

Healthcare.gov Project Integration Management

Riya Patel

Information Systems, Northeastern University

INFO 6245: Planning and Managing Information Systems Development

Professor Shirali Patel

September 26, 2025

Healthcare.gov Project Integration Management

The initiation of Healthcare.gov in October 2013 is one of the most advertised failures in the history of e-government. As the leading marketplace of the Affordable Care Act in 36 states, its purpose was to allow millions of Americans to compare health insurance plans, identify their eligibility for subsidies, and enroll in coverage. In spite of the fact that more than \$600 million was spent to support the launch, the site collapsed in minutes after it went live, having only registered 271,000 of 9.47 million total users in the first week. The project involved more than 55 contractors and did not have a central integrator, faced shifting requirements, little end-to-end testing, and politically charged pressure to meet unmovable deadlines, providing case study evidence of the downsides of weak integration management. It shows how weaknesses in planning, execution, monitoring and change control can kill-off large-scale IT projects while also showing how structured integration, and strengthened testing could have mitigated the failures. The timeline of events leading up to and after the Healthcare.gov launch provides useful context to understand the failures of the site. Table 1 briefly summarizes the key events and developments leading up and proceeding the rollout.

Table 1
Timeline of Key Events Before and After Launch

Date	Event
2010	Affordable Care Act is signed; Healthcare.gov required
2011-2012	Development begins; scope expands with changing constraints
March–April 2013	McKinsey report and internal red flags raise alarms
Sept 2013	End-to-end testing begins (just 2 weeks before launch)
Oct 1, 2013	Website is launched and crashes; users are locked out
Nov 2013	Jeffrey Zients heads up "tech surge" - system is stabilized by end of Nov
2014	GAO/OIG investigations document issues with planning and integration

Project Charter and Vision

Chartering and Vision Evidence suggests chartering was diffuse, without clearly defined responsibilities and outcomes across HHS, CMS, and dozens of vendors. GAO found that CMS's acquisition planning and governance structure did not effectively align scope, schedule, and roles of the contractors to assure a unified direction. An explicit charter clearly owned by governance, including essential elements such as success criteria, interfaces, and decision rights would provide a single 'source of truth' for all parties involved.

Planning and Execution Challenges

GAO found that poor planning, uncontrolled changes, and weak monitoring of cost and schedule left HHS and CMS unprepared for launch. Testing the system began only two weeks before go-live, which was too short for a system of this scale. Also, execution was also compromised by lack of strong systems integrator with 50+ contractors working on the project. This lack of an effective systems integrator led to incorrectly integrated interfaces, tenuous dependencies, and little accountability. GAO and several congressional testimonies also questioned CMS's governance over the changing requirements and some of its contractors. A staged rollout with integration milestones, decision rights, and a systems integrator may have provided better oversight, coordination, and risk management across vendors.

Knowledge Management and Communication

The March–April 2013 McKinsey review and internal red team assessments originated alarms regarding schedule, integration, and testing risks, but those warnings were not effectively escalated into action prior to the launch. This is indicative of poor knowledge capture and sharing across leadership strata. A formal escalation process for risk and readiness dashboards could have turned early warning signals into action.

Monitoring, Controlling and Change Control

The program had weak quality gates as an oversight mechanism overall and a lack of robust performance monitoring, as the GAO findings indicated that there was little oversight to monitor contractors' performance on deliverables, changes to the scope, and security controls. Testing was limited to end-to-end testing, and changes to design introduced even more compression for timelines and, thus, instability. A cross-functional dashboard and the use of a formal change control board could have provided needed governance by tracking readiness, prioritizing essential changes, and deferring nonessential needs.

Closure and Lessons Learned

Following a botched launch, the Administration hired Jeffrey Zients to lead a "tech surge". Within a few weeks, Zients and his team stabilized key workflows, and improved capacities to serve almost all users by late November, showing strong integration leadership. The HHS-OIG's follow-up case study identified lessons learned, including strong governance, staged delivery, and empowered integrators to mitigate similar failures and challenges in the future.

Key Challenges and Successes in Integration Management

Challenges:

- 1) Distributed leadership and no central integrator.
- 2) Late and limited end-to-end testing.
- 3) Uncontrolled change and changing requirements.
- 4) Lack of monitoring and escalation of risk.

Successes:

- 1) Quickly recovered due to collective leadership (i.e., 'tech surge').
- 2) Institutional learning through GAO and OIG reforms.

How Better Integration Management Could Have Improved Outcomes

- Identify one accountable systems integrator from day one.
- Phase implementation with pilot states and gradual roll-out.
- Leverage strict change control to balance urgency with value and feasible capacity.
- Use readiness reviews with visibility and dashboards for go/no-go as needed.
- Build a knowledge management process with defined escalation processes.
- Include the definitions of done the requirements cybersecurity and privacy.

Figure 1

Failure reasons affecting Healthcare.gov

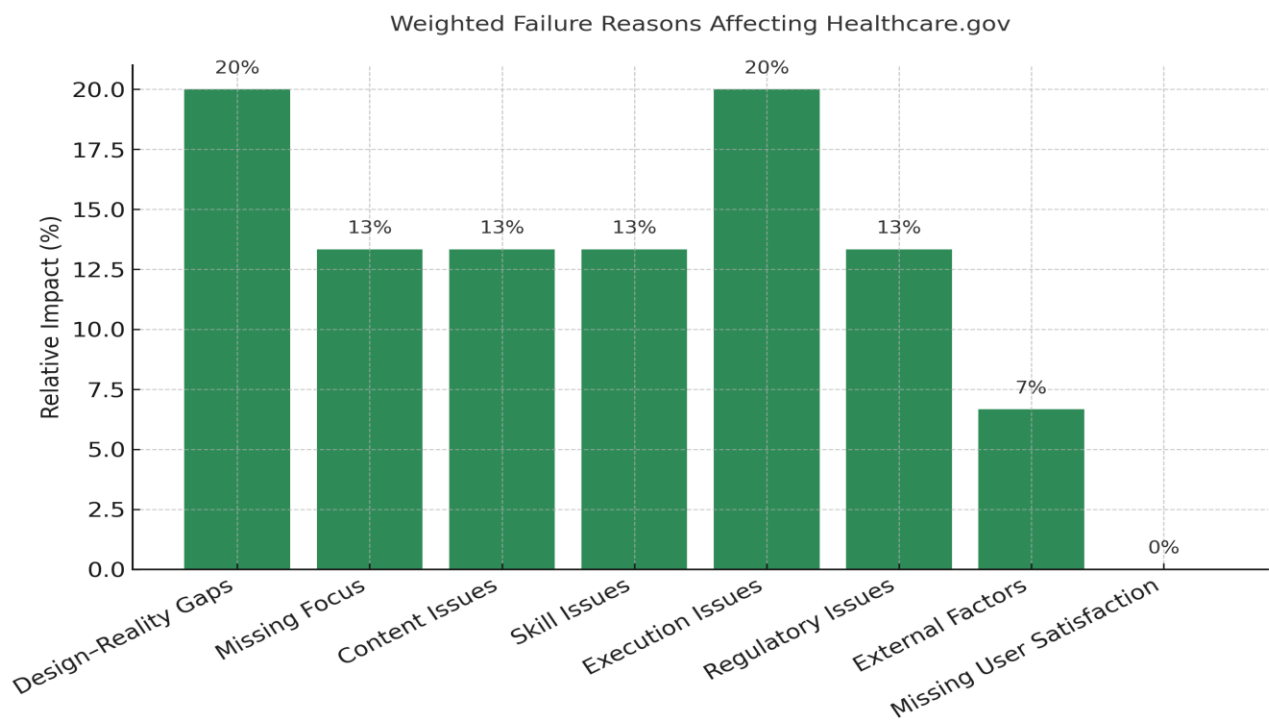


Figure 1 illustrates the major causes of failure for healthcare.gov website where design-reality gaps and execution issues were the largest contributors. External factors played a minor role in the overall failure of the website, and user satisfaction was even less measurable in its impact.

Conclusion and Recommendations

The issues at the launch of Healthcare.gov resulted from a lack of integration—including unclear lines of ownership, insufficient planning, incomplete testing, and inadequate change management. If the project had a solid integration plan that included a charter, a designated primary integrator and a change management approach that focuses on risk, much of the issues could have been avoided. This integration approach should be incorporated in all digital implementations deemed to be based on federal initiatives as first established by GAO and OIG recommendations.

References

- GAO. (2014). *Healthcare.gov: Ineffective planning and oversight practices underscore the need for improved contract management (GAO-14-694)*. U.S. Government Accountability Office. <https://www.gao.gov/products/gao-14-694>
- GAO. (2015). *Healthcare.gov: CMS has taken steps to address key challenges, but additional actions are needed*. U.S. Government Accountability Office. <https://www.gao.gov/products/gao-15-238>
- HHS Office of Inspector General. (2016). *HealthCare.gov: Case study of CMS management of the Federal Marketplace*. U.S. Department of Health & Human Services. <https://oig.hhs.gov/reports/all/2016/healthcaregov-case-study-of-cms-management-of-the-federal-marketplace>
- Wilshusen, G. C. (2014, September). *Healthcare.gov: Ineffective planning and oversight practices underscore the need for improved contract management: Statement of Gregory C. Wilshusen, Director, Information Security Issues, GAO*. U.S. House of Representatives. <https://oversight.house.gov/wp-content/uploads/2014/09/Mr.-Wilshusen-Statement.pdf>
- Lee, G. (2014). *Lessons learned from the HealthCare.gov project*. IBM Center for the Business of Government. <https://www.businessofgovernment.org/sites/default/files/Viewpoints%20Dr%20Gwanho%20Lee.pdf>
- CIO Insight Staff. (2014, March 18). *Project management lessons from Healthcare.gov*. CIO Insight. <https://www.cioinsight.com/news-trends/project-management-lessons-from-healthcare-gov>