Oregon Health Insurance Exchange Corporation (ORHIX) / Cover Oregon (CO) Monthly Quality Status Report

June 2013

Deliverable #2.3.1

Draft

Dated: July 21, 2013
SECTION 1: Introduction

Cover Oregon (CO) recognizes the value of an independent, third-party formal quality assurance (QA) services. To meet this need, CO has engaged MAXIMUS to provide the following QA services:

1. **Initial Risk Assessment** - identification of initial risks facing CO
2. **Quality Management Plan (QMP)** – recommended activities and tasks to address risks
3. **Monthly Quality Status Reports** – monthly tracking of progress of managing risks

This document represents the Monthly Quality Status Report for the month of March, 2013. This report builds upon the initial risks that were identified in the Initial Risk Assessment and prior monthly Quality Status Reports and summarizes any relevant updates to findings, risks, or recommendations.

**Brief ORHIX / CO Background**

The design and implementation of an insurance exchange is a key part of Oregon’s current health reform efforts aimed at improving the health of Oregonians by increasing the quality and availability of medical care, and controlling costs. Once implemented, the Oregon Health Insurance Exchange will be a central marketplace where consumers and small employers can shop for health insurance plans and access federal tax credits to help them pay for coverage.

As required by the Affordable Care Act (ACA), the Exchange will offer a variety of services. Through the Exchange website, Oregonians will be able to easily compare plans, find out if they are eligible for tax credits and other financial assistance, select and enroll for health coverage. They also will be able to shop and enroll by calling a toll-free number and working with community-based navigators and insurance agents.

Since July 2011, the Oregon Health Authority (OHA) has led the design and implementation of the Health Insurance Exchange – Information Technology (HIX-IT) solution, building upon the Oracle products and Enterprise architecture envisioned by the State of Oregon.
SECTION 2: Executive Summary

The overall risk has not changed during the period.

The overall risk level for CO is HIGH (red).

Please note, that while progress was made during the month, the progress was not considered significant enough to lower the overall risk of the whole endeavor. In other words, progress in some areas since last month is offset by the fact that there is one less month until the federally mandated deadlines. Additionally, each rating category will carry a different relative weight when assessing the overall risk level of the effort. For example, while 10 out of 16 Quality Rating Categories are medium (yellow) or low (green), critical categories including “Scope”, “Schedule”, and “Inter-Org Coordination” remain high (red), which drives the overall high (red) risk assessment.

It is important for these findings and recommendations to be viewed in a larger context. CO faces some unique challenges due to the nature of the larger health system transformation within the State of Oregon and Nationally. For example, in order to meet the federal requirement that the Exchange be up and running by January 1, 2014, the system must be completed and ready to accept enrollments by October 2013. This is clearly a very aggressive timeline. And this work must be achieved in an environment of evolving federal requirements and user expectations.

The environment within which CO operates is changing rapidly and involves a number of state and federal government agencies, insurance companies, community organizations and public interest groups. In addition, CO is a relatively small public corporation that is evolving rapidly and was dependent on the Oregon Health Authority (OHA) for the initial development of the Health Insurance Exchange - Information Technology (HIX-IT) solution.

As a result of this dynamic and complex situation, it is not unexpected that many of the risk levels evaluated were determined to be high (red).

The organization has made significant progress in a number of areas during the month of June, including:

- CO has carefully reviewed the summary and detailed findings of the previous QA reports and has met with MAXIMUS to discuss the findings in detail.
- CO continues to make positive and significant progress towards the launch of the Oregon Health Insurance Exchange. The organization has and continues to demonstrate flexibility and creativity in dealing with this complex and evolving landscape.
- CO is continuing to review and defer non-launch critical scope.
- CO had a Business Summit with LFO and DAS and OHA represented. The summit reviewed the various functional areas of the organization. In addition, CO and OHA presented the status of the Medicaid operational issues and challenges.
• CO added additional development staff in an effort to incorporate as much scope as possible for the Oct release. In addition, CO added testing staff from Oracle for the SIT and performance testing efforts.
• CO has instituted a contingency planning group to help ensure that scope that is not completed can be worked around for launch.
• The FTS (Functional Test System) has been configured and the SIT (System Integration Test) team is now testing the releases.
• Significant progress was made with the development and delivery of the Medicaid interfaces into MMIS.

The following table summarizes the priority QA recommendations, along with the high-level response from CO. Additional details for each of these recommendations, including the underlying findings and risks, are included in Section 4 of the report. Similarly, a more detailed response from CO is included in Section 5 of this report.
Table 1: Summary Quality Standards Scorecard
<table>
<thead>
<tr>
<th>Quality Rating Category</th>
<th>QA Risk Level</th>
<th>Priority QA Finding and Recommendations</th>
<th>CO Risk Level</th>
<th>CO Response</th>
</tr>
</thead>
</table>
| OVERALL HEALTH          | High         | • See below for specific priority recommendations.  
                          |              |  • Continue to review, update, and track all outstanding quality risks and recommendations.  | High         | • Overall Health remains high risk due to aggressive timeline and scope of work. Marketing and training efforts are well underway. Teams are closing in on finalizing the build, and in final preparation work for go live. |
| Business Mission and Goals | Low           | • CO continues to develop a System Launch plan. This effort is intended to synchronize the development, business operations and marketing efforts for the initial launch.  
                          |              |  • CO had had a business operations review with Oversight present focusing on the business functional components of the Exchange. OHA was also present and expressed challenges in being operationally ready by Oct 1st.  | Low          | • Business Mission -brand marketing and training efforts are underway to communicate to public and key users.  
                          |              |  • The Go Live Planning effort is intended to synch Business/Ops, IT and Launch Strategy efforts. Good progress is being made to prepare the teams for go live and be ready for triage.  |
| Roadmap                | Med          | • The roadmap for the first release will be in flux until final development sizing for the remaining iterations are completed. This work is expected to continue into the final iteration.  
                          |              |  • A second release of the system is expected to take place in Dec of this year. This release will have features that are not critical for the Oct release, but critical for the Jan 1st date.  
                          |              |  • A roadmap business case process has been instituted and tested. A business case was created for the inclusion of Spanish for the Oct 1st release. The business case was reviewed and mapped against other priorities and slotted into a future release.  | Med          | • The longer term Roadmap for the CO product has shape but not definition. More defined planning efforts around scope beyond the 10/1, December and February releases will need to progress across the fall to prepare for the 2014 fiscal year and budget accordingly. |
| Scope                  | High         | • The current CO release strategy is to launch all three lines of business in Oct 2013. The scope management tactics being employed are to add resources and/or trim features and functionality until the system can be released in Oct 2013.  
                          |              |  • CO has deferred the Medicaid Assessment work for the Oct release. The current plan is to implement Medicaid eligibility and enrollment for the Oct release.  | High         | • At the end of 17b (July) we have scope and LOE in balance with capacity for the 10/1 build.  
                          |              |  • The teams are working to identify the critical scope for December delivery and to have design complete including the Oracle FDD and TDD in advance of the start of development in October.  |
### Table 2: QA Risk Level Tracking

<table>
<thead>
<tr>
<th>Quality Rating Category</th>
<th>Sept '12</th>
<th>Oct '12</th>
<th>Nov '12</th>
<th>Dec '12</th>
<th>Jan '13</th>
<th>Feb '13</th>
<th>Mar '13</th>
<th>Apr '13</th>
<th>May '13</th>
<th>Jun '13</th>
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<tr>
<td><strong>OVERALL HEALTH</strong></td>
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<td>H</td>
<td>H</td>
<td>H</td>
<td>H</td>
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</tr>
<tr>
<td><strong>Business Mission and Goals</strong></td>
<td>M</td>
<td>M</td>
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<tr>
<td><strong>Roadmap</strong></td>
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<tr>
<td><strong>Scope</strong></td>
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<tr>
<td><strong>Schedule</strong></td>
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<td><strong>Funding</strong></td>
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<tr>
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<tr>
<td><strong>Human Resources</strong></td>
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<tr>
<td><strong>Stakeholder Management</strong></td>
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<tr>
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<tr>
<td><strong>Project Management</strong></td>
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<tr>
<td><strong>Contract Management</strong></td>
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<tr>
<td><strong>Product Content</strong></td>
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<tr>
<td><strong>Testing</strong></td>
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</tbody>
</table>
SECTION 3: Methodology and Approach

Risk Assessment Methodology

The MAXIMUS risk assessment methodology began with the identification and analysis of initial risks that face the CO project from a number of different perspectives. This work resulted in the Initial Risk Assessment, and was updated by subsequent Monthly Quality Status Reports. These risk reports included a variety of confidential interviews with CO staff and Board members, as well as other State and HIX-IT project stakeholders. On an ongoing basis, MAXIMUS will deliver monthly quality status reports that will continue to track progress on risk transference, remediation or acceptance by Cover Oregon. These monthly reports may also identify new risks or further refine the understanding of existing risks.

In developing the monthly quality status report, the MAXIMUS Team attended project meetings, conducted interviews, and reviewed various CO artifacts, to assess how risks are being mitigated. The information gained during these activities was used to update the specific findings, risks, and recommendations originally presented in the Initial Risk Assessment and subsequent monthly quality status reports.

This report represents the CO Monthly Quality Status Report for the month of June, 2013.
Section 4: Risk Assessment Findings, Risks, and Recommendations

The detailed findings, risks, and recommendations are presented below. Findings are limited to specific information identified during the period. Risks and Recommendations have been updated, as appropriate. At the client’s request, unique numbering has been introduced for both risks and recommendations, to assist in tracking. For example, risks in the Business Mission and Goals section of the report can be identified as Risk-BMG-1, Risk-BMG-2, etc. Recommendations can be similarly, uniquely identified. The integrity of the numbering will be preserved during future reports.
Table 3: Detailed Quality Standards Scorecard
<table>
<thead>
<tr>
<th>Quality Rating Category</th>
<th>May 2013</th>
<th>June 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Business Mission and Goals (BMG)</strong></td>
<td>Low</td>
<td>Low</td>
</tr>
</tbody>
</table>

**Findings During Period:**
- CO continues to develop a System Launch Plan. This document is expected to further detail the various exchange functions and plans for the first release of the exchange.
- The business mission and goals between OHA and CO are not fully aligned with respect to Medicaid. Work is being done in this area and significant progress is being made, however, the cultures and timelines are different. CO has formally notified OHA of their expectations, trigger events and dates they will use to determine if a contingency plan must be implemented for the Oct 1<sup>st</sup> release. IGA's are expected to be in place between the two businesses by Jun 15<sup>th</sup> of this month, however, they did not materialize.
- CO had a business operations review with Oversight in June. The summit focused on the business functional components rather than operational flows.

**Risks:**
1. Closed
2. Without clear understanding, communication and alignment of the deadlines and priorities for the Oct 2013 release between the business units (CO, OHA) may result in delayed launch for Medicaid.
3. Without a detailed system launch plan, coordination of IT, OPS and Marketing may not be in full alignment for the launch window.

**Recommendations:**
1. Closed
2. Closed
3. Closed
4. (In process) The detailed system launch plan is intended to be an extension of the business model for the Exchange. This document should detail all relevant assumptions, risks, constraints and contingency plans. Update in detail, all revenue projections with justification of why they are valid. Update, in detail all costs with justification of their validity. This information should be used to model and determine long-term sustainability in a variety of circumstances. This information should be appended to the updated Business Plan. This plan should include Medicaid “take rates” for the electronic exchange, as well as references to source materials.
5. Clearly identify the business roadmap and ensure that it is connected with the business modeling and Business Plan.
6. Closed
7. Closed
8. Closed
9. Closed
10. Finalize the IGA’s with OHA concerning Medicaid operations as soon as possible.

<table>
<thead>
<tr>
<th>Roadmap (RM)</th>
<th>Med</th>
<th>Med</th>
</tr>
</thead>
</table>

**Findings During Period:**
- A roadmap business case process has been instituted. The first business cases are rudimentary and it is expected as the process matures that more sophisticated analysis will be provided with the business case.
### SECTION 5: CO Management Response

The following table provides space for CO management response and/or state action plans for each of the Quality Standard sections areas or findings described in Section 4 of this report.

<table>
<thead>
<tr>
<th>Quality Standard Section</th>
<th>CO Management Response and/or Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Health</td>
<td>Cover Oregon agrees that the overall risk of the project is high due to the timing and scope. Much progress is being made and CO expects that to continue.</td>
</tr>
<tr>
<td>Business Mission and Goals</td>
<td>The Go-Live Launch team has been established and the plan is being developed. Cover Oregon agrees that the coordination between OHA/DHS and Cover Oregon policy and business operations is vital to planning operational procedures for Medicaid processing. Cover Oregon is working closely with OHA to clarify dates and expectations. OHA and Cover Oregon leadership are working together to resolve the Medicaid scope issue. OHA, DHS and Cover Oregon staff have been working together on multiple “work streams” related to Medicaid processing with decisions coming out of those meetings and being approved by OHA, DHS and Cover Oregon leadership authorized to finalize and sign off on these decisions. The launch plan is being developed to ensure successful day 1 (10113) operation.</td>
</tr>
<tr>
<td>Roadmap</td>
<td>The current road map outlines the products, services and functionality that will be delivered in Version 1.0 of the exchange. A cross-functional team is compiling and prioritizing products and services for post-1.0 upgrades in 2014, Version 2.0 and beyond. This work is based on a formal process for determining priority functionality and scope.</td>
</tr>
<tr>
<td>Scope</td>
<td>Remaining open scope issues are being resolved through the change management and development “blocker” resolution processes.</td>
</tr>
<tr>
<td>Schedule</td>
<td>Cover Oregon continues to build and update a comprehensive schedule as is outlined in the organization’s schedule management process. New discovery will occur but Cover Oregon and HIX-IT have established adequate controls. Cover Oregon is also working closely with OHA to identify and mitigate project dependencies.</td>
</tr>
<tr>
<td>Budget</td>
<td>Cover Oregon agrees that by increasing Oracle development and testing staff to complete the first release has had an overall impact to the budget. Cover Oregon is also contracting directly with the vendors as part of the transition from OHA. The Cover Oregon budget is completely stand-alone.</td>
</tr>
<tr>
<td>Funding</td>
<td>In February 2013, Cover Oregon received Federal approval of its $226 million Level 2 funding request. Approximately $90 Million is for IT.</td>
</tr>
<tr>
<td>Board Governance</td>
<td>MAXIMUS correctly notes that the Executive Director and staff routinely meet with the Board and its finance committee, providing members with a variety of informational</td>
</tr>
<tr>
<td>Section</td>
<td>Description</td>
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</tr>
<tr>
<td>Inter-Org Coordination</td>
<td>Cover Oregon agrees that coordination between OHA/DHS and Cover Oregon is vital to planning the operations for Medicaid processing. Medicaid interfaces have been delivered and are moving into testing. Cover Oregon is currently utilizing PM staff for reporting and external interface management. On an ongoing basis the CO dependency on OHA will be exclusive to Medicaid interfaces &amp; some Medicaid support operations.</td>
</tr>
<tr>
<td>Organizational Management</td>
<td>Cover Oregon agrees that the organization is growing at a very quick pace. The organization and its staff are adapting and managing to change.</td>
</tr>
<tr>
<td>Human Resources</td>
<td>The scope of the staffing strategy takes into account the need to manage from the hardware to application configuration and management. Finalizing scope deferral will help Cover Oregon address potential staffing/resource needs.</td>
</tr>
<tr>
<td>Stakeholder Management</td>
<td>Cover Oregon continues its proactive outreach and stakeholder communication efforts.</td>
</tr>
<tr>
<td>Communication’s</td>
<td>The marketing and communications teams are preparing for any changes in initial launch so that expectations can be set with stakeholders and consumers, and marketing materials are appropriate to the situation.</td>
</tr>
<tr>
<td>Project Management</td>
<td>Cover Oregon agrees that scope and schedule must be managed very closely through final development.</td>
</tr>
<tr>
<td>Contract Management</td>
<td>Cover Oregon utilizes a Work Breakdown Structure (WBS) to identify activities to be completed on the way to Day 1 of open enrollment. Tasks that are assigned to contractors have been identified and are being tracked, as are other resources.</td>
</tr>
<tr>
<td>Product Content</td>
<td>Product content is now managed by CO. The findings in this report are outdated. Security implementation is well defined, Medicaid interfaces are developed. The technical documentation is in progress including architecture, technical and functional design. For Release 1.1 the expectation is that Oracle will be design complete before starting development on 10/2.</td>
</tr>
<tr>
<td>Testing</td>
<td>Cover Oregon is now managing the entire testing effort and is increasing level and detail of test reporting. Cover Oregon will closely coordinate the parallel aspects of all testing.</td>
</tr>
</tbody>
</table>
SECTION 6: Risk Rating Criteria

The following risk rating criteria were used to evaluate the probability or likelihood of the risk occurring and the impact of the risk if it were to materialize.

**Probability**

<table>
<thead>
<tr>
<th>Probability</th>
<th>Occurrence</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>H</td>
<td>Probable/eminent</td>
<td>If the risk is probable or imminent then it should be rated as High.</td>
</tr>
<tr>
<td>M</td>
<td>Possible/likely</td>
<td>If the risk is possible or likely to occur then it should be rated as Medium.</td>
</tr>
<tr>
<td>L</td>
<td>Possible/unlikely</td>
<td>If the risk is possible, but unlikely to occur then it should be rated as Low.</td>
</tr>
</tbody>
</table>

**Impact**

<table>
<thead>
<tr>
<th>Impact</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>H</td>
<td>High Impact If the risk is considered to significantly affect the schedule, cost, security, project organization or significantly affect the success of meeting the project goals it should be rated as High Impact.</td>
</tr>
<tr>
<td>M</td>
<td>Medium Impact If the risk is considered to somewhat affect the schedule, cost, security, project organization or generally affect the success of meeting the project goals it should be rated as Medium Impact. Note: Multiple Medium ratings that are found in similar areas can result in an aggregate rating of High Impact.</td>
</tr>
<tr>
<td>L</td>
<td>Low Impact If the risk is considered to minimally affect schedule, cost, security, project organization or marginally affect the success of meeting the project goals it should be rated as a Low Impact. Note: Multiple Low ratings that are found in similar areas can result in an aggregate rating of Medium Impact.</td>
</tr>
</tbody>
</table>

**Overall Risk Rating**

The overall rating of a risk is the combination of the probability of occurrence and the impact of the risk to project. See rating charts below:

<table>
<thead>
<tr>
<th>Probability</th>
<th>IMPACT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Low</td>
</tr>
<tr>
<td>High</td>
<td>MED</td>
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<tr>
<td>Med</td>
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<tr>
<td>Low</td>
<td>LOW</td>
</tr>
</tbody>
</table>
Att A: Detailed Security Concerns (July 2012 Findings)

Findings:

- The current Identity and Access Management (IAM aka. IDM), Single Sign On (SSO), External Self-Administered Role and Role Based Access (RBAC) strategy is not well defined and can be characterized as follows (Note: this information was identified in the recent HIX-IT Logical Structure of Account 4 Whitepaper):
  - Every user in the system will have single sign-on capability in the system. This means that individual and business functions are comingled in accounts.
  - Identify proofing approach is currently unclear. Identity proofing is required to provide assurance of non-repudiation. Identity proofing of some form will be required by the Exchange due to the nature of the environment.
  - Identity proofing is currently at the individual level only. It is unclear how an employer, broker, employee, etc., will be proofed in the system for their specialized role.
  - Internal staff roles in the system are not defined.
  - External roles are intended to be self-administered, i.e., a user can join or revoke other users into and out of their accounts.

Risks:

1. Comingling of individual and business accounts is highly unusual especially in the health insurance field. While it seems like a convenience, it may not be desirable from a user, technical, or security perspective. For example, an individual user may also be a Broker. This person may log into their account at home on their personal computer. If this computer is infected with key logger, user account login information could be compromised. A malicious user would then have access to the Brokers personal account and also their Broker account which potentially compromises other employer accounts the Broker may be attached.
2. Identity proofing can be costly and can have a customer usability impact. If the ID proofing is considered to be too cumbersome by the public it can affect the use of the Exchange by the general public.
3. Additional levels of verification may need to be exercised for different roles in the system. For example, how will a Broker prove they are a legitimate Broker in the system? Not clearly planning, defining and detailing the strategy up front can result in significant delay or work stoppage in the project due to security, usability or technical issues that will continue to pop up in the project without a proper strategy and planning effort.
4. Internal system role definition may alter the expected business workflow of Cover Oregon. Doing this work later in the development or after the system is developed can cause rework and or surprises in staff workflow.
5. External self-administered roles currently known in the industry as Enterprise Dynamic Access Control (EDAC) create additional complexity of the public user experience. These types of architectures are relatively new for public use environments and if deemed too complex and not intuitive for average users, it can result in nonuse of the Exchange by the public.
6. Exchange liability for fraudulent activity due to ineffective identity management and self-administered roles is not fully evaluated. For example, Cover Oregon may be held liable or publicly embarrassed if a person fraudulently became a broker in the system and was found to be attached to a number of large Employer accounts. These types of externally, self-administered implementations are relatively new and fraught with risk for a known marketplace, let alone a marketplace in its infancy.
Recommendations:

1. Account comingling: Cover Oregon should find an existence proof of individual and business comingling approach in the health care field prior to implementing this strategy. If precedence is found in the market, Cover Oregon should seek out the entity and be thoroughly briefed by the entity prior to making this decision.

2. Identity proofing: Cover Oregon should understand the requirements from CMS, IRS, etc with regards to what level of ID proofing is required prior to developing the IDM strategy. For more on Federal ID proofing levels please refer to NIST 800-63.

3. Identity proofing: Identity proofing techniques are both a Business and a IT decision. Cover Oregon will ultimately need to bear the risk that the selected approach poses (legal and user acceptance). Cover Oregon should take an active role in deciding and vetting the approach with the IRS, State DOJ and potential customers of the Exchange. Again, this is the front door to the Exchange access as should be a balance between business efficiency (customer acceptance) and security.

4. Identity Proofing/verification: There may be multiple layers of Identity proofing/verification required. Some users may need to provide proof as an individual only, Broker, and / or employer/employee. Cover Oregon should clearly define the requirements to HIX-IT and expect HIX-IT to create a detailed design document for ID and account management that is vetted with Cover Oregon.

5. Internal role definition: Cover Oregon should overlay role requirements on their internal workflow diagrams to ensure these are identified early in the development process. There are a number of engineering articles on methods for diagramming these requirements.

6. External Self-Administered Roles: Research should be conducted by Cover Oregon to fully understand what the failure rates of these types of implementations from a usability perspective. An expert should be consulted to guide Cover Oregon of necessary.

7. (Closed)

8. Reviewing analogous IDM and External Enterprise Dynamic Access Control implementations in the market place should be conducted by Cover Oregon. A comprehensive, detailed strategy should be developed and vetted by Cover Oregon and potentially an independent expert in this field.

9. Closed.

10. Where possible, full mock-ups or prototyping of the Identity proofing and external self-administered roles should be made available to the business to determine the usability impact to the customer experience prior to implementation. This determination should use market research and data to fully justify the decisions made.
**Att B: Detailed Tracking and Reporting (Updated June 2013)**

**Finding:**

- The full scope of the project development work is not fully articulated to management at Cover Oregon in a comprehensive manner. The issues are as follows:
  - There are a number of areas that need developed, including:
    - Use cases (general configuration of HIX-IT Components)
    - Interfaces to external IT Systems
    - User Interface
    - Oracle Policy Automation rule development
    - Security
    - Content Management
    - Data classification and segmentation
    - Rework and refinement
  - (Closed) Currently the CO Project Management is reporting the state of the 200+ use case work packages as a method of tracking project progress to Cover Oregon Management. While this is important, it only represents a portion of the overall IT development work. For example, current use case iterations being reported on may only comprise 45% of the overall IT work.
  - (Closed) The current use cases that have been developed in iterations 9 through 12 are reported as “completed”. According to the HIX-IT Product Planning document they are still rated as “blue” or incomplete due to the additional items identified above.
  - Requirements completion tracking is not in effect. Requirements/changes to requirements is ongoing.
  - CO is tracking progress against Use Cases and Level of Effort. These metrics are better than before, however, they do not provide a good schedule view which include dependencies is not accurate reporting to management.
  - Areas of the project do not track their progress using Use Cases and/or LoE. This disjointed reporting does not provide and accurate picture of the overall LoE of the project.

**Risks:**

1. Measuring Exchange Development progress via the number of use cases and LoE only will cause incorrect expectation setting and confusion on the part of Cover Oregon management over the coming months.
2. Calling use cases “complete” is problematic and may cause incorrect expectation setting and confusion on the part of Cover Oregon.
3. Lack of requirements monitoring and tracking will cause the timeline to continue to slip.
4. Without clear understanding of dependencies and connection to application development LoE accurate or reasonable timelines cannot be established and reported to management.
5. Lack of consistent estimating techniques among the various groups will result in surprises with respect to the delivery of items that are considered dependencies from other groups.
Recommendations:

1. Cover Oregon should work with HIX-IT Program Management to establish a more comprehensive methodology for estimating the level of effort required for the major components of the project. Understanding dependencies of these groups is critical to reporting an accurate schedule.

2. The estimating methodology established above should be closely monitored by Cover Oregon to determine its accuracy over the next few months.

3. Cover Oregon PM should clearly articulate, via significant development areas and metrics, the IT development work in a manner that clearly represents a more comprehensive view of the project and progress, i.e., provide a more holistic reporting of the project development tasks.

4. (Closed) The development areas and metrics identified above should be reported to Cover Oregon's management monthly basis at a minimum.

5. Dependencies should be included in estimating the overall timeline of the project, not just LoE and Use Cases.
**Att C: (Closed) Contingency Planning (Sept 2012 Finding)**

**Findings:**

OHA OIS has embarked on a significant change in the technology and methodology for deploying and redeploying new and existing applications. Any one of these changes individually would require significant effort for the organization. These challenges are exacerbated by the deadline for delivering a Health Insurance Exchange. The changes that OHA has made and/or is currently making include:

1. Assuming the role of prime contractor for the overall state development effort.
2. Deploying technology that is largely new to OHA.
3. Deploying an integrated enterprise architectural vision that is largely new to OHA.
4. Deploying a new software development lifecycle (iterative) that is new to OHA.
5. Re-organizing the delivery model (centralized model) for IT projects within OHA.
6. Standing up new processes to support this new delivery model.
7. Merging the technology and business operations of three organizations (OHA, DHS and CO) and attempting to develop a “no wrong door” approach (see attachment D).

Furthermore, OIS does not have experience in estimating level of effort within the HIX-IT project team or within OIS foundational services team using a common estimation methodology. It may take several iterations to sync the methodologies when they are stood up.

A risk was raised by the Oracle development team regarding the use of a single instance of WebCenter for development. Oracle recommended that separate instances be used as the planning and coordination issues are considerable and likely will slow development. It is our understanding that a decision has been made by OIS foundational services (no written decision has been made available) to use a single instance.

Application and architecture decisions require Modernization agreement prior to implementation. The projects are on different timelines, have only partially overlapping priorities and have a different sense of urgency. See matrix below for priorities.

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The OIS and HIX-IT overall governance structure as stated in the Project Charter does not appear to be functioning. This process needs to be clarified, documented and made balanced and transparent for the business, and all development teams going forward.

OIS does not appear to have formal, detailed, documented, functioning, transparent technical governance or data governance committees.

The software applications are expected to be merged for the first time towards the end of the HIX-IT project. This has never been attempted within the OHA development teams to date. The technical components of the merge are known to some degree, but how the organization will approach and deal with “collides” on a business level has never been done in OHA/Cover Oregon.

OHA must produce, sync and baseline a variety of detailed schedules (HIX-IT, Modernization, Security, MDM, Environments, OPA/application business rules, SOA, Webcenter, PeopleSoft, IVR, UI, OBIE and CO) for this project to be successful.

OHA and the HIX-IT project has slipped a number of proposed deadlines to date (see scheduling section). Cover Oregon has a schedule that is highly dependent on the HIX-IT, Modernization, and OIS foundational services schedules. And vice versa.

A number of basic project processes are not fully implemented within the OIS project structure (e.g., change control, testing, common estimation methodology, common schedule methodology, common activity diagramming methodology, etc.)

The current high level CO Timeline and the more detailed MS Project Schedule do not have specific usability testing activities identified.

Risks:

1) With the project deadline less than 1 year away and the lack of a stable and experienced organization, development and delivery teams within OHA as well as the requirements delay within CO, the probability of missing the target date is currently an issue.

Recommendations:

1  CO should prepare a number of trigger points over the remaining timeline of the project to ensure that scope is continually sized to meet the target date. For example, on November 5th 2012 OHA OIS is scheduled to deliver a detailed project schedule for the remainder of the HIX-IT project. On this date, CO should
have a formal review with the OHA CIO, HIX-IT, foundational services project teams and QA to understand in detail the project approach, schedule, dependencies and issues. This information can then be utilized to gauge the progress against an internal CO confidence checklist. The objective of this review should be to determine if significant components of scope should be deferred. Each trigger point would have a different checklist depending on where the project is on the timeline. An example of a checklist for Nov 5th could be as follows:

- Can scope be locked?
- What percent of scope is outstanding?
- Are schedules for all of the project areas complete, detailed, synced, and tracked using a common methodology?
- Are all project schedules being developed with a common estimation methodology?
- Are key dependencies identified within the schedules and are they listed for the executive management to review?
- Do the schedules have any slack in them and/or does all the scope fit within the current schedule?
- Do the schedules allow for any refinement once the system is constructed?
- Do the Oracle teams agree with the schedules?
- Have Modernization and CO documented the integration points within the application for “No Wrong Door”?
- Is the data that is to be passed from each application clearly documented?
- Is HP ALM operational?
- Are the test teams on board?
- Is there a functional, technical and data governance structure that is balanced and transparent to CO in place and operational?
- Are notes and decisions from these committees clearly documented for the development teams to build from?
- Etc.

The answers to this checklist can then determine a go/no-go for the current scope. If the decision is a no-go for the current scope, CO should have a list of predefined, prioritized and agreed to scope reduction options that can be employed immediately. Scope reduction options could be looked at from a horizontal (across all CO application components) and then, if need be, from a vertical application perspective. An example of scope reduction options could be as follows:

Scope reduction examples from a horizontal perspective:

- Reduce the complexity of the current architecture.
- Defer the merge and rebaseline of code until after go live.
- Implement separate instances of Oracle components that are dependent on interagency business integration.
• Reduce the dependency on the integration with other programs by deferring the “No Wrong Door” approach.
• Implement UI wireframes using Siebel.
• Etc.

Scope reduction examples from a vertical perspective:

1 Defer significant portions of the PeopleSoft components and process the billing manually.
2 Defer electronic plan loading from the Carriers.
3 Defer online Medicaid eligibility, plan selection and enrollment within the Exchange and process them manually.
4 Etc.

Each of these options would be pre-sized so that depending on the amount estimated schedule variance or slack desired by CO an equal amount of scope can be deferred. For example, if the schedule is off by 20% and reducing the complexity of the architecture can save 20% in the schedule then this would be employed because it is prioritized high and equals the needed time savings.

The formality of this process will give CO executive management a clear understanding of the project status and enable them to pull the appropriate levers to make the project successful at a variety points in the upcoming year.
Att D: “No WrongDoor” Cooperation (Sept 2012 Finding)

Findings:

OHA/DHS and CO have a general agreement to create a “no wrong door” approach for eligibility and enrollment for state-sponsored medical programs and commercial insurance. This requires the businesses be aligned from both the operational perspective and the informational technology perspective to create a “to-be”, future business state model. This is truly a transformation to the way that health coverage is to be administered across the state. Unfortunately, there is no clear authoritative document that defines the expectations for all the programs, authority/delegated authority, governance and detailed functional roles and responsibilities.

This overall business transformational effort that is being undertaken is also not currently being tracked like a formal project. Typically a project of this size would have specific governance reporting, charter, scope, tasks, milestones, deliverables, and deadlines for the interagency work that is to be accomplished both operationally and technically.

For example, technical/architectural decisions are being made that may not fully align with the intent of the CO business model. The situation is aggravated by the lack of clear and comprehensive documentation for interagency cooperation with respect to requirements, process interface points, data passing, data sharing, portal entry and exit points, identity and access management, and document sharing.

Risk:

- Lack of a clear, detailed, integrated view of “no wrong door” will hamper a smooth implementation of this vision
- Lack of clear direction, governance, and delegation of authority from the OHA, DHS and CO leadership will result in a missed opportunity to integrate the “no wrong door” approach in time for the October 2013 opening the Exchange.
- Lack of a formal structure for this interagency business project will result in open ended work that may or may not yield sufficient information in time to be incorporated into the development schedule.
- Without clear direction/requirements from the businesses, technical decisions will be made that may or may not align to the long term operational plan for the businesses. This may require rework or additional future project to realign the technical decisions being made.
- Without clear operational agreements, staff will not be efficient in executing required transitional tasks for their programs, e.g., process reengineering, job reclassification, resource plans, inter-program agreements, etc.
- Without a defined process, project, and governance transparency, QA, development, operations, and executive management in the stakeholder agencies will not be able to monitor the progress of the effort to ensure that it is
implemented in a timeframe and manner that fits the vision outlined by the Directors of OHA and DHS, the Executive Director of CO for the State of Oregon.

Recommendations:

- The Executive Directors from OHA and CO should commission the business leaders to draft a charter document for interagency transition project. An example of the makeup of a charter document may include:
  - General vision of all the leaders.
  - Scope, which identifies all the agency programs that are required to participate in the effort.
  - Governance structure that identifies the two Executive Directors of OHA and CO as the sponsors identifies the business executive’s steering committee and their responsibilities.
  - Assignment of a project manager and scheduler that will produce a baseline schedule within 15 calendar days of charter implementation.
  - High level deliverables, such as:
    1. All relevant agencies submit detailed information to a “no wrong door” operational and technical plan that will identify the “to-be” operational and technical requirements. This document will be required to be delivered to the steering committee no later than 45 calendar days after the project charter is released. This document should include:
    2. Identification of all policy changes for each program with respect to the “no wrong door” initiative.
    3. Identification of the following information about each on-line application:
    4. General screening requirements for all programs (Medicaid, QHP, etc).
    5. Detailed map of how clients will access each program through the on-line portal (client direct, community partner, navigator staff portal, etc).
    6. Specific data elements that is required for each application when they are passed from another application.
    7. Identification of a common point of transfer (after screening, after application completion, etc.)
    8. Identification of a common point of entry from a transfer (at additional screening point, selection of benefit, etc.)
    9. Identification of the following information about their handling of paper and fax applications, phone/IVR applications:
   10. Identification of the agency that will handle processing of specific applications/or portions of applications.
   11. “Warm” handoff of clients that call in and require a transfer to another agency.
   12. Identification of common staffing of support and customer service centers, if required.
   13. Identification of any issues, risks, barriers, roadblocks or concerns to implementing the operational and technical plan. Along with any roadblocks, barriers or concerns, the agency should propose a solution or solutions as a remedy.
   14. Recommendations for the content of an integrated transition plan.
   15. High-level schedule, including definition of “no wrong door” process flows and detailed requirements.
Att E: (Closed and Deleted) Architecture Simplification (Nov 2012 Finding)

Texted deleted by MAXIMUS
Att F: Risk Analysis for Security Implementation (Jan 2013 Finding)

Finding:

A formal security risk assessment has not been conducted on the following items:

4 Individual authentication and ID proofing process
5 Employer authentication and ID proofing process
6 Medicaid authentication and ID proofing process.
7 Co-mingling of business and user functions within the same user account.

The standard approach to implementing security controls is to utilize best practices as a guideline. Typically NIST 800 series documents are considered best practice guidelines and should be utilized in conjunction with other vendor best practices if available. Typically vendor best practices also rely on the NIST and other federal and industry documents and provide additional details as to how to implement specific products.

Cover Oregon Response: Because of the nature of Cover Oregon and the type of info it will be gathering and sharing (PMI), it will need to be HIPPA compliant (which includes PMI requirements), we need to make sure we are addressing those requirements in this attachment, or some other attachment.

Cover Oregon met with the state to get that process started. There is a checklist of all the things that the state feels Cover Oregon will need to address in order to meet the Federal HIPPA requirements. The Security Officer that Cover Oregon is in the process of hiring should own the completion of the processes laid out in this checklist as well as develop a timeline for completing all of the items in the above mentioned checklist then add those major milestones in Cover Oregon’s project plan so there is wider visibility on the completion of those major milestones.

The NIST documents typically will use the term guideline in their titles and will often link to other federal documents that are to be considered prior to the reading of the current document. The Office of Management and Budget (OMB) will issue circulars, bulletins and memorandums as guidance to Federal, State and Local governments.

In this area of e-authentication NIST 800-63 ‘Electronic Authentication Guideline’ references the 5 step process from the OMB M 04-04 ‘E-Authentication Guidance for Federal Agencies’. Page 1 states the following:

OMB guidance outlines a 5-step process by which agencies should meet their e-authentication assurance requirements:
1. Conduct a risk assessment of the government system.
2. Map identified risks to the appropriate assurance level.

**Cover Oregon Response:** Cover Oregon has been working closely with Oracle and the State to ensure that all applications & required hardware are compliant with all security requirements.

4. Validate that the implemented system has met the required assurance level.

**Cover Oregon Response:** The new Security Officer that Cover Oregon is in the process of hiring will conduct this, and will be part of the “timeline” referenced above.

5. Periodically reassess the information system to determine technology refresh requirements.

**Cover Oregon Response:** This will be part of the policies & procedures that the new Security Officer will be finalizing upon their hiring.

This document (NIST 800-63) provides guidelines for implementing the third step of the above process. After completing a risk assessment and mapping the identified risks to the required assurance level, agencies can select appropriate technology that, at a minimum, meets the technical requirements for the required level of assurance. "

Steps 1 and 2 of the 5 step process above are addressed by the OMB 04-04 document. On page 1 of the OMB M 04-04 document it states, “This document will assist agencies in determining their e-government authentication needs. Agency business-process owners bear the primary responsibility to identify assurance levels and strategies for providing them. This responsibility extends to electronic authentication systems.” This document also states in section 4.4 “It is also important to match the required level of assurance against the cost and burden of the business, policy, and technical requirements of the chosen solution.”

The HIPAA security rule, IRS 1075, NIST 800-63 and OMB 4-4 all recommend a risk analysis as a key part of the process for designing security controls for a government agency.

In general, a good risk analysis not only includes the probability of threats and vulnerabilities from the security perspective, it also includes the burden (cost, complexity and usability) to the business of implementing the recommended security control. It must do this because some security controls may be too costly or too complex for the agency or the public for which they serve.
Cover Oregon Response: Cover Oregon started the process of working with the State on this assessment, and definition of ongoing policies and procedures to ensure compliance now and into the future.

The state will need to make an initial response to the Federal Government on the steps that Cover Oregon has taken and will need to take over in the coming months to comply with all Federally mandated HIPPA and other security requirements. Various Cover Oregon resources are engaged in this effort.

Risks:

- Enrollment rates and brand perception can be affected by an exchange user experience that is considered too complex or difficult.
- Without a proper risk analysis by a skilled security professional (inclusive of business risks) OHA and CO will be at odds as to what are the technical risks are and how they are balanced against the business requirements.
- The business and technical side, given deadline pressure, will indicate that it is too late for a proper risk analysis and that the project must accept where it is and move forward anyway. This may be true, however, this issue will plague the business for years to come either by reduced online enrollees or by being compromised by malicious actors.
- Both sides (technical and business) will state that it is too late to conduct the risk analysis. This may be true for the April 30th deadline, however, if the initial system proves to be too cumbersome to navigate during usability testing or too easy to compromise, a system retool may be necessary prior to Oct 1 launch. Without a proper risk analysis the retool runs the risk reopening the debate between technical and business groups and/or of moving the system to the other extreme.
- Without a balanced risk analysis the system design at launch will be dictated by the loudest voices, fear, uncertainty and doubt arguments from both sides of the issue. Typically the technical groups will err on the side of too much security and the business will err on the side of too little security. Both conditions are problematic.
- Without a firm foundation on the true technical risks the security and business groups will be at odds with each other and with CMS and IRS in the future. Lack of foundational analysis will set the stage for a constant rehash of the issues.
- The State of Oregon was given an “Early Innovator Grant” with the understanding that new ground will be broken in many areas. The Federal government expects to be challenged and also to learn from the experiences of the innovator States. These experiences help to shape policy, best practices or federal guidance. The security issues above are very good examples of a new area that will benefit from thoughtful analysis that can be shared with the Federal government and other states going forward.
- Federal regulations require Cover Oregon to comply with HIPPA requirements due to the PMI information CO will be gathering and sharing through the exchange. Failure to comply with these requirements could result in sizeable fines and/or shutting down the exchange.
**Recommendations:**

- Request a formal report from the Federal entities on their risk analysis that supports any position they may currently have. Have this report reviewed by an outside security firm that is skilled in balancing security and usability for government and ecommerce systems.

  **Cover Oregon Response:** The state is working on this report with the support of Cover Oregon.

- *(In process)* Hire a national security firm to conduct research and a security risk analysis that is limited to the scope of the items identified in the findings above. This analysis can then be used to adjust the system security controls prior to, or after the launch if required.

  **Cover Oregon Response:** Cover Oregon will take this into consideration

- Release the research and security risk analysis results to CMS and other states as a model of how to balance security and usability for Health Insurance Exchanges going forward.

  **Cover Oregon Response:** Cover Oregon needs to hire a Security Officer who will ensure all required policies and procedures to meet the HIPPA requirements are completed. By working with the state, the Security Officer will validate Cover Oregon meets all HIPPA requirements prior to “go-live” and has the ongoing reviews, validations and audits required to ensure continuing compliance with those same HIPPA regulations.
Att G (Updated May) Scope Management and Product delivery (Feb 2013 Original Finding)

**Cover Oregon Response:** Cover Oregon has deployed a business-driven Scope Management process that supplements original scope management work that began in August 2012. The basic process includes:

- A recurring meeting that includes a cross-organizational team of executives and decision makers.
- An information-based approach that considers mitigation opportunities through: (1) reducing/delaying scope; (2) increasing development capacity, and; (3) expanding the development timeline.
- A regular update and evaluation of scope delivery metrics that allows immediate adjustments and additional actions to be taken.

The results of this process have been positive. The team realizes that there is still considerable risk that must be managed. The following changes have occurred so far:

- Technical interfaces have been reduced from 62 to 39 -- a 37% reduction in interface scope.
- At-risk Medicaid data exchange scope has been managed through communication of a "must have" 4/1 date for completion with planned work-around by Cover Oregon if not delivered. Expectations for what will be delivered on 4/1 were clearly articulated to OHA partners.
- Less than 2 months ago, Maximus estimated that the functional scope was 5 months behind with development work (including merge and rebase; the most recent estimate is approximately 30 days.
- Foundational services scope, while still a struggle for Cover Oregon to affect within OHA/OIS, has seen progress and is now integrated into the functional scope dependencies and management process.

In addition to the work mentioned above, other practices have been deployed to expedite scope issue resolution and decision-making. A 3 x weekly "Scrum" call provides cross-functional issue resolution and tracking with the JIRA system. Most recently, a 3x weekly Development Blocker Resolution meeting was deployed and deemed successful by all involved. Cover Oregon has carefully considered the input provided by Maximus and remains open and attentive to the high quality assistance that has been provided on this project. Cover Oregon also realizes that continued focus must be applied to scope management to navigate toward a successful 10/1/2013 launch date.

**Findings (Updated May):**
Additional Scope has been deferred to 12/1/13 in order to achieve the Oct 1st delivery date. Details of the deferment are not yet published. It is expected that the deferment is focused primarily on back office functions and functional components not required for pre-enrollment, i.e., customer service, billing, etc.
A 20% slack was added to the schedule as part of the scope deferment.

A business use case process has been instituted and is beginning to prove effective in the scope management process.

Risks:

• Past deferment efforts have proved insufficient due to an over optimistic expectation of requirement elaboration containment, task dependency control and development level of effort estimation. It is unclear how this process has changed to correct past estimation errors.
• Scope deferment requires effort from BA’s, SME’s, development and test personnel. LoE and may not be accounted for in the deferment process.
• 20% slack is probably not sufficient, 30+ % was recommended by QA months ago and this proved to be optimistic.
• Testing schedule will continue to be compressed as additional issues arise and have to be mitigated for in the schedule.

Recommendations:

1. Closed.
2. Closed.
3. Closed.

4. Additional slack should be provided for in the schedule beyond the 20% currently estimated.

5. Continue to refine the Business Case process by challenging the SME’s to detail and refine their facts and estimates used in their justifications.

6. CO should prepare for additional scope deferment or schedule slip to the Oct 1st date.