



# **Qualified Health Plan (QHP) to Federal Facilitated Marketplace (FFM) Project Quality Status Report**

**Q2 2014**

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## SECTION 1: Introduction

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

- **Initial Risk Assessment** - identification of initial risks facing the projects
- **Quality Management Plan (QMP)** – recommended activities and tasks to address risks
- **Quarterly Quality Status Reports** – Quarterly tracking of progress of managing risks

This document represents the Quarterly Quality Status Report for May and June of 2014. This report builds upon the initial risks that were identified during the time period.

### QHP to FFM Project Overview

The State of Oregon has made the decision to utilize the Federally Facilitated Marketplace (FFM) technology. Moving to the FFM, means the shopping, eligibility and enrollment for Qualified Health Plans (QHP) will be transitioned from Cover Oregon (the State) starting Nov 15<sup>th</sup> 2014. During this transition the State will be designated as a Supported State Based Marketplace (SSBM) by CMS and will continue to maintain various functions, e.g., plan management, consumer outreach\education, and the Navigator programs.

Individuals who are determined eligible for Medicaid will be transferred from the FFM to the State for enrollment into the Medicaid program. The State will, in turn, forward potential QHP consumers from the OHA site to the FFM for shopping and enrollment in qualified health plans and tax credits.

The Small Business Health Options (SHOP) component of the organization will continue to operate as it does today in the Direct to Carrier fashion, i.e., small businesses will shop for insurance plans directly with Insurance Carriers and Agents who will then submit a request to Cover Oregon for certification that the business is eligible to participate in the Exchange.

## SECTION 2: Executive Summary

This report is intended to provide project management, Cover Oregon Board and State oversight personnel an independent view of the project status, as well as, risks, issues and recommendations as appropriate. This document is organized with a high level summary section of the areas being monitored. This report represents the assessment and initial transition planning for the go-forward approach of moving to the FFM. MAXIMUS is considering this transition to the FFM as new project and is viewing the assessment phase of this project as the starting point for this re-base line.

Moving forward, the project will have quarterly QA reports and performance updates on the months between the quarterly reports. The monthly updates will also formally address any risks or issues if they are deemed significant by MAXIMUS.

### QHP to FFM Project

***The overall risk level for the QHP to FFM project is considered Medium (Yellow). Risk trending will be reported in subsequent reports.***



#### ***Significant progress during the quarter:***

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

- A new Executive Director was selected to lead Cover Oregon. His start date is 7/14/14.
- The minimal scope for project was established during the 45 day assessment by Deloitte.
- OHA has negotiated a fixed price, deliverable based contract with a System Integrator for the transition to the Federal Facilitated Marketplace (FFM).
- Cover Oregon has requested and received approval from CMS to have a Dual Hub Connection to the FFM.
- The Oregon state insurance commissioner has received approval to waive the employee choice provision for one year. This enables Oregon to continue using the existing SHOP process for the 2015 plan year.

The following table summarizes the priority QA concerns and recommendations, along with the high-level response from the Project Management. 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 action plan from the project management is included in Section 5 of this report.



**Table 1: Summary Quality Standards Scorecard**

<b>Quality Rating Category</b>	<b>QA Risk Level</b>	<b>Priority QA Findings and/or Recommendations</b>	<b>Project Risk Level</b>	<b>Project Response</b>
<b>Overall Health</b>	<b>Med</b>	<ul style="list-style-type: none"> <li>Over the past two months Cover Oregon with assistance from the Oregon Health Authority has managed to lay the groundwork for a transition to the Federal Facilitated Marketplace (FFM).</li> <li>This process, while challenging at times, has refocused CO staff on maintaining the existing system and mobilization of resources towards the new goal of utilizing the FFM.</li> </ul>	<b>Med</b>	<ul style="list-style-type: none"> <li>The project is working to ensure Oregonians can enroll in QHPs and receive an advance premium tax credit online using federal technology beginning on November 15, 2014.</li> <li>The distinction between the project focus on the technology transition and the CO operational issues helps both groups remained focused on their objectives – working more efficiently.</li> </ul>
<b>Scope</b>	<b>Low</b>	<ul style="list-style-type: none"> <li>Deloitte has identified the minimal required scope for the Nov 15<sup>th</sup> 2014 enrollment period as Plan Management and Outreach to consumers that currently have QHP plans purchased through the Cover Oregon Exchange in 2013.</li> <li>The Small Business Health Options Program (SHOP) will continue to operate as it did in 2014.</li> </ul>	<b>Low</b>	<ul style="list-style-type: none"> <li>The project concurs with these scope findings.</li> </ul>
<b>Schedule</b>	<b>Med</b>	<ul style="list-style-type: none"> <li>The timeline for the assessment and the project in general is considered aggressive.</li> <li>The schedule for the assessment is at a high level. There are a number of items that can be further broken down into more granular tasks for tracking and assignment to individuals.</li> </ul>	<b>Med</b>	<ul style="list-style-type: none"> <li>The timeline before November 15, 2014 Open Enrollment Go Live is aggressive; however, the project's use of a system integrator that has successfully implemented this functionality in 19 states. Also, CMS guidance is more mature as this is now the second cycle with open enrollment and the project has three times per week check-in calls with CMS to mitigate some of that schedule risk.</li> <li>The schedule has been broken down at a much</li> </ul>



				more granular level in the month of July and bi-weekly variance reports of progress against plan will begin in August.
<b>Budget and Funding</b>	<b>Med</b>	<ul style="list-style-type: none"> <li>• Use of existing federal Affordable Care Act Section 1311(a) funding for State-based Marketplaces will be used to fund the project for the remainder of 2014.</li> <li>• It is recommended that a separate budget, even if minor, be set up for the transition project to ensure that costs are allocated and monitored correctly.</li> </ul>	<b>Med</b>	<ul style="list-style-type: none"> <li>• 1311 funding is proposed to cover expenses associated with the project. CO has established a separate cost accounting code for project work to ensure it is tracked and reported.</li> </ul>
<b>Project Management</b>	<b>Med</b>	<ul style="list-style-type: none"> <li>• The 45 day assessment was constrained by the State not having a Cover Oregon Executive Director in place to provide strategic guidance for the roadmap, e.g., the branding and URL of the Oregon public facing website for consumer education. It is anticipated that if new branding is desired it will take additional time to accommodate.</li> <li>• As the project is ramping up the PM is determining the project processes and documentation that is required for the management of the project.</li> <li>• The PM is in the process of harmonizing these document requirements with the required/desired project artifacts requested by CMS, DAS and LFO.</li> </ul>	<b>Med</b>	<ul style="list-style-type: none"> <li>• Aaron Patnode began as the CO Executive Director on July 14<sup>th</sup> – the project has been working with Aaron to ensure he has an understanding of the operational issues that potentially impact the technology transition project.</li> <li>• The project has drafted a project management plan (currently under review) that provides the foundational documents and processes that will be used to manage the project – including coordination with our System Integrator.</li> </ul>
<b>Communications</b>	<b>Med</b>	<ul style="list-style-type: none"> <li>• The project is moving at a fast past and at times this can be a challenge for communicating all decisions and concerns both up and</li> </ul>	<b>Med</b>	<ul style="list-style-type: none"> <li>• CO Communications staff provide support to the QHP Transition project.</li> <li>• Transition leadership meets regularly with</li> </ul>



		<p>down the management chain as well as to external entities.</p> <ul style="list-style-type: none"> <li>Some external messaging is dependent on the approach the new executive director intends to take with the organization.</li> </ul>		<p>external audiences and stakeholders (e.g. Carriers, Consumer Advisory Committee) to update them on project status.</p>
<b>Organizational Management</b>	<b>Med</b>	<ul style="list-style-type: none"> <li>Cover Oregon continues operating the existing system and moving to the FFM in 4.5 months. This transition has resulted in a number of different efforts operating simultaneously. For example, the DAS CIO is the acting Cover Oregon CIO in charge of maintaining the existing system, the Hamstreet team is responsible for the operations of the existing CO business, the Transition Director is responsible for moving the technical components to the FFM.</li> </ul>	<b>Med</b>	<ul style="list-style-type: none"> <li>There are a number of different efforts operating simultaneously; however, the project has been working with the new CO executive director to ensure he has an understanding of the operational issues that potentially impact the technology transition project.</li> </ul>
<b>Stakeholder Management</b>	<b>Med</b>	<ul style="list-style-type: none"> <li>The 45 day assessment phase of the project has identified that a number of stakeholders will be affected by the transition to the FFM. The stakeholders include existing enrollees, Carriers, Agents, Navigators, CMS leadership, etc.</li> <li>Some impacts to the above stakeholders may be reduced by the approach CO takes with respect to each of the direct stakeholders (consumers, Agents, etc.), however, the project team is waiting on the new Executive Director for guidance on the approach he intends to take with</li> </ul>	<b>Med</b>	<ul style="list-style-type: none"> <li>The project needs to communicate with many stakeholders, and has established regular forums and vehicles to do so.</li> </ul>



		respect to this effort.		
<b>Contract Management</b>	<b>Low</b>	<ul style="list-style-type: none"> <li>Cover Oregon entered into a 45 day assessment fixed priced, deliverable based contract (signed 5/8/14) with Deloitte Consulting to develop a strategy for transitioning individual enrollment for Qualified Health Plans (QHP) to FFM and begin initial work to transition Oregon to the FFM. This contract was completed and closed out.</li> <li>The State issued an RFP for the System Integration work in the month of May and received three proposals in response to the solicitation.</li> <li>Cover Oregon entered into a fixed priced, deliverable based System Integration contract (signed 6/27/14) with Deloitte Consulting to develop a QHP Business Process Engineering document due 10/27/14.</li> </ul>	<b>Low</b>	<ul style="list-style-type: none"> <li>The project concurs with the contract management findings.</li> </ul>
<b>Testing</b>	<b>Low</b>	<ul style="list-style-type: none"> <li>Test planning is not scheduled to start until early July and so cannot be evaluated at this time.</li> <li>It is anticipated by MAXIMUS that the testing needs will be minimal for this project.</li> </ul>	<b>Low</b>	<ul style="list-style-type: none"> <li>The project concurs with the testing findings.</li> </ul>



**Table 2: QA Risk Level Tracking**

<b>Quality Rating Category</b>	<b>QTR 2 '14</b>
<b>Overall Health</b>	<b>Med</b>
<b>Scope</b>	<b>Low</b>
<b>Schedule</b>	<b>Med</b>
<b>Budget and Funding</b>	<b>Med</b>
<b>Project Management</b>	<b>Med</b>
<b>Communication</b>	<b>Med</b>
<b>Organizational Management</b>	<b>Med</b>
<b>Stakeholder Management</b>	<b>Med</b>
<b>Contract Management</b>	<b>Low</b>
<b>Testing</b>	<b>Low</b>



## SECTION 3: Methodology and Approach

### Risk Assessment Methodology

Given the original Health Insurance Exchange approach is quickly transforming, MAXIMUS has been requested to monitor the transformation. It is anticipated that MAXIMUS will deliver quarterly quality status reports that will continue to track progress on risk transference, remediation or acceptance by Cover Oregon. These quarterly reports may also identify new risks or further refine the understanding of existing risks.

The first quarterly QA report (for the months of May and June) is based on key transition activities, as well as, the MAXIMUS team attended project meetings, conducting interviews, and reviewing various project artifacts to determine how the project is operating relative to plan or strategy. This effort helps to identify risks for the project management from an independent perspective and helps to ensure that independently identified risks are formally considered and addressed during the project.

These risks are then mapped against the risk rating criteria to help determine the severity of the risk and assigned a rating, see section 6 for details.

The detailed priority findings and/or recommendations are then rolled up, individually or collectively to the executive summary.



## **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.

### **Table 3: Detailed Quality Standards Scorecard for QHP to FFM Project**



Quality Rating Category	Re-baseline	QTR 2 2014	Risk Assessment Finding, Risks, and Recommendations
Scope		Low	
			<p><b>Findings:</b></p> <ul style="list-style-type: none"> <li>• Deloitte has concluded an assessment for the transition to the FFM in this quarter.</li> <li>• Deloitte has identified the minimal required scope for the Nov 15<sup>th</sup> 2014 enrollment period as Plan Management and Outreach to consumers that currently have QHP plans purchased through the Cover Oregon Exchange in 2013.</li> <li>• It is anticipated that Oregon consumers who were enrolled in the Oregon State Based Marketplace in 2013 will need to reapply and reenter their information into the FFM if they wish to select new plans.</li> <li>• The Small Business Health Options Program (SHOP) will continue to operate as it did in 2014.</li> <li>• Additional scope may be added that will further enhance the transition for Navigators, Agents and Consumers. These items will be further identified and addressed relative to the go-forward budget when the new Executive Director is on board (7/14/2014).</li> </ul> <p><b>Risks:</b></p> <ul style="list-style-type: none"> <li>• The minimal scope for the transition may not be acceptable for the various stakeholders, i.e., Navigators, Consumers, and Tribes, etc. Insufficient information or education may result in a backlash from the stakeholders.</li> </ul> <p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>• MAXIMUS recommends that a log of prioritized open issues and decisions that are required for the project be developed prior to the new Executive Director arriving. This log can utilize the Deloitte QHP to FFM Roadmap as a foundational input source. This log can aid the new Director to focus on activities that can be accomplished to increase the effectiveness of the transition from a stakeholder's standpoint.</li> </ul>
Schedule		Med	
			<p><b>Findings:</b></p> <ul style="list-style-type: none"> <li>• The timeline for the assessment and the project in general is considered aggressive.</li> <li>• The schedule for the assessment and project are currently at a high level. There are a number of items that can be further broken down into more granular tasks for tracking and assignment to individuals.</li> </ul>



			<ul style="list-style-type: none"> <li>• The lack of task decomposition makes it difficult to determine if there is sufficient slack in the schedule.</li> <li>• Discussion continue with CMS to determine if the existing consumers can access the FFM 4-6 weeks early so they may be able to establish their accounts and verify their identity.</li> </ul> <p><b>Risks:</b></p> <ul style="list-style-type: none"> <li>• The timeframe of the schedule may affect good internal and external communications.</li> <li>• Insufficient decomposition may result in untracked dependencies.</li> </ul> <p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>• It is recommended to have key reviews scheduled on the project to communicate key decisions and a common status on a regular basis to all the stakeholders.</li> <li>• It is recommended that the schedule be further decomposed to identify all the detailed tasks and ensure they are assigned to an individual. This will aid in determining the resources loading, earlier variance reporting and help to further ensure accountability.</li> </ul>
<b>Budget and Funding</b>		<b>Med</b>	
			<p><b>Findings:</b></p> <ul style="list-style-type: none"> <li>• Use of existing federal Affordable Care Act Section 1311(a) funding for State-based Marketplaces will be used to fund the project for the remainder of 2014.</li> </ul> <p><b>Risks:</b></p> <ul style="list-style-type: none"> <li>• Lack of clear delineation of the project transition budget may lead to confusion for finance staff and for Cover Oregon external auditors during the annual audit.</li> </ul> <p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>• It is recommended that a separate budget, even if minor, be set up for the transition project to ensure that costs are allocated and monitored correctly.</li> </ul>
<b>Project Management (PM)</b>		<b>Med</b>	



			<p><b>Findings:</b></p> <ul style="list-style-type: none"> <li>• The current governance structure consists of the Project Manager reporting to the Transition Project Director. The Transition Project Director reports directly to the Governor. The Transition Project Director consults with an Advisory Project Steering Committee consisting of executives from Cover Oregon, Department of Human Services, Oregon Health Authority, Oregon Insurance Division, and Department of Administrative Services. The Cover Oregon Board, not the Committee, will have responsibility for setting policy choices around the functions that Oregon will continue to retain as a state-based marketplace (i.e., plan management, consumer outreach and education, agent/broker and navigator programs). The Technology Transition Project Advisory Committee will advise the Cover Oregon Board, via the Transition Project Director, on policy implications for integrated eligibility for Medicaid and health and human services as well as potential impacts related to the individual and small group health insurance market in Oregon.</li> <li>• The assessment phase of the project (pre June 30<sup>th</sup> 2014) was designed to generate the requirements for the implementation phase of the project.</li> <li>• There were primarily four key work streams for the QHP to FFM assessment phase of the project, they were:             <ol style="list-style-type: none"> <li>1. Plan Management</li> <li>2. Agent Relations</li> <li>3. Outreach and Education</li> <li>4. Navigators and Assisters</li> </ol> <p>In addition to these work streams Deloitte reviewed the general operations components that will affect the long term make up of Cover Oregon, primarily Finance, Call Center and OHA coordination.</p> </li> <li>• The assessment was constrained by the State not having a Cover Oregon Executive Director in place to provide strategic guidance for the roadmap, e.g., the branding of the Oregon public facing website and URL for consumer education. It is anticipated that if new branding is desired it will take additional time to accommodate.</li> <li>• As the project is ramping up the PM is determining the project processes and documentation that is required for the management of the project</li> <li>• The PM is in the process of harmonizing these document requirements with the required/desired project artifacts requested by CMS, DAS and LFO. It is anticipated that more formal project artifacts will be available when the System Integrator is fully engaged.</li> <li>• The project has implemented a SharePoint site for managing project documents. It is unclear how the site is to be organized and if it will be utilized as it is currently set up, e.g., there are issues and risk sections on the site which seem to be intermittently used. The issues section of the site only has one issue and the risks section is currently blank.</li> </ul>
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			<p><b>Risks:</b></p> <ul style="list-style-type: none"> <li>• The newly hired Executive Director not being available for the assessment phase left a number of operational and financial items open that will need to be revisited when he is onboard (7/14/14). This may not provide enough time to design and implement a comprehensive operational transition plan for the upcoming plan year.</li> <li>• The project will need to plan project processes and documentation while the project is conducting and implementing components of the project. This means that much of the planning is in real time and the documentation will be after the fact.</li> <li>• Adherence to project processes typically takes time to document, communicate, implement, enforce and monitor. The short timeframe of the project will require identification of core processes and require executive management to consistently monitor for adherence to these processes.</li> <li>• Lack of a detailed risks/issues/decisions log will affect the project's ability to report out comprehensively to the steering committee and oversight organizations.</li> <li>• Lack of timely updates and proper organization of a document repository will result in an ineffective project communications tool.</li> </ul> <p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>• It is recommended that an outstanding, prioritized decision log be created for the new Executive Director so that he has a comprehensive view of the outstanding elements that need attention at the executive in short order.</li> <li>• It is recommended that core processes be identified by the PM and these be documented, communicated, implemented and monitored by the PM and executive management on a weekly basis.</li> <li>• Create a comprehensive risk/issues/decisions log for use by the PM, executive staff and project personnel.</li> <li>• It is recommended that the project repository be organized in some reasonable method, i.e., project phases, functional areas, project disciplines etc. This will enable project personnel to quickly identify documents when needed.</li> <li>• If the SharePoint is to be utilized by the project it should be updated on a daily basis with issues, risks and decisions as well as newly created documentation.</li> </ul>
<b>Communications (COMM)</b>		<b>Med</b>	
			<p><b>Findings:</b></p> <ul style="list-style-type: none"> <li>• The project has established a transparency website where project documents are posted for the public to view. The website address is <a href="http://resources.coveroregon.com/technology_transition.html">http://resources.coveroregon.com/technology_transition.html</a></li> </ul>



			<ul style="list-style-type: none"> <li>The project is moving at a fast past and at times this can be a challenge for communicating all decisions and concerns both up and down the management chain as well as to external entities.</li> <li>Some external messaging is dependent on the approach the new executive director intends to take with the organization.</li> </ul> <p><b>Risks:</b></p> <ul style="list-style-type: none"> <li>Internal miscommunication is inevitable in short timeframe projects and can result in project staff making mistakes or wrong choices based on the limited information they have at the time.</li> <li>The project has very high public and internal executive visibility and miscommunication to these entities can further complicate the project effort.</li> </ul> <p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>It is recommended that internal and external communications be core project processes. The processes should be clearly outlined/ diagrammed and presented to external and internal stakeholders. These processes should be enforced and monitored by the Transition Director ON a weekly basis until they are imbedded in the organizational culture.</li> <li>It is also recommended that comprehensive project reviews be built into the schedule for a wide audience. This will help to ensure that consistent information on strategy and decisions is being propagated to the project staff. In addition, it will allow stakeholders the chance to review the project. The project review by various stakeholders enables an additional layer of objectivity in the process.</li> </ul>
<b>Organizational Management (OM)</b>		<b>Med</b>	
			<p><b>Findings:</b></p> <ul style="list-style-type: none"> <li>Cover Oregon is operating the existing system and moving to the FFM in 4.5 months. This transition has resulted in a number of different efforts operating simultaneously. For example, the acting Cover Oregon CIO (DAS CIO) is in charge of maintaining the existing system, the Hamstreet team is responsible for the operations of the existing CO business, the Transition Director is responsible for moving the technical components to the FFM. Some CO and OHA staff are handling multiple roles in this complex organizational configuration.</li> </ul> <p><b>Risks:</b></p> <ul style="list-style-type: none"> <li>Having a variety of projects at different stages and complexities may result in different processes being established for the various projects which can be confusing for staff.</li> <li>The staff filling multiple roles may have conflicts at key stages of the projects development.</li> </ul>





			<ul style="list-style-type: none"> <li>Having staff fulfill multiple roles may result in lack of accountability for general tasks and/or some staff may not have the experience to handle the tasks they are being asked to fulfill and may result in missing or incorrect work products.</li> </ul> <p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>It is recommended that core project processes be identified among the different projects and are made as common as possible among the various groups.</li> <li>It is anticipated by MAXIMUS that some of the executive functions mentioned above will be consolidated under the new CO Executive Director when he arrives on the 14<sup>th</sup>, e.g., moving the business operations and technical components the CO Executive Director would seem reasonable. If this is not the case this should be considered by the organization.</li> </ul>
<b>Stakeholder Management (SM)</b>		<b>Med</b>	
			<p><b>Findings:</b></p> <ul style="list-style-type: none"> <li>The 45 day assessment phase of the project has identified that a number of stakeholders will be affected by the transition to the FFM. The stakeholders include existing enrollees, Carriers, Agents, Navigators, CMS leadership, Cover Oregon Board, OHA/DHS leadership, DAS, LFO, Inter-Agency Advisory Committee and QA.</li> <li>Impacts to some stakeholders are known and are as follows:                     <ol style="list-style-type: none"> <li>Existing QHP customers will have to re-enroll for 2015 coverage. The Organization has formally requested from CMS that previous enrollees be allowed to set up their accounts and ID proof 4-6 weeks prior to the Nov 15<sup>th</sup> open enrollment period begins. This request is pending.</li> <li>Customers who do not have Internet access can apply by phone through the federal call center. They can also apply with in-person help from a federal-marketplace-certified application assister. They may also download the application and mail in their completed form.</li> <li>Insurance carriers will work directly with the federal marketplace System Integrator to establish their connection to the federal marketplace system. They will be responsible for any costs associated with connecting to it and meeting its technology requirements.</li> <li>Insurance Agents /Brokers will have to register with the federal marketplace and get an appointment with the insurance carrier/s to be able to sell plans on the FFM.</li> <li>Navigators – will need to undergo a certification process to assist applicants through the FFM.</li> </ol> </li> </ul>



			<ul style="list-style-type: none"> <li>• Each of the above stakeholders has different communication methodologies and update cycles.</li> <li>• Bi-weekly carrier meetings are being held to help communicate status answer questions they may have in the transition.</li> <li>• Some impacts to the above stakeholders may be reduced by the approach CO takes with respect to each of the direct stakeholders (consumers, Agents , etc.), however, the project team is waiting on the new Executive Director for guidance on the approach he wishes to take with respect to this effort.</li> </ul> <p><b>Risks:</b></p> <ul style="list-style-type: none"> <li>• Delaying decisions until the new Executive Director will result in a shorter timeframe to implement new strategies if they are desired.</li> <li>• Given the different updating cycles for the various stakeholders is not uniform, updated information that contradicts with information previously relayed to other stakeholders may result in confusion.</li> </ul> <p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>• Standardizing on a common briefing format for business and IT with a common list of outstanding decisions/issues/risks may aid in communicating to the stakeholders in a consistent fashion.</li> </ul>
<b>Contract Management (CM)</b>		<b>Low</b>	
			<p><b>Findings:</b></p> <ul style="list-style-type: none"> <li>• The Oregon Health Authority entered into a 45 day assessment fixed price, deliverable based contract (signed 5/8/14) with Deloitte Consulting to develop a strategy for transitioning individual enrollment for Qualified Health Plans (QHP) to FFM and begin initial work to transition Oregon to the FFM. The Oregon Health Authority requested and received an exception to 279B.040(1) in contemplation that Deloitte may be a proposer or contractor in a subsequent procurement or contract relating to work performed in the proposed contract.</li> <li>• OHA issued a special procurement notice for the firms most likely to have experience for this type of work. "This Special Procurement allows OHA to solicit proposals from a pool of ten (10) firms who have been identified as having competed and been awarded a contract for similar services in other states. The ten (10) firms are:                      Accenture LLP                      Deloitte Consulting LLC                      Engage Point</li> </ul>



			<p>HP Enterprises Services, LLC          KPMG LLP          Northrop Grumman          Red Mane Technology          Social Interest Solutions          Vertical Build          Xerox Corporation”</p> <ul style="list-style-type: none"> <li>• The State issued an RFP for the System Integration work in the month of May and received three proposals in response to the solicitation.</li> <li>• Oregon Health Authority entered into a fixed priced, deliverable based System Integration contract (signed 6/27/14) with Deloitte Consulting to develop a QHP Business Process Engineering document due 10/27/14.</li> </ul> <p><b>Risks:</b></p> <ul style="list-style-type: none"> <li>• Having a fixed price contract does not guarantee that the project will be delivered on time and with high quality, however, it does provide the proper alignment with project goals and is an incentive to work with the State toward very tight timeframes.</li> </ul> <p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul>
<i>Testing (TST)</i>		<b>Low</b>	
			<p><b>Findings:</b></p> <ul style="list-style-type: none"> <li>• Test planning is not scheduled to start until early July and so cannot be evaluated at this time.</li> <li>• It is anticipated by MAXIMUS that the testing needs will be minimal for this project.</li> </ul> <p><b>Risks:</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul>

## SECTION 5: Project Management Action Plan

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

Quality Standard Section	Management Action Plan
Overall Health	The project has regular briefings with the Transition Project Director and associated project leadership. The fixed-price, deliverable-based System Integrator contract is foundational to the plan for success of this project. The co-location of System Integrator staff with project staff allows for a synergy to be created – assisting with forward progress.
Scope	The project produced a list of operational issues to help the new Cover Oregon Executive Director understand the priority for focus by the new leadership. This was delivered to Aaron Patnode on July 14, 2014.
Schedule	The project has developed an integrated project schedule which shows both the System Integrators work and the State work. It is updated and reviewed with project leadership on a weekly basis. A critical path for activities has been established and variance against planned schedule will be produced on a bi-weekly basis.
Budget and Funding	Cover Oregon has established a project cost accounting code for expenses associated with the QHP Transition Project.
Project Management	<p>The project has created a project management plan which formalized the core processes to be used on the project and associated deliverables. This project management plan is under review by federal partners – and will be posted on the project transparency site once finalized.</p> <p>Additionally, the project is using Share Point to identify issues, risks, and decisions on a daily basis – they are being reported at summary level on a bi-weekly basis beginning in August.</p>
Communication	<p>The project has established a transparency website where project documents are posted for stakeholders to view. The website address is:  <a href="http://resources.coveroregon.com/technology_transition.html">http://resources.coveroregon.com/technology_transition.html</a>.</p> <p>Additionally, the project has identified a high level stakeholder communication plan to identify regular opportunities for communication to occur.</p>
Organizational Management	The project is working with the Cover Oregon Executive Director to distinguish work that is inside the scope of the technology transition project, and work that is in support of Cover Oregon operations. Project leadership participate in CO weekly executive team meetings to further ensure alignment of activities.
Stakeholder Management	The project has identified a high level stakeholder communication plan to identify regular opportunities for communication to occur.
Contract Management	The project is establishing the contract administration process to make sure that the work of the system integrator occurs as specified in the contract.
Testing	N/A

## 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

<b>H</b>	Probable/eminent Occurrence	If the risk is probable or imminent then it should be rated as High.
<b>M</b>	Possible/likely Occurrence	If the risk is possible or likely to occur then it should be rated as Medium.
<b>L</b>	Possible/unlikely Occurrence	If the risk is possible, but unlikely to occur then it should be rated as Low.

### Impact

<b>H</b>	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.
<b>M</b>	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.
<b>L</b>	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.

### 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:

PROBABILITY	IMPACT		
		Low	Med
High	MED	HIGH	HIGH
Med	LOW	MED	HIGH
Low	LOW	LOW	MED