

# Massachusetts Application for the Cooperative Agreement to Support Innovative Exchange Information Technology Systems

## *New England States Collaborative Insurance Exchange Systems (NESCIES)*

### **U.S. Department of Health and Human Services Office of Consumer Information and Insurance Oversight**

CFDA: 93.525    Funding Opportunity Number: IE-HBE-11-001

December 22, 2010

**Submitted by:**

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# New England States Collaborative Insurance Exchange Systems

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December 16, 2010

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**Project Title:** The New England States Collaborative Insurance Exchange Systems (NESCIES)  
**Applicant Name:** The University of Massachusetts Medical School  
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Dear Ms. Feagins:

The University of Massachusetts Medical School (UMMS) is pleased to submit this application on behalf of the Commonwealth of Massachusetts, and in collaboration with the New England States, in response to the Cooperative Agreement to Support Innovative Exchange Information Technology Systems (CFDA: 93.525; FON: IE-HBE-11-00).

As noted in the grant abstract, the goal of the New England States Collaborative Insurance Exchange Systems (NESCIES) project will be to develop, share, and leverage insurance exchange technology components among early innovator States in the New England region to support the implementation of health care reform that is patient-focused, cost-effective, and replicable in other geographies.

This collaborative project will leverage the early innovations of established insurance reform efforts in New England and build upon the Massachusetts experience with expanding Medicaid coverage and establishing technology platforms that support health insurance exchange and health care delivery, to:

- Develop an effective consumer interface for facilitated insurance “shopping” for individuals and small businesses including integration with Medicaid enrollment and eligibility systems;
- Leverage the capabilities of each of the States in areas of exchange and technology development to establish a modular platform that may be applicable to multiple State health insurance exchange policies;
- Share in the development or purchasing of exchange technology components that can be

tailored to the needs of each of the States to reduce duplicity and spending, while improving implementation schedules;

- Create a learning collaborative, led by a multi-state steering committee, where participating New England States can share and develop cutting-edge and cost-effective technology components, intellectual property, and best practices for implementing an insurance exchange in compliance with PPACA 2014 goals; and
- Evaluate and document best practices for insurance exchange implementation amongst the Collaborative States that can be shared as a toolkit for other states nationally.

The University of Massachusetts Medical School (UMMS) will serve as applicant in partnership with the lead state of Massachusetts and collaborating states of Connecticut, Maine, New Hampshire, Rhode Island, and Vermont. UMMS has a well-established partnership with the Massachusetts Executive Office of Health and Human Services in evaluating and implementing innovations in health care systems involving those served by the public sector. UMMS has been a thought leader in the area of public sector health information technology policy and has extensive experience in partnering with state agencies and providing multi-state technical assistance on complex CMS funded projects. UMMS will work closely with the New England States Consortium Systems Organization (NESCSO), a non-profit corporation organized by the six New England Health and Human services agencies to foster communication and collaboration. Overall project priorities and shared development activities will be informed by an Interstate Steering Committee convened by NESCSO and comprised of representatives of the collaborating states.

This proposal was developed in full collaboration with the Massachusetts Executive Office of Health and Human Services (EOHHS), the state Medicaid program (MassHealth) and with the Massachusetts Connector Authority – the statewide Health Insurance Exchange for Massachusetts. As described in the proposal, we have also coordinated the development of this application with the other New England States and welcome their full participation.

The Principle Investigator and contact person for this project is Jay Himmelstein, MD, MPH, Professor of Family Medicine and Community Health and Quantitative Health Sciences at UMMS. Dr. Himmelstein, in addition to being the PI of the current grant, has worked closely with EOHHS and the Massachusetts Medicaid Program for the past 14 years in his previous role as Director of the Center for Health Policy and Research and more recently as the Director of a \$25 million CMS-funded project designed to improve health and employment outcomes for people with severe disabilities. Dr. Himmelstein also leads our Public Sector Health Information Technology Policy group, and serves as a Senior Fellow for Health Care and Technology policy for NORC at the University of Chicago.

As indicated in the accompanying letter of commitment from Governor Deval Patrick, UMMS has been granted the necessary authority to undertake these efforts on behalf of the Commonwealth of Massachusetts. Massachusetts has designated Terry Dougherty, Director, Office of MassHealth, and Glenn Shor, CEO of the Massachusetts Connector Authority, to be the project sponsors for the Massachusetts EOHHS and Connector Authority respectively.

Based on past experience in developing collaborative projects with other state agencies incorporating the perspectives of consumers, state agencies and private health and human services providers , I am confident that this grant team is capable of assembling the stakeholders and mobilizing the resources to meet the overall goals of this project and cooperative agreement.

In closing, it is with great pleasure that UMMS submits this proposal on behalf of the Commonwealth of Massachusetts and the New England States. I welcome any questions or comments concerning our application.

Sincerely,



Michael F. Collins, MD  
Senior Vice President for the Health Sciences, University of Massachusetts  
Chancellor, University of Massachusetts Medical School

Cc: The Honorable Deval L. Patrick, Governor, Commonwealth of Massachusetts  
Terry Dougherty, Director, Massachusetts Office of MassHealth,  
Glenn Shor, Chief, CEO, Massachusetts Connector Authority  
JudyAnn Bigby, Secretary, Massachusetts Executive Office of Health and Human Services  
Thomas Manning, Deputy Chancellor, UMMS  
Jay Himmelstein, Professor of Family Medicine and Community Health and Quantitative  
Health Sciences, UMMS

## PROJECT ABSTRACT

Application Title: *New England States Collaborative Insurance Exchange Systems (NESCIES)*

Applicant Organization Name: *University of Massachusetts Medical School (UMMS)*

Program Applying Under: *Cooperative Agreements to Support Innovative Exchange Information Technology Systems (IE-HBE-11-001)*

Principal Investigator (email): *Jay Himmelstein, MD, MPH (jay.himmelstein@umassmed.edu)*

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Type of project: *Cooperative Agreement*

Projected date(s) for project(s) completion: *March 1, 2011 – Feb 28, 2013*

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The overall goal of the *New England States Collaborative Insurance Exchange Systems (NESCIES)* project is to create Information Technology (IT) components that are consumer-focused, cost-effective, reusable, and sustainable and can be leveraged by the New England states to operate Health Insurance Exchanges (HIXs). The NESCIES project approach will be to create and build a flexible HIX Information Technology framework in Massachusetts designed to connect consumers, small businesses, and health plans that can be tailored to the needs of the New England states and beyond. Achieving this goal will require the creation of solutions that are component-based, adaptable, and based on national standards.

Together, Massachusetts and the New England states have made substantial progress in assessing and analyzing IT gaps for establishing HIXs, have demonstrated an advanced state of readiness, and possess the technical expertise to deliver standards-based, system components on an accelerated development cycle in cooperation with the Office of Consumer Information and Insurance Oversight (OCIO). The goal of this collaboration is to coordinate efforts and learn from the Massachusetts HIX implementation, gaining efficiencies, and accelerating HIX development for each of the New England states. Participation in this effort will allow each New England state to leverage common components developed in Massachusetts.

The population served by this grant will include individuals and small businesses in Connecticut, Maine, Massachusetts, New Hampshire Rhode Island, and Vermont. These consumers will be able to shop for, select, and purchase affordable and high-quality health plans consistent with national health reform goals for 2014.

The University of Massachusetts Medical School (UMMS) will serve as applicant for the lead state of Massachusetts. UMMS has a well-established partnership with the Massachusetts Executive Office of Health and Human Services in evaluating and implementing innovations in health care systems involving those served by the public sector. UMMS has been a thought leader in the area of public sector health information technology policy and has extensive experience in partnering with state agencies and providing multi-state technical assistance on complex CMS-funded projects. Overall project priorities and shared development activities will be informed by an Interstate Steering Committee made up of representatives of the collaborating states.

## **PROJECT NARRATIVE**

The University of Massachusetts Medical School (UMMS) is pleased to submit this application for the Commonwealth of Massachusetts in response to the Cooperative Agreement to Support Innovative Exchange Information Technology Systems (CFDA: 93.525; FON: IE-HBE-11-00) in collaboration with its partner entities and the New England states.

The overall goal of the *New England States Collaborative Insurance Exchange Systems* (NESCIES) project is to create Health Insurance Exchange (HIX) Information Technology components that are consumer-focused, cost-effective, reusable, and sustainable that can be leveraged by the New England states to operate Health Insurance Exchanges (HIX). The NESCIES project approach will be to create a flexible HIX Information Technology framework in Massachusetts designed to connect consumers, small businesses, and health plans that can be tailored to the needs of the New England states and beyond. Achieving this goal will require the creation of solutions that are component-based, adaptable, and based on national standards.

As described in the narrative and related appendices that follow, Massachusetts and the New England states have made substantial progress in assessing and analyzing information technology (IT) gaps for establishing HIX solutions, have demonstrated an advanced state of readiness, and possess the technical expertise to deliver standards based, system components on an accelerated development cycle in cooperation with the Office of Consumer Information and Insurance Oversight (OCIO). NESCIES is collectively prepared to share all IT solutions developed under this cooperative agreement amongst the New England states as well as with other states nationally, and is committed to building systems that are “cost effective, consumer oriented, and account for the interests of employers, especially small businesses”.

### **A. Commitment**

*Statutory Authority:* All of the New England states – Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont – have indicated their support and commitment to the process of exploring, designing, and implementing information technology system components that can be used as part of the overall envisioned HIX Information Technology infrastructure. The participation of all New England states serves to demonstrate our region’s commitment to the HIX IT system initiative and to the implementation of the Affordable Care Act (ACA).

The New England states have all passed or are planning for the passage of relevant state statutory and/or regulatory changes required to implement health care reform. In Massachusetts, the role of the Health Connector (the Massachusetts Exchange) and the operation of its programs are already well defined within current state statute and regulations promulgated upon the implementation of Chapter 58 in 2006<sup>1</sup>. Massachusetts has the regulations and an operating insurance exchange in place. This will allow rapid implementation of the IT enhancements developed under this project. For participating states that have yet to pass legislation, the project will take into account federal law and regulations as available and make mid-course adjustments as state authority progresses. Letters from the sitting governors and state Medicaid Directors of all New England states are included in this submission as further testament to our regional commitment. (See *Appendix 1: Letters of Commitment from Massachusetts Governor, Medicaid Program Director, and Massachusetts Health Connector Insurance Exchange Executive*

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<sup>1</sup> Massachusetts health care insurance reform law was enacted as Chapter 58 of the Acts of 2006 of the Massachusetts General Court.

*Director and Appendix 7: Letters of Commitment from other New England Governors and State Medicaid Directors.)*

*Stakeholders:* The stakeholders responsible for implementation of HIX in Massachusetts include the Massachusetts Health Connector and Massachusetts Medicaid Agency (MassHealth), in collaboration with UMMS. Massachusetts has an established track record of collaboration between the state Medicaid program (MassHealth) and the Massachusetts Health Connector in program design, development, and implementation since the enactment of the Massachusetts health care reforms in 2006. These include the use of the Medicaid eligibility system (MA-21) to determine eligibility for health reform programs and the use of a common Medicaid and Commonwealth Care (subsidized health insurance) application for enrollment. Planning efforts are underway to ensure compliance with the ACA. ***Massachusetts will use funds received under this initiative specifically to develop innovative and reusable system IT components that can be adopted and used by other states as part of their technology solutions for the implementation of their HIX.*** Additional stakeholders in Massachusetts will include: the Massachusetts Health Connector Board; members of the public from a variety of political, cultural, and socioeconomic perspectives; individuals covered by both public and private health insurance programs; state legislators; small and large employers; nonprofit organizations; insurance companies, including those already on the Massachusetts Exchange; community-based organizations; health care providers; and stakeholders involved in public health.

In addition to working directly with Massachusetts to develop the IT system components under this initiative, UMMS will work closely with the New England States Consortium Systems Organization (NESCSO), a non-profit corporation organized by the six New England Health and Human Services agencies, to foster communication and collaboration among states. Under NESCSO, the New England states already have a history of working collaboratively which will allow for open communication and rapid knowledge and technology transfer amongst states. Overall project priorities and shared development activities will be informed by an Interstate Steering Committee convened by NESCSO and made up of representatives of the collaborating states.

UMMS, NESCSO, and the participating states – Massachusetts, Connecticut, Maine, New Hampshire, Rhode Island, and Vermont – affirm our commitment to establishing statewide Insurance Exchange capabilities that meet the diverse needs of our consumers, including individuals and small businesses. New England participants in this project – including those staff members in state Medicaid agencies, Information Technology, Departments of Insurance, Administration, Finance, Operations, and other agencies involved in HIX planning – recognize the importance of this opportunity to coordinate and leverage available federal funds to meet the forthcoming federal standards associated with the ACA while meeting the needs of New England citizens, consumers, and small businesses.

Although each New England state may be at a different point along the readiness spectrum, each is poised to utilize funding through OCIO planning and establishment grants<sup>2</sup> to ascertain how best to meet those standards and needs, and to develop those innovations that will propel its efforts forward. ***The goal of this collaboration is to coordinate efforts and learn from the***

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<sup>2</sup> Massachusetts, Connecticut, Maine, New Hampshire, Rhode Island and Vermont all applied for and received State Planning and Establishment Grants for the Affordable Care Act's Exchanges from the Office of Consumer Information and Insurance Oversight (Funding Opportunity Number: IE-HBE-10-001).



***Massachusetts HIX implementation, gaining efficiencies, and accelerating HIX development for each of the states.*** Participation in this effort will allow each state to leverage common components developed in Massachusetts, while focusing its planning grants on state-specific requirements (e.g., HIX governance, legislation and other concerns). Each state's HIX efforts will be linked with its state Medicaid agencies in the design, development, and implementation of its HIX systems.

It should be emphasized that this project ***is not proposing to create one regional Insurance Exchange solution.*** Rather, it is proposing to align Massachusetts's HIX efforts to plan, design, develop and implement core components with the collaborative needs of the other New England states and beyond. Thus as Massachusetts develops innovative HIX components to be compliant with requirements for 2014 and beyond, this collaborative will identify opportunities for working together on specific components that can best be shared and implemented more broadly. This could include future joint procurement or the sharing of currently developed HIX components. At a minimum, cost savings and reduction of development/ implementation timelines will be achieved through a shared design approach, a reduced learning curve, and economies of scale. Participating states will have the opportunity to learn, share, or procure jointly developed HIX components. Most importantly, each state reserves the right to choose and implement the technologies that fit its own specific state needs and will tailor its future implementation grant submissions as appropriate.

As documented in the letters of support, the stakeholders for NESCIES vary by state, and consist of representatives from Health and Human Services agencies, Medicaid/MMIS, Departments of Insurance, Health Policy and Finance, Health Insurance Commissioners, Governors and Lieutenant Governors offices, legislative bodies, and any existing Exchange (or Exchange-like) authorities. Through NESCSO, each participating state has already identified and appointed key technical and non-technical leads for staffing the NESCIES Interstate Steering Committee. (See *Appendix 2* for a listing of the *NESCIES State Business and Technical Leads.*)

## **B. Opportunities to Share, Leverage, and Re-use Exchange IT Systems Components**

Massachusetts will serve as the lead state for the NESCIES project. Connecticut, Maine, New Hampshire, Rhode Island, and Vermont will be active project participants and serve on the Interstate Steering Committee and technical work groups. UMMS will manage the cooperative agreement on behalf of Massachusetts and will work closely with NESCSO, a non-profit corporation organized by the six New England Health and Human services agencies, to foster communication and collaboration. This structure will create an environment conducive to sharing, leveraging, and adopting HIX system components.

Letters have been provided (see *Appendices 1* and *7*) from the following states expressing both commitment to participate in NESCIES and interest in using HIX components that are jointly developed:

- **Connecticut** – Governor M. Jodi Rell; Medical Care Administration Director Mark Schaefer, Ph.D.
- **Maine** – Governor John E. Baldacci; Medicaid Director Anthony Marple
- **Massachusetts** – Governor Deval Patrick; Medicaid Director Terry Dougherty; Executive Director Massachusetts Health Connector Glen Shor
- **New Hampshire** – Governor John H. Lynch; Medicaid Director Kathleen Dunn
- **Rhode Island** – Governor Donald L. Carcieri; Medicaid Director Elena Nicolella

- **Vermont** – Governor Jim Douglas; Vermont Health Access Commissioner Susan Besio

In addition to providing support for this application, all of the New England states have committed to coordinating their state efforts for developing state-based exchanges with IT solutions that will be developed through the NESCIES project. All of the states have identified Business and Technical Architecture leads who will participate in the NESCIES Interstate Steering Committee and technical component work groups, as well as participate in the learning collaborative to facilitate and accelerate interstate technical assistance. It is our intent that the technology components developed in Massachusetts under this proposed cooperative agreement will be broadly applicable, reusable, and sustainable for states within and outside of the region. As described in Sections C and D below, all HIX system components will be developed in accordance with federal guidelines and will adhere to recognized SDLC frameworks, creating both reusable Web Services Architecture and Service Oriented Architecture components and ensuring Office of the National Coordinator (ONC) and National Institute of Standards and Technology (NIST) compliance. It is anticipated that the majority of core functions will be reusable and meet the needs of most states' stakeholders.

Through the learning collaborative convened by NESCSO, a forum will be provided to share information, best practices, and progress related to the development of the HIX components. Technology component work groups will inform the Interstate Steering Committee and OCIIO on progress and make the underlying architecture and developed HIX components in Massachusetts readily available to participating states. Through OCIIO, information will be shared with other states nationally as they prepare to implement their own Exchanges.

It is expected that joint planning efforts, use of proven methodologies, collective technology development or procurement, and shared lessons learned will result in time savings, lowered risk, and increased sharing and reuse.

### **C. Readiness to Establish an Exchange IT System Based on Readiness Assessment**

Overall, Massachusetts and the collaborating states are at an advanced state of readiness to start the early phases of systems development. It is understood that this will be a cooperative process with OCIIO and we propose budgets that are appropriate and cost effective in support of planned deliverables. Technology components and solutions produced through this cooperative agreement will adhere to all federal requirements, including standards currently outlined by ONC as well as state data interoperability standards and insurance regulations.

Technology leadership is already in place in Massachusetts to assure that the HIX components developed through this project will move quickly. Manu Tandon, CIO, Massachusetts Executive Office of Health and Human Services; Erin Ferrari, Director, Eligibility System; Steve Gross, Director, MMIS Integration; and Scott Devonshire, CIO, Health Connector, are on board and are currently planning a coordinated update and expansion of the state's Exchange Information Technology. In addition, the larger New England group of stakeholders have already met and completed their own initial Exchange readiness assessments. The NESCIES Interstate Steering Committee will meet in January to discuss how to coordinate the development of IT components under this project with their state planning efforts to accelerate implementation in each state.

#### ***C.1. Technical Architecture***

##### ***Current Legacy Systems (“as is”)***

Massachusetts has numerous software and hardware systems that support present HIX activities.

(See *Appendix 3: Massachusetts Legacy Hardware and Software Systems.*) Systems most relevant to HIX in Massachusetts include the following:

- The Massachusetts Executive Office of Health and Human Services (EOHHS) uses the **Virtual Gateway**, a central, Web-based platform for all online systems used by Massachusetts EOHHS departments, community providers, and service recipients. Rather than invest in separate, redundant infrastructure across departments, EOHHS built a single technology and security platform with central quality assurance, release management, and customer service/business support teams which support all applications. Since 2005, the number of accounts for Virtual Gateway services has increased to nearly 450,000. There are more than 30 separate systems (including Medicaid and Eligibility) hosted on the Virtual Gateway today. Backing the Virtual Gateway, the EOHHS Access and Identity Management Service (AIMS) provides an end-to-end access and identity management solution that facilitates workforce, member, provider, and public user access to EOHHS services, agency applications, and confidential data, while ensuring that user access is consistent with policy and regulatory requirements. The Virtual Gateway exemplifies the “no wrong door” philosophy that is prominent in Exchange design requirements.
- EOHHS’s **XML Gateway** is a gateway for SOAP/XML-based Web service communication. It is used for communication between EOHHS applications and also for business partners to exchange data with individual EOHHS agencies. The Gateway is responsible for standard XML operations like Schema Validation, Message Transformation, and WS-Security. It is also integrated with the AIMS security system for real-time Web Service authentication and authorization.
- The EOHHS **Enterprise Reporting System** (aka Data Warehouse) is a centralized system for analytics and reporting. The system supports standard pre-formatted reports, ad-hoc reports, and OLAP reports. The system supports portal-based access through single sign-on on the Virtual Gateway to privileged users. It also provides a Web service for the applications to generate viewable reports online.
- The EOHHS **Enterprise Document Management (EDM)** system has capabilities to transform paper, fax, and electronic forms and documents into indexed electronic renderings. These electronic documents can be stored, retrieved, and routed to recipients. The contents and state of the documents can be sent to other systems or provided to other systems on request.
- The **HIPAA Gateway** is hosted on Enterprise and HHS XML Gateway servers and is used for external providers to submit HIPAA X12 transactions. The backend for this service is a ‘C’-based SOAP engine; it uses Sybase EDI product for translation and compliance check.
- Massachusetts has a new state-of-the-art **MMIS system** that offers a large portfolio of real-time services and handles millions of transactions rendered in sub second performance. Built on service-oriented architecture, the system recently went live and has workflow, imaging, translation, Web services, loosely coupled interfacing, and analytics support.
- Massachusetts EOHHS has a **My Account Page (MAP) service** launched on the EOHHS

Virtual Gateway that provides MassHealth (Massachusetts Medicaid) workers, call center staff, and healthcare providers with a single online consolidated view of a member's current MassHealth and Commonwealth Care eligibility information. The implementation on MAP addressed an opportunity to expand access to member information while reducing the volume of phone calls received by MassHealth and the Customer Support team. In subsequent releases, additional modules were added to allow for online eligibility renewals and automated changing of account information. These enhancements were essential to enabling MassHealth to support the large increases in workload resulting from Massachusetts' Healthcare Reform implementation. In December 2008, a new customer-centric service channel was implemented by integrating MAP with MassHealth's telephone interactive voice response (IVR) system, enabling customer access to benefit information via the telephone. In early 2010, access to these online tools was made available directly to MassHealth and Commonwealth Care members. MAP has approximately 7,000 registered provider users and 19,000 registered member users who submit over 300,000 requests for data on average per month and over 2,200 account information changes per month.

- The Massachusetts EOHHS **All Payer Claims Database (APCD)** contains medical, pharmacy, and dental claims, along with carrier membership, service providers, and products for the state's residents. The database covers private, self-insured, and public payer information from 2007 to present. The APCD is used to meet the needs of agencies, researchers, and interested parties. Since 2008, the system has been collecting private payer information from 30 carriers, and will expand to over 75 carriers by 2011.
- The **MA-21** system is used for eligibility determination for Medicaid programs. MA-21 is the primary eligibility system for MassHealth, Commonwealth Care, and the Health SafetyNet. This MA-21 application is hosted on the mainframe at Massachusetts Information Technology Center managed by the Information Technology Division (ITD). The application was written and continues to be maintained with Natural, ADABAS code. There are many system interfaces with MA-21. Examples of this are the NewMMIS, Virtual Gateway, and the Social Security Administration.

MA-21 is the eligibility system used to capture MassHealth member data as received on the MassHealth Benefit application form, requests for updated information forms, and eligibility related data from unstructured sources such as pay stubs, birth records, and other documents supplied by applicants and members. There are portions of eligibility determination taking place outside of MA-21 and being "passed through" MA-21 to MMIS. This is known as "referred eligibility" which could be defined as the portion of the MassHealth member caseload that originates from sister state agencies. These cases are created, managed, and owned by the respective agencies and are imported into MA-21.

- **Massachusetts Health Connector Authority System:** ([www.mahealthconnector.org/](http://www.mahealthconnector.org/))
  - The **Commonwealth Care Online Shopping Application** (subsidized insurance) enables adults that have income below 300% of the Federal Poverty Level (FPL) and meet certain eligibility requirements to shop amongst five different managed care organization (MCO) health plans. Commonwealth Care eligibility is determined by MA-21.
  - The **Commonwealth Choice Online Shopping Application** (unsubsidized

insurance) helps individuals and families and young adults to shop for non-group based health plans. The application, built using J2EE standards, and supported by an enterprise-wide portal platform, corresponds with health plans for rate requests and allows users to perform side-by-side comparison of health plans before users can purchase health insurance. The enrollment part of application enables a user to enroll in a chosen health plan. The application exposes an iFrame interface to the user, thereby establishing a direct window with the backend service center at the Small Business Service Bureau.

- **Interfaces:** In Massachusetts, the Health Connector uses SOA to implement messaging with its trading partners. The Web service communication uses standard XML/SOAP messaging. The XML messages conform to standard w3c protocol, while the metadata is customized to suit the needs of Health Connector applications.
- The **Commonwealth Care Enrollment Application** supports member selection and enrollment in to a subsidized managed care health plan.
- The **Commonwealth Choice Enrollment Application** supports member selection and enrollment in to a Health Connector-based health plan.

Other participating New England states will be asked to inventory their software and hardware systems for participation in the NESCIES efforts and in line with their receipt of planning grants from OCIO. An opportunity to share technology and experiences across New England is at the core of the NESCIES project.

### ***Expectation for the Exchange Environment***

An initial priority of this project will be to leverage the “as is” capabilities of the Massachusetts Health Connector, and (by following the requirements of the Key Principles of Exchange IT Capabilities) engage other members of NESCIES in completing a Readiness Assessment for the projected “to be” version of the business and technology infrastructure solutions. The “to be” vision of the technology infrastructure will include a common set of components, processes, and capabilities that support the services of the Exchange. Each state in the Collaborative will then be able to utilize this model and create, adapt, or modify individual components as appropriate.

To minimize risk, lower cost, and improve “speed to value”, the high degree of readiness demonstrated in the Massachusetts Health Connector and the Massachusetts Virtual Gateway (an Exchange-like one-stop Web portal business service for a wide variety of Health and Human Services, including MassHealth, the Massachusetts’ Medicaid product), along with the proven capabilities, experience, knowledge, and core capabilities to create HIX Information Technology components will be leveraged by the other New England states.

The initial assessment has identified components of the existing Commonwealth of Massachusetts EOHHS and Massachusetts Health Connector Information Technology System that might be utilized for the new environment; components that will need to be enhanced, and components which must be redesigned or built from the ground up (design through implementation) in order to meet or exceed the functionality expected of state-based Insurance Exchanges in 2014. Components developed for the Massachusetts Health Connector will be designed in a way that maximizes interoperability, extensibility, and expandability in each state (or shared as appropriate between states) by leveraging industry standards and input from

technical experts in each of the New England states.

NESCIES conducted a review of the core technology and business capabilities to meet 2014 expectations for state-based Insurance Exchanges. As part of the process, the team worked closely with the Massachusetts Health Connector and EOHHS technology leaders to identify the core delivery services and existing technologies, as well as identify new technologies, including delivery and messaging services required to meet the goals of the ACA.

The expanded list of HIX Information Technology components (*as shown in Appendix 4: NESCIES State Readiness Levels by Exchange Service Component*) was distributed and reviewed by each participating New England state. Each state responded with its level of development (“readiness”) for each model and its ability to “reuse” or adapt the defined core services, structures, and technologies. The result of this process is a view of how the Exchange IT system is expected to vary from the “as-is” environment.

Specifically, the review of interstate readiness included the following steps:

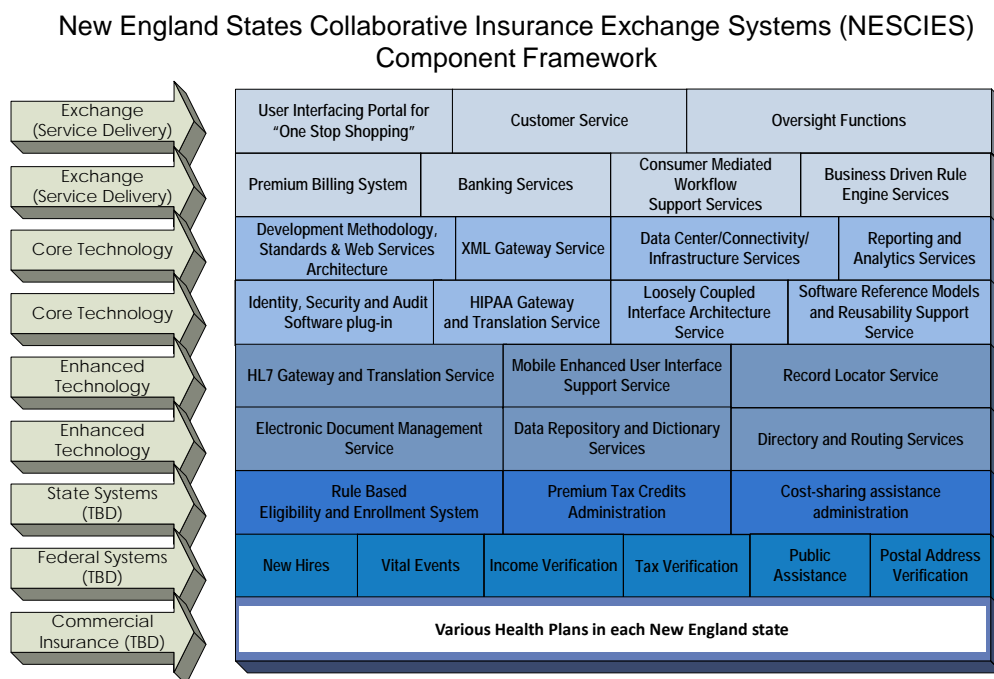
- 1) Reviewed existing (“as is”) core components from the existing Massachusetts Health Connector and Massachusetts EOHHS.
- 2) Expanded the (“as is”) Massachusetts Health Connector components to address the requirements of the ACA. Additional capabilities, services, and technologies were identified and added to the existing Health Connector to form the new NESCIES Exchange Services Components (see *Figure 1*).
- 3) Collectively discussed, developed, and distributed the readiness assessment to each state participating in this project. Each state has reviewed and rated (from low to high) its “as is” capacity for each component (see *Appendix 4*). A rank of high indicates a component is already in production and may need only modest enhancement for use in the Exchange IT system. A rank of medium indicates a state has parts of the components in production but perhaps in a different context, or it may need reconciliation, integration, and/or enhancement for use in the Exchange IT system. A rank of low indicates a state component is not yet beyond the initial design stage and will likely be a new component of the Exchange IT system.
- 4) Assessed the interest of each NESCIES state member to “reuse” the defined components and services. Each state ranked its interest in reuse of the core components (from low to high) based on individual state policy, laws, and technological capabilities (see *HIX Components for Collaboration*, described below). High priority components provide a good opportunity for collaboration with minimal state-specific requirements, while those components rated low require state-specific implementations and/or modifications.

The result of this initial assessment provides a view of how the Exchange IT system will differ from the current environment. This assessment identified potential reusable components in each New England state and components that must be built or leveraged from other states. More detailed state analyses are underway as part of the individual State Exchange Research and Planning grants, which will be the basis for making decisions and for foci for the interstate technology work groups under the NESCIES project. To this base, each state can leverage the components that are developed in Massachusetts under this agreement as it moves towards implementation of its statewide HIX to meet state-specific needs and be tailored to improve its unique consumer experience.

*Figure 1*, below, illustrates the working vision and “core” services and components of the Exchange Information System. It is anticipated that each state will be able to leverage core components and capabilities from the NESCIES HIX framework, while accommodating its individual state needs. Services to support the HIX infrastructure of the future would include:

- **Exchange (Service Delivery):** The Exchange Service Delivery components are the main functions supported by the HIX framework. The services will be delivered through SOA-based components within a centralized Web page, supporting flexible, user-friendly capabilities and real-time interfaces with commercial and public systems, and offering a customer-mediated workflow to render a retail “shopping” experience. The Web portal will be accessible by all stakeholders, including HIX administrators, consumers, small businesses and Qualified Health Plans. Specific components include: user interfacing portal for “One Stop Shopping”; customer service; oversight functions; consumer mediated workflow support services; premium billing systems; banking services; and business-driven rule engine services.
- **Core Technologies:** The core components and capabilities of the HIX infrastructure to support Exchange Services will be contained in this layer. This includes: XML Gateway service; data center/connectivity/ security infrastructure services; reporting and analytics services; development methodology standardization and Web services architecture; identity, security and audit software plug-ins; HIPAA Gateway and translation service; loosely coupled interface architecture service; and software reference models and reusability support services.
- **Enhanced Technologies:** Enhanced technologies are those technology components that will be used to advance the existing Massachusetts Health Connector product to support the goals and requirements of the ACA. This includes: An HL7 Gateway and translation services; mobile-enhanced user interface support services; record locator service; directory and routing services; electronic document management services; and data repository and dictionary services.
- **State Systems:** One of the key challenges for this project will be the building of a flexible framework that can support the need for state-by-state customization for specific modules, rules, and business services. The initial assessment process will include the ability to create the understanding of state level maturity, capabilities, and readiness across the Collaborative. Developing a flexible framework with a robust messaging service level that supports this spectrum of needs will be one of the keys to success for the HIX framework. Potential state systems to be interfaced include: eligibility, enrollment, premium tax credits administration, and cost-sharing assistance administration.
- **Federal Systems:** The federal government will establish a set of interfaces that support states’ Exchange and eligibility determination. These interfaces will be invoked by states or consortia of states in real-time financial evaluations and eligibility determinations. These systems potentially include: vital events, income verification, tax verification, public assistance, postal address verification, etc.
- **Commercial Insurance Systems:** Exchanges will need to link with commercial insurers in their state. The Massachusetts Health Connector exchanges real-time data with its business partner and at least one insurance carrier for the generation of rates.

**Figure 1:**



The expectation of the Massachusetts Health Connector is to integrate and leverage business and IT requirements across Medicaid and other Health Insurance Exchanges as appropriate. Identifying key common elements among initiatives and appropriately allocating federal funding for each is expected to result in cost savings and improved efficiency.

The Health Connector will employ IT system architectures which support the Health Insurance Exchanges and Medicaid and CHIP provisions contained in the ACA. Systems developed or enhanced to support functions of the Exchange will adhere to the following architectural principles when possible:

- Employ Web Services Architecture/Service-Oriented Architecture methodologies for system design and development to ensure standards-based interfaces to link partners and information at both federal and state levels.
- Employ common authoritative data sources and data exchange services, such as federal and state agencies or other commercial entities.
- Employ open architecture standards (non-proprietary) for ease of information exchanges.
- Use Service-Oriented Architecture concepts for developing the architecture.
- Use NIEM, NIST, HL7 and other standards for information modeling and exchange wherever possible.
- Use standards-based business rules and a technology-neutral business rules repository.
- Enable the business rules to be accessible and adaptable by other states.
- Use a standard technology-neutral Business Rule Management System (BRMS) for managing the business rules.
- Build in Performance Measurement and Reporting to collect system performance measures on a regular basis to ensure quality, integrity, accuracy, and usefulness of functionality and information.
- Provide the capability to easily add measures to the collection process.



- Provide reporting of measures in both real-time and as reports (event and time-driven).
- Ensure systems are highly available and respond in a timely manner to customer requests.
- Offer configurable system performance parameters, including:
  - Use of performance measurement to adjust system parameters (i.e., priorities).
  - Redundant capabilities (e.g., portal, phone lines, hardware).
  - Load Balancing.

### ***HIX Components for Collaboration***

Based on the initial self-assessment performed by the New England states, these components have high likeliness for sharing across New England, including the following:

#### *Extremely likely (All states agree)*

- HIPAA Gateway and Translation Service – Used to enhance HIPAA transactions for eligibility, enrollment, and status 270/271/834 interoperability between various public and private sources and platforms.
- Federal Systems – The federal government will be establishing a set of interfaces that support states' Exchange and eligibility determination. These interfaces will be invoked by states or consortia of states in real-time financial evaluations and eligibility determinations.

#### *Highly likely (Five out of six states agree)*

- Consumer Mediated Workflow Support Services – This is a support component to the Exchange portal. It supports a consumer-driven and mediated approach that allows the consumer to review and confirm auto-pulls from verification systems. For example, a real-time interface with the tax system could present the consumer with pre-populated data that the consumer would have the ability to confirm, thereby furthering the workflow.
- Development Methodology Standardization and Web Services Architecture – This is in support of the development of the vision and functional components; it is imperative that a standardized, methodology-based software development life cycle (SDLC) is used, including iterative and incremental development methodologies.
- Loosely Coupled Interface Architecture Service – While this is mostly a design principle, it is called out here as a key vision component to ease enablement of integration of otherwise heterogeneous systems, including the Exchange, state systems, federal systems, and commercial providers. This promotes generic interfaces definition with parameterized controls to avoid "hard wiring" of custom interfaces between systems.
- Directory and Routing Services – These are configurable locator services ranging from centralized 'yellow pages' to federated white pages of persons, departments, and machines to undiscoverable local directories.
- Data Repository and Dictionary Services – A software reference implementation that tracks what data is stored and where. Who is the system of record for what data? What are the retention rules? What are the data reuse policies? How is the same data element labeled in different systems? These services will include cross reference of

system-specific data elements to federal standards such as NIEM (National Information Exchange Model).

*Likely (Four out of six states agree)*

- Oversight Function – (Guidance for Exchange and Medicaid Information Technology (IT) Systems published in support of Affordable Care Act Section 1311.) Section 1311(c) requires the Secretary to develop regulatory standards in five areas that insurers must meet in order to be certified as qualified health plans by an Exchange: marketing, network adequacy, accreditation for performance measures, quality improvement and reporting, and uniform enrollment procedures.
- Premium Billing System – This is a support component to the Exchange portal. Support system for managing financial transaction with subscribers for commercial programs that uses standard-based, real-time interfaces with insurers and supports robust reporting. Component includes e-pay functionality and report writing. The PBS could be custom-coded or supplied by a third-party system.
- Reporting and Analytics Services – Performance measurement support by robust reporting and data analytics support.
- HL7 Gateway and Translation Service –To enhance HL7 interoperability between various sources and platforms.
- Record Locator Service – A software plug-in service that will input either an Identifier (like SSN) or use demographic information-based probabilistic matching routines to search for current enrollment/eligibility status of citizens.

Based on further meetings and recommendations from the Interstate Steering Committee, Massachusetts will identify and prioritize an initial set of HIX components to share across states. These agreed-upon HIX components will receive specific attention so the components developed in Massachusetts will be replicable or adaptable quickly and efficiently by other New England states. Any vendor hired to work on agreed-upon components for the Massachusetts Health Connector will be required to work with the appropriate NESCIES technical work group and to develop interoperable and shareable technology that could meet the needs of all participating states. The states will carefully assess each component developed through this collaboration to determine whether it makes sense to leverage the innovations designed by the collaborative, or to fund them separately through their state-specific Exchange implementation grants.

## ***C.2. Applicable Standards***

All system development projects supported through NESCIES funding for the Exchanges will comply to the fullest extent possible with standards in wide use within the U.S. health care system and with standards endorsed or adopted by the Secretary of Health and Human Services.

In implementing an Exchange, standards that will be considered and addressed include, but are not limited to, the following:

- 1561 Recommendations
- Health Insurance Portability and Accountability Act (HIPAA) transaction standards
- Standards for Accessibility
- Security and Privacy Standards

- Federal Information Processing Standards (FIPS)
- Transaction Standards from the Affordable Care Act (ACA)
- Council for Affordable Quality Healthcare Standards and Initiatives

### ***1561 Recommendations***

NESCIES is committed to working within Section 1561 recommendations to develop interoperable and secure standards and protocols that facilitate electronic enrollment of individuals into state and federal health and human services programs, including the allowance for use of common data between multiple users to facilitate the many aspects of enrollment. There are a variety of functions already performed by both MassHealth and the Massachusetts Health Connector that leverage existing IT standards to enable secure and highly available services. For example, the Health Connector utilizes standards-based XML messaging with trading partners to transmit real-time premium rating information to customers as they interact with the shopping portal.

The NESCIES project commits to using the National Information Exchange Model (NIEM) guidelines to support the exchange of data for IT systems developed under this project. It is understood that effective interoperability and electronic exchange of data requires a standard definition of core data elements. The project team has reviewed the proposed Enrollment Data Standards (Table 4, Appendix B, Patient Protection and Affordable Care Act, Section 1561 Recommendations) and finds that the proposed data standard offers a promising start. NESCIES will monitor future developments on the standard and, when appropriate, submit recommendations to HHS.

NESCIES component development will incorporate NIEM into all new data exchange processes, including exchange of data between the Exchange and Medicaid State Agency, between the Exchange and federal government agencies, and between the Exchange and insurance issuers. NIEM-standard data will be used for the eligibility and enrollment process, in addition to verification of eligibility data. The NESCIES project team will ensure that all data collection and storage will be designed to be compatible with NIEM-based standards.

The Exchange IT system(s) developed under this project will use HIPAA 270/7271 transactions to query applicants' coverage in private and public programs, including programs designated as 'minimum essential coverage' under the ACA, Medicare, Medicaid, CHIP, TRICARE, and the veteran's health care program. Also, the Exchange IT system will use HIPAA 834 transactions to enroll/disenroll persons from Exchange-qualified health plans, and when applicable, Medicaid.

Massachusetts has already implemented a Virtual Gateway system that will be expanded to support these new features. By re-use of existing web service components, the system will allow integration with public and private insurance options and will also allow integration with existing Medicaid (MMIS), SNAP, and TANF services. All service integration will be provided via secure sockets leveraging the existing XML Gateway and will utilize WS-Security as currently implemented in other HIPAA transactions.

### ***HIPAA Transaction Standards***

To improve the efficiency and effectiveness of the health care system, HIPAA included administrative simplification provisions that required HHS to adopt national standards for electronic health care transactions and code sets, unique employee and provider identifiers, and protection of security and privacy. MassHealth currently utilizes a HIPAA translator that enables

secure transmissions of HIPAA-protected data between MassHealth and various providers. Any efforts undertaken by NESCIES in support of the ACA will comply with all relevant HIPAA standards, including protection of personal health information.

Currently, the Massachusetts MMIS system provides a SOAP service based Health Transaction Service (HTS) web service for providers to submit standard HIPAA EDI transactions directly or via a clearinghouse. The Health Transaction Services are built upon Service-Oriented Architecture using web services and a centralized security system for Access and Identity Management Services (AIMS). Both synchronous (real-time) and asynchronous (batch) transactions are supported for X12-compliant Eligibility Verification (270/271), Enrollment (834), Claims Status (276/277), and Claims Submission (835/837). We will expand upon the current HIPAA HTS implementation to allow translation between X12 and XML formats.

### ***Standards for Accessibility***

Enrollment and eligibility systems will be designed to meet the diverse needs of individuals by removing barriers without diminishing function or quality. The systems will include usability features or functions that accommodate the needs of persons with disabilities, including those who use assistive technology. All participating states are aware that enrollment and eligibility systems are subject to the program accessibility provisions of Section 504 of the Rehabilitation Act, which include an obligation to provide individuals with disabilities an equal and effective opportunity to benefit from or participate in a program, including those offered through electronic and information technology.

NESCIES is committed to ensuring all Web sites, interactive kiosks, and other information systems addressed by Section 508 standards are in compliance with Section 504 if such technologies meet those standards. All participating states will follow either the 508 guidelines or guidelines that provide greater accessibility to individuals with disabilities. The NESCIES states will also take reasonable steps to provide meaningful access by persons with limited English language proficiency.

For this initiative we will develop a User Interface (UI) Style Guide based on existing federal regulations for accessibility (Section 504 and 508), current industry standards (W3C Web Content Accessibility Guidelines), and state-specific accessibility and usability standards.

Massachusetts EOHHS currently has a User Interface (UI) Style Guide which covers Application Architecture Standards (UI), Accessibility Requirements (Section 508), User Interface Standards, Look and Feel Standards, Data Validation, and Online Help. MMIS online applications adhere to these standards and guidelines. Massachusetts has an accessibility lab and experience is quality assurance related to ADA. The recently upgraded Medicaid NewMMIS system meets and exceeds all accessibility requirements. We will build upon this experience for HIX component development.

### ***Security and Privacy***

NESCIES information systems containing individually identifiable information and/or protected health information (PHI) will implement adequate security to ensure the protection of sensitive data. The HIPAA Privacy and Security Rules specify privacy and security requirements that HIPAA-covered entities must follow. NESCIES participating states will also follow any state laws that impose additional restrictions on the sharing of sensitive health information.

The National Institute of Standards and Technology (NIST) has published guidance to Chief

Information Security Officers (CISO). While the NIST special publications on security are compulsory only at the federal level, they will serve NESCIES as useful guidelines to non-federal agency CISOs in the implementation of a security program aimed at the protection of both individually identifiable information and PHI. NESCIES participating state information systems containing tax return information will comply with the taxpayer privacy and safeguards requirements of Section 6103 of the Internal Revenue Code.

*Collection Limitation:* NESCIES recognizes the tradeoff between the collection of the minimum data required for eligibility determination and the desire to re-use the information for multiple eligibility determinations. There is the desire that eligibility for all health subsidy programs (Exchange-based subsidies, CHIP, and Medicaid) be streamlined. In some cases, the data necessary to determine eligibility for the full health subsidy system will be greater than the minimum required for any one program. NESCIES will work with stakeholders to determine the optimum balance for the tradeoff. NESCIES will develop a solution that ensures applicants are determined eligible for the most favorable coverage while ensuring program integrity.

*Data Integrity and Quality:* Accurate determination of eligibility and benefit amounts requires quality, accurate data. NESCIES will establish minimum thresholds for data matches to ensure integrity. Depending on circumstances, matching will be done using rules-based deterministic methods or, when possible, probabilistic methods.

*Openness & Transparency:* The Massachusetts Exchange IT system will provide the Privacy Notice to all applicants. The Privacy Notice will include the Exchange policy on access and use of data.

### ***Federal Information Processing Standards***

Under the Information Technology Management Reform Act (Public Law 104-106), there are standards and guidelines for federal computer systems that extend beyond security and privacy. They are issued by the National Institute of Standards and Technology as Federal Information Processing Standards (FIPS) for use government-wide and will be followed for this project.

NESCIES is committed to meeting the requirements of Recommendation 5.3 in Section 1561. All components developed as part of the IT system that include ‘data-in-motion’ will use valid encryption processes which comply, as appropriate, with the standards described in Recommendation 5.3 in Section 1561, including NITS SP 800-52, 800-77, or 800-113 or others as FIPS 140-2 validated.

All Exchange IT Eligibility systems will store date, time, user ID, client ID, and transaction type for all data collection transactions, including create, change, delete, and print commands. An audit log feature will be included in the eligibility system.

Massachusetts has experience in encryption technology implementation and audit components. Such functionality is in place currently with the Massachusetts hosted enterprise EOHHS applications and shall be leveraged for this effort.

### ***Transaction Standards in the Affordable Care Act (ACA)***

Section 1104 of the ACA requires HHS to adopt a single set of operating rules for each HIPAA transaction. Section 1561 of the ACA calls upon the Secretary (in consultation with the HIT Policy Committee and the HIT Standards Committee) to develop interoperable, secure standards and protocols for enrollment. Any additional standards, protocols, or approaches adopted by the

Secretary pursuant to these two sections of the ACA will be considered and integrated into the IT development life cycle undertaken by participating NESCIES states.

### ***Council for Affordable Quality Healthcare (CAQH)***

Through two initiatives – the Committee on Operating Rules for Information Exchange (CORE) and Universal Provider Datasource (UPD) – CAQH aims to reduce administrative burden for providers and health plans. These solutions are intended to promote quality interactions between plans, providers, and other stakeholders; reduce costs associated with health care administration; facilitate administrative health care information exchange; and encourage administrative and clinical data integration. CORE has created and promulgated a set of voluntary business rules focused on improving physician and hospital access to electronic patient insurance information at or before the time of care. NESCIES’s states will also take reasonable steps to follow CAQH guidelines to simplify healthcare administration through this industry initiative.

### ***C.3. Stakeholder Engagement***

As outlined in each state’s planning grant, each state has committed to engaging its unique stakeholders to gain valuable input on the design and implementation of its Exchanges:

- In **Massachusetts**, MassHealth (Medicaid State Agency) and the Massachusetts Health Connector have strong working relationships with consumer advocates, health plans, providers, sister agencies, employers, and other stakeholders interested in health care policy in Massachusetts. For example, MassHealth holds a monthly meeting with a robust and active group of consumer advocates where changes in MassHealth and Commonwealth Care policy and operations are discussed. The Health Connector also holds well publicized, open, and well-attended monthly board meetings. The state’s collaboration with stakeholders has been critical to the success of Massachusetts’ health care reform to date. EOHHS leads and the Health Connector actively participates in inter-agency meetings and work groups, intended to begin identifying issues that will arise due to the intersection of state law and the ACA, vet those issues with the appropriate stakeholders and coordinate implementation efforts. The Health Connector and MassHealth will continue to consult with a broad array of relevant stakeholders on Exchange-related issues. The outreach model employed to solicit input and disseminate information in 2006 and 2007, following implementation of the state’s health reform law (described in Section C.7), provides Massachusetts a strong foundation on which to build.
- In **Connecticut**, Governor Rell issued an Executive Order that created a multi-stakeholder “Health Care Reform Advisory Board” charged with examining federal legislation and making recommendations that are relevant to the citizens of Connecticut. The Advisory Board was comprised of 13 members, representing medical professionals, health insurance, business, and the hospital industry, as well as the Comptroller’s Office, the Office of Policy and Management, and the State Departments of Public Health, Social Services, and Insurance. During the planning phase, Connecticut will hold open dialogue meetings with key stakeholders including the insurance industry, physicians, hospitals, business, advocates, and consumers.
- In **Maine**, stakeholder engagement will be used to develop policy and processes that will be sustained through the governor transition to ensure that the new administration can revise policy and processes as warranted and implement the Exchange in a timely

fashion. The state is using its Health Reform Steering Committee, an Executive Branch group, and its Advisory Council on Health System Development (ACHSD), a legislatively established group that includes legislators and external stakeholders, to implement health care reform in a thoughtful and transparent manner. Maine will hold forums and focus groups with individuals, small employers, and brokers to solicit specific stakeholder input as the state begins to shape its Exchange.

- In **New Hampshire**, the commissioners of the New Hampshire Insurance Department and Department of Health and Human Services will coordinate on activities related to HIX. They will identify key stakeholders, including providers (e.g. Safety Net providers), carriers, consumers, employers/business associations, advocates, organized labor, insurance producers, policymakers/legislators, charitable organizations, and community-based organizations. The state will conduct public meetings and presentations; staff will travel throughout the state with a developed education and outreach program.
- In **Rhode Island**, the state will use a process whereby the new administration, health advocates, business leaders, key policy-makers, health care providers, consumers, and the legislature will decide together on the direction Rhode Island takes regarding implementation of an Exchange. To date, the Lieutenant Governor convened the Healthy Rhode Island National Health Reform Implementation Task Force in May 2010 to undertake an open and inclusive process for assessing state options under ACA. More than 150 people have participated in the task force. Members serve on one of seven issue-focused work groups to identify ACA-based opportunities and prepare proposals for statewide implementation, one of which has focused on Rhode Island's Health Insurance Exchange.
- In **Vermont**, the state is in the process of organizing a series of stakeholder meetings to gather information pertaining to different interest groups' goals for, and concerns about, an Exchange. These stakeholders include key legislators, health insurers, independent agents and brokers, "exempt" associations, the Health Care Ombudsman, health care provider trade organizations, large and small employers, the Public Oversight Commission, current Vermont Health Access Program (VHAP) and Catamount Health premium subsidy beneficiaries, current privately insured, and consumer advocacy organizations. In addition, Vermont is also interested in formally obtaining stakeholder input across perspectives through the use of a contractor and a defined analytical process for evaluating stakeholder feedback.

In addition, any consumer-facing products developed by NESCIES will obtain appropriate stakeholder input. A Consumer Advisory Committee will be created as an additional measure to ensure consumer and advocate involvement in the development and testing of consumer-facing technologies.

#### ***C.4. Governance***

Each state will develop its own governance structure for its state level Exchange. Massachusetts is the only state currently with a fully operational Exchange.

The Massachusetts Health Connector is an independent state agency that helps Massachusetts residents find health insurance coverage and avoid tax penalties. It offers two types of insurance, Commonwealth Choice – an array of many name-brand health insurance options, all of which

carry the Connector's Seal of Approval – and Commonwealth Care, low or no-cost health insurance for people who qualify. The Health Connector Board approves all major policy, regulatory and programmatic decisions, and generally meets on a monthly basis in a public forum. As part of its current planning efforts, the Health Connector will evaluate Exchange governance requirements under ACA and identify ways in which the existing governance structure may need to be modified to comply with federal standards. Other New England states will be using their state planning grants to determine the best model of governance for their specific HIX needs.

### ***C.5. Planning and Resource Capabilities***

Massachusetts and our partner organizations have deep technology and project management experience needed to build and implement the HIX technology components for the NESCIES project. (For organization chart and key biographies, see *Appendix 5: NESCIES Key Personnel & Organizational Charts.*)

The University of Massachusetts Medical School (UMMS) is the designated applicant for the Commonwealth of Massachusetts in response to the Cooperative Agreement to Support Innovative Exchange Information Technology Systems opportunity and will have overall fiduciary, reporting, and project oversight responsibilities. **Jay Himmelstein MD, MPH**, will serve as the principal investigator and will be responsible for providing overall strategic direction and leadership for this cooperative agreement, working to ensure that all goals are achieved. Dr. Himmelstein will chair the NESCIES Executive Team and work closely with the Massachusetts EOHHS, the Massachusetts Connector Authority, and the Interstate Steering Committee. **Michael Tutty, MHA**, will serve as Project Director and will have broad oversight for day-to-day operations of the grant activities, including coordination of activities related to the implementation of the work plan and overseeing subcontracts and consultants. Mr. Tutty will be the primary point of contact for OCIO for operational components of the cooperative agreement and will oversee reporting and review activities. He will be responsible for ensuring deliverables are met for major subcontracts.

**Manu Tandon, MBA, MPA**, Secretariat Chief Information Officer for Massachusetts Executive Office of Health and Human Services, will serve as Principal Technology Leader for NESCIES and be responsible for providing overall technical strategic direction and leadership for this project, working to ensure that all technology goals associated with it are achieved. Mr. Tandon will be the Massachusetts lead on technology-related workgroups and participate as a member of the Senior Management Team for NESCIES, working closely with UMMS and the Massachusetts Health Connector, as well as the Interstate Steering Committee. **Bob Nevins**, Chief Operating Officer for the Massachusetts Health Connector, will serve as Principal Functional Leader for NESCIES and will be responsible for providing overall functional strategic direction and leadership for this project, working to ensure that all functional goals are achieved. Mr. Nevins will be the Massachusetts lead on business-related workgroups and participate as a member of the Senior Management Team for NESCIES, in close collaboration with UMMS, EOHHS, and the Interstate Steering Committee. Both will work with executive sponsors Terry Dougherty, Massachusetts Medicaid Director, Glen Shor, Executive Director of the Massachusetts Health Connector, and Jay Himmelstein, Principal Investigator for NESCIES.

For the NESCIES project, governance will come from both an Interstate Steering Committee convened by NESCSO and comprised of representatives from the collaborating states and a day-



to-day Massachusetts project management team. The Interstate Steering Committee, with input from appropriate technical work groups, will provide guidance and recommendations to the Massachusetts development team on specific business needs of participating states and how best to ensure reusability and adaptability. The committee will track progress on these agreed-upon components for compatibility in their respective states. This information will be available to OCIO to track the progress of the project.

### ***Project Plan***

The NESCIES project plan (see *Appendix 6: NESCIES High Level Draft Work Plan*) will follow the Systems Development Life Cycle (SDLC) framework and will track the milestones agreed upon with OCIO. Our high level draft work plan also shows that Massachusetts management team will convene in January 2011 to initiate development of the RFP for a systems integrator. The Interstate Steering Committee will also meet in January to review and align the states' current planning grant activities with this initiative, to confirm states' interest in common components to leverage through this CA, and to establish initial priorities for technical work groups.

Upon notification of the grant award, the management team will be prepared to move quickly to procure the system integrator and coordinate deliverables and work plans with OCIO staff. UMMS project managers will be assigned to support the Interstate Steering Committee and work groups. The IT Project Managers will establish a system and process for weekly dashboard reporting with the system integrator and all vendors in Massachusetts with defined scopes of work and deliverables. The SDLC framework will be used for product development with key milestones as developed in cooperation with OCIO. At the end of the two year period, once all technical deliverables have been delivered to OCIO, we will conduct a formal "project close out" and, if desired by the members, an ongoing work group will be established under NESCSO to continue to build on the collaboration in New England. Finally, a program evaluation will be conducted and final report generated for OCIO.

### ***Resource Plan***

This project brings together a diverse skill set and resources from UMMS, NESCSO, Massachusetts EOHHS, the Massachusetts Health Connector Authority, and expertise from the participating New England states. The budget justification/narrative details the predicted annual budget for this effort and the associated full time equivalents (FTEs). This budget is based on the experience in Exchange development in Massachusetts and is believed to be reasonable and cost effective for the implementation of an Exchange in Massachusetts and sharing Exchange components with our New England state partners. For more information, please see the budget justification/narrative. With strict state procurement and project oversight, NESCIES is committed to reasonableness and cost effectiveness of the proposed project based on the complexity of the activities and the anticipated results.

The NESCIES project team is aware of the potential risks that could be incurred during the integration. This is particularly poignant for Massachusetts, which must operate its current Exchange, while it builds the components to comply with national health care reform in 2014.

### ***C.6. Collecting Data and Information***

Massachusetts has experience in designing, developing, implementing, and operating several data collection (data warehouse) and information disseminating (analytics) systems. A few are

mentioned below. The HIX initiative shall leverage the experience and components Massachusetts has developed to implement improved HIX data and information collection reporting tools.

The Health Connector currently gathers data from a variety of sources and manipulates the data using SAS programming to produce reports for both the subsidized (Commonwealth Care) and unsubsidized (Commonwealth Choice) product lines. This limits the level of reporting that can be achieved. A better model would be to design and develop a data warehouse supported by robust business intelligence (BI) tools that could be used to more easily design, manipulate, and generate internal and external reports.

Currently, the Health Connector relies on online feedback from customers to assess quality levels. The Health Connector also coordinates and executes focus groups of existing and prospective customers to determine the quality of their shopping experience and to provide directional advice on how to improve. The Health Connector captures rating information on such items as Web site “ease of use” and “plan options and coverage”. Complaints are captured both online through an automated Web response tool and through call center representatives. The Health Connector has a Public Information Unit that receives both online and phone feedback and shares the information with the senior management team.

The Massachusetts EOHHS All Payer Claims Database (APCD) is a database that contains all medical, pharmacy and dental claims, along with carrier membership, service providers and products for the state’s residents. The database covers private, self-insured, and public payer information from 2007 to present. The APCD is used to meet the needs of agencies, researchers, and interested parties. Since 2008, the system has been collecting private payer information from 30 carriers, and will expand to over 75 carriers by January 2011.

The EOHHS Enterprise Reporting System (aka Data Warehouse) is a centralized system for analytics and reporting. The system supports standard pre-formatted reports, ad-hoc reports, and OLAP reports. The system supports portal-based access through single sign-on on the Virtual Gateway to privileged users. It also provides a Web Service for the applications to generate and view the reports online.

NESCIES will work with participating states as appropriate to identify data and information systems needed for each state’s HIX effort. In addition, standard project reporting and dashboards will be used to track implementation progress in Massachusetts and reusability in other states.

### ***C.7. Meeting Consumer Needs***

Massachusetts has experience meeting consumer needs not only with its currently operational Exchange Web portal and call center at the Massachusetts Connector, but with a strong outreach campaign. The Health Connector helps Massachusetts residents and employers learn about their options under health care reform. The Massachusetts statewide, multi-lingual campaign has included TV, radio, and online ads. Display ads have appeared on public transit, and print ads have reached key regional and demographic audiences. Efforts have been boosted by generously donated space or airtime from key partners, including the Boston Red Sox (NESN), Comcast, Univision, and the MBTA. Business associations and insurance brokers helped conduct numerous workshops. In addition, many organizations, agencies and businesses have volunteered to help promote the program. The Health Connector offer tools and materials to help educate people about their options. These resources are available on the Commonwealth Care and

Commonwealth Choice pages of its Website.

The Massachusetts EOHHS manages grants made to community-based organizations that conduct outreach, enrollment, and retention work with Massachusetts consumers for all health insurance programs available through healthcare reform. EOHHS works closely with the Health Connector and other state health care programs on joint objectives and goals. More than 50 organizations have been awarded grant funding to develop and put forth creative and innovative outreach strategies specific to their target populations. Reaching individuals where they are in the community, conducting services in a way that meets the consumer's needs and submitting applications in real time by utilizing the Virtual Gateway have proven to be extremely effective strategies to increase health insurance enrollment.

EOHHS, in partnership with the Office of Community Programs at UMMS, sponsors the Massachusetts Health Care Training Forum program (MTF), which was created in order to assist provider groups and community based organizations by providing continuing education on emerging topics that help participants stay current amid fast-changing health care policies and regulations that affect consumers. The MTF program, a series of five regional meetings held quarterly, provides an opportunity for MassHealth, the Health Connector, and other state health program agencies to have a community presence and has served as a mechanism to establish strong partnerships with providers, community-based organizations, and advocacy groups.

In addition, EOHHS meets monthly with a group of advocates from a variety of organizations. These meetings serve as a forum to discuss matters of policy impacting consumers; they are also an opportunity for EOHHS policy makers to receive direct feedback about the ways Massachusetts policies are actually working and to consider and discuss areas for improvement.

NESCIES plans to utilize Massachusetts experience with consumer engagement to make certain that consumer interfacing technologies are logical and useful for the public. To that end, a specific Consumer Advisory Committee will be created to ensure consumer and advocates involvement in the development and testing of consumer-facing products.

Through the state planning grant and this funding, Massachusetts plans to continue to provide access to consumer information and share and learn from the other New England states.

#### **D. Program Requirements**

##### ***Governance and Technical Competence in Addressing Key Principles and Core Functions***

Massachusetts and the participating New England states have developed robust policies for system design, development, and deployment of technical systems. Massachusetts builds on a history of collaboration, as the Medicaid and Massachusetts Health Connector already share eligibility and enrollment systems, and both have experience with premium billing and subsidies. EOHHS has a fully staffed and long established Chief Technology Office and Project Management Office using SDLC standards and project management methodology.

Massachusetts commits to the Key Principles and Core Exchange Functions supported by IT found in the program requirements, including a Web Services registry, following the standards of Section 1561 of the Affordable Care Act, and taking into account security standards and controls per National Institute of Standards and Technology (NIST) publications. NESCIES will also ensure that requirement specifications, analysis, design, code, and testing can be easily shared with other authorized stakeholders with input from the Interstate Steering Committee and technical work groups. NESCIES will provide all participating states with a design approach,

technical specifications, joint procurement, and technology sharing options for their HIX solutions.

Other states also demonstrate governance and technical competence in addressing the Key Principles and Core Exchange Functions supported by IT. Maine, for example, has developed eligibility and enrollment systems whose core technologies and designs could be reused in Exchanges. Specifically, the Dirigo Health Agency administers programs that support both premium tax credit administration through the Federal Health Coverage Tax Credit program and cost-sharing assistance through its DirigoChoice subsidy program.

In Vermont, the design of an Exchange will take advantage of a Web Services Architecture and Service Oriented Architecture approach. Vermont is completing the negotiation for core components related to these architectures for future developments within the Agency of Human Services to support procurement and implementation of new MMIS and Eligibility and Enrollment systems.

### ***Understanding of the importance of using IT standards***

Massachusetts and the NESCIES project have a thorough understanding of the importance of using IT standards and are committed to their use in the Exchange. As this project is a collaborative with components being leveraged by up to six states in New England (and more nationally), it will be essential to use appropriate IT standards as discussed in *Section C.2 Applicable Standards*. NESCIES will follow the new ONC ACA-1561 standards and its ten recommendations. The standards allow for use of common data between multiple users and facilitate enrollment. NESCIES and the participating states recognize the cost and functionality advantages of well-defined standards.

The recommendations outlined in the ACA Section 1561 are critical for healthcare reform to achieve the goal of near-universal health insurance coverage. For healthcare reform to be successful, consumers must be informed and have access to an easy-to-use application process. The information and application process must be accessible to all, regardless of language and capability. NESCIES understands that standards are crucial in an Exchange IT system that supports consumer information and an easy-to-use application process.

With the changes enacted by the ACA, near-universal coverage will be achieved through a combination of public and private coverage. Importantly, coverage for low and moderate income persons will be provided through a system of subsidized coverage, including CHIP, Medicaid and Exchange qualified plans (including tax credits and cost-sharing). It is critical that application and enrollment in the health subsidy system be streamlined and seamless. An applicant in need of health insurance should not be burdened by the complexity of the underlying programs. Rather, the application should have access to an easy-to-use application that results in eligibility and enrollment in the most favorable program.

NESCIES will only be able to achieve a streamlined and seamless application process through the use of standards. A seamless application process will require exchange of data between the Exchange and its partners, including the Medicaid State Agency, Federal Agencies (HHS, IRS, SSA), and insurance issuers. Use of the NIEM standard will ensure a consistent, efficient, and transparent exchange of data. The application process will be streamlined by standardized verification interfaces, including New Hires, the Electronic Verification of Vital Events Records, the State Income and Eligibility Verification Systems, Public Assistance Reporting Information System, and U.S. Postal Service Address Standardization API. The eligibility determination will

only be seamless if the business rules are expressed in a technology-neutral standard format. This will allow the sharing of eligibility rules across agencies and platforms.

The NESCIES Exchange IT System will include private information, such as identities, social security numbers, addresses, and income. Program integrity is dependent on the privacy and security of this information. NESCIES is fully committed to fair information practices when handling personal data. NESCIES is also committed to implementing strong security safeguards to ensure that data is protected. The use of standards will guide our fair information practices and security safeguards.

### ***Plan for compliance with HHS issued guidance***

The layered administrative and management oversight of this project with the NESCIES Interstate Steering Committee, senior leadership from the Massachusetts Health Connector and EOHHS, and UMMS project management, provide a cohesive and responsive organizational approach to compliance. Massachusetts and the participating states have demonstrated experience of compliance with any IT guidance related to the Exchange or Medicaid issued by HHS. NESCIES will follow any guidance by OCIO/CMS on Exchanges.

For all participating NESCIES states, it is a given that Exchange systems must be interoperable and integrated with State Medicaid/Children's Health Insurance Program (CHIP) programs and be able to interface with Federal agencies and data sources for data verification and acquisition.

### ***Submitted Advance Planning Documents***

Massachusetts has the following Planning Advance Planning Documents (P-APD) and Implementation Advance Planning Documents (I-APD), some of which can be used and leveraged for HIX, open and active as of January 2007 or is in the process of being drafted and which has submission dates in the near future:

- MITA Component Two (Open and active, I-APD) - Full State Self-Assessment of the Departments of Developmental Services, Mental Health, and Public Health plus creation of a Consolidated Requirements Document that will serve as the source for the procurement of the next generation system(s) supporting those agencies.
- POPS III (Open and active, I-APD) - Third-generation Pharmacy Online Processing System (POPS). New contract for the outsourced Pharmacy Program for MassHealth; this project included preserving all functionality from the POPS II system plus added D.0, online TPL and other functionality.
- AIMS 2.0 (Open and active, I-APD) - Expansion of the security protocols for the NewMMIS.
- PDSI (Open and active, I-APD) - Participant Directed Support Initiative is the new model for service delivery for DDS. Under these waivers, members may self-direct where their Medicaid support dollars may be spent. This project supported new functionality to enroll non-traditional providers, allot the annual funds, track spending, and report on both spending and outcomes.
- SMHP (Open and active, P-APD) - Procurement of a Vendor to create the SMHP in support of the Provider Incentive Payment Program, the federal program to reimburse providers for their adoption of an Electronic Health Record (EHR) and the ongoing meaningful use thereof.
- 5010 Planning (Completed, P-APD) - Planning effort for both 5010 and ICD-10

- implementation. Performed with in-house staff augmented by the NewMMIS vendor, HP.
- 5010 Implementation (Submitted, I-APD) - Implementation of the 5010 HIPAA standards based on the plan.
  - MITA Component One (Completed, I-APD) - MITA SSA for MassHealth only. Due to the ongoing development of the NewMMIS, project was only the "as is" effort.
  - Membership Card Issuance (Completed, I-APD) - Associated with the NewMMIS, this effort was to issue new ID cards to all members. Cards went from case-based to individual-based issuance.
  - MCO Pharmacy Business Migration into POPS (Completed, I-APD) - State budget mandated that the MCO pharmacy data be integrated with POPS data for Drug Rebate claiming.
  - OPT-HL7 (12/10, I-APD) - Opioid Treatment Program will be implementing a new system using HL7 messaging. One of the goals of the project is to standardize future implementations of HL7 messaging ahead of the SMHP/HIE/HIX build next year.
  - MAPIR Installation (1/11, I-APD) - Massachusetts is one of 14 states working with Pennsylvania to develop a single HP-solution that will support the Provider Incentive Payment Program. This effort is to implement the PA-built solution into the NewMMIS.
  - Reproced Dental TPA (12/10, I-APD) - Third Party Administration (TPA) of the outsourced dental program was court-mandate of 2005. This project is the reprocurement of a solution plus Administrator for the Dental Program.
  - All Payer Claims Database (1/11, I-APD) - Enhance the evolving solution to obtain all claims history from all payers in the Commonwealth and make the APCD the source of information on whether any provider applying for the Provider Incentive Payment Program dollars for implementing and using an EHR is meeting the Meaningful Use criteria.

Other New England states have submitted a number of Advance Planning Documents (APDs) to CMS. **Connecticut** has submitted APDs related to the Modernization of Client Service Delivery, Data Warehouse II, HIPAA 5010, and Health Information Technology (HIT). **Maine** submitted a Planning Advance Planning Document (P-APD) for Medicaid HIT planning and will also be submitting an Implementation Advance Planning Document (I-APD) to implement the solution. **Rhode Island** has submitted two P-APDs to CMS, an EHR Incentives Distribution Program and a Global Waiver and MITA IT Planning project. **New Hampshire** has submitted three APDs over the past three years, an I-APD for MMIS Replacement, an I-APD for Pharmacy Benefits Management System (PBMS) enhancement, and a P-APD for HIT planning. **Vermont** has submitted a number of APD's to CMS, including VIEWS (Vermont Integrated Eligibility Workflow System), MMIS (soon to be Medicaid Enterprise System), SOA (Service Oriented Architecture) infrastructure core components, HIT planning, and member card replacement. (Due to space constraints, additional detail on state APDs is available upon request).

## **E. Resources and Capabilities**

The University of Massachusetts Medical School, as lead applicant for the state of Massachusetts, has demonstrated its capacity to lead and manage a collaborative project of this complexity. UMMS is confident of its ability to implement the project as described in this application, in collaboration with our New England state partners. As described here and in detail in Appendix 5, NESCIES has developed an organizational structure for this project that will provide appropriate oversight and promote collaboration among the key stakeholders. This section also describes the key program personnel and their qualifications for implementing the NESCIES project. It also summarizes the key organizations and demonstrates our readiness as a

collaborative to successfully develop and implement the technology components developed under this cooperative agreement.

The **University of Massachusetts Medical School**, the lead applicant for the State of Massachusetts, has a well-established partnership with the Massachusetts EOHHS in policy development and implementing innovations in health care systems involving those served by the public sector. UMMS has been a thought leader in the area of public sector health information technology policy and has extensive experience in partnering with state agencies and providing multi-state technical assistance on complex CMS-funded projects. UMMS has a long history of demonstrated experience in working closely with EOHHS and the Office of Medicaid in the implementation of large and complex federally funded initiatives. As one example, Jay Himmelstein, MD, MPH who is the dedicated principal investigator (PI) for this initiative, has also served as the PI for the \$30+ million Medicaid and Comprehensive Employment Grant (MICEO) since 2001. The MICEO grant has included the development and support for the New England Partnership for Health Systems Development (NEP) to support the New England states in the development and management of Medicaid “Buy-in” programs for working people with severe disabilities.

The **Massachusetts Health Connector** has been in existence and operating as an Exchange since 2006. It offers Commonwealth Care, a subsidized program for adults who are not offered employer-sponsored insurance, who do not qualify for Medicare, Medicaid, or certain other special insurance programs, and who earn up to 300% FPL. It also offers Commonwealth Choice, an unsubsidized offering of seven private health plans, selected by competitive bidding, and available through the Health Connector’s Exchange Web site to individuals, families, and certain employers in the state. In 2007, the Health Connector demonstrated its ability to move quickly and effectively, by launching the first “Exchange” website in just four months.

The **Massachusetts Executive Office of Health and Human Services** (EOHHS) has a fully staffed and long established Chief Technology Office (architecture services), Project Management Office (SDLC standards and project management methodology), Quality Assurance Office (all facets of testing methodology including performance testing lab and resources), a state-of-the-art Data Center operated by Massachusetts ITD (Information Technology Division), and an ADA Compliance Office (ADA lab, ADA testing, and ADA resources). The Virtual Gateway, the Massachusetts NewMMIS implementation recognized for its successful and seamless implementation, and Massachusetts’ in house data center, and SOA architecture service experience including an operational XML Gateway and HIPAA/HL7 translator are testimony to EOHHS’s ability to manage a project of this size and scope.

The **New England States Consortium Systems Organization (NESCSO)** is a non-profit corporation organized by the six New England Health and Human services agencies and UMMS. NESCSO’s Board is comprised of the six New England States’ Health and Human Services Commissioners and/or their delegates. NESCSO’s goal is to support the health and human services policy and system needs of the New England states by providing a framework for knowledge exchange in order to maximize policy, program, and cost effectiveness.

NESCSO offers a proven, neutral forum for multistate cooperation and innovation and can ensure the required collaboration among critical players. As one of its earliest regional collaborative projects, NESCSO facilitated the procurement of a regional HIPAA translator for the States of Connecticut, New Hampshire, Rhode Island, and Vermont. The translator was

purchased and located in Connecticut. NESCSO recently convened a regional meeting attended by stakeholders from all six of the New England states to discuss collaborative opportunities in planning for health insurance exchanges and the opportunities available through the OCIO FOA for early innovators. NESCSO has established and convened the NESCSO HIE Collaborative since 2009 which includes members from New England and New York. Participating states have signed a Memorandum of Understanding (MOU) which identifies a collaborative structure for regional planning for health information technology and health information exchange.

As an early innovator state in health care reform with an established statewide health insurance Exchange, Massachusetts is well positioned to lead and collaborate with other New England states in developing and implementing HIX technology components and systems consistent with the goals of national healthcare reform that may be used by other states to build their own Exchanges.

### ***Project Management***

UMMS will provide day-to-day project management, with emphasis on budgets, contracts, documentation, evaluation, and reporting to OCIO. The Massachusetts technical implementation will be led by the Chief Operating Officer of the Massachusetts Health Connector and the Chief Information Officer for the Massachusetts EOHHS. An Interstate Steering Committee convened by NESCSO and made up of representatives of the collaborating states will provide general oversight and facilitate peer collaboration to improve implementation schedules, increased quality, and reduced risks through reuse, and leveraging "lessons learned" across New England. (See *Key Program Personal* below and *Appendix 5* for more information.)

### ***Interstate Steering Committee***

NESCIES will have an Interstate Steering Committee made up of a technical lead and business lead from each state. The Interstate Steering Committee will be convened by the NESCSO with support from the University of Massachusetts Medical School. The Interstate Steering Committee, with the input from appropriate technical work groups, will be responsible for informing and assessing the Massachusetts development team on the ability for agreed upon HIX components to be built as easily adaptable and usable in other states. The five other New England states expect to have meaningful design and implementation input for the component capabilities to be implemented by Massachusetts. The goal of the NESCIES Interstate Steering Committee is to provide guidance and feedback to the Massachusetts team to assure that HIX components developed for Massachusetts will be consumer-friendly, cost-effective IT systems that can be used and adopted by other New England states (and nationally) and help each New England state save money as they work to develop their own Exchanges. The Interstate Steering Committee will work to share or leverage the Massachusetts implementation to reuse the appropriate residuals and knowledge base or lower acquisition costs through regional group purchasing agreements.

### ***Developing Interstate Technical Work groups***

The NESCIES project will create and support interstate technical work groups to inform, design, and share HIX components that could be leveraged by participating states. These work groups will be staffed by the appropriate technical staff from each state and chaired by a technical lead from the participating states. The interstate technical work groups will provide a forum for discussion, as well as the mechanism for the participating states to inform the Massachusetts development team so that components will be built to be easily adapted and utilized in other



states. Participating states may opt in to the various work groups based upon their individual needs and planning timelines. Additionally, the interstate technical work groups will inform the Interstate Steering Committee on progress; this information will also be available to OCIO to track the progress of the project. NESCSO will facilitate communication between the interstate technical work groups and the Interstate Steering Committee which will meet on a regular basis to provide a consistent advisory structure.

### ***Key Program Personnel***

At UMMS, **Jay Himmelstein, MD, MPH** will serve as principal investigator for this project and **Michael Tutty, MHA** will serve as Project Director. Dr. Himmelstein will be responsible for providing overall strategic direction and leadership to the grant, working to ensure that all grant goals are achieved. Dr. Himmelstein will chair the Grant Executive Team and work closely with the Massachusetts EOHHS, the Massachusetts Health Connector Authority, and the Interstate Steering Committee. Dr. Himmelstein is a Full Professor of Family Medicine and Quantitative Health Sciences at UMMS, directs the Public Sector Health Information Technology Policy Group at UMMS, and is a Senior Fellow at NORC at the University of Chicago where he focuses on HIT policy and health reform.

**Michael Tutty** is currently the Director of the Office of Community Programs at UMMS, is a member of the Public Sector Health technology policy group, and has extensive experience with complex program management and multi-stakeholder engagements. Mr. Tutty will have broad oversight for day-to-day operations of the grant activities including coordination of activities related to the implementation of the work plan and overseeing subcontracts, and consultants. He will be responsible for overall program evaluation and for staff performance; and will also be the responsible authority for ensuring necessary reports and documentation are submitted to OCIO.

At the Massachusetts Health Connector, an experienced team is currently in place for accelerated and timely implementation. **Glen Shor**, Executive Director of the Health Connector, is committed to the NESCIES effort (see attached letter of support). Mr. Shor oversees all major initiatives, including ongoing operational direction, and future strategic planning of the Massachusetts Health Connector. **Bob Nevins**, Chief Operating Officer, manages day-to-day operations and assists in all strategic planning efforts, including implementation of an exchange that meets national health care reform requirements. Prior to his recent appointment as COO, Mr. Nevins was hired as the Health Connector's first Chief Information Officer in December 2006. Mr. Nevins was instrumental in defining and implementing the IT vision and Web site strategy for the nation's first online state health Exchange. Mr. Nevins will be part of the NESCIES Governance and Oversight Team.

At Massachusetts Medicaid there is a team fully engaged in Exchange development for compliance with 2014 health reform requirements. **Terry Dougherty**, Medicaid Director, is supportive and committed to this effort (see attached letter of support). **Manu Tandon**, the Secretariat CIO for EOHHS, will provide management to NESCIES for Medicaid and will be part of the Governance and Oversight Team. Mr. Tandon is responsible for the state's largest IT portfolio covering 16 agencies, 26,000 employees and a large number of IT applications including systems for Medicaid, Eligibility, Human Services, Disability Services, and Public Health. As the Co-Chair for the Massachusetts' Health Information Exchange (HIE) Work group, Mr. Tandon is also closely involved in rolling out the HIT program supporting Massachusetts' position as a national leader in Healthcare initiatives.

At the New England States Consortium Systems Organization (NESCSO), the new Executive Director, **Brenda Harvey**, will facilitate the Interstate Steering Committee. Ms. Harvey will work with the New England Health and Human Service leadership to identify and to enhance the regional collaborative efforts. Prior to her appointment at NESCSO, Ms. Harvey served as the Commissioner of the Department of Health and Human Services for Maine. **Nancy Peterson** Deputy Director NESCSO, will direct the overall convening function of the NESCIES learning collaborative efforts and the Interstate Steering Committee. She will be responsible for the organization and execution of collaborative learning sessions, webinars, Interstate Steering Committee Meetings, and all regular communication for the multistate collaborative effort.

Each state will also be staffing a business and technical lead for the project. For more information, see *Appendix 2: NESCIES State Business and Technical Leads* and *Appendix 5: Key Personnel & Organizational Charts*. In addition to the staff highlighted here, each organization will be providing additional expertise and support staff. A number of additional new hires will complete the NESCIES team.

### ***Demonstration of Readiness***

The NESCIES project has demonstrated readiness to initiate the grant activities without delay and to complete them in a timely fashion. Massachusetts currently has an operational Exchange and can proceed with HIX implementation without delay of needed legislative or regulatory changes. Manu Tandon, the Secretariat CIO for the Executive Office of Health and Human Services, and Bob Nevins, Chief Operating Officer, will lead the HIX implementation activities for Massachusetts and have assembled a broad team of experienced professionals. As described in section C above, the initial assessment performed by the New England states has identified components of the existing Commonwealth of Massachusetts EOHHS and Massachusetts Health Connector Information Technology components that might be leveraged for the 2014 environment across all states.

Through NESCSO, the New England states have experience collaborating on technology projects. The NESCIES Steering Committee has held its first planning meeting in December 2010 and will meet again in January to continue discussions about collaboration and so that the development of HIX components will be available to all states.

### **F. Evaluative Measures**

The NESCIES project will have a three-pronged evaluation plan:

1. Evaluation of development and implementation of Massachusetts HIX components, tracking progress against Systems Development Life Cycle (SDLC) and prescribed OCIO deliverable timelines;
2. Development and Implementation of a Software Quality Assurance Plan for HIX Components; and
3. Ability for HIX components chosen by the Interstate Steering Committee to be leveraged or utilized and adopted by other New England states.

### ***Evaluation of development and implementation of Massachusetts HIX components***

System development schedules will be tracked according to our implementation timeline, including OCIO Exchange IT SDLC Reviews. By utilizing an SDLC approach, the project will be able to track project activity and provide a consistent way to ensure the project is meeting development timeline milestones (See *Appendix 6: NESCIES High Level Draft Work Plan*).

Listed below are the requisite lifecycle reviews that NESCIES will be tracking in Massachusetts aligned with the OCIO timeline. Appropriate products that will accompany each stage:

- Project Startup Review (PSR)
- Architecture Review (AR)
- Project Baseline Review (PBR)
- Preliminary Design Review (PDR)
- Detailed Design Review (DDR)
- Final Detailed Design Review (FDDR)
- Pre-Operational Readiness Review (PORR)
- Operational Readiness Review (ORR)

NESCIES technical project management will monitor objectives and timelines during each SDLC phase in Massachusetts while executing the development of each HIX component. The HIX project management team in Massachusetts will monitor vendor compliance of established technical requirements and timelines, including not only for the Massachusetts implementation, but for usability of the components more broadly. Products coming out of the SDLC process will be available to the New England states participating in NESCIES, as well as to other states nationally. Clear objectives and timelines will provide the desired result to meet the needs of NESCIES and OCIO.

In addition, UMMS will collect the overall project management data to report to OCIO to track NESCIES progress against the Early Innovator Exchange IT SDLC Review Timeline and document lessons learned for sharing with OCIO and other states nationally. An overall project dashboard will monitor operational goals for HIX implementation managers.

### ***Development and Implementation of a Software Quality Assurance Plan (SQAP) for HIX Components***

NESCIES will develop the SQAP during the first phase of the SQAP for each of the HIX components. The SQAP will define the Software Quality Assurance (SQA) process for evaluating the quality of the work products (or deliverables) produced during the project by both external vendors and internal staff. The SQA process will ensure that each deliverable is of high quality and meets the requirements for each HIX component. By ensuring that each HIX component meets the deliverable requirements for functionality for Massachusetts and reusability with other states needs, the project team will ensure that the final Exchange IT system is of high quality and meets project goals.

Each deliverable will be evaluated through a formal review process. Examples of deliverables include: project management plans, requirements specifications, design documents, test plans, deployment plans, reusability plans, and acceptance plans. The review team will consist of a Subject Matter Expert who has expertise in the subject of the deliverable, a Technical Expert who has technical expertise of the deliverable, and independent Quality Assurance Reviewer. These may include input from the Interstate Technical Work groups. The review team will determine if the deliverable content is accurate and meets the deliverable requirements for both Massachusetts and other states. If the content is not accurate or the deliverable does not meet the requirements, the deficiencies will be recorded by the review team and corrective actions initiated to resolve the deficiencies.

The criteria used to review the deliverables will vary depending on the subject of the HIX component. The SQAP will describe the project deliverables and the review criteria. The SQAP will include the following: (a) The objective of the plan, (b) the roles and responsibilities of the SQA team, (c) the SQA process, (d) the problem reporting and corrective action process including the escalation procedure to bring high-risk problems to the attention of the HIX technical leadership implementation team, and (e) SQA tools, techniques and methods.

***HIX components chosen by Interstate Steering Committee to be utilized and adopted by other New England states***

The NESCIES Interstate Steering Committee, with input from the technical work groups, will be monitoring the reusability of the components developed in Massachusetts to be implemented in the participating New England states (and nationally). A scorecard will be created to rate the reusability of each developed HIX component in Massachusetts. A project dashboard will provide timely updates to monitor the progress of each component in a way that can be easily tracked by participating and non-participating states on the steering committee. For example, a standard quarterly dashboard will offer: 1) the components that are to be developed under this grant; 2) the states participating in this specific component; 3) the status of this particular component (along the lifecycle elements in track 1); and 4) the anticipated date to be available for other states to reuse or procure. Technical leads from each state will assess their reuse for their specific state needs. The goal is for as many of the key HIX components developed in Massachusetts to be leveraged in other states as is feasible. The Massachusetts implementation will receive input from the Interstate Steering Committee to maximize this effort. Designing Massachusetts HIX components with specific reusability goals for New England (and beyond), meets the goal of the competitive “Early Innovators” grants.

***Corrective Actions Plans***

If it is determined that the project schedule is not being met or if the SQA process identifies high-risk problems (e.g. delay in HIX component development or a HIX component lacks reusability in other states), the project team will use corrective action plans to address the problems. The corrective action plans will be the direct responsibility of the HIX technical leadership implementation team. The corrective action plan will include the following: (a) a description of the problem, (b) a description of the root cause of the problem, (c) a description of the risks to problem if not resolved, (d) the person(s) or vendor(s) responsible for correcting the problem, (e) the corrective action planned to resolve the problem, (f) the schedule for the corrective actions, (g) the steps that will be taken to monitor the performance of the corrective actions, (h) the criteria for determining problem resolution, and (i) contingency options to mitigate the risks.

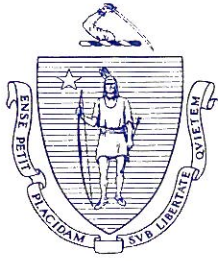
**Appendices**

1. Letters of Commitment from Massachusetts Governor, Medicaid Program Director, and Massachusetts Health Connector Insurance Exchange Executive Director
2. NESCIES State Business and Technical Leads
3. Massachusetts Legacy Hardware and Software Systems
4. NESCIES State Readiness Levels by Exchange Service Component
5. NESCIES Key Personnel & Organizational Charts
6. NESCIES High Level Draft Work Plan
7. Letters of Commitment from other New England Governors and State Medicaid Directors

## **Appendix 1 – Letters of Commitment: Massachusetts**

We have provided letters from the following entities within Massachusetts expressing both commitment to lead the NESCIES effort and interest in jointly developing and using HIX components:

- Governor Deval Patrick
- Medicaid Director Terry Dougherty
- Executive Director, Massachusetts Health Connector, Glen Shor



OFFICE OF THE GOVERNOR  
**COMMONWEALTH OF MASSACHUSETTS**  
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(617) 725-4000

**DEVAL L. PATRICK**  
GOVERNOR

**TIMOTHY P. MURRAY**  
LIEUTENANT GOVERNOR

December 22, 2010

Michelle T. Feagins  
Office of Consumer Information and Insurance Oversight  
Department of Health and Human Services  
200 Independence Ave, SW  
Washington, DC 20201

Dear Ms. Feagins:

On behalf of the Commonwealth of Massachusetts, I am pleased to provide this letter of support and commitment for Massachusetts to be the lead state for the New England States Collaborative Insurance Exchange Systems (NESCIES) project in response to funding opportunity number: IE-HBE-11-001.

I have asked the University of Massachusetts Medical School/Commonwealth Medicine (UMMS/CWM) to apply for and manage this cooperative agreement on behalf of the Commonwealth of Massachusetts. UMMS/CWM will work closely with the New England States Consortium Systems Organization (NESCSO), a non-profit corporation organized by the six New England Health and Human services agencies to foster communication and collaboration. Project oversight and accountability will be provided by a steering committee convened by NESCSO and made up of representatives of the collaborating states.

Sincerely,

A handwritten signature in blue ink, appearing to read "Deval Patrick", written over a large, loopy blue scribble.



*The Commonwealth of Massachusetts*  
*Executive Office of Health and Human Services*  
*Office of Medicaid*  
*One Ashburton Place*  
*Boston, MA 02108*



DEVAL L. PATRICK  
Governor

TIMOTHY P. MURRAY  
Lieutenant Governor

JUDYANN BIGBY, M.D.  
Secretary

TERENCE G. DOUGHERTY  
Medicaid Director

December 22, 2010

Michelle T. Feagins  
Office of Consumer Information and Insurance Oversight  
Department of Health and Human Services  
200 Independence Ave, SW  
Washington, District of Columbia 20201  
Email: [michelle.feagins@hhs.gov](mailto:michelle.feagins@hhs.gov)  
Phone: (301) 492-4312

Dear Ms. Feagins:

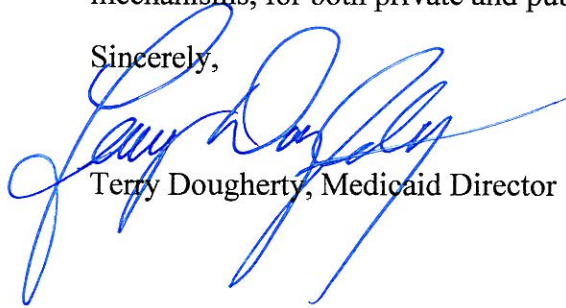
On behalf of the Massachusetts Executive Office of Health and Human Services (EOHHS), I am pleased to provide this Letter of Support and commitment to participate in the New England States Collaborative Insurance Exchange Systems (NESCIES) project – a proposed multistate New England consortium applying for a Cooperative Agreement to Support Innovative Exchange Information Technology Systems grant.

Massachusetts will serve as the “lead state” for the NESCIES collaborative organization and potential funding opportunity recipient. Connecticut, Maine, New Hampshire, Rhode Island, and Vermont will actively participate in the project. The Consortium will be managed by a steering committee representing all states. Massachusetts looks forward to this opportunity to leverage the lessons learned from its existing exchange and to improve and expand this resource through a collaborative, iterative approach.

We have asked the University of Massachusetts Medical School/Commonwealth Medicine (UMMS/CWM) to provide project management and fiduciary oversight. They will work with EOHHS and the Connector Authority on program/components design, development, and implementation. The Consortium will also work in tandem with the New England States Consortium Systems Organization (NESCSO) to share both ideas and tangible elements in a learning collaborative environment. We look forward to the opportunity to share the experience of Massachusetts and our established exchange, while leveraging other Consortium States’ capabilities in our efforts. We will also facilitate the development or purchasing of exchange components that can be shared by participating states to reduce duplicity, spending, and improving implementation timelines. We believe this approach will enable us to collectively develop those models and best practices that may have relevance to the region and potentially the remainder of the country in support of health care reform.

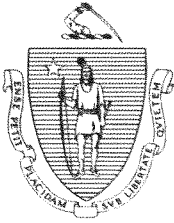
As we have from the beginning here in Massachusetts, we attest that we will not duplicate efforts between the Exchange and the State Medicaid office / EOHHS. We will in fact continue to develop shared functionalities for cross-program concerns, including eligibility and enrollment mechanisms, for both private and public health plan options.

Sincerely,

A handwritten signature in blue ink, appearing to read "Terry Dougherty", is written over the typed name. The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Terry Dougherty, Medicaid Director





*The Commonwealth of Massachusetts*  
*Commonwealth Health Insurance Connector Authority*  
*100 City Hall Plaza*  
*Boston, MA 02108*

DEVAL PATRICK  
Governor

TIM MURRAY  
Lieutenant Governor

JAY GONZALEZ  
Board Chair

GLEN SHOR  
Executive Director

December 22, 2010

Michelle T. Feagins  
Office of Consumer Information and Insurance Oversight  
Department of Health and Human Services  
200 Independence Ave, SW  
Washington, District of Columbia 20201  
Email: [michelle.feagins@hhs.gov](mailto:michelle.feagins@hhs.gov)  
Phone: (301) 492-4312.

Dear Ms. Feagins:

On behalf of the Massachusetts Health Connector, I am pleased to provide this Letter of Support and commitment to participate in the New England States Collaborative Insurance Exchange Systems (NESCIES) project – a proposed multistate New England consortium applying for a Cooperative Agreement to Support Innovative Exchange Information Technology Systems grant.

The Massachusetts Health Connector is an independent state authority created to implement key elements of Massachusetts' historic health reform law. The Health Connector currently serves as an Exchange that assists individuals in acquiring health coverage through operating the Commonwealth Care (CommCare) and Commonwealth Choice (CommChoice) programs.

For this grant, Massachusetts will serve as the "lead state" for the NESCIES collaborative organization and potential funding opportunity recipient. Connecticut, Maine, New Hampshire, Rhode Island and Vermont will actively participate in the project. The Consortium will be managed by a steering committee representing all states. Massachusetts looks forward to this opportunity to leverage the lessons learned from the Massachusetts Health Connector and to improve and expand this resource through a collaborative, iterative approach.

In collaboration with the state's Executive Office of Health and Human Services (EOHHS), we have asked the University of Massachusetts Medical School (UMMS) to provide project management and fiduciary oversight. It will work with the Massachusetts Health Connector and EOHHS on program/components design, development and implementation. The Consortium will also work in tandem with the New England States Consortium Systems Organization (NESCSO) to share both ideas and tangible elements in a learning collaborative environment. We look forward to the opportunity to share the experience of the Massachusetts Health Connector and our established exchange, while leveraging other Consortium States' capabilities in our efforts. We anticipate that additional funding through this Funding Opportunity Announcement (FOA) will allow Massachusetts

and the Health Connector to focus with our New England state partners in designing and implementing the Information Technology (IT) infrastructure components and systems needed to support an ongoing, successful, consumer-friendly health insurance exchange. We believe this approach will enable us to collectively develop those models and best practices that may have relevance to the region and potentially the rest of the country in support of health care reform.

Respectfully,

A handwritten signature in black ink, appearing to read 'Glen Shor', with a long, sweeping horizontal stroke extending to the right.

Glen Shor  
Executive Director

## Appendix 2 – NESCIES State Business and Technical Leads

Through the New England States Consortium Systems Organization (NESCSO), we have identified and appointed key technical and business leads for the New England States Collaborative Insurance Exchange Systems (NESCIES) project for each participating state, as follows:

<b>State</b>	<b>Technical Lead</b>	<b>Business Lead</b>
CT	Lou Polzella Director (CIO), Information Technology Services Department of Social Services	Marc Shok Medicaid Program Manager Department of Social Services
ME	Will Kilbreth Deputy Director Dirigo Health	Karynlee Harrington Executive Director Dirigo Health
MA	Manu Tandon CIO, Executive Office of Health and Human Services  Erin Ferrari Director, Eligibility System  Steve Gross Director, MMIS Integration  Scott Devonshire CIO, Health Connector	Bob Nevins COO, Health Connector  Amy Andrade Director, Member Policy and Implementation MassHealth (Medicaid)  Kaitlyn Kenney Director of Policy and Research and National Health Reform Coordinator, Health Connector
NH	Alain Couture Senior Examiner/Analyst New Hampshire Insurance Department	William Baggeroer Chief Information Officer Department of Health and Human Services
RI	Art Schnure Project Manager for DHS Center for Adult Health Department of Human Services	Angela Sherwin Principal Policy Associate Office of the Health Insurance Commissioner (OHIC)
VT	Terry Bequette Health Care Reform-HIT Project Manager Division of Health Care Reform Department of Vermont Health Access	Hunt Blair Director, Division of Health Care Reform & State Health Information Technology Coordinator Department of Vermont Health Access

### Appendix 3 – Massachusetts Legacy Hardware and Software Systems

Below, we have listed Massachusetts Executive Office of Health and Human Services (EOHHS) and Massachusetts Health Connector legacy hardware, software, and technical architecture elements. This is only a representative list of systems currently in operation.

No.	System Name	System Description	Software	Operating System/Hardware	Vendor
<b>EOHHS</b>					
1	MA EOHHS Virtual Gateway	<p>The Virtual Gateway is a central, online platform for all online systems used by Massachusetts EOHHS departments, community providers, and service recipients.</p> <p>Rather than invest in separate, redundant infrastructure across departments, EOHHS built a single technology and security platform with central quality assurance, release management, and customer service/business support teams that support all applications.</p> <p>Since 2005, the number of accounts for Virtual Gateway services has increased to nearly 450,000. There are over 30 separate systems (including Medicaid and Eligibility) hosted on the Virtual Gateway today.</p>	Oracle Sun Weblogic Linux IBM DataPower	Linux/IBM Blade Servers	MA In-house
2	AIMS – Service Oriented Architecture-based Identity Management system.	<p>Backing the Virtual Gateway, the EOHHS Access and Identity Management Service (AIMS) provides an end-to-end access and identity management solution that facilitates work force member, provider and public user access to EOHHS services, agency applications and confidential data, while ensuring that user access is consistent with policy and regulatory requirements.</p>	Sun JES 7 Sun JES Directory Server Sun JES Access Manager 7.1 Sun Identity Manager 7 Sun JES Application Server 8.2 Oracle 10g BEA Weblogic 9.2 for AIMS Web services	Linux/IBM Blade Servers	MA In-house
3	XML Gateway – Service Oriented Architecture supported Enterprise Service Bus.	<p>The XML Gateway is a gateway for SOAP/XML-based Web service communication. It is used for communication between EOHHS applications and for Business Partners to exchange data with individual EOHHS agencies.</p> <p>The Gateway is responsible for standard XML operations such as Schema Validation, Message Transformation and WS-Security, and is integrated with the AIMS security system for real-time Web service authentication and authorization.</p>	IBM Datapower X150 appliance	N/A	MA In-house
4	EOHHS Enterprise Reporting/Analytics	<p>The EOHHS Enterprise Reporting System (aka Data Warehouse) is a centralized system for analytics and reporting.</p>	IBM Cognos 8 BI Modeling IBM Cognos BI 8.4 RTM	Windows 2003/VMWare	MA In-house

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No.	System Name	System Description	Software	Operating System/Hardware	Vendor
	System	<p>The system supports standard pre-formatted reports, ad-hoc reports and OLAP reports.</p> <p>The system supports portal-based access through Single Sign-on to the Virtual Gateway to privileged users; it also provides a Web service for other applications to generate and view the reports online.</p>	IBM Cognos Analysis IBM Cognos Transformer 8.4 FCS/RTM SAS		
5	Enterprise Document Management (EDM)	<p>EDM is an Enterprise Document Management system for EOHHS. The system has capabilities to transform paper, FAX and electronic forms and documents into indexed electronic renderings. These electronic documents can be stored, retrieved and routed to recipients. The contents and state of the documents can be sent to other systems or provided to other systems on request. When fully in place, EDM will include abilities to redact and annotate documents with customizable views and workflows.</p>	EMC Documentum Tomcat Server BEA Weblogic 9.2 Oracle database 10g EMC CLARiiON	IBM AIX	MA In-house
6	HIPAA Gateway	<p>The HIPAA Gateway is hosted on the Enterprise and HHS XML Gateway and is used for external providers to submit HIPAA X12 transactions. The backend for this service is a 'C'-based SOAP engine; it uses the Sybase EDI product for translation and compliance check.</p>	Sybase EDI Oracle Weblogic 9i 'C'-based SOAP engine Oracle database 10g	HP-UX	MA in-house with HP developers
7	HL7 Gateway	<p>The HL7 Gateway is hosted on Enterprise and HHS XML Gateway and is used for external providers to submit HL7 clinical transactions. It uses WTX to transform from HL7 to XMLs.</p>	IBM Websphere Transformation Extender (WTX) Oracle Weblogic 9i Oracle database 10g	Linux/VMWare	MA
8	MMIS Medicaid	<p>Massachusetts has a new state-of-the-art MMIS system that offers a large portfolio of real-time services and handles millions of transactions rendered in sub-second performance. Built on service-oriented architecture, the system recently went live and has workflow, imaging, translation, Web services, loosely coupled interfacing and analytics support.</p> <p>The base application provides functionality to 4,000 internal users for maintaining Medicaid-specific information. The Provider Portal can be accessed directly on the Web through the Virtual Gateway and provides functionality to over 50,000 provider users for enrollment, eligibility verification, service authorization, claims, provider profile maintenance, etc.</p>	Apache Oracle WebLogic Servers (WLS) Oracle Weblogic Integration (WLI) Oracle database 10g	Linux/IBM Blade server for Weblogic HP-UX for database	MA In-house with HP developers

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No.	System Name	System Description	Software	Operating System/Hardware	Vendor
9	MA21 - eligibility	MA21 is the system used for Eligibility Determination for Medicaid Programs.	Mainframe	IBM 2098-E10 System Z10BC mainframe Natural and ADATABASE	MA In-house
10	My Account Page (MAP)	<p>Massachusetts EOHHS has a My Account Page (MAP) service launched on the EOHHS Virtual Gateway that provides MassHealth (MA Medicaid) workers, Call Center staff and Healthcare providers with a single, online consolidated view of citizens' current MassHealth and Commonwealth Care eligibility information. The implementation on MAP addressed an opportunity to expand access to member information while reducing the volume of phone calls received by MassHealth and the Customer Support team. In subsequent releases additional modules were added to allow for online eligibility renewals and automated changing of account information. These enhancements were essential to enabling MassHealth to support the large increases in workload resulting from Massachusetts' Healthcare Reform implementation.</p> <p>In December 2008, a new customer-centric service channel was implemented by integrating MAP with MassHealth's telephone interactive voice response (IVR) system enabling customer access to benefit information via the telephone. In early 2010, access to these online tools was made available directly to MassHealth and Commonwealth Care members. MAP has approximately 7,000 registered provider users and 19,000 registered member users who submit over 300,000 requests for data on average per month and over 2,200 account information changes per month.</p>	J2EE	Linux IBM Blades	MA In-house Deloitte Development
11	All-Payer Claims Database (APCD)	The Massachusetts EOHHS All-Payer Claims Database (APCD) is a first-in-the-nation database that contains all medical, pharmacy and dental claims, along with carrier membership, service providers and products for the state's residents. The database covers private, self insured, and public payer information from 2007 to present. The APCD is used to meet the needs of agencies, researchers, and interested parties. Since 2008, the system has been collecting private payer information from 30 carriers, and will expand to over 75 carries by January 2011.	Microsoft .NET framework Version 3.5 SQL Server 2008	Microsoft OS	MA In-house

No.	System Name	System Description	Software	Operating System/Hardware	Vendor
<b>Massachusetts Health Connector</b>					
1	Commonwealth Choice (unsubsidized) - Shopping	This Health Connector product helps individuals, families and young adults to <u>shop</u> for non-group-based health plans. The application corresponds with health plan administrator/provider trading partners for rate requests and allows users to perform side-by-side comparison of health plans before purchasing health insurance.	Vignette Portal 8.1  J2EE 5.0  Apache Tomcat, JBoss 5.0,  Oracle 10g and SOA architecture (SOAP/XML-based service) for communications with Trading Partners	OS: Solaris 10  Hardware: Big-IP F5 Load balancer, Nokia IP 390 Redundant firewall, SAN storage	CSC Managed Hosting Service
2	Commonwealth Choice (unsubsidized) - Enrollment	This is the part of the application that enables a user to <u>enroll</u> in a chosen health plan. The application exposes an iFrame interface to the user, thereby establishing a direct window with the backend service center at the Small Business Service Bureau.	iFrame Interface with Trading partner	(vendor hosted by the Small Business Service Bureau in Worcester, MA)	Small Business Service Bureau
3	Commonwealth Care (subsidized) - Shopping	This Health Connector product enables adults that have income below 300% of the Federal Poverty Level and meet certain eligibility requirements to <u>shop</u> amongst five (5) different Managed Care Organization (MCO) health plans.	Xcelys Premium Billing System (a Dell Systems product)	(vendor hosted by Dell Systems in Plano, TX)	Dell Systems
4	Commonwealth Care (subsidized) - Enrollment	This is the part of the application that enables adults that have income below 300% of the Federal Poverty Level and meet certain eligibility requirements to <u>enroll</u> in a chosen Managed Care Organization (MCO) health plan.	Xcelys Premium Billing System (a Dell Systems product)	(vendor hosted by Dell Systems in Plano, TX)	Dell Systems
5	Health Connector – Reporting	The Health Connector currently culls data from a variety of sources and manipulates the data using SAS programming to produce reports for both our subsidized (Commonwealth Care) and unsubsidized (Commonwealth Choice) product lines. This limits the level of reporting that can be achieved. A better model would be to design and develop a data warehouse supported by robust business intelligence (BI) tools that could more easily design, manipulate, and generate internal and external reports.	SAS	Windows XP/7 (hosted on Health Connector staff's desktops)	In-house activity

## Appendix 4 - READINESS ASSESSMENT: NESCIES State Readiness Levels by Exchange Service Component

This chart summarizes the initial self- assessment of the New England state’s level of readiness for the listed HIX components. Please refer to *Section C of the Project Narrative “Readiness to Establish an Exchange IT Systems Based on Readiness Assessment”* for more information.

No.	Grouping	Service Component	CT	ME	MA	NH	RI	VT
1	Exchange (Service Delivery)	User Interfacing Portal for “One Stop Shopping”	Low	Medium	Medium/High	Low	Low	Low
2	Exchange (Service Delivery)	Customer Service	Low	High	High	Low	Medium	Low/Medium
3	Exchange (Service Delivery)	Oversight Function	Low	High	Medium/High	Low	Low	Low
4	Exchange (Service Delivery)	Consumer Mediated Workflow Support Services	Low	Medium	Medium	Low	Low	Low
5	Exchange (Service Delivery)	Premium Billing System	Low	Medium	Medium	Low	Low	Low
6	Exchange (Service Delivery)	Banking Services	Low	High	Low	Low	Low	Low
7	Exchange (Service Delivery)	Business Driven Rule Engine Services	Low	Low	Low	Low	Low	Low
8	Core Technology	XML Gateway Service	Low	Medium	High	Low	Low	Low
9	Core Technology	Data Center/Connectivity/ Security Infrastructure Services	High	High	High	Low	Medium	Medium
10	Core Technology	Reporting and Analytics Services	Low	High	Medium	Low	Medium	Low/Medium
11	Core Technology	Development Methodology Standardization and Web Services Architecture	High	High	High	Low	Medium	Low
12	Core Technology	Identity, Security and Audit Software plug-in	Low	Medium	Medium	Low	Low	Low
13	Core Technology	HIPAA Gateway and Translation Service	Low/Medium	Medium	High	Low	High	Low



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No.	Grouping	Service Component	CT	ME	MA	NH	RI	VT
14	Core Technology	Loosely Coupled Interface Architecture Service	Medium	Medium	High	Low	Medium	Low
15	Core Technology	Software Reference Models and Reusability Support Service	Low	Low/Medium	Medium/High <sup>1</sup>	Low	Low	Low
16	Enhanced Technology	HL7 Gateway and Translation Service	Low	High	Medium/High	Low	Medium	Low
17	Enhanced Technology	Mobile Enhanced User Interface Support Service	Low	Medium	Low	Low	Low	Low
18	Enhanced Technology	Record Locator Service	Low	Low	Low/Medium	Low	Low	Low
19	Enhanced Technology	Directory and Routing Services	Low	Low	Low/Medium	Low	Low	Low
20	Enhanced Technology	Electronic Document Management Service	Low	High	High	Low	Medium	Low
21	Enhanced Technology	Data Repository and Dictionary Services	Low	Low	Low	Low	Medium	Low/Medium
22	State System(s)	Eligibility, Enrollment Premium tax credits administration and Cost-sharing assistance administration	Low	Low	Low	Low	Low	Low
23	Federal Systems (interfacing partners)	New Hires, Vital Events, Income verification, Tax Verification, Public assistance, Postal Address verification, etc.	Low	Low	Low	Low	Low	Low
24	Commercial Insurance Systems		Low	High	High	Low	Low	Low

**High:** Component already in production. Component may need modest enhancement.

**Medium:** Parts of the components in production, but in a different context. May need reconciliation, integration, and enhancement..

**Low:** Component not beyond initial design stage.

<sup>1</sup> Massachusetts has long-standing internal experience in coding service-oriented components that are reusable.

## **Appendix 5: NESCIES Key Personnel & Organizational Charts (5A and 5B)**

Below are the biographical sketches, including roles and qualifications, for key personal. Figure 5A describes the organizational structure for the New England States Collaborative Insurance Exchange Systems (NESCIES) project, highlighting the roles of various states and organizations. Figure 5B provides the organizational chart for the Massachusetts Health Insurance Exchange (HIX) component development team including the senior management of Manu Tandon, Robert (Bob) Nevins, and Michael Tutty.

**Principal Investigator – Jay Himmelstein, MD, MPH:** As Principal Investigator, Dr. Himmelstein will be responsible for providing overall strategic direction and leadership for this cooperative agreement (CA), working to ensure that all CA goals are achieved. Dr. Himmelstein will chair the NESCIES Executive Team and work closely with the Massachusetts Executive Office of Health and Human Services (EOHHS), the Massachusetts Health Connector Authority, and the Interstate Steering Committee. Dr. Himmelstein will specifically work with co-executive sponsors Terry Dougherty, Massachusetts Medicaid Director, and Glen Shor, Executive Director of the Massachusetts Health Connector, on Exchange implementation and coordination with the state Medicaid program. He will work closely with Mr. Tutty (Project Director) in overseeing priority implementation leads (see below) and in the management of all major sub-contracts to technology vendors. Dr. Himmelstein will dedicate 40% time during the 90-day pre-award period to finalize the project work plan, coordinate with the New England states, and provide oversight for the preparation of the Request for Proposals which will be required at project initiation.

Dr. Himmelstein has extensive experience in Medicaid policy, health information technology policy, and management of large scale research and implementation projects in collaboration with public sector agencies at the University of Massachusetts Medical School (UMMS). For example, Dr. Himmelstein has been the Principal Investigator for the \$30+ million Medicaid and Comprehensive Employment Opportunities Grant (MICEO) since 2001. This effort has included the development and support for the New England Partnership for Health Systems Development (NEP) to support the New England states in the development and management of Medicaid “Buy-in” programs for working people with severe disabilities.

Dr. Himmelstein is a Full Professor of Family Medicine and Quantitative Health Sciences at UMMS, where he also directs the Public Sector Health Information Technology Policy Group. He has been principal investigator on a number of funded projects by AHRQ, ONC, and the National Governors Association, focusing on the role of Medicaid and other Human Services programs to leverage investments in health information technology to improve outcomes and contain costs for those served by public agencies. Dr. Himmelstein also serves as a Senior Fellow at NORC at the University of Chicago where he focuses on HIT policy and health care reform.

Dr. Himmelstein is an elected member of the National Academy of Social Insurance. He has served as an expert consultant to the Social Security Administration, as well as the Institute of Medicine — most recently as a member of the IOM Committee on Medical Evaluation of Veterans for Disability Compensation. He served as a Robert Wood Johnson National Health Policy Fellow on the health staff of Senator Edward M. Kennedy from 1991 to 1992 and was the National Program Director for the Robert Wood Johnson Workers Compensation Health Initiative from 1994 to 2000. During his

career at UMMS, Dr. Himmelstein has held numerous positions in research and academic administration, including Director of the Occupational and Environmental Health Program (1988-1996), Robert Wood Johnson Foundation National Health Policy Fellow (1991-1992), founding Director of the Center for Health Policy and Research (1997-2007), Director of the Center for MassHealth Evaluation and Research (1997-2002), and Assistant Chancellor for Health Policy (1992-2007).

Dr. Himmelstein received his M.P.H. from the Harvard School of Public Health, his M.D. from the University of Maryland Medical School, and his B.A. from Johns Hopkins University.

**Project Director– Michael Tutty, MHA:** Mr. Tutty will have broad oversight for day-to-day operations of the grant activities, including coordination of activities related to the implementation of the work plan and overseeing subcontracts and consultants. Mr. Tutty will be the primary point of contact for OCIO for operational components of the CA and will oversee reporting and review activities. He will be responsible for ensuring deliverables are met for major subcontracts. He will also be responsible for overall program evaluation and for staff performance evaluation, as well as ensuring necessary reports and documentation are submitted to OCIO. Mr. Tutty will closely monitor and assess overall project goals pursuant to OCIO's Systems Development Life Cycle (SDLC) timeline in conjunction with appropriate technical leads. Mr. Tutty will also serve as Contract Manager for the CA. He will be a member of the NESCIES Executive and Senior Managers Teams. Mr. Tutty will dedicate 50% time during the 90-day pre-award period to finalize the project work plan, coordinate with the New England states, and prepare the Request for Proposals which will be required at project kickoff.

As Director of the Office of Community Programs (OCP), Mr. Tutty is involved in a wide range of health policy and community engagement projects at UMMS's Center for Health Policy and Research (CHPR). As the Director of OCP, Mr. Tutty is involved in improving health care for vulnerable citizens by building bridges between the community and UMMS to leverage its academic and community ties to develop, implement, and manage a range of complex educational, training, and technical projects. Mr. Tutty has worked closely with EOHHS, including supporting community engagement activities related to health care reform and identifying Medicaid's role in supporting the adoption of HIT.

Prior to joining CHPR, Mr. Tutty worked at the Boston Consulting Group (BCG), where he spent five years as a Senior Analyst in their Health Care Practice Group. Prior to BCG, he worked as a Senior Planning Analyst for Baystate Health System in Springfield, Massachusetts.

Mr. Tutty teaches a number of health policy courses. He is an Instructor in the Department of Family Medicine and Community Health at UMMS and an adjunct professor at Clark University. Mr. Tutty is currently finishing his doctorate in public policy at the University of Massachusetts Boston. He also received a bachelor's degree from Western New England College and a master's degree in health administration from Clark University /UMass Medical School.

**Principal Functional Leader – Robert Nevins:** Mr. Nevins serves as Chief Operating Officer for the Massachusetts Health Connector. Mr. Nevins will be responsible for providing overall functional strategic direction and leadership for this CA, working to ensure that all CA functional goals are achieved. Mr. Nevins will be the Massachusetts lead on business-related workgroups and participate as a member of the Senior Management Team for NESCIES, in close

collaboration with UMMS, EOHHS, and the Interstate Steering Committee. Mr. Nevins will specifically work with executive sponsors Terry Dougherty, Massachusetts Medicaid Director, and Glen Shor, Executive Director of the Massachusetts Health Connector, on Exchange implementation, in concert with Jay Himmelstein, Principal Investigator, and Manu Tandon, Principal Technology Leader. For Massachusetts' HIX business functionality-related components and deliverables, Mr. Nevins will provide final functional sign-off prior to submission to OCIO on behalf of the Commonwealth. Mr. Nevins shall provide business functionality oversight and governance in the management of all major sub-contracts to vendors.

As the COO of the Massachusetts Health Connector, Mr. Nevins is responsible for assisting in setting strategic priorities in consultation with staff and the Board of Directors, including refining the vision for the organization in light of the enactment of national health care reform, national and state cost-containment initiatives, and other opportunities that add value to the Massachusetts Health Connector. He is also responsible for overseeing allocation of staffing resources; leading the planning and implementation teams for critical agency priorities; supporting the Senior Team and organization-wide capacity building; overseeing organizational financial and administrative operations including IT and the Commonwealth Choice individual and group product offerings; and representing the Massachusetts Health Connector at forums and national meetings to educate stakeholders and the public about the organization and state and national health care reform.

Prior to his role as COO, Mr. Nevins served as the Massachusetts Health Connector's Chief Information Officer and Director of Operations. Mr. Nevins was instrumental in defining and implementing the IT vision and Web site strategy for the nation's first online state Health Exchange. Prior to joining the Health Connector, Mr. Nevins was the first Director of the Mass.Gov office in the Information Technology Division (2001-2006), which implemented the state's enterprise-wide government portal. He helped to create an effective and efficient platform currently used by the Governor's office, Secretariats, Constitutional offices and state agencies to disseminate information and provide government services online. He also oversaw a process for annually evaluating, recommending, and tracking over \$70 million worth of state government IT initiatives that would qualify for bond funding while leading a staff of 15 IT and Finance professionals.

In addition, Mr. Nevins has also served as the Deputy Commissioner for Research and Development for the Massachusetts Department of Revenue (1997-2001) and as Associate Deputy Commissioner for the Massachusetts Child Support Enforcement Division (1994-1996). Mr. Nevins has a BA in Economics from Stonehill College.

**Principal Technology Leader – Manu Tandon, MBA, MPA:** Mr. Tandon serves as the Secretariat Chief Information Office for Massachusetts Executive Office of Health and Human Services. Mr. Tandon will be responsible for providing overall technical strategic direction and leadership for this CA, working to ensure that all technology goals associated with the CA are achieved. Mr. Tandon will be the Massachusetts lead on technology-related workgroups and participate as a member of the Senior Management Team for NESCIES, working closely with UMMS and the Massachusetts Health Connector, as well as the Interstate Steering Committee. Mr. Tandon will specifically work with executive sponsors Terry Dougherty, Massachusetts Medicaid Director, and Glen Shor, Executive Director of the Massachusetts Health Connector, on Exchange implementation, in concert with Jay Himmelstein, Principal Investigator, and Bob Nevins, Principal Functional Leader.

For Massachusetts' Health Information Exchange technology-related components and deliverables, Mr. Tandon will provide final technical sign-off prior to submission to OCIO on behalf of the Commonwealth. Mr. Tandon shall provide technical oversight and governance in the management of all major sub-contracts to technology vendors. Mr. Tandon will dedicate 35% time during the 90-day pre-award period to finalize the project technology response and work plan, help define the technology vision, communicate with the New England states, and prepare the Request for Proposals which will be required at project kickoff.

As Secretariat CIO for EOHHS, Mr. Tandon is responsible for the state's largest IT portfolio, covering 16 agencies, 26,000 employees, and a large number of IT applications, including systems for Medicaid, Eligibility, Human Services, Disability Services, and Public Health.

As the Co-Chair for the Massachusetts' Health Information Exchange (HIE) Workgroup, Mr. Tandon is also closely involved in rolling out the Health Information Technology (HIT) programs supporting Massachusetts' position as a national leader in health care initiatives.

Mr. Tandon has strong business, technical architecture, and project management experience in HHS. Mr. Tandon is uniquely positioned to drive consistency and effectiveness amongst IT initiatives impacting Medicaid, Eligibility, Health Insurance Exchange (HIX), and HIE for Massachusetts.

Prior to his current role, Mr. Tandon spent 12 years (1998-2010) as a management consultant and as Director of Technology for the state, during which time he worked on several major enterprise IT systems implementations, such as Medicaid (MMIS) and the state-wide 80,000 employee payroll system. From 1991-1997, he was a management consultant at Computer Science Corporation. Mr. Tandon has an engineering degree from the Institute of Technology in India, an MBA from Boston University, and an MPA from Harvard University.

#### ***OTHER MASSACHUSETTS PERSONNEL***

##### ***MASSACHUSETTS HEALTH CONNECTOR KEY STAFF***

Additional key staff based at the Massachusetts Health Connector will include **Scott Devonshire**, Chief Information Officer (CIO), who oversees all technology-related projects for the Health Connector. Mr. Devonshire joined the Health Connector in May 2007 as the Director of IT Services, and has recently been promoted to CIO. Mr. Devonshire is responsible for the day-to-day IT functions within the organization and for overseeing partnering agreements with a variety of vendors that support the Web site, and for overseeing several redesign efforts aimed at streamlining the Health Connector's shopping experience. **Stephanie Chrobak**, Director of Commonwealth Care, is responsible for the overall management of subsidized health care options. **Roni Mansur**, Director of Commonwealth Choice, is responsible for the overall management of the Health Connector's non-subsidized health care options. **Kaitlyn Kenney**, Director of Policy & Research and National Health Reform Coordinator, is responsible for planning grant activities and determining how that integrates with this innovation opportunity. **April May**, IT Process Manager, is responsible for overseeing and coordinating the programming resources for the Health Connector. **Jason Hetherington**, Director of IT Partnerships, manages all IT vendor relationships for the Health Connector. **David Mack**, Testing Manager, will create, approve, and oversee all testing efforts for this new development. **Raghu Saranathan**, Technical Lead, provides assurance that vendors are complying with various programming and data communication standards. Finally, **Sanyam Mittal**, Database

Engineer, provides technical assistance on all database solutions and data modeling.

***EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES (EOHHS) KEY STAFF***

Additional key staff based at the EOHHS will include **Steve Gross**, Project Director of the Commonwealth's NewMMIS (Medicaid) application, who is currently responsible for coordinating HIT planning, as well as the 5010 HIPAA implementation, while also maintaining NewMMIS' high level of service delivery to consumers and providers in the Commonwealth; and **Erin Ferrari**, Manager of the MassHealth Eligibility System, who is responsible for the integration of eligibility determination, service delivery, and Medicaid claiming.

***NEW ENGLAND STATES CONSORTIUM FOR SYSTEMS OPERATIONS (NESCSO) NESCIES INTERSTATE ACTIVITIES:***

**NESCSO NESCIES Project Lead – Nancy Peterson, MS:** Ms. Peterson will serve as project director for interstate activities related to the NESCIES project, including directing the convening functions of the NESCIES Interstate Steering Committee, technical work groups, and learning collaborative. She will be responsible for the organization and execution of collaborative learning sessions/webinars (monthly); Interstate Steering Committee Meetings (quarterly); and all regular communication necessary for a multistate collaborative effort. Additionally, Ms. Peterson will coordinate all knowledge management activities, including Web-based document sharing. Ms. Peterson will dedicate time during the 90-day pre-award period to convene the Interstate Steering Committee, determine and ready the technical tools for the collaborative learning initiative, and coordinate with the New England states.

Ms. Peterson is the Deputy Director for NESCSO. Ms. Peterson has more than 30 years of experience as information professional in the private and public sectors. Her current responsibilities include managing operations at the Shrewsbury, Massachusetts office, overseeing development of NESCSO's information resources, and managing its collaborative workgroups. She also has the lead role as the project manager for the national Medicaid Management Information Systems (MMIS) conference, an event which attracts approximately one thousand attendees. Ms. Peterson's role in the NESCIES project will be to convene the interstate technology workgroups and to support the NESCSO Executive Director in her role as NESCIES Steering Committee Chair. Additionally, she will manage all NESCSO staff in support activities for the NESCIES learning collaborative. Ms. Peterson has a B.A. in English Studies Magna Cum Laude from Stonehill College and an M.S. in Information Science Summa Cum Laude from Simmons College.

**NESCSO NESCIES Interstate Committee Chair – Brenda Harvey, MS:** The NESCIES collaborative will be governed by a multistate Steering Committee chaired by the Executive Director of NESCSO. In this neutral convening role, the Steering Committee Chair will work with the technical and non-technical leads to facilitate decisions related to project management, technical/advisory, implementation, State project budgets, and evaluation of grant activities. As the Executive Director of NESCSO, Ms. Harvey will serve as convener for the Interstate Steering Committee, facilitating communication, learning, and informed decision making among the participating states.

Ms. Harvey was appointed Executive Director of NESCSO on December 13, 2010. In this role, Ms. Harvey will work with the New England Health and Human Service Commissioners and their

administrative staff, the regional and central office administrators of CMS, and UMMS to identify and enhance the regional collaborative efforts of these organizations. Prior to her appointment at NESCISO, Ms. Harvey served as the Commissioner of the Department of Health and Human Services for Maine. Additionally, she spent more than 30 years in human services in various departments in Maine. Ms. Harvey has a B.A. in Sociology/Social Work from the University of Maine and an M.S. Ed. in Rehabilitation Counseling from the University of Southern Maine.

#### ***STATE TECHNICAL AND BUSINESS LEADS***

In Connecticut, **Louis Polzella** (technical lead) is currently the Manager of Research and Planning for the Connecticut Department of Social Services (DSS) Information Technology Services (ITS) Division, reporting directly to the Deputy Commissioner of Administration. **Marc Shok** (business lead) is the Program Administration Manager overseeing the administration of all eligibility functions related to the Medicaid for the Aged, Blind and Disabled, State Supplement, State Administered General Assistance, and Supplemental Nutrition Assistance Programs.

In Maine, **William Kilbreth** (technical lead) is the Director of Dirigo Health Agency (DHA) and currently oversees the Agency's financial and technical operations. **Karynlee Harrington** (business lead) is the Executive Director of DHA.

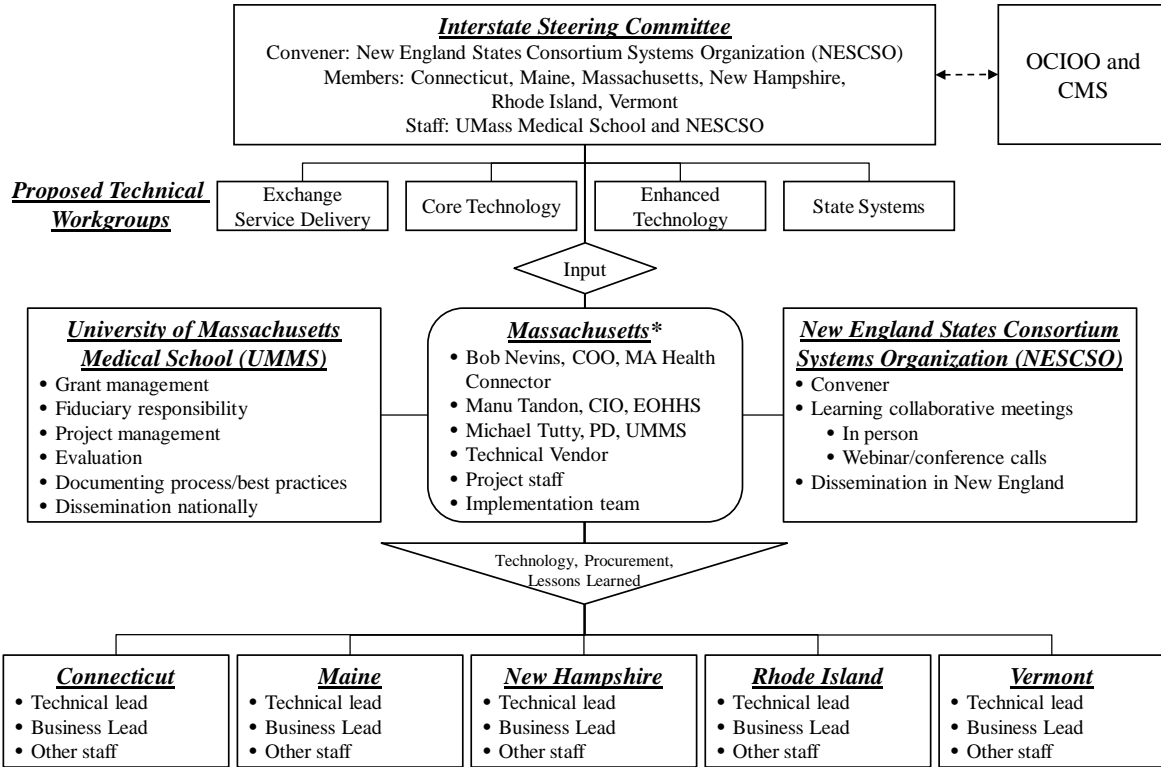
In New Hampshire, **William L. Baggeroer** (technical lead) is the Chief Information Officer with oversight responsibility for all of the Department's information systems, services, and related initiatives, including the state's Medicaid Information Management System and Medicaid Eligibility System. **Alain Couture** (business lead) is a Senior Examiner/Analyst actively involved in market conduct examinations of health and life insurance companies licensed to sell insurance in New Hampshire.

In Rhode Island, **Art Schnure** (technical lead) has been the Project Manager for the Department of Human Services Center for Adult Health for the past six years, providing the state with technical advice, technical document production such as RFPs, project estimations, and project management oversight for IT implementation projects. **Angela Sherwin** (business lead) is the Principal Policy Associate for the Office of the Health Insurance Commissioner (OHIC) in Rhode Island.

In Vermont, **Terry Bequette** (technical lead) is the HCR-HIT Project Manager in the Division of Health Care Reform in the Department of Vermont Health Access and is responsible for developing the Vermont State Medicaid HIT Plan and for coordinating HIT-related projects. **Hunt Blair** (business lead) is both the statewide HIT Coordinator and the Director of the Division of Health Care Reform in the Department of Vermont Health Access, which has responsibility for providing oversight and coordination across state government for HIT, HIE, and health care reform.

More detailed biographical sketches are available upon request.

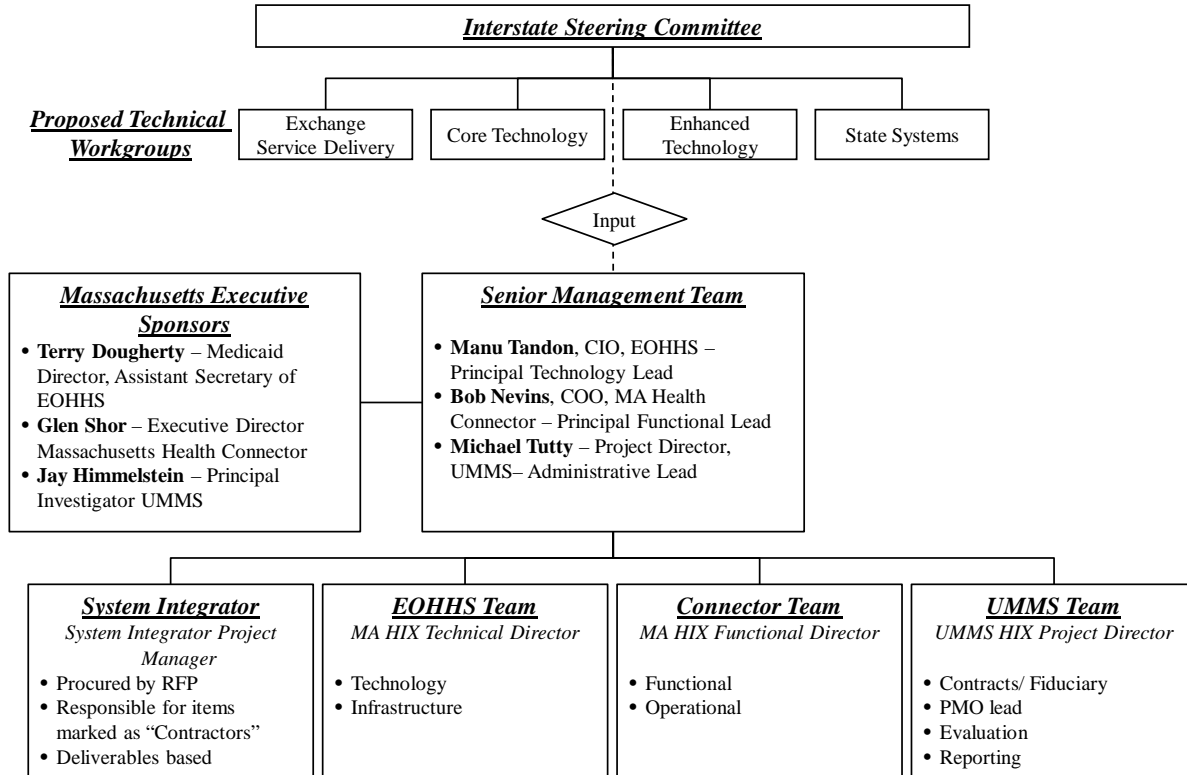
**Figure 5A: New England States Collaborative Insurance Exchange Systems (NESCIES)  
 Organizational Structure**














\* See Massachusetts specific organizational chart



**Figure 5B:Massachusetts Health Insurance Exchange (HIX) Component Development  
 Organizational Structure**



**Appendix 6: NESCIES High Level Draft Work Plan**

ID		Task Name	Duration	Start	Finish	Predecessors	% Complete	Resource Names
1		<b>Pre Award Preparation</b>	<b>53 days?</b>	<b>Wed 12/1/10</b>	<b>Fri 2/11/11</b>		<b>26%</b>	
2		<b>Assemble Business Executive and Governance Teams</b>	<b>15 days</b>	<b>Wed 12/1/10</b>	<b>Wed 12/22/10</b>		<b>99%</b>	<b>NESCIES leadership</b>
3		Interstate planning conference calls	15 days	Wed 12/1/10	Tue 12/21/10		100%	D.Hurwitz
4		Interstate full day planning meeting	0 days	Tue 12/7/10	Tue 12/7/10		100%	N.Peterson
5		States Commitment to the Collaborative	10 days	Wed 12/1/10	Tue 12/14/10		100%	M.Tutty
6		All Governor/ Medicaid letters received	0 days	Tue 12/14/10	Tue 12/14/10	5	100%	M.Tutty
7		Governance Structure for Interstate Collaborative Established	5 days	Tue 12/7/10	Mon 12/13/10	4	100%	J.Himmelstein
8		Grant Proposal Submitted	0 days	Wed 12/22/10	Wed 12/22/10		80%	J.Himmelstein
9		Convene MA Executive Leadership Team	23 days	Wed 12/15/10	Fri 1/14/11		0%	M.Tutty
10		Develop System Integrator (SI) RFP	30 days	Mon 1/3/11	Fri 2/11/11		0%	UMMS/EOHHS
11		Convene Interstate Steering Committee	0 days	Mon 1/17/11	Mon 1/17/11		0%	N.Peterson
12		Review and align planning grant activities	3 days	Mon 1/17/11	Wed 1/19/11	11	0%	Interstate Steering Committee
13		Identify components for multi state collaboration	30 days?	Mon 1/3/11	Fri 2/11/11		0%	Interstate Steering Committee
14		<b>Project Start Up</b>	<b>50 days?</b>	<b>Tue 2/15/11</b>	<b>Mon 4/25/11</b>		<b>0%</b>	
15		<b>Staff HHS, CCA and UMMS Teams</b>	<b>21 days</b>	<b>Tue 2/15/11</b>	<b>Tue 3/15/11</b>		<b>0%</b>	<b>M.Tutty</b>
16		Staff assignments/recruiting complete	21 days	Tue 2/15/11	Tue 3/15/11		0%	M.Tutty
17		<b>Steering Committee Kick Off</b>	<b>50 days?</b>	<b>Tue 2/15/11</b>	<b>Mon 4/25/11</b>		<b>0%</b>	<b>N.Peterson</b>
18		Establish quarterly meeting schedule	1 day?	Tue 2/15/11	Tue 2/15/11		0%	N. Peterson
19		Finalize components for multistate collaboration	5 days	Wed 2/16/11	Tue 2/22/11	18	0%	Interstate Steering Committee
20		<b>Establish initial technical work groups</b>	<b>3 days</b>	<b>Tue 2/15/11</b>	<b>Thu 2/17/11</b>		<b>0%</b>	<b>Interstate Steering Committee</b>
21		Establish monthly work group teleconference	3 days	Tue 2/15/11	Thu 2/17/11		0%	Interstate Steering Committee
22		<b>Release System Integrator RFP</b>	<b>50 days</b>	<b>Tue 2/15/11</b>	<b>Mon 4/25/11</b>		<b>0%</b>	<b>UMMS</b>
23		System Integrator Procured	20 days	Tue 2/15/11	Mon 3/14/11		0%	UMMS/Steering committee
24		Project Kickoff with System Integrator	1 day	Tue 3/15/11	Tue 3/15/11	23	0%	M.Tutty/ System Integrator (SI)
25		Acquisition Strategy for Common Components	5 days	Tue 3/15/11	Mon 3/21/11	23	0%	System Integrator
26		Concept of Operation	5 days	Tue 3/22/11	Mon 3/28/11	25	0%	System Integrator

### Appendix 6: NESCIES High Level Draft Work Plan

ID	Task Name	Duration	Start	Finish	Predecessors	% Complete	Resource Names
27	Risk Analysis	5 days	Tue 3/29/11	Mon 4/4/11	26	0%	System Integrator
28	Alternative Analysis	5 days	Tue 4/5/11	Mon 4/11/11	27	0%	System Integrator
29	Scope Definition	5 days	Tue 4/12/11	Mon 4/18/11	28	0%	System Integrator
30	Performance Measures	5 days	Tue 4/19/11	Mon 4/25/11	29	0%	SI/ interstate Steering Con
31	Briefing/presentation to OCIO	0 days	Mon 4/25/11	Mon 4/25/11	30	0%	NESCIES leadership
32	<b>Architecture Review</b>	<b>15 days</b>	<b>Tue 4/26/11</b>	<b>Mon 5/16/11</b>		<b>0%</b>	<b>Technical leads</b>
33	Business Process Models	5 days	Tue 4/26/11	Mon 5/2/11	31	0%	System Integrator
34	Requirements Documents	5 days	Tue 5/3/11	Mon 5/9/11	33	0%	System Integrator
35	Architectural Diagrams	5 days	Tue 5/10/11	Mon 5/16/11	34	0%	System Integrator
36	Briefing/presentation to OCIO	0 days	Mon 5/16/11	Mon 5/16/11	35	0%	NESCIES leadership
37	<b>Project Baseline Review</b>	<b>21 days?</b>	<b>Tue 5/17/11</b>	<b>Tue 6/14/11</b>		<b>0%</b>	<b>Technical leads</b>
38	Process Agreement/Charter	5 days	Tue 5/17/11	Mon 5/23/11	36	0%	System Integrator
39	Information Security Risk Assessment	5 days	Tue 5/24/11	Mon 5/30/11	38	0%	System Integrator
40	Project Management Plan	5 days	Tue 5/31/11	Mon 6/6/11	39	0%	System Integrator
41	Project Schedule	5 days	Tue 6/7/11	Mon 6/13/11	40	0%	System Integrator
42	Release Plan	1 day?	Tue 6/14/11	Tue 6/14/11	41	0%	System Integrator
43	Briefing/presentation to OCIO	0 days	Tue 6/14/11	Tue 6/14/11	42	0%	NESCIES leadership
44	<b>Preliminary Design</b>	<b>25 days</b>	<b>Wed 6/15/11</b>	<b>Tue 7/19/11</b>		<b>0%</b>	<b>Technical leads</b>
45	System Security Plan	5 days	Wed 6/15/11	Tue 6/21/11	43	0%	System Integrator
46	Test Plans and Traceability Matrix	5 days	Wed 6/22/11	Tue 6/28/11	45	0%	System Integrator
47	Logical data model	5 days	Wed 6/29/11	Tue 7/5/11	46	0%	System Integrator
48	Data use agreements	5 days	Wed 7/6/11	Tue 7/12/11	47	0%	System Integrator
49	Technical architecture diagrams (software, hardware, network, overall infrastructure, security)	5 days	Wed 7/13/11	Tue 7/19/11	48	0%	System Integrator
50	Briefing/presentation to OCIO	0 days	Tue 7/19/11	Tue 7/19/11	49	0%	NESCIES leadership
51	<b>Detailed Design Review</b>	<b>70 days</b>	<b>Wed 7/20/11</b>	<b>Tue 10/25/11</b>		<b>0%</b>	<b>Technical leads</b>
52	System Design Document	10 days	Wed 7/20/11	Tue 8/2/11	50	0%	System Integrator
53	Interface Control Document	10 days	Wed 8/3/11	Tue 8/16/11	52	0%	System Integrator
54	Database Design Document	10 days	Wed 8/17/11	Tue 8/30/11	53	0%	System Integrator
55	Physical Data Model	10 days	Wed 8/31/11	Tue 9/13/11	54	0%	System Integrator
56	Data Management Plan	10 days	Wed 9/14/11	Tue 9/27/11	55	0%	System Integrator
57	Data Conversion Plan	10 days	Wed 9/28/11	Tue 10/11/11	56	0%	System Integrator
58	Automated Code Review Results	10 days	Wed 10/12/11	Tue 10/25/11	57	0%	Technical leads

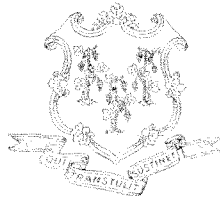
**Appendix 6: NESCIES High Level Draft Work Plan**

ID	Task Name	Duration	Start	Finish	Predecessors	% Complete	Resource Names
59	Briefing/presentation to OCIO	0 days	Tue 10/25/11	Tue 10/25/11	58	0%	NESCIES leadership
60	<b>Final Detailed Design Review</b>	<b>40 days</b>	<b>Wed 10/26/11</b>	<b>Tue 12/20/11</b>	<b>59</b>	<b>0%</b>	<b>Technical leads</b>
61	Final review and approval of all DDRs	40 days	Wed 10/26/11	Tue 12/20/11		0%	Technical leads
62	Briefing/presentation to OCIO	0 days	Tue 12/20/11	Tue 12/20/11	61	0%	NESCIES leadership
63	<b>Pre-Operational Design Review</b>	<b>361 days</b>	<b>Tue 2/15/11</b>	<b>Tue 7/3/12</b>		<b>0%</b>	<b>Technical leads</b>
64	Contingency Plan	15 days	Wed 12/21/11	Tue 1/10/12	60	0%	System Integrator
65	Inter/Intra agency agreements	20 days	Wed 1/11/12	Tue 2/7/12	64	0%	UMMS/EOHHS
66	Test case specifications	21 days	Wed 2/8/12	Wed 3/7/12	65	0%	System Integrator
67	Implementation plan	21 days	Thu 3/8/12	Thu 4/5/12	66	0%	System Integrator
68	User Manual	21 days	Fri 4/6/12	Fri 5/4/12	67	0%	System Integrator
69	Operations and Maintenance Manual	21 days	Mon 5/7/12	Mon 6/4/12	68	0%	System Integrator
70	Training plan	21 days	Tue 6/5/12	Tue 7/3/12	69	0%	System Integrator
71	Briefing/presentation to OCIO	0 days	Tue 2/15/11	Tue 2/15/11		0%	NESCIES leadership
72	<b>Operational Readiness Review</b>	<b>120 days</b>	<b>Wed 7/4/12</b>	<b>Tue 12/18/12</b>	<b>70</b>	<b>0%</b>	<b>Technical leads</b>
73	Final review and approval for all PODRs	120 days	Wed 7/4/12	Tue 12/18/12		0%	Technical leads
74	Briefing/presentation to OCIO	0 days	Tue 12/18/12	Tue 12/18/12	73	0%	IT Project Mgr
75	<b>IT dashboards</b>	<b>527 days</b>	<b>Tue 2/15/11</b>	<b>Wed 2/20/13</b>		<b>0%</b>	<b>IT Project Mgr</b>
76	Schedule for IT dashboards developed	7 days	Tue 2/15/11	Wed 2/23/11		0%	IT Project Mgr
77	IT dashboards submitted to OCIO weekly	520 days	Thu 2/24/11	Wed 2/20/13	76	0%	IT Project Mgr
78	<b>Interstate Steering Committee Close Out</b>	<b>26 days</b>	<b>Wed 12/19/12</b>	<b>Wed 1/23/13</b>		<b>0%</b>	<b>M.Tutty</b>
79	Presentation of NE States selection and development of HIX components	5 days	Wed 12/19/12	Tue 12/25/12	74	0%	M.Tutty/Technical Leads
80	Reassess States Readiness	5 days	Wed 12/26/12	Tue 1/1/13	79	0%	J. Gettens
81	Document States Plans for Implementation of HIX components	15 days	Wed 1/2/13	Tue 1/22/13	80	0%	J. Gettens
82	Transition the Steering Committee to ongoing work group under NESCSO	1 day	Wed 1/23/13	Wed 1/23/13	81	0%	N.Peterson
83	<b>Final Evaluation to OCIO</b>	<b>42 days</b>	<b>Wed 12/19/12</b>	<b>Thu 2/14/13</b>		<b>0%</b>	<b>IT Project Mgr</b>
84	Compile implementation data	30 days	Wed 12/19/12	Tue 1/29/13	72	0%	J. Gettens
85	Document lessons learned	12 days	Wed 1/30/13	Thu 2/14/13	84	0%	J. Gettens
86	Final Report submitted	0 days	Thu 2/14/13	Thu 2/14/13	85	0%	J.Himmelstein

## **Appendix 7 – Letters of Commitment: Other New England States**

In addition to Massachusetts, we have provided letters from the following states expressing both commitment to participate in NESCIES and interest in using HIX components that we jointly develop:

- **Connecticut** – Governor M. Jodi Rell; Medical Care Administration Director Mark Schaefer, Ph.D.
- **Maine** – Governor John E. Baldacci; Medicaid Director Anthony Marple
- **New Hampshire** – Governor John H. Lynch; Medicaid Director Kathleen Dunn
- **Rhode Island** – Governor Donald L. Carcieri; Medicaid Director Elena Nicoletta
- **Vermont** – Governor Jim Douglas; Vermont Health Access Commissioner Susan Besio



**M. Jodi Rell**  
GOVERNOR  
STATE OF CONNECTICUT

December 6, 2010

Ms. Michelle T. Feagins  
Office of Consumer Information and Insurance Oversight  
Department of Health and Human Services  
200 Independence Ave, SW  
Washington, District of Columbia 20201

Dear Ms. Feagins:

On behalf of the State of Connecticut, I am pleased to provide this Letter of Support of our commitment to participate in a New England States Collaborative Insurance Exchange Systems (NESCIES) project – a proposed multistate New England collaborative applying for a Cooperative Agreement to Support Innovative Exchange Information Technology Systems. Specifically, we are endorsing this grant application submitted by the University of Massachusetts Medical School on behalf of the Commonwealth of Massachusetts. We are also expressing our intent to partner with Massachusetts on this crucial endeavor.

It is our understanding that Massachusetts will serve as the “lead state” for the NESCIES collaborative and potential funding opportunity recipient. Connecticut, Maine, Rhode Island, and Vermont will actively participate in the collaborative. The collaborative will be managed by a steering committee representing all participating states.

The University of Massachusetts Medical School (UMMS) will provide project management and fiduciary oversight, working in tandem with the New England States Consortium Systems Organization (NESCSO) on program/components design, development, and implementation in a learning collaborative environment. We believe this approach will enable us to collectively develop those models and best practices to create insurance exchanges that may have relevance to the region and potentially the remainder of the country in support of health care reform.

As a recipient of an Office of Consumer Information and Insurance Oversight (OCIIO) planning grant for the initial establishment of a statewide health insurance exchange, Connecticut is committed to the process of exploring, designing, and implementing the Information Technology (IT) infrastructure components needed to operate a successful health insurance exchange. As originally envisioned, we seek to participate in a collaborative process to design and implement an innovative Exchange solution. This process has now expanded to a regional effort – one which we are confident will fulfill the original intent to serve state residents, businesses, and government agencies alike. Connecticut is excited to join forces with other “early innovator” states in New England sharing a similar vision.

Connecticut looks forward to the opportunity to share and develop cutting-edge and cost-effective technology components, intellectual property, and best practices for implementing an insurance exchange that can be tailored to the needs of each participating state. The ability to leverage each States' capabilities and share in the development or purchasing of exchange components that can be tailored to each of our needs should reduce duplicity and spending, while tightening implementation schedules.

Although my term will be concluding, the State of Connecticut values the opportunity to collaborate with other states as we are committed to ensuring that consumers and small business employers may make informed choices and have access to affordable, high-quality health insurance coverage options and that eligibility and enrollment mechanisms are also in place. The team I have organized to participate on this opportunity will bring their expertise in Connecticut's proposed Medicaid management system improvements and the overall planning objectives of the Insurance Exchange Planning Grant. This team will ensure that Connecticut will streamline resources and leverage from other's best practices.

Sincerely,

A handwritten signature in cursive script that reads "M. Jodi Rell". The signature is written in dark ink and is positioned to the right of the word "Sincerely,".

M. Jodi Rell  
Governor



# STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

25 SIGOURNEY STREET • HARTFORD, CONNECTICUT 06106-5033

December 9, 2010

Michelle T. Feagins  
Office of Consumer Information and Insurance Oversight  
Department of Health and Human Services  
200 Independence Ave., SW  
Washington, District of Columbia 20201

Dear Ms. Feagins:

On behalf of the State of Connecticut, I am pleased to provide this Letter of Support of our commitment to participate in the New England States Collaborative Insurance Exchange Systems (NESCIES) project – a proposed multistate New England collaborative applying for a Cooperative Agreement to Support Innovative Exchange Information Technology Systems.

It is our understanding that Massachusetts will serve as the “lead state” for the NESCIES collaborative and potential funding opportunity recipient. Connecticut, Maine, Rhode Island, and Vermont will actively participate in the collaborative. The collaborative will be managed by a steering committee representing all participating states. Connecticut looks forward to this opportunity to leverage the lessons learned from Massachusetts’ existing exchange and to improve and expand this resource through a collaborative, iterative approach to meet the needs of our state.

The University of Massachusetts Medical School (UMMS) will provide project management and fiduciary oversight. They will work with EOHHS and the Connector Authority in Massachusetts on program/components design, development, and implementation. The collaborative will also work in tandem with the New England States Consortium Systems Organization (NESCSO) to share both ideas and tangible elements in a learning collaborative environment. We look forward to leveraging each States’ capabilities in the collaborative and sharing in the development or purchasing of exchange components that can be tailored to meet our needs. We believe this approach will enable us to collectively develop those models and best practices that may have relevance to the region and potentially the remainder of the country in support of health care reform in a cost-effective and efficient manner.

We attest that we will not duplicate efforts between the NESCIES collaborative and the Connecticut Office of Medicaid. We look forward to the prospect of developing shared functionalities for cross-program concerns, including eligibility and enrollment mechanisms, for both private and public health plan options.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Schaefer".

Mark Schaefer, Ph.D.  
Director, Medical Care Administration





STATE OF MAINE  
OFFICE OF THE GOVERNOR  
1 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0001

JOHN ELIAS BALDACCI  
GOVERNOR

December 22, 2010

Michelle T. Feagins  
Office of Consumer Information and Insurance Oversight  
Department of Health and Human Services  
200 Independence Ave, SW  
Washington, District of Columbia 20201  
Email: [michelle.feagins@hhs.gov](mailto:michelle.feagins@hhs.gov)  
Phone: (301) 492-4312.

Dear Ms. Feagins:

On behalf of the State of Maine, I am pleased to provide this Letter of Support of our commitment to participate in the New England States Collaborative Insurance Exchange Systems (NESCIES) project – a proposed multistate New England collaborative applying for a Cooperative Agreement to Support Innovative Exchange Information Technology Systems. Specifically, we are endorsing this grant application submitted by the University of Massachusetts Medical School on behalf of the Commonwealth of Massachusetts.

It is our understanding that Massachusetts will serve as the “lead state” for the NESCIES collaborative and potential funding opportunity recipient. Connecticut, Maine, Rhode Island, and Vermont will actively participate in the collaborative that will be managed by a steering committee representing all participating states.

The University of Massachusetts Medical School (UMMS) will provide project management and fiduciary oversight, working in tandem with the New England States Consortium Systems Organization (NESCSO) on program/components design, development, and implementation in a learning collaborative environment. We believe this approach will enable us to collectively develop those models and best practices to create insurance exchanges in cost effective ways that minimize redundancy and that may have relevance to all many states.

As a recipient of an Office of Consumer Information and Insurance Oversight (OCIIO) planning grant for the initial establishment of a statewide health insurance exchange, Maine is committed to the process of exploring, designing, and implementing the Information Technology (IT) infrastructure components needed to operate a successful health insurance exchange. As originally envisioned, we seek to participate in a collaborative process to design and implement an innovative Exchange solution. Maine Has considerable experience to bring to this task: our Dirigo Health Agency already performs many of the tasks of an Exchange and our DHHS has an integrated eligibility system that is primed to work with an Exchange. Maine is excited to join forces with other “early innovator” states in New England sharing a similar vision.



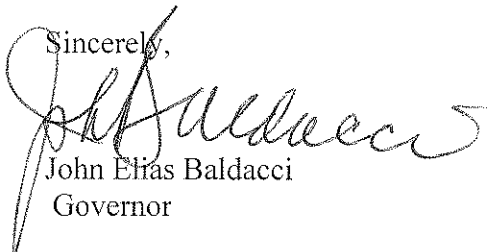
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888-577-6690 (TTY)  
[www.maine.gov](http://www.maine.gov)

Maine looks forward to the opportunity to share and develop cutting-edge and cost-effective technology components, intellectual property, and best practices for implementing an insurance exchange that can be tailored to the needs of each participating state. The ability to leverage each States' capabilities and share in the development or purchasing of exchange components that can be tailored to each of our needs should reduce duplicity and spending, while tightening implementation schedules.

The Affordable Care Act has provided much needed funds to help clear the path to affordable na health care on a state-by-state basis. Turning a path into a roadmap is what is now needed. As part of an overall focus on statewide health care improvement initiatives, we support this proposal. We believe it will help ensure that consumers and small business employers may make informed choices and have access to affordable, high-quality health insurance coverage options that are easy to access through effective eligibility and enrollment mechanisms .

We recognize that decisions about this grant, should it be awarded, will rest with Governor LePage and his team and we will assure that the grant is part of our transition discussions

Sincerely,

A handwritten signature in black ink, appearing to read "John Elias Baldacci". The signature is fluid and cursive, with a large initial "J" and "B".

John Elias Baldacci  
Governor



*MaineCare Services*  
An Office of the  
Department of Health and Human Services

Department of Health and Human Services  
MaineCare Services  
# 11 State House Station  
Augusta, Maine 04333-0011  
Tel: (207) 287-2674; Fax: (207) 287-2675  
TTY: 1-800-606-0215

John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

December 22, 2010

Michelle T. Feagins  
Office of Consumer Information and Insurance Oversight  
Department of Health and Human Services  
200 Independence Ave, SW  
Washington, District of Columbia 20201  
Email: [michelle.feagins@hhs.gov](mailto:michelle.feagins@hhs.gov)  
Phone: (301) 492-4312.

Dear Ms. Feagins:

On behalf of the State of Maine, I am pleased to provide this Letter of Support of our commitment to participate in the New England States Collaborative Insurance Exchange Systems (NESCIES) project, a proposed multistate New England collaborative applying for a Cooperative Agreement to Support Innovative Exchange Information Technology Systems.

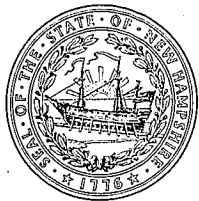
It is our understanding that Massachusetts will serve as the lead state for the NESCIES collaborative and potential funding opportunity recipient. Connecticut, Maine, Rhode Island, and Vermont will actively participate in the collaborative. The collaborative will be managed by a steering committee representing all participating states. Maine looks forward to this opportunity to leverage the lessons learned from Massachusetts' existing exchange and to improve and expand this resource through a collaborative, iterative approach to meet the needs of our state.

The University of Massachusetts Medical School (UMMS) will provide project management and fiduciary oversight. They will work with EOHHS and the Connector Authority in Massachusetts on program/components design, development, and implementation. The collaborative will also work in tandem with the New England States Consortium Systems Organization (NESCSO). We look forward to leveraging each state's capabilities in the collaborative and sharing in the development or purchasing of exchange components that can be tailored to meet our needs. We believe this approach will enable us to collectively develop those models and best practices that may have relevance to the region and potentially the remainder of the country in support of health care reform in a cost-effective and efficient manner.

We attest that we will not duplicate efforts between the NESCIES collaborative and the Office of MaineCare Services, the Maine Medicaid program. We look forward to the development of shared functionalities for private and public health insurance coordination, including eligibility and enrollment mechanisms.

Sincerely,

Anthony Marple, Director  
Office of MaineCare Services



JOHN H. LYNCH  
Governor

# State of New Hampshire

## OFFICE OF THE GOVERNOR

107 North Main Street, State House - Rm 208

Concord, New Hampshire 03301

Telephone (603) 271-2121

[www.nh.gov/governor](http://www.nh.gov/governor)

[governorlynch@nh.gov](mailto:governorlynch@nh.gov)

December 10, 2010

Michelle T. Feagins  
Office of Consumer Information and Insurance Oversight  
Department of Health and Human Services  
200 Independence Ave, SW  
Washington, District of Columbia 20201  
Email: [michelle.feagins@hhs.gov](mailto:michelle.feagins@hhs.gov)  
Phone: (301) 492-4312.

Dear Ms. Feagins:

On behalf of the State of New Hampshire, I am pleased to provide this letter of commitment to participate in the New England States Collaborative Insurance Exchange Systems (NESCIES) project – a multi-state New England collaborative applying for a *Cooperative Agreement to Support Innovative Exchange Information Technology Systems*. I support this grant application being submitted by the University of Massachusetts Medical School on behalf of the Commonwealth of Massachusetts. It is New Hampshire's intent to partner with Massachusetts and other New England states on this crucial endeavor.

Massachusetts will serve as the lead state for the NESCIES collaborative. In addition to New Hampshire, the States of Connecticut, Maine, Rhode Island and Vermont will actively participate in the collaborative. The collaborative will be managed by a steering committee representing all participating states.

The University of Massachusetts Medical School (UMMS) will provide project management and fiduciary oversight, working in tandem with the New England States Consortium Systems Organization (NESCSO) on program/components design and development. This collaborative approach will enable us to collectively develop those models and best practices to design insurance exchanges that may have relevance to the region and potentially the remainder of the country in support of health care reform.

New Hampshire is a recipient of an Office of Consumer Information and Insurance Oversight (OCIIO) planning grant for the exploration of the establishment of a statewide health insurance exchange. Under the New England States Collaborative Insurance Exchange Systems project, the State will participate in the process of exploring and designing the Information Technology (IT) infrastructure components needed to operate a successful health insurance exchange.

The state looks forward to the opportunity to share and develop cutting-edge and cost-effective technology components, intellectual property, and best practices for implementing an insurance exchange. The ability to leverage each State's capabilities and share in the development or purchasing of exchange components has the potential to reduce duplicity and spending, while tightening implementation schedules.

Sincerely,

John Lynch  
Governor



**STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**OFFICE OF MEDICAID BUSINESS AND POLICY**

129 PLEASANT STREET, CONCORD, NH 03301-3857  
603-271-5254 1-800-852-3345 Ext. 5254  
Fax: 603-271-8431 TDD Access: 1-800-735-2964

**Nicholas A. Toumpas**  
**Commissioner**

**Kathleen A. Dunn**  
**Director**

December 13, 2010

Ms. Michelle T. Feagins  
Office of Consumer Information and Insurance Oversight  
Department of Health and Human Services  
200 Independence Ave, SW  
Washington, DC 20201

Dear Ms. Feagins:

On behalf of the New Hampshire Department of Health and Human Services Office of Medicaid Business and Policy, I am pleased to provide this Letter of Support of our commitment to participate in the New England States Collaborative Insurance Exchange Systems (NESCIES) project – a proposed multistate New England collaborative applying for a Cooperative Agreement to Support Innovative Exchange Information Technology Systems.

It is our understanding that Massachusetts will serve as the “lead state” for the NESCIES collaborative and potential funding opportunity recipient. Connecticut, Maine, New Hampshire, Rhode Island, and Vermont will actively participate in the collaborative. The collaborative will be managed by a steering committee representing all participating states. New Hampshire looks forward to this opportunity to leverage the lessons learned from Massachusetts’ existing exchange and to improve and expand this resource through a collaborative, iterative approach to meet the needs of our state.

The University of Massachusetts Medical School (UMMS) will provide project management and fiduciary oversight. It will work with EOHHS and the Connector Authority in Massachusetts on program/components design, development, and implementation. The collaborative will also work in tandem with the New England States Consortium Systems Organization (NESCSO) to share both ideas and tangible elements in a learning collaborative environment. We look forward to leveraging each States’ capabilities in the collaborative and sharing in the development or purchasing of exchange components that can be tailored to meet states’ needs. We believe this approach will enable us to collectively develop those models and best practices that may have relevance to the region and potentially the remainder of the country in support of health care reform in a cost-effective and efficient manner.

We attest that we will not duplicate efforts between the NESCIES collaborative and the New Hampshire Office of Medicaid. We look forward to the prospect of developing shared functionalities for cross-program concerns, including eligibility and enrollment mechanisms, for both private and public health plan options.

Sincerely,

A handwritten signature in cursive script that reads "Kathleen A. Dunn".

**Kathleen A. Dunn, MPH**  
**Medicaid Director**



## State of Rhode Island and Providence Plantations

State House  
Providence, Rhode Island 02903-1196  
401-222-2080

**Donald L. Carcieri**  
Governor

December 22, 2010

Michelle T. Feagins  
Office of Consumer Information and Insurance Oversight  
Department of Health and Human Services  
200 Independence Ave, SW  
Washington, District of Columbia 20201  
Email: [michelle.feagins@hhs.gov](mailto:michelle.feagins@hhs.gov)  
Phone: (301) 492-4312.

Dear Ms. Feagins:

On behalf of the State of Rhode Island, I am pleased to provide this Letter of Support of our commitment to participate in the New England States Collaborative Insurance Exchange Systems (NESCIES) project – a proposed multistate New England collaborative applying for a Cooperative Agreement to Support Innovative Exchange Information Technology Systems. Specifically, we are endorsing this grant application submitted by the University of Massachusetts Medical School on behalf of Massachusetts, Connecticut, Maine, Rhode Island, and Vermont. The collaborative will be managed by a steering committee representing all participating states.

The University of Massachusetts Medical School (UMMS) will provide project management and fiduciary oversight, working in tandem with the New England States Consortium Systems Organization (NESCSO) on program/components design, development, and implementation in a learning collaborative environment. We believe this approach will enable us to develop those models and best practices collectively to create insurance exchanges that may have relevance to the region and potentially the remainder of the country in support of health care reform.

As a recipient of an Office of Consumer Information and Insurance Oversight (OCIIO) planning grant for the initial establishment of a statewide health insurance exchange, Rhode Island is committed to the process of exploring, designing, and implementing the Information Technology (IT) infrastructure components needed to operate a successful health insurance exchange. As originally envisioned, we seek to participate in a collaborative process to design an innovative Exchange solution. This process has now expanded to a regional effort – one which we are confident will fulfill the original intent to serve state residents, businesses, and government agencies alike. Rhode Island is excited to join forces with other “early innovator” states in New England sharing a similar vision.

Michelle T. Feagins  
December 22, 2010  
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Rhode Island looks forward to the opportunity to share and develop cutting-edge and cost-effective technology components, intellectual property, and best practices for implementing an insurance exchange that can be tailored to the needs of each participating state. The ability to leverage each States' capabilities and share in the development or purchasing of exchange components that can be tailored to each of our needs should reduce duplication and spending, while tightening implementation schedules. With our geographically small states and regional economies, the Northeast is a perfect setting to develop models for inter-state collaboration on health care policy and operations.

Thank you for your consideration of this important request.

Sincerely,

A handwritten signature in blue ink that reads "Donald L. Carcieri". The signature is written in a cursive style with a large initial "D".

Donald L. Carcieri  
Governor



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

**Department of Human Services**  
DIVISION OF HEALTH CARE QUALITY,  
FINANCING AND PURCHASING  
600 New London Avenue  
Cranston, R.I. 02920

December 8, 2010

Michelle T. Feagins  
Office of Consumer Information and Insurance Oversight  
Department of Health and Human Services  
200 Independence Ave, SW  
Washington, District of Columbia 20201  
Email: [michelle.feagins@hhs.gov](mailto:michelle.feagins@hhs.gov)  
Phone: (301) 492-4312.

Dear Ms. Feagins:

On behalf of the State of Rhode Island, I am pleased to provide this Letter of Support of our commitment to participate in the New England States Collaborative Insurance Exchange Systems (NESCIES) project – a proposed multistate New England collaborative applying for a Cooperative Agreement to Support Innovative Exchange Information Technology Systems.

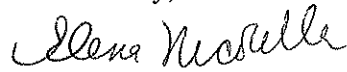
It is our understanding that Massachusetts will serve as the “lead state” for the NESCIES collaborative and potential funding opportunity recipient. Connecticut, Maine, Rhode Island, and Vermont will actively participate in the collaborative. The collaborative will be managed by a steering committee representing all participating states. Rhode Island looks forward to this opportunity to leverage the lessons learned from Massachusetts’ existing exchange and to improve and expand this resource through a collaborative, iterative approach to meet the needs of our state.

The University of Massachusetts Medical School (UMMS) will provide project management and fiduciary oversight. They will work with EOHHS and the Connector Authority in Massachusetts on program/components design, development, and implementation. The collaborative will also work in tandem with the New England States Consortium Systems Organization (NESCSO) to share both ideas and tangible elements in a learning collaborative environment. We look forward to leveraging each States’ capabilities in the collaborative and sharing in the development or purchasing of exchange components that can be tailored to meet our needs. We believe this approach will enable us to collectively develop those models and best practices that may have relevance to the region and potentially the remainder of the country in support of health care reform in a cost-effective and efficient manner.



We attest that we will not duplicate efforts between the NESCIES collaborative and the Rhode Island Office of Medicaid. We look forward to the prospect of developing shared functionalities for cross-program concerns, including eligibility and enrollment mechanisms, for both private and public health plan options.

Sincerely,

A handwritten signature in cursive script that reads "Elena Nicolella".

Elena Nicolella  
Medicaid Director

JAMES H. DOUGLAS  
Governor



State of Vermont  
OFFICE OF THE GOVERNOR

December 22, 2010

Michelle T. Feagins  
Office of Consumer Information and Insurance Oversight  
Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Ms. Feagins:

On behalf of the State of Vermont, I am pleased to provide this Letter of Support of our commitment to participate in the New England States Collaborative Insurance Exchange Systems (NESCIES) project – a proposed multistate New England collaborative applying for a Cooperative Agreement to Support Innovative Exchange Information Technology Systems. Specifically, we are endorsing this grant application submitted by the University of Massachusetts Medical School on behalf of the Commonwealth of Massachusetts. We are also expressing our intent to partner with Massachusetts on this crucial endeavor.

It is our understanding that Massachusetts will serve as the “lead state” for the NESCIES collaborative and potential funding opportunity recipient. Connecticut, Maine, Rhode Island, and Vermont will actively participate in the collaborative. The collaborative will be managed by a steering committee representing all participating states.

The University of Massachusetts Medical School (UMMS) will provide project management and fiduciary oversight, working in tandem with the New England States Consortium Systems Organization (NESCSO) on program/components design, development, and implementation in a learning collaborative environment. We believe this approach will enable us to collectively develop those models and best practices to create insurance exchanges that may have relevance to the region and potentially the remainder of the country in support of health care reform.

As a recipient of an Office of Consumer Information and Insurance Oversight (OCIIO) planning grant for the initial establishment of a statewide health insurance exchange, Vermont is committed to the process of exploring, designing, and implementing the Information Technology (IT) infrastructure components needed to operate a successful health insurance exchange. As originally envisioned, we seek to participate in a collaborative process to design and implement an innovative Exchange solution. This process has now expanded to a regional effort

Michelle T. Feagins  
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– one which we are confident will fulfill the original intent to serve state residents, businesses, and government agencies alike. Vermont is excited to join forces with other “early innovator” states in New England sharing a similar vision.

Vermont looks forward to the opportunity to share and develop cutting-edge and cost-effective technology components, intellectual property, and best practices for implementing an insurance exchange that can be tailored to the needs of each participating state. The ability to leverage each State’s capabilities and share in the development or purchasing of exchange components that can be tailored to each of our needs should reduce duplicity and spending, while tightening implementation schedules.

The Affordable Care Act has provided much needed funds to help clear the path to affordable national health care on a state-by-state basis. Turning a path into a roadmap is what is now needed. As part of an overall focus on statewide health care improvement initiatives, we remain committed to meeting forthcoming state and federal milestones and meeting the needs of an array of stakeholders between now and 2014. We are committed to ensuring that consumers and small business employers may make informed choices and have access to affordable, high-quality health insurance coverage options and that eligibility and enrollment mechanisms are also in place.

Although I will no longer be in office, I remain committed to the people and businesses of Vermont and welcome the opportunity to help pave the path to affordable and sound health care.

Sincerely,



James H. Douglas  
Governor

JHD/qjg

**State of Vermont**  
**Department of Vermont Health Access**  
312 Hurricane Lane, Suite 201  
Williston VT 05495-2807  
[dvha.vermont.gov](http://dvha.vermont.gov)

[Phone] 802-879-5900  
[Fax] 802-879-5651

*Agency of Human Services*

December 2, 2010

Ms. Michelle T. Feagins  
Office of Consumer Information and Insurance Oversight  
Department of Health and Human Services  
200 Independence Ave, SW  
Washington, DC 20201

Dear Ms. Feagins:

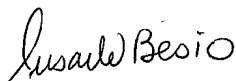
On behalf of the State of Vermont, I am pleased to provide this Letter of Support of our commitment to participate in the New England States Collaborative Insurance Exchange Systems (NESCIES) project – a proposed multistate New England collaborative applying for a Cooperative Agreement to Support Innovative Exchange Information Technology Systems.

Massachusetts will serve as the “lead state” for the NESCIES collaborative and is the potential funding opportunity recipient; however, Vermont, Connecticut, Maine, and Rhode Island will actively participate in the collaborative, which will be managed by a steering committee representing all participating states. Vermont looks forward to this opportunity to leverage the lessons learned from Massachusetts’ existing Exchange and to improve and expand this resource through a collaborative, iterative approach to meet the needs of our state.

The University of Massachusetts Medical School (UMMS) will provide project management and fiduciary oversight. They will work with EOHHS and the Connector Authority in Massachusetts on program/components design, development, and implementation. The collaborative also will work in tandem with the New England States Consortium Systems Organization (NESCSO) to share both ideas and tangible elements in a learning collaborative environment. We look forward to leveraging each States’ capabilities in the collaborative and sharing in the development or purchasing of exchange components that can be tailored to meet our needs. We believe this approach will enable us to collectively develop those models and best practices that may have relevance to the region and potentially the remainder of the country in support of health care reform in a cost-effective and efficient manner.

We attest that we will not duplicate efforts between the NESCIES collaborative and the Vermont Medicaid Department. We look forward to the prospect of developing shared functionalities for cross-program concerns, including eligibility and enrollment mechanisms, for both private and public health plan options.

Sincerely,



Susan Besio  
Commissioner

