [Guidance for Exchange and Medicaid Information Technology \(IT\) Systems, Version 2.0 May 2011](#)

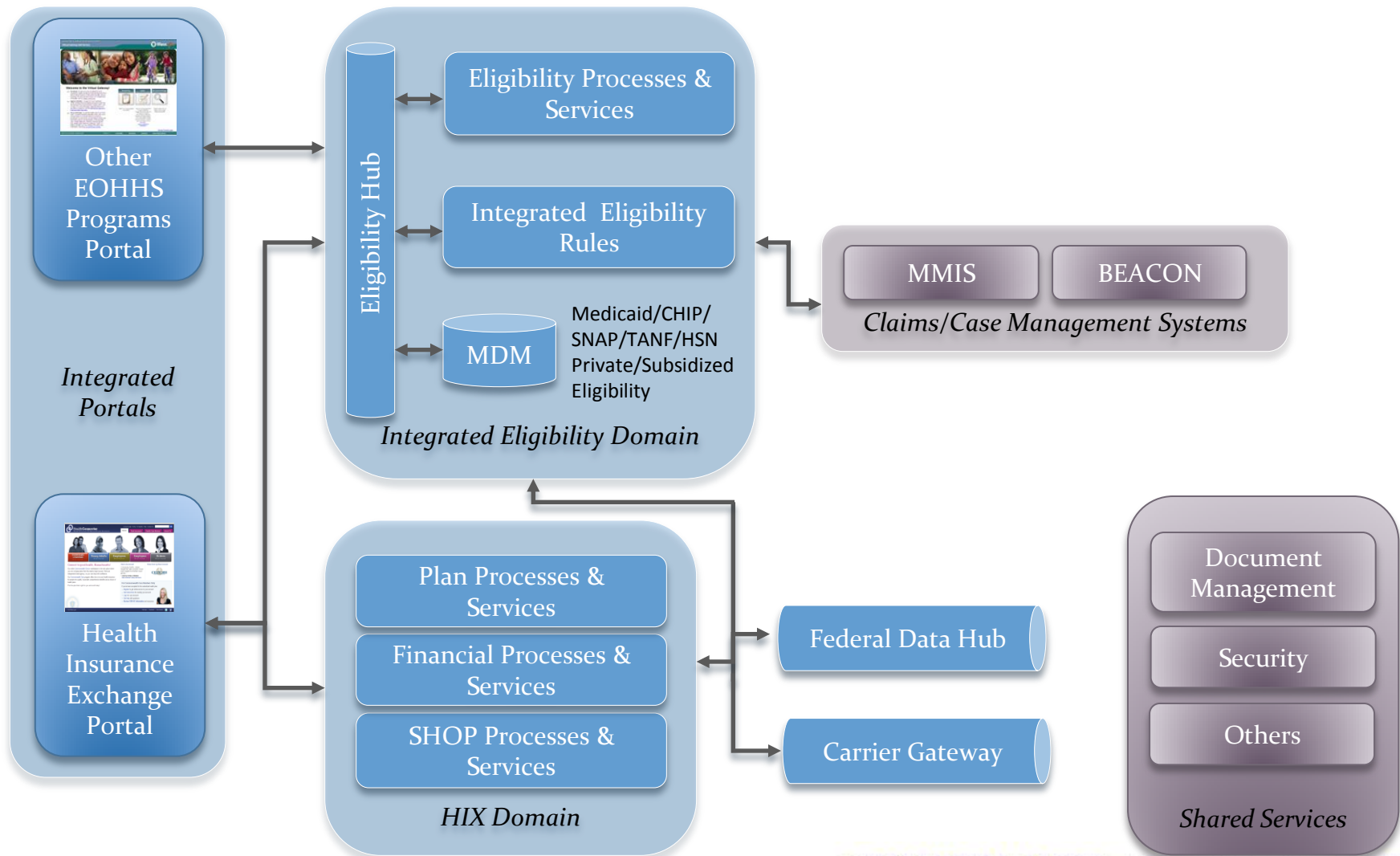
Current MA Eligibility System



2014 MA Systems (Future Health Insurance Exchange)



2015 HIX and Integrated Eligibility System



MA HIX-IES “Single-Project” Phases and Funding Sources

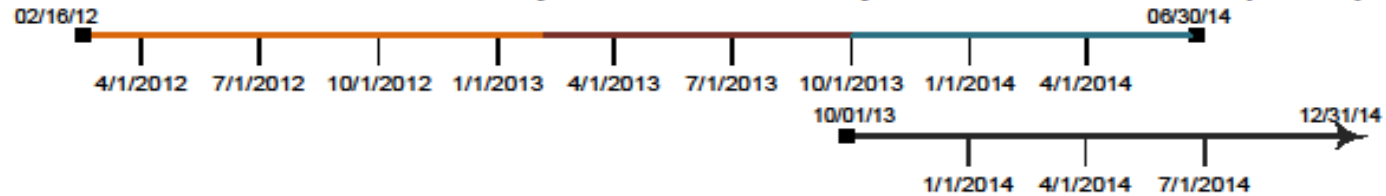


MA HIX-IES “Single-Project” Funding Sources

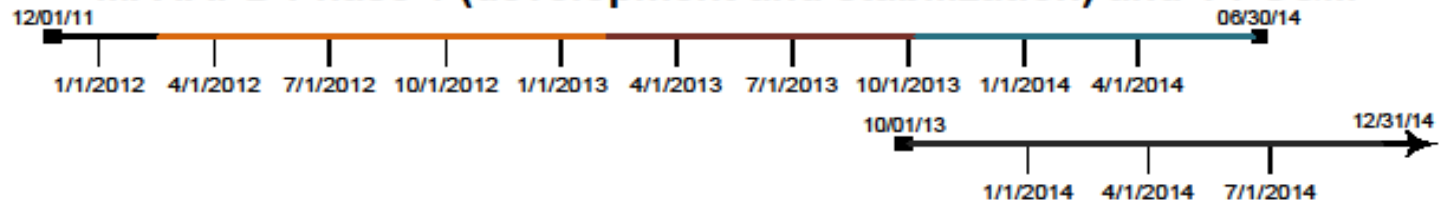
1 MA Early Innovator (EI) Cooperative Agreement + EI Supplement



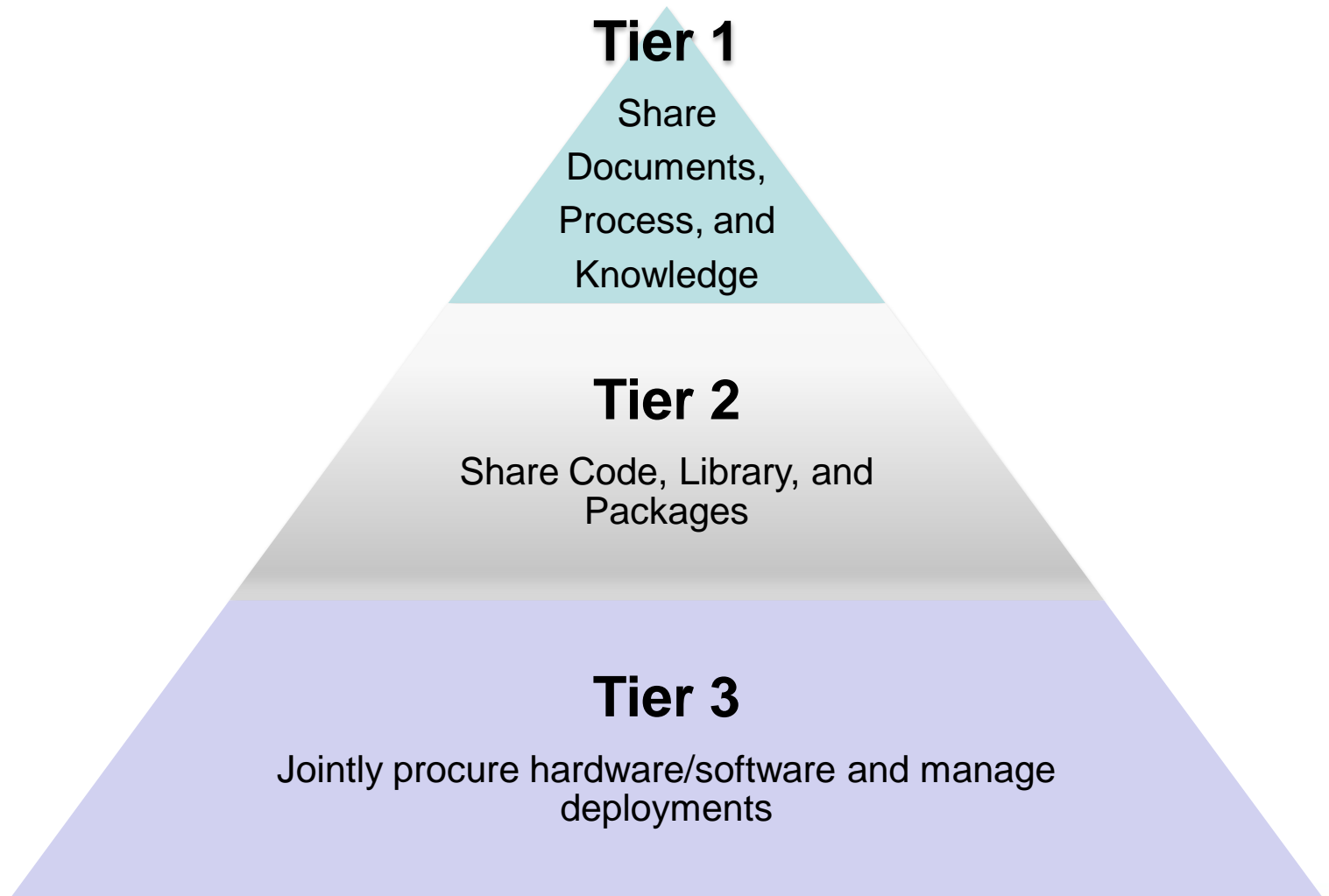
2 MA Establishment Grant – IT Development and Y1 Operations & Maint. (O&M)



3 MA IAPD Phase 1 (development and stabilization) and Y1 O&M

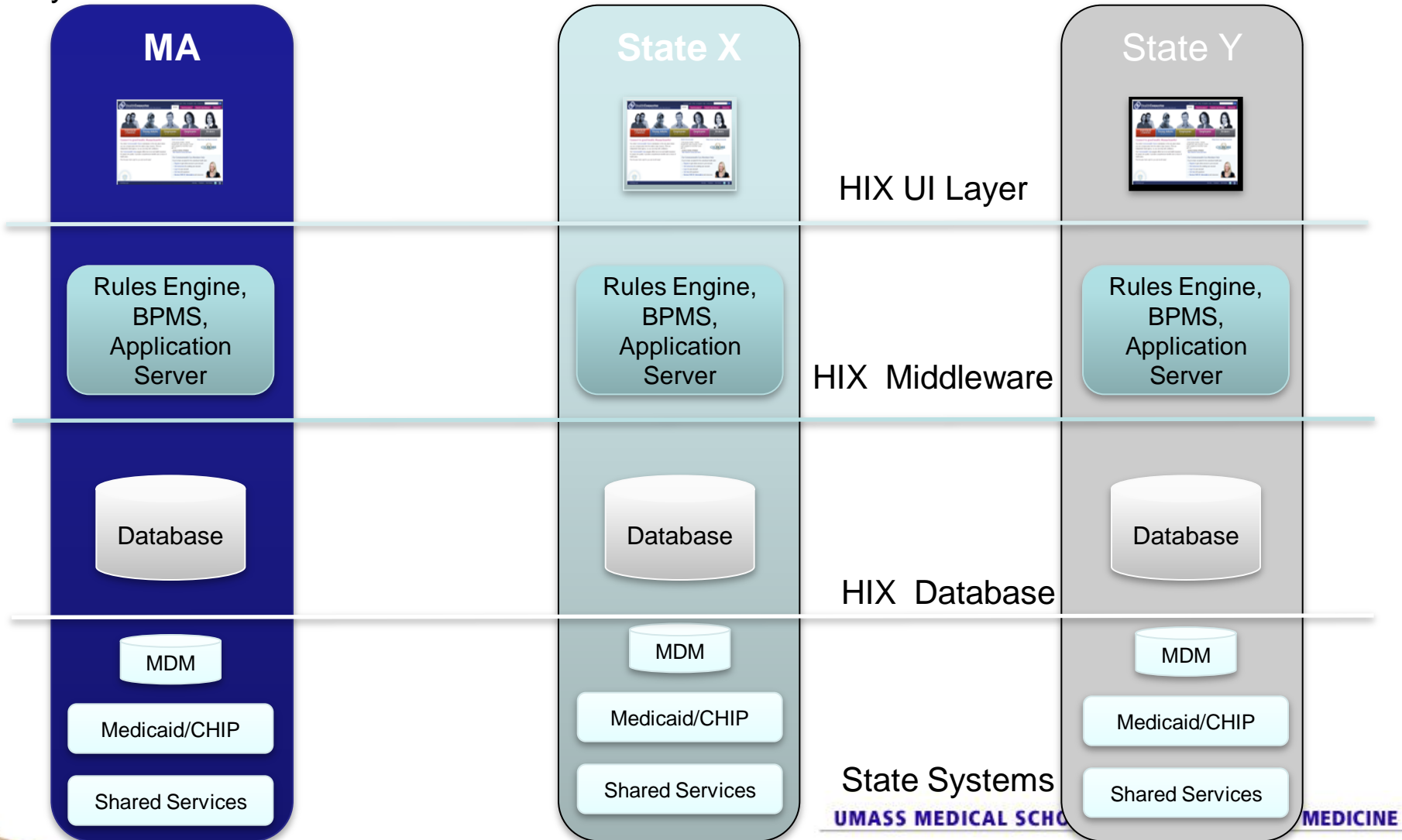


Tiered Approach to Reusability



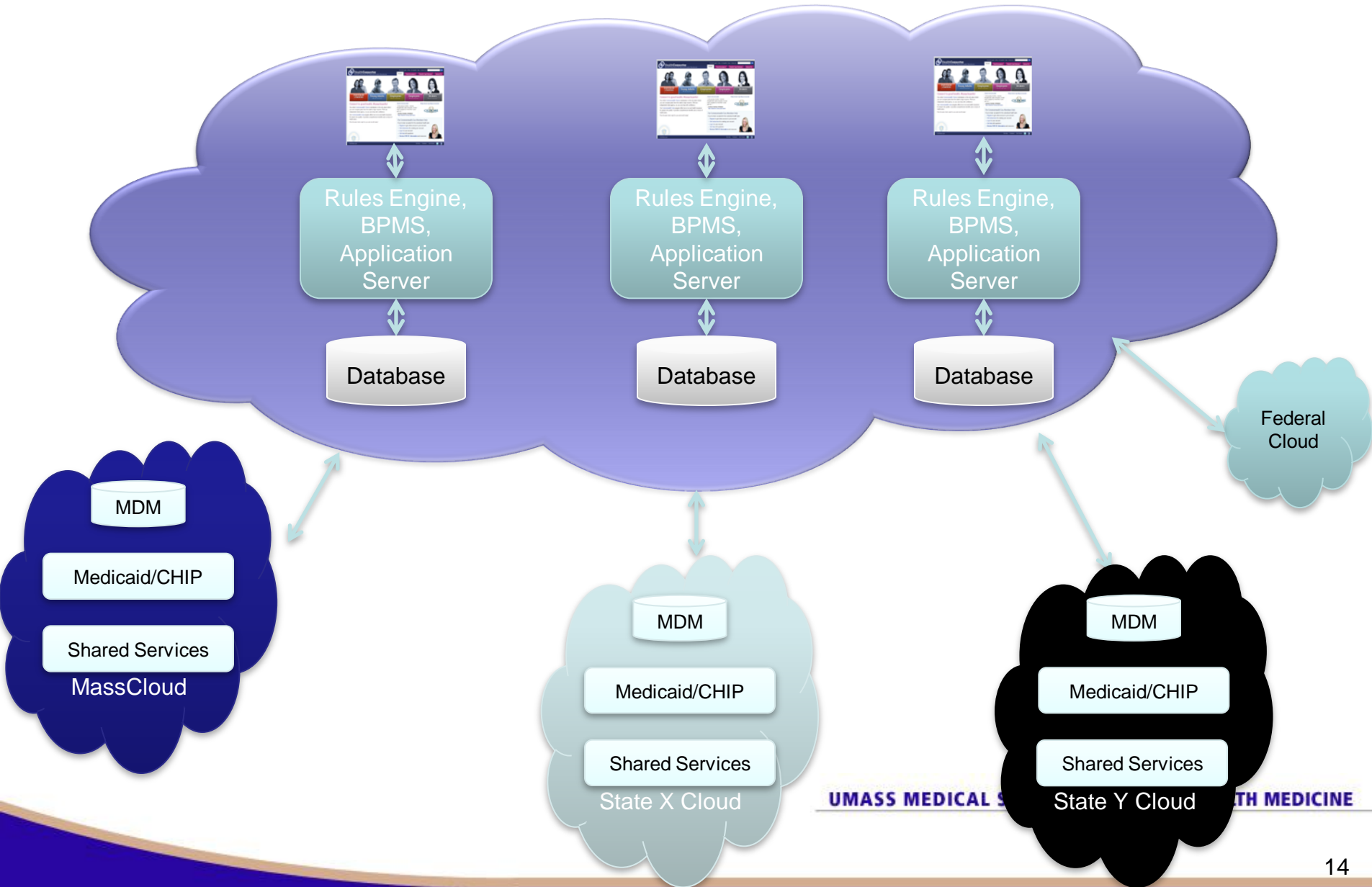
HIX Deployment – Tier 2 Example

Sharable HIX components such as portal, middleware, and database could be deployed by each state in their own datacenter



HIX Deployment – Tier 3: Example

HIX portal, middleware and database are available in shared cloud.



Example of Potential Partnership Opportunities linking MA HIX-IES Project and Interstate Reuse

MA HIX-IES "Single-Project" Phases



Example of Potential Partnership Opportunities linking MA HIX-IES Project and Interstate Reuse

MA HIX-IES "Single-Project" Phases



Example State A – HIX-IES IT Establishment Project Phases (Funded by CCIIO Establishment Grants and CMSC Enhanced IES Sources)



Example of Potential Partnership Opportunities linking MA HIX-IES Project and Interstate Reuse

MA HIX-IES "Single-Project" Phases

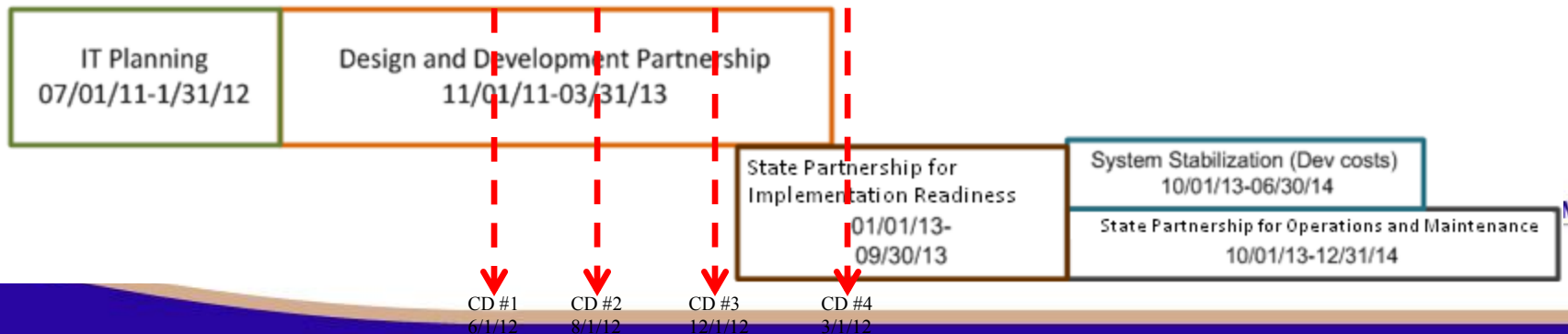


MA Early Innovator (EI) Cooperative Agreement



Release	Date	Description
Code Drop #1	4/1/2012 - 6/1/2012	Shared Services, HIX Application Framework
Code Drop #2	6/1/2012 - 8/1/2012	Private Insurance, SHOP, Plan Management
Code Drop #3	8/1/2012 - 12/1/2012	Subsidized Insurance, Medicaid Eligibility, Renewals, Navigator/Broker Portals, Financial Management
Code Drop #4	12/1/2012 - 3/1/2013	Premium Billing, Notices, Business Intelligence / Data Warehouse, Other Interfaces, and Customer Service

Example State A – HIX-IES IT Establishment Project Phases (Funded by CCIIO Establishment Grants and CMSC Enhanced IES Sources)



Systems Integrator (SI) Procurement

- SI (one vendor) will build key components for HIX and IES in conjunction with MA team and participating New England states
- Procurement plans:
 - UMass will issue RFR and serve as project and fiscal manager;
 - 5 member Procurement Management Team (PMT) team will be composed of EOHHS (2), Connector (2) and UMass (1) representatives
 - RI and VT will participate as advisory members of MA procurement team
- Will also procure a Independent Verification and Validation (IV&V) vendor for the project
- Final approval from CMS/CCIIO on funding and proposed cost allocation plan pending

MA Systems Integrator Required to Collaborate with Participating States

Work Order 12:

- Develop a reusability plan with the participating New England states including the scope of reusable components and a timeline for reusability milestones.
 - Complete JAD sessions with participating New England States. Synthesize and provide feedback from state sessions, compile lessons learned, and document ways to improve and expand reusability opportunities.
- Identify reusable components and support components sharing to selected and agreeable New England states.
- Propose a plan to provide, at minimum, one qualified, senior-level technical architect to each state. This architect will act as a staff resource and liaison to support the goals and activities of selected New England state throughout the entirety of the HIX/IES Project.
- Contractor's resources will work directly with New England states designated by the Commonwealth to support knowledge transfer, and to support implementation efforts with each state's IT staff and vendors.

Rhode Island's Experience: NESCIES Participant

- Lessons Learned
 - Expedited info sharing & learning together
 - Procurement (design & development)
 - Develop common language
- Challenges
 - Risk Mitigation
 - Procurement (defining corresponding strategy)
 - Technical starting points and long-term capacity

For Discussion:

- How should we (smaller states) describe “reusability” expectations in procurement and contracts, and what practical considerations will we need to address?
 - Technical
 - Contract requirements
 - Ongoing maintenance/operation
- Assuming ongoing systems costs will be too high for smaller states to sustain, what creative approaches should we consider (and even implement together) to minimize our collective long-term costs? What tools do we have?
 - Vendor contracting strategies
 - Partnership/”smaller states” consortium
 - Opportunities with Innovator states
 - Other?

Acknowledgements

- Funding for NESCIES comes from the CMS Center for Consumer Information and Insurance Oversight (CCIIO) CFDA No. 93.525
- The NESCIES project is a collaborative effort with:
 - New England States Consortium Systems Organization (NESCSO)
 - Massachusetts Executive Office of Health and Human Services
 - Massachusetts Health Connector
 - The University of Massachusetts Medical School
 - State health and human services agencies and insurance departments in Connecticut, Maine, New Hampshire, Rhode Island, and Vermont
- For more information, see www.nescies.org

For More Information

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