**HEALTHCARE.GOV WEBSITE FAILURE**

**Introduction**

On Wednesday, October 30, 2013, US news networks focused their attention on a hearing by the House Energy and Commerce Committee to investigate the failure of Healthcare.gov. The website’s failed implementation had become a lightning rod for opponents to President Obama’s signature legislative victory, the Affordable Care Act. Under pressure including calls for her resignation, Secretary of Health and Human Services (HHS) Sebelius testified (PPACA Implementation Failures).

“In these early weeks, access to healthcare.gov has been a miserably frustrating experience for way too many Americans, including many who have waited years, in some cases their entire lives, for the security of health insurance. I am as frustrated and angry as anyone with the flawed launch of healthcare.gov, so let me say directly to these Americans: You deserve better. I apologize. ”

Republican lawmakers pressed the Secretary “Who was in charge, Madam Secretary?” Sebelius began naming a series of contracting firms, but finally exclaimed, “Well, excuse me, Congresswoman. …. Hold me accountable for the debacle. I'm responsible.”

The decision to go live with Healthcare.gov raises troubling concerns about the implementation of large G2C (Government to Citizen) websites. In late September 2013, the Obama administration faced a political and technological crisis on whether to go live with the site.

**Building Healthcare.gov**

In December 2011, HHS initiated the development of Healthcare.gov by awarding several contacts. This came as the culmination of President Obama’s flagship legislative victory, the Affordable Care Act. Accordingly, the website development garnered much attention from both admirers and foes. With only 22 months to develop the system all eyes were on the October 1, 2013 official rollout date (Lafraniere, 2013).

Healthcare.gov is an online market place that allows users to shop for and compare healthcare policies from private and public providers. Based on income, one may qualify for government subsidies for premiums. For a typical customer interaction, the website would verify an individual’s identity and confirm their income to calculate the level of subsidy. Drawing on this information, the website presented a list of healthcare options and eligible subsidies for customers to choose. The Obama administration anticipated that up to seven million individuals would apply for insurance in the first six months of operation, with 500,000 in October alone. However, there were few initial enrollments and news reports showed administration spokespeople unwilling to provide specific counts (Health Agency, 2013).

Part of the challenge was “Healthcare.gov is not so much a website as an interface for assessing a collection of databases and information systems” (Foster, 2013). To enable the website to present policy options and accurate premiums to customers, the system had to pull information from disparate data sources including the Internal Revenue Service, Medicaid, healthcare plan carriers, Experian and others. Simple inconsistencies in data such as one’s home address could undermine the whole process. Creating a real-time health plan selection process produced a high level of underlying complexity (Patient Protection and Affordable Care Act: Status, 2013).

In addition, the involvement of so many stakeholders accentuated the overall project complexity. The entire Healthcare.gov project was under the purview of HHS. Its sub-agency, the Centers for Medicare and Medicaid Services (CMS), provided the primary oversight and served as the general contractor. As described by Hu (2013) over 55 contractors under CMS developed Healthcare.gov. HHS tasked CGI Federal with overseeing the integration of the backend services to connect the site to insurers. Quality Software Solutions Inc. (QSSI) developed the middleware that was central to connecting the various data sources, often blamed for the troubles with the initial rollout. Aquilent and Development Seed developed the front-end user website module. HHS contracted Verizon for cloud storage services. Overall costs exceeded $200 million (Patient Protection and Affordable Care Act: Status, 2013, Hu 2013).

Advocates heralded the development of Healthcare.gov in the months leading to go live. “Open by design, open by default. That’s a huge win for the American people,” claimed Alex Howard (2013). The technical approach included iterative development in Github, an open source system that allows anyone to view program code. However, HHS removed access to the program code in October after open source advocates offered to help fix the beleaguered system (Writer, 2013).

From the beginning, however, there were challenges. Late arriving project specifications delayed developers in starting their work. Even after HHS provided specifications, these were not frozen. HHS called for changes up to a month prior to the 1 October release date. As these “rolling changes” occurred, the “go live” date for the system remained unchanged.

Late and changing requirements also had an impact on testing. It was not possible to perform full testing of the complete system with a realistic user load. There was not even testing with a limited-sized group of users. Instead, the first real test of the system was on October 1, 2013. Memos leaked to the public from CGI Federal (email communications, September 6, 2013) indicated “limited testing timeframe” as a major risk. The communication, in part, said, “The timeframes for testing … are not adequate to complete full functional, system and integration testing activates”. CGI Federal did establish a mitigation strategy, namely “Work with CMS to establish a realistic schedule that will allow for the necessary testing”. Such a change however, was highly unlikely for political reasons.

Critics also singled out the need for strong program management. After hearing of 400 known software bugs, Richard Spires, a well know government CIO, observed: "Given the number of problems. If politics wasn't an issue, I would have immediately shut it down." (Kash, 2013)

**Launching Healthcare.gov**

Unfortunately, at launch users experienced extremely slow response time and many could not sign-up for insurance. The website faced chronic crashes. An early two-day Verizon network outage exacerbated these problems. Throughout the early days of the launch, daily news reports reemphasized the website’s problems. Even President Obama was drawn into the controversy when he responded publicly saying on October 30 "There's no denying it. The website is too slow ... and I'm not happy about it." (Neuman, 2013). Beyond embarrassing website failures, Healthcare.gov cast a pale across the overall implementation of the ACA. GOP opponents seized on Healthcare.gov’s problems as symptomatic of the overall failure of the Act.

**Challenge**

In late September 2013, the Obama administration faced a political and technological crisis on whether to go live with the site. Going live on October 1 with a flawed website threatened public confidence in the Act. Failing to go live on October 1 could cause major political problems. Political and technical leaders faced this perplexing challenge with no good answer.

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