



# Nevada Silver State Health Insurance Exchange

## Assessment Report

April 25, 2014

**Deloitte.**

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# Executive Summary

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## Background

Deloitte Consulting LLP (Deloitte) was engaged to conduct an assessment of the current state of the Silver State Health Insurance Exchange (SSHIX) functionality, supporting processes, and technologies. The purpose of the assessment was to identify key strengths, gaps, issues, and remediation options. The cooperation of the many stakeholders engaged was integral to the successful completion of the assessment. The comments and suggestions refer to all parties unless otherwise identified.

## Key Observations

Over the course of the assessment, six key improvement opportunities emerged:

- I. **Project Management and Governance:** A robust project governance framework is necessary for successful monitoring, control, stakeholder input, and execution
- II. **Solution Functionality:** A basic level of functionality must be operational so that the system is accessible and usable for consumers and provides insurers with necessary services
- III. **Call Center:** Targeted improvements in Call Center processes would positively impact consumer and public perception
- IV. **Technology – Systems Development Life Cycle (SDLC):** Adherence to common software development practices is necessary to deliver a reliable portal for end-users
- V. **Technology – Infrastructure:** IT infrastructure and operations must be robust so that the Exchange can provide consistent support to its end users
- VI. **Technology – Security:** Governance over security and visibility into information security controls is necessary to secure citizens' data

## Options

While there are many options, given the observations gathered during the time of the assessment, Deloitte identified three principal options for the Exchange to consider in order to remediate current state challenges and meet the deadline for a successful 2015 open enrollment:

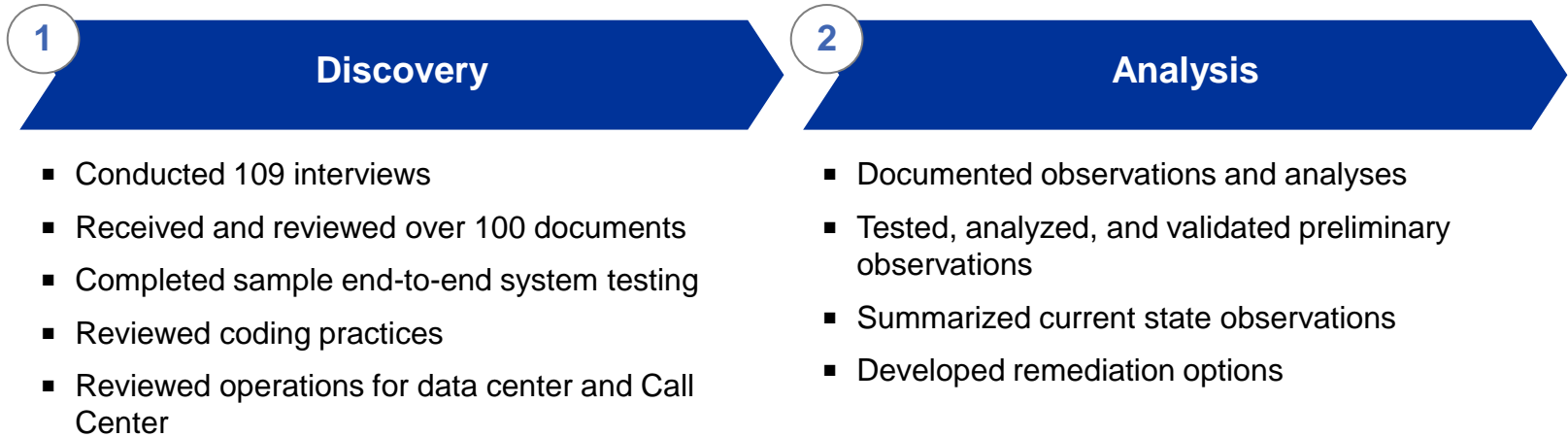
- **Option 1 – Remediate the Current System:** The SSHIX would continue to use the current technology but undertake significant remediation and enhancements
- **Option 2 – Transfer a State Based Marketplace (SBM):** The SSHIX would import a functioning State Based Marketplace from one of the states that was granted approval by CMS to build and operate an SBM
- **Option 3 – Transition to the Federally Facilitated Marketplace (FFM):** The SSHIX would transition to the FFM for both Individual and Small Business Health Option (SHOP) Exchanges



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## Approach






# The assessment addressed six key categories



To efficiently divide project aspects for the assessment and provide an overview of the operational status of the SSHIX, Deloitte organized the assessment into these six main categories:



# The assessment included a detailed analysis across the following 41 focus areas

I. Project Management & Governance	II. Solution Functionality	III. Call Center	IV. Technology - SDLC	V. Technology - Infrastructure	VI. Technology - Security
					
<ul style="list-style-type: none"> <li>▪ Organizational Management</li> <li>▪ Scope Management</li> <li>▪ Communication Management</li> <li>▪ Quality Management</li> <li>▪ Risk/Issue Management</li> <li>▪ Resource Management</li> <li>▪ Change Management</li> <li>▪ Schedule Management</li> <li>▪ Stakeholder Management</li> </ul>	<ul style="list-style-type: none"> <li>▪ Enrollment</li> <li>▪ Brokers</li> <li>▪ Small Business Health Option (SHOP)</li> <li>▪ Administrative</li> <li>▪ Electronic Data Interchange (EDI)</li> <li>▪ Eligibility</li> <li>▪ Plan Management</li> <li>▪ Financial Management</li> <li>▪ Testing</li> </ul>	<ul style="list-style-type: none"> <li>▪ Call Center Operating Model</li> <li>▪ Employee Engagement</li> <li>▪ Facilities</li> <li>▪ Interactive Voice Response (IVR)</li> <li>▪ Learning &amp; Development</li> <li>▪ Operating Infrastructure</li> <li>▪ Workforce Management</li> </ul>	<ul style="list-style-type: none"> <li>▪ Requirements</li> <li>▪ Release Management</li> <li>▪ Design</li> <li>▪ Development</li> <li>▪ Testing</li> <li>▪ Operations</li> </ul>	<ul style="list-style-type: none"> <li>▪ Configuration Management</li> <li>▪ Capacity Management</li> <li>▪ Virtualization</li> <li>▪ Performance</li> <li>▪ Backup/Disaster Recovery</li> <li>▪ Infrastructure-as-a-Service (IaaS)</li> <li>▪ Network</li> </ul>	<ul style="list-style-type: none"> <li>▪ Security Documentation</li> <li>▪ Security Architecture</li> <li>▪ Security Governance</li> </ul>



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## **Current State Observations**

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# A robust project governance framework is necessary for successful monitoring, control, stakeholder input, and execution

## I. Project Management & Governance

### Current State Observation

- Despite being understaffed in roles that support business and IT operations, the Exchange continues to be dedicated and works tirelessly for the success of the program
- Project governance lacks structure and a clear definition of relationships, roles, and responsibilities for contractor, subcontractors, and the Exchange
- External stakeholders perceive:
  - issues and concerns are not addressed in a timely manner
  - there is infrequent communication throughout the duration of the project
- A lack of pairing of key staff (contractor and the Exchange) results in incomplete or delays in dissemination of time-sensitive information critical to supporting Exchange consumers

### Remediation Effect

- Despite many challenges and open issues with the program, the Exchange has been able to enroll more than 100K Medicaid and 32K Qualified Health Plan (QHP) enrollees
- Implementing a sound governance framework that is interdependent with project management would more clearly define the relationships, roles, and responsibilities of all internal project team members and promote more efficient and timely decision-making
- Creating communication pathways to address the issues and concerns of key stakeholders would result in greater transparency of information and more timely issue resolution
- Creating one-to-one counterpart pairing in key staff between the Exchange's and contractor's key staff would facilitate clearer communications and more informed and expedient decision making

*\*Please see appendix for additional current state observations*







# A robust project governance framework is necessary for successful monitoring, control, stakeholder input, and execution

## I. Project Management & Governance (continued)

### Current State Observation

- There appears to be many organizational silos and gaps in the contractor's team structure, which when coupled with a geographically dispersed and highly complex environment, contribute to misalignment among workstreams and fragmentation of responsibilities
- Formal risk/issue escalation processes and a Change Control Board (CCB) are in place for the project but are not consistently followed
- Project documentation is outdated or incomplete. As of this report, 31 of 53 required Xerox deliverables were approved (58%). Undocumented changes of priorities, resources, and other contingencies have created an uncertainty around the current state of the project and its priorities
- All significant project management activities (e.g., risk and issue management, deliverable management) in the contractor Project Management Office (PMO) are constrained by a limited number of resources

### Remediation Effect

- Putting cross-functional decision-making processes in place would facilitate better alignment of objectives and outcomes among workstreams
- Enforcing the formal process to mitigate risks and issues would facilitate a more effective and consistent approach to problem resolution
- Keeping documentation up-to-date is critical to enabling the Exchange to exert proper oversight of the Business Operations Solution (BOS)
- Assigning appropriate project management resources in the contractor PMO to match the level of responsibility and effort would help facilitate greater process adherence and enforcement

*\*Please see appendix for additional current state observations*





# A basic level of functionality must be operational so that the system is accessible and usable for consumers and provides insurers with necessary services

## II. Solution Functionality

### Current State Observation

- Enhancements to check routing and disbursement from the P.O. Box have been implemented
- Key basic functionality is missing in the BOS. As of April 1, 2014, there are 143 “fast-follow” items that are planned (“fast-follow” items refer to functionality gaps and in-scope functionality that were deferred until after October 2013). In addition, there are 1,500+ outstanding defects, of which 500+ are considered higher severity. The release plan is not complete
- Carriers receive incorrect, missing, and inconsistent enrollment and payment information
- The Call Center does not have the capacity to accept phone calls on a consistent basis during high volumes, and when the BOS is inaccessible, the Call Center cannot service callers
- The testing (Staging) environment is unreliable and does not replicate the full end-to-end production environment

### Remediation Effect

- Improving the business processes of check routing, disbursement, and issue resolution have resulted in a significant drop in unallocated payments
- Addressing the critical functionality gaps and fixing outstanding defects in the BOS solution are necessary to stabilize the solution and improve the ability for end users to use the system effectively. Improving the functionality will likely decrease the volume of Call Center inquiries and increase Call Center representatives’ ability to resolve consumer calls
- Improving the EDI processes may reduce the delays in consumers’ health coverage as well as carriers’ submission of payments to brokers
- Reducing BOS issues and outages would enable the Call Center to deliver a higher level of customer service and improve the public’s perception of the Exchange
- A stable end-to-end Staging environment would enable impacted parties (e.g., Exchange, carriers, DWSS) to thoroughly test the integration between their systems and mitigate issues prior to production release

*\*Please see appendix for additional current state observations*





# A basic level of functionality must be operational so that the system is accessible and usable for consumers and provides insurers with necessary services (continued)

## II. Solution Functionality (continued)

### Current State Observation

- The BOS solution provides inconsistent results:
  - Advanced Premium Tax Credit (APTC) calculations have been inconsistent and APTC is displayed incorrectly for adult dental/catastrophic plans
  - The eligibility results screen displays incorrectly and provides inconsistent potential eligibility results
  - Carriers have received incorrect cost sharing reduction tiers
- Brokers and other in-person assisters are often unable to use their dedicated portal. Many were never given access
- The user interface (UI) presents challenges in screen navigation. The UI lacks directional guides and useful help functionality

### Remediation Effect

- Correcting the missing or inconsistent functionality would automate the reconciliation of premiums, enrollments, and coverage dates for stakeholders, including brokers and carriers, while reducing errors and improving the user experience
- Resolving the data integrity challenges would enable brokers and other in-person assisters would be able to view their lists of clients through the portal, cutting down on the need for manual tracking and improving their ability to assist in client applications and inquiries
- Adding directional guides and simplifying language and screen flow may improve the overall navigation of the BOS solution, reducing consumer errors and misunderstanding of rates, premiums, and benefits

*\*Please see appendix for additional current state observations*





# Targeted improvements in Call Center processes would positively impact consumer and public perception

## III. Call Center

### Current State Observation

- Call Center staff exhibits strong customer facing skills, providing information and support in spite of process and system issues
- A large number of choices in the interactive voice response system (IVR) design is confusing to callers and prevents many consumers from having a positive experience
- A manual and ineffective workforce management process, which includes forecasting, scheduling, and adherence, contributes to long call wait times and high rates of abandonment
- The Call Center's learning and development program lacks a dedicated call center training environment, and the training curriculum has key gaps, including soft skills, leadership, and continuous learning

### Remediation Effect

- Reducing system issues and outages would enable the Call Center to deliver an even higher level of customer service and develop consistent and sustainable processes to better support customers over time. This will improve customers' experience and the public's perception
- Redesigning the IVR to identify each caller's intent and route the call to the appropriately skilled agent would reduce the need for transfers that negatively impact the customer experience
- Automating the workforce process to respond to changes in staffing, call volume, and schedule adherence would result in appropriate staffing levels, shorter hold times, and improved customer service
- Developing additional training that addresses learning gaps will enable agents to more consistently deliver a high level of customer service and reduce instances of incorrect information being disseminated

*\*Please see appendix for additional current state observations*





# Adherence to common software development practices is necessary to deliver a reliable portal for end-users

## IV. Technology – SDLC

### Current State Observation

- The Requirements Traceability Matrix (RTM) and the Requirements Specification Document (RSD) are not kept up to date with the “fast-follow” user stories that are developed
- The Software Design Document (SDD) outline is approved by the Exchange. However, the detailed content of the SDD is being tracked for completion for a future date. The contractor is currently working on updating the design document in two phases – Phase One: Update the design document to reflect the system as on production release (Oct 2013). Phase Two: Update the design document to include all “fast-follow” changes
- Based on the American with Disabilities Act (ADA) test execution report dated October 14, 2013, 24% of ADA compliance test cases failed. As of this report, there is no supporting documentation to validate whether these issues have been fixed

### Remediation Effect

- Comprehensive traceability is necessary to ensure that all applicable requirements are addressed in the “fast-follow” user stories, system design, and test cases. Not having such traceability creates risks of requirements not being met and such issues not being identified until after implementation
- An updated and approved SDD is necessary to clearly define the system architecture expectations and facilitate the resolution and validation of defect fixes in the BOS solution. Relying on individual team members’ understanding of the system and requirements increases the risk that requirements may be misinterpreted and dependent application components may be negatively impacted when changes are made to the application
- Addressing the ADA defects in the BOS solution would improve the user experience for individuals with physical and visual disabilities. CMS requires solutions developed with federal funding to meet ADA accessibility standards

*\*Please see appendix for additional current state observations*





# Adherence to common software development practices is necessary to deliver a reliable portal for end-users (continued)

## IV. Technology – SDLC (continued)

### Current State Observation

- A robust Configuration Management process in alignment with common software development practices is in place
  
- The BOS solution is not routinely or rigorously tested. There is no integrated test environment containing all solution components in which to perform end-to-end testing. New defects are introduced with new releases due to inadequate regression testing. System performance tests are not routinely conducted prior to releases to production. In addition, User Acceptance Testing (UAT) is performed by the vendor instead of by Exchange testers, and there are no formal test cases executed as part of UAT
  
- The following key Service Level Agreements (SLAs) are not met consistently:
  - Up-time
  - Exchange response time
  - Resolution time

### Remediation Effect

- Continuing this robust process will help effectively manage multiple versions of code in parallel streams, will help testing an integrated code base, and will result in successful implementation of the BOS solution
  
- Enhanced regression testing with adequate test case coverage is necessary to reduce the number of new defects introduced into the Production environment. Routine performance testing is needed to improve the system's stability and reduce operational issues under peak load. A robust UAT should be performed by testers independent from the vendor as a critical Quality Assurance (QA) step before releasing software into production
  
- Service Level Agreement (SLA) monitoring and measurement processes need to be clearly documented. This process should account for Service Level alerting necessary when SLAs are close to the defined SLAs metrics. Alerting features help proactive measures be taken so that issues can be addressed before SLAs drop below the defined SLA metrics

*\*Please see appendix for additional current state observations*





# IT infrastructure and operations must be robust so that the Exchange can provide consistent support to its end users

## V. Technology – Infrastructure

### Current State Observation

- The virtual machine (VM) provisioning process is highly manual. An automated process for immediate provisioning is required. A VM is a software implementation of a machine (e.g., a computer) that executes programs like a physical machine
- No disaster recovery (DR) test has been conducted (successful or otherwise). No confirmed ability to successfully restore to production exists; any DR synchronization issues could cause a ripple effect on other solution components, affecting the 72-hour Recovery Time Objective (RTO) key performance indicator (KPI)
- Many incidents (including those with high priority) are being closed without conducting proper root cause analysis. The IT Help Desk Service Reports indicate that logged incidents are closed without proper resolution or reference to a technical solution

### Remediation Effect

- Automating the VM provisioning process would reduce the VM provisioning time, improve overall system integrity, and lower IT infrastructure and operating costs
- Developing, testing, and implementing a sound disaster recovery solution would provide for the availability of operational data in the event of a disaster
- Conducting proper root cause analysis of all incidents would provide insight to core infrastructure issues impacting availability/performance and allow for a proactive approach to identify and resolve problems and issues before other users contact the Call Center or the Exchange or abandon their applications

*\*Please see appendix for additional current state observations*





**Governance over security and visibility into information security controls is necessary to secure citizens' data**

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## VI. Technology – Security

**Content has been removed for security purposes**

*\*Please see appendix for additional current state observations*







## Governance over security and visibility into information security controls is necessary to secure citizens' data (continued)

### VI. Technology – Security (continued)

**Content has been removed for security purposes**



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## Option Analysis

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# Three options emerge to help remediate the current state challenges facing the SSHIX and prepare for a successful 2015 open enrollment

## Moving from Observations...

- A robust project governance framework is necessary for successful monitoring, control, stakeholder input, and execution
- A basic level of functionality must be operational so that the system is accessible and usable for consumers and provides insurers with necessary services
- Targeted improvements in Call Center processes would positively impact consumer and public perception
- Adherence to common software development practices is necessary to deliver a reliable portal for end-users
- IT infrastructure and operations must be robust so that the Exchange can provide consistent support to its end users
- Governance over security and visibility into information security controls is necessary to secure citizens' data

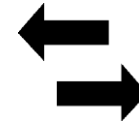
## ...To Actions



### **Option 1:**

#### **“Remediate the Current System”**

*Apply business process and technical improvements to the current SSHIX system*



### **Option 2:**

#### **“Transfer a State Based Marketplace (SBM)”**

*Leverage a proven technological solution*



### **Option 3:**

#### **“Transition to the Federally Funded Marketplace (FFM)”**

*Employ the Federal Marketplace*





## Option 1: Remediate the Current System

### Description

Continue to use the current technology but undertake significant remediation and enhancements

### Activities

#### Project Management & Governance

- Hold all development and application remediation until a functional project management and governance structure is established to avoid the creation of further issues and/or defects
- Establish a cohesive governance structure across all project workstreams to improve communications and provide project oversight
- Establish a formal escalation process to ensure a proactive and consistent approach to mitigating risks and issues
- Close gaps in the current project management process to effectively manage the project deadlines, accountability, and activities
- Identify additional funding for both state staff and contract services for both the Exchange and the contractor for remediation activities and ongoing operations activities
- Establish sound communication and stakeholder management

#### Call Center

- Decouple the IVR system from the solution and bring menu, prompting, and routing structure into a more stable design of the IVR
- Develop a workforce management playbook with proactive scheduling, forecasting, and adherence that accounts for staffing and call volume fluctuations
- Update learning and development program to include additional training

#### Solution Functionality

- Reprioritize scoping and implementation of “fast-follow” items and all outstanding defects to address the critical gaps in functionality
- Design, develop, and implement key functions such as Qualified Life Event (QLE), Renewal, and EDI reconciliation
- Develop user interface navigation tools to assist the user in filling out the application and understanding the solution
- Address the 500+ high priority defects and user interface defects that aid in better user experience
- Identify data integrity and corruption caused by previously fixed issues or outstanding issues in application data and resolve it so future updates to those applications avoid further issues
- Conduct thorough reconciliation of 834, 820, and ACH data between BOS and carrier systems to confirm correct enrollment and disenrollment
- Conduct thorough financial data reconciliation to account for all consumer payments and refund overpaid money
- Review existing design and implementation with DWSS to reduce duplicate application submission for same individual
- Review design of PDF submission to DWSS and simplify the implementation to speed up application process at DWSS
- Enforce a process to have Department of Insurance (DOI) and carriers validate data for accuracy prior to consumers viewing carrier plan data in production
- Resolve broker and navigator portal issues
- Once the defects pertaining to data integrity issues have been addressed, a plan should be developed to scrub erroneous data from the BOS solution





## Option 1: Remediate the Current System (continued)

### Description

Continue to use the current technology but undertake significant remediation and enhancements

### Activities (continued)

#### Technology – SDLC

- Maintain comprehensive requirements traceability to ensure all requirements are developed, tested, and implemented
- Update, approve, and maintain currency of a system design document to build against a consistent design including all pending “fast-follow” items
- Implement a consistent approach and framework for all batch modules to facilitate greater maintainability and scalability
- Develop a single set of coding standards across the different teams, developing each functional module to reduce readability and code maintainability issues during operations and maintenance
- Address ADA defects to allow individuals with physical and visual disabilities to use the BOS solution
- Enhance regression test with adequate test case coverage to reduce the number of new defects introduced in the production environment as part of ‘defect fix’ releases
- Complete performance testing and application tuning to ensure that the application can operate at peak loads
- Conduct a robust UAT, executing test cases with adequate coverage to reduce the number of defects being promoted into the production environment
- Document SLA monitoring and measurement processes. Implement Service Level Alerting to alert when service levels are close to the defined SLA metrics. Such features help take proactive measures to address issues before service levels drop below the defined SLA metrics

#### Technology – Infrastructure

- Update and approve logical, physical, and network infrastructure documents for all hosted environments to support operations, maintenance, and backup and recovery
- Implement proactive system management to identify and resolve operational issues impacting production
- Implement virtual environment management processes to support hosted operations
- Revise business continuity/disaster recovery plan and execute solution backup and restore test to ensure production continuity

#### Technology – Security

- Conduct a thorough current state security assessment of the BOS solution for the 288 security controls identified by CMS across the 18 security domains
- Document how the SSHIX addresses the security control requirement at the application, platform, and network layer, as applicable
- Identify the status of each security control per CMS guidelines and document any security weaknesses based on the assessment
- Develop a Plan of Action and Milestones (POA&M) using the CMS template that describes a corrective action plan for each gap identified, including points of contacts, timelines, and milestones for the respective gaps





## Option 1: Remediate the Current System (continued)

### Benefits

- The contract with the current vendor has already been approved
- CMS funding is in place
- Functioning components of the existing solution can be leveraged for the future release
- The state retains control of the Exchange

### Risks

- Remediating the current system requires an aggressive timeline and at present, there is no comprehensive work plan to remediate issues in time for the 2015 open enrollment
- The current project team has not proven they can successfully deliver the required management, processes, or solution to successfully deliver an operational Exchange
- Successfully achieving desired results requires adherence to an aggressive timeline and project milestones
- Maintaining a high quality of service to existing clients in addition to addressing all remediation within the aggressive timeline may overburden resources and the current BOS solution, jeopardizing the successful completion of the next open enrollment period
- The information available for analysis, along with project management and solution development issues evident at the time of the analysis, indicate that the full extent of the architectural and technical issues may emerge as remediation efforts progress
- All key stakeholders have to be reengaged. Not being able to address their issues have caused relationship and trust issues and without resolution, the success of project is not feasible
- Additional Exchange resources are needed to support remediation activities and ongoing operations
- Additional CMS funding may be required





## Option 2: Transfer a State Based Marketplace (SBM)

### Description

Transfer a proven, functioning State Based Marketplace (SBM) from one of the states that were granted approval by CMS to build and operate an SBM

### Activities

#### Project Management & Governance

- Obtain necessary federal, state, and board approvals
- Establish a cohesive governance structure across all project work-streams to improve communications and provide project oversight
- Establish a formal escalation process to ensure a proactive and consistent approach to mitigating risks and issues leveraging the industry standard project management tools
- Identify additional funding for both state staff and contract services for transition activities and ongoing operations activities
- Establish sound communication and stakeholder management
- Develop an application development project plan, including detailed tasks, work breakdown structures, milestones, and deliverables

#### Solution Functionality

- Analyze all pending development and application remediation items to minimize the development that is required to continue operations until the new system is operational
- Conduct a “conference room pilot” approach and identify design gaps between the functioning SBM and the Nevada-specific needs
- Configure and deploy SBM based on design gap analysis
- Develop robust training approach and conduct training for key stakeholders
- Finalize and execute approach for pre-implementation, cut-over, and post production release support

#### Call Center

- Decouple the IVR system from the solution and bring menu, prompting and routing structure into a more stable design of the IVR
- Develop workforce management playbook with proactive scheduling, forecasting, and adherence that accounts for staffing and call volume fluctuations
- Update learning and development program to include training for new system

#### Technology – SDLC

- Verify SBM based system architecture documents and technical design documents for each functional module
- Update, design, configure, customize, and test the SBM solution functionality including system interfaces to communicate with the Carriers, the Federal Hub, and Nevada State Systems (ACCESS NV, Eligibility Engine)
- Conduct a robust UAT, with user testing, executing test cases with adequate coverage to reduce the number of defects being promoted into the production environment





## Option 2: Transfer a State Based Marketplace (SBM) (continued)

### Description

Transfer a proven, functioning State Based Marketplace (SBM) from one of the states that were granted approval by CMS to build and operate an SBM

### Activities

#### Technology – Infrastructure

- Leverage environment infrastructure and network connectivity
- Configure and validate IT operations
- Implement a proactive system management to identify and resolve operational issues impacting production

#### Technology – Security

- Hire IT / Security Officer(s) who have oversight of stabilizing the current system and transitioning to the SBM
- Conduct a security assessment of the identified future SBM environment
- Identify status of each security control per CMS guidelines and document any security weaknesses based on the assessment
- Develop a Plan of Action and Milestones (POA&M) using the CMS template that describes a corrective action plan for each gap identified, including Points of Contacts, timelines, and milestones for the respective gaps







## Option 2: Transfer a State Based Marketplace (SBM) (continued)

### Benefits

- The solution is a good strategic fit, satisfying business and functional requirements for the Exchange
- The solution is already built and successfully deployed by another state; as such, initial ease of use and functionality has been achieved
- Solution includes necessary operational procedures, training, change management, and documentation
- The solution includes complete design documentation, Requirements Traceability, and test scripts, allowing the Exchange to reduce the work required before the 2015 open enrollment period
- Major solution components such as the user interface have already been developed by another state
- The state retains control of the Exchange
- This allows the Exchange to reengage key stakeholders under new project governance

### Risks

- The implementation timeline for this option requires an immediate “go” decision to meet aggressive timelines
- The project timeline is on a critical path and therefore no schedule slippage is allowed
- A broad communication and education program will be required to assist the public and current enrollees during the system transition
- The transferred system will need additional validation to ensure interoperability with State of Nevada systems
- There may be additional stress on Call Center capabilities due to increased call volume and workforce attrition
- Additional CMS funding may be required
- Additional Exchange resources are needed immediately to support transfer activities and ongoing operations until the 2015 enrollment period





## Option 3: Transition to the Federally Facilitated Marketplace (FFM)

### Description

Currently 27 states utilize the Federally Facilitated Marketplace (FFM). Nevada could transition to this marketplace for both the Individual and SHOP Exchanges using one of two models: 1. Assessment Model – The FFM makes an initial assessment of Medicaid eligibility and the State Medicaid agency makes final Medicaid determination; 2. Determination Model – The FFM makes the final Medicaid eligibility determination and transmits this determination to the State

The required statutory and regulatory changes are a key driver in determining the timeline as well as the level of effort and cost for designing, developing, and testing the file transfer process with CMS in order to transition to the FFM

### Activities

#### Project Management and Governance

- Nevada to make decision regarding Assessment versus Determination Model
- Identify existing FFM States using the chosen FFM Model and conduct lessons learned for the Nevada FFM Transition
- Obtain necessary federal, state, and board approvals
- Maintain sufficient operations structure, including training, over the next six months to ensure seamless transition to FFM
- Establish a cohesive governance structure and project plan across all project work streams to improve communications and provide project oversight
- Establish formal escalation process to ensure a proactive and consistent approach to mitigating risks and issues leveraging industry standard project management tools
- Develop an application development project plan, including detailed tasks, work breakdown structures, milestones, and deliverables

#### Solution Functionality

- Analyze all pending development and application remediation items to minimize the development that is required to continue operations until the new system is operational
- Identify design gaps between the functioning SBM and the Nevada-specific needs
- Setup file transfers and required interfaces with CMS for Medicaid
- Create front-end CMS / FFM interface for Nevada residents
- Remove APTC / QHP rules from the current eligibility engine

#### Technology – Security

- Hire IT / Security Officer(s) who have oversight of stabilizing and decommissioning the BOS

#### Call Center

- Maintain operations until the 2015 open enrollment
- Update staffing model and workforce playbook as required and develop ramp down plan
- Create personnel retention strategy to ensure service levels
- Train staff on FFM and how to communicate changes with constituents including current enrollees
- Create transition plan for all Call Center activities

#### Technology – SDLC

- Conduct elaboration sessions to validate and finalize requirements for current system stabilization and FFM transition
- Configure, customize, and develop solution functionality for current system stabilization and FFM transition including carriers and the eligibility solution [Access NV, Eligibility Engine]
- Develop test scenarios and test cases that map to system requirements. Conduct integration testing to validate that the solution modifications operate effectively together and basic functional objectives are being achieved for current system stabilization and FFM transition
- Conduct a robust UAT, executing test cases with adequate coverage to reduce the number of defects being promoted into the production environment

#### Technology – Infrastructure

- Ensure sufficient capacity exists to accept additional volume to redirect traffic from the state to the FFM through the ACCESS NV system. ACCESS Nevada is the online application system for residents of Nevada to apply for social services





## Option 3: Transition to the Federally Facilitated Marketplace (FFM) (continued)

### Benefits

- There is low technical risk to the State of Nevada as file transfer requirements and specifications are already defined by the CMS
- This relieves the State of Nevada of the responsibility for supporting brokers, SHOP, and other future changes and enhancements to the Exchanges or the underlying federal legislation
- Transferring responsibilities may reduce long run state costs as state personnel, infrastructure, and facilities are replaced with CMS resources
- The solution is already built and successfully deployed for other states as such, initial ease of use and functionality has been achieved

### Risks

- The state does not retain control of the health insurance market place
- Transitioning from the SBM to an FFM model for the 2015 open enrollment requires that a transition Blueprint be submitted to CMS by June 1, 2014 (according to federal guidelines)
- Additional CMS funding may be required
- The project timeline is on a critical path and therefore no schedule slippage is allowed
- A broad communication and education program will be required to assist the public and current enrollees during the system transition
- CMS may not have the capability to enable transition of the State of Nevada to the FFM
- Delays in legislative and regulatory approval could impact the ability to meet the 2015 open enrollment
- The transition to the FFM may require significant changes to the existing eligibility solution
- Successfully achieving desired results requires adherence to an aggressive timeline and project milestones
- There may be additional stress on Call Center capabilities due to increased call volume and workforce attrition
- Additional Exchange resources, in areas such as PMO, technology, operations, and security, are needed to support remediation activities and ongoing operations until the 2015 enrollment period



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**Appendix A:**  
**Glossary**

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# Glossary (1 of 2)

## Acronym Dictionary

**ACH** – Automated Clearing House

**ADA** – Americans with Disabilities Act

**APTC** – Advanced Premium Tax Credit

**BI/DW** – Business Intelligence/Data Warehouse

**BOS** – Business Operations Solution

**CCB** – Change Control Board

**CHIP** – Children’s Health Insurance Program

**CMS** – Centers for Medicare & Medicaid

**CPU** – Central Processing Unit

**CRM** – Customer Relationship Management

**CSR** – Cost Sharing Reductions

**DB** – Database

**DD&I** – Design, Development, & Implementation

**DOI** – Division of Insurance

**DR** – Disaster Recovery

**DWSS** – Division of Welfare and Supportive Services

**EDI** – Electronic Data Interchange

**FFM** – Federal Funded Marketplace

**HIPAA** – Health Insurance Portability & Accountability Act

**HIX** – Health Insurance Exchange

**HTTP** – Hypertext Transfer Protocol

**HW** – Hardware

**IaaS** – Infrastructure-as-a-Service

**IRS** – Internal Revenue Service

**IS** – Information Systems

**IT** – Information Technology

**IVR** – Interactive Voice Response

**KPI** – Key Performance Indicator

**LOE** – Level of Effort

**M&O** – Maintenance & Operations

**NOMADS** – Nevada Operations of Multi-Automated Data Systems

**NSF** – Non-Sufficient Funds

**PCP** – Primary Care Physician

**PII** – Personally Identifiable Information

**PMC** – Project Management Center

**PMO** – Project Management Office



## Glossary (2 of 2)

### Acronym Dictionary

**POA&M** – Plan of Action and Milestones

**PR** – Public Relations

**QA** – Quality Assurance

**QC** – Quality Control

**QHP** – Quality Health Plans

**QLE** – Qualifying Life Events

**RAC** – Real Application Clusters

**RFP** – Request for Proposal

**RPO** – Recovery Point Objective

**RSD** – Requirements Specification Document

**RTO** – Recovery Time Objective

**RTM** – Requirements Traceability Matrix

**SaaS** – Software-as-a-Service

**SBM** – State Based Marketplace

**SDD** – System Design Document

**SDLC** – Systems Development Life Cycle

**SHOP** – Small Business Health Options

**SLA** – Service Level Agreement

**SME** – Subject Matter Expert

**SPR** – Safeguard Protection Report

**SSP** – System Security Plan

**SQL** – Standard Query Language

**SI** – Systems Integrations

**SIT** – System Integration Testing

**SSHIX** – Silver State Health Insurance Exchange

**SSP** – System Security Plan

**SW** – Software

**UAT** – User Acceptance Testing

**UCS** – Unified Computing Systems

**UI** – User Interface

**VM** – Virtual Machine

**XTCM** – Xerox Transactional Content Manager



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**Appendix B:**  
**Resource Enhancement**

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# Resource Enhancement

## Description

The Exchange should consider adding additional resources in order to support the scope and timeline for a successful open enrollment in 2015

Team	Responsibilities	Anticipated FTE(s)	Estimated Duration
Project Manager	Responsible for coordinating activities of all individuals and organizations involved with the project; provides overall direction, decisions, and oversight for the Exchange and vendor staff	1	May 2014 – December 2015
PMO	Responsible for overseeing project governance, project scope, project planning, and administration (including managing the project schedule), the CCB, issues, risks, deliverable management and approvals, CMS gate reviews, and overall project coordination	2	May 2014 – December 2015
Technical	Responsible for overseeing the overall technical design and architecture, system security, infrastructure and performance, and the review and approval of technical deliverables; participates in elaboration sessions; supports troubleshooting technical issues in UAT and production	2	May 2014 – December 2015
Operations	Responsible for overseeing ongoing decisions on policy and solution requirements for the State of Nevada; participates in elaboration sessions; involved with the prioritization of system defects, ad-hoc report coordination, the Call Center, UAT management, including test script development; oversees training materials development and execution, coordinates progress reports and production readiness; grants approval of data fixes to production	4	May 2014 – December 2015
UAT Testers	Responsible for developing solution acceptance scenarios and performing testing on all system components; logs and retests defects	15	July 2014 – November 2014

*\*Anticipated FTE numbers estimated based upon Deloitte analysis for comparable organizations*





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**Appendix C:**  
**Detailed Current State Observations**

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# I. Project Management & Governance

Sub-Dimension	Current State Observations	Impact
Change Management	<ul style="list-style-type: none"> <li>The contractor transitioned in different teams and subcontractors throughout the project without developing and maintaining transition plans</li> </ul>	<ul style="list-style-type: none"> <li>Continuity in points of contact would reduce stakeholder frustration and perception of continually having to explain the same issues</li> </ul>
Change Management	<ul style="list-style-type: none"> <li>There is an absence of a Change Control Board (CCB)</li> </ul>	<ul style="list-style-type: none"> <li>A CCB allows for escalation and visibility if a change request is determined to be high risk</li> <li>A CCB prioritizes changes, identifies dependencies between changes and determines whether complete analysis has been conducted before changes are made</li> </ul>
Change Management	<ul style="list-style-type: none"> <li>There is no documented turnaround time for each step in the Change Management approval process</li> </ul>	<ul style="list-style-type: none"> <li>Conspicuous approval times reduce delays in getting change requests approved and reduce impact on operations</li> </ul>
Change Management	<ul style="list-style-type: none"> <li>There is no categorization of change requests (e.g., Normal, Standard, Emergency)</li> </ul>	<ul style="list-style-type: none"> <li>Having a streamlined process for changes recognized as urgent or low-risk would help transition the change through the approval process, and result in higher priority items being address earlier</li> </ul>
Communication Management	<ul style="list-style-type: none"> <li>The process of granting permissions to the SharePoint project repository is frequently delayed for select staff, including Call Center leads</li> </ul>	<ul style="list-style-type: none"> <li>Critical documents, such as the Operations Playbook, training manuals, knowledgebase articles, and related artifacts should be made accessible to those who require them to perform their role</li> <li>Providing the official version of documentation to stakeholders avoids mistakes made from relying on previous versions or the knowledge of another project resource</li> </ul>



# I. Project Management & Governance

Sub-Dimension	Current State Observations	Impact
Organizational Management	<ul style="list-style-type: none"> <li>There appears to be many organizational silos and gaps in the governance structure</li> </ul>	<ul style="list-style-type: none"> <li>Organizational siloes can cause communication barriers and create a lack of uniformity across sections; this can lead to inconsistent status reporting between the various “towers” and an inability to provide a concise, project-wide status view</li> </ul>
Quality Management	<ul style="list-style-type: none"> <li>There is a lack in formal training documentation</li> <li>Training material is not housed in a centralized location for stakeholder access</li> </ul>	<ul style="list-style-type: none"> <li>Having formal and accessible training documentations would help prevent inconsistency in training resources and improve the quality of services to consumers</li> </ul>
Quality Management	<ul style="list-style-type: none"> <li>Defect reports show tickets are frequently re-opened</li> </ul>	<ul style="list-style-type: none"> <li>Having a structured process for troubleshooting tickets, establishing root causes and testing resolutions may prevent them from being re-opened multiple times</li> </ul>



# I. Project Management & Governance

Sub-Dimension	Current State Observations	Impact
Quality Management	<ul style="list-style-type: none"> <li>Roles and responsibilities for User Acceptance Testing (UAT) are unclear</li> </ul>	<ul style="list-style-type: none"> <li>Having clearer roles and responsibilities for UAT participants could reduce inconsistency in the testing process and prevent testing from being bypassed and changes going directly to production</li> </ul>
Quality Management	<ul style="list-style-type: none"> <li>There is no process or regular meetings to review outstanding Help Desk tickets</li> </ul>	<ul style="list-style-type: none"> <li>Holding regular meetings to review outstanding Help Desk tickets would reduce the length of time tickets are left open</li> </ul>
Resource Management	<ul style="list-style-type: none"> <li>There is a resource management constraint within the contractor's PMO with all significant project management activities (e.g., risk and issue management, deliverable management) constrained to few resources</li> </ul>	<ul style="list-style-type: none"> <li>The resource management constraint could result in a lack of process adherence and enforcement</li> </ul>
Resource Management	<ul style="list-style-type: none"> <li>Responsibilities of the Call Center manager appear to be unclear and overlapping to those of an operations manager</li> </ul>	<ul style="list-style-type: none"> <li>Clearly outlining the responsibilities of the Call Center manager and operations manager will help prevent overlapping of responsibilities</li> </ul>
Resource Management	<ul style="list-style-type: none"> <li>Help Desk tickets get reassigned to multiple groups before they are addressed</li> </ul>	<ul style="list-style-type: none"> <li>Taking measures to decrease reassignments of the Help Tickets will improve response and closure time</li> </ul>
Resource Management	<ul style="list-style-type: none"> <li>There is a high turn-over rate of subcontractors supporting the SSHIX</li> </ul>	<ul style="list-style-type: none"> <li>A formal knowledge transfer process would facilitate knowledge retention when subcontractors leave the project</li> </ul>



# I. Project Management & Governance

Sub-Dimension	Current State Observations	Impact
Risk/Issue Management	<ul style="list-style-type: none"> <li>There is an absence of a formal risk/issue escalation process</li> </ul>	<ul style="list-style-type: none"> <li>The existence of a formal risk/issue escalation process would help prevent a reactionary and inconsistent approach to mitigating risks and issues</li> </ul>
Risk/Issue Management	<ul style="list-style-type: none"> <li>Call Center workarounds are not formally documented and stored; they are distributed primarily through word-of-mouth and on an ad hoc basis</li> </ul>	<ul style="list-style-type: none"> <li>Disseminating accurate information to all Call Center staff and employees would prevent conflicting messages and a variety of workarounds for a particular issue</li> </ul>
Risk/Issue Management	<ul style="list-style-type: none"> <li>Risks and issues are not stored in the SharePoint database and team members have not been assigned ownership and responsibilities as described in the Quality Management Plan</li> </ul>	<ul style="list-style-type: none"> <li>Having a method for tracking risks and issues and documenting ownership would facilitate timely issue resolution</li> </ul>
Schedule Management	<ul style="list-style-type: none"> <li>The master project work plan provided for analysis has not been updated since August 2013 to reflect accurate status, priority, interdependency, and ownership of tasks and phases</li> </ul>	<ul style="list-style-type: none"> <li>The work plan is the primary document governing the activity of the project team; without the work plan it is difficult to identify critical issues and timeframes necessary to make the project successful</li> </ul>
Schedule Management	<ul style="list-style-type: none"> <li>Maintenance &amp; Operations (M&amp;O) should have begun 01/01/2014, but the project is delayed and is still in the Design, Development &amp; Implementation (DD&amp;I) phase</li> </ul>	<ul style="list-style-type: none"> <li>Open enrollment beginning November 2014 is at risk</li> </ul>



# I. Project Management & Governance

Sub-Dimension	Current State Observations	Impact
Scope Management	<ul style="list-style-type: none"> <li>Project scope is not being managed using the project schedule to track the overall schedule of the project, detailed tasks, responsible parties, percentage complete, and dependencies as described in the Scope Management Plan</li> </ul>	<ul style="list-style-type: none"> <li>Managing rigorously to the project schedule would reduce delays in tasks and milestones and reduce scope creep</li> </ul>
Scope Management	<ul style="list-style-type: none"> <li>There is a lack in prioritization of in-scope requirements; the higher priority requirements were not implemented by production release</li> </ul>	<ul style="list-style-type: none"> <li>Implementing the high priority and critical in-scope requirements will decrease the likelihood of an unsatisfactory user experience</li> </ul>
Stakeholder Management	<ul style="list-style-type: none"> <li>There is minimal evidence of the Exchange's involvement in the Call Center operations</li> </ul>	<ul style="list-style-type: none"> <li>Increasing the Exchange's involvement in the Call Center operations would increase oversight and visibility</li> </ul>



## II. Solution Functionality

Sub-Dimension	Current State Observations	Impact
Eligibility	<ul style="list-style-type: none"> <li>▪ By design, applications sent from BOS to Nevada Operations of Multi-Automated Data Systems (NOMADS) who are known to DWSS require a PDF submission, rather than pre-populating application data directly into the DWSS system</li> <li>▪ As an example, 22,000 applications are awaiting DWSS registration (i.e. entry of application data into NOMADS, not eligibility determination)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Auto pre-populating applications for known individuals in DWSS would decrease the number of hours needed to resolve such applications</li> </ul>
Eligibility	<ul style="list-style-type: none"> <li>▪ ID proofing is turned off in the solution</li> </ul>	<ul style="list-style-type: none"> <li>▪ Turning on ID proofing would help fix the following:                             <ul style="list-style-type: none"> <li>– Individuals cannot type in wrong data so no worker intervention would be required</li> <li>– Duplicate applications would be prevented and no duplicate benefits could be allowed</li> <li>– Multiple accounts could be linked to the same user</li> <li>– Call Center could easily identify duplicate applications</li> </ul> </li> <li>▪ Turning on ID proofing could also have a negative impact on people applying for health insurance. The Exchange should evaluate the impact of turning on ID proofing</li> </ul>



## II. Solution Functionality

Sub-Dimension	Current State Observations	Impact
Eligibility	<ul style="list-style-type: none"> <li>▪ The solution user interface can be confusing to end consumers</li> <li>▪ Examples:               <ul style="list-style-type: none"> <li>– When asking for monthly income, there is also a drop down to indicate frequency of income (weekly, monthly, bi-weekly, etc.). The individual’s period calculates income based on the drop down, not monthly as shown on the screen</li> <li>– On the individual’s dashboard, the top right flag icon hyperlink to tasks is not working</li> <li>– When there is a 3-year-old baby girl, the system asks if she is pregnant</li> <li>– There is 1+ seconds of load time when moving to next pages, loading radio button selections, etc.</li> <li>– At the start of the application when the first applicant is entered, it overwrites income to 0 when there is a missing required field</li> <li>– If a person is applying as an individual, it asks if he or she wants a group or individual qualified health plan selection</li> <li>– Asking for date of birth multiple times for the same person</li> <li>– Inability to go back to edit information during application intake</li> <li>– The solution does not save employer contributions after clicking "save and continue". Instead, the "recalculate" button must be selected first</li> <li>– The solution does not clearly explain how cost sharing reduction benefits can only be applied to Silver level plans.</li> <li>– The solution does not allow for electronic upload (e.g. via Excel) of employer rosters</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Improvements in the user interface would allow consumers to complete the application seamlessly without creating duplicate accounts or applications</li> <li>▪ Consumers would not need to call the Call Center as often, reducing Call Center volumes</li> <li>▪ Brokers or in-person assisters can help consumers enroll in a timely manner</li> <li>▪ Providing a clear explanation of cost sharing reduction benefits would allow consumers to make a better choice when selecting plans</li> <li>▪ If electronic employee roster upload is implemented, the time and effort to enroll employees would be reduced</li> </ul>





## II. Solution Functionality

Sub-Dimension	Current State Observations	Impact
Financial Management	<ul style="list-style-type: none"> <li>Check routing and disbursement from the P.O. Box has improved because of business process improvements</li> </ul>	<ul style="list-style-type: none"> <li>Sending benefit checks to the proper processing location would prevent delinquency and potential disenrollment</li> </ul>
Financial Management	<ul style="list-style-type: none"> <li>After consumers make a payment online, the activity does not appear in the Pending Payment section of the consumer's dashboard</li> </ul>	<ul style="list-style-type: none"> <li>Acknowledging processing payments will inform users and reassure them that the process is moving forward</li> </ul>
Financial Management	<ul style="list-style-type: none"> <li>There is no financial management reporting                             <ul style="list-style-type: none"> <li>No monthly report of individuals enrolled in qualified health plans showing amounts of advanced premium tax credit and cost-sharing reduction</li> <li>No payment exception reports and notifications to individuals are produced</li> <li>No annual financial report is produced</li> <li>No detailed reports to support and reconcile the annual financial report</li> <li>No data and reports on trends in premiums</li> <li>No reports on individual premium payments</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Once proper financial reports can be produced, stakeholders, CMS, and IRS will be updated on the progress of the Exchange</li> <li>Analysis on financial management data can be performed once accurate reports are produced</li> </ul>
Financial Management	<ul style="list-style-type: none"> <li>Grace periods functionality is currently in development</li> </ul>	<ul style="list-style-type: none"> <li>Once the functionality is fully implemented, the system will automatically track delinquent members and prevent members from receiving benefits without paying</li> </ul>
Financial Management	<ul style="list-style-type: none"> <li>Individuals are not informed if their checks do not clear because of non-sufficient funds (NSF)</li> </ul>	<ul style="list-style-type: none"> <li>If consumers were promptly notified of any NSF payments, they could correct the issue and prevent becoming delinquent</li> </ul>
Financial Management	<ul style="list-style-type: none"> <li>Invoices/statements are only available via U.S. mail each month</li> </ul>	<ul style="list-style-type: none"> <li>Individuals are unable to view their invoices via the portal</li> </ul>



## II. Solution Functionality

Sub-Dimension	Current State Observations	Impact
Testing	<ul style="list-style-type: none"> <li>The Staging environment is unreliable and builds are deployed without contacting impacted parties</li> </ul>	<ul style="list-style-type: none"> <li>With a stable test environment and proactive build deployment communication, the amount of test coverage could increase for each production build</li> </ul>
EDI	<ul style="list-style-type: none"> <li>For certain carriers, reconciliation issues between 834's, 820's, and automated clearing house (ACH) payments are proactively being identified and spreadsheets of the issues are being sent to the carriers with the corresponding EDI files</li> </ul>	<ul style="list-style-type: none"> <li>Proactive identification of EDI reconciliation issues results in decreased amounts of issue triage required by the carriers, decreased amount of time to resolve issues, and quicker member enrollment with carriers</li> </ul>
EDI	<ul style="list-style-type: none"> <li>If there are delays in receiving EDI files, carriers are notified proactively</li> </ul>	<ul style="list-style-type: none"> <li>Carriers are able to adjust their plans accordingly if EDI files are not going to be sent by the Exchange</li> </ul>
EDI	<ul style="list-style-type: none"> <li>Health Link does not have the ability to accept 999 response files from carriers to confirm that the EDI files were successfully received by the carriers</li> </ul>	<ul style="list-style-type: none"> <li>By incorporating the ability to receive 999 response files, there will be a decreased chance for EDI files to be missed by the carriers without the Exchange knowing</li> </ul>
EDI	<ul style="list-style-type: none"> <li>Carrier defect resolution process is inconsistent and untimely</li> </ul>	<ul style="list-style-type: none"> <li>Improving the carrier defect resolution process would reduce the amount of effort required for carriers to report and view the current status of their issues, decrease the turnaround time for issue resolution, reduce the amount of redundant issues reported, and decrease the chance for issues to become lost and remain unresolved</li> </ul>



## II. Solution Functionality

Sub-Dimension	Current State Observations	Impact
EDI	<ul style="list-style-type: none"> <li>▪ The EDI files are formatted correctly to be processed electronically by carriers once the reconciliation and invalid data issues have been resolved</li> </ul>	<ul style="list-style-type: none"> <li>▪ Once the EDI data reconciliation and invalid data issues have been resolved, the amount of time required for consumers to enroll with carriers will be decreased as the EDI files could be processed electronically</li> </ul>
EDI	<ul style="list-style-type: none"> <li>▪ There are consistent data reconciliation issues between the 834's, 820's, and the automated clearing house (ACH) payments; 834 and 820 files contain invalid and missing data</li> <li>▪ 834/820 reconciliation issues include:               <ul style="list-style-type: none"> <li>– Members that were part of an ACH payment but had no corresponding record in the 820 file</li> <li>– Members that did not have matching records in 834/820 files</li> <li>– Different advanced premium tax credit (APTC) amounts present on the 834 and 820 files</li> </ul> </li> <li>▪ 834/820 invalid and missing data include:               <ul style="list-style-type: none"> <li>– Missing broker licenses</li> <li>– Missing Primary Care Physician (PCP) information for products that require PCPs</li> <li>– Invalid coverage effective dates</li> <li>– Duplicate member records</li> <li>– Medicaid enrollments that have been sent to qualifying health plans</li> <li>– Enrollments for the wrong carrier</li> <li>– Incorrect APTC amounts</li> <li>– Incorrect cost-sharing reduction amounts</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Resolution of the EDI data reconciliation and invalid data issues would result in:               <ul style="list-style-type: none"> <li>– Reduced amount of time for members to receive health insurance coverage</li> <li>– Decreased potential for members to make a payment through the Exchange without receiving an enrollment record or ID card with the carriers</li> <li>– Increased accuracy of enrollment status in the Business Operations Solution (BOS)</li> <li>– Decreased Exchange Call Center call volume</li> <li>– Decreased carrier Call Center call volume</li> <li>– Increased levels of customer satisfaction</li> <li>– Reduced amount of effort required to manually correct EDI issues downstream</li> </ul> </li> </ul>



## II. Solution Functionality

Sub-Dimension	Current State Observations	Impact
EDI	<ul style="list-style-type: none"> <li>▪ Enrollments are being processed through various EDI workarounds by carriers as opposed to being processed automatically through the standardized EDI process</li> <li>▪ Examples of EDI manual workarounds by carriers include:                             <ul style="list-style-type: none"> <li>– Manually keying the enrollment data based on contingency spreadsheets that contain the data from the 834/820 files</li> <li>– Developing a routine to load the contingency spreadsheet data into their enrollment system instead of using the 834/820 files</li> <li>– Developing a 834/820 cleanup routine to remove records with invalid data prior to processing the 834/820 files electronically</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Processing the EDI files through the standardized electronic process would result in:                             <ul style="list-style-type: none"> <li>– Reduced member demographic errors due to reduced amounts of manual data entry</li> <li>– Ability to generate automated EDI error reports of member records that failed to process</li> <li>– Decreased potential for members to make a payment through the Exchange without receiving an enrollment record or ID card with the carriers</li> <li>– Reduced amount of time for members to receive health insurance coverage</li> <li>– Decreased opportunity for member records to become lost during the enrollment process due to reduced manual intervention</li> <li>– Decreased Exchange Call Center volume</li> <li>– Increased levels of customer satisfaction</li> </ul> </li> </ul>
EDI	<ul style="list-style-type: none"> <li>▪ Broker license information is inconsistent in the 834 and the contingency 834 files</li> </ul>	<ul style="list-style-type: none"> <li>▪ Resolution of broker license issues on EDI files will result in more timely broker commission payments and increased overall enrollment numbers due to improved broker satisfaction</li> </ul>



## II. Solution Functionality

Sub-Dimension	Current State Observations	Impact
Design - Interfaces	<ul style="list-style-type: none"> <li>Premium payment relies on a manual process to update records in the BOS solution after the user makes a payment</li> </ul>	<ul style="list-style-type: none"> <li>Users who have made their payment do not always receive the credit. Their plan enrollment gets delayed until their payment to UMB bank is marked successful</li> </ul>
Design - Interfaces	<ul style="list-style-type: none"> <li>The enrollment process has incomplete code implementation according to the Design Document and quality assurance checks. This results in manual intervention for sending enrollments to the carriers</li> </ul>	<ul style="list-style-type: none"> <li>Automating or revising the current manual process would reduce effort required by the carriers and accelerate the enrollment of users to their plans</li> </ul>
Broker	<ul style="list-style-type: none"> <li>By design, the solution does not save the Broker/other in-person linkage to individual or employer accounts when initially completing an enrollment</li> </ul>	<ul style="list-style-type: none"> <li>If the solution linked Brokers or in-person assisters to individual or employer accounts:                             <ul style="list-style-type: none"> <li>Brokers would be able to address their clients' questions and concerns about their enrollments and expedite responses to clients</li> <li>Brokers and in-person assisters would receive payments consistently and in a timely manner</li> </ul> </li> </ul>
Broker/Training	<ul style="list-style-type: none"> <li>Most broker and in-person assisters indicated that training was very high-level and did not include system specifics or a system walkthrough</li> </ul>	<ul style="list-style-type: none"> <li>The Exchange implemented a hands-on training program in October 2013 to provide a better training experience</li> </ul>



## II. Solution Functionality

Sub-Dimension	Current State Observations	Impact
<p><b>Broker</b></p>	<ul style="list-style-type: none"> <li>At the Exchange’s direction, brokers and other in-person assisters are directed to use the individual portal instead of their dedicated assister portals</li> </ul>	<ul style="list-style-type: none"> <li>If the brokers and other in-person assisters are directed to the dedicated assister portals, this would have the following benefits:               <ul style="list-style-type: none"> <li>Brokers and other in-person assisters can keep track of which clients(employers or individuals) are linked to them</li> <li>They will be better able to address their clients' questions and concerns about their enrollments through the solution, minimizing delayed responses to clients</li> <li>Brokers and other in-person assisters will be able to view correspondences directed to them and their clients. They will also be able to track their client accounts, which is normally allowed by the portal</li> <li>Manual processes to maintain the linkage between the broker/in person assisters and their clients would be minimized</li> <li>Brokers and other in-person assisters would receive full and timely payments for clients</li> </ul> </li> </ul>



## II. Solution Functionality

Sub-Dimension	Current State Observations	Impact
SHOP	<ul style="list-style-type: none"> <li>▪ After an employee is enrolled in a plan, the solution displays aggregate payments, but does not display plan information in either the employee or the employer's accounts</li> </ul>	<ul style="list-style-type: none"> <li>▪ If the solution accurately displays plan information in both the employer and employee accounts, the employee will clearly understand the status of his/her SHOP health coverage, leading to decreased calls to the employer, the Call Center, and the Exchange. In addition, the employer and the Call Center will be able to verify the employee's coverage status or plan information</li> </ul>
SHOP	<ul style="list-style-type: none"> <li>▪ Plan selection defects hamper employers' ability to determine employee plans and contribution amount.                             <ul style="list-style-type: none"> <li>- Employer plan selections screen does not always display the correct premium amounts</li> <li>- When choosing plans, employers are unable to sort plans by carrier, carrier/metal levels, or all plans</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ If the plan selection defects are resolved, employers will consistently be able to more consistently assess how much a plan would cost the employer/employee and set a fixed dollar value for employee contribution</li> <li>▪ The ability for employers to sort plans by carrier, carrier/metal levels, or all plans would provide more flexibility for employers to when selecting plans</li> </ul>
SHOP	<ul style="list-style-type: none"> <li>▪ SHOP is rarely used due to few plan options, little perceived benefit to employers and employees, and website issues. Even if the website was fixed, there is uncertainty as to whether SHOP will be used</li> </ul>	<ul style="list-style-type: none"> <li>▪ The SHOP module is infrequently utilized by Nevada's employers and their employees</li> </ul>
Enrollment	<ul style="list-style-type: none"> <li>▪ An automated delinquency and disenrollment process is yet to be implemented</li> </ul>	<ul style="list-style-type: none"> <li>▪ If an automated delinquency/disenrollment process is implemented, clients with delinquent accounts will not continue to receive services and carriers will not have to pend claims for those clients, resulting in fewer unpaid or delayed payments to providers</li> </ul>



## II. Solution Functionality

Sub-Dimension	Current State Observations	Impact
Enrollment	<ul style="list-style-type: none"> <li>Portal user interface can be confusing to end consumers. As an example, the client home page in the portal displays a "resume" button or a "pending" status for the policy even when a client has confirmed Medicaid eligibility and has chosen a plan. If a client clicks the resume button the solution takes the client to a blank application. Clients may conclude that they are to complete another application. For SHOP, the solution displays that an employee is part of a pending employer enrollment but does not display plan information and the employer's account displays aggregated payments but does not display the plans in which the employees have enrolled</li> </ul>	<ul style="list-style-type: none"> <li>If the solution provides individuals a confirmation regarding the true status of their enrollment, consumers would have visibility into the true status of their enrollment and Call Center, DWSS and employer call volumes would be reduced</li> </ul>
Enrollment	<ul style="list-style-type: none"> <li>Clients cannot easily understand the cost-sharing tier for which they are eligible. A drop down list with six cost-sharing options is displayed, but there are no explanations/frequently asked questions provided</li> </ul>	<ul style="list-style-type: none"> <li>If the solution provides an intuitive interface for the user to understand the cost-sharing tier, the consumer would be able understand what cost-sharing tier they qualify for and how the CSRs apply to a given plan, reducing Call Center volume and the workload of brokers/Exchange enrollment facilitators</li> </ul>
Enrollment	<ul style="list-style-type: none"> <li>Throughout the application intake, plan selection, and payment initiation screens, the system experiences unresolvable errors that occur in an unpredictable manner</li> </ul>	<ul style="list-style-type: none"> <li>If the errors are identified and resolved, users will be able to complete their applications in a timely manner, reducing the workload for contact center workers</li> </ul>
Enrollment	<ul style="list-style-type: none"> <li>During the open enrollment period, some carriers reported frequently receiving enrollments with retroactive coverage effective dates</li> </ul>	<ul style="list-style-type: none"> <li>If the Exchange transmits enrollment information correctly (via an automated EDI process rather than contingency files), there will be less manual effort required from the carrier and Exchange to reconcile incorrect coverage effective dates</li> </ul>





## II. Solution Functionality

Sub-Dimension	Current State Observations	Impact
Enrollment	<ul style="list-style-type: none"> <li>▪ Cost-sharing reduction tiers and corresponding calculations are inconsistent. Carriers have reported receiving weekly correction reports from the Exchange</li> </ul>	<ul style="list-style-type: none"> <li>▪ If CSR premium subsidy calculation are calculated correctly, this will result in the following:               <ul style="list-style-type: none"> <li>- Users would receive ID cards with the correct cost-sharing tier</li> <li>- Provider claims would not need to be re-adjudicated and refunds and copays would not need to be collected</li> <li>- Carriers would not have to collect or refund from HHS</li> <li>- Provider and member would not be confused regarding the correct CSR premium subsidy</li> </ul> </li> </ul>
Enrollment	<ul style="list-style-type: none"> <li>▪ The solution does not allow users to make changes to their application (e.g. Qualifying Life Events) via the self-service portal. The consumers can only report changes through the Call Center</li> </ul>	<ul style="list-style-type: none"> <li>▪ If the solution offers users a way to report Qualifying Life Events through the portal, a manual workaround through the Call Center will not be required, decreasing effort required by both consumers as well as Call Center representatives</li> </ul>
Enrollment	<ul style="list-style-type: none"> <li>▪ There appear to be several advanced premium tax credit (APTC) related issues, including:               <ul style="list-style-type: none"> <li>- Plan selection screens often display APTC amounts inaccurately</li> <li>- APTC amounts are sometimes incorrectly applied to catastrophic and adult dental plans</li> <li>- Invoices display APTC amounts inaccurately and inconsistently</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ If APTC issues are resolved, consumers will pay – and carriers will receive – correct premiums. In addition, the manual effort involved in reconciling APTC and premiums will be reduced, minimizing impact on consumers' end of year IRS reconciliation</li> </ul>



## II. Solution Functionality

Sub-Dimension	Current State Observations	Impact
Administrative	<ul style="list-style-type: none"> <li>When an individual has previously been denied Medicaid during DWSS final determination, Call Center representatives have created a workaround of adjusting the individual's income to result in an automatic denial of Medicaid in order to force eligibility for qualified health plans (QHP)/advanced premium tax credit (APTC)</li> </ul>	<ul style="list-style-type: none"> <li>If the solution automatically redetermines eligibility for QHP/APTC after an individual is found ineligible for Medicaid, the individual would not have to start a new application with different income data</li> </ul>
Administrative	<ul style="list-style-type: none"> <li>QHP/APTC consumers have 90 days to send documentation, but some customer service representatives (CSR) are unaware of processes to follow up and verify what was sent is valid</li> </ul>	<ul style="list-style-type: none"> <li>Having formal processes for verifying individuals' documentation would prevent ineligible clients from receiving benefits</li> </ul>
Administrative	<ul style="list-style-type: none"> <li>Dis-enrollments are not happening when consumers do not send in verification documentation</li> </ul>	<ul style="list-style-type: none"> <li>Automatically dis-enrolling consumers who do not submit verification documentation would prevent ineligible clients from receiving benefits</li> </ul>
Administrative	<ul style="list-style-type: none"> <li>The Call Center in Tallahassee handles call overflows from the Henderson Call Center during heavy call volume periods</li> </ul>	<ul style="list-style-type: none"> <li>The Tallahassee Call Center handling overflow results in fewer calls being abandoned during periods of heavy call volumes</li> </ul>
Administrative	<ul style="list-style-type: none"> <li>Manual workarounds are not incorporated into the core operating processes at the Call Center. Ad hoc troubleshooting is common practice</li> </ul>	<ul style="list-style-type: none"> <li>Consumers and brokers would receive consistent and accurate information from the Call Center if best practices for issue resolution were shared or documented uniformly</li> </ul>



## II. Solution Functionality

Sub-Dimension	Current State Observations	Impact
Administrative	<ul style="list-style-type: none"> <li>New customer service representative training programs do not include interactive training. Customer service representatives sometimes rely on word of mouth to compensate for training program deficiencies, inaccessible frequently asked questions, standard operating procedures, and a lack of comprehensive knowledge management system</li> </ul>	<ul style="list-style-type: none"> <li>Interactive training at the Call Center would increase new agent efficiency and accuracy and would decrease customer and broker frustration and average handle times</li> <li>A comprehensive knowledge management system would ensure that Information provided to clients and brokers is consistent across customer service representatives</li> </ul>
Administrative	<ul style="list-style-type: none"> <li>Knowledge of processes for triaging, escalating, tracking, and resolving errors is not uniformly employed or understood. Sometimes customer service representatives follow up with/notify consumers, and sometimes the customer service representatives tell the customer to come back in a few days to initiate a new application</li> </ul>	<ul style="list-style-type: none"> <li>Formal processes for error resolution would ensure consistent customer service and user experience for individuals and brokers</li> </ul>
Administrative	<ul style="list-style-type: none"> <li>Customer service representatives are unable to view payments made by an individual. To determine if a payment has been made, customer service representatives must escalate to Finance Team</li> <li>Customer service representatives have created a manual workaround to determine receipt of payment in which they view the image of the scanned payment envelope in the XTCM (document management system), as Call Center does not scan checks into XTCM. CSRs are potentially giving out incorrect payment information</li> </ul>	<ul style="list-style-type: none"> <li>If the solution displayed payment information, consumers, carriers, and customer service representatives would be able to verify payment status without escalation</li> </ul>



### III. Call Center

Sub-Dimension	Current State Observations	Impact
Call Center Operating Model	<ul style="list-style-type: none"> <li>Performance metrics are not representative of generally observed levels for Call Centers (e.g., 90/30 – 90% of calls must be answered within 30 seconds while industry norm is 80/20)</li> <li>Call center operations and performance is hampered by multiple changes to the organization model, roles, and responsibilities</li> <li>The Call Center governance model and immature change management processes hinder the Call Center’s ability to rapidly adapt to the changing landscape</li> </ul>	<ul style="list-style-type: none"> <li>Stronger programs and processes would enable the Call Center to better respond to changes / fluctuations in a timely manner</li> <li>A negative customer experience contributes to a negative public perception</li> <li>Confidence in reporting impairs the Call Center and Exchange’s ability to understand current operations</li> </ul>
Employee Engagement	<ul style="list-style-type: none"> <li>Call Center staff (agents) are very professional and helpful in their efforts to address the various customer concerns, escalating issues as appropriate</li> </ul>	<ul style="list-style-type: none"> <li>This results in a positive impact to Nevada consumers, helping to improve the public’s perception of the Exchange</li> </ul>
Facilities	<ul style="list-style-type: none"> <li>Facilities are not representative of mature call centers; the physical layout, desk setup, and ergonomics all require improvements (e.g., desk ergonomics, construction materials, and equipment)</li> </ul>	<ul style="list-style-type: none"> <li>An improved physical environment can increase employee’s productivity, morale, and retention, and contribute to a better customer experience</li> <li>There is a limited ability to scale in the current location</li> </ul>
Inbound Technology (IVR)	<ul style="list-style-type: none"> <li>The interactive voice response system (IVR) does not adhere to industry best practices and the Call Center lacks a continuous improvement process for IVR review</li> <li>There is an ineffective capacity strategy, specifically for scaling to large call volume</li> </ul>	<ul style="list-style-type: none"> <li>An improved IVR design would be less cumbersome and more considerate of consumers’ needs and time, provide optimized self service to reduce call volume, and streamline access to the right CSR</li> </ul>



### III. Call Center

Sub-Dimension	Current State Observations	Impact
<p><b>Learning &amp; Development</b></p>	<ul style="list-style-type: none"> <li>▪ A dedicated training environment for the Call Center training team is needed to develop and maintain consistency</li> <li>▪ The training curriculum is underdeveloped and has gaps in training including soft skills, leadership, and continuous learning</li> </ul>	<ul style="list-style-type: none"> <li>▪ Additional training would improve customer service, agent effectiveness, retention and reduce, the instances of incorrect information being disseminated</li> </ul>
<p><b>Operating Infrastructure</b></p>	<ul style="list-style-type: none"> <li>▪ A key business critical system supporting and enabling the Call Center (Interactive Intelligence), does not have a maintenance contract in place</li> <li>▪ Call Center technology could be enhanced to include functionality such as barge-in, scheduled callbacks, and metric wall boards and screens</li> </ul>	<ul style="list-style-type: none"> <li>▪ Additional Interactive Intelligence functionality would enable more consumers to reach a CSR and have their issues resolved in a timely manner</li> <li>▪ Support and maintenance contracts would enable rapid response and the addition of new enhancements and technologies during a system outage</li> <li>▪ Expanded technology functionality would enable management and agents to better respond in real time to fluctuations in call volume</li> </ul>
<p><b>Workforce Management</b></p>	<ul style="list-style-type: none"> <li>▪ The workforce planning organization has several highly manual processes (e.g., reporting)</li> <li>▪ Forecast models have been unable to keep pace with actual call volume</li> <li>▪ The workforce planning organization lacks a workforce management playbook</li> </ul>	<ul style="list-style-type: none"> <li>▪ A more robust workforce planning organization will allow the Call Center to respond to changes and fluctuations in a timely manner to meet contracted SLAs and enable a positive customer experience and an improved public perception</li> </ul>



## IV. Technology - SDLC

Sub-Dimension	Current State Observations	Impact
Development - Processes	<ul style="list-style-type: none"> <li>A robust Configuration Management process is in line with leading practices in the industry</li> </ul>	<ul style="list-style-type: none"> <li>Continuing this process would help control multiple versions of code in parallel streams</li> </ul>
Release Management – “Fast-Follow”	<ul style="list-style-type: none"> <li>There are 143 “fast-follow” items that are still outstanding. A release plan for the outstanding “fast-follow” items has not been finalized.</li> </ul>	<ul style="list-style-type: none"> <li>Addressing critical functionality gaps in the BOS solution would improve the ability for end users to use the system effectively.</li> </ul>
Release Management - Defect Fixes	<ul style="list-style-type: none"> <li>There are currently more than 500+ sev1/sev2 defects and 1,000+ sev3/sev4 defects, and a release plan for the defect fixes has not been put in place.</li> </ul>	<ul style="list-style-type: none"> <li>A release plan for defect fixes would provide the Exchange with visibility into when these defects would be resolved.</li> </ul>
Design - Documentation	<ul style="list-style-type: none"> <li>The Software Design Document (SDD) outline is approved by the Exchange. However, the detailed content of the SDD is being tracked for completion for a future date. The contractor is currently working on updating the design document in two phases – Phase One: Update the design document to reflect the system as on production release (Oct 2013). Phase Two: Update the design document to include all “fast-follow” changes.</li> <li>Currently, defect resolution is highly dependent on the institutional knowledge of the team who designed and architected the system.</li> </ul>	<ul style="list-style-type: none"> <li>An updated and approved SDD is necessary to clearly define the system architecture expectations and facilitate the resolution and validation of defect fixes in the BOS solution. Relying on individual team members’ understanding of the system and requirements increases the risk that requirements may be misinterpreted and dependent application components may be negatively impacted when changes are made to the application.</li> </ul>



## IV. Technology - SDLC

Sub-Dimension	Current State Observations	Impact
Requirements - Traceability	<ul style="list-style-type: none"> <li>The Requirements Traceability Matrix (RTM) and the Requirements Specification Document (RSD) are not kept up to date with the “fast-follow” user stories that are developed</li> </ul>	<ul style="list-style-type: none"> <li>Comprehensive traceability would help ensure that all applicable requirements are addressed in the “fast-follow” user stories and test cases. Not having such traceability creates risks of requirements not being met and not identifying such issues until after implementation</li> </ul>
Release Management - Documentation	<ul style="list-style-type: none"> <li>Rapid changes are made to the application without updating associated documentation such as the System Design, Test Cases, or Training Manuals</li> </ul>	<ul style="list-style-type: none"> <li>Keeping design, testing, and training documentation consistent with the application would stabilize code and facilitate more accurate training for brokers, navigators, Call Center, and production operations staff</li> </ul>
Design - Interfaces	<ul style="list-style-type: none"> <li>The enrollment process has incomplete code implementation according to the Design Document and quality assurance checks. This results in manual intervention for sending enrollments to the carriers</li> </ul>	<ul style="list-style-type: none"> <li>Automating or revising the current manual process would reduce the effort required by the carriers and accelerate the enrollment of users to their plans</li> </ul>
Design - Interfaces	<ul style="list-style-type: none"> <li>Premium payment relies on a manual process to update records in the BOS solution after the user makes a payment</li> </ul>	<ul style="list-style-type: none"> <li>Users who have made their payment do not always receive the credit. Their plan enrollment gets delayed until their payment to UMB bank is marked successful</li> </ul>



## IV. Technology - SDLC

Sub-Dimension	Current State Observations	Impact
Design - Security	<ul style="list-style-type: none"> <li>▪ Identity proofing is currently turned off; therefore, Deloitte was unable to validate this functionality</li> </ul>	<ul style="list-style-type: none"> <li>▪ BOS solution is currently unable to validate Personally Identifiable Information (PII) of the user resulting in user application inconsistencies and duplication of applications</li> </ul>
Development - Exception Handling	<ul style="list-style-type: none"> <li>▪ BOS solution code is inconsistently handling exception scenarios</li> </ul>	<ul style="list-style-type: none"> <li>▪ Consistent handling of all error scenarios in the code would increase the likelihood of the application giving a correct error message to the user. In addition, customer service representatives would be able to more effectively resolve user issues</li> </ul>
Operations - SLA Compliance	<ul style="list-style-type: none"> <li>▪ The Service Level Agreement is not met for the following key performance indicators:               <ul style="list-style-type: none"> <li>- Up-Time (October 2013 - March 2014)</li> <li>- Down Time (October 2013 - March 2014)</li> <li>- Exchange Resolution Time (January 2014 - February 2014)</li> <li>- Resolution Time (October 2013 - March 2014)</li> <li>- Image Availability (December 2013 - February 2014)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Consistent performance meeting the defined Service Level Agreements would improve the end user experience</li> </ul>
Testing- ADA Compliance	<ul style="list-style-type: none"> <li>▪ Based on the ADA Test execution report dated 10/14/2013, 24% of ADA compliance test cases failed. There is no supporting documentation to validate whether these issues have been fixed</li> </ul>	<ul style="list-style-type: none"> <li>▪ Addressing these defects would enable individuals with physical and visual disabilities to use the BOS solution more effectively and accurately</li> </ul>
Testing- Defect Management	<ul style="list-style-type: none"> <li>▪ 23% of the 1,200+ pending defects logged in the defect management tool lack key information needed to perform root cause analysis</li> </ul>	<ul style="list-style-type: none"> <li>▪ The SSHIX is unable to draw meaningful analysis and properly plan defect fixes due to gaps in recorded data</li> </ul>





## IV. Technology - SDLC

Sub-Dimension	Current State Observations	Impact
Testing- Performance Testing	<ul style="list-style-type: none"> <li>System performance tests are not routinely conducted prior to releases to production</li> </ul>	<ul style="list-style-type: none"> <li>Routine performance testing would improve the system's stability and reduce operational issues under peak load</li> </ul>
Testing- Regression	<ul style="list-style-type: none"> <li>New defects are introduced with 'Defect Fix' releases due to inadequate regression testing</li> </ul>	<ul style="list-style-type: none"> <li>Enhanced regression testing would reduce the number of new defects introduced in the production environment to be observed by users of the BOS solution</li> </ul>
Testing- UAT	<ul style="list-style-type: none"> <li>User Acceptance Testing (UAT) is performed by Xerox instead of by users. There is no dedicated UAT test environment and there are no test cases executed as part of UAT</li> </ul>	<ul style="list-style-type: none"> <li>A robust UAT performed by users is missing critical Quality Assurance step in the Systems Development Lifecycle (SDLC), reducing the number of fixes being promoted to the production environment</li> </ul>
Testing- Environments	<ul style="list-style-type: none"> <li>There is no integrated test environment with all solution components to perform end-to-end testing</li> </ul>	<ul style="list-style-type: none"> <li>Integrated testing in the lower environments will help to uncover application issues and reduce the likelihood of defects in the production environment</li> </ul>
Design - Batches	<ul style="list-style-type: none"> <li>System batches have not been developed using a consistent approach or framework. Batch error notification is inconsistent</li> </ul>	<ul style="list-style-type: none"> <li>A consistent approach for all batches would facilitate greater maintainability and scalability</li> </ul>



## IV. Technology - SDLC

Sub-Dimension	Current State Observations	Impact
Development - Coding Standards	<ul style="list-style-type: none"> <li>Coding standards are inconsistently implemented. Development teams do not have a coding standards document for reference during coding</li> </ul>	<ul style="list-style-type: none"> <li>A single set of coding standards across the different teams that develop each functional module would reduce readability issues and code maintainability issues during operations and maintenance</li> <li>Proper code governance would reduce memory leakages and improve system performance issues</li> </ul>
Operations - SLA Monitoring	<ul style="list-style-type: none"> <li>The process to measure the 'Exchange Response Time' SLA only captures the time it takes for the BOS solution homepage to load. It does not measure the response time for any transactions within the BOS solution</li> </ul>	<ul style="list-style-type: none"> <li>A redefined SLA measurement would provide a more accurate indication of the transaction response time experienced by the end users</li> </ul>



## V. Technology - Infrastructure

Sub-Dimension	Current State Observations	Impact
Incident Management	<ul style="list-style-type: none"> <li>Many incidents (including high priority) were closed without proper root cause analysis done or logged in the IT Help Desk Service Reports. This suggests there is low adoption of standard incident management processes</li> <li>There is no traceability between the incidents and defects raised. As a result there is no validation that deployed fixes address known incidents</li> </ul>	<ul style="list-style-type: none"> <li>Conducting proper root cause analysis of all incidents would provide insight to core infrastructure issues impacting availability/performance</li> <li>Having the traceability and visibility of right resolution analysis would show the current situation and help detect recurring incidents, which could not be unearthed without proper root cause analysis</li> </ul>
Document Management	<ul style="list-style-type: none"> <li>Information populated in approved documents such as the "Hosting Environment Document" is invalid when compared to the current solution deployment state. This was caused by a last minute move of the BOS solution hosting from Choice Data center to Xerox data centers</li> <li>Published documents are severely out dated and the availability of the current in-production BOS solution operational plan is unknown</li> </ul>	<ul style="list-style-type: none"> <li>Developing a complete standardized and documented BOS solution operational plan would lead to adoption of standard operational processes</li> <li>Currently, all of the operational knowledge is undocumented so the contractor has had to rely heavily on personnel who implemented the solution for ongoing support</li> <li>The operational group responsible for BOS solution from both Nevada Exchange and Leadership perspective will not have the necessary documentation on the solution's expectations</li> </ul>
Configuration Management	<ul style="list-style-type: none"> <li>The majority of the memory utilization issues identified in the IT monthly service desk reports have been hypothesized as a problem by Microsoft, whose fix was deployed on 02/22/14</li> <li>The March 2014 IT monthly service desk report was needed to confirm the hypothesis, which was not provided</li> </ul>	<ul style="list-style-type: none"> <li>Overall response of the solution will be slower during the SQL synchronization</li> <li>If the web portal memory leak issue is not fixed, then users may still experience significant latency and HTTP 500/501 errors</li> </ul>



# V. Technology - Infrastructure

Sub-Dimension	Current State Observations	Impact
Virtualization Cloud Operations	<ul style="list-style-type: none"> <li>Provisioning of workloads and virtual machines (VMs) for the BOS solution from VM templates is done manually instead of by using an automated process indicating a low level of cloud adoption maturity and capabilities</li> <li>Migration of the hosting of the BOS solution from the Choice data center to the Xerox data center was done as equal clone of VMs. All the capacity planning and sizing configurations were taken from the Choice-hosted solution. There was no independent capacity planning and sizing that was done taking variables specific to Xerox into account</li> </ul>	<ul style="list-style-type: none"> <li>Any change in configuration of workload or VM template currently would require substantial manual exercise in both data centers on every VM</li> <li>Automating the VM provisioning process would reduce the VM provisioning time, improve overall system integrity, and dramatically lower IT infrastructure and operating costs</li> <li>Automation would also significantly reduce the IT service desk incidences showing unavailability of servers/services, storage constraints, and high CPU utilization, which are currently affecting the solution availability</li> </ul>
IaaS-Storage	<ul style="list-style-type: none"> <li>There is no formal data archival and retention process in place</li> </ul>	<ul style="list-style-type: none"> <li>Having a formal data retention policy defined would eliminate the current problem of continuous data growth in the primary data store and DR facility. It would also reduce current problems in performance and storage capacity/availability, and would reduce the financial burden to procure and maintain increasing capacity demands of the primary data store and DR facility</li> </ul>
Disaster Recovery	<ul style="list-style-type: none"> <li>According to the contractor, there has never been a disaster recovery test (successful or otherwise), Therefore they have never confirmed the ability to successfully restore to production. Additionally, there are no defined Recovery Point Objectives (RPO) and RTO remains loosely defined as 72 hours</li> </ul>	<ul style="list-style-type: none"> <li>Any DR synchronization issues could cause a ripple effect on other solution components affecting the 72 hour Recovery Time Objective (RTO) key performance indicator (KPI)</li> <li>Developing, testing, and implementing a sound disaster recovery solution would provide for the availability of operational data in the event of a disaster</li> </ul>



## V. Technology - Infrastructure

Sub-Dimension	Current State Observations	Impact
SLA	<ul style="list-style-type: none"> <li>The KPI requirement on the Xerox SLA to provide 99.9% uptime of the BOS solution (which equals 43.2 minutes of maximum downtime) has not been met consistently</li> </ul>	<ul style="list-style-type: none"> <li>Due to ongoing performance issues and the unavailability of significant components, the BOS Solution will continue to see unplanned outages and consumers will continue to have trouble accessing the solution</li> </ul>
Capacity Management	<ul style="list-style-type: none"> <li>Some of the BOS solution servers are consistently running out of storage space due to logs filling up the space. This is due to the granularity and details at which logs are stored. There is no automated cleanup processes in place, suggesting a reactive, rather than proactive, solution</li> <li>When the data centers moved from Choice Administrators to Xerox, no independent capacity planning was done taking Xerox's data center operational environment variables into account. This suggests that workload configurations may not have been calculated correctly, taking all variables into consideration, causing regular out of space issues</li> </ul>	<ul style="list-style-type: none"> <li>This might cause service availability issues for various components of the BOS solution</li> </ul>
Network	<ul style="list-style-type: none"> <li>BOS solution services availability has been lower than expected</li> </ul>	<ul style="list-style-type: none"> <li>The BOS solution has been unable to meet the State's expectations for up-time</li> </ul>



## V. Technology - Infrastructure

Sub-Dimension	Current State Observations	Impact
Performance - Virtualization	<ul style="list-style-type: none"> <li>CPU Utilization has exceeded 90% on some of the BOS solution servers, which can result in performance issues for the whole BOS solution</li> </ul>	<ul style="list-style-type: none"> <li>This might cause service availability issues for various components of the BOS solution</li> </ul>
Performance-DB	<ul style="list-style-type: none"> <li>BI/DW database server in production environment is Oracle RAC, however the non-production environments (Dev &amp; Test) use Oracle Enterprise server</li> </ul>	<ul style="list-style-type: none"> <li>Long running queries developed in future could impact performance of BI/DW component</li> <li>Major platform shifts between Dev/test and Prod often resulting performance issues and limited ability to trace and resolve issues</li> </ul>
Cloud Configuration	<ul style="list-style-type: none"> <li>Xerox maintains two separate private clouds based on Cisco UCS and VMware vSphere, one in Pittsburgh and one in Dallas. BOS SaaS solution (Single Tenant) is deployed in primary data center (Pittsburgh) and the DR solution for BOS is located in Dallas. Primary data center for BOS Call Center is in Dallas with DR solution located in Pittsburg</li> </ul>	<ul style="list-style-type: none"> <li>Separation of two clouds have limited the capacity of resource pools which could impact temporary requirements for cloud burst between Xerox data centers. This also limits provisioning between data centers and is making interoperability between data centers impossible</li> </ul>
IaaS-DB	<ul style="list-style-type: none"> <li>Oracle RAC and Oracle Enterprise Servers are running on physical machines and are not virtualized</li> </ul>	<ul style="list-style-type: none"> <li>Any additional requirements related to performance increase of Oracle database would require provisioning and procurement of new hardware and reconfiguration and testing of the Oracle DB as well as significant downtime of production BI/DW component</li> </ul>



## VI. Technology - Security

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Sub-Dimension	Current State Observations	Impact
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## VI. Technology - Security

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Sub-Dimension	Current State Observations	Impact
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**Appendix D:**  
**Code Review Meetings Conducted**

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## Code Review Meetings (1 of 2)

Item	Agenda	Presenter
1	Continue with overview of framework components <ul style="list-style-type: none"> <li>▪ Core Framework               <ul style="list-style-type: none"> <li>– Batch/Interface</li> </ul> </li> <li>▪ Data persistence Framework               <ul style="list-style-type: none"> <li>– Data persistence mechanism (ORM tool)</li> <li>– Transaction</li> <li>– Concurrency</li> <li>– Change data capture</li> </ul> </li> </ul>	Xerox
2	Code walkthrough of 2 to 3 defects fixes included in the last Release to Production	Xerox
3	EDI Interface (EDI file creation, XML-X12 Translation, Communication with Carriers) <ul style="list-style-type: none"> <li>▪ Functional overview</li> <li>▪ Code walkthrough</li> </ul>	Xerox
4	Single Streamlined application - Account Management and Application Registration <ul style="list-style-type: none"> <li>▪ Functional overview</li> <li>▪ Code walkthrough</li> </ul>	Xerox
5	Single Streamlined application – Plan Management (Rating Engine, SHOP, and Shopping) <ul style="list-style-type: none"> <li>▪ Functional overview</li> <li>▪ Code walkthrough</li> </ul>	Xerox
6	Billing and Payment (Interface with Great Plains, Reconciliation of Financial Transactions) <ul style="list-style-type: none"> <li>▪ Functional overview</li> <li>▪ Code walkthrough</li> </ul>	Xerox



# Code Review Meetings (2 of 2)

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Item	Agenda	Presenter
7	Interfaces (DWSS, Federal Hub – Remote Identify Proofing ) <ul style="list-style-type: none"><li data-bbox="301 354 591 382">▪ Functional overview</li><li data-bbox="301 382 571 411">▪ Code walkthrough</li></ul>	Xerox
8	Batches, notices, and correspondence <ul style="list-style-type: none"><li data-bbox="301 489 591 518">▪ Functional overview</li><li data-bbox="301 518 571 546">▪ Code walkthrough</li></ul>	Xerox



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**Appendix E:  
Interviews Conducted**

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## Interviews Conducted (1 of 4)

Mtg. No.	Organization	Interview Subject	Interview Date
1	Exchange	Pre-Interviews	3/19
2	Exchange	Pre-Interviews	3/19
3	Exchange	Pre-Interviews	3/19
4	Exchange	Project Management	3/19
5	Exchange	Pre-Interviews	3/20
6	Natoma	Testing Environment	3/20
7	State of Nevada, Natoma, Cognizant, Xerox	Testing Environment	3/20
8	Exchange	Pre-Interviews	3/21
9	Exchange	Pre-Interviews	3/21
10	DWSS	General	3/24
11	Carriers - UnitedHealthCare	Other Stakeholders	3/25
12	PCG	General	3/25
13	State of Nevada	Technical	3/25
14	Exchange	Technical	3/25
15	Patrick Casele & Asso.	Other Stakeholders	3/26
16	Xerox	Security	3/26
17	Brokers - Carothers Ins.	Other Stakeholders	3/26
18	Xerox	Initial Conversation	3/26
19	Natoma	Other Stakeholders	3/26
20	Xerox	General	3/26
21	Xerox	Security	3/26
22	Xerox	Executive	3/26
23	Xerox	General	3/26
24	Xerox	Individual Enrollment (including interface with DWSS)	3/26
25	Xerox	Individual Eligibility	3/26
26	Exchange	General	3/26
27	DWSS	Post-Interviews	3/26
28	Xerox	Technical	3/27
29	DWSS	Project Management	3/27
30	Xerox	Technical	3/27



## Interviews Conducted (2 of 4)

Mtg. No.	Organization	Interview Subject	Interview Date
31	Xerox	General	3/27
32	DWSS	Technical	3/27
33	Cognizant	"Fast-Follow"	3/28
34	Board	Executive	3/28
35	Board	Executive	3/31
36	Xerox	Infra/Arch	3/31
37	Xerox	Infra/Arch	3/31
38	Xerox	Contact Center	4/1
39	Clark & Associates	Other Stakeholders	4/1
40	Board	Executive	4/1
41	Exchange	General	4/1
42	Exchange	General	4/1
43	Xerox	Technical	4/1
44	Xerox	EDI reconciliation process with carriers	4/1
45	Xerox	PMO & Governance	4/1
46	Exchange	General	4/1
47	Xerox	Contact Center	4/1
48	Xerox	General	4/1
49	Cognizant	General	4/2
50	Xerox	Technical	4/2
51	DWSS	Other Stakeholders	4/2
52	Xerox	Defect Reporting in UAT	4/2
53	Cognizant	Release Management	4/2
54	Xerox	Release Management	4/2
55	Xerox	Compliance, Carrier, Reporting	4/2
56	Xerox	Technical	4/2
57	DWSS	Technical	4/2
58	Broker	General	4/2
59	Cognizant	Testing	4/2
60	Xerox	General	4/2



## Interviews Conducted (3 of 4)

Mtg. No.	Organization	Interview Subject	Interview Date
61	Board	Executive	4/2
62	DWSS	General	4/2
63	Xerox	Contact Center	4/2
64	Xerox	Contact Center	4/2
65	Xerox	Contact Center	4/2
66	Xerox	General	4/2
67	Xerox	General	4/2
68	Exchange	Security	4/2
69	Xerox	Contact Center	4/2
70	Xerox	General	4/3
71	DWSS	Data Analytics & Reporting	4/3
72	Cognizant/Natoma	General	4/3
73	Cognizant/Natoma	General	4/3
74	Cognizant	General	4/3
75	Xerox	Contact Center	4/3
76	Xerox, Cognizant, Natoma	Code Review	4/3
77	Xerox	Contact Center	4/3
78	DWSS	Call Center	4/4
79	Cognizant	General	4/4
80	Navigators	Other Stakeholders	4/4
81	Xerox	Contact Center	4/4
82	Xerox, Cognizant, Natoma	Code Review	4/4
83	Xerox	Follow-up	4/4
84	Xerox	Follow-up	4/4
85	DWSS	Executive	4/7
86	Division of Insurance	General	4/7
87	Cognizant	Testing	4/7
88	Broker	General	4/7
89	Xerox	Defect prioritization of items from the Exchange and the Governor's office	4/8
90	DWSS	Appeals	4/8



## Interviews Conducted (4 of 4)

Mtg. No.	Organization	Interview Subject	Interview Date
91	DWSS	Other Stakeholders	4/8
92	Advocate/Navigator	Other Stakeholders	4/8
93	Xerox	General	4/8
94	Xerox	Check Payments Processing	4/8
95	Cognizant	Follow-up	4/8
96	Xerox	Call Center Technology Review	4/8
97	Xerox, Cognizant	Release management process for the "Fast-Follow" user stories	4/8
98		Call Center Technology Review	4/8
99	St. Mary's	Other Stakeholders	4/8
100	Delta Dental	Other Stakeholders	4/9
101	Xerox	M&O process	4/9
102	Xerox	Defect prioritization	4/9
103	Xerox	Plan Management	4/9
104	Exchange	"Fast-Follow"	4/9
105	Navigators	Other Stakeholders	4/9
106	Carriers - Anthem BCS	Other Stakeholders	4/10
107	Xerox	Check and payment processing	4/11
108	DWSS	Executive	4/11
109	Carriers - Nevada COOP	Other Stakeholders	4/14





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**Appendix F:**  
**Documents Requested**

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# Document Request Status (1 of 6)

#	Document Name	Document Group	Date Document Requested	Date Document Received
1	Detailed Project Plan	Project Management	3/19/2014	3/25/2014
2	-Project Management Plan - Change Management Plan - Schedule Management Plan - Cost Management Plan - Quality Management Plan - Staffing Plan - Communication Management Plan - Risk Management Plan - Training Plan - Implementation Plan	Project Management	3/19/2014	3/25/2014
3	Project Risks and Issues Log	Project Management	3/19/2014	3/26/2014
4	Semi-Monthly Project Status Reports	Project Management	3/19/2014	3/25/2014
5	Governance Review (s) Results	Project Management	3/19/2014	4/1/2014
6	Project Review (s) Results	Project Management	3/19/2014	4/1/2014
7	Gate Review: CMS Blueprint Support	Project Management	3/19/2014	4/2/2014
8	Gate Review: March 2013 CMS Review	Project Management	3/19/2014	4/2/2014
9	Gate Review: May 2013 CMS Review	Project Management	3/19/2014	3/31/2014
10	Gate Review: July 2013 CMS Review	Project Management	3/19/2014	4/2/2014
11	Gate Review: September 2013 CMS Review	Project Management	3/19/2014	3/31/2014
12	Gate Review: Final Certification CMS Review	Project Management	3/19/2014	Unavailable
13	Transition Plan	Project Management	3/19/2014	3/25/2014
14	Staffing Plan (from the Exchange)	Project Management	3/19/2014	3/27/2014
15	Vendor Management Plan (from the Exchange)	Project Management	3/19/2014	3/27/2014
16	Contract Management Plan (from the Exchange)	Project Management	3/19/2014	3/27/2014
17	Deliverable Review and Approval document (from the Exchange)	Project Management	3/19/2014	3/27/2014
18	Sustainability Report (from the Exchange)	Project Management	3/19/2014	3/31/2014
19	Carrier Management Plan and Companion Guide (from the Exchange)	Project Management	3/19/2014	3/31/2014
20	Navigator/Broker Management Plan (from the Exchange)	Project Management	3/19/2014	3/31/2014
21	Stakeholder Management Plan (from the Exchange)	Project Management	3/19/2014	3/31/2014
22	Risk Management Plan (from the Exchange)	Project Management	3/19/2014	3/27/2014
23	Issue Management Plan with details on the escalation process (from the Exchange)	Project Management	3/19/2014	4/2/2014
24	Cost Management Plan (from the Exchange)	Project Management	3/19/2014	3/27/2014
25	Resource Plan (from the Exchange)	Project Management	3/19/2014	3/31/2014
26	Program Management Plan (from the Exchange)	Project Management	3/19/2014	3/27/2014
27	Communication Plan with details on communications to the board, governor and other stakeholders (from the Exchange)	Project Management	3/19/2014	Unavailable
28	Requirements Specification Document	Requirements	3/19/2014	3/25/2014
29	Requirements Traceability Matrix	Requirements	3/19/2014	4/2/2014
30	Requirements Validation Review	Requirements	3/19/2014	3/25/2014
31	Change Order Documentation	Requirements	3/19/2014	3/31/2014
32	System Design including the following:	Design	3/19/2014	3/27/2014
33	a) Business Rule Specification Document:	Design	3/19/2014	3/27/2014
34	b) EDI 834, file layouts, requirements, corresponding error logs, and response files: for every month since these have been transmitted, 5 daily files	Design	3/19/2014	3/27/2014

\*Documents that are listed as "unavailable" may include documents that were not created or may not be complete



## Document Request Status (2 of 6)

#	Document Name	Document Group	Date Document Requested	Date Document Received
35	c) EDI 820, file layouts, requirements, corresponding error logs, and response files: for every month since these have been transmitted, 5 daily files	Design	3/19/2014	3/27/2014
36	d) Eligibility decision tree	Design	3/19/2014	3/27/2014
37	e) Enrollment decision tree	Design	3/19/2014	3/27/2014
38	f) Auto renewal rules	Design	3/19/2014	3/27/2014
39	g) Business Logic Diagram	Design	3/19/2014	3/27/2014
40	h) All Functional Reports - a list and brief overview, a sample, their design docs	Design	3/19/2014	3/27/2014
41	Technical Architecture and Interface Architecture	Design	3/19/2014	3/27/2014
42	Hosting Environment Details including: - Equipment make, model, and primary configuration that will be used to host the proposed solution - SaaS/BOS solution Document explaining the XaaS layers of the solution in detail	Design	3/19/2014	Unavailable
43	The Network Design Document explicitly describing through pictographic view the different components of network design and explaining their properties	Design	3/19/2014	3/25/2014
44	Interface Specifications Document	Design	3/19/2014	3/28/2014
45	Low Level Technical Design Document (per Functional Module)	Design	3/19/2014	Unavailable
46	Logical Data Model	Design	3/19/2014	3/27/2014
47	Physical Data Model	Design	3/19/2014	Unavailable
48	Data Dictionary	Design	3/19/2014	Unavailable
49	Plan Management Spreadsheet (this should have been pulled from either the DOI or sent from the health plan to the DOI)	Design	3/19/2014	4/3/2014
50	Application Code with instructions to deploy code base	Development	3/19/2014	4/3/2014
51	Unit Test Check List and Unit Test Results	Development	3/19/2014	4/7/2014
52	Integration Test Cases and Test Results	Development	3/19/2014	4/7/2014
53	Test management Plan	Testing	3/19/2014	3/25/2014
54	a) System Test Plan and Test Results	Testing	3/19/2014	3/25/2014
55	b) UAT Plan and Test Results	Testing	3/19/2014	3/25/2014
56	c) Regression Test Plan and Test Results	Testing	3/19/2014	3/25/2014
57	d) Stress/Load Test Plan and Test Results	Testing	3/19/2014	3/25/2014
58	e) Operations Readiness Test Plan and Test Results	Testing	3/19/2014	3/26/2014
59	f) ADA compliance test results	Testing	3/19/2014	4/8/2014
60	Defect Status Report (metrics per release)	Testing	3/19/2014	3/27/2014
61	Provide access to Testing Environment for the Deloitte Team	Testing	3/19/2014	3/21/2014
62	a) URL	Testing	3/19/2014	3/21/2014
63	b) provide accounts for the following roles - navigator, broker, CSE/CSR, admin	Testing	3/19/2014	4/1/2014
64	c) ability and instruction to advance time	Testing	3/19/2014	3/26/2014
65	d) ability to run batch jobs and view results	Testing	3/19/2014	3/26/2014
66	e) ability to run interface jobs and view results	Testing	3/19/2014	3/26/2014
67	f) Provide test data	Testing	3/19/2014	3/26/2014
68	Configuration Management Plan	Deployment	3/19/2014	3/25/2014
69	Release Management Plan	Deployment	3/19/2014	3/18/2014
70	Support and Problem Escalation Plan	Deployment	3/19/2014	3/25/2014
71	Implementation Plan Site Readiness Report	Deployment	3/19/2014	3/25/2014
72	Information Technology Help Desk Service Monthly Report	Deployment	3/19/2014	3/25/2014
73	Capacity Plan	Deployment	3/19/2014	3/25/2014
74	Data Growth Plan document describing the current data growth and future projections	Deployment	3/19/2014	3/25/2014
75	Production Operations Procedures	Deployment	3/19/2014	3/26/2014



## Document Request Status (3 of 6)

#	Document Name	Document Group	Date Document Requested	Date Document Received
76	User Manuals	Deployment	3/19/2014	3/28/2014
77	Training Plan and Training materials	Deployment	3/19/2014	3/25/2014
78	Daily Production Operations Report	Production Operations	3/19/2014	3/18/2014
79	Defects reported by criticality and severity in a sortable format with date created, date resolved for production	Production Operations	3/19/2014	3/27/2014
80	Defects reported by criticality and severity in a sortable format with date created, date resolved for non-production	Production Operations	3/19/2014	3/27/2014
81	Service Management Process Automated SLA Monitoring Monthly Service Level Agreement Report Corrective Action Report	Production Operations	3/19/2014	3/27/2014
82	Statistics on SHOP: how many employers, insurers, plans per county as well as which insurers plans were chosen by the employers	Production Operations	3/19/2014	3/28/2014
83	Enrollment reports - broken down by APTC, ESI, QHP, MA eligibility; with carrier plan product, by enrollment, by paid plans	Production Operations	3/17/2014	3/18/2014
84	List of appeals and hearings and consumer complaints and health plan complaints	Production Operations	3/19/2014	3/28/2014
85	List of manual workarounds currently in place	Production Operations	3/19/2014	3/26/2014
86	Data Retention, Recovery Services, Protection, and Data Management Plan	Security	3/19/2014	3/25/2014
87	Copy of the IRS SAFEGUARD PROCEDURES REPORT (SPR)	Security	3/19/2014	3/28/2014
88	Copy of completed applicable IRS Safeguard Computer Security Evaluation Matrix (SCSEM)	Security	3/19/2014	3/28/2014
89	Copy of the Plan of Action & Milestones (POA&M) document	Security	3/19/2014	3/18/2014
90	Evidence of periodic review and updates to the access control policy by appropriate personnel. (May be part of the policy document itself)	Security	3/19/2014	4/1/2014
91	Sample list of active system accounts along with the name of the individual associated with each account	Security	3/19/2014	4/1/2014
92	Copy of information system audit records.	Security	3/19/2014	4/1/2014
93	Evidence of periodic review evidence of the information system accounts.	Security	3/19/2014	4/1/2014
94	LDAP structure of group accounts and membership for application and infrastructure accounts	Security	3/19/2014	4/1/2014
95	For a sample of accounts created/disabled/changed, provide evidence that authorization is taken	Security	3/19/2014	Unavailable
96	Screenshots of the procedures for creating and removing the temporary and emergency accounts	Security	3/19/2014	Unavailable
97	Evidence that temporary accounts are monitored	Security	3/19/2014	4/1/2014
98	For a sample of temporary and emergency accounts created, provide evidence that authorization is taken (Samples would be selected once total population is received)	Security	3/19/2014	Unavailable
99	Documentation on the tool that provides automated mechanisms to support account management functions	Security	3/19/2014	4/1/2014
100	Evidence that account management tool is configured to disable inactive accounts after 180 days. e.g. screenshot of the configuration from account management tool	Security	3/19/2014	Unavailable
101	Configuration settings of the tool to indicate that account creation, modification, disabling, and termination actions are audited	Security	3/19/2014	Unavailable
102	Evidence of monitoring of rogue accounts being created	Security	3/19/2014	4/1/2014
103	The latest list of authorization(User privileges) defined in the BOS solution. i.e. Role Matrix which will provide role to page / field level to access mapping. Example - Role Office Assistant – Application Home Page – Read Write Access Role Office Assistant – Application Registration Page – Read Write Access	Security	3/19/2014	Unavailable
104	Active Directory global settings on read - write permissions	Security	3/19/2014	4/1/2014
105	Evidence of Separation of Duties and Least Privilege analysis being performed on roles (Evidence of the process to review and update role matrix on regular basis)	Security	3/19/2014	Unavailable
106	Screenshot of the information system configuration settings i.e. account Lockout policy, concurrent session control and unsuccessful login attempts - Application and sample Infrastructure components	Security	3/19/2014	Unavailable
107	Document of the allowed methods of remote access to the information system and s usage restrictions and implementation guidance for each allowed remote access method	Security	3/19/2014	4/1/2014



## Document Request Status (4 of 6)

#	Document Name	Document Group	Date Document Requested	Date Document Received
108	Evidence of monitoring of remote access methods to information system ( Is remote user access to information system /infrastructure being monitored?)	Security	3/19/2014	Unavailable
109	Listing of all wireless access points used by the organization. For a sample of them; provide evidence that they are approved by management.	Security	3/19/2014	Unavailable
110	Evidence of authentication and encryption method for wireless access.	Security	3/19/2014	Unavailable
111	EXCHANGE Parent System Communication Protection Policy and Procedure	Security	3/19/2014	Unavailable
112	Diagram of Security Architecture	Security	3/19/2014	Unavailable
113	Secure DNS deployment control policies and documentation	Security	3/19/2014	Unavailable
114	DNS architecture diagram	Security	3/19/2014	Unavailable
115	Evidence of periodic review and update of the policy and procedures by appropriate personnel within the organization (May be part of the policy document)	Security	3/19/2014	Unavailable
116	Organization's guidelines and procedures addressing the information eminence.	Security	3/19/2014	Unavailable
117	Organization's procedures addressing the cryptographic key management and establishment.	Security	3/19/2014	Unavailable
118	Organization's guidelines and procedures addressing public key infrastructure certificates	Security	3/19/2014	Unavailable
119	Organization's guidelines and procedures addressing the mobile code.	Security	3/19/2014	Unavailable
120	Organization's guidelines and procedures addressing usage restrictions and implementation guidance for Voice over Internet Protocol technologies.	Security	3/19/2014	4/1/2014
121	Organization's guidelines and procedures addressing secure name/address resolution service (authoritative source).	Security	3/19/2014	Unavailable
122	Organization's guidelines and procedures addressing architecture and provisioning for name/address resolution service. Additionally, a diagram to depict the name/address resolution service architecture (e.g. DNS architecture diagram) and how is the name/address resolution service secured.	Security	3/19/2014	Unavailable
123	A list of recent security flaw remediation actions performed on the information system (e.g., list of installed patches, service packs, hot fixes, and other software updates to correct information system flaws).	Security	3/19/2014	Unavailable
124	List of information system monitoring tools and techniques deployed by the organization.	Security	3/19/2014	Unavailable
125	A list of most recent integrity scans performed.	Security	3/19/2014	Unavailable
126	Call Center Operations Playbook - Including training materials	Call Center	3/19/2014	3/27/2014
127	Call Center Services - Location, hours of operations, headcount, staffing matrix	Call Center	3/19/2014	3/31/2014
128	Call Center Planning - Roadmap, initiatives, annual planning - Staffing profile, models, etc.	Call Center	3/19/2014	3/31/2014
129	Call Center Governance Model	Call Center	3/19/2014	3/27/2014
130	Call Center Operations Metrics - Volumes, service levels, FCR, AHT, ASA, Abandon, occupancy, shrinkage, turnover, etc. by channel and call type	Call Center	3/19/2014	3/27/2014
131	Call Center Self Service - Planning, initiatives, etc. - Self-service completion metrics	Call Center	3/19/2014	Unavailable
132	Voice of the customer metrics (e.g., surveys, results)	Call Center	3/19/2014	Unavailable
133	Call Center Organization Charts - Staffing by level	Call Center	3/19/2014	3/28/2014
134	Call Center Technology Architecture - Roadmaps, performance data, network diagram, voice platform diagram, desktop standards, etc. - Contact center specific technology architecture (e.g., CTI, ACD, PBX, WFM, QM, desktop, record) - The IVR architecture (I believe it's called the FRS...Functional Requirements document)	Call Center	3/19/2014	4/4/2014
135	Workforce Management Playbook - Forecast and scheduling process	Call Center	3/19/2014	Unavailable



## Document Request Status (5 of 6)

#	Document Name	Document Group	Date Document Requested	Date Document Received
136	nDepends - need output of statistical analysis tool	Development	3/26/2014	4/2/2014
137	Integrated project work plan with previous submission dates – last three submissions	Project Management	3/26/2014	3/27/2014
138	Go to green report indicates pending stories. Can we get story board exported so we can get details of those story with LOE and ETA for individual stories	Project Management	3/26/2014	3/27/2014
139	Release plan (we have received it). Need process document that lays out how release are planned, developed, tested, approved, deployed	Deployment	3/26/2014	3/27/2014
140	Steering Committee reports – Bill mentioned Kim will have those as meetings were occurring until last few weeks. Need Agenda, Status report, meeting minutes for three last steering committee report as well as report	Project Management	3/26/2014	3/27/2014
141	Ticket resolution process – Process flow that lays out ticket resolution either through response over call or through defect resolution	Production Operations	3/26/2014	3/28/2014
142	EDI spreadsheet that are sent to carriers	Production Operations	3/27/2014	3/31/2014
143	Virtualization Map with Physical/ VM and hypervisor/VM ratios	Design	3/25/2014	Unavailable
144	Monthly Production reports (includes SLA reporting) that Bill or Greg sends to Exchange from Sept '13 to March '14	Production Operations	3/26/2014	3/27/2014
145	List of Test cases, Test scenarios and test execution reports for past releases; test results for Unit, System, Integration, UAT, and Regression tests	Testing	3/26/2014	Unavailable
146	A detailed list of all outstanding user stories (“fast-follow” items along with the target completion dates)	Development	3/27/2014	4/3/2014
147	Invoices, with at least one including multiple applicants (from January, February, and March)	Production Operations	4/1/2014	4/9/2014
148	Sample 834/820 EDI files being sent to carriers	Production Operations	4/1/2014	4/3/2014
149	Contingency 834/820 spreadsheets that contain the data from the 834/820 EDI files that are being sent to carriers	Production Operations	4/1/2014	4/2/2014
150	834/820 EDI Variance Reports (list of records where the data on the 820 and the 834 files do not match) that are being sent to carriers	Production Operations	4/1/2014	4/3/2014
151	Sample ACH payment log (breakdown of the ACH payment sent to carriers – contains a list of members and their payment amount) that are being sent to carriers	Production Operations	4/1/2014	4/3/2014
152	ACH Payment Variance reports (list of records where the data on the 820's does not match the ACH payment log) that are being sent to carriers	Production Operations	4/1/2014	4/2/2014
153	SSP - updated	Security	4/1/2014	4/4/2014
154	IT Service Desk Monthly Report for the month of March 2014	Production Operations	4/1/2014	Unavailable
155	Presentation shown in the workshop	Production Operations	4/1/2014	4/4/2014
156	Current Release Management Plan	Deployment	4/1/2014	Unavailable
157	Current Performance and Scalability Plan	Production Operations	4/1/2014	4/3/2014
158	SLA Calculation Documents a. How do you calculate the service up time which is mentioned in the RFP of 99.9% (ITO Group) b. How is the click response time measured? Tools used for measuring / reporting of SLA.	Production Operations	4/1/2014	4/3/2014
159	6. Backup Operational Documents from Xerox a. Backup Map and retention period b. Backup encryption c. Backup Locations	Design	4/1/2014	Unavailable
160	Hardware Layout of Cloud Infrastructure	Design	4/1/2014	4/8/2014
161	Physical and Virtual Network layout design	Design	4/1/2014	4/8/2014
162	Cloud Architecture , provisioning process and maintenance process of VM images	Design	4/1/2014	4/8/2014
163	Network diagram with router and zoning information	Design	4/1/2014	4/8/2014
164	List of Platforms a. Versions, DBs b. Assigned/Installed Software c. Datacenter to Platform mapping	Design	4/1/2014	4/4/2014
165	Monitoring & Administration Document a. List of different tools and mapping to the monitoring aspects	Design	4/1/2014	4/8/2014



## Document Request Status (6 of 6)

#	Document Name	Document Group	Date Document Requested	Date Document Received
166	Solution Component Integration Map	Design	4/1/2014	4/4/2014
167	Capability map a. All capabilities that are being provided by the datacenters/infrastructure team and tools that are being used to support the capabilities b. Tools to capabilities mapping	Design	4/1/2014	4/8/2014
168	Workload Map a. Describing the OS system, properties, platform, Software of all workloads	Design	4/1/2014	4/8/2014
169	Information Flow diagrams	Design	4/1/2014	Unavailable
170	Resource usage reports. a. Usage of memory, storage, cpu at the workload and also at the hypervisor level	Design	4/1/2014	4/8/2014
171	DOORS application output for the requirements collected by KPMG	Requirements	4/1/2014	4/2/2014
172	Workflow steps for hitting different environments interfaces for the DWSS, Quoted, GP, IVR, etc. (David Jerkovic)	Requirements	4/1/2014	4/8/2014
173	Test environments configuration (Dev-Int, SIT0, SIT1, SIT2, SIT3, Staging, Training, Production) (Rajeev Siddappa) • Application functionality available in each environment • Infrastructure setup for hardware components • Latest software and patched applied	Requirements	4/1/2014	4/8/2014
174	A list of workarounds being used by the Customer Service Reps at the Call Center to get around bugs in the system/workarounds playbook	Call Center	4/2/2014	Unavailable
175	Call Center Monthly Score Card (may also be called the SLA Performance Report)	Call Center	4/2/2014	4/3/2014
176	Release management calendar (schedule for the past and future releases) -including list of CRs - plan that is sent out to the client and stakeholders as a communications notice before/after a release • CIs • Schedule of activities for development through implementation • Instructions for the RM team • Backout plan for each CR • Backout plan to address the inter-project dependencies	Deployment	4/2/2014	4/3/2014
177	Release metrics (# of planned defects/"fast-follow" items VS. # of the released items)	Deployment	4/2/2014	4/3/2014
178	Release notes from the latest release (builds 24 & 25)	Deployment	4/2/2014	4/2/2014
179	Build Plan that details the standardized Build Propagation process to various environments, teams that perform testing in these environments, any specific checks that might exist prior to prorogating to the next environment etc.	Testing	4/3/2014	Unavailable
180	Regression Test Execution results for Release 23 (03/31 build)	Testing	4/3/2014	Unavailable
181	SIT Test Execution results for Release 23 (03/31 build)	Testing	4/3/2014	Unavailable
182	Export of Regression Test cases from TFS	Testing	4/3/2014	Unavailable
183	Entrance and Exit Criteria Compliance Results for each of the test phases prior to production release, if documented	Testing	4/3/2014	4/9/2014
184	Details on all existing batch jobs	Production Operations	4/4/2014	4/8/2014
185	Production batch jobs execution report (for last 7 days) that show which jobs passed/failed and the number of records processed	Production Operations	4/4/2014	4/8/2014
186	c) Production Run Book – This document is used by the production support team that monitors batch jobs (this is listed as #75 – Production operations procedures)	Production Operations	4/4/2014	4/9/2014
187	Performance Test Plan	Testing	4/4/2014	4/8/2014
188	Automated Regression Test Plan Document	Testing	4/4/2014	4/9/2014



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**Appendix G:  
Test Cases**

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## Test Cases (1 of 11)

High Level Test Case Description	Expected Outcome	Actual Result	Status of Test Case
Test payment functionality	The user should be able to submit payment with checking account	Submitted payment with checking account	Pass
Test payment functionality	The user should be able to submit payment with MasterCard	Submitted payment with MasterCard	Pass
Check if password change is working	The user should be able to go the account/password change section in order to change their password	The password cannot be changed from the Account Management section. Instead the user has to initiate a password change through the "Can't access account" screens	Fail
Test if Enrollment (either Medicaid or QHP) is being sent back to the Exchange and if the user can navigate through the dashboard to check on the status of an enrollment	Once the user chooses to enroll in plan, if the user logs back into the account, the user should see the status of the enrollment. (For example - pending, enrolled in a plan with enrollment date, delinquent if premiums are not paid, dis-enrolled if delinquency period has passed)	Even though the Medicaid case was processed through AMPS and the result was sent back to BOS, the status of the Medicaid enrollment does not display on the Exchange site, but continues to show "pending" regardless of the status of the application. Similarly, even though the premium for a QHP is paid, the status continues to show "Pending"	Fail
Check if APTC eligibility is calculated accurately	The user should get an accurately calculated APTC and should be able to apply the APTC to medical plans (not dental plans)	User is able to select QHP with APTC adjusted premium. However, the accuracy of the APTC values could not be validated in staging because plan information was not provided	Pass



## Test Cases (2 of 11)

High Level Test Case Description	Expected Outcome	Actual Result	Status of Test Case
Check if APTC is applied to QHP accurately during plan display	The user should get an accurately calculated APTC and should be able to apply the APTC to medical plans (not to dental/catastrophic plans)	In some instances, user is able to select QHP with APTC adjusted premium. In other instances, APTC is incorrectly applied to Catastrophic and Dental Plans	Fail
Confirm customer service Live Chat button/hyperlink working	Ability to access live chat	The live chat button is disabled	Fail
Check whether the user can edit any section of the application	The user should be able to edit any section prior to submitting the application	Assuming the user wants to edit a section on the review page (i.e. household) prior to submitting the application, the user needs to click the back button several times instead of being taken back directly to that page through the side menus.  The "Edit" information prior to the final application submit page works inconsistently and throws exceptions	Fail
A split family with two members living in different zip codes is offered accurate options based on the individuals' different addresses	Plan selection/rating is different for each member due to the different zip codes. Each member is able to enroll in separate plans	Unresolvable error when attempting to start application	Fail



## Test Cases (3 of 11)

High Level Test Case Description	Expected Outcome	Actual Result	Status of Test Case
In a household filing taxes separately where members are eligible for QHP, Nevada Check Up, and QHP/APTC; only the appropriate plans should be shown to each user in the household during plan selection	Plan displays should only be relevant to the appropriate users within a family (i.e. adults should not be shown a CHIP plan).	Members are only shown appropriate plans during plan selection	Pass
Check whether the APTC slider works and the premium amount that is added to the cart reflects the adjustment made to the slider	The user should be able to vary the amount of APTC that can be applied to premiums for a given plan.	APTC amount can be varied after plans have been added to cart	Pass
Check if all filters on the plan selection page work	The user should be able to narrow down the plans by using the available filters	Filters on the page work, but they are very slow	Pass
The user should be able to remove plans from their cart prior to enrolling in a plan	The user should be able to edit their shopping cart prior to enrollment	User is able to remove plans from cart during shopping	Pass
Confirm ability to compare plans on plan selection page	The user should be able to click on a "compare" button	A "compare" button should be added so that the user can compare two sets of selections. Currently, only a link gets enabled when compare is clicked. This should be changed	Pass



## Test Cases (4 of 11)

High Level Test Case Description	Expected Outcome	Actual Result	Status of Test Case
If the user is eligible for cost-sharing reductions, on the plan selection screens the user should be able to easily understand what CSR tier they are eligible for and how that CSR tier applies to a given plan	The user should be shown what cost-sharing reduction tier they are eligible for as well as what cost sharing subsidies are associated with each plan on the plan selection page	The user is shown a list of options of cost-sharing reduction tiers from which to choose. This dropdown appears to have no impact and the language is difficult to understand. In addition, no FAQs are provided for the user's reference	Fail
If the user selects a plan, they should be taken to a page to confirm and pay for their purchase	The user should be able to navigate through the appropriate payment screens and complete the enrollment	The user is taken to a screen to confirm and pay for the purchase	Pass
Upon enrollment, the user receives a notification in their plan when payment is made and can also check the status of payments	The user should be able to get either an on-screen or email notification stating that they are enrolled	The user does not receive any notifications that the payment has gone through or whether the payment is still pending. Different sections of the website show different payment statuses	Fail
Check if there are exceptions at any stage/screen from eligibility to enrollment	All screens should be displayed without an error/exception occurring	Functionality works inconsistently. Exceptions are encountered due to staging environment instability	Fail



## Test Cases (5 of 11)

High Level Test Case Description	Expected Outcome	Actual Result	Status of Test Case
If the user makes changes to enrollment information for qualifying life events, the user should be able to enroll in a separate plan	The user should be able to enroll in a new plan and pay its premiums	There is no capability in the system to report a qualifying life event, so the user is unable to enroll in a separate plan	Fail
If a verification document is required, the user should be able to use the tasks hyperlink and navigate to a document upload screen	The user should be able to navigate to the document upload screen from the task hyperlink	Upon clicking on the task hyperlink, the user is not navigated to another screen	Fail
Brokers register and are able to go into their portal	Brokers should be able to enter their license information, navigate into the portal, and start a new application	Broker licenses were provided, but the broker server was not responding in the test environment. The user was not able to navigate into and use the broker portal	Fail
Individual associates to the broker and enrolls in a plan. The link of broker to individual should be saved and transmitted through EDI	The user should be able to confirm that the user's account is linked to the broker. Furthermore, EDI files should confirm the linkage between the two	After enrolling in a plan, the user's dashboard shows no sign of the link to a broker. EDI files were unable to be generated	Fail



## Test Cases (6 of 11)

High Level Test Case Description	Expected Outcome	Actual Result	Status of Test Case
Outside of open enrollment, a user who is eligible for APTC (has a yearly income of \$40,000) starts a new application and does not have a qualifying life event	User should not be able to enroll in a plan	After clicking save and continuing on the eligibility results, the user is presented with a pop-up about open enrollment being complete and to contact the Call Center for QLEs. They are not directed to plan selection	Pass
Outside of open enrollment, a user who is eligible for Medicaid (has a yearly income of \$5,000) applies and does not have a qualifying life event. User applies for SNAP/TANF	The user should be able to be determined eligible for Medicaid and select a Medicaid plan	The user is determined eligible for Medicaid but is not able to select a Medicaid plan. A special enrollment pop-up is displayed stating that the application would be directly sent to DWSS, but has no area to select a Medicaid plan	Fail
Outside of open enrollment, a user who is eligible for Medicaid (has a yearly income of \$5,000) applies and does not have a qualifying life event. User does not apply for SNAP/TANF	The user should be able to be determined eligible for Medicaid and DWSS should be able to view that application	User is determined potentially eligible for Medicaid. However, DWSS test environment is not able to view the application	Fail



## Test Cases (7 of 11)

High Level Test Case Description	Expected Outcome	Actual Result	Status of Test Case
Check if data in 834 and 820 matches the data entered in Single Streamlined application	All enrollment data entered by the user is correctly transmitted in the 834	Unable to generate EDI files	Fail
Check the APTC amounts are correctly transmitted into 834s and 820	The APTC-adjusted premium amounts should be displayed accurately once the plans have been selected	Unable to generate EDI files	Fail
Check if plans are always displayed	Plans should always be shown to the user (either in anonymous mode or after eligibility has been determined)	Plans sometimes do not display. Likely an issue with synchronization with QUOTIT. Unable to replicate issue	Fail
Check if provider search and prescription search are working. Check if user has ability to select a provider at the time of enrollment	The user should be able to search for plans and providers. The user should be able to select a provider at the time of plan selection	User is able to search what prescriptions and providers are associated with various plans. Additionally, users are able to specify a provider at the time of enrollment	Pass



## Test Cases (8 of 11)

High Level Test Case Description	Expected Outcome	Actual Result	Status of Test Case
A mixed family selects plans; one member is eligible for QHP and one member is eligible for Medicaid	QHP and Medicaid plans are selected	Unresolvable error during plan selection	Fail
A low income individual selects a Medicaid plan and their information is sent to DWSS	Medicaid plan is selected, eligibility results are sent to DWSS	Unresolvable error after selecting a Medicaid plan	Fail
A family (subscriber, spouse who files taxes separately, and one dependent of the spouse). Subscriber and spouse each make \$10,000 a year. Subscriber and spouse select different Medicaid plans. Dental plan is selected for the dependent. Payment is submitted for the dental plan and dependent is enrolled in the Dental plan	All three family members are determined eligible for Medicaid, Medicaid enrollment information is sent to DWSS, dental payment status and statement are viewable in BOS, payment is processed, EDIL files are generated, and dependent is enrolled in the dental plan	No pending payment history was visible after making the payment online on the "Billing and Payments" screen. After the payment was processed in GP, the payment amounts were listed as \$0 instead of the full premium amounts. Attempting to view the statement resulted in a unresolvable error. Dental enrollment status still showed as "pending" even though the payment was processed. EDI files could not be generated	Fail
A single individual with low income selects a Medicaid plan, Medicaid eligibility is approved in DWSS, and the eligibility approval is sent back to BOS	Confirmation of Medicaid eligibility is displayed in the BOS front after being approved in DWSS	The Medicaid plan status showed "pending" in the BOS front end on the policy management screen after the eligibility results were sent back from DWSS. Application resume button instructed the user to shop for a plan again even though Medicaid eligibility was already approved in DWSS	Fail





## Test Cases (9 of 11)

High Level Test Case Description	Expected Outcome	Actual Result	Status of Test Case
<p>A single individual with low income selects a Medicaid plan, Medicaid eligibility is denied in DWSS, and the eligibility denial is sent back to BOS</p>	<p>Medicaid eligibility denial is displayed in the BOS front after being denied in DWSS. Customer is prompted to apply for an APTC plan</p>	<p>The Medicaid plan status showed "pending" in the BOS front end on the policy management screen after the eligibility results were sent back from DWSS. Application resume button instructed the user to shop for a plan again even though Medicaid eligibility was already denied in DWSS. Customer was not prompted to apply for an APTC plan</p>	<p>Fail</p>
<p>A family (subscriber, spouse who files taxes separately, and one dependent of the spouse) shops for plans. Subscriber makes \$80,000 a year and spouse makes \$10,000 a year. Eligibility is determined and each member enrolls in different plans. Subscriber enrolls in a QHP plan and spouse/dependent enroll in a Medicaid/CHIP plans</p>	<p>Subscriber is determined eligible for QHP, spouse/dependent are determined eligible for Medicaid/NCU, Medicaid/NCU eligibility is approved by DWSS, and a payment is made for the subscriber's QHP plan</p>	<p>Dependent was determined ineligible for NCU in the potential eligibility results. After the Medicaid eligibility results were returned from DWSS, there was not an option to make a payment for the male's QHP plan. Application resume button took the user back to the "shop for plan" section even though Medicaid eligibility was already approved in DWSS</p>	<p>Fail</p>
<p>A single individual with low income selects a Medicaid plan, the member's address is updated by DWSS, and the eligibility results and the new address is sent back to BOS</p>	<p>Address is updated in BOS based on the updated in DWSS</p>	<p>Address was successfully updated in BOS</p>	<p>Pass</p>



## Test Cases (10 of 11)

High Level Test Case Description	Expected Outcome	Actual Result	Status of Test Case
A single individual with low income (\$5,000) selects a Medicaid plan and final eligibility results are returned from DWSS	Medicaid application is sent to DWSS and processed by DWSS successfully	Unresolvable error when attempting to shop for a plan	Fail
A single individual with low income (\$10,000) selects a Medicaid plan and final eligibility results are returned from DWSS	Medicaid application is sent to DWSS and processed by DWSS successfully	Unresolvable error when attempting to shop for a plan	Fail
A single individual selects a plan with APTC and makes a payment	Payment is made on the QHP plan with APTC amount deducted, payment is processed and member is enrolled in plan	Unresolvable error when attempting to shop for a plan	Fail
A single individual with \$20,000 yearly income is determined eligible for APTC, selects a QHP plan with APTC applied, and submits a full initial payment	APTC credit is deducted from premium, EDI files are generated, payment is processed, and member is enrolled in the QHP plan	There was no record of the pending payment in the "Billing/Payments screen" after the payment was submitted. EDI files were not able to be generated and member was not enrolled	Fail
Single individual making \$5000 per year selects a Medicaid plan and a dental plan. Member makes a payment for the dental plan	Medicaid application is submitted to DWSS, EDI files are generated for the dental plan, and member is enrolled in the dental plan	Medicaid application was submitted to DWSS. Unable to process the dental plan payment. Unable to generate the EDI files and enroll in the dental plan	Fail



## Test Cases (11 of 11)

High Level Test Case Description	Expected Outcome	Actual Result	Status of Test Case
Single member making \$20,000 is determined eligible for APTC, applies \$200 of the \$250 total eligible APTC amount, and makes a full payment via bank account	Payment is processed, EDI files are generated, and member is enrolled by the carrier	Unable to process the payment, unable to generate the EDI files, and unable to enroll with the carrier	Fail
A family determined eligible for APTC selects a plan for the subscriber only, opts out of coverage for the spouse and dependent, and makes an underpayment via a check	APTC amounts are deducted from the premium, the partial payment is deducted from the account balance, and family is not enrolled	Even though the family was determined eligible for APTC, no APTC amounts were displayed while shopping for a plan. Unable to process the payment	Fail
A family is determined eligible for APTC, each family member selects a silver plan with CSR from different carriers, and premiums are paid in full	The family is determined APTC eligible, CSR is applied to each plan selected, the payment is processed, EDI files are generated for each carrier, and the family becomes enrolled	The dependent was determined ineligible for APTC. Unable to process payments, unable to generate EDI files, and unable to enroll the family	Fail
A single individual that makes \$5,000 a year does not enter an SSN in their application and potential eligibility is determined	Member is determined potentially eligible for Medicaid	Member was determined ineligible for Medicaid	Fail

