

DEPARTMENT OF LEGISLATIVE SERVICES
OFFICE OF LEGISLATIVE AUDITS
MARYLAND GENERAL ASSEMBLY

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April 3, 2014

Senator Thomas M. Middleton
Senate Chair, Joint Oversight Committee on the Maryland Health Benefit Exchange
Miller Senate Office Building, 3 East Wing
11 Bladen Street
Annapolis, Maryland 21401

Delegate Peter A. Hammen
House Chair, Joint Oversight Committee on the Maryland Health Benefit Exchange
House Office Building, Room 241
6 Bladen Street
Annapolis, Maryland 21401

Dear Senator Middleton and Delegate Hammen:

As requested, we conducted a review of the documents provided by the Maryland Health Benefit Exchange (MHBE) for the purpose of examining the processes employed and decisions made by the MHBE in advance of the October 1, 2013 launch of the Maryland Health Connection and during the initial open enrollment period. In accordance with that request, we are submitting this letter which provides our observations based on those documents.¹

We received from MHBE 416 documents totaling 14,551 pages. Generally, those documents were applicable to the period from March 25, 2010 through January 29, 2014. We found that the most useful documents pertained to the period up until October 1, 2013. (A list of all documents reviewed can be found in Exhibits A and B.) The types of documents provided primarily included:

- 1) Independent Verification and Validation (IV&V) reports from BerryDunn. BerryDunn was hired by MHBE to provide independent input as to whether Maryland was on track to meet federally-mandated requirements of the Affordable Care Act and State-specific requirements, and to assess whether MHBE and Noridian² were on track to implement the requisite technology for the Health Insurance Exchange (HIX)³ in time for enrolling consumers into qualified health plans by October 1, 2013.

¹ The scope of the requested work was delineated in a February 14, 2014 letter from the Chairmen of the Joint Oversight Committee on the Maryland Health Benefit Exchange to the Presiding Officers of the Maryland General Assembly.

² Noridian Administrative Services, LLC was selected by MHBE to be the Health Insurance Exchange's (HIX) Systems Integrator (SI) under a contract dated February 22, 2012. The SI is the prime contractor for the design, development and implementation of the HIX and the liaison to product vendors for eligibility, enrollment, plan management, etc.

³ For the purposes of this review, HIX refers to the automated enrollment and eligibility system. It supports the Maryland Health Connection web portal, which serves as the marketplace for healthcare coverage through private insurers or Medicaid. The terms HIX and Connection generally refer to the overall IT apparatus.

- 2) Procurement documents. These documents consisted of various MHBE-issued Request for Proposals (RFP), proposals received from interested vendors, proposal evaluation documents prepared by MHBE and certain contracts.
- 3) Emails. There was an assortment of emails to and from a variety of individuals.

Many of the documents we received (26 percent) contained redactions, with the procurement documents being heavily redacted.

The scope of the review was guided by the Joint Oversight Committee's request. Generally, the primary areas included in the review were: procurement and contracting; project planning and management; HIX system design; resource management; HIX system testing and contingency planning; and training of consumer assistance groups. Our review was limited to examining the documents received from MHBE. We did not perform tests, interview relevant parties and stakeholders, or attempt to substantiate or refute the accuracy of the information in the documents or determine their completeness. We also do not know whether we received all documents that MHBE made available to the public. We did submit a few questions to BerryDunn to obtain clarification on specific matters concerning the IV&V reports. Our review was not conducted in accordance with generally accepted government auditing standards.

Our observations are based on our understanding and interpretation of the information in the documents reviewed. Because of the limitations of this review, we do not believe our observations provide a complete understanding of the processes employed and decisions made by MHBE. We believe the most informative documents made available to us were the IV&V reports issued by BerryDunn from January 2013 through September 2013. Generally, these reports addressed all areas included in this review and were the primary source of our observations, with the exception of contract procurements.

Summary Observations

The documents we reviewed indicate that the HIX development process faced many challenges. The early IV&V reports identified several critical project planning and management processes and protocols that had not been established even though the contract to develop HIX was awarded ten months prior to the issuance of the first IV&V report. For example, IV&V reports with January and February 2013 dates identified the lack of an overall project plan, insufficient staffing by MHBE and the vendors, and the lack of a State program director to manage project development efforts. At the end of February, only seven months remained before the October 1, 2013 go-live date for the Maryland Health Connection.

With each IV&V report, the consultant identified new risks and issues, including recommendations to mitigate those risks and resolve the issues. In the IV&V reports issued through September 30, 2013, the consultant identified 46 risks and 48 issues⁴, of which 9 risks and 28 issues were outstanding as of September 30, 2013. (See Exhibit C for a listing of all risks and issues.) Many were designated as high-impact risks and issues, covering many aspects of the HIX system development process, including project management, software development, and system testing and security.

⁴ Per BerryDunn's IV&V reports, "A project risk is something that has not yet happened that could adversely impact project schedule, scope or cost. A project issue is something that is already happening and that adversely impacts project schedule and cost." Over time, a risk can be resolved, accepted with no action, replaced by another risk or developed into an issue. For example, 18 of the 46 risks were either elevated to an issue or replaced by another risk.

April 3, 2014

The documents did not provide any clear indication of the oversight and governance structure that may have existed to oversee and steer the HIX development process. With respect to the IV&V reports, we could not determine who received the reports, addressed the risks and issues, and provided the State's responses to the recommendations. Generally, we were unable to determine who the key decision makers were, and what decisions were attributable to them.


As the October 1, 2013 go-live date approached, there was considerable concern expressed by the IV&V consultant about system testing and functionality. For example, the September 30, 2013 IV&V report stated that "...full integration and end-to-end testing has not been completed due to continued problems with performance, environments, and code (bugs) issues." The report also stated that "Capacity loads could not be properly assessed due to lack of true integration and UAT [User Acceptance Testing] testing." Because the HIX was not complete, planned training activities for navigators, assisters, counselors, call center staff, and other consumer assistance personnel were impeded.

Concerning contract procurements, the documents indicated that competitive procurements were conducted to obtain consultants and technical services, including the services of the SI contractor. Due to document redactions as well as the lack of documentation, we were unable to determine the propriety of the awards, including the basis for selecting the successful vendors.

Our detailed observations for the areas identified in the Joint Oversight Committee's request follows, with exhibits that identify the documents we received from MHBE and summaries of the risks and issues raised by the IV&V consultant.

We trust we have satisfactorily addressed the Committee's request.

Respectfully submitted,


Thomas J. Barnickel III, CPA
Legislative Auditor

cc: Joint Oversight Committee on the MD Health Benefit Exchange Members
Joint Audit Committee Members and Staff
Senator Thomas V. Mike Miller, Jr., President of the Senate
Delegate Michael E. Busch, Speaker of the House of Delegates
Senator Edward J. Kasemeyer, Chairman, Senate Budget and Taxation Committee
Delegate Norman H. Conway, Chairman, House Appropriations Committee
Governor Martin J. O'Malley
Comptroller Peter V.R. Franchot
Treasurer Nancy K. Kopp
Attorney General Douglas F. Gansler
Secretary T. Eloise Foster, Department of Budget and Management
Carolyn Quattrocki, Interim Executive Director, MD Health Benefit Exchange
Joshua M. Sharfstein, M.D., Chair, Board of Trustees, MD Health Benefit Exchange
Patrick D. Carlson, Policy Analyst, Department of Legislative Services
Linda L. Stahr, Policy Analyst, Department of Legislative Services
Karl S. Aro, Executive Director, Department of Legislative Services

Office of Legislative Audits' Detailed Observations

Background

Maryland Health Benefit Exchange Organization

The Maryland Health Benefit Exchange (MHBE) was established as a public corporation and an independent unit of State government pursuant to Chapter 2, Laws of Maryland 2011, effective June 1, 2011.

MHBE is governed by a nine-member Board of Trustees (Board) consisting of the Secretary of the Department of Health and Mental Hygiene, the Maryland Insurance Commissioner, the Executive Director of the Maryland Health Care Commission, and six members appointed by the Governor with the advice and consent of the Senate. The Board appoints an Executive Director of the MHBE, who serves at the pleasure of the Board. The Governor designates the Chair of the Board. The Board is required to create and consult with advisory committees and appoint to the advisory committees representatives of specified organizations.

MHBE is subject to numerous State laws including adoption of regulations under the Administrative Procedure Act, access to public records, open meetings, immunity and liability of State personnel, public ethics, procurement laws for minority business participation and policies for exempt units, and whistleblower and certain provisions of State personnel law. However, MHBE is exempt from State or local taxation and specified provisions of procurement law, although the Board is required to have an open and transparent procurement process. The Executive Director is authorized to hire staff that is not subject to State actions governing compensation, including furloughs, pay cuts, or any other general fund cost savings measure.

Function of MHBE

The federal Patient Protection and Affordable Care Act (ACA), as amended by the federal Health Care and Education Reconciliation Act of 2010, required each state by January 1, 2014, to establish a health benefit exchange that makes available qualified health plans to qualified individuals and employers and that meets certain other requirements. MHBE was tasked with this responsibility in Maryland.

The Systems Integrator⁵ (SI) request for proposal (RFP) provided to us describes the phases for the project as follows:

- **Phase 1: Core Exchange Functions and Modified Adjusted Gross Income (MAGI) Medicaid Eligibility Determinations.** The purpose of Phase 1 is to provide individuals and small businesses with tools to compare qualified health plans, obtain information about those plans, and enroll in an insurance product, as well as to establish eligibility for, and enroll in all applicable State health subsidy programs as defined in the ACA.
 - **Phase 1a: Selected Exchange Functions and MAGI Eligibility Determinations.** Phase 1a encompasses creating the capacity for the HIX to provide individuals with tools to compare qualified health plans, obtain information about those plans, enroll in an insurance product, be evaluated for eligibility for all applicable State health subsidy programs and have net cost calculated after the subsidy is applied.

⁵ The SI was responsible for the technical development of HIX.

- o **Phase 1b: Maintenance, Hosting, Operations and Other Selected Services.** MHBE may elect to issue Optional Task Orders for maintenance, hosting, operations and additional HIX functions not fully addressed in Phase 1a. MHBE is still making decisions about how it will address some of the ACA requirements, including how it will run the Small Business Health Options Program Exchange. After these decisions are made⁶, MHBE may issue Optional Task Orders or use other strategies to procure these services.
- **Phase 2: Integrating Non-MAGI Medicaid Eligibility Determinations.** In Phase 2, the HIX may include the ability to perform non-MAGI Medicaid eligibility determinations. If this capability is achieved, seniors, people with disabilities, and individuals needing long-term care services would also have their eligibility for Medicaid determined through the HIX.
- **Phase 3: Integrating Social Services Programs.** In Phase 3, the HIX may add the capacity to conduct eligibility determinations for other social services programs, such as the Supplemental Nutrition Assistance Program and Temporary Assistance for Needy Families. The use of the same eligibility system for multiple health and human services programs may simplify the related enrollment processes.

Basis for Office of Legislative Audits' Observations

The documents provided to and reviewed by us covered only Phase 1 (both 1a and 1b). As far as we could tell, this is the extent of the work contracted for by MHBE, including the extent of the Independent Validation and Verification (IV&V)⁷ reviews of the project. The majority of our observations were obtained from the 10 IV&V reports⁸ by BerryDunn (the IV&V consultant) dated between January 8, 2013 and September 30, 2013 covering the period from November 1, 2012 through September 30, 2013. Other documents provided to us at times supported or corroborated some of the information in the IV&V reports but did little to give us more insight regarding the HIX development process. As directed by the Joint Oversight Committee on the Maryland Health Benefit Exchange, we focused our review on the areas of contract procurements; project management; features of the eligibility and enrollment IT system; resource management; testing and contingency planning for the eligibility and enrollment IT system; and training, coordination, and utilization of consumer assistance personnel.

Contract Procurements

We were provided with a number of documents related to the procurement of various contracts, although many contained redactions of key information. From our review of those documents, we determined that MHBE employed competitive RFP processes to obtain consultants and technical services. The proposals from the SI bidders identified subcontractors to be used and included recommendations for software, hardware and hosting services. The IV&V services

⁶ The RFP states that certain business decisions, such as how to address some ACA requirements, were still open while obtaining the services of the SI. This would indicate the need for significant communication, coordination, and interaction between the State executives responsible for MHBE and the technical-side project management office (PMO).

⁷ Generally, IV&Vs are typically performed while IT systems are under development to address the questions of whether the system is being built using practices that lead to a successful implementation (verification – “Are you building it right?”), and whether the completed system will provide the needed functionality to satisfy the intended business purpose (validation – “Are you building the right thing?”). The actual scope of the IV&V work is typically customized to address the client’s specific concerns as delineated in the RFP and contract.

⁸ Collectively, each IV&V report consisted of a Monthly Review Report and a Project Status Report. The reports contained BerryDunn’s evaluation of the process and status of the design, development, and implementation of the HIX, generally following the guidance of the Project Management Institute’s Body of Knowledge.

consultant was also selected using a competitive RFP process. A competitive process was used for obtaining navigators, assisters, application counselors, and other consumer assistance personnel (these groups would eventually assist customers in signing up for healthcare coverage through MHBE).

We did see indications that proposals were evaluated, although we did not receive evaluation documents for every bidder in every category of service. Primarily due to heavy redaction, no conclusions can be offered on the choices made by MHBE. We could not determine, from the documents provided, the extent to which MHBE complied with applicable law and policies or sought legal advice about the procurement processes (for example, the extent of the required involvement of the Maryland Department of Information Technology [DoIT] and compliance with DoIT policies and procedures).

Eligibility and Enrollment IT System (HIX) Development Contract

Based on the documentation provided, four vendors submitted proposals in response to MHBE's October 21, 2011 RFP for the SI contract. We could not determine the propriety of the contract award as certain key documents, such as documents relating to the advertisement, technical evaluation, and award were either redacted or not provided. For example, the technical evaluation sheet prepared to evaluate vendors that submitted proposals had all critical information redacted. That is, the evaluation sheets did not indicate who participated in the evaluation process, when the evaluation took place, the definitions of the rating categories, the definitions of the ratings, and all of the evaluators' comments were redacted.

According to the RFP, the SI was responsible for developing the HIX eligibility and enrollment system to support the State of Maryland in implementing key elements of the federal ACA. In response to this RFP, this contract was executed with Noridian Administrative Services, LLC on February 22, 2012 for the period January 2, 2012 through December 31, 2013, with a cost not to exceed approximately \$68.6 million. The contract provided for three additional one-year renewal options as well as a task order process for additional services and maintenance. Under the contract, Noridian agreed to meet all of the functional business, technical, and service level requirements set forth in the RFP such as offering individuals and small businesses the opportunity to compare and enroll in health plans, as well as to evaluate customers' eligibility for affordability programs. Noridian's response to the RFP indicated that its proposed software (which included multiple commercial-off-the-shelf [COTS] software applications), architecture, and data model would allow the State to meet the tight deadlines of the ACA as well as provide the State's intended functionality for other social service programs. For example, the HIX system was intended to function in conjunction with certain data systems at the Department of Health and Mental Hygiene (DHMH) and the Department of Human Resources (DHR) in order to determine eligibility for certain programs.

The technical proposal from Noridian listed a number of proposed subcontractors, and identified their areas of expertise and the specific COTS software to be used. However, we noted when reviewing the IV&V reports that one named significant subcontractor (EngagePoint) being used by Noridian was not listed in the Noridian proposal. The RFP (the terms of which are incorporated into the related contract) stated, "The Contractor may not subcontract any portion of the services provided under this Contract without obtaining the prior written approval of MHBE's Contract Monitor, nor may the Contractor assign this Contract or any of its rights or obligations hereunder, without the prior written approval of MHBE's Contract Monitor." We did not receive any documentation regarding the approval of this subcontractor.

IV&V Services Contract

We did not receive the RFP or contract documents for the IV&V services. The only documentation we received related to the IV&V services were highly redacted evaluations for a number of bidders, including the successful bidder, BerryDunn.

Call Center and Other Consumer Assistance Programs

We could not determine the propriety of the contract award for the Consolidated Service Center, which includes call center services, or the awards for the Connector entities⁹ based on the procurement documentation we received. Specifically, for the Consolidated Service Center, we received 7 proposals (based on other documentation, there may have been 11 proposals). The proposals and related technical evaluations were heavily redacted. Also, the executed contract for these services was not provided.

For the Connector entities, we were provided with the RFP and the grant agreement signature pages for 6 vendors, one for each designated geographical region. According to the RFP, the maximum grant awards available for the first year of the grant were approximately \$23.6 million in total for all 6 regions; however, without the actual agreements, we could not determine the actual award amounts.

Project Management

Planning and Management

The project planning and management function was initially identified by BerryDunn as a major area of concern in its IV&V report dated February 8, 2013, and continued to be cited as a major concern for the months leading up to the October 1, 2013 website go-live date.

The IV&V report dated September 30, 2013 included these comments:

“...one of the major concerns raised earlier in the program was the lack of a consolidated work plan. By not having a consolidated work plan in place for managing the overall progress of the program, it is difficult for leadership to compare metrics or for everyone to understand the real status of the program. A fully managed work plan would also allow stakeholders to understand the status of the development efforts for the remaining functionality.”

“IV&V still believes the lack of many of the fundamental systems development lifecycle and project management best practices makes it very difficult for leadership to understand the current state of the program collectively.”

The same report indicated that the related project management risks and issues were accepted by the State without resolution so that all parties could focus on the development and implementation of a working system.

Regarding the management of the project, we noted that a State project management office (PMO) existed, but it was not evident from the documents who were members of the office (such

⁹ According to the MHBE website, Connector entities are responsible for organizing all partners and services across each of six regions in the State, providing a single point of engagement for MHBE. Connector entities are to employ trained and certified navigators to counsel and enroll residents into qualified health plans and Medicaid through the Maryland Health Connection, as well as employ non-certified personnel, known as assisters, to provide assistance and enrollment information.

as specific employees and/or contractors). The IV&V report dated February 26, 2013 also identified early concerns about management oversight:

“...there is no one person functioning as the overall Program Manager for the MHBE effort. The State PMO manages the technical effort; however there is no one focused on how those technical components, which are currently being developed by Noridian, track back to the overall program.”

“Much of the responsibility of the oversight program falls on the PMO, and the committee of CIOs, which makes it difficult for anyone to go to one place and understand the state of the overall effort.”

BerryDunn reported that a management structure was established with the appointment of a Program Director in March 2013. Two subsequent IV&V reports indicated that certain progress was being made, but management efforts were inconsistent, and certain roles and responsibilities were not clearly established. Subsequent reports did not address this area.

Coordination

This project required extensive coordination among many parties within the State and its contractors, especially between MHBE and Noridian. Various IV&V reports noted concerns about communications among the parties.

The RFP indicated one document that needed to be submitted was a communication management plan (required as part of the planning phase). Furthermore, Noridian in their proposal indicated that a communications log would be maintained as well as a decision and agreement log. This decision and agreement log, per Noridian’s technical proposal, would capture decisions and agreements that may have been reached in meetings or at other project events. The documentation received did not indicate the extent to which the communication management plan, communications log, or decision and agreement log were used and how useful they were to the State in managing the project.

Early IV&V reports expressed concerns with communications among all parties working on the project. These concerns were included in several IV&V reports until they were closed for an unspecified reason in the IV&V report dated April 30, 2013.

The early IV&V reports contained the following communication concerns:

January 8, 2013 IV&V report:

“There is a risk to the project that inefficient communication between project teams (the State PMO, Noridian, State staff, and the IV&V vendor) could have a negative impact on project results. Additional vendors will be added to the team... which will increase the importance of effective cross-project team communication.”

“...this communication matrix¹⁰ should include content ... so that it is clear who is responsible, accountable, consulted, and informed.”

¹⁰ Per Noridian’s technical proposal, “We will use the general stakeholder groups defined in our overall Communications Management Plan and identify stakeholder subgroups and then assign membership to the subgroups. Once that has been accomplished, the Noridian Group will match our list of all communication vehicles related to implementation tasks and, with assistance from the Exchange, determine who needs what and how often. This will result in a communications matrix which will list all stakeholders by their subgroup with their specific communication needs and the frequency of the distributions.”

February 8, 2013 IV&V report:

“The project team communications with the IV&V team have improved; however there is still a need to determine exactly how additional vendors added to the project will receive adequate, appropriate, and timely communications.”

February 26, 2013 IV&V report:

“BD [BerryDunn] understands that Noridian, with input from the state PMO, manages a communication matrix. We recommend that the project communication matrix be updated/revised/developed to address the communication vehicles and various parties involved on the project. This communication matrix should look for ways to simplify, standardize, and improve the way that information is shared with the project stakeholders.”

April 30, 2013 IV&V report:

“A central repository should be adopted that houses the integrated work plan, a unified project calendar that shows all project related meetings, templates for agendas and meeting minutes, risks and issues repository, decision log, integrated work plan, meeting minutes, and executive status dashboard would assist with communication. The State should require that all teams coordinate activities through this central repository. In addition, working sessions and meetings should follow an agenda, minutes should be shared and saved to the project repository, and decisions made/discussed should be updated in the centralized log in SharePoint [collaboration software], including issues raised and decisions made during ‘offline’ meetings.”

Also, in the IV&V report dated April 30, 2013, a new concern was cited dealing with the lack of centralized meetings and suggestions on how to improve in this area:

“There is no centralization of meetings.”

“We suggest a group distribution list to send emails and all project meetings should be listed on the PMO Sharepoint Site.”

“The State has accepted this risk and notes that this is at the bottom of its priority list. The State is currently asking that agendas and meeting minutes be provided for all meetings.”

No updates were provided on this issue in the May or subsequent IV&V reports because, as noted, the State accepted the issue without resolution.

The documents provided indicate that during the course of the project many meetings among stakeholders were occurring and vendor status reports were being provided (for example, weekly); however, we noted the following comments from the IV&V report dated September 30, 2013:

“Daily stand-up meetings continue to be held to focus the development process and have become integral to the project as it nears go-live. IV&V is grateful for being included in initial go/no-go meetings; however, during the last weeks of September critical project team meetings have been cancelled, causing concern over communication as well as the ability to assess the HIX system for the October 1 go-live.”

“IV&V notes there continues to be a need for some sort of high-level communication (e.g., a high-level weekly status report) that could be provided to the Executive Sponsors so they have a documented account of the project successes and/or setbacks to date.”

Oversight, Accountability, and Transparency

The oversight and governance structure that may have existed to oversee and steer the HIX development process was not apparent in the documents we received. Furthermore, documents did not shed light on who (whether an individual or group of individuals) was responsible for making key decisions regarding project direction and results and whether a go/no go meeting was held before the go-live date on October 1, 2013 as recommended by BerryDunn. There was no indication that DoIT had been involved with the project before October 1, 2013.

The IV&V reports provided the most, but limited, information about project oversight. The early IV&V reports made references to meetings and briefings with the “Executive Team” and “Executive Committee.” Based on documents reviewed, we could not determine the specific individuals who were providing executive leadership via the Team and Committee. We did note some references that were made in those reports about key project stakeholders consisting of executive-level staff from Noridian, DHMH, DHR, and MHBE.

There was no conclusive documentation about what was discussed and who participated in any such meetings with BerryDunn. It is not known whether those meetings included discussions about the IV&V findings and risk mitigation recommendations. We noted that IV&V reports identified the State’s response to these recommendations, but who actually received the IV&V reports and provided those responses is not indicated in any documents.

On a broader scale, the documents we received did not include any meeting agendas or minutes. Furthermore, the emails we received did not shed any light on who was making key project direction and oversight decisions up to the October 1, 2013 go-live date. For example, none of the documents attributed key decisions to the MHBE Board or the former MHBE Executive Director.

The BerryDunn reports contained the names of individuals or groups (for example, the State’s project management office) that served as the points of contact for specific areas covered by BerryDunn’s work. The extent to which these persons were responsible for addressing concerns raised in the reports was not evident.

The SI RFP indicated that a Change Control Board (CCB) would be established to approve, in accordance with the Change Management Plan submitted by the SI, all contract activities, variances, and software/hardware releases. The CCB per the RFP shall be composed of Noridian and stakeholders from but not limited to DHR, DHMH, and the Maryland Insurance Administration (MIA). The IV&V report dated September 30, 2013 indicated the CCB had not been established. Because of a lack of documentation received, the extent to which the Change Management Plan was executed is unknown.

“IV&V also reviewed the Change Management Plan (Version 7.1, dated 8/15/2013) that was provided as part of the ORR [operational readiness review] documentation. This document appears to be complete but several sections appear to be lacking in specific details or process steps and speaks in generalities. Another big unknown for this project continues to be the SI’s plans for executing the Change Management Plan, including establishing the Change Control Board. As of the September 18 weekly meeting, the Plan is scheduled to be put in place by September 27, 2013. However, the reporting of this date continues to be moved by the SI with little explanation, and the fact that the team has not been established with a significant lead time before go-live is worrisome to IV&V.”

The extent to which stakeholders were involved in the approval of project deliverables is unknown. According to the SI RFP, MHBE was to develop written acceptance criteria for all

deliverables during the different phases of the project per the RFP; however, we did not receive any documents which detailed the deliverable acceptance process. In this regard, the IV&V report dated May 28, 2013 stated the following:

May 28, 2013 IV&V report:

“There is concern that there may be a breakdown in the deliverable review process across agencies.”

“Based on interviews there is a concern DHR's comments have not been addressed in the deliverables and system design and the resulting system may not fully support key stakeholder needs.”

“Based on interviews with DHR, there is a perception that their leadership is not being included in decision-making forums for the MHBE and communication issues are re-surfacing. An example would be the decisions around the Deliverable Review for [the detailed design review] documents where DHR feedback was not fully incorporated or issues mitigated.”

This risk was closed in the IV&V report dated July 31, 2013; however, concerns were expressed in the IV&V report dated September 30, 2013 regarding out-dated deliverables submitted as part of the operational readiness review.

Regarding the go-live decision, the following comment was included in the IV&V report dated September 30, 2013:

“The go/no-go meeting needs to be conducted, with the following stakeholders: architecture, carrier point of contact, IV&V training, interfaces, data center team, application integration team, State O&M [Operations & Maintenance], Noridian O&M, call center, UAT [User Acceptance Testing ¹¹], performance test, Curam¹², Connecture, EP Financials, EXACT¹³, release management, change control board, DHR, DHMH, MHBE, Executive Team, Program Manager (SI), Program Manager (State), Development Manager (SI), Operational Security, Application Security, compliance (State and the SI), DBAs [Database Administrator], system test, and integration test.”

There is no indication in the documents whether this meeting had taken place.

DoIT security guidelines and project oversight were mentioned in the SI RFP. However, no DoIT representative was listed as a stakeholder in the RFP. From the documents received, we did not note any involvement of DoIT during the project development and management leading up to the October 1, 2013 go-live date.

¹¹ User Acceptance Testing for software development is the process by which the product is tested in “real world” conditions to determine whether requirements were met.

¹² Curam references that suite of Curam Applications purchased through Noridian to operate the functional aspects of the HIX.

¹³ EXACT is a Noridian-provided COTS product designed to integrate data from many different IT systems into the HIX and allow the HIX to interact with those systems.

Features of the Eligibility and Enrollment IT System

Design

The IV&V reports and other documents provided included minimal insight relating to the technical design of the eligibility and enrollment system. However, the system software development area was a major area of concern in most of the IV&V reports issued by BerryDunn. The early IV&V reports disclosed concerns about software development. Although the June and July IV&V reports noted some improvements, software development concerns were highlighted in the last two monthly reports issued before the October 1, 2013 go-live date.

The IV&V report dated February 26, 2013 included specific software development concerns related to the security, reporting, and the lack of documentation to understand the EXACT portion of the HIX. In the following IV&V reports, software development continued to be an area of concern:

March 26, 2013 IV&V report:

“Visibility into how the EXACT subsystem operates, specifically in reference to the product, and features of the product remain unclear for many stakeholders and IV&V.”

“There is a risk that the Curam streamlined application planned delivery date will negatively impact project progress in Maryland. Currently, the application is unable to provide dynamic application scripts which can be used to provide users with streamline questions based on their situation and responses to previously submitted answers. A technical solution is required in order for the application to comply with CMS [Centers for Medicare & Medicaid Services] requirements....”

April 30, 2013 IV&V report:

“IV&V has uncovered significant gaps in the software development area during our monthly interview process.”

According to the IV&V reports dated June 28, 2013 and July 31, 2013, BerryDunn commented that much-needed gains in maturing the overall services had been accomplished and there were improvements noted relating to certain system integrations and communication between development teams. However, as of July 31, 2013, only 1 of the 3 concerns raised in the IV&V report dated February 26, 2013 had been closed. In the IV&V Report dated August 30, 2013, additional concerns were mentioned:

“Feature freeze for version VI (to support the October 1 go-live) of code is Labor day weekend yet the project System Integrator has been unable to publish a document of what features will be in the October 1 release and, critically, what functionality will be deferred. The State needs enough time to provide solid contingency plans around functional gaps in the software.”

In its IV&V report dated September 30, 2013, BerryDunn indicated that the specific functionality that the State could expect at the October 1, 2013 go-live date was unclear. The following comments were included in the September 30, 2013 IV&V report:

“We are concerned with all of the unknowns and last minute code development along with no clear picture of what the functionality will be for the October 1st go-live, the IV&V team is raising a risk with the vendor not documenting the exact functionality that will be available so that the MHBE can fully understand what they are getting. With that stated, we are

raising an issue that there has been no documented list of what is acceptable by the MHBE as a viable solution for an October 1 delivery.”

“We are concerned that the activities required for transitioning components of the application into the production environment and the hand-offs necessary for the iterative cycle of fixing production issues, applying patches to the system and maintaining the hardware and software will be performed successfully.”

Interoperability with the Medicaid Management Information System (MMIS) and Other Systems

The SI RFP indicated that the HIX shall maintain the ability to support interoperability and integration across DHMH’s, DHR’s, and MIA’s portfolio of systems as well as various federal systems. In addition, diagrams were included in the RFP which detailed all of the system interactions prior to the HIX implementation and the proposed interaction between the systems with the new HIX.

BerryDunn identified interoperability functionality as an area of concern throughout the entire IV&V review period. For example, the lack of a data conversion plan¹⁴ involving other systems was first commented upon in the IV&V report dated February 26, 2013:

“The lack of a detailed data conversion plan for all Exchange components at this point in the timeline creates significant risk to project success. Lack of a detailed data conversion plan that identifies the key elements will inhibit the ability to convert data fields for CARES¹⁵ and MMIS¹⁶.”

Excerpts from subsequent IV&V reports indicate continued concerns about data conversion involving other systems up to the October 1, 2013 go-live date as follows:

June 28, 2013 IV&V report:

“The project's data mapping efforts continue to mature. The mapping of requirements is currently targeting a June 30, 2013 completion date.”

“Data conversion rollout goes in parallel with critical code release for the project which is likely coupled. In addition, the rollout schedule needs to account for end of year processing requirements of state systems. Concerns that development resources may not be able to support data conversion and a major release at the same time.”

July 31, 2013 IV&V report:

“There is a risk that Noridian development resources may not be able to support data conversion and a major release at the same time.”

“MMIS testing is incomplete.”

¹⁴ Per SI RFP, “The offeror shall provide a comprehensive data conversion plan from legacy systems to HIX. The Plan should include, but not limited to: data structure model analysis, data mapping, conversion process design and execution.”

¹⁵ The Clients’ Automated Resource and Eligibility System is a case management system which keeps track of eligibility for Medical Assistance (MA) and other social services. CARES will remain the system of record for non-MA services. MA Case Management system will have bi-directional information exchange with CARES.

¹⁶ MMIS pays Medicaid and Maryland Children’s Health Program claims. All eligible customers are enrolled into this system.

“CARES/CIS¹⁷ certification may not be completed in time to develop UAT data sets. CIS certification effort is significant and requires detailed coordination and testing....”

September 30, 2013 IV&V report:

“The project has missed the first deliverable, the mock 1 conversion test. The schedule needs to be updated and revamped to integrate mock 1 testing into the remaining 2 mock sessions in October and November.”

“Interface to CARES/CIS is incomplete. CIS certification effort is significant and requires detailed coordination. Data set within CARES/CIS has HIX project incompatible future dates in the existing data set that is not resolved. CARES/CIS certification may not be completed in time to develop UAT data sets and UAT start date.”

Controls to Protect the Privacy of Consumer Personal Information

Major concerns identified in the IV&V reports throughout the entire reporting period about the security components of HIX were not fully resolved prior to the October 1, 2013 go-live date. Presumably, these concerns could have adverse implications regarding the protection and privacy of consumer personal information.

February 26, 2013 IV&V report:

“The lack of a detailed Security Architecture and strategy across all Exchange components at this point in the development timeline creates a significant risk to project success.”

April 30, 2013 IV&V report:

“The security design for the project remains a risk. Progress is being made through recent and upcoming meetings including a two-day security workgroup meeting to review the design, create a detailed project plan, and assign resources.”

July 31, 2013 IV&V report:

“Security integration into the project is slow and development continues to fix integration breaks around single sign-on and Tivoli integration. User self-provisioning appears complete with an initial skeleton landing page in place allowing for true end to end user login experience and account management. Unfortunately, there still has been no viewing of the security components by the State of IV&V to validate that any of these components are working well enough to pass UAT or security test plans.”

August 30, 2013 IV&V report:

“A demonstration of the application of security components of the project has not occurred.”

September 30, 2013 IV&V report:

“Many deliverables were late for the security components. Items such as “Single Sign-On (SSO), Self-Registration, Remote Identity Proofing (RIDP). It was difficult to get a perspective on the quality of these deliverables. The security demo requested by CMS, the state, and IV&V several months back has not been able to be scheduled.”

“...data integrity/data security components of the service remains a high area of concern.”

¹⁷ CIS is DHR’s client information system.

“Operationally security still requires additional work to be completed before go-live...we are concerned about the operations staff not having enough time to complete all checklist items related to security.”

Broad Usability of the System

The overall accessibility of the HIX was an area of concern on the IV&V report dated April 30, 2013 and remained an unknown as of the IV&V report dated September 30, 2013. The system is required to meet certain federal section 508 compliance requirements which relate to the accessibility of the system¹⁸. Several IV&V reports indicated that Noridian had not prepared a listing of compliance requirements. According to the IV&V report dated September 30, 2013, based on the information provided by Noridian, BerryDunn was unable to determine if the system would meet the aforementioned requirements. Specifically, the Section 508 Product Assessment disclosed that of the 67 criteria outlined in the document, the system supports 2 criteria, does not support 3 criteria, supports 13 criteria with exceptions, and 49 criteria were not applicable. An excerpt from the IV&V report dated September 30, 2013 is as follows:

“At this point, IV&V is unable to determine if the system will meet the federal 508 compliance criteria. For example, of the 13 criteria that the application “supports with exceptions,” Noridian has not listed the features of the product that do not meet the criteria (and how) nor have they listed what aspects of the product do not meet the criteria (and how).”

Resource Management

Based on the lack of information regarding resource management in the documents submitted, we were unable to adequately evaluate the efficiency, effectiveness, and economy with which resources were used and internal controls were in place to manage MHBE finances. Regarding finances, some invoices paid by MHBE to contractors were included in the documents provided to us. These invoices had signatures suggesting an approval process.

Our efforts regarding resource management focused on staffing issues raised in the IV&V reports relating to both State and vendor personnel. BerryDunn’s early reports indicate a lack of state and vendor personnel, as well as a lack of staffing plans. While additional hiring actions were taken by the State and vendors, we could not determine whether staffing plans were ever submitted.

BerryDunn’s early reports starting in January 8, 2013 identified risks pertaining to the lack of adequate State personnel and a staffing plan:

“State staffing is very lean for a project of this size and complexity and there is a risk it may not be sufficient to complete the work necessary prior to federal/state deadlines.”

“BerryDunn hasn't yet been provided the staffing plan for additional staff (DHMH, DHR, and the Exchange) that will be required to fulfill the needs of the exchange.”

¹⁸ Section 508 of the Rehabilitation Act of 1973, as amended requires, in part, that individuals with disabilities, who are members of the public seeking information or services from a federal agency, have access to and use of information and data that is comparable to that provided to the public who are not individuals with disabilities, unless an undue burden would be imposed on the agency.

The lack of a staffing plan continued to be commented upon in the IV&V reports through April. The May IV&V report indicated that the related risk was accepted by the State without resolution. However, the IV&V report dated September 30, 2013 contained this comment:

“The Project Management Office organizational structure appears to be more effective, fully staffed and providing more clear reporting lines and inter-vendor communication.”

A concern about vendor staffing was raised initially in the IV&V report dated February 26, 2013:

“Vendor staffing is very lean for a project of this size and complexity and there is a risk it may not be sufficient to complete the work necessary prior to federal/state deadlines.”

“The staffing plan needs to be in place to meet the needs of the Consolidated Work Plan and to address staffing across the whole program.”

The lack of adequate vendor staffing and a vendor staffing plan were commented upon in subsequent reports. The July IV&V report indicated that some action was taken by Noridian to hire personnel. Nevertheless, the report contained the following comment:

“IV&V is continuing to monitor the impact of the vendor having a lean team, especially with the recent attrition of key development personnel. The staffing plan needs to be in place to meet the needs of the integrated work plan and to address staffing across the whole program.”

The IV&V report dated July 31, 2013 indicated that the related risk was accepted by the State without resolution. The IV&V report dated September 30, 2013 reiterated the concern about the attrition of key Noridian personnel and the risk that all desired features and functionality would not be available for the October 1, 2013 go-live date.

Testing and Contingency Planning for the Eligibility and Enrollment IT System

Testing

Major concerns were identified by BerryDunn throughout the entire review period regarding planning and performance testing of HIX. While the severity of those concerns varied, overall the reports indicated that a comprehensive testing strategy did not exist and when testing did take place, it was untimely and limited in scope.

Based on the specific conditions identified in the IV&V reports, testing was not given sufficient vendor support (such as a dedicated test environment), and in the later phases of the project the vendor did not test changes to the system before placing them into the production system. Proper testing is necessary to ensure the system works prior to going live.

The IV&V report dated January 8, 2013, included this comment about the lack of a comprehensive testing strategy:

“There is a risk that without a comprehensive testing strategy (particularly given the Agile nature of this project) that appropriate testing will not occur. We are aware of a Test Plan deliverable from Noridian that addresses various aspects of software testing (Unit Testing, Integration Testing, System Testing, UAT, and Post Production Testing). Members of the Noridian and the PMO teams reported that testing approaches are not being followed as documented within the plan. Additionally, the testing plan does not include detailed approaches for Regression Testing, Data Validation, UAT, Extract-Transform/Load Testing/Data Validation, and Stress and Volume Testing of the system. The plan also

identifies that it would need a future update and it's unclear when this update will be provided. We are also not aware of a formal process to release test results formally to the team as a result of completing/carrying testing activities."

Subsequent IV&V reports continued to address this area of concern. According to the IV&V report dated May 28, 2013, Noridian hired an additional internal PMO individual to assist with UAT planning. Nevertheless, concerns persisted up to the October 1, 2013 go-live date. The following comments about testing were included in the IV&V report dated September 30, 2013:

"Testing of complex households with a variety of income levels and conditions has not worked well. A major concern is the lack of full Integration and end-to-end testing that was to start in July / August timeframe. As of this reporting period, full integration and end-to-end testing has not been completed due to continued problems with performance, environments, and code (bugs) issues."

"...the project has not demonstrated the ability to deliver quality release or documentation for a UAT. Because of functional gaps in the UAT environment, many scenarios could not be run."

"System testing remains challenging due to environmental instability and volume of enhancement at the tail end of code freeze for release 1."

"Performance testing interviews were requested by IV&V, but were continually pushed out by the SI, and not conducted. No update was possible and remains a major concern as we approach the October 1 go-live."

"Performance testing is being done on non like-for-like environment from production."

"Test coverage for critical features being introduced in release candidates 5.0 through go-live may not be included as part of performance testing."

"Capacity loads could not be properly assessed due to lack of true integration and UAT testing."

Contingency Planning

There appeared to be some level of contingency planning present after the concern was raised by BerryDunn in its IV&V reports dated April 30, 2013 and May 28, 2013. For example, the May report included the following comments:

"No clear date for executing the State's contingency plans exists."

"The IV&V team will continue to work closely with the technical team to determine if there is a need to raise awareness to leadership on the necessity of evoking contingency plans."

"As for a contingency plan, we received a draft; however, the current focus is to complete necessary deliverables for CMS's visit at the end of May to determine whether the program can remain independent or will be folded into the Federal Program."

According to the IV&V report dated June 28, 2013, MHBE produced a contingency planning matrix which included dates and triggers for each activity. However, we did not receive any documentation of its contents including the available options, especially if major system functionality problems occurred. Furthermore, contingency planning activities as they relate to HIX just prior to the October 1, 2013 go-live date included specific functionality issues.

The IV&V report dated September 30, 2013 contained these comments about contingency planning activities:

“System Integrator has been unable to publish a document of what features will be in the 10/1 release. The State has begun executing contingency plans around functional gaps...”

“The State needs a definitive list of the features that are in the 10/1MDHIX release and the features that are deferred in order to conduct contingency planning activities.”

BerryDunn further recommended in the IV&V report dated September 30, 2013 that MHBE:

“Publish an authoritative document and begin contingency planning analysis, if required. Document manual processes and service gaps, ensure that all functional gaps in the MDHIX service are covered with manual processes and that details around these processes are in place and non-citizen roles understand their day-one responsibilities, handoffs, and help mechanisms.”

Training, Coordination, and Utilization of Consumer Assistance Personnel

Training

The effectiveness of the training provided to navigators, assisters, application counselors, call center staff, and other consumer assistance personnel was impaired because the HIX had not been completed at the October 1, 2013 go-live date.

According to the IV&V report dated September 30, 2013, MHBE had different training vendors for the two types of training. Producers, caseworkers, navigators, assisters and call center staff were trained by one vendor about policy matters and working through solutions for client problems and issues. Noridian provided the system-focused training for caseworkers and navigators so that they would know how to use the Connection website and be able to train other staff to use it. Both training vendors were reportedly working hard to train their audiences and several training sessions had been completed.

The IV&V report dated September 30, 2013, indicated that the training materials had not been finalized, and did not include manuals for each of the stakeholders. Also, the system training documentation did not clearly identify the differences for the various parties expected to interface with the Connection website.

According to the IV&V report dated September 30, 2013, a significant impediment to the training efforts related to the status of the HIX:

“Because the HIX Solution is not complete, it is important to understand that the training materials are not able to cover all of the functionality that the solution can perform. As a result, the training vendors must either provide training material updates or supplemental training materials that address system changes and downstream process flow impacts. The training vendors have not yet communicated their plans to provide updated training materials and the IV&V Team advises that the training vendors plan for updating training materials as soon as what is possible [sic].”

A concern about the amount of training time that would be available for the consumer assistance personnel was first reported by BerryDunn in its IV&V report dated May 28, 2013 as follows:

“The contract for the training vendor has not been awarded, and the timeline for training all stakeholders prior to the October 1, 2013 deadline is very short.”

The issue was closed in the IV&V report dated June 28, 2013 after the contract was awarded.

Coordination

The IV&V report dated September 30, 2013 stated that appropriate communications channels appeared to have been set up with navigators and other partners to interact with the State and potential users of the Connection website as follows:

“It appears to IV&V that appropriate communications channels have been established to disseminate information to Brokers, TPAs, Navigators, Carriers, and other partners. The MHBE has been receiving a large volume of questions from carriers and instituted an email account to receive carrier questions. Emails sent to this address generate a ticket and MHBE commits to answering questions within five business days.”

The documents provided to us did not indicate whether these communication channels were effective or if MHBE had met its response commitment.

Utilization

How many individual navigators, assistors, application counselors, call center staff, and other consumer personnel were utilized once the Connection website went live could not be determined based on the documentation received. The documents we received included some feedback forms from the public. Certain forms contained negative comments about the Connection website, but it was not always clearly indicated whether a problem was caused by consumer assistance personnel or the website itself.

Exhibit A Page 1 of 1

List of IV&V Documents Received

Report Name	Report Dated	Reporting Period	Pages
Project Status Report	1/8/2013	11/1/12 to 11/30/12	33
Monthly Review Report	1/8/2013	11/7/12 to 12/12/12	34
Project Status Report	2/8/2013	12/15/12 to 1/15/13	23
Monthly Review Report	2/8/2013	12/13/12 to 1/15/13	22
Project Status Report	2/26/2013	1/16/13 to 2/15/13	68
Monthly Review Report	2/26/2013	1/16/13 to 2/15/13	47
Project Status Report	3/26/2013	2/18/13 to 3/15/13	52
Monthly Review Report	3/26/2013	2/18/13 to 3/15/13	50
Project Status Report	4/30/2013	3/15/13 to 4/15/13	55
Monthly Review Report	4/30/2013	3/16/13 to 4/15/13	53
Project Status Report	5/28/2013	4/16/13 to 5/15/13	65
Monthly Review Report	5/28/2013	4/16/13 to 5/15/13	55
Project Status Report	6/28/2013	5/16/13 to 6/15/13	63
Monthly Review Report	6/28/2013	5/16/13 to 6/15/13	57
Project Status Report	7/31/2013	6/15/13 to 7/15/13	73
Monthly Review Report	7/31/2013	6/15/13 to 7/15/13	58
Project Status Report	8/30/2013	7/16/13 to 8/15/13	68
Monthly Review Report	8/30/2013	7/16/13 to 8/15/13	57
Project Status Report	9/30/2013	8/16/13 to 9/15/13	77
Monthly Review Report	9/30/2013	8/16/13 to 9/15/13	58
Draft Project Status Report	10/25/2013	9/16/13 to 10/15/13	60
Draft Monthly Review Report	10/25/2013	9/16/13 to 10/15/13	49
Total IV&V Documents Reviewed			22
Total Pages Reviewed			1,177

Exhibit B – Page 1 of 3

List of All Other Documents Received

Public Information Act Documents received on 2/21/14	
Name of Document	Pages
08-07-Arequest.pdf	1
12-6-13 Closed Session Statement.pdf	1
AccountZIPcodes.pdf	21
AgencyInformation.pdf	2
Carrier-Business-Agreement.pdf	17
Connector Entity Solicitation.pdf	63
feedback-forms.pdf	190
Invoices.pdf	10
MHBE Payments.pdf	29
MHBE-Ravens.pdf	13
RR Donnelley Proposal.pdf	24
Issa letter 11.13.13.pdf	2
MD Health Progress Act 2013.pdf	83
MHBE List of Supporting Documents.docx	1
Signed Acknowledged Receipt of Goods.pdf	2
Connector Entity Solicitation Final.pdf	63
Public Info CAISS - MBHE Technical Proposal 02282013.docx	36
Public Info CAISS Financial Proposal MHBE.docx	7
Response Letter CAISS Capital 4.19.13.pdf	1
Calvert Healthcare Solutions PIA.pdf	45
FHS_MHBE_Connector Entity_Budget Narrative_7_28.13.pdf	6
FHS_MHBE_Connector Entity_Financial Solicitation_2_28.13_FIN.pdf	10
FHS_MHBE_Connector EntityTech Solicitation_2_28.13_2PM FINAL.pdf	72
HERO HEALTHY FLORIDA, LLC PIA - FINANCIAL - CENTRAL.pdf	2
HERO HEALTHY FLORIDA, LLC PIA - TECHNICAL - CENTRAL.pdf	12
HERO HEALTHY FLORIDA, LLC PIA - FINANCIAL - CAPITAL.pdf	2
HERO HEALTHY FLORIDA, LLC PIA - TECHNICAL - CAPITAL.pdf	12
HCAM Central Region Financial Redacted.pdf	64
HCAM Central Region Technical Redacted.pdf	142
HCAM Upper Shore Financial Redacted.pdf	29
HCAM Upper Shore Technical Redacted.pdf	93
Financial Proposal Healthy Howard 022813 REDACTED.pdf	19*
Technical Proposal Healthy Howard 022813 REDACTED.pdf	126*
Montgomery County Technical Response PIA Connector.pdf	34
1 Seedco Technical Response Narrative Central Region PIA.pdf	40
2 Seedco Technical Response Required Forms Central Region PIA.pdf	57
3 Seedco Technical Response Roles Resumes Central Region PIA.pdf	24
4 Seedco Financial Response Central Region PIA.pdf	23
5 Seedco Technical Response Appendices Central Region PIA.pdf	22
1 Seedco Technical Response Narrative UES PIA.pdf	39
2 Seedco Technical Responses Required Forms UES PIA.pdf	37
3 Seedco Technical Responses Roles Resumes UES PIA.pdf	15
4 Seedco Financial Response UES PIA.pdf	15
5 Seedco Technical Response Appendices UES PIA.pdf	14
Lower Shore Connector Entity Financial.pdf	6
Lower Shore Connector Entity Technical.pdf	63
Calvert Healthcare Solutions.pdf	1
HCAM.pdf	1
Healthy Howard.pdf	1
Montgomery County.pdf	86
SEECO.pdf	1
Worcester County.pdf	1
faq_families_Spanish_r1.pdf	9
Health-Care-Tax-Credits-for-Small-Businesses.pdf	1
health_coverage_glossary_english.pdf	4
health_coverage_glossary_spanish.pdf	5
Maryland-Health-Connection-Overview-Fact-Sheet-2pg-Spanish.pdf	2
MHC_ApplicationCheckList_091813.pdf	1
MHC_ApplicationCheckList_spanish.pdf	1
mhc_fraud_protection.pdf	1
mhc_fraud_protection_spanish.pdf	1
mhc_income_eligibility.pdf	1
mhc_income_eligibility_Spanish.pdf	1
mhc_MEDICAID_factsheets.pdf	2
mhc_medicaid_Spanish.pdf	2
mhc_RaisingAwareness_factsheet.pdf	1
mhc_smallbiz_english.pdf	2
mhc_smallbiz_SHOP_Spanish.pdf	2
mhc_smallbiz_taxcredits_Spanish.pdf	2
CE Communications & Outreach Plan - Capital Region (3).pdf	6
CE Communications & Outreach Plan - Central Region (3).pdf	8
CE Communications & Outreach Plan - LES Region (3).pdf	6
CE Communications & Outreach Plan - Western Region (4).pdf	7
CE Communications & Outreach Plan - Southern Region (4).pdf	6
CE Communications & Outreach Plan -Upper Eastern Shore Region (4).pdf	6
Capital Region Comms Plan.doc	3
Capital Region MarketingPlan.doc	3
Central Region Communications Plan.pptx	10
Door to HealthCare Western Maryland Outreach Plan.docx	6
Lower Shore Comms Plan.docx	4

Public Information Act Documents received on 2/21/14 (Continued)	
Name of Document	Pages
Lower Shore Communications and Outreach Plan.Revised - Lower.docx	6
Lower Shore Connector Entity Advertising Budget-Lower.xlsx	3
Lower Shore Proposed Outreach Plan-Lower.xls	2
Lower Shore Social Media Strategy.docx	2
Southern Region Marketing Plan.xlsx	4
Western Social Media Accounts.xlsx	1
April 2013 CE Meeting.pptx	15
CE August 22 Meeting.pptx	59
CE August 8 Marketing Update.pptx	10
CE June 27 Meeting.pdf	46
CE November 2013 Meeting.pptx	14
CE Sept2013 PPT.pptx	26
CE Sept 9 Partnership Briefing.pptx	14
MHC CVS Events SOP CE.pdf	1
MHC Giant SOP CE_Nov2013.pdf	1
Education Presentation.pdf	27
Glossary of Terms - English.pdf	4
Glossary of Terms - Spanish.pdf	5
MDCountries_map_final.pdf	1
mhc_consumer_1PAGE_CUST_r1.pdf	1
mhc_consumer_1PG_handout.pdf	1
mhc_consumer_1PG_handout_Spanish.pdf	1
mhc_consumer_2PAGE_CUST_r1.pdf	2
mhc_consumer_2PG_overview.pdf	2
mhc_event_flyer_template.pdf	1
mhc_event_flyer_template_Spanish.pdf	1
mhc_income_eligibility_CUST_r1.pdf	1
mhc_medicaid_CUST_r1.pdf	2
Value of Health Insurance - English.pdf	2
Value of Health Insurance - Spanish.pdf	2
value-of-health-insurance-spanish.pdf	2
value_of_health_insurance_english.pdf	2
CE Marketing Guidelines.pdf	1
Connector manual -V1.pdf	13
MHBE Media Protocol_CEs_11062013.pdf	2
MHC styleguide_connector.pdf	8
1. MD 31-101 & 31-113.pdf	15
2. Individual Exchange Navigator Certification and Training Standards.pdf	3
3. Renewal, Reinstatement, Deactivation, and Suspension or Revocation of Certification.pdf	3
CSC RFP Evaluation Matrix MBHE EVALUATION B.pdf	2*
1 - Title Page.pdf	1
10 - Additional Economic Benefits.pdf	1
11 - Capabilities Response.pdf	45
3 - Transmittal Letter.pdf	1
4 - Executive Summary.pdf	4
5 - Project Plan - Gantt Chart.pdf	1
5 - Proposed Work Plan.pdf	4
5 - Timeline.pdf	1
6 - Corporate Qualls - Legal Actions.pdf	3
6 - Corporate Qualls.pdf	9
7 - Experience and Qualifications of Proposed Staff.pdf	8
8- Technical Response.pdf	1
Appendices.pdf	812
Appendix 10 - NPC.pdf	7
Appendix 9 Angel Consolidated 3-22-13.pdf	89
Potential Properties.pdf	4
Table of Contents.pdf	1
Cognosante Redacted Supplemental BAFO.pdf	3*
Cognosante_MD_Consolidated Service Center_Volume I_Technical_PIA Version.pdf	181*
Gognosante Redacted 1 Time Charge Cost Estimate Supplemental BAFO.pdf	2*
Connexions CSC Technical Redacted.pdf	77*
1 Time Charges Cost Estimate Attachmnet B OH Detail Redacted by HM 12213.pdf	2*
Faneuil Inc_MHBE Technical Proposal_final_redacted.pdf	76*
MHBE CSC Pricing Narrative BAFO Revised Redacted.pdf	5*
Faneuil Inc_MHBE Technical Proposal_final_redacted.pdf	1*
Redacted Supplemental BAFO.pdf	2*
Revised BAFO Supplemental Letter.pdf	1*
Revised F1 Pricing Proposal Redacted.pdf	5*
06 Section 4 IBM Proposed Work Plan_REDACTED.pdf	2
09 Section 8 IBM Technical Response to RFP Reqmts_REDACTED.pdf	1*
16 Attachment F IBM Compensation_REDACTED.pdf	1*
Maximus ECM Fully Executed Contract 100313.docx	11
MaximusProposal1.pdf	30*
MaximusProposal2.pdf	41
MaximusProposal3.pdf	30
Certificate of Insurance.docx	4*
A - Implementation Plan.docx	3
B - MD Certificate of Good Standing.doc	1*

Exhibit B – Page 2 of 3

List of All Other Documents Received

Public Information Act Documents received on 2/21/14 (Continued)	
Name of Document	Pages
D - Dunn & Bradstreet 2012.docx	10
J - Job Descriptions.doc	11
emails1.pdf	196*
emails2.pdf	137*
emails3.pdf	844*
emails4.pdf	51*
MD HIX Appendix A (CGI).docx	2
MD HIX Appendix B (CGI).docx	6
MD HIX Appendix C (CGI).docx	2
MD HIX Appendix D (CGI).docx	2
MD HIX Appendix E (CGI).docx	8
MD HIX Appendix F (CGI).docx	2
MD HIX Appendix G (CGI).docx	4
MD HIX Appendix H (CGI).docx	2
MD HIX Appendix I (CGI) _redacted.docx	10*
MD HIX Appendix J (CGI).docx	30
MD HIX Appendix K (CGI) _redacted.docx	8*
MD HIX Appendix L (CGI) _redacted.docx	4*
MD HIX Appendix M (CGI) _redacted.docx	102*
MD HIX Section 1 (CGI).docx	14
MD HIX Section 10 (CGI) _redacted.docx	4*
MD HIX Section 2 (CGI).docx	4
MD HIX Section 3 (CGI) _redacted.docx	10*
MD HIX Section 4 (CGI) _redacted.docx	74*
MD HIX Section 5 (CGI) _redacted.docx	86*
MD HIX Section 6 (CGI) _redacted.docx	58*
MD HIX Section 8 (CGI) _redacted.docx	24*
MD HIX Section 9 (CGI).docx	4
Vol II - CGI _REDACTED BAFO Financial Proposal _Exchange DHMSO294031_013112.docx	6
Vol II - MD HIX (CGI) _redacted.docx	37*
00) VOL I. TECHNICAL PROPOSAL State of Maryland- FINALasSENT_12.18.11 noon.docx	408
0a) VOL I. - Transmittal Letter Signature Page_12.17.11.pdf	1
1a) VOL I. - Sect. 5 - MD HIX - Work Plan (ProjSched) - FINAL_12.17.11.mpp	1
1b) VOL I. - Sect. 5 - MD HIX - Work Plan (ProjSched) - FINAL_12.17.11.pdf	108
2) VOL I. - Sect. 10 - Cert of Insurance - 1.43 - Primary Casualty_12.17.11.pdf	1
3a) VOL I. - 4.4.2 ADD'L REQ'D TECH SUBMISSIONS (2. thru 7.) - MD HIX_12.17.11.pdf	15
3b) VOL I. - 4.4.2 ADD'L REQ'D TECH SUBMISSIONS - (3. MBE ATTACH D-1)_12.17.11.pdf	3
4) VOL I - 4.4.2 ADD'L REQ'D TECH SUBMISSIONS - (8 Consol Reqt ATTACH V) _FINAL_12.18.11.xlsx	30
5) VOL I. - Dell Appendix A - Addendum 01 (signed)_12.17.11.pdf	1
6) VOL I. - Dell Appendix B - MD Assumptions V2_12.17.11.docx	9
7a) VOL I. -Dell Appendix C1 - AU MD HIX Commitment Letter 12.16.11.docx	1
7b) VOL I. - Dell Appendix C2 - BenefitMall_MD HIX Commitment Letter_12.16.11.pdf	1
7c) VOL I. - Dell Appendix C3 - CMA - HIX Commitment Letter 12.16.11.doc	1
7d) VOL I. - Dell Appendix C4 - Cognosante - MD HIX - Commitment Letter_12.16.11.pdf	1
7e) VOL I. - Dell Appendix C5 - DigDoc HIX Commitment Letter 12.16.11.pdf	1
7f) VOL I. - Dell Appendix C6 - GANTECH_MD HIX - Commitment Letter_12.16.11.pdf	1
7g) VOL I. - Dell Appendix C7 - Speridian_MD HIX Commitment Letter_12.16.11.jpg	1
VOL II - Sect 00 - FINANCIAL REDACTED PROPOSAL - FINAL - State of Maryland_12.16.11_3 pm.docx	24
Infosys Response Consolidated_Requirements_Spreadsheet Dec 18.xlsx	43
Infosys Response to MHBE RFP - Part 1 Dec 18.docx	210
Infosys Response to MHBE RFP - Part 2 Dec 18.docx	93
Attachment U - Oral Presentation Guidelines_120711_FINAL.pdf	7
Maryland Health Benefit Exchange ACA RFP - FINAL - PDF.pdf	315
Maryland Health Benefit Exchange ACA RFP Addendum 1 - FINAL.pdf	6
Maryland Health Benefit Exchange ACA RFP Addendum 2 - FINAL.pdf	4
MD Exchange ACA RFP Attachment V - Consolidated Requirements Spreadsheet - PDF.pdf	43
Award Rec Mem.pdf	7*
Noridian Standard Contract.docx	18*
Tech Eval Memo.pdf	9*
V1_Tech_Section1-7.pdf	140
V1_Tech_Section12H.pdf	84
V1_Tech_Section8.pdf	325
V1_Tech_Section9-12.pdf	27
V2_Financial_Intro.docx	2
V2_Financial_Intro.pdf	2
V2_Financial_PricingSchedules_PIA.xlsx	0
V1_Tech_Section1-7.docx	140
V1_Tech_Section12H.xlsx	85
V1_Tech_Section5A.pdf	23

Public Information Act Documents received on 2/21/14 (Continued)	
Name of Document	Pages
V1_Tech_Section8.docx	325
V1_Tech_Section9-12.docx	27
Assyst Eval redacted (1).pdf	4*
Bazilio Cobb IVV Eval redacted (1).pdf	4*
BerryDunn IVV Eval redacted.pdf	5*
Credence IVV Eval v2 redacted.pdf	5*
CSG IVV Eval redacted.pdf	3*
HIX IV&V Vendor Recommendation to the Exchange Board REDACTED.pdf	9*
PCG IVV Eval redacted.pdf	5*
SLI IVV Eval redacted.pdf	4*
Team IVV Eval redacted.pdf	4*
VIP IVV Eval redacted.pdf	5*
Budget Narrative.pdf	23*
Exec Staff offer letters - redacted.pdf	5
Expense reports.pdf	23*
Former Exec Staff offer letters - redacted.pdf	2*
MHBE Positions.pdf	2
MHBE Staff Salaries.pdf	2
Pearce raises.pdf	10
Pearce termination.pdf	2
Connector_Entity_Solicitation_Final.pdf	63
Individual Exchange Navigator Attestation.pdf	2
Copy of Navigator RFP Review Eval 1 BP 2 PIA.pdf	2*
Copy of Navigator RFP Review Evaluation_MKR PIA.pdf	2*
Technical Proposal Evaluation Tool - Navigator PIA.pdf	2*
0. Table of Contents Financial Proposal.pdf	1
1. Transmittal Letter.pdf	1
2. Financial Response REDACTED.pdf	4*
3 Attachment A - TORFP Rates REDACTED.pdf	1*
AIR BusinessProposal-Navigator-Training Procurement and Role Definition-REDACTED.pdf	35*
BerryDunn Financial Proposal REDACTED - MHBE Navigator FINAL.pdf	5*
BerryDunn Technical Proposal REDACTED - MHBE Navigator FINAL.pdf	61*
FHC proposal to MD HIX Navigator Final.pdf	11
Financial Proposal Redacted FINAL.pdf	3*
MD Financial Proposal - Redacted.pdf	4
MD Technical Proposal - Redacted.pdf	60
MD Technical Proposal Redacted FINAL.pdf	64
MHBE Navigator-AIR Technical Proposal_Redacted.pdf	94*
GPStrategiesfinancial-docs.pdf	10*
GPStrategiestechnical-docs.pdf	251*

Public Information Act Documents - Batch 2 received on 3/18/14	
Name of Document	Pages
Maryland Health Benefit Exchange- DHMSO294031 - Dell Team Orals Clarification.pdf	44
Noridian Group OralsClarification for the MD Exchange FINAL.pdf	22
SCANNED Award Rec Mem.pdf	7*
Scanned CGI Key Personnel Change Additional Supporting Information.pdf	1*
Scanned CGI Oral Follow-up LetterResponse 01 - CHMSO294031_010912.pdf	1*
SCANNED Tech Eval Mem.pdf	10*
4) VOL I - 4.4.2 ADD'L REQ'D TECH SUBMISSIONS - (8 Consol Reqt ATTACH V) _FINAL_12.18.11.xlsx	144
7d) VOL I. - Dell Appendix C4 - Cognosante - MD HIX - Commitment Letter_12.16.11.pdf	1
Task Order Award to Perform IT Development Services for Phase 1B Interoperability for the MHBE 11.08.12.pdf	9*
Task Order Award to Perform IT Development Services for the Small Business Health Option Program (SHOP) for the MHBE 09.28.12.pdf	8*
Sharfstein_emails1.pdf	447*
Sharfstein_emails2.pdf	3
Sharfstein_emails3.pdf	140*
Sharfstein_emails4.pdf	67
Freedman Financial Proposal - Redacted.pdf	1*
Freedman Technical Proposal -Redacted.pdf	31*
0. Table of Contents Technical Proposal.pdf	1
1. Transmittal Letter.pdf	1
2. Technical Proposal.pdf	21
3.1 HHS Certification Regarding Lobby.pdf	1
3.2 Certification Regarding Environmental Smoke.pdf	1
3.4 Affidavit.pdf	7
4. Attachment A MD RFP Team Resumes.pdf	17
5. Append. B Study of Navigator Program and Consumer Assistance.pdf	90
6. Appendix C MO-HITECH RFI.pdf	19
REDACTED - Attachment D.pdf	4*
MD Navigator Tech Navigator_6-15-2012 RDCT.pdf	73*
navigant financial redacted 3.7.142014-03-07-111721.pdf	2*
Attachment B.pdf	14*
Attachment C.pdf	1*
Attachment D.pdf	1*

Exhibit B – Page 3 of 3

List of All Other Documents Received

Public Information Act Documents - Batch 2 received on 3/18/14 (Continued)	
Name of Document	Pages
Attachment E.pdf	1*
Response to MD Exchange ACA BAFO Final.pdf	6
Summary of Financial Proposal.pdf	28*
Contract Mod for Noridian Phase 1A Change Orders.pdf	7*
V2_Financial_Intro.pdf	2
Attachment U - Oral Presentation Guidelines_120711_FINAL.pdf	7
Maryland Health Benefit Exchange ACA RFP - FINAL - PDF.pdf	315
Maryland Health Benefit Exchange ACA RFP Addendum 1 - FINAL.pdf	6
Maryland Health Benefit Exchange ACA RFP Addendum 2 - FINAL.pdf	4
MD Exchange ACA RFP Attachment V - Consolidated Requirements Spreadsheet - PDF.pdf	43
02.22.12 Noridian standard contract.pdf	18*
Task Order Award to Perform IT Data Center Hosting Services for the MHBE 06.03.13.pdf	8*
Task Order Award to Perform IT Development Services for Phase 1B Interoperability for the MHBE 11.08.12.pdf	9*
Task Order Award to Perform IT Development Services for the Small Business Health Option Program (SHOP) for the MHBE 09.28.12.pdf	8*
Task Order Award to Perform System Maintenance and Operations for the MHBE 10.01.13.pdf	8*
Noridian MD Exchange ACA RFP Clarification FINAL.pdf	52
Tech Proposal Section 1-7 (1 of 3).pdf	50
Tech Proposal Section 1-7 (2 of 3).pdf	52
Tech Proposal Section 1-7 (3 of 3).pdf	38
Tech Proposal Section 12H (1 of 2).pdf	29
Tech Proposal Section 12H (2 of 2).pdf	30
Tech Proposal Section 8 (1 of 5).pdf	25
Tech Proposal Section 8 (2 of 5).pdf	35
Tech Proposal Section 8 (3 of 5).pdf	44
Tech Proposal Section 8 (4 of 5).pdf	28
Tech Proposal Section 8 (5 of 5).pdf	60
Tech Proposal Section 9-12.pdf	32
Tech Proposal Section5A.pdf	24
Pearce 1 of 5.pdf	80*
Pearce 2 of 5.pdf	61*
Pearce 3 of 5.pdf	65*
Pearce 4 of 5.pdf	61*
Pearce 5 of 5.pdf	70*
SCANNED Vol II - CGI_REDACTED BAFO Financial Proposal_Exchange DHMSO294031_013112.pdf	6*
SCANNED MD HIX Vol II (CGI) redacted.pdf	38*
SCANNED PART 1 OF 2 CGI Response_RFP Clarification Questions Set No 1_012012_Ex.pdf	56*
SCANNED PART 2 OF 2 CGI Response_RFP Clarification Questions Set No 1_012012_Ex.pdf	54*
SCANNED Appendix PART 1 OF 3.pdf	100
SCANNED Appendix PART 2 OF 3.pdf	64*
SCANNED Appendix PART 3 OF 3.pdf	48*
SCANNED Section PART 1 OF 4.pdf	66
SCANNED Section PART 2 OF 4.pdf	62
SCANNED Section PART 3 OF 4.pdf	58*
SCANNED Section PART 4 OF 4.pdf	86*
DELL_BAFO Hardware List.pdf	1
DELL_Maryland Health Benefit Exchange BAFO.pdf	13
SCANNED BAFO Pricing of Hardware Software.pdf	2*
VOL_II_-_FINANCIAL_PROPOSAL_-_FINAL_-_State_of_Maryland_BAFO_REDACTED.pdf	24
VOLII - Sect 00 - FINANCIAL REDACTED PROPOSAL - FINAL - State of Maryland (FEIN Redacted).pdf	24
DELL_State of Maryland RFP Clarification Set No 1 - FINAL.pdf	31
00) VOL I. TECHNICAL PROPOSAL State of Maryland-FINALasSENT_12.18.11_noon.docx	261
0a) VOL I. - Transmittal Letter Signature Page_12.17.11.pdf	1
1b) VOL I. - Sect. 5 - MD HIX - Work Plan (ProjSched) - FINAL_12.17.11.pdf	108
2) VOL I. - Sect. 10 - Certif of Insurance - 1.43 - Primary Casualty_12.17.11.pdf	1
3 b) VOL I 4.4.2 (FEINs redacted).pdf	3
	15
3a) VOL I. - 4.4.2 ADD'L REQ'D TECH SUBMISSIONS (2. thru 7.) - MD HIX_12.17.11.pdf	1
5) VOL I. - Dell Appendix A - Addendum 01 (signed)_12.17.11.pdf	1
6) VOL I. - Dell Appendix B - MD Assumptions V2_12.17.11.docx	9
7a) VOL I. - Dell Appendix C1 - AU_MD HIX Commitment Letter_12.16.11.docx	1
7b) VOL I. - Dell Appendix C2 - BenefitMall_MD HIX Commitment Letter_12.16.11.pdf	1
7c) VOL I. - Dell Appendix C3 - CMA - MD HIX Commitment Letter_12.16.11.doc	1
7e) VOL I. - Dell Appendix C5 - DigiDoc_MD HIX - Commitment Letter_12.16.11.pdf	1
7f) VOL I. - Dell Appendix C6 - GANTECH_MD HIX - Commitment Letter_12.16.11.pdf	1
7g) VOL I. - Dell Appendix C7 - Speridian_MD HIX Commitment Letter_12.16.11.jpg	1
SCANNED 1 of 3 Infosys redacted technical proposal.pdf	50

Public Information Act Documents - Batch 2 received on 3/18/14 (Continued)	
Name of Document	Pages
SCANNED 2 of 3 Infosys redacted technical proposal.pdf	50
SCANNED 3 of 3 Infosys redacted technical proposal.pdf	23
Attachment B.pdf	14*
Attachment C.pdf	1*
Attachment D.pdf	1*
Attachment E.pdf	1*
Response to MD Exchange ACA BAFO Final.pdf	6
Summary of Financial Proposal.pdf	28*
Contract Mod for Noridian Phase 1A Change Orders.pdf	7*
V2_Financial_Intro.pdf	2
Attachment U - Oral Presentation Guidelines_120711_FINAL.pdf	7
Maryland Health Benefit Exchange ACA RFP - FINAL - PDF.pdf	315
Maryland Health Benefit Exchange ACA RFP Addendum 1 - FINAL.pdf	6
Maryland Health Benefit Exchange ACA RFP Addendum 2 - FINAL.pdf	4
MD Exchange ACA RFP Attachment V - Consolidated Requirements Spreadsheet - PDF.pdf	43
02.22.12 Noridian standard contract.pdf	18
Task Order Award to Perform IT Data Center Hosting Services for the MHBE 06.03.13.pdf	8*
Task Order Award to Perform System Maintenance and Operations for the MHBE 10.01.13.pdf	8*
Noridian MD Exchange ACA RFP Clarification FINAL.pdf	52
Tech Proposal Section 1-7 (1 of 3).pdf	50
Tech Proposal Section 1-7 (2 of 3).pdf	52
Tech Proposal Section 1-7 (3 of 3).pdf	38
Tech Proposal Section 12H (1 of 2).pdf	29
Tech Proposal Section 12H (2 of 2).pdf	30
Tech Proposal Section 8 (1 of 5).pdf	25
Tech Proposal Section 8 (2 of 5).pdf	35
Tech Proposal Section 8 (3 of 5).pdf	44
Tech Proposal Section 8 (4 of 5).pdf	28
Tech Proposal Section 8 (5 of 5).pdf	60
Tech Proposal Section 9-12.pdf	32
Tech Proposal Section5A.pdf	24
Total Pages Reviewed	13374
Total PIA Documents Reviewed	394
Total PIA Documents Redacted	108

Note 1: Items marked with an asterisk had one or more pages redacted.

Note 2: Certain documents had the same titles as other documents and these generally appeared to contain the same information. Nevertheless, we reviewed both documents.

Exhibit C – Page 1 of 5

Summary of Risks and Issues per IV&V Reports

Introduction of Exhibit C

Exhibit C is a summary of the risks and issues identified in the BerryDunn IV&V reports dated between January 8, 2013 and September 30, 2013. For BerryDunn's definition of a risk and issue, see page 2 (footnote 4) above. We included a summary, impact rating, area of review affected, and status (that is, open, closed, etc.) of each risk on pages 2 and 3 of the Exhibit. Similarly, we included the same information relating to each issue on pages 4 and 5.

Exhibit C – Page 2 of 5

Summary of Risks and Issues per IV&V Reports

Risk	Risk Description Quote from IV&V Reports	Risk Impact	Covered Area per JOC Request						IV&V Report Submission Dates									
			A	B	C	D	E	F	1/8/2013	2/8/2013	2/26/2013	3/26/2013	4/30/2013	5/28/2013	6/28/2013	7/31/2013	8/30/2013	9/30/2013
R1	"State staffing is very lean for a project of this size and complexity and there is a risk it may not be sufficient to complete the work necessary prior to federal/state deadlines."	Medium							N	O	O	O	O	A				
R2	"There is a risk that the remaining three sprints will not be sufficient to complete, verify, and test all system components before go-live."	High							N	O	O	O	O	O	R33			
R3	"There is a risk that the lack of a detailed project plan that identifies all major activities that need to occur on this project, may inhibit the Project's ability to understand the likelihood of achieving high-level timeline managed by Noridian and the PMO."	High							N	O	I4							
R4	"There is a risk that the system components may work individually, but may not work properly when interfaced and configured as part of one integrated system."	High							N	O	R7							
R5	"There is a risk to the project that inefficient communication between project teams (the State PMO, Noridian, State staff, and the IV&V vendor) could have a negative impact on project results."	High							N	O	I5							
R6	"Noridian has a quality management plan that to our knowledge is not currently being followed in its entirety."	High							N	O	O	O	O	O	O	O	C	
R7	"There is a risk that, without a comprehensive testing strategy (particularly given the Agile nature of this project), appropriate testing will not occur."	High							N	O	O	O	O	O	R28, 29			
R8	"A lack of stakeholder buy-in exists regarding the overall interface strategy."	High								N	O	O	O	C				
R9	"Although the State is developing RFP's to procure and secure the data center facility and vendor and the call center vendor, there is a risk this infrastructure and call center won't be in place to properly test the production environment and software prior to the July 2013 deadline."	High								N	O	O	O	I15				
R10	"There is no overall Program Management oversight specifically a Program Manager who is responsible for tracking the progress of the entire MHBE effort."	High								N	I6							
R11	"The critical path for the project has not been communicated or documented for the MHBE."	High								N	I7							
R12	"State development personnel must be present on the team in order to receive development training in order to meet pre-certification requirement."	Medium								N	O	O	O	I13				
R13	"The lack of a detailed Security Architecture and strategy across all Exchange components at this point in the development timeline creates a significant risk to project success."	High									N	O	O	I17				
R14	"The lack of a detailed data conversion plan for all Exchange components at this point in the timeline creates significant risk to project success."	High									N	O	O	O	O	R36		
R15	"The lack of a detailed report development at this point in the project creates significant project risk."	High									N	O	O	O	O	O	O	E5
R16	"There is a lack of documentation and general understanding of the Enterprise Service Bus (ESB) planning and strategy regarding the EXACT portion of the HIX, which is a risk to the project."	High									N	O	O	O	O	C		
R17	"Vendor staffing is very lean for a project of this size and complexity and there is a risk it may not be sufficient to complete the work necessary prior to federal/state deadlines."	High									N	O	O	I16				
R18	"Executive leadership between MHBE, DHMH, and DHR must be on the same page with the consolidated work plan approach or there will be a significant risk for failure."	High									N	O	O	O	M	M	M	M
R19	"There is a risk that the Curam streamlined application planned delivery date will negatively impact project progress in Maryland."	High										N	O	O	R32			
R20	"For the key positions on the MHBE, a knowledge management and knowledge transfer process does not exist."	High										N	O	O	C			
R21	"The Prime IT Vendor's status report does not concisely communicate their processes for risks and issues management, deadline estimations, and identifying alternatives for any activities that they are not confident will be ready by UAT on 7/21/13."	High											N	O	O	M	M	M
R22	"Training vendors will create training materials and train external users during the same time that UAT is occurring."	High												I14				
R23	"There is a risk that there is no formal plan/procedure in place for testing the compliance of the exchange with the Federal and State rules and regulations."	High											N	O	O	O	O	O

Exhibit C – Page 3 of 5

Summary of Risks and Issues per IV&V Reports

Risk	Risk Description Quote from IV&V Reports	Risk Impact	Covered Area per JOC Request						IV&V Report Submission Dates									
			A	B	C	D	E	F	1/8/2013	2/8/2013	2/26/2013	3/26/2013	4/30/2013	5/28/2013	6/28/2013	7/31/2013	8/30/2013	9/30/2013
R24	"There is a concern that As-Is Business processes have not been mapped to the "To-Be" system in a way that allows the User Community to fully understand the new business process of the MHBSE."	High						•						N	O	O	C	
R25	"There is concern that the lack of understanding of business process re-engineering is creating change management issues for various stakeholders who are expected to participate in the UAT planning sessions."	High		•				•						N	O	M	M	M
R26	"There is a concern that UAT planning meetings are being used to obtain business process documentation as opposed to focusing on building test scripts necessary for effective UAT planning."	High						•						N	C			
R27	"There is concern that there may be a breakdown in the deliverable review process across agencies."	High												N	O	C		
R28	"CMS Wave 3 testing requires testing eight services, each with 100 test scenarios, for a total of 800 test scenarios being executed."	High		•				•							N	O	C	
R29	"Development is on-going throughout UAT, and with the lack of a clear schedule of what functionality is available when, it is difficult for UAT testing to develop an accurate schedule of what scenarios can be tested and when."	High		•	•			•							N	O	O	A
R30	"Single Sign On (SSO) development work is unfinished. SSO integration into Curam, Connecture, EP Financials COTS products and EXACT is incomplete."	Medium						•							N	I21		
R31	"Dual purposing infrastructure for DR as a Staging Environment may put the production architecture design at risk."	Low						•							N	O	O	O
R32	"COTS Products having releases during UAT. The products include Curam, Connecture, BillSpan, and EXACT."	Medium		•				•							N	O	O	M
R33	"Call Center Connectivity. Circuits will not be delivered until October 1, 2013. Additional two weeks required for set-up."	High						•							N	O	O	C
R34	"CMS review requirements of Hosting Contract for the HIX. Up to 30 days to review by CMS and the Hosting contract is not complete as of the report cut-off date of June 15, 2013."	Medium		•											N	C		
R35	"State Interfaces: CARES/CIS certification may not be completed in time to develop UAT data sets."	Low		•				•							N	I23, 24		
R36	"End of year scheduling for data conversion rollout."	High						•								N	O	O
R37	"NABS Portal does not have an identified build."	Low						•								N	C	C
R38	"There is a shortage of environments for a project this size."	Medium		•	•			•								N	A	
R39	"Staging Environment is not available for UAT."	Medium		•	•			•								N	A	
R40	"Changes to infrastructure in one data center could impact HIX service availability or connectivity to State or Federal services needed for HIX to operate."	Medium						•								N	O	O
R41	"Operations planning and implementation may not be completed by 10/01."	Low		•	•												N	Note 3
R42	"A go/no-go decision meeting with appropriate internal project stakeholders."	Low		•														N
R43	"Disaster Recovery (DR) testing must be performed and passed before 10/01."	Low						•										N
R44	"A disaster recovery call center test has not been scheduled."	High		•														N
R45	"CSR [cost service reductions] calculations should have extensive regression testing to ensure MDHIX service is in compliance and working correctly."	Medium						•										N
R46	"No clear understanding of Delineation of Warranty and M&O responsibilities."	Medium		•														N

Covered Area per JOC Request			Explanation of Tick Marks		
A - Contract Procurements			N	New Risk	46
B - Project Management			O	Open Risk as of 9/30/13 Includes New 9/30/13 Risks	9
C - Features of the Eligibility and Enrollment IT System			C	Closed & Resolved	11
D - Resource Management			A	Risk Accepted by the State	4
E - Testing of the Eligibility and Enrollment IT System and Contingency Planning			M	Risk Missing from Report, Status Unknown	4
F - Training, Utilization, and Coordination of Connection Entities			R #	Moved to Risk # Indicated	5
			I #	Moved to Issue # Indicated	13

Note1: There were 5 risks that were modified due to a change in events and circumstances which were closed and opened as another risk	0
Note2: Berry Dunn informed us that high, medium, and low ratings are determined by their team in collaborative conversations with all their team members.	31
Note3: Risk escalated and expanded into the following issues: 28, 29, 31, 33, 34, 36, 38, 41, 47, 48, 49, 50, 51	14
	9
	20
	3

Exhibit C – Page 4 of 5

Summary of Risks and Issues per IV&V Reports

Issue #	Issue Description Quote from IV&V Reports	Issue Impact	Covered Area per JOC Request						IV&V Report Submission Dates									
			A	B	C	D	E	F	1/8/2013	2/8/2013	2/26/2013	3/26/2013	4/30/2013	5/28/2013	6/28/2013	7/31/2013	8/30/2013	9/30/2013
11	"Challenges related to scheduling fact-finding interviews with the Noridian and State PMO teams have affected the IV&V teams ability to develop the IV&V monthly report and monthly status report."	High																
12	"The IV&V team is not fully integrated into the schedule of recurring and non-recurring meetings, and this limits our ability to effectively participate in the project."	High																
13	"BerryDunn has not received all of the information/documentation we have requested."	High																
14	"The lack of a detailed project plan that identifies all major activities that need to occur on this project is preventing stakeholders from understanding the scope of this project."	High																
15	"Inefficient communication between project teams (the State PMO, Noridian, State staff, and the IV&V vendor) is having a negative impact on project results."	High																
16	"There is no overall Program management oversight specifically a Program Manager who is responsible for tracking the progress of the entire MHBE effort."	High																
17	"The scope of the project has not been communicated or documented for the MHBE."	High																
18	"Discussions for how some major business processes will be conducted during live operation have not been made and have therefore not been considered in development/testing efforts to date."	Med																
19	"The work plan created for the MHBE does not appear to be an active tool for managing the effort."	High																
110	"There is no centralization of meetings."	Med																
111	"No clear date for executing the State's contingency plans exists."	High																
112	"The critical path for the MHBE has not been determined."	Med																
113	"State development personnel have not been hired and therefore cannot be available to receive development training in order to meet operational requirements."	Med																
114	"The contract for the training vendor has not been awarded, and the timeline for training all stakeholders prior to the October 1, 2013 deadline is very short."	High																
115	"The infrastructure and call center vendor may not be in place to properly test the production environment and software prior to the operational deadline."	High																
116	"Vendor staffing is very lean for a project of this size and complexity and there is a risk it may not be sufficient to complete the work necessary prior to federal/state deadlines."	High																
117	"The lack of a detailed Security Architecture and strategy across all Exchange components at this point in the development timeline creates a significant risk to project success."	High																
118	"Development of the bgon process of self-registration and identity proofing for the HIX is significant and behind schedule."	High																
119	"No Escrow Account process has been established by Noridian."	High																
120	"Not providing timely and accurate reviews of critical business flows within the HIX service limits ability to validate independently (IV&V) critical functionality."	Low																
121	"Single Sign On (SSO) development work is unfinished."	High																
123	"Interface to CARES/CIS is incomplete."	Med																
124	"MMIS testing is incomplete."	Med																
125	"Lack of a published list of service functionality for 10/1 for the MDHIX service."	High																
126	"Software to support NABS constituents is lacking complete functionality."	High																
127	"Notices development is not complete."	High																
128	"Performance testing does not complete full end-to-end testing."	High																
129	"Performance testing is being done on non like-for-like environment from production."	Low																
131	"Test coverage for critical features being introduced in release candidates 5.0 though go-live may not be included as part of performance testing."	Med																
133	"The performance team exists of only one staff member."	Low																
134	"Performance database testing is not being conducted."	Low																
136	"Bulk upload of user profile data and processes has had limited use."	Med																

Exhibit C – Page 5 of 5

Summary of Risks and Issues per IV&V Reports

Issue #	Issue Description Quote from IV&V Reports	Issue Impact	Covered Area per JOC Request						IV&V Report Submission Dates									
			A	B	C	D	E	F	1/8/2013	2/8/2013	2/26/2013	3/26/2013	4/30/2013	5/28/2013	6/28/2013	7/31/2013	8/30/2013	9/30/2013
138	"No central capability for user profile management exists."	Low			•													N
141	"Operational aspects of the production database systems are unfinished."	High			•													N
144	"Lack of an on-going UAT-like process to test new functionality of the HIX."	High						•										N
145	"Bug/defect tracking with Jira does not reflect what work is being conducted."	Med			•	•	•	•										N
146	"Lack of stability at the application and infrastructure layers."	High					•											N
147	"Lack of a defined procedure to upgrade releases without deleting existing data in databases."	High					•											N
148	"An Operational Change Control process for releases to production is not in place nor coordinated across the teams for go-live."	High			•	•												N
149	"Development has unregulated access to production systems at this point in the project."	Low			•	•												N
150	"Backup and recovery testing is incomplete."	High						•										N
151	"Deferred 10/1 [2013] functionality schedule is not available for the project which may introduce risk for the 1/1 [2014] functional deliverables."	High			•	•												N
152	"Web, database, application and system metrics reports have not been provided."	Med			•													N
153	"CSR calculation not computing right value from Curam."	High				•		•										N,R,4,5
154	"System training materials does not provide a roles-based guide on how to use the solution."	Med																N
155	"System acceptance criterion have not been documented and communicated to all stakeholders."	High			•				•									N
156	"System training documentation is missing information on the appeals process, employer management, employee management, insurance carrier management, Third Party Administration (TPA) and broker functionality."	Med																N
157	"Reporting will not make the 10/01 go-live date."	Med					•											N

Note1	Issue numbers that are skipped indicate a new issue that was opened and closed in the same reporting period.
Note2	Berry Dunn informed us that high, medium, and low ratings are determined by their team in collaborative conversations with all their team members.

Covered Area per JOC Request	
A - Contract Procurements	0
B - Project Management	26
C - Features of the Eligibility and Enrollment IT System	22
D - Resource Management	6
E - Testing of the Eligibility and Enrollment IT System and Contingency Planning	15
F - Training, Utilization, and Coordination of Connection Entities	5

Explanation of Tick Marks	
N	New Issue
O	Open Issue as of 9/30/13 Includes New 9/30/13 Issues
C	Closed & Resolved Issue
A	Issue Accepted by the State & Unresolved
R#	Moved to Risk# Indicated