Building an Effective Health Insurance Exchange Website

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About the Toolkit Series

The 2010 national health reform law, known as the Patient Protection and Affordable Care Act (ACA), expands health insurance coverage to an estimated 32 million uninsured Americans. To help accomplish this, the ACA requires businesses with more than 50 employees to provide health insurance for their employees and requires nearly all Americans to have health insurance by 2014. Much of the ACA's implementation occurs at the state level, where states will provide small businesses and individuals with a range of private and public health insurance options as well as subsidies for consumers who cannot afford health insurance.

> **"**
>
> The website is where all the action is. It *is* the exchange.
>
> Joan Fallon, former Chief Communications Officer, Commonwealth Health Insurance Connector Authority

In drafting the ACA, Congress drew heavily from the successful state health reform initiative adopted in 2006 by Massachusetts. Over the course of Massachusetts' planning and implementation efforts, state officials and administrators encountered many of the issues, challenges, and opportunities that are currently facing states in implementing national health reform.

This toolkit is part of a series designed to share examples, templates, experiences, and lessons learned from Massachusetts' implementation of health reform with other states beginning their own health reform planning efforts. You can find this toolkit and others in the series online at www.bluecrossfoundation.org.

In particular, this toolkit offers ideas and resources to help states plan, build, and implement health insurance exchange websites. Throughout this Toolkit Guide you will find references and links to specific examples of organizational structures, job descriptions, requests for proposals (RFPs) and quotations (RFQs), and other work products from Massachusetts' implementation of its health exchange website.

The ACA and Health Insurance Exchanges

A key component of the ACA is the requirement that each state either develops or participates in a **health insurance exchange**. An exchange is a kind of virtual marketplace through which individuals and small businesses can shop for health insurance in order to meet the mandatory coverage requirements of the ACA. Under the ACA, exchanges must be available for use by consumers by January 1, 2014.

The ACA requires that health insurance exchanges provide tools and resources to ensure that consumers have complete and easy-to-understand information about health insurance options. One of the most important tools is a **website** that provides clear, consistent information on all participating plans and permits comparisons of coverage, costs, and value by the consumer. This federal requirement is directly modeled on the Massachusetts Health Connector website that links individuals and small businesses with private self-pay and subsidized health insurance plans. Massachusetts' health insurance exchange website is accessible at www.mahealthconnector.org.

Massachusetts' Health Reform Law and the Connector Website

Massachusetts passed its health reform law in April 2006, requiring health insurance coverage for all residents who can afford to purchase coverage. For individuals who need help to pay for insurance, the law provides subsidized public insurance plans. For others who do not have access to coverage through their employers and for small busi-

nesses, the law establishes a health insurance exchange to facilitate enroll-ment with private insurers whose health insurance plans meet the state's minimum standards for coverage and value.

To help implement the new law, Massachusetts created the Commonwealth Health Insurance Connector Authority (Connector) to create and manage the health insurance exchange. To oversee the work of the Connector, Mas-sachusetts established a 10-member Connector Board that includes des-ignated seats for representatives of business, labor, and consumers, along with a health economist and an actuary, and ex-officio state officials.

The Connector was charged with several responsibilities, including the de-velopment of a health insurance exchange website (the "Connector web-site").[1] The Connector Board invested the Executive Director and his team with clear authority to make day-to-day implementation decisions, including contracting with vendors and negotiating with other state agencies when needed. (See the Connector's current organizational chart.)

From its inception, the Connector website was designed to be not just a broker of health insurance plans but also a tool to support consumers in making smart, effective decisions about health insurance. This requires providing information about the health reform law, requirements, and implementation dates, and—perhaps most importantly—providing a simple, effective, and easy "shopping experience" for consumers in the market for health insurance. Using this business model, the Connector website played a key role in helping more than 540,000 state residents obtain health insurance—both subsidized (Commonwealth Care) and unsubsidized (Commonwealth Choice)—through Massachusetts' new health insurance exchange.

The Connector website was planned, developed, and launched less than 12 months after passage of the health re-form law—an incredibly short period of time for a high-profile project involving policy, technology, communications, outreach, and complex legal issues that receives more than 500,000 visits each year. Drawing from the challenges, lessons learned, and accomplishments of that experience, the following section of this Toolkit Guide describes key strategies and action steps that states may choose to consider when planning their own health insurance exchange website.

How to Plan, Design, and Implement a Health Insurance Exchange Website: Lessons Learned from Massachusetts

In passing the ACA, Congress understood that there are many paths to a successful health insurance exchange. Each state's political and economic context, governmental structure, stakeholder preferences and demands, leader-ship strengths and skills, and other environmental factors will determine whether some or all of the Massachusetts

> " Insurance is very technical, it's confusing, it's boring. You need to make it accessible. For us, making the shopping simple was really important.
>
> Paul Wingle, Director of Outreach for Massachusetts' unsubsidized health insurance program (Commonwealth Choice), Commonwealth Health Insurance Connector Authority

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1   For a brief overview of the Massachusetts law and history of the development of the website, please see DeBor, G. and Turisco, F., The Massa-chusetts Health Connector: Lessons Learned from the Builders of the Health Insurance Exchange, which is available at http://www.csc.com/health_ser-vices/insights/32538-the_massachusetts_health_connector_lessons_learned_from_the_builders_of_the_health_insurance_exchange.

experience can or should be replicated. Even if the strategies described in this Toolkit Guide do not apply directly to your state, the tools, templates, and examples may provide useful resources that can be modified or adapted to support your state's unique approach.

1. Assembling the team and building partnerships with key state agencies.

Planning, building, and maintaining an effective website is not a "technology task." Rather, it is a nexus of policy, program, and technology decisions that demands a team of individuals who can communicate across these traditionally siloed areas of state government work. Most importantly, it requires a project leader who is "fluent" in information technology (IT) but is firmly grounded in the state's vision for health reform and directly connected to the key decision makers who can and should guide the development process.

In Massachusetts, the Executive Director of the Connector tapped a long-time state employee who was heading the state's official website (www.mass.gov) to serve as Chief Information Officer (CIO) and assume principal responsibility for building the website. The CIO developed and led a cross-disciplinary team that included:

- Director of IT Services and other internal and external IT experts
- Chief Communications Officer and other internal and external experts in outreach, marketing, and messaging
- Director of Policy and Research
- General Counsel

In Massachusetts, a critical component of the CIO's job description is to "develop strategic relationships with health agencies, private health organizations, vendors, and consultants." While this responsibility is shared by others at the Connector, it is particularly important for the individual responsible for building the website to have skills and credibility across stakeholder groups, including other state agencies. (See the CIO job description.)

For example, Massachusetts state law provides that, during the first three years of the health insurance exchange, only health plans already approved to provide Medicaid managed care in the state may be offered as a subsidized health plan under Commonwealth Care. Working in close collaboration with the state's Medicaid agency, the Connector was able to leverage the existing Medicaid eligibility system to ensure a seamless web experience for people using the Connector website. Information and enrollment forms regarding eligibility for Commonwealth Care are now available through the Connector's website, where they can be downloaded and mailed to the Medicaid agency.[2] Users can access ad-

How Can We Build a Website When So Much is Undecided?

States face numerous policy decisions when planning and implementing their health insurance exchanges. Examples of critical policy questions include 1) Will your state have its own exchange or participate in a regional or federal exchange? 2) Will your state have subsidiary exchanges to cover different geographical areas? 3) Will the same exchange (and/or website) serve both individuals and small businesses? 4) How will your state decide which plans can be sold in the exchange? 5) Will there be minimum standards and, if so, who will set them? There are several good resources to assist states in planning to address these policy questions, including Implementing Health Insurance Exchanges: A Guide to State Activities and Choices, Families USA (2010). The full report is accessible online and free of charge at www.familiesusa.org. Some of these policy questions—such as which agency will be responsible for creating and administering the exchange—must be answered before a state can begin to develop its health exchange website. However, states do not need to answer every possible question at the front end so long as they have clear lines of authority, communication, and accountability for decisions.

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2   Enrollment applications also can be entered online at hospitals, community health centers, or other designated enrollment centers.

ditional information regarding Medicaid eligibility and programs through direct links to the Medicaid website embedded within the Connector's web content.

While most states implementing the ACA will not use separate web platforms for subsidized and unsubsidized insurance, all will need to provide online Medicaid determinations as part of their health insurance exchanges, making close collaboration with their Medicaid agencies an essential component of a successful website.

2. Identifying vendors.

The extent to which a state relies on outside vendors to build or support its health exchange website will depend on many factors, especially whether the state will build its site on an existing state government platform, its internal capacity to design and build the site, its existing infrastructure for marketing and outreach, and its timetable for completion.

> "
>
> ### When in doubt it's better to act, and fine-tune as you go along.
>
> Bob Nevins, Chief Information Officer, Commonwealth Health Insurance Connector Authority

Most states will rely on outside experts to support at least some activities related to development and implementation of their website. In Massachusetts, the Connector issued requests for procurements in several areas critical to success, including:

• Website strategy and development
• Third-party administrator services
• Public education, strategic outreach, and advertising

In selecting vendors, states can start by reaching out to vendors already working with other state agencies. For example, Massachusetts' Medicaid authority amended its contract with an existing contractor to 1) establish and maintain a call center to help Commonwealth Care customers understand the eligibility and enrollment process and 2) provide assistance in simplifying the language used on the Connector website to be more easily understood at a broad range of reading levels. In this case, the vendor already had experience working with the state and had a clear understanding of the vision and audiences for the website.

Website Strategy and Development. In Massachusetts, a demanding timeline meant adjusting the usual process for website development. Within a month of his hiring, the CIO coordinated a Request for Quotations (RFQ) for an outside vendor to support website strategy and development for the health insurance exchange. Rather than defining all the system requirements, the RFQ simply laid out in less than two pages what decisions had been made and what important policy, business, and technical decisions remained:

> We expect the vendor to help sort out all of these various business and technical issues. For example, should the Connector have one common portal that services both [subsidized and unsubsidized] populations? …For the Commercial Plan customers, how would we link them to each of the different insurers or intermediaries? What presence should the Connector have (i.e., should we have a brand that the customer will recognize and feel they are insured by much as one might think of their insurance agent or broker?) (See the Website Strategy RFQ.)

With this RFQ, the Connector communicated that its Website Strategy and Development vendor would be an integral part of the planning team from the beginning of the process. In the view of the CIO, developing a productive, collaborative relationship with a web designer is critically important to the success of a health exchange website.

Third-Party Administrator. Massachusetts opted to contract with a third-party administrator (called the "sub-connector") to perform critical functions, including building, completing, and administering that part of the website that allows consumers to shop for state-approved health insurance plans and purchase unsubsidized health insurance through the Connector website.

These responsibilities require the sub-connector to "connect" health plans with individuals, employers, employees, and brokers. (See the Sub-Connector RFR.) Specifically, these duties include operating the online web portal that receives online applications for Massachusetts' unsubsidized health insurance program, Commonwealth Choice; verifying eligibility and processing enrollment applications; transmitting enrollment information to participating health plans, receiving premium quotes, and transmitting that information to potential enrollees; billing enrollees and employers, remitting payments to health plans, and distributing commissions to brokers (where applicable); and transmitting notices of delinquency and cancellation of coverage due to non-payment of premiums.

Because these activities are inextricably linked to customer service, the RFR also called on the sub-connector to provide pre- and post-enrollment customer service. In practice, this has resulted in the sub-connector operating a Customer Service Center, including a call center for consumers and participating insurance companies, and distributing marketing and other informational materials.

To ensure that proposals were evaluated on the basis of respondents' experience of good performance in relevant areas, the RFR included a matrix of performance measures. Respondents were asked to complete the matrix using its existing performance standards and its track record of meeting those standards. (See the Sub-Connector RFR, Section VI.)

In Massachusetts, the vendor selected already operated an online insurance marketplace for its small business members, and contracting for these services helped the state meet its aggressive timetable for completion of the website. However, states electing to contract for these services should be aware that, depending upon their particular circumstances, working through a sub-connector may increase the administrative overhead needed to verify eligibility, process payments, and enroll customers. Whether or not to engage a sub-connector may depend principally on relative costs of each option and time available to build the state's health insurance exchange.

Public Education, Strategic Outreach, and Advertising. Although some state government agencies are experienced in conducting public education and outreach, the purpose and scope of health insurance exchange websites may require specific, outside expertise to support a successful campaign. In Massachusetts, the Connector procured, through public bids, support from an established advertising agency to develop and implement an ongoing public education campaign aimed both at individuals and small groups and businesses. Advertising vehicles included both free media and paid advertising, and emphasized collaborations with entities such as a pharmacy chain, supermarket chain, and Red Sox baseball.

In its initial RFP, the Connector identified five specific tasks to be part of an "integrated" marketing campaign: 1) branding and message development 2) design of a multi-faceted advertising and marketing campaign 3) utiliza-

tion of avenues for free media 4) development of collateral materials and 5) media buying strategies. (See the Advertising and Marketing Assistance RFP.)

The advertising strategy viewed the website as a tool to support the overall goal of increased enrollment in health insurance—as well as a performance metric in and of itself, since increased traffic on the website meant more and more people were responding to the campaign and logging on to learn about their opportunities and obligations under the new health reform law. This *Health Reform Toolkit Series* will include a future toolkit focused specifically on successful education, outreach, and advertising strategies.

Providers. In developing a health insurance exchange website, states will need to consider how providers will be invited to participate in the exchange. States are required by the ACA to present provider information on their websites in a way that allows easy comparison across insurance plans, consistent with the gold-silver-bronze plan framework described in the ACA. The availability of this information also affects website design; for example, what features or characteristics of health insurance are most important to consumers in evaluating plans and how should they be presented to facilitate meaningful comparisons?

To ensure that health insurance companies participate fully with the state to maximize the ability of consumers to shop and effectively compare plans, states may consider requiring them to provide necessary information and to participate in any training provided by the state about the website and vendor requirements. This *Health Reform Toolkit Series* will include a future toolkit focused specifically on developing requirements and guidelines for health plans participating in state health exchanges.

3. Soliciting stakeholder input.

The ACA requires states to solicit input from consumers in developing their health exchanges. In Massachusetts, soliciting and incorporating input from consumers and other stakeholders—including insurance companies, insurance intermediaries, and political and policy leaders across state government—was and remains an essential component of the website development process.

Working closely with the vendor responsible for website strategy and development, initial stakeholder research focused principally on meeting with Connector staff and key state officials to facilitate establishing a consensus vision regarding such key issues as target audience, marketing, branding, and relationships with insurance brokers. This information was collected by the vendor, consolidated, and presented to Connector staff to finalize next steps. (See an abbreviated description of this "discovery phase" in the Website Strategy Vision PPT.) Insurance providers were also consulted to ensure that they would be able to provide information needed to populate the website.

Choosing a Vendor

To save time, Massachusetts issued its RFQ only to existing approved state contractors. Three well-qualified vendors responded in writing, and the Connector team invited them to make verbal presentations explaining their proposals. "In retrospect, inviting verbal presentations was the most important part of the process," said CIO Bob Nevins. Two of the vendors pitched a specific approach to the team, but the vendor that ultimately won the contract—CSC—said it would extract its approach from key stakeholders through a process of interviews, focus groups, and other engagement strategies. "CSC said we needed to think about the project not as a website, but as an integrated program with a website as part of the overall strategy," Nevins said. Nevins' top recommendations for selecting a vendor? "Choose a vendor that is competitively priced, has the capacity to "scale" as the project grows, and doesn't dictate the answer," he said. "And make sure there are individuals on the vendor team who can translate your business needs into technology solutions in a way that you can understand them."

Because of the very short timeframe for site development and launch, Connector staff and website developers worked closely with Consumers Union to solicit and analyze consumer input regarding the Connector website. Consumers Union convened and facilitated a series of focus groups with potential end users during the development process, and Connector staff and website developers incorporated input received through this process into the final site design. For example, consumers were asked to identify their priorities for selecting health insurance plans, and these priorities—such as premium cost, annual deductible, out-of-pocket maximums, and co-payments for physicians, prescriptions, emergency room visits and hospital stays—are now displayed prominently on the website in a way that allows consumers to make direct comparisons across plans.

After site launch, the Connector and its contractors focused on obtaining direct consumer input and feedback as part of a continuous effort to improve and enhance the website. Much of this input was obtained through "user acceptance testing" using a structured interview protocol to test site usability and effectiveness. (See the User Interview Guide.)

4. Finalizing system requirements.

Clearly articulating, in writing, the specific business needs or "requirements" of a website is essential to ensuring that all members of the team, including vendors, share a common vision for the site and are accountable for effectively implementing the plan. While some states will have enough information to incorporate a requirements document into the RFP for a vendor to develop the site, many states will need to involve the vendor in developing the requirements document as the first phase of their work.

There are many factors that will help a state determine the system requirements for its health exchange website. Some critical factors include:

- Does the state have an existing web platform capable of:
    - Importing data directly from participating insurance companies?
    - Providing enrollment and premium billing services?
- Are there existing entities in the state that already provide these services online and, if so, is it feasible or desirable to obtain these services under contract?
- Does the state already provide online Medicaid applications or determinations?
- What other websites will the state need to connect with in order to confirm eligibility for participation in the health insurance exchange and/or subsidies for health insurance? This could include the Social Security Administration for proof of citizenship, the Internal Revenue Service (IRS) for proof of income, or some other federal repository or clearinghouse for information.

In Massachusetts, Connector staff and the vendor worked together to articulate a broad range of needs, concerns, and proposed solutions for inclusion in a "Website Strategy Vision Document"—a written summary of high-level needs and features of the Connector website that also served as an articulation of the system requirements that the vendor was expected to incorporate into the site. (See the Website Strategy Vision Document.)

A system requirements document should provide both a visual and narrative description of the overall system architecture and its relationship to other websites and databases. In addition, it should reflect the specific needs and concrete solutions emerging from stakeholder research, in order to provide a clear roadmap for development of the site. The following examples, extracted from the Vision Document (pp. 11-12) developed in Massachusetts, were based on input provided during consumer focus groups:

| Need:	Addressed by:
Call an expert for advice at any stage of the shopping and enrollment process.	Allow users to save their profile (include session state) and to authorize a call center representative to access that information as needed to assist them.
Trust in the Connector brand and its relationship to the state.	Clear explanation of the Connector's role and function, and an acknowledgement on the site of other resources that, if unexplained, might have the potential to confuse the user's understanding of the Connector brand (e.g., www.mass.gov, www.macommonwealthcare.com, etc.).

5. Ensuring ongoing quality improvement.

Part of the website development process includes identifying metrics that can be tracked on a daily, weekly, and monthly basis to measure website effectiveness. Massachusetts uses Google Analytics software to track such performance measures as the number of overall website visits, the number of individual website users (unduplicated for multiple visits), most popular content, and the most popular paths to purchasing insurance. In addition, the state tracks the number of customer assistance telephone calls to determine if there is a relationship between website users and the need for personal assistance.

This information informs an ongoing effort to ensure that the Connector website design and content remain relevant and "fresh" to users. Connector staff and contractors also conduct continuing, individualized audience testing using a structured protocol, and that feedback is incorporated into an overall website design that is "re-freshed" on a regular basis. This approach to consumer-oriented quality improvement underscores the need for a productive, sustained relationship with a website designer who fully understands the overall project goals and is committed to a dynamic process focused on clarity, ease of use, and other consumer outcomes.

The following screenshots from the Connector website's home page, just a few of the many iterations of the home page that were published by the Connector, demonstrate the evolution of the site from May 2007 to current day.

Homepage Iterations
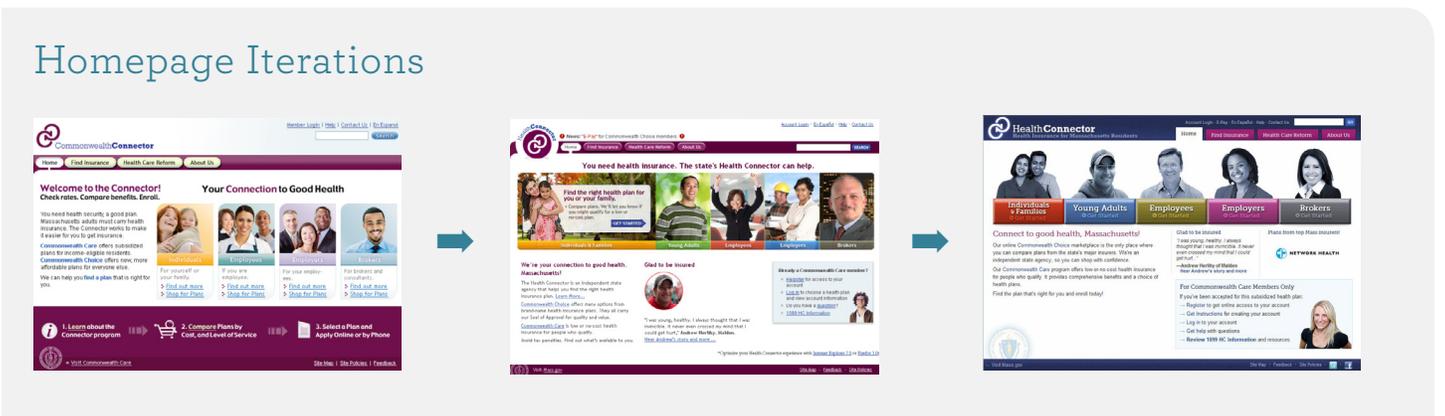
Conclusion

An effective health insurance exchange website should focus on providing consumers with clear, comparable information about health insurance plans and provide a simple, easy-to-use "shopping experience" that facilitates informed purchasing decisions. In Massachusetts, this goal was achieved by 1) assembling a team of qualified individuals with clear decision-making authority and engaging key state agencies as partners with clearly defined roles; 2) contracting with qualified vendors who worked in partnership with the state to develop and implement the website strategy and development plan; 3) engaging stakeholders in a consensus-building process to develop the initial site and to provide ongoing input for quality improvement; 4) articulating clear and concrete system requirements reflecting stakeholder input and consumer priorities; and 5) regularly measuring progress and updating the website to reflect user experiences, needs, and priorities. These strategies—and the tools, resources, and other documents used to implement them—may be useful to other states beginning to develop their own health insurance exchange websites.

For more information please visit www.bluecrossfoundation.org or contact the Connector's Public Information Unit at Connector@state.ma.us.

Resources

Commonwealth Health Insurance Connector Authority
Organizational Chart

Executive Director

Office Manager

Chief Operating Officer

Chief Marketing Officer
- Director of Business Dev & Client Management
- Manager of Sales & Account Management
- Manager of Business Dev & Community Outreach

Chief Communications Officer
- Director of Public Affairs
- Connector Associate
- Public Information Unit
- Director of Outreach CommCare
- Director of Outreach CommChoice
- Communications Associate

Director of CommCare
- Manager of Operations
- Member Services Associate
- Manager of Managed Care Services
- Senior Project Manager
- Manager Program Implementation
- Project Manager

Chief Information Officer
- Director of IT Services
- IT Process Manager
- Quality Assurance & Testing Manager
- Manager IT Partnerships

Director of CommChoice
- Operations Manager
- Senior Associate
- Associate
- Implementation Manager
- Business Analyst

Director of Human Resources
- Connector Associate

Chief Financial Officer
- Director of Accounting
- Senior Accountant
- Senior Financial Analyst
- Manager of Finance & Analytics
- Financial Analyst
- Health Care Analyst

Director of Policy & Research & Nat'l HCR Coord
- Senior Policy Analyst
- Senior Policy Analyst

General Counsel
- Assistant General Counsel
- Assistant General Counsel
- Appeals Unit Manager
- Appeals Admin Coordinator
- Appeals Admin Coordinator
- Appeals Research
- Appeals Admin Assistant

THE COMMONWEALTH HEALTH INSURANCE CONNECTOR AUTHORITY

Job Description for CHIEF INFORMATION OFFICER

The Chief Information Officer shall be responsible for all information technology functions throughout the organization, including both long-term planning of technology initiatives and arranging to meet the near-term requirements of a functioning agency and a public, high traffic web site.

- Provides technology vision and leadership for the creation and implementation of the information technology initiatives that support the successful implementation of Chapter 58

- Designs the architecture for complex systems with constantly evolving requirements

- Coordinates existing public IT infrastructure to interface with private health care systems

- Develops, coordinates and delivers multiple IT projects within specified time frames

- Develops strategic relationships with Commonwealth health agencies, private health organizations, vendors and consultants

- Coordinates development of the Connector's website

- Develops the Connector's internal local area network

- Serves as the Connector's Security Officer.

Qualifications:

Candidates must have a Bachelor's Degree with at least ten years of experience; a Master's Degree in computer science or related field is strongly preferred. Proven track record in designing systems architecture and executing systems integration projects. Experience in managing groups of analysts and developers working on complex system projects to meet deliverables with tight timeframes. Ability to communicate with, and support the technological requirements for internal and external clients. Strong operational, organizational, and negotiation skills. Health care background and knowledge of both the public and private sectors preferred. Candidates must be team players with excellent interpersonal skills and the ability to work within a very fast-paced, newly created organization.

Salary:

Salary range is competitive; salary will be commensurate with experience.

Contact:

Please send resume and cover letter to itdjobs@state.ma.us.

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General Procurement Information

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<u>**Purchasing Department**</u>:	<u>**Commonwealth Health Insurance Connector Authority**</u>
<u>**Address:**</u>	**Room 805, One Ashburton Place, Boston, Massachusetts, 02108**
<u>**Procurement Contact**</u>:	**Melissa Boudreault**
<u>**Telephone:**</u>	**(617) 573-1696**
<u>**E-Mail Address:**</u>	**melissa.boudreault@state.ma.us**
<u>**RFQ File Title**</u>:	<u>Connector RFQ 6-01 Website Strategy, Development and Related Services</u>

I   PROPOSAL BACKGROUND INFORMATION

The Commonwealth Health Insurance Connector Authority (the "Connector"), created by Chapter 58 of the Acts of 2006, is an independent public entity charged with implementing Massachusetts' recently enacted Health Care Reform legislation. The Connector's role is to facilitate the availability, choice and adoption of private, affordable health insurance plans to all uninsured individuals.

The Connector is seeking assistance in setting the overall strategic direction for the web-based services that it will offer and in the development of those services. Specifically, the Connector is seeking proposals to develop and potentially host the second phase of its website (www.mass.gov/connector), transforming it from a static site to an on-line customer service center that is a portal to any Connector-based health care reform program. The website is central to the Connector's strategy of making health insurance options attractive and facilitating health plan choice in an interactive, cost-effective manner.

The Connector essentially has two client bases, one that is eligible for a premium assistance plan (Commonwealth Care) and the other that is not eligible for Commonwealth Care and is uninsured (the Commercial Plan). Current estimates are that there are up to 350,000 people in both groups with potentially 150,000 eventually enrolled in Commonwealth Care and 200,000 in the Commercial Plan.

For the Commercial Plan, one of the challenges for the Connector is to determine the best, most practical and least disruptive way to work with one or (potentially) more of the intermediaries.[1]

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[1] Intermediaries, also referred to as "sub-connectors" in the health care reform law, will be outsourced contractor(s) that provide a range of services on behalf of the Connector to interested individuals and employers. These services may include: customer service to answer questions from, and provide assistance to, potential enrollees regarding the product offerings available through the Connector; premium billing and collection; enrollment reconciliation; and other administrative functions associated with health insurance eligibility, enrollment, billing and collection. The Connector will be procuring intermediary services through a separate RFR.

The Connector may not want to duplicate web services already offered by these entities, but it does want its clients to have a relatively seamless experience in the process of purchasing and receiving health insurance. In addition, since this is a new program, flexibility and agility are of paramount importance.

In addition, for Commonwealth Care, the Connector will be closely aligned with the Executive Office of Health and Human Services (EHS). As such, the Connector is using EHS's Virtual Gateway system to receive Commonwealth Care applications. The Connector's web solution will need to integrate with the Virtual Gateway.

There are several issues and problems this RFQ will address that are best explained by way of example. For the Commonwealth Care Plan, qualified individuals will be determined eligible by MassHealth, and will reside on a Commonwealth of Massachusetts-administered system known as MA21. Their claims will be paid by a Commonwealth of Massachusetts-administered system known as the Medicaid Management Information System (MMIS) and a synopsis of those claim payments will be maintained in the EHS Data Warehouse (the warehouse). The Customer Relationship Management (CRM) system for Commonwealth Care members is known as MassServe and it, along with the call center, is managed by Maximus, a third party vendor. Maximus is developing a portal where Commonwealth Care members can apply for benefits and a system that allows members to pay online (for those members who will be responsible for a portion of the premium). The portal and billing for Commonwealth Care will be implemented in January of 2007.

For the Commercial Plan, there will be an intermediary(ies) who will handle enrollment and premium billing. We are currently assuming (but the selected vendor will need to confirm both the presence and completeness) that prospective intermediaries have billing and CRM systems in place. There will be several insurance carriers offering a number of different insurance products. We are not aware of any common portal or warehouse that services the intermediaries either individually or collectively.

We expect the vendor to help sort out all of these various business and technical issues. For example, should the Connector have one common portal that services both populations (the Commonwealth Care population and the Commercial Plan population)? If we do, how do we best gather information about the prospective customers, and route them to the appropriate intake process. Should there be a common CRM system; what are the advantages and challenges this methodology would bring? Additionally, for the Commercial Plan customers, how would we link them to each of the different insurers or intermediaries? What presence should the Connector have, i.e. should we have a brand that the customer will recognize and feel they are insured by much as one might think of their insurance agent or broker? Or, is the brand reasonably transparent to the individual and the Connector functions more as a market maker for the Medicaid Managed Care Organizations (the designated insurers for Commonwealth Care) and the insurance carriers? What is the best near and long term methodology for a Connector data warehouse?

We have outlined what we consider to be the key elements of this undertaking. We are seeking a vendor that can help us sort out all of the options, recommend a strategy and then implement the key elements of this strategy by April, 2007.

II   REQUIRED SERVICES

Prospective bidders will be evaluated on their ability to address the following required services:

1. Strategic Direction

As mentioned above, the Connector is seeking assistance in setting the overall strategic direction for the web-based services that it will offer and in the development of those services.

The role of the vendor will include:

- Understanding the various electronic services (both web-based and otherwise) offered by potential intermediaries and by EHS and then recommending the best method(s) for the Connector to integrate with and/or use those services.
- Developing and refining a strategic direction for the Connector's automation efforts, including the establishment of a data warehouse of information from members, intermediaries, EHS and other health plans.
- Prioritizing the efforts to ensure the Connector meets the April, 2007 implementation date.
- Coordinating and leading regular review and direction setting meetings (if necessary) with Connector staff and key stakeholders.

2. Requirements Definition

The vendor will manage the process of setting the strategic web technology direction for the Connector and will have overall responsibility for development of the various business and technical requirements that will arise from this effort. As directed by the Connector, the vendor will be responsible for either implementing those requirements or managing/coordinating others in their implementation.

3. Key Technology Elements

The following are key technological elements of the Connector's business strategy that require definition and support from the vendor:

1. Online eligibility determination.
    - Check residency, age, income, etc. to determine whether an individual is likely to be 1) eligible for Commonwealth Care or 2) eligible for commercial products or 3) ineligible.
        - If the individual is potentially eligible for Commonwealth Care, send them to the EHS-managed Virtual Gateway web application and provide them with an on-line application they can print and submit manually.
        - If the individual is eligible for one of the commercial insurance products, send them to the decision support tool (the vendor is responsible for recommending and implementing the decision support tool):

- Assess the various health options available given the demographic data entered
- Provide plan-specific benefits information and allow the individual to "test drive" various Connector health insurance product offerings
- Price those options and present them to the customer in an easy to understand/comprehend manner.
  - If the individual is ineligible, provide them with information on other options (Medicare, etc.).
- Partner with Maximus/Vecna to leverage their portal development that will service Commonwealth Care customers.

2. Online customer support.
   - Work with the Connector to develop the general website including questions to ask potential customers, the taxonomy, and the formatting of Frequently Asked Questions and information in general.
   - Recommend off-the-shelf software to support the web site development including (but not limited to) decision support, customer relationship management, knowledge management, and content management software.
   - Purchase and deploy the software.
   - Customize software as necessary. Insert health plans and plan options, identify and create interfaces to and from the various health plans and intermediaries.
   - Maintain and upgrade the website and associated database management system (DBMS). Develop website statistical reporting that meets the Connector's needs.

3. Interface with the intermediaries.
   - Provide links to intermediaries' websites; ensure Connector brand is prevalent.
   - Establish, if needed, a mechanism to distribute customers to multiple intermediaries.
   - Establish links to health plan websites.
   - Obtain data from intermediaries, including premium payment information.

4. Website hosting.
   - Make a recommendation that will meet the Connector's long-term needs for flexibility, real-time updates for web content, and cost effectiveness.
   - Do market research on website name and what will best meet the needs of a diverse customer base (including commercial and public subsidy customers).

5. Data warehouse.
   - Provide capabilities for the Connector to store and report on data from members, intermediaries, and health plans.

III   REQUIRED ATTRIBUTES

The successful bidder will have the right mix of independence, experience, cross-industry knowledge, and Commonwealth-specific knowledge. The required attributes are detailed below.

Senior, Experienced Team

The Connector is seeking a team experienced in the general health care arena, including demonstrated knowledge of current health insurance products and processes. The vendor should have in-depth knowledge of and support in the health care sector that this team can call upon as the need arises. The vendor should have proven experience implementing web service solutions that streamline and enhance business operations and customer service. In addition, the Connector is seeking a vendor that is experienced with Commonwealth agencies, including the Information Technology Division and EHS, and has familiarity with the products and services that make up the website known as the "Virtual Gateway." The Connector is also seeking a team and vendor that can work fast, smart and meet the needs, goals and aggressive timetable the Connector is operating under. To that end, availability of the proposed personnel will be a key factor.

IV   ANTICIPATED DURATION AND ESTIMATED COSTS

The approximate timetable for this effort is:

- Contract Executed: December 14th, 2006

- Enhanced Website Design: Mid-January, 2007

- Review of Intermediaries' web and other pertinent automation capabilities completed: January, 2007

- General Web Strategy and Roadmap Completed: January, 2007

- Enhanced Static Connector website delivered and operational: February, 2007

- Data Warehouse design completed: March, 2007

- Interactive Connector Website delivered and operational: April, 2007

- Data Warehouse implemented: April, 2007

The costs through June 30th, 2007 should not exceed $700,000.

V   SUBMISSION REQUIREMENTS

Interested vendors must submit one (1) hard copy original response to the RFQ, and one (1) electronic version, all in Microsoft Word format. The electronic format can be emailed to Melissa.Boudreault@state.ma.us and the paper version either mailed or hand delivered to the

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Commonwealth Health Insurance Connector Authority, One Ashburton Place, Room 805, Boston, MA 02108. Responses must be sealed, labeled "Connector RFQ 6-01 Website Strategy, Development and Related Services" and submitted no later than 4 PM on November 21st, 2006.

Vendor Responses

Responses should be a straightforward description of the vendor's proposed services, and should follow the outline defined in this section. Extraneous marketing or promotional materials are strongly discouraged.

Responses will include the following:

1. *Executive Summary*: This section should provide a concise summary of the vendor's response, and should be prepared in such a way that it may be read independently of other detail. The executive summary should at minimum summarize the proposed services as well as, identify and define the responsibilities of the proposed project team. This section should highlight those aspects of the response which the bidder believes make it unique in meeting the needs of the Connector in this engagement. (Five pages)

2. *Response to specific requirements of RFQ*: This section must describe how the vendor proposes to meet the Connector's needs as expressed in this RFQ. Descriptions of the vendor's team members' experience should be included in this section. In addition, a discussion of the general approach to the problems and issues outlined in numbers 1&2 above must be addressed including a draft of the first work order. (Ten pages)

3. *Price*: The vendor must provide an hourly rate for each of the individuals proposed; itemized costs for all of the hardware, software and hosting services that are being proposed; and an itemized listing of any other services that will be necessary to complete the project as outlined in the proposal.

4. *Proposed project timeline(s) and milestones, including a Roles/Responsibility Matrix* that indicates the assignment and hourly duration of specific individuals to the various tasks.

5. *Descriptions and references*: The vendor must articulate their health care experience, web development, and web service experience along with descriptions of other similar engagements, and samples of their work. Please provide references from at least three similar engagements. (Five pages)

6. *Statement of Work*: A draft Statement of Work (SOW) that details the phases of the project, deliverables, requirements, assumptions, pricing, and a proposed payment schedule. The SOW will be split into several task orders that the vendor will be required to price separately as the project progresses. The vendor must, as part of its response to number 2 above, include a draft of the first task order. The Connector's form of SOW is attached as Exhibit A.

7. *Cost Proposal*: A detailed Cost Proposal that lists the proposed individuals and their estimated hours and hourly rates and all of the proposed software, hardware, hosting services etc. that will be necessary to provide the services requested by this RFQ through June 30th, 2007. The Connector recognizes that decisions may be made as part of this engagement that will alter these costs; however, the vendor must provide a total cost for all of the proposed services that does not exceed

$700,000. In addition, the vendor should identify which of these costs are "one-time costs" and which are "recurring costs" that will need to be planned for in subsequent years.

VI   PROCUREMENT SCHEDULE

Release of RFQ	11/8/2006
Vendor Conference and Q&A	11/13/2006 (2 – 4 PM), China Trade Building, One Boylston St, Boston, MA
Vendor Responses Due	11/21/2006
Oral Presentations	11/29/2006
Vendor selected	11/30/2006
Contract Signed	12/14/2006

VII   NOT REQUIRED TO PURCHASE

This RFQ does not commit the Commonwealth Health Insurance Connector Authority (the Connector) to approve a Statement of Work, pay any costs incurred in the preparation of a vendor's response to this RFQ or to procure or contract for services. The Connector reserves the right to accept or reject any and all proposals received as a result of this RFQ, to negotiate with any or all qualified vendors and to cancel in part or in its entirety this RFQ if it is in the best interest of the Connector to do so.

The RFQ is restricted to selected vendors on "ITS23 Section 5- Solution Providers" statewide contract. The Connector prefers that any software and/or hardware purchases required for this project are procured from the Commonwealth's statewide contracts as applicable.

VIII   PROPOSED EVALUATION

All qualified proposals will be reviewed and evaluated by an Evaluation Committee, which will be comprised of at least two Connector staff members and one outside contractor.

The Evaluation Committee will assess responses for completeness, clarity of content, and feasibility of success based on technical and business qualifications of the proposed team, the vendor experience, sufficiency and expertise of resources assigned, the proposed approach, and cost. The Connector will use best value determination to make the award.

THE COMMONWEALTH OF MASSACHUSETTS

HEALTH INSURANCE CONNECTOR AUTHORITY

ONE ASHBURTON PLACE, ROOM 805

BOSTON, MASSACHUSETTS 02108

REQUEST FOR RESPONSES

THIRD PARTY ADMINISTRATOR

(SUB-CONNECTOR)

DECEMBER 6, 2006

Table of Contents

SECTION I – INTRODUCTION

The Commonwealth Health Insurance Connector Authority (the "Connector" or the "Authority") is a body politic and corporate and a public instrumentality of The Commonwealth of Massachusetts (the "Commonwealth"). The Connector is established pursuant to Chapter 176Q of the Massachusetts General Laws (as amended from time to time, "c. 176Q" or the "Connector Governing Act"), as added by Section 101 of Chapter 58 of the Acts of 2006 ("c. 58" or the "Health Care Reform Act of 2006"), and is an independent public entity not subject to the supervision and control of any other office, department, commission, board, bureau, agency or political subdivision of the Commonwealth.

The Connector is governed by a ten member public-private Board, comprised of four ex-officio members -- the Secretary of Administration and Finance, who serves as chair of the Board, the Director of Medicaid, the Executive Director of the Group Insurance Commission, and the Commissioner of Insurance -- and six members of the public, three appointed by the Governor and three appointed by the Attorney General. Public sector members encompass a range of interests and expertise, including organized labor, employee health benefits, consumers, small business, actuarial science, and health economics.

The purpose of the Authority is to administer the Commonwealth health insurance connector, as set forth in the Health Care Reform Act of 2006, the main purpose of which is to facilitate the availability, choice and adoption of private health insurance plans to eligible individuals and small groups as described in c. 176Q.

To meet this responsibility, the Connector administers a publicly-subsidized health insurance program, called **Commonwealth Care**, for individuals without access to employer-sponsored health insurance and with family income at or below 300% of the federal poverty level (FPL). In addition to the administration of government-subsidized health benefit plans for eligible low-income residents, the Connector must also facilitate the development and offering of affordable commercial health insurance products (without public subsidy) to individuals and small groups, called **Commonwealth Choice**. Eligible small groups include any sole proprietorship, labor union, educational, professional, civic, trade, church, not-for-profit or social organizations or firms, corporations, partnerships or associations actively engaged in business that on at least 50 percent of its working days during the preceding year employed at least one but not more than 50 employees.

In tandem with this Request for Responses (RFR), the Connector is issuing a separate RFR to health insurance carriers in order to solicit proposals for health benefit plans to be sold through the Connector. The health carriers RFR will ask insurers to submit up to four levels of product designs: Premier, Value, Minimum Creditable Coverage, and Young Adults Plan. With the exception of the Young Adults Plan -- which may only be offered by insurers that covered at least 5,000 lives in the small and non-group markets -- insurance carriers will be required to submit health benefit plans in all three product levels in order to be offered for sale through the Connector.

"Premier" plans will feature limited cost-sharing (e.g., $10 office visit co-payment and limited cost-sharing for most other services) and serve as the benchmark to which the "Value" plans and "Minimum Creditable Coverage" plans will be measured. Assuming a relative value of 100% for Premier plans, the Value plans may have a relative value ranging from 72.5% to 87.5% of the Premier plans, and Minimum Creditable Coverage plans may have a relative value of 58% to 62% of the Premier plans. Carriers will be required to submit two plan designs under the Premier level, three plan designs under the Value level, and two plan designs under the Minimum Creditable Coverage level. The Connector will then select a range of plans from a limited number of carriers submitting proposals that offer a broad choice of products in each of these levels.

The Young Adults Plan will be limited to individuals between the ages of 19 to 26, inclusive, that do not have access to employer-sponsored insurance. These benefits plans may only be offered by insurers meeting the 5,000 lives criteria noted above. In addition, the Connector will be the only entity through which individuals will be allowed to purchase a Young Adults Plan.

The Connector will begin offering coverage to eligible individuals and employers beginning May 1, 2007, with an effective date of coverage beginning July 1, 2007. To make this coverage available, the Connector is seeking the services of an intermediary, also referred to in c. 58 as a Sub-Connector, to provide a range of administrative functions typically handled internally or outsourced by health insurance carriers operating in the individual and small group markets. The Connector is issuing this RFR to solicit proposals from qualified administrative vendors, with responses to be submitted to the Connector no later than Monday, January 8, 2007 at 4:00 PM. The Connector will review the submissions and determine which administrative vendor meets the criteria to be awarded the contract to administer the coverage offered to individuals and small groups through the Connector.

SECTION II – OVERVIEW OF THE RFR

A. PURPOSE/OBJECTIVES OF THE RFR

The Connector is responsible for facilitating the development and marketing of a choice of quality, affordable health insurance products to eligible individuals and groups. The purpose of this RFR is to solicit a qualified administrative vendor that will be responsible for handling a range of administrative functions to enable individuals and groups to purchase health benefit plans offered through the Connector. The Connector envisions that the selected Sub-Connector will need to administer coverage for several distinct populations, as follows:

1) Individuals with no direct employer connection for purposes of insurance purchasing;
2) Individuals working for one or more employer in which their employer(s) does not offer to contribute on their behalf 50% or more toward the cost of a single group health benefit plan but designates the Connector as its employer-group health benefit plan and shelters worker premium contributions through a Section 125 plan; and
3) Individuals working for a small employer that sponsors and contributes toward their health benefits at least 50% of the cost of individual coverage toward a "benchmark" plan in the Connector, that designates the Connector as its employer-group health benefit plan and that shelters worker premium contributions through a Section 125 plan.

Individuals in groups one and two will be allowed to select from the full range of product offerings made available through the Connector. However, employees of small employers in which the employer contributes at least 50 percent of the monthly premium will be restricted in their selection to one level of benefits (i.e., Premier, Value or Minimum Creditable Coverage). In addition, the Young Adults Plan may only be purchased by individuals without access to employer-sponsored insurance.

The Connector will offer fully insured health insurance products from commercial health insurers licensed to do business in the Commonwealth. The Connector envisions offering four distinct types of health insurance products from a limited number of health insurance carriers: (1) "Premier" plans that feature limited cost-sharing by enrollees and are commonly available to, and routinely purchased by, small employers; (2) "Value" plans that have higher point-of-service cost-sharing but are also routinely available to, and purchased by, small employers; (3) more limited health benefit plans that meet the Connector Board's definition of Minimum Creditable Coverage; and (4) Young Adults Plans, available only as individual, non-group coverage and sold exclusively through the Connector, to be offered to individuals ages 19 to 26, inclusive, that do not have access to employer-sponsored insurance.

The Connector will serve as the distribution channel for those health insurance products that the Board of the Connector determines to offer the most appropriate and complete package of health benefit plans to be made available to individuals and groups. The selected products will be made

available to all individuals and groups that meet the eligibility rules set forth in c. 58, as further defined by the Connector.

B. TERM OF THE ENGAGEMENT

The initial term of this engagement shall be for three years and shall commence on the date of contract execution and shall end July 1, 2010. The Connector may seek to extend this engagement for up to two consecutive one-year periods, subject to successful performance by and negotiation with the Sub-Connector.

SECTION III – PROGRAM REQUIREMENTS

It is anticipated that there are certain basic activities that the Sub-Connector will need to perform in order to assist the Connector with the implementation and operation of the commercial insurance program, Commonwealth Choice. These activities are briefly described below.

A. PRE- AND POST-ENROLLMENT CUSTOMER SERVICE

The Sub-Connector will provide customer service to individuals, employers, employees, and brokers prior to enrollment into the Connector. Such customer service will entail distributing enrollment and health plan informational materials, responding to inquiries, establishing a web portal to allow for on-line enrollment by individuals, and generating quote proposals for individuals, employers and brokers that detail the cost of the available health plans offered through the Connector. The Sub-Connector will also provide customer service to enrolled individuals, employers, employees and brokers regarding eligibility, enrollment and billing issues.

B. ELIGIBILITY AND ENROLLMENT

The Sub-Connector will distribute and collect, through a range of mediums, individual, employer, and employee enrollment forms; verify that enrollment forms are complete and correct; verify individual, employer, and employee eligibility; process applications; and transmit appropriate eligibility and enrollment information to participating health plans.

C. PREMIUM BILLING, COLLECTION, AND REMITTANCE TO CARRIERS

The Sub-Connector will bill accurately both individuals and employers for premium contributions due for enrollees; collect and reconcile premium amounts due; and remit appropriate amounts to participating health plans; and, if applicable, distribute commissions to brokers. For employees working for multiple employers and designating payroll deductions from more than one employer, the Sub-Connector may be responsible for accurately billing and collecting from each employer the appropriate premium contributions.

D. SECTION 125 PROGRAM SUPPORT

The Sub-Connector may be required to facilitate the establishment and maintenance of Section 125 plans by participating employers for premium only plans.

E. NOTIFICATIONS

The Sub-Connector will submit all necessary notifications to the participating health plans regarding the enrollment and premium payment status of participating subscribers. The Sub-Connector will also be responsible for providing notifications of enrollment and premium payment status -- including delinquency notices and cancellation of coverage due to non-payment of premiums -- to individuals, employers, employees, and brokers.

F. REPORTING REQUIREMENTS

The Sub-Connector will create and distribute reports on the activity and status of individuals enrolled through the Connector. These reports will be generated on behalf of, and provided to, the Connector and participating health plans and brokers.

G. RELATIONSHIP WITH BROKERS

The Sub-Connector will be expected to work closely with brokers in Massachusetts to facilitate the distribution and sale of coverage through the Connector to eligible employers. As such, the Sub-Connector will be responsible for distributing necessary sales and enrollment materials, including quote proposals, to brokers, and to provide the necessary support and tools to enhance the ability of brokers to enroll small firms and their workers into the Connector's health benefit plans. The Sub-Connector may also be responsible for establishing a certification process for brokers to market Connector product offerings.

SECTION IV – QUESTIONNAIRE

A. GENERAL

A.1 Provide the following for the individual to be contacted regarding this response:

   a.   Name.

   b.   Organizational title.

   c.   Organizational affiliation.

   d.   Address (street, city, state, and zip code).

   e.   Voice contact numbers and fax number.

   f.   E-mail address(es).

A.2 Provide the following for the organization responding to this RFR or if the organization is a subsidiary or affiliate of a parent organization, please provide the following information for both entities. If your organization plans to sub-contract any of the responsibilities associated with this RFR, provide the following information for each subcontractor.

   a.   Legal name.

   b.   Legal address (street, city, state, and zip code) and the location of any branches, offices, etc., including the number of employees located at each location.

   c.   General voice contact number and fax number.

   d.   Organizational structure (corporation, S-corporation, LLC, etc.).

   e.   The year the organization was founded if not incorporated, or if incorporated, the date and state of incorporation. Also indicate willingness, upon request, to present evidence of incorporation, including Articles of Incorporation, By-Laws and other relevant documents.

   f.   If the organization is incorporated, provide its tax-exempt status, if any, and indicate willingness, upon request, to provide documentation of such tax-exempt status.

   g.   Briefly describe the organization's products or services and/or different lines of business and the length of time the organization has provided these products or services.

   h.   List the majority owners of the organization indicating the percentage ownership by each party or entity. If the organization is wholly owned by another organization, list the legal name and legal address of the parent organization.

   i.   If more than one organization is responding to the RFR, describe the existing or proposed relationship between the organizations (e.g., joint venture partners, prime-subcontractor, etc.). Also, describe the roles and responsibilities of each organization in the development and operation of the Sub-Connector. In addition, indicate willingness, upon request, to provide a copy of the contract or agreement from which

such a relationship exists or will exist to ensure that the arrangement will result in the performance of agreed-upon duties.

A.3.   Indicate whether the organization(s) listed in Section A.2 is involved in a proposed merger, reorganization, or change in ownership. If such a merger, reorganization, or change in ownership is occurring, discuss any affect, both positive and negative, that this may have on the organization's ability to develop and operate the Sub-Connector.

A.4   Indicate any potential conflicts of interest that might arise for the organization or its parent, subsidiary, etc. listed in Section A.2 regarding the development and operation of the Sub-Connector. Include any possible conflicts of interest concerning the organization(s) officers and board members.

A.5   Discuss any past or pending litigation related to the duties, responsibilities, and role foreseen for the organization(s) listed in Section A.2.

A.6   Please provide details of any governmental investigation pending or concluded against the organization(s) listed in Section A.2, or any ongoing or open audit or investigation by any regulatory authority or agency.

A.7   Please indicate whether health benefits are provided to full-time employees, the types of products offered, and the percentage contribution paid by employees.

B. HISTORY SERVICING BUSINESSES AND INDIVIDUALS

B.1   If the organization(s) listed in Section A.2 has been or is involved in developing, managing, and/or administering one or more benefit programs, provide the following information (if appropriate, differentiate between the organizations listed in Section A.2). If your organization has played a role in the development, management, and/or administration of two or more benefit programs, describe the program that would most closely approximate the Connector in terms of the population served (e.g., individuals, small employers, large employers), the employee benefits provided, and/or the role your organization(s) have played in its development, management, and/or administration. If your organization has been associated with a benefit program that has separately served individuals, small employers, and/or large employers, describe each.

  a.   The benefits offered under the benefit program (e.g., health insurance, dental insurance).

  b.   The population that is or was eligible to receive the benefits (e.g., individuals, the employees of public employers, the employees of commercial employers)

  c.   If employers are or were eligible to participate in the benefits program, the limitation, if any, on the minimum and/or maximum number of employees the employer had to employ to participate in the program. Indicate the average number of employees participating firms have/had and the number of employees the smallest and largest firms have/had.

  d.   If not available statewide in Massachusetts, the counties (or metropolitan areas) in Massachusetts where the benefit program is or was made available. If the program is or was made available outside Massachusetts, list the states/counties where it is or was made available.

e.   The year in which the benefit program was first offered or, if it is no longer in operation, the years in which it was offered.

f.   The name of the company(ies) that provides or provided the benefits and whether that company(ies) is or was licensed to operate in Massachusetts, and if so, under what license. If the program provided self-funded benefits, provide this information for any company(ies) that administered and/or provided stop-loss coverage for the benefits provided. If the benefit program has been or was in operation more than one year, list the company(ies) that provides or provided the benefit in the most recent year of the program.

g.   Enrollment statistics on a yearly basis.

h.   If the benefits program serves or served employers, describe what degree of choice these employers' employees had to choose among the benefits offered. For example, whether employees are or were free to choose among all benefits offered, or whether employee choices are or were limited to a subset of carriers and/or product offerings as chosen by the employer

B.2   Discuss other lines of insurance coverage (e.g., dental, life, LTD, workers' compensation) or services that your organization administers on behalf of employers.

B.3   In one page or less, based on your organization's prior experience, summarize why your organization would be best suited to assist the Connector staff in completing the development and pre-operational activities that would be necessary for the Connector to begin offering coverage on May 1, 2007. In particular, describe the key activities or milestones that your organization believes must be completed or met to make the Connector a success. Your organization may attach a timeline of key activities and milestones if so desired.

C. ADMINISTRATIVE CAPACITY AND SYSTEMS

C.1   If the organization(s) listed in Section A.2 has been or is involved in developing, managing, and/or administering one or more benefit programs, provide the following information (if appropriate, differentiate between the organizations listed in Section A.2). If your organization has played a role in the development, management, and/or administration of two or more benefit programs, describe the program that would most closely approximate the Connector in terms of the population served, the employee benefits provided, and/or the role your organization(s) has played in its development, management, and/or administration.

Conducting Pre-Enrollment and Renewal

a.   Describe your organization's experience and/or ability to develop and distribute rate quotes/proposals for a) individuals, b) small employers (less than 51 employees), and c) large employers (51 or more employees). In particular, describe the manner in which your organization or an employer or broker can develop and distribute rate quotes (e.g., developed and faxed/mailed/e-mailed internally by your staff; your staff or a broker using PC-based quoting software; your staff, a broker, an individual, or an employer using an internet site).

b. Describe the capabilities of your quoting systems described above in terms of its/their ability to a) illustrate multiple health plans and benefits plans, b) highlight the lowest cost health plan/benefit plan, c) reflect the employer contribution, if any, in the health plan/benefit plan premiums payable by the employee, and d) provide premiums on a composite (tier only) or list-bill (age and tier) basis.

c. Discuss whether your quoting system can calculate and display the net premium (taking into account the savings available through a Section 125 plan) for employees with no employer contribution.

d. Describe the process your organization employs to distribute and collect enrollment materials to prospective individuals and employer groups. Also, describe the medium through which such materials are made available.

e. Describe the process your organization uses or would use to verify that enrolling employer groups are bona fide. Also, describe the re-qualification process your organization uses or would use to ensure that individuals, employees, dependents, and employer groups continue to meet program eligibility rules during the year and at re-enrollment.

Conducting Initial and On-Going Enrollment and Data Entry with Individual Choice of Health Plan

f. Describe the formats in which your organization can receive completed enrollment forms from brokers, individuals, small and large employers, and employees (e.g. mail, email, internet, IVR).

g. Describe the individual and employer group enrollment process your organization uses or would use for new applications, change forms, or open enrollment applications in terms of verifying eligibility; resolving unclean applications; entering and verifying data entry for clean applications; notifying individuals, employers, employees, and insurers/carriers of enrollment determinations; etc.

h. Briefly describe your experience in administering enrollment in an environment in which employees can choose to enroll in one of several different fully insured health plans (not simply multiple plan offerings made available through one insurance company; for example, an indemnity, PPO, and HMO offering by one carrier).

Billing, Collecting, and Reconciling Premium at the Employee/Individual Level, as Well as Employer Group Level

i. Describe the procedures and normal billing cycle your organization uses or would use for current and past-due premiums for individuals. In particular, discuss your organization's direct experience billing individuals for health coverage. Also, describe any issues or challenges your organization has experienced with billing this population—or how your organization overcame such challenges.

j. Describe the procedures and normal billing cycle your organization uses or would use for current and past-due premiums for employees of non-contributing employers and contributing employer groups.

k.   Describe your organization's experience with and ability to include multiple health plans and benefits plans, and their corresponding premium rates, on a single employer group bill.

l.   Discuss your organization's experience with and ability to bill multiple employers or other sources for the same individual (for example, for an employee who works part-time for two or more employers and is having premium contributions withheld from each). Describe any issues your organization foresees (with corresponding solutions) or program rules your organization thinks necessary with respect to billing multiple employers for a single enrollee.

m.   Describe your organization's experience with, and process for, paying broker commissions.

n.   Describe your organization's experience and ability to accept and disburse funds via electronic funds transfer (EFT) with individuals and employer groups. In addition, describe the payment formats your organization employs to remit premium to health plans.

Supporting or Administering Section 125 Plans

o.   Describe what experience your organization has with assisting employers establish or operate a Section 125 plan.

p.   Describe what services your organization provides to assist employers establish and maintain a Section 125 plan for their workers. In particular, describe any resources or relationships your organization has with other vendors to assist employers with this endeavor.

q.   Discuss what difficulties, if any, your organization foresees in helping employers establish or expand eligibility for Section 125 plans where they do not contribute towards their workers' health coverage.

Providing Customer Service

r.   Describe the media (e.g., customer service representative, voice mail/IVR, email, traditional mail, internet web site) through which your organization can receive customer service inquiries from 1) individuals, 2) small employers, 3) large employers, 4) health plans, and 5) brokers.

s.   Describe your organization's web-based capabilities, and whether your web site allows individuals/employer groups/brokers to enter enrollment information and generate premium quotes on line.

t.   Describe your organization's philosophy regarding the provision of customer service to the groups listed above. In particular, discuss your organization's goals regarding the 1) type and number of customer service inquiries from the parties above, and 2) the media though which they are received that your organization would like customer service staff to resolve.

u.   Describe the resources—i.e., hard-copy materials, customer relationship management or knowledge management software, etc.—that your organization would make available to your organization's customer service staff to explain the relevant details

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of the Connector offerings. Also, discuss how these materials are updated and how changes to the Connector offerings would be communicated to your customer service staff.

v.   Indicate the days and hours your organization's customer service staff would be available to receive and respond to customer service inquiries and the languages which your organization can support. In addition, discuss your ability to handle large increases in call volume (e.g., overflow capabilities) and emergency back-up capacity.

Providing Program and System Reports

w.   Discuss which of the following reports your organization currently generates for any of your current lines of business. In addition, indicate which of these reports could be generated by remote access either through a direct connection to your organization's administrative system or internet connection. Also, if your organization does not generate a report, indicate whether you have the capability and/or capacity to do so.

1.   Quote proposal development and resolution;

2.   Enrollment and disenrollment activity;

3.   Enrollment counts and statistics by health plan, geographic area, firm size, etc.;

4.   Enrollment reconciliation;

5.   Open enrollment health plan/benefit plan migration;

6.   Premium billing and collection activity;

7.   Financial reconciliation;

8.   Internet web site activity;

9.   Telephone response activity; and

10. Customer service activity.

Description of Information Systems and Software that Can Accommodate Individual Choice of Health Plan

x.   Discuss what challenges, if any, your organization believes are associated with administering a program where the employees of an employer group (both small and large employers) may choose to enroll in more than one health plan/insurer, each potentially offering multiple benefit plans in which the employee can enroll. Indicate what changes, if any, administering such a construct might require of your organization's information system and your ability to implement prior to May 1, 2007.

y.   Describe the information system your organization would use to interface with the Connector. In particular, describe the following:

1.   The machine on which the system runs (e.g., mainframe, PC);

2.   The software it uses and whether it is proprietary;

3.   The purpose for which such software was written (e.g., claims processing);

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4. What role, if any, the vendor plays in maintaining and updating the software if not proprietary;

5. The year it was installed or last underwent a major overhaul; and

6. The basic record or kernel on which your administrative system is based, and from which all administrative activities and reports are therein derived (e.g., a single individual, the employer group, the employee of an employer).

z. Describe the various administrative tasks your organization's information system performs such as enrollment and eligibility maintenance, billing, customer service, quote development, broker management, etc. In particular, discuss 1) whether a common database is utilized by each component or subset of your administrative system, and 2) whether the various components of your administrative system have the ability to pull data from one source to another (e.g., from the quoting system to the enrollment system for newly enrolling groups or from the enrollment system to the quoting system for the generation of renewal quotes).

aa. Describe your organization's information system's security, backup and disaster recovery procedures for protecting eligibility files and other confidential information. In particular, discuss the safeguards and firewalls your organization has established if individuals, brokers, employers, and/or employees can access data contained in your organization's information system via the internet or direct connection to your system. Also, discuss your organization's procedures for archiving enrollment and other relevant material and indicate the maximum number of years your organization has retained eligibility files for a program you have administered.

bb. Describe the ability of your organization's system to integrate with a large employer's payroll or human resource system to collect up-to-date enrollment data on employees ineligible for large employer coverage. If such integration is not possible, describe your organization's experience and the formats in which your organization can receive eligibility data feeds from large employers.

cc. Describe your organization's ability to expand administrative systems to meet the increased demand from serving thousands of new employer groups and tens of thousands of individuals.

Description of Data Maintenance and Data Transfer with Health Plans and the Connector

dd. Describe your organization's ability to import and export electronic eligibility and enrollment data, particularly the formats in which your organization can send and receive electronic eligibility data. What percentage of your current business is done electronically? Also, discuss any limitations of your information system regarding the order of data fields, field data types (such as alpha-numeric), and field coding.

ee. Describe whether your organization is currently importing or exporting electronic eligibility data, and if your organization is, 1) provide the names or types of organizations (health plans, employers, brokers, state agencies, etc.) with which your organization is sharing data, 2) indicate whether your organization is receiving or sending (or both) data to that organization(s), and 3) indicate the type of data and number of records your organization is sharing. Discuss any known limitations that

Massachusetts health plans have with uploading or incorporating eligibility data from your systems.

ff.   Describe the processes your organization employs or would employ to reconcile your organization's enrollment records with those of another party (health plan, employer, state agency, etc.). Specifically, discuss the frequency with which your organization would reconcile records, whether your organization actively verifies the accuracy of third-party records, and what procedures your organization would follow if a discrepancy were determined.

<u>Description of Administrative/Outreach Tools, Particularly Those Tailored to a Health Plan Choice Venue</u>

gg.   Discuss whether your organization has developed or maintained a dedicated website or permits direct system access to administer and/or market the insurance products sold through a program that your organization administers. If so, indicate whether the following below can occur through this website. Also, discuss whether information received through your organization's web site is electronically downloaded into your organization's information system or whether it has to be entered manually, and what firewalls or other data security measures exist if it is electronically downloaded.

1.   Individuals and/or employees can review the coverage options available to them and can choose their source of coverage based upon premium and other health plan related factors (e.g., provider directory, quality ratings).

2.   Individuals and/or employees can make changes to their enrollment data and can check on their coverage and premium payment status.

3.   Employers can make changes to their worker's enrollment data and can check on workers' coverage and premium payment status.

4.   Brokers can make changes to workers' enrollment data and can check on workers' coverage and premium payment status for the cases where they are the broker of record.

5.   Brokers can generate quote proposals for prospective employer groups as well as print out any enrollment or related forms.

6.   Brokers can manage their accounts with the Connector and can verify the status of groups they have sold and the commission due them.

hh.   Discuss what issues your organization foresees if your premium billing, collection, and disbursement system must accommodate the existence of a public subsidy in the following ways:

1.   Adjusting an employer group's bill to reflect the existence of subsidies for individual workers.

2.   Accepting tracking, and properly applying payments from the subsidy payer (e.g. State agency); and

3.   Disbursing subsidy payments to the appropriate health plan if collected from the payer in advance.

D. EMPLOYER, INDIVIDUAL, AND BROKER OUTREACH AND COMMUNICATION ACTIVITIES

D.1 Describe your organization's general experience working with brokers who serve individuals and small employers in terms of 1) how your organization supports them, and 2) the methods your organization has employed to recruit brokers. Discuss which methods you feel were most successful and why. Also discuss what role, if any, you perceive for brokers to serve large employers with large numbers of workers ineligible for employer coverage.

D.2 Describe the number of or list the brokers and/or brokerage firms located in Massachusetts with which your organization has contact or currently works. In addition, discuss whether your organization maintains a contact database of Massachusetts brokers.

D.3 Describe the assistance your organization provides brokers in identifying and contacting prospective individual or small employers. In particular, discuss whether your organization engages or has engaged in lead generation activities (e.g. direct mail, telemarketing, etc.) and how leads are qualified and disbursed.

D.4 Describe the types of training and/or educational programs/seminars your organization typically conducts for brokers regarding individual and small employers' coverage.

D.5 Describe your organization's experience and capabilities in developing marketing materials for the purchase of health insurance products by individuals and small employers and the sale of health insurance products by the broker community.

D.6 Describe your organization's experience and capabilities in developing an overall marketing, advertising, and public relations campaign strategy, particularly regarding health insurance and/or products and services for the individual and small employer community. Specifically, discuss your experience regarding the following:

   a. Developing and conducting a cost-effective direct mail and/or telemarketing campaign to generate awareness and/or qualified leads;

   b. Developing, maintaining, and updating an internet site to market health insurance products;

D.7 Discuss which of the following reports your organization currently generates (to some degree) for any of your current lines of business. In addition, indicate which of these reports could be generated by remote access either through a direct connection to your organization's administrative system or internet connection. Also, if your organization does not generate a report, indicate whether you have the capability and/or capacity to do so.

   a. Lead generation activity and resolution;

   b. Broker selling activity;

   c. Broker credentialing/training activity;

   d. Broker commission/bonus payment activity;

   e. Telemarketing/direct mail activity; and

   f. General marketing activity.

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E. STAFFING FOR ADMINISTRATIVE AND OUTREACH ACTIVITIES

E.1   Provide resumes for staff fulfilling the key positions listed below that detail relevant educational and work experience and indicate whether they are permanent or temporary/contract employees. If more than one organization is listed in Section A.2, indicate with which organization such staff are attached. If an individual fulfills more than one of the key positions listed below, indicate those positions and provide a resume that indicates the individual's qualifications to perform each position. For the key positions below, indicate if your organization does not have staff to fill that position.

    a.   Contract/project manager.

    b.   Administrative operations manager/lead.

    c.   Information systems manager/lead.

    d.   Chief financial officer/controller.

    e.   Broker relations manager/lead.

E.2   If your organization does not have staff to fill all the positions listed in Section E.1, indicate whether you plan to hire staff to fill those positions and, if so, describe the specific duties, experience, and background that you will require for the position. Also, provide a recruitment plan that indicates when and how you plan to recruit such personnel.

E.3   Based on other current assignments, provide the maximum percentage of time on an FTE basis the key personnel listed in E.1 and possibly E.2 above would be able devote to the development, implementation, and operation of the Connector during a) the first half of 2007, and b) the second half of 2007.

E.4   Provide the number of FTEs (can be dedicated or cross-team FTEs but differentiate between the two) available across your organization (or all organizations listed in Section A.2) and the physical location of each for the key areas listed below.

    a.   Quote/proposal development.

    b.   Eligibility determination/enrollment processing (this may include underwriting staff).

    c.   Billing and premium collection.

    d.   Auditing and financial reconciliation.

    e.   Customer service.

    f.   Information systems development and support.

    g.   Broker training and support.

E.5   Provide statistics for calendar year 2005 and annualized for 2006 for the amount of administrative services your organization(s) has provided. If possible, break these statistics down for services provided to individuals, small employers and large employers (51 or more employees).

    a.   Total number of groups, individuals/employees, and covered lives for which enrollment services were provided. If possible, provide these figures for the month with the greatest enrollment as well and indicate which month that is.

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b.   Number of employer and individual/employee applications processed.

c.   Number of individuals/groups for which bills were generated and premium collected.

d.   Total amount of premiums collected.

e.   Total number of customer service inquiries received and inquiries by type of medium (e.g., phone, internet, email) if possible.

E.6   Provide your organization's staffing benchmarks, if any, for the various activities conducted by your organization(s) (e.g., the number of administrative FTEs per enrolled employees or members). Also, describe your organization's merit/bonus systems, if any, for the key staff listed in E.1 and the staff listed in E.4.

F. FINANCIAL RESOURCES AND CONTROLS

F.1   Provide a copy of your most recent audited financial statements for the organizations listed in Section A.2. Also, provide unaudited financial statements for the current fiscal year. In addition, indicate if you intend to change auditing firms for the current fiscal year.

F.2   Provide the types of insurance coverage (e.g., general liability, errors and omission coverage, fidelity bond, surety bond) held by the organizations listed in Section A.2 and indicate the key terms of those policies.

F.3   Indicate whether your organization (those listed in Section A.2) has access to other funding sources that can be drawn upon to operate the Connector. These sources could include a line of credit, a performance bond, and/or an irrevocable letter of credit. For each, list the total amount available; the amount, if any, drawn upon or drawn down; and the payment terms for any amounts drawn upon or drawn down.

F.3   Describe the financial controls your organization (those listed in Section A.2) has in place to track and account for all funds (e.g., individual, employer and employee contributions) received and disbursed. Be sure to describe the financial reports your organization (those listed in Section A.2) develops on a daily, weekly, monthly, quarterly, and yearly basis to track all funds received and disbursed. Also discuss to whom your organization provides such reports and whether they can be accessed electronically through direct access to your information system, via the internet, etc.

G.   WORK PLAN

G.1   Prepare a detailed work plan and timeline, assuming February 8, 2007 selection of a vendor and May 1, 2007 start of open enrollment. The proposed work plan should reflect the program requirements outlined in Section III of this RFR, and must include a detailed timeline for the first six months of the engagement, with milestones and key dates clearly identified, along with the names of the individuals responsible for the completion of major tasks.

SECTION V – FEE SCHEDULE

The Connector intends to reimburse the selected Sub-Connector on a per-subscriber-per-month basis for the administrative services listed in Table 1. Please note that a subscriber will include any enrolled individuals or employees of contributing or non-contributing employers. To facilitate the comparison of bids, indicate in Table 1 which, if any, <u>services</u> that your organization <u>will not provide</u> for the amount you bid.

In developing your organization's bid, please consider the following:
• do not include any up-front set-up or other program developmental costs—these expenses, if any, will be assumed to be capitalized through the length of the contract and included in the monthly per subscriber per month rate;
• do not submit a bid reflecting a one-time or monthly per group fee;
• incorporate all overhead costs including staff and office space in the bid; and
• clarify any aspects of your organization's bid or the services that your organization will provide for this bid that you think necessary.

BID: $_____ per subscriber per month

Note that if enrollment volume will affect your bid, please illustrate how your bid would be altered as program enrollment reaches the levels below.

BID: $_____ per subscriber per month from 0 to 10,000 subscribers
BID: $_____ per subscriber per month from 10,001 to 25,000 subscribers
BID: $_____ per subscriber per month from 25,001 to 50,000 subscribers
BID: $_____ per subscriber per month above 50,000 subscribers

Table 1: Core Services Not Provided

Service	Services Not Performed (mark with an X)
Broker Sales Support	
• Distribute enrollment and other materials to brokers	
• Credential and re-certify brokers	
• Educate brokers on the Connector products and assist in initial sales	
• Develop in conjunction with the Connector, print, and store broker solicitations, communications, and training materials	
Pre-Enrollment Material Distribution	
• Handle telephone, fax, email, or written inquiries for materials from individuals, employers, employees, and brokers	
• Distribute informational and enrollment materials to interested individuals, employers, employees and brokers (fulfillment function)	
Rate Proposal Development for Individuals, Employers, and Employees	
• Provide rate quotes via paper/fax	
• Provide rate quotes via computer-based software	
• Provide rate quotes via internet	
Physical Enrollment	
• Establish and maintain lock box for receipt of enrollment forms	
• Determine individual/employer/employee program eligibility	
• Process initial enrollment information and on-going adds, terminations, etc.	
• Process open enrollment changes	
• Establish and maintain electronic interface with each health plan and transmit eligibility data on a predetermined basis	
Eligibility Audits	
• Send a data feed to health plans for them to audit eligibility information on a regular basis (___ monthly, ___ quarterly, ___ yearly) (check all that apply)	
• Receive data feeds from health plans to audit eligibility information on a regular basis (___ monthly, ___ quarterly, ___ yearly) (check all that apply)	
Open Enrollment	

Service	Services Not Performed (mark with an X)
• Re-qualify individuals, employers and employees for continued eligibility in the program	
• Develop in conjunction with the Connector, open enrollment announcement letters, personalized enrollment statements, etc.	
• Distribute materials and correspondence to ___ enrollees, ___ employers, and ____ brokers (check all that apply)	
Premium Collection and Billing	
• Establish and maintain banking services	
• Bill individuals and employers for premium due	
• Collect and pay health plan premiums, commission, fees, etc.	
• Reconcile health plan premiums received and paid	
Customer Service	
• Handle inquiries from and resolve problems for (check all that apply):	
• Individuals	
• Employers	
• Employees	
• Brokers	
• Health plans	
Regulatory Compliance	
• File 1099s for brokers	
• File form 5500s if required	
• Provide certificates of credible coverage per HIPAA	
Continuation	
• Notify employees, process enrollment, and bill employer ___ or former employee ___ (check one) for COBRA or state continuation coverage	
Report Generation	
• Material distribution/rate proposal activity reports	
• Group and employee enrollment activity reports	
• Open enrollment (plan migration) activity reports	
• Disenrollment activity reports	
• Broker activity reports	
• Premium billing and collection reports	
• Premium and broker commission payment reports	
• Financial reconciliation reports	

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Service	Services Not Performed (mark with an X)
• Eligibility reconciliation reports	
• Sub-Connector/health plan performance reports	
• Ad hoc custom reports	
Internet Applications	
Internet enrollment for _____individuals, _____employers, _____employees, _____brokers (check all that apply)	
• Verification of coverage and payment status for _____individuals, _____employers, _____employees, _____brokers (check all that apply)	
• Broker management of written cases	
• General Connector website	

SECTION VI – ADMINISTRATIVE AND OUTREACH/COMMUNICATION PERFORMANCE STANDARDS

Table 2 lists a number of performance standards that your organization may have established for monitoring and improving your administrative services. We ask that you complete the table for those areas where your organization has established a standard. In particular, for each performance measure, we ask that you indicate your organization's standard (column 2) and that you also indicate how well your organization meets this standard (column 3). For example, your organization may have established a standard that 75 percent of completed applications will be processed within 2 days, 90 percent within 3 days, and 100 percent within 5 days. This information should be entered in column two. In addition, not only is your organization meeting this standard, but also your organization is exceeding it by processing 95 percent of applications within 2 days. This information should be entered in column three.

You will note that we have indicated what we consider to be the most common way to measure a performance standard. Please indicate if your organization has developed an alternative method of measuring a standard. Also, please indicate in column 2 if your organization currently cannot or does not measure a standard.

In addition to completing this table, describe any other standards that your organization has developed and the processes your organization uses to monitor them.

Table 2. Administrative Performance Standards

(1) Measure	(2) Standard	(3) Performance	(4) Clarification
Enrollment			
Complete application turnaround (not received through internet)	Percentage within X working days		From time of receipt of application containing complete information to completion of underwriting and processing
Complete application turnaround (received through internet)	Percentage within X working days		From time of receipt of application containing complete information to completion of underwriting and processing
Incomplete application turnaround (not received through internet)	Percentage within X working days		From time of receipt of application containing incomplete information to completion of underwriting and processing

(1) Measure	(2) Standard	(3) Performance	(4) Clarification
Incomplete application turnaround (received through internet)	Percentage within X working days		From time of receipt of application containing incomplete information to completion of underwriting and processing
Notification of ineligible employer group	Percentage within X working days		From time of receipt of complete application to contact of employer or broker
Notification of ineligible individual or employee	Percentage within X working days		From time of receipt of complete application to contact of individual, employer, or broker
Employer group re-qualification	Percentage within X working days		
Rate Proposal Development			
Development of rate proposals via paper/fax	Percentage within X working days		From time of receipt of complete information to e-mail or fax to individual, employer, or broker
Development of rate proposals via internet	Percentage within X working days		From time of receipt of complete information confirmation to individual, employer, or broker
Customer Service			
Telephone abandonment rate	Less than X percent		Percentage of calls abandoned by caller received during normal business hours
Average wait time	Seconds/minutes		Average time before call is answered
Average telephone hold time	Seconds/minutes		Average time call is on hold while waiting to speak to customer service representative
Percent of phone calls first answered by customer service representative	> than percentage		Percent of calls answered by customer service representative rather than routed to supervisor or requiring follow-up call

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Material Distribution			
Broker information request	Percentage within X working days		From time of receipt of request to time delivered to broker's offices
Employer information request	Percentage within X working days		From time of receipt of request to time mailed or faxed to employer
Individual/Employee information request	Percentage within X working days		From time of receipt of request to time mailed or faxed to individual/employee
Accuracy			
Accuracy of processing enrollment forms (paper/email/fax/internet)	> than percentage		All applications received and processed either via paper/email/fax/internet
Accuracy of bills to employers	> than percentage		
Accuracy of payment to health plans	> than percentage		
Accuracy of enrollment data to health plans	> than percentage		
Accuracy of payment to brokers	> than percentage		
Broker Relations			
Commission payments to brokers	Percentage paid within X days of date commission checks due		For all employer groups not pended (either from inadequate or no premium payment)
Response to broker inquiries	Percentage of broker inquiries responded to within X days		From time broker calls/faxes/emails request to time request responded to
Reporting			
Monthly progress, oversight, and performance standard reports	Within X days following close of reporting period		
Ad hoc/custom reports (not available through electronic connection)	Percentage within X working days		From time request is made for ad hoc/custom report to time report is mailed/faxed/emailed
Data Maintenance and Transfer			

Transfer of all routine eligibility data	Within X working days		From day and time data is contractually required to be transmitted to health plans
Transfer of ad hoc eligibility data	Within X working days		From day and time health plans are notified of existence of ad hoc data

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SECTION VII – REQUIRED ELEMENTS OF THE PROPOSAL, TIMELINE AND PROCESS FOR SELECTION

All proposals should include a transmittal letter that contains a brief summary or executive overview of the respondent's proposal and should be signed by an individual authorized to bind the firm contractually and should confirm that the respondent has not colluded with anyone in the preparation of their response. The letter must also provide the name, title, address, and telephone and fax numbers of the respondent. The Connector will assume this individual will be available to respond to requests for additional information, if necessary.

The transmittal letter should be followed by:

> Responses to Questionnaire
> Proposed Work Plan
> Identification of Lead Team Members, with Resumes for each
> Fee Schedule
> Performance Standards
> Conflict of Interest Disclosure Form (Appendix A)

Proposals must be submitted to:

> Mr. Bob Carey
> Director of Planning and Development
> Commonwealth Health Insurance Connector Authority
> One Ashburton Place
> Room 805
> Boston, Massachusetts 02108

Two (2) unbound, unpunched originals, so identified, plus six (6) bound copies, must be received at the Connector offices by 4:00 p.m. on Monday, January 8, 2007.

A bidders conference will be held on Friday, December 15 starting at 1:30 PM at the McCormack State Office Building in Boston, One Ashburton Place, 21st Floor. Interested vendors are invited to attend, and Connector staff will be available to respond to questions regarding this RFR. In addition, vendors may also submit written questions to Bob Carey via email at robert.carey@massmail.state.ma.us or via the mailing address listed above. Questions will be accepted through Friday, December 15th at 5:00 PM All questions and answers will be posted on the Connector web site no later than Wednesday, December 20th.

Date	Activity
December 6, 2006	RFR Issued
December 15, 2006 at 1:30 PM	Q&A session with interested vendors
January 8, 2007 at 4:00 PM	Proposals due to the Connector
	Connector staff reviews proposals
January 18-19, 2007	Interviews with finalists
January 22, 2007	Request for supplemental information and "Best and Final Offer" bid proposals
February 8, 2007	Staff recommendation to Connector Board for review and approval of Sub-Connector selection
	Implementation
May 1, 2007	Open enrollment begins
July 1, 2007	Connector plans' effective date of coverage

APPENDIX A

CERTIFICATION AND CONFLICT OF INTEREST DISCLOSURE FORM

This is to certify that the undersigned has carefully read the specifications contained in the Request for Responses (RFR) issued by the Commonwealth Health Insurance Connector Authority, and that the proposal transmitted herein is in accordance with all of the information contained in the RFR.

The undersigned bidder also certifies that it has listed and identified any and all organizations or health insurance carriers -- which may subsequently respond to an RFR issued by the Connector Authority -- for whom the firm has performed work related to the contents of this RFR. The bidder should provide the Authority, as part of the bidder's response to this RFR, with as much information as possible about the nature of any potential conflicts.

Firm Name:

Name of Authorized Representative:

Signature: Date:

Fees and Other Forms of Payment from Potential Carriers

This is to certify that the undersigned agrees not to accept any payments -- either directly or indirectly -- from a potential carrier or anyone associated with the carrier that relate in any way to this engagement. In addition, the undersigned agrees to notify the Connector immediately if approached by a potential carrier or anyone associated with the carrier regarding payments to the bidder for information or work associated with this engagement that is not otherwise made available to the general public.

Signature: Date:

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Commonwealth Health Insurance Connector Authority
One Ashburton Place, Room 805
Boston, Massachusetts 02108

Request for Proposals

Advertising and Marketing Assistance

Issued: Nov. 16, 2006

Commonwealth Health Insurance Connector Authority

**Advertising and Marketing Assistance
Request for Proposal**

Table of Contents

I. Introduction and Overview

The Commonwealth Health Insurance Connector Authority (the "Connector" or the "Authority") is a body politic and corporate and a public instrumentality of The Commonwealth of Massachusetts (the "Commonwealth"). The Connector is established pursuant to Chapter 176Q of the Massachusetts General Laws (as amended from time to time, "c. 176Q" or the "Connector Governing Act"), as added by Section 101 of Chapter 58 of the Acts of 2006 ("c. 58" or the "Health Care Reform Act of 2006"). The purpose of the Authority is to administer the Commonwealth health insurance connector, as set forth in the Health Care Reform Act of 2006, the main purpose of which is to facilitate the availability, choice and adoption of private health insurance plans to eligible individuals and groups as described in c. 176Q.

In addition to the administration of government-subsidized health benefit plans for low- and moderate-income residents with annual income up to 300% FPL, the Connector must facilitate the development and offering of affordable commercial health insurance products (without public subsidy) to eligible individuals and small groups. For purposes of participation in the Connector, eligible individuals are residents of the Commonwealth who are not offered subsidized health insurance. Eligible small groups include groups, any sole proprietorship, labor union, educational, professional, civic, trade, church, not-for-profit or social organization or firms, corporations, partnerships or associations actively engaged in business. Eligible groups that employ one but not more than 50 employees must meet minimum participation and contribution requirements on at least 50 percent of their working days during the proceeding year.

Plans offered through the Connector will have an effective date of July 1, 2007, with an enrollment period expected to commence on or about May 1, 2007.

II. Purpose of Request for Proposals

The Connector is seeking advertising and marketing assistance from experienced individuals or firms for the purpose of designing and implementing a comprehensive advertising and marketing campaign aimed at reaching uninsured individuals and populations who will be impacted by Massachusetts' new health insurance mandate. The purpose of this campaign is to educate these populations on the availability of affordable health insurance offered through the Commonwealth Connector.

III. Issuing Officer

The Connector is issuing this RFP. The Issuing Officer and the individuals listed below are the sole points of contact regarding this RFP. No contact with any other Connector employee, vendor, or consultant with respect to this RFP is permitted, from the date of release of this RFP until a contract is awarded, unless otherwise directed by the Issuing Officer.

The Issuing Officer for this RFP is:

> Jon Kingsdale
> Executive Director
> Commonwealth Health Insurance Connector Authority
> One Ashburton Place, Suite 805
> Boston, MA 02108
> 617-573-1696
> Email: jon.kingsdale@state.ma.us

Applicants may also contact:

> Joan Fallon, Chief Communication Officer
> Commonwealth Health Insurance Connector Authority
> One Ashburton Place, Suite 805
> Boston, MA 02108
> 617-573-1719
> Email: joan.fallon@state.ma.us

IV.   Term of Contract

The initial term of the contract shall be for a period of nine months, commencing on or about January 1, 2007 and ending September 30, 2007. The Connector may, at its sole discretion, seek to extend the contract for a one-year period. As to the tasks listed in Section V hereof, the terms and conditions (other than the time frames) shall remain the same during any such renewal period, but any services added at the Connector's request shall be on such terms and conditions as may be negotiated between the parties for any such renewal period(s).

V.   Scope of Services and Tentative Schedule

Task	Completion Date
Task 1	Feb 1, 2007

- **Branding and Message Development** to determine an accessible and easily understood presentation of the goals of the Commonwealth Connector, the products it offers through Commonwealth Care and the Commercial products it will be developing as well as the mission the Connector seeks to fulfill; that is, extending health insurance coverage to those who lack this important benefit. This effort will include focus groups with targeted audiences to test best approaches.

Task 2   March 1, 2007

- **Design of a Multifaceted Advertising and Marketing Campaign** aimed at reaching appropriate target audiences to communicate the benefits of Commonwealth Care and the Commercial Health Insurance Products to be developed by the Connector. These programs are distinctly different. One is a government subsidized program, while the other will offer commercially available products to businesses, mainly small businesses, and to individuals. The challenge will be to incorporate the message and rationale of health care reform as well as shared employer and individual responsibility.

Task 3   April 15, 2007

- **Utilization of Avenues for Free Media**, including PSAs, and print, radio and television opportunities to educate the general public on the benefits of Commonwealth Care and the Commercial Health Insurance Products that will be offered by the Connector.

Task 4   April 1, 2007

- **Development of Collateral Materials** to support marketing outreach efforts and reinforce the unified look and feel of the Connector and its products. These materials must be concise, clear and targeted to appropriate audiences.

Task 5   April 1, 2007

- **Media Buying/Recommendations and Placement of Advertising** in different media venues to ensure the best value is achieved for funding allocated to this important effort.

Criteria

- Attractiveness and effectiveness of the proposal.

- Proposed budget

- Success in meeting RFP component

VI.   Proposal Format and Submission Deadline

All proposals should include a transmittal letter that contains a brief summary or executive overview of the respondent's proposal and should be signed by an individual authorized to bind the firm contractually and should confirm that the respondent has not colluded with anyone in the preparation of their response. The letter must also provide the name, title, address, and telephone and fax numbers of the respondent. The

Connector will assume this individual will be available to respond to requests for additional information, if necessary.

The transmittal letter should be followed by the following required sections:

- Response to Essay Questions
- Proposed Work Plan
- Identification of Project Team and Resumes for Each
- References
- Summary of Experience
- Conflict of Interest Disclosure Form (Appendix A)
- Budget

Proposal Submission Process and Deadline: two original, unbound proposals (signed in blue ink) and three copies must reach the Connector Authority offices no later than 5:00 p.m. EST on Dec. 8, 2006 at the address below:

> Joan Fallon
> Chief Communication Officer
> Commonwealth Health Insurance Connector Authority
> One Ashburton Place, Room 805
> Boston, Massachusetts 02108

An electronic submission may be delivered by the above date and time, with a hard copy post marked no later than Dec. 8, 2006. Electronic submissions may be delivered to joan.fallon@state.ma.us.

Identification of Team

The respondent must identify each member of its firm who is expected to work on this engagement and briefly explain the role each is expected to play. The bidder is required to submit a professional resume for each individual identified in the proposal.

References

All respondents must provide three (3) professional references for the proposed lead staff members on the Connector account. The references should be previous clients for whom the individual served for engagements comparable to those outlined in this RFP. Please provide telephone numbers and the names of contact persons.

Summary of Experience

All respondents must provide a brief overview of their experience working on large scale, integrated marketing and advertising campaign. The overview should highlight professional experience, including any experience in the Massachusetts health care or health insurance market.

VII.   Essay Questions

A. Agency Overview

Agency Name:
Agency Address:

Key Contact:
Key Contact Title:
Business Phone:
Mobile Phone:
E-mail Address:
Web Address:

Number of Employees:
Number of Employees in Responding Office:
Number of Employees Assigned to Connector Account:

Approximate Annual Billings:
Approximate Annual Billings for Responding Office:

B. Overview

1. Briefly describe the history of your agency and its ownership structure.

2. Describe the organizational structure of your agency, including the biographies of key principals.

3. Provide the experience of staff who most likely be assigned to the Connector account.

4. Describe your preferred compensation structure. Please include your agency average blended rate.

5. Describe your agency's experience in the health care category.

6. Describe the strengths and weaknesses of your agency. What differentiates you from your key competitors?

7. What type of client is best served by your agency?

8. Please list a sample of your current accounts.

C. Capabilities

In less than two pages, please describe your firm's experience in the following competencies. Please provide specific examples and indicate how your clients made use of these examples.

    a. Branding

    b. Value Proposition Development

    c. Positioning

    d. Target Market Segmentation

    e. Integrated Marketing (including direct marketing)

    f. Collateral Design

    g. Web and New Media Marketing

    h. Market Research

    i. Advertising

    j. Strategic Planning

    k. Describe your approach and process to building a brand. What are the attributes of an effective brand? How would you approach brand building for a new market entrant like the Connector?

    l. How do you measure the success of an integrated marketing campaign? What metrics do you recommend to monitor results? Do you establish ROI targets or proxies for ROI? How do you "quantify" success?

    m. Describe your direct marketing capabilities.

    n. What types of research do you recommend for new market entrants?

    o. The Commonwealth Connector will develop insurance products targeted to currently uninsured individuals and businesses. Many of these individuals will be young males. The businesses are small. As a key goal of our marketing campaign is to educate these populations on the selection of health insurance, how would you approach this challenge (please be as specific as possible)?

    p. What media mix would you propose to reach the appropriate audiences?

D. Case Studies

Please describe two relevant case studies which highlight the success of an integrated marketing campaign. Include background, strategic insight, research highlights, creative samples, and results. What worked well and what would you have done differently to make your results even more successful?

E. Creative Examples

Please provide samples of your creative work, including advertising, integrated marketing communication materials, and any other example of your work which highlights your firm's strengths and capabilities.

VIII.   Financial Proposal

Please provide a budget for the assignment, specifying a break down for creative development, tools to be developed, market research and media placement/buy.

Please provide estimated number of hours to be spent on tasks by members of the team.

The estimated annual budget for this engagement is approximately $4,000,000.

IX.   Contract

The Connector will enter into a written contract with the winning respondent consistent with the terms of this RFP and the winning bidder's proposal and utilizing the Commonwealth's Standard Terms and Conditions for contracts for services, insofar as applicable. A copy of the Commonwealth's Standards Terms and Conditions can be found at (http://www.mass.gov/Aosd/docs/contractforms/c_tc.doc).

X. Agency Selection Criteria

Scope: The Connector will look at the capabilities of all agencies submitting bids. Preference may be given to full-service offices.

Size: Given the unique educational and marketing challenges of our product offering, we require a depth of staff and experience to manage our needs.

Reputation: The agency must have a strong record for creating branding and integrated marketing campaigns that deliver positive results for its clients. This includes meeting specific ROI measurements or other quantitative metrics.

Experience: The agency should have relevant experience in health care or in marketing to the unique needs of our target market populations. Experience in health

insurance is desirable but not essential. The Connector is particularly interested in an agency's experience and success in promoting new market and new category entrants.

Creativity: The agency must have a demonstrable record for creating differentiated, compelling, and focused creative executions. The agency must have the ability to successfully build brand and to reflect the attributes of that brand strategy in its creative executions. Further, the creative executions may require very different executions given the differences of our target populations. Imaginative use of media mix is essential.

Integrated Marketing: Experience with successful integrated marketing campaigns is essential. An example of how integrated marketing campaigns have succeeded (or failed) is of interest as is how the use of account planning has resulted in specific target market insights which have enhanced brand value.

Media Planning & Buying: The agency must have deep experience in media planning and buying. Specific experience in customized media plans and ways to leverage media "buys" is highly valued.

New Media: The agency must have experience with on-line and "new media" marketing strategies and tactics.   Search engine marketing, including "pay-per-click" and landing page development is essential.   Either in-house functionality or relationships with external, specialized vendors is required.

Dedicated Team: The Connector expects to develop a strong team-centered relationship with our creative and account partners. Of particular importance is the ability of the team to understand our mission, business environment, and the unique needs of the uninsured populations our products serve. Given the aggressive time-line established for enrolling our commercial members, we require a high degree of urgency, focus, and responsiveness. Further, we need a team that is willing to both work effectively with us as well as communicate openly and honestly.

XI. Timeline for Review

The Connector staff will review the proposals during the week of December 11, 2006 and conduct interviews and references checks with a subset of respondents during that week. Respondents should set aside time for a conference call or in-person interview during the week of December 18, 2006. The selection of an advertising and marketing firm will be made by Friday, December 22, 2006.

Appendix A

Certification and Conflict of Interest Disclosure Form

This is to certify that the undersigned has carefully read the specifications contained in the Request for Proposals (RFP) issued by the Commonwealth Health Insurance Connector Authority, and that the proposal transmitted herein is in accordance with all of the information contained in the RFP.

The undersigned bidder also certifies that it has listed and identified any and all organizations -- which may subsequently respond to an RFP issued by the Connector Authority -- for whom the firm has performed work related to the contents of this RFP. The bidder should provide the Authority, as part of the bidder's response to this RFP, with as much information as possible about the nature of any potential conflicts.

Firm Name: _____

Name of Authorized Representative: _____

Signature: _____ Date: _____

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**Commonwealth Health Insurance Connector Authority
Website Strategy Vision Document**

Version 1.1

Website Strategy	Version: 1.0
Vision Document	Date: 3/4/2011

Revision History

Date	Version	Description	Author
01/26/2007 (DRAFT)	1.0	This document contains the high-level needs and features of the Connector website, especially as it relates to the meeting the May 2007 implementation milestone for the Commonwealth Choice insurance program.	CSC
2/2/2007	1.1	Final version	CSC

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1. Introduction

The U.S. Census Bureau estimates that 45.8 million (15 percent) of Americans were uninsured at some point during 2004. Of the insured, over 60 percent get their coverage through an employer. Federal, state, and local governments spent an estimated $34.6 billion on uncompensated health care for the uninsured in 2004, including $739 million through the Uncompensated Care Pool in Massachusetts (for the last year for which annual spending figures are available, ending September 30, 2005[i]). As of December 2006, 370,000 Massachusetts residents are estimated to be uninsured, representing 6% of the population of the state, with an additional unknown number underinsured. Both populations impose a burden on the state's health care system that is born by insured residents, hospitals and health care providers, those employers who provide insurance for their employees, commercial insurers, and ultimately taxpayers, through federal and state programs (including the Uncompensated Care Pool).

In April 2006, Massachusetts enacted Chapter 58 of the Acts of 2006[ii], "An act providing access to affordable, quality, accountable Health Care" (aka Health Care Reform), designed to eliminate the high costs created by uninsured and underinsurance individuals within the Commonwealth. The Act created the Commonwealth Health Insurance Connector Authority ("the Connector") as an independent public entity charged with implementing health care reform. The Connector's role is to facilitate the availability, choice and adoption of private, affordable health insurance plans to all uninsured individuals. Further clarifications referred to as Technical Corrections were entered into law in October[iii] and January, 2007.[iv] Many summaries of the complex law are available, including an official version[v] created by the legislature when Chapter 58 was originally passed.

This document is the first deliverable produced by the Connector, with the assistance of Computer Sciences Corporation (CSC), as part of a project to develop and implement a second-generation website for the Connector. The website designed, planned, developed and implemented in this project will serve as the primary channel for educating the general public and stakeholders on the details of Chapter 58 and for assisting uninsured citizens, their employers, their agents and others in obtaining creditable health insurance coverage.

1.1 Purpose

The purpose of this document is to collect, analyze, and define high-level needs and features of the Massachusetts Connector Health Insurance Connector Authority website, especially as it relates to the meeting the May 2007 implementation milestone for the Commonwealth Choice insurance program. It focuses on the capabilities needed by the stakeholders, and the target users, and why these needs exist.

1.2 Scope

This document explains the deliverables and work to be undertaken between December 2006 and June 30, 2007 under contract between the Connector and CSC under an ITS23 Statement of Work for Website Strategy, Development and Related Services. As described in the Statement of Work, the objectives of the project include establishing the Connector's web branding; routing website visitors to additional resources; tracking their progress toward obtaining coverage in a data warehouse; and automating enrollment in coordination with other resources. The Project covered by this Statement of Work may also include hosting all or some of the website external to Commonwealth facilities. The project will be conducted in four phases:

• Discover – Website Strategy (complete by the end of January)

• Design – Document website requirements and make improvements to the current static website (by end of February)

• Develop – Complete the portal website and tracking database time for May 1 launch of the commercial plan (Commonwealth Choice)

• Deploy – Host or support the website at ITD through June 30, 2007

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The first two phases are deemed the "First Task Order". The detailed activities of the latter two phases will be determined during the first two phases.

The project began on December 18, 2006. The website must be ready to begin servicing customer inquiries on May 1, 2007 and presently contracted support will run through at least June 30, 2007.

1.3 Overview

The remaining chapters of this document are organized as follows:

Chapter 2. **Positioning the Connector Website Solution** – Contains short and high-level descriptions of why the website is being developed and the Connector business problems and opportunities it is designed to address.

Chapter 3. **Stakeholder and User Description**s – This section explains the website design for the different interested parties and users.

Chapter 4. **Website Overview** – Provides a high-level view of the project and the website's overall architecture in context to other systems and partners.

Chapter 5. **Website Features** – Provides a high-level view of the website's functions, features and capabilities.

Chapter 6. **Constraints –** Explains any project limitations and dependencies for designing, developing or deploying the website solution.

Chapter 7. **Quality and Service Levels** – Summarizes the technical architecture implication of business requirements.

Chapter 8. **Release Plan** – Explains the priority of the different system features and the logic behind their sequencing for delivery.

Chapter 9. **Additional Technical Requirements** – Explains the different components of the website and how it is expected to be used.

Chapter 10. **Documentation Requirements** – Describes the documentation that must be developed to support successful application deployment.

Chapter 11. **Issues** – Describes the known issues, problems and constraints hampering the project team from making unimpeded progress.

Chapter 12. **Risks** – Describes the known risks associated with achieving a successful website rollout.

Chapter 13. **Approvals** – The signoff page is for key project resources to acknowledge and accept completion of project vision documentation.

Chapter 14. **Appendices** – Includes detailed stakeholder and user information as well as user process flows.

1.4 Definitions, Acronyms, and Abbreviations

The definitions of all terms, acronyms, and abbreviations required to properly interpret the material in this document are provided in the project glossary included as an appendix to this document.

1.5 References

A complete list of all documents referenced elsewhere in this document is included as an appendix.

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2. Positioning the Connector's Website Solution

2.1 Business Opportunity

In September 2006, the Connector established a minimal static and informational "portal" within the state's Mass.Gov web environment (www.mass.gov/connector). The Connector website, like the Connector itself, has been focused through 2006 on Commonwealth Care, the subsidized insurance program established under Chapter 58 for residents with earnings up to three times the Federal Poverty Level (approximately $30,000 for an individual and $62,000 for a family of 4). In addition to what is referred to as the "static website", the Executive Office of Health and Human Services has modified their web-based Virtual Gateway intake application to include Commonwealth Care, and the Connector has contracted with the MassHealth state Medicaid program and MassHealth's customer service provider Maximus, Inc. to create an enrollment website for that program as well (www.macommonwealthcare.com).

A more robust portal is needed, however, in order to attract and enroll additional health insurance customers, especially in preparation for the May 1, 2007 go-live of Commonwealth Choice, the program for middle-income individuals earning more than 300% of FPL and for employees and small employers (10-50 employees). Commonwealth Choice expects to enroll approximately 20,000 subscribers between May 1 and December 31, 2007.

An appealing, well-designed and well-functioning website can be a key tool in the Connector meeting or exceeding this objective in a cost-effective manner by providing a self-service channel for individuals and small employers affected by the Chapter 58 regulations to research and acquire health insurance.

2.2 Problem Statement

The problem of the uninsured affects not only the estimated 6% of Massachusetts residents lacking insurance, but all Massachusetts citizens, employers and taxpayers. It increases the burden on both the Commonwealth and the private employers / individuals currently contributing to the cost of health insurance to reimburse providers for the nearly $1 billion in uncompensated care they deliver annually. A successful implementation of universal health coverage in Massachusetts enabled and accelerated by an appealing Connector website, can reduce this risk exposure and increase the likelihood that more Commonwealth residents and employers will take an active role in paying their fair share and managing their overall health.

The Connector's website must address the challenges of educating and providing enrollment services for residents and employers to meet the Massachusetts healthcare reform mandate. This challenge is complicated by the need to establish a retail marketplace in a space that generally is served through group channels. The Connector must be cognizant of personal constraints faced by individuals and employers. The Connector must also assist these employers to understand options they may provide employees and the concept of "cafeteria plans" or Section 125 plans. Cafeteria plans involve an employer offering a limited menu of health plans for its employees to select the most appropriate product for their unique situations.

2.3 Position Statement

For individual citizens of Massachusetts who must acquire minimal creditable health insurance, and for small employers who must provide assistance as required by law beginning in 2007, the website is a primary channel for learning about the law's mandates and penalties, and for "connecting" to available health insurance coverage, which meets their respective individual and employer needs under the law.

Rather than forcing users to shop at multiple insurance carriers' separate websites to find affordable and approved coverage plans for meeting their respective mandates, the website makes it easy for individuals and small employers (and others who assist them) to learn about health insurance basics and terminology. The site provides customers with a method to find and buy required coverage by presenting a convenient "one stop shopping" experience. The Connector website is the primary destination for those seeking to health care coverage.

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3. Stakeholder and User Descriptions

This section describes Connector stakeholders, identifies Connector users, explains user demographics and presents an analysis of competitive forces.

3.1 Market Demographics

The number of uninsured residents of Massachusetts is estimated at between 300,000 and 360,000 individuals. In addition, up to another 200,000 may be underinsured – that is, their current health insurance coverage is so limited as to not meet the "minimum creditable coverage" specified in the health care reform law. In addition, an estimated 15,000 to 40,000 residents insured in the existing individual and small group markets in the state may find Connector health plan offerings more affordable and appealing than their current coverage. This makes the total market size for Connector products as large as 600,000 customers.

The market is divided according to customer income into those eligible for subsidized coverage and those who must purchase commercial insurance at affordable rates negotiated by the Connector on their behalf. The products for these segments are Commonwealth Care and Commonwealth Choice respectively:

- Commonwealth Care – For individuals and families with income below 301% of the Federal Poverty Level (FPL). An estimated 150,000 people within the Commonwealth qualify for Commonwealth Care.

- Commonwealth Choice – An estimated population of 160,000 to 200,000 has income of at least 301% FPL, but is currently uninsured.

3.2 Key Target Audiences

Customers targeted for Commonwealth Choice include several key segments described in the sections that follow, as derived from the Connector leadership's insight, which is supported by results of customer focus groups.

3.2.1 <u>Uninsured Individuals</u>

This segment of the population does not currently subscribe to a health insurance plan that qualifies as minimum creditable coverage under the law. Focus group discussions indicated that these individuals are uninsured (or underinsured) for many reasons including cost, limitations and restrictions of affordable coverage, and complexity associated with understanding health insurance. The Connector's website will position itself to address these individuals' concerns and help them to meet coverage requirements.

The Connector website is focused on prospective Commonwealth Choice customers. Major sub-segments within the overall uninsured market are individuals and families with the following key characteristics.

- Self-pay individuals and families – These individuals do not receive assistance from employers for healthcare coverage. In general these individuals work for employers with ten or fewer employees or part time.

- Young adults – This is a special and important subset of uninsured individuals, age 19 to 26. Special Connector health plan products referred to as Young Adult Plans, or YAPs, are geared toward them, and they are expected to be among the healthiest and least costly individuals to insure.

- Employees with employer sponsored / subsidized coverage – These individuals have access to coverage through their place of employment, however have elected not to purchase the insurance. Focus group discussions with this sub segment indicated that cost is a major concern when making the decision to purchase coverage or not.

- Employees with access to premium conversion through employer, but no employer contribution – These individuals can make pre-tax contributions towards their health insurance plan thereby reducing their total income tax requirement.

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3.2.2 Employers

This segment consists of sole proprietors or owners of small business with eleven or more employees. In most cases, these individuals will be the business owner themselves. However, in other instances the user will be a designee selected to manage benefits for the company. The Connector will be positioned as a trusted advisor for these employers and brokers / agents to help educate and enroll themselves or their clients respectively.

- Sole proprietors – These individuals operate and own corporations of which they are the only employee. These individuals are required to conform to the Massachusetts state mandate.

- Employers who meet contribution requirements and select plan level – These employers will make contributions towards their employees' insurance premiums. The employer must choose a tier level from which his / her employees can choose select health plans.

- Employers who do not contribute but offer premium conversion (Section 125) plans – This segment of employers will not contribute to employees' healthcare premium costs. However, these employers will make it easier for their employees to contribute pretax dollars for healthcare by designating the Connector as its plan administrator under Section 125 of the Internal Revenue Services Code (IRS).

3.2.3 Brokers

This segment consists of individuals and agencies in the business of providing advice and sales support related to acquiring health insurance. Brokers will rely on the site to seek out information about the mandate, current prices, processes, and updates. The Connector website need not tailor the shopping experience to this population's needs. Broker requirements will mimic those of the employers segment.

3.2.4 General Population and Information Seekers

These are individuals who seek out knowledge about the healthcare reform law and impacts the reform has had on residents. The population set may browse the site as an uninsured individual; however the expectation is that they will focus on learning about the Connector through the education section of the site.

- General public, the press, and researchers – This segment includes information seekers interested in learning more about the Connector's purpose and offerings. The ability to anonymously peruse and obtain educational materials on the site will address their needs.

- Advocates, community group staff, and physicians – This segment will assist individuals in understanding and obtaining health insurance from the Connector. Their requirements will mirror those of individuals in the aforementioned segments.

Additional website audience segments are identified in the summary listing that follows.

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3.3 Stakeholder and User Summary

The following table summarizes the stakeholders and potential users with an interest in the development of a Connector website.

Name	Description	Responsibilities / Participation	User (Y/N)
Uninsured individual (including underinsured covered by the Individual Insurance Mandate in Chapter	A resident of the Commonwealth, not covered by a health insurance plan or a self-insurance health plan, and not eligible for a medical assistance program such as Medicaid. "Resident" is defined under Section 12 of Chapter 58 (see synopsis below). Individuals are typically segmented as follows: • Young adults (19-26) • Individuals and heads of households in other age groups • Employees of small employers who contribute to or otherwise direct their health insurance access	Use the website to: • Learn about their health insurance obligations under Health Care Reform • Assist in acquiring (shop for) minimally creditable health insurance as required by Massachusetts law and provided through the Connector.	Y
Employer	An individual, partnership, association, corporation or other legal entity that employs and compensates residents of Massachusetts. Employers with 11 or more employees are required to provide health insurance coverage under Chapter 58, and the Connector is targeting its health plan products for employer groups with 11 to 50 employees. Typically segmented based on: • Type and size – sole proprietorship, # of employees, etc. • Industry and job categories • Mix of full time (FTE) and part time employees • Contribution to employee premium • Section 125 designation	Use the website to: • Learn about their health insurance obligations under Health Care Reform • Assist in directing employees to most appropriate coverage • Assist in decision making related to contributing to employee health insurance • Assist in decision making related to health plan administration (especially as related to Section 125 of the Internal Revenue Code, which allows companies to give their employees the opportunity to pay for benefits on a pretax basis, lowering payroll-related taxes for both the employer and employees.	Y (Business owners, employer benefit managers, employer human resource staff)
Insurance broker / agent	An individual or business providing sales and advice of health insurance products.	Same as for individuals and employers	Y

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Name	Description	Responsibilities / Participation	User (Y/N)
Healthcare provider and office staff	Any entity providing patient care, including hospitals, physician offices, independent laboratories and other diagnostic facilities, pharmacies, ambulances and transportation providers, etc.	Use the website to: • Assist patients in understanding the healthcare mandate • Sign up patients for insurance while at a provider facility.	Y
Patient advocate and community service agency	An organization that directs individuals to resources available to assist them with financial, health and human services.	Use the website to: • Educate and assist residents with understanding and becoming compliant with the healthcare reform law • Assist in signing up residents for coverage.	Y
Researcher and press	An individual that seeks information about the Connector, the mandate, or options available to residents of Massachusetts.	Use the website to learn about Connector-related issues and activities in order to widely disseminate information and influence public opinion on a number of topics through numerous channels not directly available to the Connector.	Y
Massachusetts resident / taxpayer	A resident is someone who: • Files taxes as a resident of the Commonwealth • Received rental deductions or homeowners liability insurance by declaring MA as their principle residence. • Filed certificate of residency in MA • Registered to vote • Paid resident, in-state tuition for their self, child or dependant or has a child dependant enrolled in public school in MA • Applied for and received Public Assistance for their self, child or dependant, OR • Received any benefits, licenses, entitlements, permits or privileges by claiming MA as their principal residence.	Use the website to: • Learn about health care reform • Understand the impact on their tax obligations and filing • If uninsured, underinsured or insured expensively, research health insurance options (same as for uninsured individual above)	Y

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Name	Description	Responsibilities / Participation	User (Y/N)
Health insurance carriers	An insurer licensed or otherwise authorized to transact and provide accident and health insurance in the Commonwealth	• Voice their needs for Connector website functionality • Provide input into website functionality and design • Create and provide content to be communicated on the website relative to their insurance offerings	N
Insurance intermediaries	Organizations such as business associations and chambers of commerce that match small employer buyers, brokers and agents to carriers, assist in selecting from competing carrier offerings, and provide administrative services such as employer and employee enrollment and premium billing.	• Voice their needs for Connector website functionality	N
Sub-Connector(s)	An intermediary contracted with and designated by the Connector to provide administrative and other services as described above on behalf of the Connector.	• Voice their needs for Connector website functionality • Participate in integration and coordination activities between Connector website and Sub-Connector • Create and provide content to be communicated on the website relative to Sub-Connector functions	N
Commonwealth Connector Authority staff	Employees at the Connector authority below the level of manager.	• Provide input to and review website requirements as appropriate • Create and provide content to be communicated on the website • Test the website for feedback to development team and for acceptance	N

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Name	Description	Responsibilities / Participation	User (Y/N)
Commonwealth Connector Authority leadership	Executive management and board of the Connector.	• Monitor project progress and coordinate with related Connector activities • Communicate market needs to be satisfied by website • Create and approve content to be communicated on the website • Secure and approve project funding	N
Medicaid leadership	Executives at the state responsible for managing MassHealth and programs related to Medicaid	• Provide project support, especially for Commonwealth Care • Participate in policy discussions and decision making (especially as related to subsidized coverage)	N
Executive Office of Health and Human Services leadership	Executives at the state responsible for establishing health and human services policy and administering a wide breadth of related programs and services	Same as for Medicaid leadership	N
Information Technology Division	The Commonwealth of Massachusetts' Information Technology group responsible for Mass.Gov	• Provide project support and input as required • Provide hosting detail and services (if requested)	N
Governor's office	Office of the Governor	• Provide project support • Participate in policy discussions and decision making	N
Commonwealth legislators	Law makers in the Commonwealth	• Provide project support • Participate in policy discussions and decision making	N

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3.4 Key Stakeholder and User Needs

Key stakeholder needs are prioritized below. Concerns associated with needs are identified and solutions proposed through the table below.

Need	Priority	Concerns	Current Solution	Proposed Solutions
Educate individuals who are currently uninsured or underinsured, and employers currently not sponsoring employee health insurance, about health care reform in MA	1	This is a very complicated education process, since individuals must: • Understand the law • Understand their obligations and options • Understand penalties	Rudimentary information on the current Mass.Gov website	Create an abundance of educational features on the Connector website.
Help customers decide on the right plan for them	2	Customers may be uneasy about entering income, age, and other information on a website. Some customers feel their situation to be "unique" and would like to be able to speak with someone and provide a complete picture of all their challenges.	None	Provide decision support capabilities and "test drive" or comparison aids on the site allowing many shopping experiences, including: • Carrier/plan browsing • Scenario modeling • Cost calculator
Enroll uninsured	3	Individuals may require face to face interaction prior to purchasing	None	Develop a seamless experience for customers to get educated and move to the Sub-Connector for purchase.
Assist employers in establishing Section 125 plans and in making decisions about premium contribution and plan selection for employees.	4	As for individuals, this is a complicated education process. Employers must: • Understand the law • Understand their options and the mechanics of establishing Section 125 plans and employer premium contribution • Understand penalties	Contracting with brokers and benefits consultants	Create an abundance of educational features and decision support capabilities on the Connector website.

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Need	Priority	Concerns	Current Solution	Proposed Solutions
Provide ways for users to get face-to-face support and access to additional community healthcare services.	5	Community resources may not be well versed in the Connector and Commonwealth Choice at the launch date.	None	Create easy to navigate tools providing education and links to resources for face-to-face assistance, including community resources and a contracted Connector customer service call center.
Provide additional forms required for enrollment offline.	6	Users may not be comfortable with the Internet or with making such an important purchase online.	Exists today, but across carrier-specific websites.	Publish forms such as plan and Section 125 enrollment forms for users to download and complete.
Understand customer usage of the site and provide metrics to stakeholders.	7	The website and other Connecting marketing and enrollment functions cannot be effectively managed and improved without metrics on how customers are arriving at decisions and what plans they are choosing.	None	Create reporting tools about click data and plan selections.

3.5 User Environment

Understanding that users will be diverse in their needs, the website will be designed to be flexible enough to serve a variety of segments. The following needs have been expressed by customers in initial focus group sessions:

Need:	Addressed by:
Call an expert for advice at any stage of the shopping and enrollment process.	Allow users to save their profile (including session state) and to authorize a call center representative to access that information as needed to assist them.
Make decisions at an individual or family level.	Scenario-based calculation with education on options available.
Know what employers can and must offer their employees.	Educational materials for employers on requirements, along with shopping tools to guide them toward meeting their obligations.

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Need:	Addressed by:
Support for face-to-face interaction during the sales process.	Information on the website directing customers to community centers, hospitals, and other sales channels where they may obtain face to face assistance, along with the ability to recall their previous research at a different time and location.
Enroll employers in Section 125 plans or individual health plans, for employers and individuals respectively.	Presentation of online enrollment forms and options (short of online enrollment, which will be enabled through a Sub-Connector).
Trust in the Connector brand and its relationship to the State.	Clear explanation of the Connector's role and function, and an acknowledgement on the site of other resources that if unexplained might have the potential to confuse the user's understanding of the Connector brand (e.g., Mass.Gov, www.macommonwealthcare.com, the EOHHS Virtual Gateway, Affordable Care Today, etc.)

3.6 Alternatives and Competition

Two major alternatives exist for residents who do not currently carry health insurance.

3.6.1 <u>Purchasing health insurance outside the Connector</u>

Competitors	Strengths	Weaknesses
Direct carrier sales	• Brand and name recognition • Existing web and other sales channels • Young adults may be able to find lower-priced plans	• Potentially higher price, if individually rated or if not qualified for pre-tax premium conversion
Brokers	• Listen to individual concerns and provide advice • Are perceived to be impartial • The face-to-face channel provides some security	• Try to sell plans that provide the greatest commission
Employers	• Generally provide subsidized insurance • Plan experience is available form other co-workers • Payment is handled through payroll deductions	• May not provide the coverage desired by customer

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3.6.2 Foregoing health insurance coverage

Options	Description	Penalties
Self insurance	• Must deposit $10,000 in an interest bearing account	• No penalty
Non-compliance	• Ignore the mandate	• Year 1: An individual will lose his/her standard deduction for FY2007 (approximately $200) • Ongoing: A penalty of 50% of the lowest premium creditable coverage plan offered by Connector.

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4. Website Overview

This section provides a high level view of the website's capabilities and overall architecture.

4.1 Website Perspective

Rather than leaving the Commonwealth's uninsured and employers to "fend for themselves" in acquiring the health insurance coverage required under Chapter 58, or forcing users to shop at multiple insurance carriers or brokers to find affordable and approved coverage plans for meeting their respective mandates, the Connector has focused on developing an easy to use website offering "one stop shopping" for individuals, small employers, and others who assist them

The website cannot operate in a vacuum, however, as it must interact with many other partners and systems, both internal and external to the Commonwealth, to provide a truly seamless service experience, as shown in the following diagram and further described below:
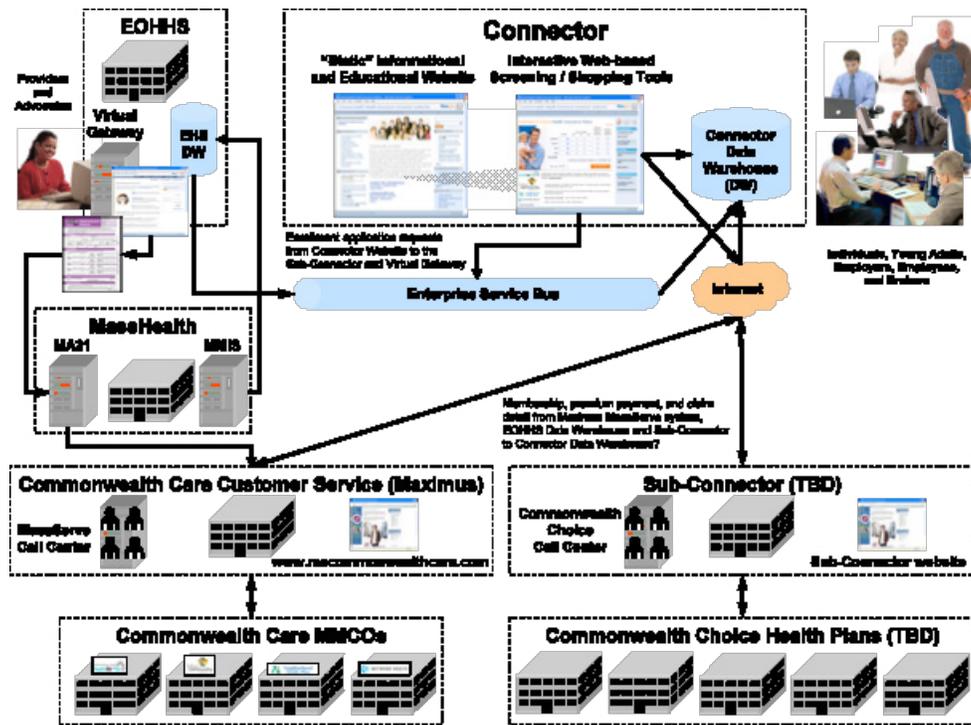
- **Connector Website or Portal** – The Connector website or portal includes a number of sub-components, including an informational "static" portion; interactive tools for helping individuals, young adults, employees, employers and brokers shop for health insurance; a data warehouse containing information on Connector customers and those who come to the website to shop; and tools for administering the website. These features are described in sections that follow.

- **EOHHS Virtual Gateway** – In addition to the Connector website, it is anticipated that health care providers, advocates and community service agencies, and Commonwealth health and human service intake workers will

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use the Virtual Gateway portal Executive Office of Health and Human Services (EOHHS). The Virtual Gateway allows authorized users to screen and apply for subsidized and means-tested Commonwealth benefit programs, including Commonwealth Care. Virtual Gateway users can also download a printable version of the Medical Benefit Request (MBR) application form used for Commonwealth Care and other state benefit programs. Electronic and MBR applications are forwarded to MassHealth, the Commonwealth's Medicaid agency, to determine if applicants are eligible (including for Commonwealth Care).

- **EOHHS Data Warehouse (EHS DW)** – Information on Commonwealth Care members, their premium payments and their claims experience is captured in the EOHHS Data Warehouse. This information will likely be valuable to the Connector in analyzing the efficacy of Commonwealth Care programs and can be passed to the Connector Data Warehouse or made available to the Connector for querying directly within the EHS DW.

- **Enterprise Service Bus (EHS)** – The Enterprise Service Bus is the preferred tool in EOHHS for sharing data between agencies and between EOHHS and external parties. The ESB can be used to manage real-time and batch communication and can be used to move data between EOHHS, MassHealth, MassHealth vendor systems (such as Maximus'), and the Connector.

- **MassHealth MA21** – MA21 is the Commonwealth's primary system for determining eligibility for subsidized health and human services programs and services. All MBR data is stored in MA21 and subjected to program-specific eligibility rules, including those for Commonwealth Care. Processes must be worked out to share data between MassHealth and the Connector for applicants deemed ineligible for Commonwealth Care so that they can potentially acquire coverage from the Connector through a Commonwealth Choice plan.

- **MassHealth MMIS** – The Medicaid Management Information System, or MMIS, is used to pay health care claims for Medicaid and other MassHealth administered programs. The current MMIS, to be replaced later in 2007 by a system known as NewMMIS, may contain information on Commonwealth Care members and the health care services paid for under their coverage plans. It is unknown at this point whether it will be a significant system of record for Commonwealth Care member information, or whether their information will come from systems at the Medicaid Managed Care Organizations (MMCOs) contracted with MassHealth to service Commonwealth Care. MMIS data is fed to the EOHHS Data Warehouse, which might also be deemed the primary source on Commonwealth Care claim experience for the Connector.

- **Commonwealth Care Customer Service (Maximus)** – The Connector has contracted with MassHealth's customer service vendor, Maximus, Inc., to service Commonwealth Care insureds as an extension of existing customer service being delivered to MassHealth members. Maximus has modified the MassServe customer relationship management (CRM) system used for MassHealth to meet Commonwealth Care requirements. MassServe and a special Commonwealth Care portal (www.macommonwealthcare.com) receive feeds from MA21. Commonwealth Care members choose their MMCO and health plan and make their premium payments using the website Maximus has developed with its technology partner, Vecna Technologies, Inc. Maximus / Vecna manages two-way information feeds with the four Medicaid Managed Care Organizations servicing Commonwealth Care for enrollment, premium collection, business rules and other information.

- **Commonwealth Care Medicaid Managed Care Organizations** – Four Massachusetts health insurers have been approved to service Commonwealth Care – BMC HealthNet Plan, Fallon Community Health Plan, Neighborhood Health Plan, and Network Health. Commonwealth Care members choose one of the four as their health plan administrator and, depending on eligibility, choose the level of coverage they wish to receive using the Maximus / Vecna www.macommonwealthcare.com website. The four MMCOs pay for the members' health care services and provide detailed feeds of claim experience to MassHealth and the EOHHS Data Warehouse on a monthly basis.

- **Sub-Connector –** The Connector is contracting with an intermediary to provide enrollment and premium billing services for Commonwealth Choice, similar to those provided by Maximus for Commonwealth Care, and similar to a limited third-party administrator or benefits administrator role for a self-insured large group. The Sub-Connector will maintain communication with the commercial health plans approved to offer coverage under Commonwealth Choice. Unlike Commonwealth Care customer service, however, decision support

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functions related to choosing the appropriate health coverage will be retained by the Connector, rather than hosted by the Sub-Connector.

- **Commonwealth Choice Health Plan Carriers –** Similar to the MMCOs, commercial health insurers in Massachusetts will apply for and be approved to offer health coverage for employers and individuals earning over 300% of the Federal Poverty Level under Commonwealth Choice. These carriers will be expected to provide information feeds on their health plan offerings to the Connector, most likely through the Sub-Connector, and are also likely to be required to share premium payment, enrollment / dis-enrollment, and claims experience as well – also likely through the Sub-Connector. Health insurance carriers and health plans have yet to be approved.

Additional workflows related to the Connector and use of the Connector website may exist or be discovered (e.g., among the provider and insurance broker communities), and others related to enforcing the law have yet to be designed and are not represented here.

4.2 Summary of Website Functions and Capabilities

The following table summarizes the major benefits and features the Connector website will provide.

Customer Benefit	Supporting Features
The Connector website provides one-stop shopping for health insurance required under the law	• An abundance of educational material on health insurance, health care reform, available coverage plans, and the Connector's role • Shopping and decision support tools to match the customer to the coverage plan that's right for them • Seamless shopping and enrollment through the Sub-Connector • For employers, easy designation of the Connector as Section 125 plan administrator
The website is easy to use	• Language on the website is in plain English to make understanding health insurance and coverage options as simple as possible • Navigation and usability features are simple and comply with accessibility standards • Search is easy to use and "Google-like" • Extensive help documentation and an available e-mail contact feature provide user guidance along the way
The website supports users returning multiple times and to obtain assistance from a real person to make their coverage decision	• A "Save profile" feature allows customers to save their research, recall it later, and share it with a customer service representative for in-person or over-the-phone guidance • Ability to grant access to saved profile information to a customer service representative
Website information and decision support tools are tailored to customer needs	• Separate sections for individuals over 26 and their families, young adults and employers • Special instructions for individuals whose employers contribute to their coverage

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4.3 Assumptions

The following key assumptions guide the vision for the Connector website:

- The key strategic imperative of the Connector supported by the website is achieving sufficient enrollment volume for the Connector to reach sustainability from health insurance placement fees by no later than the Connector's third year of operation.

- The key product focus of the Connector website is on Commonwealth Choice, rather than Commonwealth Care.

- The website must be operational by May 1, 2007 to meet the mandated deadline for allowing individuals and employers to begin obtaining Commonwealth Choice health insurance coverage, ahead of the July 1, 2007 coverage deadline.

- The boundary between the Connector website's shopping and pre-enrollment functionality and the Sub-Connector's enrollment processing will be drawn at the point personally identifiable information is collected – the Connector website will not collect personally identifiable data from users.

- There will be one Sub-Connector, to be announced by the Connector on or before February 8, 2007.

- The Connector will offer Commonwealth Choice health plans from approximately 4-6 health insurance carriers (Massachusetts-registered payers), each of which will be approved to offer 5-10 plans, for 25-50 plans total. In addition, the Connector will offer eight Commonwealth Care plans.

- Health plan offerings will be approved and announced by the Connector on or before March 9, 2007.

- Data warehouse functionality may be deferred until after the May 1 deadline since it is not critical for enrollment and requirements are not well known.

4.4 Dependencies

4.4.1 <u>On Commonwealth Choice Implementation/Launch Activities</u>

The website project is dependent on the Connector completing the following activities in order to meet project deadlines and objectives:

- Selecting and contracting with a Sub-Connector by February 8, 2007 in order to identify integration requirements and to develop and test interfaces between the website and Sub-Connector.

- Approving and contracting with health plan carriers by March 9, 2007 in order to loading health plan detail onto the website in time for May 1.

4.4.2 <u>On Sales and Marketing Activities</u>

The website project is dependent on the Connector Sales and Marketing team completing the following activities in order to meet project deadlines and objectives:

- Establish a high level brand and brand identity by February 23, 2007 to allow development to begin without the risk of significant rework on creative elements of the website.

4.4.3 <u>On Health Care Reform Policy</u>

The website project is dependent on the Connector Policy Committee completing the following activities in order to meet project deadlines and objectives:

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- Finalize and communicate Section 125 and other details of the employer mandate by February 23, 2007 to finalize requirements and allow for development of the employer section of the website and employee-specific features of the individual section of the site.

4.5 Cost and Pricing

The budget for designing, developing and supporting the Connector Website through June 30, 2007 is capped at $675,000. It is critical to meet the May 1 implementation date within this budget. Website features scope, therefore, is the most flexible of the project constraints when compared to schedule and cost.

This budget was premised on hosting the site within the Mass.Gov environment. Additional software license and hosting expenses may be incurred if the site is hosted externally. An external hosting estimate will be developed by February 16, 2007 to determine if additional budget is required.

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5. Website Features

This section describes the high-level capabilities of the Connector Website that are necessary to deliver benefits to the Connector and to the website's users.

Major functional components of the website are represented in the following diagram.
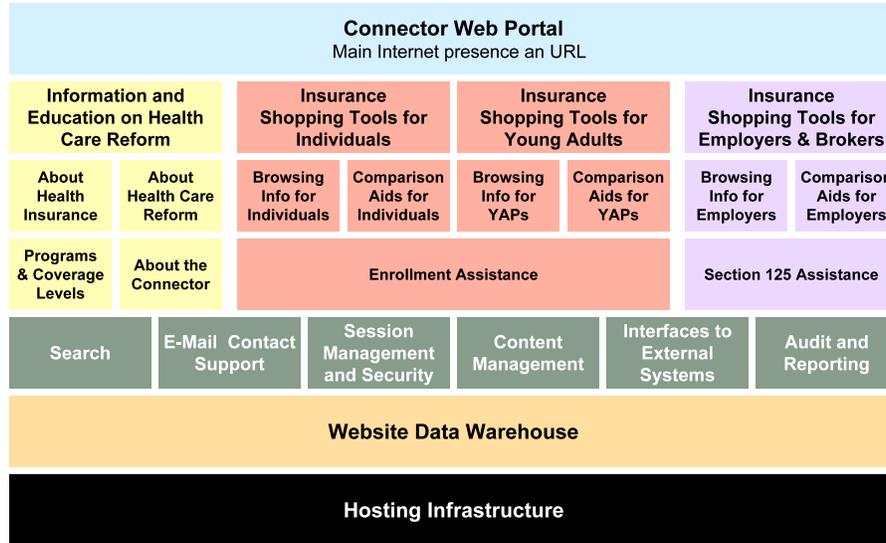
This level of detail takes into consideration both the functionality of the site and market segments to which the site will cater. The website's functionality will facilitate the education of the entire Connector user population. However, it will also convey this information in a manner tailored to specific segments of the population. As a result, the website will focus on delivering tailored content relevant for each user demographic. For individuals and young adults, site functionality will enable customers to view, compare and obtain forms for various health plans and carriers. For employers, assistance with tier selection and financial implications of Section 125 plan will be provided.

Site visitors will use software solutions for session management, content management, interfaces to external systems, audit, reporting and hosting infrastructure.

5.1 Connector Web Portal

This is the Connector's main Internet presence or home page. An appropriate URL will be determined in conjunction with establishing the Connector's overall marketing plan and branding strategy (e.g., www.healthytogetherMA.com, www.commconnector.com, www.commonwealthhealth.com, etc.).

As shown in the diagram, the website will include the following sub-sections and pages.

5.1.1 Information and Education on Health Care Reform

This section of the website contains information to help the general public and target audiences become better informed, learn what they need to know to acquire insurance or to understand how the new Chapter 58 regulations

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affect them.

Education about healthcare reform and health insurance requires an understanding of user's needs and current perceptions. Educating consumers is complicated by the fact that Massachusetts residents are largely unfamiliar with health care reform, are not familiar with the retail healthcare market, and are not familiar with the Connector Authority.

5.1.1.1 About Health Insurance

This section of the website explains how health insurance works, what a member can expect from his or her health insurance plan, and explain some basic terms related to it (e.g., premium, co-pays, deductibles, HMO, PPO, etc.).

5.1.1.2 About Health Care Reform

From focus group discussions, it is clear that the implications of the healthcare reform law are not understood by Massachusetts residents. This section explains the highlights of Chapter 58 and the obligations of individuals and employers under the law. This information will be divided into three major categories:

- How the law benefits the common good and betters an individual's quality of life – Provide context for visitors to understand the reasons behind the reform law. Information will be tailored to a broad spectrum of population segments, including young adults (YAPs), families, and employers.

- Obligations created by the law – Explain the steps an uninsured resident must take to meet the obligations posed by the law.

- Information about non-compliance – Describe the penalties imposed on uninsured residents who do not comply with the new law.

This section will serve as a "frequently asked questions" section on the requirements and the policy behind the new law and will be geared to not only the target audiences described above, but also to other parties interested in the reform effort, including researchers, the press and policy makers from other states and jurisdictions. This should reduce time-consuming information-only inquiries into Connector staff.

5.1.1.3 Programs and Coverage Levels

This section specifies how each plan type aligns to a particular population segment. This will assist customers and those who help them (brokers, providers, etc.) in acquiring coverage and in determining which types of plans and plan options are most suitable based on their needs. Information will be presented in text format and will include definitions of minimum creditable coverage, tiers of coverage, and methods and advice for selecting a plan.

5.1.1.4 About the Connector

This section describes the Connector's purpose, scope, history, approach, and available resources (comparable to the "News & Updates" and "Publications & Reports" sections of the existing website). In addition, this section will provide contact information for communicating with the Connector.

5.1.2 Insurance Shopping Tools for Individuals

This section of the website contains tools available for individuals to gather information and shop for health insurance plans. Features have been grouped into two categories in each of the following targeted subsections of the website – browsing and informational tools for casual coverage research, and comparison aids representing decision support for more in-depth research.

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5.1.2.1 Browsing Information for Individuals

This section contains the mostly static content geared toward helping an uninsured individual, as defined earlier, obtain coverage through the Connector. Each section links to other sections that allow the user to move closer and closer to enrolling in a plan.

5.1.2.1.1 Frequently Asked Questions (for Individuals and Families)

This section covers the basics related to health insurance in general, coverage levels and benefits, enrollment, paying for insurance, individual vs. family plans, exclusions and restrictions, Chapter 58 requirements, etc.

5.1.2.1.2 Obtaining Individual and Family Coverage Through the Connector

This section describes the process for obtaining health insurance, along with any restrictions that apply for certain types of coverage (Commonwealth Care, YAPs, etc.).

5.1.2.1.3 Information on Health Plans for Individuals and Families

This section provides a list of all plans offered for individuals, along with details on each for simple browsing. In addition, each plan description must allow the user to move to using comparison aids and decision support tools related to the plan selected (see below)

We must determine if all Connector plans are shown here, or only Commonwealth Choice plans. If all plans, clear eligibility restrictions must be shown, or warnings that eligibility restrictions apply to some plans (Commonwealth Care, YAPs, etc.).

5.1.2.1.4 Information for Employees of Companies that Help Pay for Insurance

This section describes special rules and considerations for individuals eligible for health insurance coverage through their employers, including employees who have previously opted not to obtain coverage through an employer's group plan and employees who are now eligible for pre-tax premium conversion through the Connector.

5.1.2.2 Comparison Aids for Individuals

Once a user is ready to begin comparing health insurance offerings, the site will offer many paths for comparing plans side-by-side. Each of the comparison aids would allow anonymous shopping (without providing personal identity or contact information).

Demographic information such as zip code, an income estimate and family size and then will enter the age and gender of each family member to filter plans. If an employer is contributing to premium, the user will be prompted for an employer identifier.

Plan comparisons will guide users through the plan selection with the goal of tailoring the selection of plan options according to the individual's unique needs. Selections and comparisons will be made based on factors described below.

5.1.2.2.1 Compare Plans by Service, Brand or Type

Additional filter choices beyond the base demographic information provided may include:

- Need scenarios (e.g., adults or children playing sports, adults in a job with a high risk of injury, pregnancy, a newborn, etc.)

- Plans popular with others who have similar demographics

- Plans from only one or a subset of carriers (by brand)

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5.1.2.2.2 Find My Providers

Users have indicated a preference to choose a doctor or hospital they know. Depending on the difficulty associated with acquiring and merging provider lists from participating carriers, the website may offer an ability to search for and list plans associated with providers based on factors such as:

- Specialty

- Location

- Name

- Language

- Gender

- Status of accepting new patients

Based on complexity, this may optionally be limited to identifying hospitals only that are in a given plan, or may be accomplished by linking to each carrier's proprietary provider search feature.

5.1.2.2.3 Shop by Price

An insurance calculator provides a simple method of understanding which plans might provide the user with the greatest value. Elements of the total cost for a plan include:

- Premium

- Out-of-pocket costs (based on an estimate of use entered by the customer; i.e., number of visits per year, trips to the emergency rooms, hospital admission, number of prescriptions filled each month, etc.)

- Tax savings (based on income estimate, though this may be better performed at the Sub-Connector)

Another possible variable is to allow cost modeling based on events (e.g., a broken leg; calculating the total out of pocket cost the insured would be responsible for during a major event).

5.1.2.3 Enrollment Assistance

5.1.2.3.1 Enroll Now

Link to the Sub-Connector site for collecting personally identifiable application information.

5.1.2.3.2 Forms Library

Provide forms equivalent to the online Sub-Connector application. The library allows users to download the forms for review or to apply for insurance offline.

5.1.2.3.3 Additional Enrollment Options

Provide information on additional enrollment methods including telephone numbers, community centers, and brokers. This information will be presented in text format.

5.1.2.3.4 Save My Profile

Provides support for multiple site visits by allowing the user to create an anonymous account, with settings and previous analysis available on return. This allows a user to visit the site more than once without interrupting the progress they've made in selecting a plan.

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5.1.3 Insurance Shopping Tools for Young Adults

Content and functionality geared to young adult plans will be similar to that for Individuals, but with content tailored to young adults' interests, tastes and needs. These content differences will be clarified during the design phase. High-level differences are noted in sections below.

5.1.3.1 Browsing Information for Young Adult Plans

This section contains the mostly static content geared toward helping a young adult obtain coverage through the Connector. Each of the following sections is the same as described above for Individuals, with content tailored to YAPs to include more relevant messaging and language.

5.1.3.1.1 Frequently Asked Questions (for Young Adult Plans)

This section covers the basics related to health insurance in general, coverage levels and benefits, enrollment, paying for insurance, exclusions and restrictions, Chapter 58 requirements, etc.

5.1.3.1.2 Cover Me

This section describes the process for obtaining health insurance coverage in a Young Adult Plan (exclusively through the Connector).

5.1.3.1.3 Learn More About the Plans

This section provides a list of all Young Adult Plans, along with details on each for simple browsing. In addition, each plan description must allow the user to move to using comparison aids and decision support tools related to the plan selected (see below).

5.1.3.2 Comparison Aids for Young Adult Plans

Once a user is ready to begin comparing health insurance offerings, the site will offer many paths for comparing plans side-by-side. Each of the comparison aids would allow anonymous shopping (without providing personal identity or contact information).

Except for zip code, demographic and employer information is irrelevant for YAPs..

Plan comparisons will guide users through the plan selection with the goal of tailoring the selection of plan options according to the individual's unique needs. Selections and comparisons will be made based on factors described below.

5.1.3.2.1 Compare Plans

Depending on the number of YAPs approved and offered by the Connector, this may be as simple and straightforward as a side-by-side comparison of all plans. If more than 10 plans are offered, however, additional filter choices similar to those described for Individuals may include:

- Need scenarios or profile (e.g., engaging in contact sports, risky behavior, etc.)

- Popular plans

- Plans from only one or a subset of carriers (by brand)

5.1.3.2.2 Find My Providers

As for Individuals, depending on the difficulty associated with acquiring and merging provider lists from participating carriers, the website may offer an ability to search for and list plans associated with providers based on factors such as:

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- Specialty

- Location

- Name

- Language

- Gender

- Status of accepting new patients

5.1.3.2.3 Shop by Price

As for Individuals, an insurance calculator provides a simple method of understanding which plans might provide the user with the greatest value. Elements of the total cost for a plan include:

- Premium

- Out-of-pocket costs (based on an estimate of use entered by the customer; i.e., number of visits per year, trips to the emergency rooms, hospital admission, number of prescriptions filled each month, etc.)

- Tax savings (based on income estimate)

Another possible variable is to allow cost modeling based on events (e.g., a broken leg; calculating the total out of pocket cost the insured would be responsible for during a major event).

5.1.4 Insurance Shopping Tools for Employers and Brokers

This section of the website contains tools for employers, employer benefit managers and anyone assisting employers in making decisions related to sponsoring health insurance for themselves and their employees as required by the employer mandate present in Chapter 58. Features have been grouped into two categories as for Individuals and Young Adults – browsing and informational tools for casual research, and comparison aids providing decision support for more in-depth research and decision making.

5.1.4.1 Browsing Information for Employers

This section contains the mostly static content geared toward helping employers understand options for meeting their responsibilities under the law. Educating employers is complicated and several sub-audiences make up the employer demographic and target audience, as explained earlier in the document.

5.1.4.1.1 Frequently Asked Questions (for Employers)

This section covers the basics related to health insurance in general, coverage levels and benefits, enrollment, paying for insurance, exclusions and restrictions, Chapter 58 requirements, Section 125 basics, etc.

5.1.4.1.2 Choosing Health Insurance for You and Your Employees

This section describes in more depth than the FAQs section the options and processes available to employers for obtaining and sponsoring health insurance coverage on behalf of themselves and their employees.

5.1.4.1.3 Learn More About Plans Employers Can Sponsor

This section provides a list of all plans available to employers, along with details on each for simple browsing. In addition, each plan description must allow the user to move to using comparison aids and decision support tools related to the plan selected (see below).

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5.1.4.2 Comparison Aids for Employers

Decision support for employers and brokers will be centered on helping employers decide among plan tier levels, the amount an employer should contribute and tax implications associated with that contribution. A set of questions about factors that are relevant to this decision process will be asked and responses will be used to help guide the user to an appropriate set of choices.

This section of the site may allow for employers to enter the basic demographics (age, gender, zip code, salary or income estimate, etc.) for up to 50 employees in an "employee census" to aid in plan selection and price calculation.

5.1.4.2.1 Compare Plans by Service, Brand or Type

Additional filter choices, in lieu of or beyond the base demographic information provided in an employee census, may include:

- Need scenarios (e.g., number of employees with dependents, certain desirable plan features, etc.)

- Plans popular with other employers who have provided similar demographics

- Plans from only one or a subset of carriers (by brand)

5.1.4.2.2 Shop by Price

An insurance calculator provides a simple method of understanding which plans might provide the employer with the greatest value. Elements of the total cost for a plan include:

- Premium

- Percentage or total dollar amount of employer contribution to premium

- Tax savings (based on employer's overall income estimate and premium contribution)

5.1.4.3 Section 125 Assistance

Employers will need to decide whether to designate the Connector as their Section 125 plan administrator. Functionality will help guide employers through the decision making and designation process. Tools include:

- Educational materials – Provide information about plan administration and details for employers to understand their obligations and benefits.

- Forms – Functionality to complete and download enrollment forms in lieu of transferring to the online enrollment process.

The rules and regulations related to the employer responsibility, Section 125 plan setup and employer contributions to premium are in the process of being developed. Additional requirements will be identified during the Design Phase, and this functionality may be shifted to the Sub-Connector as a result. The following represent example assistance tools that may be developed and deployed.

5.1.4.3.1 Establish a Section 125 Plan

Link to the Sub-Connector site for collecting Section 125 application information.

5.1.4.3.2 Forms Library

Provide forms equivalent to the online Section 125 application. The library allows users to download the forms for review or to apply offline.

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5.1.4.3.3 Additional Section 125 Options

Provide information on additional enrollment methods including telephone numbers, community centers, and brokers. This information will be presented in text format.

5.1.4.3.4 Save My Employer Profile

Provides support for multiple site visits by allowing the employer to create an anonymous account, with settings and previous analysis available on return. This allows a user to visit the site more than once without interrupting the progress they've made in making plan, Section 125 and premium contribution decisions.

5.2 Website Administration and Support Tools

5.2.1 Search

Provides Google-like search functionality. Users will be able to conduct keyword and topic searches to navigate the site efficiently and quickly find the information they are seeking.

5.2.2 E-Mail Contact Support

Provides "Contact Us" functionality, allowing the user to send messages and questions related to using the website or acquiring coverage to Connector, Sub-Connector or customer service staff. Can be expanded to live chat support in the future.

5.2.3 Session Management and Security

Manages saving user profiles and authenticating returning users for access to their profiles.

5.2.4 Content Management

Allows site administrators authorized by the Connector, including Connector staff, to maintain static information, update additional information, and edit website processing rules.

5.2.5 Interfaces to External Systems

Data transfer via the Enterprise Service Bus and Internet between the Connector website and external systems, potentially including:

- Enrollment application requests from the Connector Website to the Sub-Connector and Virtual Gateway

- Membership, premium payment, and claim detail from the Maximus MassServe system, EOHHS Data Warehouse and the Sub-Connector to the Connector Data Warehouse

Other interfaces may be discovered during the Design Phase.

5.2.6 Audit and Reporting

Alerts and reports will be created to monitor website activity and performance, both real-time and retrospectively. In addition, reports will be created to track usage, Connector statistics, usage patterns, suspect visit activity, etc.

More detailed requirements will be defined in the Design Phase of the project.

5.3 Connector Website Data Warehouse

The data warehouse will capture data related tracking Connector customers and identifiable visitors to the Connector website for statistical reporting and to understand patterns related to customers acquiring insurance. Data to be

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tracked includes visits, hits, pageviews / impressions, unique views, referrers, user agents, etc.

In addition to tracking website activity, member, claim and premium data may also be captured for experience rating purposes. More detailed requirements will be defined in the Design Phase of the project.

5.4 Hosting Infrastructure

The Connector website and Data Warehouse can be hosted by CSC, another commercial contractor, or within the ITD environment. A hosting strategy will be determined early in the Design Phase.

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6. Constraints

The following sections provide additional detail on constraints associated with the development, technology, and deployment of the Connector site.

6.1 Development Process and Team Constraints

The Connector Authority has identified schedule as its primary driver of scope. As a result, the development process and development team will provide business value by any means necessary to remain within the appropriate timeframe and budget. This may have implications in the selection of tools and techniques – solutions that are the least costly to implement, both in terms of time and materials, will be chosen over ones that are more expensive in either sense. The team will operate under strict time boxing and utilize the Rational Unified Process in executing iterative development cycles.

The Connector's role is new and its resources are limited. As a result, the requirements for the portal and associated business processes are continuing to evolve. Any resource estimates for construction are typically produced from a firm understanding of requirements, their associated levels of complexity, and their static nature. Changes in scope or discoveries of new business requirements must be handled as part of the agreed-to Change Management process. The iterative nature of the Rational Unified Process used for this project will help mitigate this constraint, but it will still need to be carefully managed.

Some desired functionality almost certainly will need to be deferred to future releases. During the design phase, functionality will be allocated to different releases to create a longer term release plan. This plan will evolve and become more precise during development.

6.2 Environmental and Technology Constraints

On January 12, 2004, the Massachusetts Executive Office of Administration and Finance (EOAF) released a set of guidelines for new technology initiatives undertaken by Commonwealth agencies. The Commonwealth Health Insurance Connector Authority seeks to leverage these guidelines as part of an effort to embrace open enterprise architectures. The "open standards" principle included in these guidelines seeks to provide a mechanism for avoiding vendor lock-in and enabling rapid technology realignment to support future business changes.

In addition, ITD's Information Technology Architecture specifically designates a set of tools the Commonwealth would prefer to see utilized in the State environment. Some are vendor specific, and the degree to which their product-specific features are utilized will vary according to the previously articulated constraints of budget and time. A mix of open-source and third party tools are cited, including CVS, JUnit, and ANT; as well as Oracle 9i, BEA WebLogic, and IBM MQ Series. Certain principles of vendor independence have consequences in development and architecture. For example, SQL code used within the data tier of a proposed solution must be kept generic so that vendor database tools interpret the same command correctly and produce identical results. This prevents the use of compiled stored procedures in the data tier, for example, as Oracle's procedural SQL is not the same as MaxDB's.

6.3 Delivery and Deployment Constraints

Finally, delivery and deployment of a solution will be constrained further by several factors:

- The State's technical architecture and existing hosting capabilities will constrain the delivery and deployment of any solution. Site hosting may need to exist outside the state ITD environment.

- Access to the production environment. Either physically or through electronic means, deployment activities in a production-rated environment (servers and network) must be performed. If contractors are to perform the rollout(s), they must be given full access rights and privileges to the environment as well as the physical server rooms. If state personnel are responsible for production rollout, the schedule will be constrained by their availability.

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7. Quality and Service Levels

This section addresses technical architecture implications of business requirements. It combines the principles outlined in the IT Standards published by the Information Technology Division (http://www.mass.gov/?pageID=itdhomepage&L=1&L0=Home&sid=Aitd) with specific business requirements, and discusses their potential effects on specific technical domains. At this point, the requirements are mostly qualitative. Quantitative requirements will be developed later in the project and eventually will serve as the basis for service level agreements. Note that there are two major audiences: external users seeking insurance or information, and Connector-related users seeking analytical information, performing updates, etc. Where appropriate, these audiences are treated separately.

Implementation-specific domains have been intentionally omitted, as they will be revised and finalized during the Construction phase of the project. Requirements that are expected to materially change in future releases are noted.

7.1 Performance

End-users will expect that the system perform like other internet sites, relatively fast in serving up content. Common usability guidelines suggest no more than a three-second lapse between interactions, because exceeding that time is too much of an interruption of the thought process. Exceeding that time during normal interactions also will give the impression that the system is slow. If an action is expected to take longer, appropriate cues such as progress bars should be given to the actor indicating that the activity is in process and is progressing. Because performance across the internet is unpredictable (varying connection speeds, computer and browser capabilities, etc.), the Connector site should be designed to perform well, with smaller graphics, some degree of edit checks, etc.

Research activities such as browsing the site and gathering information should be expected to happen quickly – within 1-2 seconds. Calculator functions, "what if" analyses, and forms submission will typically take longer. The system should ensure that users understand this and provide progress information.

Connector-related users generating reports, using the Data Warehouse for decision support, and updating site content should expect longer response time than simple browsing. These functions usually require more user thinking time, making slower computer response time acceptable. The more limited audience for these activities allows for more communication about requirements and system limitations. However, the site will not be that complex, nor will the data sets be very large (megabytes to low gigabytes). Performance in the few seconds range thus should be easily achievable for most processes.

7.2 Throughput

The Connector site's functionality will be focused on providing information, supporting decision making, and pre-enrollment functions. As a result, throughput, which is typically applied to transaction processing, is not a significant requirement.

The only "throughput" will be after an application has been submitted and the system sends a structured XML document or similar message to the Sub-Connector. The volume will be highest during open enrollment periods and will still be measured in documents per minute, not per second.

7.3 Scalability

The Connector website will face some of its highest traffic as soon as it is implemented. As a result, scalability will be less critical than properly sizing the system for Day One activities. Growth is expected to be significant in the first two years, as people become aware of the program and penalties become more significant. After that, growth probably will not be any more than 10% to 20% per year. Peak periods in succeeding years should occur during the tax season, particularly if there are related marketing campaigns.

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7.4 Reliability

Reliability has two components – the accuracy of results from the website and how often the website fails in some manner.

The website's results, from searches and calculations, must be accurate but only within certain limits. Searches are inherently somewhat hit and miss, and most users understand this. Various feedback mechanisms such as "How well does this page meet your requirements?" and "Search with results" will be used to improve the accuracy of searching. Calculations will be mathematically accurate, but rules complexity and imprecise information will require a disclaimer. Any errors or inaccuracies should be reversible during the enrollment process. Another aspect of reliability is having a "click" lead to where it should. Broken links are annoying and reduce overall confidence in the site. At a minimum, the Connector site should be spidered on a regular basis to ensure that all links work.

This website is providing service to the public, but should not be considered mission critical except at specific times, such as tax season, open enrollment, etc. As a result, Commonwealth standards for non-mission critical systems should be applied. Data must be preserved, but if the system is down for a few hours there should be no significant impact, only inconvenience.

7.5 Availability

The site should be available 24x7, except for scheduled maintenance. Having the site down for maintenance will have a minimal impact, as people can always return to it later. Maintenance should be scheduled for hours such as early morning, because of the potential for activity in the evening as people research from home. Maintenance schedules also should be coordinated with any PR activities, so that, when people are directed to the site, it is available.

7.6 Security

In accordance with the Healthcare Information Portability and Accountability Act (HIPAA), custodians of patient-identifiable information must take appropriate steps to ensure the security of that information commensurate with the size and resources of the custodian's organization. At this time, it is not envisioned that the Connector website will have this type of data. Data subject to HIPAA will be at the Sub-Connector. However, the Connector and the Sub-Connector websites should appear to users to be a single site. Therefore, the Connector site needs to support user log-on and authentication and to pass credentials to the Sub-Connector and should meet HIPAA requirements.

The Connector website will use the following security mechanisms:

- User authentication, for website visitors and for Connector, Sub-connector, and plan employees. (Note that anonymous browsing and work is allowed, but citizens would need to register to enroll or to save work for a future session.)

- Role-based authorization, and, if necessary, access control lists

- Encryption of data transmitted across a public network, using https or VPN as appropriate

Website visitors and Connector-related personnel have different authentication requirements. Visitors (including brokers and small employers) who come to the website can anonymously browse, research, and do what-if analyses. Session state for anonymous users can be preserved by cookies and persistent storage, if desired. (Preserving session state requires asking the user if they are using a public computer.) If a user wishes to enroll, to get more accurate quotes or to be mailed forms, then they will need to establish a log-on identity, which will be associated with their information. At this point in the process there will be no way to validate that someone is actually who they say they are; that will happen later in enrollment. Applicants need an easy to remember but unique application identifier for tracking and retrieval purposes. The identifier may be a combination of personal information and a password. Any information that can be identified to a person must be protected.

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Connector-related users will need to access and verify data. Some information can be anonymized and will require a lower level of security; access to personally identifiable information will require an appropriate user role and an audit trail.

Users who are not physically located within the mass.gov network will require access to the Connector. Therefore, the servers and network used to host the solution should be within an environment that has been appropriately hardened to attack from the public Internet. The design must properly isolate the solution's architectural components into public, trusted, and semi-trusted zones as determined during the Construction and Deployment phases of the effort. VPN access might be required for Sub-connector and Plan personnel to access Connector data or vice versa.

7.7 Usability

Potential users in the focus groups have indicated that they view the Connector as a "trusted advisor" and will seek guidance on alternatives, coverage options, and costs, as well as support for deciding between different alternatives. A well-designed, user-friendly site will be a critical component in meeting these needs.

The Connector website will also need to meet mass.gov usability guidelines. Even if not legally required, these standards are good practice, especially for an insurance site. These standards ensure that physically challenged users will be able to make use of the site with whatever assistance tools they may have. Certain web page coding techniques render these assistance tools ineffective and must be avoided. The Web Accessibility Initiative, lead by the W3 Consortium, maintains these accessibility standards at http://www.w3.org/TR/WCAG10/ and a freeware tool, "Bobby", exists that will test a page for compliance with the standard. "Bobby" can be found at http://bobby.watchfire.com/bobby/html/en/index.jsp.

A significant requirement exists that allows an actor to end an application session at any time without an explicit "Save", and the incomplete application must be retrievable. This implies that an implied persistence operation is executed at every page-level interaction point between the actor and the system. Standard usability best practices should be used whenever possible, such as navigation "breadcrumbs." Similarly, click stream analysis should be used to understand where users abandon the site, apparent areas of confusion, and similar problems.

7.8 Accessibility

The Connector website must be available all of the public who are using the Internet, including those who are physically challenged (see Usability above). The website must support Internet Explorer (V6 and later) and Firefox.

Connector-related users will need access to the system and to stored data. These users will be on different networks and will need to connect through a VPN.

7.9 Flexibility

The Connector system will evolve over time, but the functionality on Day 1 will be similar to future state functionality. Because of the short timeline to the May 1 initial implementation, it is likely that additional functionality will be deployed on a regular basis, using some type of iterative development methodology. An additional need for flexibility will be in changing rules and regulations, and the system should isolate rules and content to simplify changing and managing these without recoding. This will enable, for example, integrating the Care and Choice sites so that end users can have a relatively seamless experience.

The Connector website is not anticipated to require more flexibility than that enabled by good software design philosophies (e.g., separation of functions, decoupling business logic, data, and presentation, etc.)

7.10 Extensibility

The Connector site will primarily be used for research and decision support by end users, along with some transmittal of enrollment information. Extensibility lies mostly in expanding content, choices, and analysis tools.

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7.11 Reusability

To minimize cost and maximize value, business logic that is automated should be reusable whenever possible. This implies that business logic code should be structured in discrete component-based services whenever possible and subsequently aggregated or leveraged individually to maximize their reuse. In the Connector website, many activities or web services will be common to different users. The design should maximize the reuse of these services.

Reuse also implies leveraging existing resources as much as possible. To this end, the Connector site will be designed so that it can leverage Commonwealth resources such as the Enterprise Service Bus.

7.12 Manageability

Site manageability consists of several elements, the most important of which are content management, performance management, and error management. Management reporting is also necessary, ranging from informing end users of errors to helping administrators diagnose problems.

Content management includes updating the text and images and the business (rating) rules on the system. Although these could be managed using simple file structures and updated using tools such as word processors, a more sophisticated tool set that simplifies updating content and then testing the results will greatly simplify content management. This will also enable workflow for updates and approval. Rules will change more slowly and will require more technical expertise to update or revise. Most or all of the rating rules will be on the sub-connector site. The Connector site might hold a simplified subset of the rules for users who are anonymously browsing, including average rates and what-if analyses, such as "what if" for an example medical event.

Performance management on the internet is difficult, because a significant element of the end-user perceived performance cannot be controlled (internet congestion, connection speed, and computer and browser speed). However, the site can be monitored by tools that simulate users at different connection speeds browsing and using the site. This will enable administrators to track performance over time and understand what functions appear to not perform well. (Note that the most important contribution to performance will come from a well-designed site that operates efficiently.)

Error management requires the ability to diagnose and fix problems. The Connector site should handle non-critical exceptions by logging the fact that the error occurred. Critical errors will require further intervention, such as alerting an operator on-call via paging service or email.

To the external actor (end user or Connector-related person), errors generated by the application should result in a consistent message being presented (such as an "Error Page") instructing the actor on what action they should take in the process flow. All system errors should be trapped and presented to the actor in an understandable message. Actors should not be shown error message text that came directly from the DBMS or system environment.

The Connector site should be able to log system events to support the following activities:

- Debugging application errors

- Monitoring application performance

- Analyzing business transactions

- Reporting on system usage

Taking logging checkpoints at significant events in the session lifecycle is critical in supporting the activities mentioned above. Logging application exceptions, integrations, session beginnings and endings, and other significant events will allow for a much richer understanding of system behavior and performance. Logging does

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create system overhead and increases performance requirements, so the logging capability should be capable of being increased or decreased depending on system performance and whether detailed diagnostics are required.

Though no specific business requirement exists regarding event management, some event-handling framework should exist to facilitate the logging requirements described above.

7.13 Supportability

The ability to be repair or update an application such as a website easily and rapidly without affecting the reliability or availability of the system makes it easier to support. Many of the characteristics described above, such as decoupling rules and content, business logic, data, and presentation serve to facilitate supportability and maintainability. The website also will use a services-based approach, which will further decouple system components.

Another component of supportability is vendor independence. The technical architecture guidelines issued by mass.gov require that, whenever possible, solutions be vendor independent. From a supportability perspective, solutions should be portable from one vendor's platform to another. However, some elements of solutions, such as directory services, will be more vendor specific and less portable.

In support of this principle, in J2EE, configuration and settings files are structured in plain text so that they can be managed from any platform, through command line, or through a GUI. The java classes themselves could be compiled for use on multiple platforms, and multiple application servers, so long as no vendor specific packages are used or referenced.

Furthermore, administration tools or documentation and procedures will be provided that govern all the configurable components of the solution.

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8. Release Plan

Following is the priority of the different system features, followed by a current "aspirational" view of how the various features are planned to be grouped in releases. Additional detail and accuracy will be developed as the project proceeds:

8.1 Release 1.0 – Static Content Migrated

This release is aimed at establishing a new and Connector presence on the web, with the new agreed creative "look and feel" aligned to the branding strategy developed by the Sales and Marketing team. Besides the new navigation and user experience, this release will include information comparable to the material on the current website, new educational content, and search and e-mail contact support.

This release is planned for mid-April.

8.2 Release 1.1 – Segment-Specific Educational Material, Limited Decision Support

This release provides segment-specific educational content and prioritized decision support features (starting with Young Adult Plans). The session management and security solution for saving user shopping information and profiles will be included, along with an interface to the Sub-Connector for young adult enrollment, and the content management solution for maintaining the site. Partial audit and reporting capabilities will be in place to monitor site traffic.

This is the minimum May 1 go-live functionality, and is planned for April 29. Additional functionality that is ready will be included for individuals and employers, prioritized in that order.

8.3 Releases 1.2 - 1.x – Incremental Decision Support

A series of releases can add additional content, decision support and enrollment support for individuals and employers as it is tested and accepted. It is anticipated that provider search capability will be the most complex to develop and will be the last decision support functionality delivered.

These releases will be delivered throughout May and June.

8.4 Release 1.y – Final FY07 Release

The final release before the end of June 2007 is aimed to complete all functionality with the exception of member, claim and premium tracking in the data warehouse. That functionality should be deferred until FY08, as the requirements are so ill-defined at this time, and development efforts should be focused on education, pre-enrollment and Sub-Connector enrollment features between now and the law's mandated coverage date of July 1, 2007.

8.5 Release 2.0 – Initial FY08 Release

A release scheduled sometime after July 1, 2007 can round out data warehouse and reporting features, along with any other features identified as required in the meantime.

A matrix follows detailing website features expected to be delivered in each release. "P" denotes partial delivery of a feature in a given release.

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	Release				
	1.0	**1.1**	**1.2-1.x**	**1.y**	**2.0**
	11-Apr	**29-Apr**	**May/Jun**	**Jun**	**FY08**
Information and Education on Health Care Reform					
About Health Insurance	X	X	X	X	X
About Health Care Reform	X	X	X	X	X
Programs and Coverage Levels	X	X	X	X	X
About the Connector	X	X	X	X	X
Insurance Shopping Tools for Individuals					
Browsing Information for Individuals					
Frequently Asked Questions (for Individuals and Families)	X	X	X	X	X
Obtaining Individual and Family Coverage Through the Connector		X	X	X	X
Information on Health Plans for Individuals and Families		X	X	X	X
Information for Employees of Companies that Help Pay for Insurance			X	X	X
Comparison Aids for Individuals					
Compare Plans by Service, Brand or Type			X	X	X
Find My Providers			P	X	X
Shop by Price			X	X	X
Enrollment Assistance					
Enroll Now			X	X	X
Forms Library			X	X	X
Additional Enrollment Options			X	X	X
Save My Profile			X	X	X
Insurance Shopping Tools for Young Adults					
Browsing Information for Young Adult Plans					
Frequently Asked Questions (for Young Adult Plans)	X	X	X	X	X
Cover Me		X	X	X	X
Learn More About the Plans		X	X	X	X
Comparison Aids for Young Adult Plans					
Compare Plans		X	X	X	X
Find My Providers			P	X	X
Shop by Price		X	X	X	X
Enrollment Assistance					
Enroll Now		X	X	X	X
Forms Library		X	X	X	X
Additional Enrollment Options		X	X	X	X
Save My Profile		X	X	X	X
Insurance Shopping Tools for Employers and Brokers					
Browsing Information for Employers					
Frequently Asked Questions (for Employers)	X	X	X	X	X
Choosing Health Insurance for You and Your Employees			X	X	X
Learn More About Plans Employers Can Sponsor			X	X	X
Comparison Aids for Employers					
Compare Plans by Service, Brand or Type			X	X	X
Shop by Price			X	X	X
Section 125 Assistance					
Establish a Section 125 Plan			X	X	X
Forms Library			X	X	X
Additional Section 125 Options			X	X	X
Save My Employer Profile			X	X	X
Website Administration and Support Tools					
Search	X	X	X	X	X
E-Mail Contact Support	X	X	X	X	X
Session Management and Security		X	X	X	X
Content Management		X	X	X	X
Interfaces to External Systems		X	X	X	X
Audit and Reporting		P	P	P	X
Connector Website Data Warehouse		P	P	P	X
Hosting Infrastructure	X	X	X	X	X

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9. Additional Technical Requirements

The following diagram depicts the conceptual portal framework that provides the functionality described in other sections. The framework breaks down the technical areas required by the Connector website into components and layers. Presentation (the actual pages displayed on the website) are separated from business logic, which is in turn separated from information storage. The architectural framework also shows the anticipated role and illustrative functions of the Sub-Connector, although these will be subject to change as Sub-Connector selection, contracting and implementation proceeds.

End user http
and https access

User Management and Security (includes anonymous browsing)

Directory based authentication

Presentation & Personalization through cascading style sheets (CSS)

Presentation Layer

Development, Infrastructure, Governance, Systems Management, etc.

Digital Asset Management

Search and Categorization

Portlets for Plan Comparison, Registration, Enrollment, Premium payments, Account maintenance, etc.

Back end functionality for portlets

Rating Engine

Business Logic Layer

Data/Information Layer

Content (text, images, video, etc.)

Directory

Clickstream and usage data

Disk or file transfer

Other data stores (rates etc.)

Logical or physical DW for Connector

User Data (Plans, etc.)

Rate Information

Health Plans

Connector

Sub-Connector

834 (enrollment) and 820 (premium payment) messages

Note that this figure is not a physical representation. The different elements are not necessarily running on different hardware or instances of operating systems. The logical design will be mapped to the physical design during the design phase of the portal implementation.

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The principal elements of the architecture are:

- **Presentation layer** – The portal will use standard web technology such as cascading style sheets (CSS) to provide a common look and feel, present consistent Connector branding, and to simplify managing the html environment. In addition to anonymous browsing, registered users will be validated against a back-end directory and provided access to a more personalized experience based on earlier plan analyses.

- **Business Logic layer** – The portal will have two principal types of business logic. One type is general in nature (e.g., content management and search) while the other is related to Connector-specific business functions (insurance research and account / profile maintenance). The focus groups have shown that potential customers want information and guidance. Well presented content and the ability to search through this content, using a Google-like interface, will be a core element of the portal. Users also will be very focused on assessing the costs and benefits of different plans, understanding tax implications, and potentially maintaining and updating their account information for an ongoing relationship with the Connector.

- **Data / Information layer** – The portal environment will need diverse data, including site content, user information, plan information, etc. Logically, these data will have a single instance, but physically they might need to be replicated for performance reasons. Data elements will have a single source of authoritative data, and updates will be applied to those sources.

Two additional areas not depicted in the diagram must be addressed – the development environment and the hosting infrastructure. They are described briefly in this document and will be further specified in the Design Phase of the project.

- **Development environment** – The Connector will need an environment to build, test, deploy, and enhance and maintain the portal.

- **Hosting and operational infrastructure** – On an ongoing basis, the Connector portal will need a stable and robust operational environment.

Each of these major components is described in more detail below. The requirements for these components, combined with selected Sub-Connector's technology, will determine which portal technologies best fit the Connector's needs.

9.1 User Management and Security

Within the Connector portal, user management and security is supported by the user authentication model, authorization model, administration of users and authorizations, and LDAP connectivity. To provide the most useful functionality to users, user management and security will be required to personalize content and to protect privacy. Users can browse anonymously browsing until either voluntarily registering with the Connector to save their insurance research information from their website shopping experience, or when applying for coverage on the Sub-Connector or other enrollment system.

Security functions are distinguished from the user profile in that they represent the underlying support for authentication/authorization, single sign-on (SSO) support, auditing and logging, web access control and SSO tools, authorization standards, and hacker defense.

The following user profile and security capabilities are needed in the Connector website portal

9.1.1 Authentication

Users are authenticated by logging on with an id and password. Once they are authenticated, they can move seamlessly throughout the site, with only the single sign-on required to use Connector and Sub-Connector (and, in the future, possibly third party) applications that access necessary personal data. Anonymous browsing will provide

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a to-be-determined but as full-featured as possible subset of registered user browsing.

Single sign-on will require that back-end applications trust the Connector's authentication and be able to accept user credentials.

9.1.2 Authorization

Authorization will fall into two categories – what a specific user is authorized to do and what a role is authorized to do. Users will be able to access, update, and use their information. Roles, such as "Customer Service Representative," will be able to perform a certain set of tasks and view associated data. CSRs, for example, normally would have the capability to act on behalf of a customer, subject to their approval. Role-based activities should be logged and, if necessary, reviewed. A user can have multiple roles. Authorization information is normally stored in the application. If an application does not support role-based access then an exhaustive list of users and their access rights will have to be stored in the application.

9.1.3 Registration

The portal will provide a registration function, allowing users to choose a user identity (user id) and choose an appropriately strong password. Examples of this are common throughout the web, so users should be familiar with this concept, process, and interface. Although it weakens security, some type of online user password recovery might also be offered, based on a user surrendering an e-mail address to which a reset password can be sent or offering a password hint based on some item of personal information.

9.1.4 Directory

The user directory will store the subset of data associated with authentication and authorization, including user id, password, and role. These data will be accessed via LDAP (lightweight directory access protocol) or a similar mechanism. The directory also should support the creation of groups based on a hierarchical organization, community, interests, etc. If necessary for performance reasons, the directory information may be replicated across the Connector portal and the Sub-Connector environments.

9.1.5 User Profiles

The complete set of information about a user, including demographics and insurance data, will be stored in a database holding user profile information at the Sub-Connector. This database should hold an extensible amount of information about a user, including personal information such as name, address, phone number, and family data, as well as information about selected health plans, how premiums are to billed and paid, etc. Ideally, the user profile, or a lightweight copy on the portal, will support the ability to personalize information regarding layout, past research, etc.

The information in the User Profile database will need to be managed in compliance with HIPAA regulations.

9.2 Presentation and Personalization

Presentation and personalization determine how the portal delivers information to the user. Presentation refers to the layout, content presentation, navigation, multi-channel abilities, multi-language support, automatic sitemap, usability, help integration, offline functionalities, and resolution. Personalization refers to how an individual user self-organizes available content and information.

Initial business requirements imply the following presentation and personalization capabilities will be needed in the Connector portal. In many cases, the inherent capabilities of portal products exceed what will actually need to be implemented by May 1, 2007. These are noted as appropriate.

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9.2.1 Multi-Channel / Multi-Language / Multi-Device Support

The requirements for supporting multiple languages, channels, and devices are not currently known. It is anticipated that Spanish, at least, will be required, but this might not be possible or required by May 1.

Managing presentation with cascading style sheets (CSS) will enable supporting different channels, devices, and languages, but the appropriate content and layout will need to be developed before they can actually be supported. This is not expected to happen by the May 1, 2007 initial implementation.

9.2.2 Explicit Personalization

Explicit personalization allows a registered user to specify a layout and content of interest that is populated when they log on to the site. This is a common capability in many internet portal home pages, such as at Google, Yahoo, MSN, etc. An example of explicit personalization is allowing users, when they log on, to automatically see account status, claim information, etc.

This functionality is not expected to be implemented for May 1.

9.2.3 Implicit Personalization

Implicit personalization uses profile information to prioritize information for presentation. For example, certain information in a "News" section may be emphasized for a user who identified themselves as having children, or a specific plan offering might be highlighted. Implementing implicit personalization requires appropriate tagging of content and then matching those tags to profiles. This development work is not expected to be done before May 1 but can provide powerful incremental functionality in future releases, particularly as the volume and richness of the content increases.

9.2.4 Navigation

The portal software should auto-generate the menu navigation based on context, that is, on where a person is in the site and what they are doing. Navigation also includes the "bread crumbs" that show where a user is in the site and how to get back to where they were before.

9.2.5 Content Presentation

Presenting content is the most basic function of the portal, including text (HTML, XML, Static Content), images (JPEG, GIF, etc.), video (QuickTime, Media Player), audio (WAVE, MP3, etc), Flash, and documents (Word, PowerPoint, PDF, Excel, etc.). This content initially will sourced directly by the Connector purposefully for the website, but in the future might be syndicated from other locations.

9.2.6 Help Integration

Somewhat similar to content presentation, help integration is content specific to a context that guides users through potential problem areas. Portlets, such as those from the Sub-Connector, should also present context-sensitive help in the same approach, structure and format as the integrated portal help. Consistent portlet help will be important in providing a seamless environment and service experience across the Connector and Sub-Connector.

9.2.7 Layout & Skinning

The style sheet approach will support the branding strategy via customization of the look and feel of the site at multiple levels.

9.3 Digital Asset Management

This capability includes the content management life cycle, from creating or importing from another source; testing and deploying; managing; and then to retiring content. Many commercial content management systems are aimed at

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organizations that have large and complex content environments. The Connector's content, while not insignificant, will not resemble that of a typical government agency or a Fortune 1000 company. As a result, the Connector should be able to avoid some cost and complexity by using a simpler content management product.   The following digital asset management capabilities are needed in the Connector portal solution:

9.3.1 Content Management

At its simplest, content management supports the typical life cycle phases of create, update, publish, and archive. These phases are augmented by the capabilities described in the following three subsections.

- Creation – Most content is created outside of the content management system and imported. The content management system should accept various file formats and not lose the structure of the document or document fragment. At some point in the creation process, the content needs to be editable in the content management system. As part of the creation process, the editor should be able to publish to a test web site, see how the content will appear, and modify it to ensure that the final result is acceptable.

- Update – Minor modifications, such as correcting typos or adding explanatory text, should be simple to apply. The system should support file/document versioning via a check in / check out processes.

- Publish – Once content has been approved, the content management system should be able to publish to the production system on a scheduled basis.

- Archive – See below.

9.3.2 Workflow

It is important that content be checked, visually tested, and approved before appearing on the web site. Given the high profile of the Connector site, this will be more important than in many environments. The workflow capability will manage the flow of content from creation through to deployment, ensuring that deadlines are met. The approval requirements should depend upon the magnitude or importance of a change. The workflow also should address archiving requirements.

The workflow should allow customized event notifications such as "Approval Required" and "Content Approved" support, taking into account the content author, editor, publisher, administrator, and consumer (reader), and allow managers to view a pending list of documents (e.g., pending workflow approval)

9.3.3 Tagging

The content management system should allow the use of a standard set of tags to allow content to be targeted at particular audiences. Tags should be based on a standard taxonomy that captures elements of interest to the different Connector constituencies.

9.3.4 Archiving

As content is retired, it should be archived and accessible for analysis, if required. This can simplify diagnostics if something goes wrong, and might be necessary for legal reasons. The Connector content will not be too extensive, so archiving should not require large amounts of storage or a very sophisticated system. The archived information probably can be stored on the content management system for some period of time and then archived to optical media.

9.4 Search and Categorization

Search and categorization refers to those functions, which support information retrieval from the portal, from related sites, and possibly from the broader Internet. The following capabilities are needed for the Connector portal:

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9.4.1 Search Definition

Site visitors should be able to define simple (the large majority) and complex search queries using Boolean logic ("and/or" queries). Most users start with simple searches and resort to more complex searches when they do not get satisfactory results. Ideally, users can search by asking a question ("How do I . . . ").

9.4.2 Search Execution

Many of the site users will not be familiar with insurance or medical terms. In addition to a glossary, the search engine should interpret search criteria based on other relevant concepts and terms, from insurance and clinical taxonomies. Similarly, the engine should deal with word stemming, potential misspellings, and the like.

9.4.3 Search Results and Presentation

The search engine should be flexible in how it presents results, such as allowing selectable numbers of results per page, searching within results, etc. For speed and ease of use, all of these attributes should be defaulted.

Connector users will expect to see sophistication similar to that of other web sites, and providing too much capability might be confusing. Google and similar sites provide a good model, with a simple and effective basic default capability and a great deal of advanced capability available a click or two further away. Users should be able to provide feedback on whether the search results met their needs so that the engine can be improved.

9.4.4 Reporting

Analyzing users' searches will reveal important information about what topics are of the greatest interest, what aspects of the site seem most confusing, and many other elements that can increase usability.

9.5 Sub-Connector and Application Integration

The Connector will rely on external functionality from Maximus and the Sub-Connector, and potentially from other Commonwealth and external partner and systems. In the future, there is the potential to integrate additional third parties, intermediaries and Sub-Connectors. Integration describes the capabilities whereby users can access Connector business applications that are not contained within the Connector's portal software or technology environment.

An effective integration model will be important in meeting the May 1 deadline, especially as related to integrating and testing with the Sub-Connector to avoid delays. The detailed technical approach for integration will be developed after the Sub-Connector has been selected. We are anticipating being able to work with the Sub-Connector to agree on a common and standards-based portlet or Web services integration interface. If the Sub-Connector requires a specialized or limited interface, then the Connector will need to preserve flexibility by building an abstraction layer between the portal and the Sub-Connector's systems.

The following application integration requirements have been identified for the Connector enterprise portal solution:

9.5.1 Portal Integration

Portal integration will be the most important and functional type of integration in the portal, providing access via portlets to Sub-Connector business functionality. Portlets are simply a more robust evolution of servlets, both of which are common on the Internet today. Portlets will enable the Connector to control look and feel through style sheets, operating across the Internet using the web services for remote portlets protocol (WSRP) and providing appropriate isolation between the Connector and Sub-Connector environments. If the Connector cannot implement portlets with the Sub-Connector, then Web services or some simpler form of XML messaging will be the best fallback option. This will be determined after the Sub-Connector has been selected.

The Connector portal will also support Commonwealth Care, even if only in limited features in the May 1 release.

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The portal will use a similar portlet-based strategy to integrate with systems such as MMIS and the Virtual Gateway. Alternatively, the portal could use messaging, ideally leveraging the Enterprise Service Bus developed by EOHHS.

9.5.2 Portlet Interoperability

User processes may span more than one portlet. Data should only need to be entered once into the overall portal environment. This could be accommodated in the back-end, by populating data through the user profile, or by tagging the data entry fields consistently and ensuring that they share data.   Browsers now often make this feature less necessary by offering type-ahead choices based on field information. As a result, portlet interoperability may not be an important capability for May 1.

9.5.3 Application Linking

Application linking refers to accessing applications or other sites through links, and is common to most web sites. In the near term, the Connector site will provide integrated Commonwealth Choice functionality and provide links to Commonwealth Care. In a future release, sometime after May 1, Commonwealth Care may be more fully integrated into the Connector website.

9.5.4 Application Integration

For systems hosted in the Mass.Gov environment, the Connector might most efficiently integrate via messaging through the EOHHS Enterprise Service Bus. This is not a need for May 1, but might be the most effective long-term integration strategy for systems such as the Virtual Gateway and MMIS. This entails using a standard set of inter-system messages and assumes that the receiving system is message-enabled.

9.6 Development Environment

Development refers to the programming model, portal server APIs, portlet catalog, integrated development environment (IDE) support, and vendor support and documentation that the chosen portal vendor and other solution elements provide. It also includes the software to generate desired reports and to further analyze data from the Connector portal and databases.   The following Development requirements have been identified for the Connector enterprise portal solution:

9.6.1 Programming Model & Portal Server API

The Connector portal needs to be implemented rapidly, but without closing off future options and flexibility. The robustness of the programming model and the API set will determine to a large extent how well these criteria can be met. It will be important to conform to standards and avoid vendor-specific extensions if goals of portability and openness are to be met. In those cases where non-standard APIs need to be used, we will need to carefully document this use to preserve future flexibility.

9.6.2 IDE Support

All leading portal vendors provide an integrated development environment, or IDE. For rapid implementation, the key consideration will be how much of a "head start" the IDE gives developers. A "point and click" or "drag and drop" development environment, with the right templates, will reduce development time, albeit at the expense of less efficient code.

9.6.3 Portlet Catalog

Portlets are now widely available from portal vendors and from third party suppliers. A deep and rich of portlet catalog will further reduce development requirements and enable adding May 1 functionality that might not otherwise be feasible.

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9.6.4 Reporting Software

The requirements for website reporting and broader analysis of information, such as plan take-up by demographic category, have not been developed. These requirements will drive the database design and provide guidance as to which reporting software is most appropriate. The Connector's reporting and data warehouse requirements will not be too extensive. Data will be measured in no more than gigabytes. Standard tools such as SAS, Cognos, or Microfocus should be sufficient and will be selected when the requirements have been determined. SAS is already in use at the Connector.

9.6.5 Vendor Support & Documentation

Good documentation and vendor support (possibly through consulting) will also be important to the May 1 implementation.

9.7 Hosting Infrastructure and Operations Support

Infrastructure and operations includes the technical platform, redundancy, scalability, load balancing, infrastructure administration, staging and deployment, application administration, and the hosting environment that provides these capabilities. The following Infrastructure capabilities are needed for the Connector portal:

9.7.1 Technical Platform

The portal will need to operate on a robust, enterprise level platform that provides redundancy, scalability, and performance. Likely platform elements include:

- Application server

- Application server / portal solution software

- Web server

- Web server software

- Database server

- Database management system

- Disk storage

9.7.2 Scalability / Load Balancing

Web environments are typically less predictable than most internal environment. The portal platform should scale to support increasing user peaks and support load balancing and fail over to enable better management of the infrastructure for performance purposes.

9.7.3 Redundancy

The portal Solution will provide reasonable redundancy capabilities in support of a solution of this type.

9.7.4 Auditing & Logging

The portal solution will enable auditing and logging to enable sophisticated reporting on portal activities and to enable feedback about what elements are working well and which aren't. The logging capability should be variable, so that in periods of higher load it can be minimized to improve performance. Audit capabilities will be necessary for security and to identify technical problems.

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9.7.5 Application / Infrastructure Administration

The portal needs to provide sufficient administration capabilities for operation of the infrastructure and applications.

9.7.6 Application and Infrastructure Hosting

The Connector organization is relatively small and does not intend to have the resources to operate a portal environment that will support a population of over 200,000 potential users. As a result, the Connector has three alternatives for hosting the portal:

The existing Mass.Gov environment – This might entail adopting the Commonwealth's look and feel and thus appearing to be closely linked with government agencies. It is also not likely that the portal can be deployed quickly enough to meet the May 1 deadline. The Commonwealth has an existing infrastructure hosted by ITD that may provide a natural location for many users to begin looking for information on health care. However, it is not intended for "retail" activities, has limited appeal for the young adult demographic, and has limited design and style flexibility.

The Sub-Connector – This would simplify implementation, but would greatly increase the lock-in to a particular vendor, which the Connector does not want to do. The ability of the Sub-Connector to host a web site with this volume is not known for certain, but is likely to be an issue.

Third party hosting (CSC) – CSC has the capability to host the Connector portal at whatever SLAs the Connector will require in the timeframe the Connector requires for the May 1 go-live. This option likely gives the Connector the most independence and flexibility for technology and for look and feel. However, this solution will require sourcing more new technology, rather than reusing platforms already in place. The technology environment and contract will need to be designed so that the Connector has the capability to relocate the portal, if desired, including insourcing it to the ITD Mass.Gov environment.

The costs of these alternatives are not known and will need to be determined.

Note that the choice of a hosting facility is independent of the Connector's ability to designate a URL for the portal. A URL such as www.connector.com can be physically hosted within the Mass.Gov environment, albeit with "look and feel" and other potential restrictions. In the same way, www.mass.gov/connector could be hosted at a third-party, as certain other www.mass.gov URLs are today.

In the short term, third party hosting with CSC appears to be the best and fastest approach. As the Connector's identity is established and as operations stabilize, with known volumes and peaks, the Connector should consider the costs and benefits of hosting in the mass.gov environment.

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10. Documentation Requirements

This section describes the documentation that must be developed to support successful application deployment.

10.1 User Manual

A user reference manual is required for certain "administrative" functions related to the website:

- Using content management tools

- Responding to e-mail support requests

- Performing regular usage audits

- Producing usage, audit and other data warehouse reports

10.2 Online Help

The Connector website must display extensive online help to guide users, including help on using decision support tools and glossary and terminology help related to health insurance concepts.

10.3 Installation Guides, Configuration, and Read Me File

All code developed for the website must be thoroughly documented, with instructions for configuration, upgrade, maintenance and recovery of the website and its underlying infrastructure.

10.4 Labeling and Packaging

Features of the website's creative design will be documented in a Creative Brief and Style Guide to instruct site administrators and content authors on how a consistent "look and feel" is to be maintained and aligned with overall Connector marketing and banding strategy, identity and elements.

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11. Issues

Issue ID #	Originator	Origin Date	Issue	Issue Category	Priority	Status	Assigned	Close Date
1	DeBor	2/1/2007	Inconsistent customer/audience segmentation	Marketing / branding	M	Open		
2	DeBor	2/1/2007	Employer Section 125 and premium contribution rules and policies are ill-defined or not widely understood	Implementation	H	Open		
3	DeBor	2/1/2007	Providers are not well understood as a channel	Marketing / branding	H	Open	Fallon / Counihan	
4	DeBor	2/1/2007	Provider outreach program needed if identified as important channel	Marketing / branding	H	Open	Fallon / Counihan	
5	DeBor	2/1/2007	Advocates are not well understood as a channel and influencer	Marketing / branding	M	Open	Fallon / Counihan	
6	DeBor	2/1/2007	Press / PR strategy not well understood for tailored website messaging	Marketing / branding	M	Open	Fallon / Counihan	
7	DeBor	2/1/2007	Tax season implications not well understood	Operational	L	Open	Bull	
8	DeBor	2/1/2007	Enforcement and penalties not well understood	Implementation	M	Open	Bull	
9	DeBor	2/1/2007	Need to develop strategies for combatting payer disintermediation	Operational	M	Open	Bull / Counihan	
10	DeBor	2/1/2007	Need to develop strategies for broker / intermediary cooperation	Operational	M	Open	Bull / Counihan	
11	DeBor	2/1/2007	Sub-Connector's integration capabilities for seamless user experience is unknown	Implementation	H	Open	Nevins	
12	DeBor	2/1/2007	Website hosting decision has many factors to consider - political and cost	Implementation	H	Open	Nevins	
13	DeBor	2/1/2007	Budget needs to be finalized asap to account for potential new cost categories (software and hosting)	Implementation	H	Open	Nevins / Healey	
14	DeBor	2/1/2007	Health plan / carrier perspective re: the Connector, and implementation details (including content, provider search capabilities, etc.) are unknown due to ongoing health plan procurement	Implementation	M	Open	Bull	

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12. Risks

Commonwealth Choice - Web site
Risk Management Matrix

Impact rating is based on a scale of 1 – 5 (where 5 means the impact **could** cause the project/process to fail completely)
Probability rating is based on a scale of 1 – 5 (where 5 means the event **will** occur)
Impact *times* Probability = Risk Exposure

ID#	Risk Statement	Impact	Probability	Risk Exposure	Overall Rating	Impact	Response	Trigger	Owner	Current Status
1	Marketing/branding strategy not clear enough to inform web design by 2/3	5	3	15	HIGH	Potential rework (cost) - web site focus gaps	CSC to participate in focus groups Regular meetings with marketing team and agency CSC to provide web site branding issues/requirements to marketing team	Weekly status	Betsy	
2	Wrong audience segments chosen as priority targets	3	4	12	MEDIUM	Bad publicity and added cost to develop/redevelop web site post go-live	CSC to participate in focus groups Committed participation of key strategic resources (JF, KC, TB, MB) in prototyping Focus groups scheduled to review web site prototypes	Focus group results Complaints Bad publicity	Betsy Kevin	
3	Unable to reach consensus on "test-drive" functionality by 2/24	4	3	12	MEDIUM	Cost and scope - TBD	See #1 above Vision consensus	Weekly status	Bob N	
4	Scope creep on web site functionality (vis-à-vis Sub-connector)	4	3	12	MEDIUM	Cost and schedule	Ongoing senior staff commitment to requirements as documented	Weekly status	Bob N	
5	Section 125 functionality not clearly defined	4	3	12	MEDIUM	Bad publicity and added cost to develop/redevelop web site post go-live	Add Section 125 resources/expertise	Weekly status	Tricia	
6	Web site unable to meet thru-put, reliability and other performance goals	2	5	10	MEDIUM	Bad publicity and added cost to develop/redevelop web site post go-live	Identify system performance requirements early on Stress test ASAP and allow enough time and resources to do so Emphasize function/reliability over "whiz bang" features	Weekly status (staying on plan)	Bob N	
7	Unable to reach consensus on web site vision by 1/26	3	3	9	MEDIUM	Schedule delay based on desired functionality	Schedule time with senior staff to finalize vision Cut scope and functionality to meet 5/1 date Increase resources and cost to make up time and still meet 5/1 date	Weekly status	Bob N	
8	Scope creep on data warehouse	4	2	8	MEDIUM	Cost and schedule	Ongoing senior staff commitment to requirements as documented	Weekly status	Bob N Patrick	
9	Sub-connector web capability not verified by 1/22	1	5	5	MEDIUM	Scope - TBD Schedule - TBD Cost - TBD	Sub-connector candidates to provide CSC with web site access CSC to participate in site visits CSC to review RFR responses	1/19 checkout	Bob N	
10	Unable to make hosting decision by 1/31	2	2	4	LOW	Cost and schedule	Prepare cost/benefit analysis of competing approaches	Weekly status Cost benefit 1/26	Bob N	
11	Unable to reach consensus on data warehouse requirements by 2/24	2	2	4	LOW	Project resources unable to commit time to other areas; development delayed (cost, scope, schedule)	Prepare "straw man" DW design (incremental iterations) Establish interim design milestones for DW	Weekly status	Bob N and/or Patrick	
12	Commonwealth Care and Commonwealth Choice not well-integrated	2	2	4	LOW	Lost enrollment Customer confusion Public perception	Keep Melissa engaged in Choice and web site Focus groups review web site (advocates, etc.)	Focus group results Complaints Bad publicity	Rosemarie	

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13. Approvals

[Sign below to indicate that you have reviewed the document and agree with its contents]

[Roles should be added or removed from the list as appropriate for the project]

_____   _____

Requirements Owner   Date

_____   _____

Project Manager   Date

_____   _____

Architect   Date

_____   _____

Requirements Analyst   Date

_____   _____

Test Analyst   Date

_____   _____

PMO Representative   Date

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14. Appendices

14.1 Stakeholder and User Profiles

The following tables for each stakeholder provide additional detail on how each will participate in the Connector website project and be affected by its outcome.

14.1.1 <u>Uninsured individual</u>

Description	A patient who is a resident of the Commonwealth, who is not covered by a health insurance plan or a self-insurance health plan and who is not eligible for a medical assistance program (such as Medicaid). Typically segmented as follows: • Young adults (19-26) • Individuals and heads of households in other age groups • Employees of small employers who contribute to or otherwise direct their health insurance access See "Massachusetts resident / taxpayer" for a definition of "resident" under Section 12 of Chapter 58.
Type	It is assumed that this category will lack a sophisticated understanding of health insurance and will be made up mostly of casual users of the Internet.
Responsibilities / Participation	Use the website to: • Learn about their health insurance obligations under Health Care Reform • Assist in acquiring (shop for) minimally creditable health insurance as required by Massachusetts law and provided through the Connector.
Success Criteria	This stakeholder defines success as being able to meet the requirements of the mandate for the lowest cost and highest quality possible.
Representative	Not directly represented or participating in the project. The user's stakeholder perspective will be deduced from focus group sessions managed by Abt Associates, and also represented by Joan Fallon and Kevin Counihan.
Deliverables	Focus group reports provided by Abt Associates that provide insight into this user's needs.
Comments / Issues	• There are many ways to segment this population without a consistent taxonomy for segmentation categories, with the potential for confusion among the project team (i.e., some would understand "uninsured individuals" as excluding "employees" or "young adults", and some would fail to recognize that individuals are also considering and purchasing insurance for their families). • There is overlap between this group and others (e.g., sole proprietor employers may be uninsured individuals). • Views obtained through focus group may not represent the views of the entire population.

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14.1.2 Employer

Description	An individual, partnership, association, corporation or other legal entity that employs and compensates residents of Massachusetts. Employers with 11 or more employees are required to provide health insurance coverage under Chapter 58, and the Connector is targeting its health plan products for employer groups with 11 to 50 employees. Typically segmented based on: • Type and size – sole proprietorship, # of employees, etc. • Industry and job categories • Mix of full time (FTE) and part time employees • Contribution to employee premium • Section 125 designation
Type	There is potentially great variation within this category related to size, business issues, and to Internet and health insurance knowledge and sophistication.
Responsibilities / Participation	Use the website to: • Learn about their health insurance obligations under Health Care Reform • Assist in directing employees to most appropriate coverage • Assist in decision making related to contributing to employee health insurance • Assist in decision making related to health plan administration (especially as related to Section 125 of the Internal Revenue Code, which allows companies to give their employees the opportunity to pay for benefits on a pretax basis, lowering payroll-related taxes for both the employer and employees.
Success Criteria	An employer would define success as being able to understand and meet the universal healthcare mandate. How is the stakeholder rewarded?]
Representative	Not directly represented or participating in the project. This user's stakeholder perspective will be deduced from focus group sessions managed by Abt Associates and represented by Joan Fallon and Kevin Counihan.
Deliverables	Focus group reports provided by Abt Associates that provide insight into employers' needs.
Comments / Issues	• There are many ways to segment this population without a consistent taxonomy for segmentation categories. • There is overlap between this group and others (e.g., sole proprietor employers may be uninsured individuals). • Employer rules and policy related to premium contribution under the law are not yet fully developed or well understood. • Views obtained through focus group may not represent the views of the entire population.

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14.1.3 Insurance broker / advisor

Description	An individual or business providing sales and advice of health insurance products.
Type	These users have a high degree of sophistication in health insurance and information technology.
Responsibilities / Participation	Same as for individuals and employers.
Success Criteria	Insurance brokers define success if the connector does not impact their business in any way.
Representative	Not directly represented or participating in the project. Some requirements and attitudes may be able to be deduced from focus group sessions.
Deliverables	None. This user is not directly involved with site development.
Comments / Issues	• It is assumed but untested that brokers will not be significant in influencing coverage decisions for individuals or employer with fewer than 5-10 employees. • Some organizations similar to the Connector in their intermediary or health insurance exchange functions have built special websites and tools for brokers – the Connector has opted not to in the first phase of rollout, which may risk alienating or not fully leveraging the broker community. • The Connector business model may threaten some broker revenues.

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14.1.4 Healthcare provider and office staff

Description	Any entity providing patient care, including hospitals, physician offices, independent laboratories and other diagnostic facilities, pharmacies, ambulances and transportation providers, etc.
Type	This stakeholder is an expert in the healthcare space and will refers patients to the Connector when appropriate.
Responsibilities / Participation	Use the website to: • Assist patients in understanding the healthcare mandate • Sign up patients for insurance while at a provider facility.
Success Criteria	Success is defined by being able to easily refer or assist with the education and/or purchase of healthcare for patients.
Representative	Not directly represented or participating in the project. Attitudes stakeholder perspective will be deduced from focus group sessions managed by Abt Associates and represented by Joan Fallon and Kevin Counihan.
Deliverables	Reports provided by Abt Associates that provide insight into individuals' relationship to providers.
Comments / Issues	• This stakeholder had not been adequately considered as an influencer of health insurance decision making, in contrast to attitudes uncovered in focus group sessions related to the "trusted advisor" role they play for their patients. • If providers are to play a role in enrolling patients, an outreach program must be designed that includes consideration of how and when the EOHHS Virtual Gateway will be used.

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14.1.5 Patient advocate and community service agency

Description	An organization that directs individuals to resources available to assist them with financial, health and human services.
Type	This population has a high degree of sophistication with social services and understanding the needs of the public. There will be great diversity in their sophistication related to utilizing Internet resources.
Responsibilities / Participation	Use the website to: • Educate and assist residents with understanding and becoming compliant with the healthcare reform law • Assist in signing up residents for coverage.
Success Criteria	Success is defined as being able to gather information about the connector both initially and when any changes are made to facilitate coverage for MA residents.
Representative	Not directly represented or participating in the project. This user's stakeholder perspective will be deduced from focus group sessions managed by Abt Associates and represented by Joan Fallon and Kevin Counihan.
Deliverables	Reports provided by Abt Associates that provide insight into individuals' relationship to advocates.
Comments / Issues	This stakeholder had not been adequately considered as an influencer of health insurance decision making or public opinion.

14.1.6 Researcher and press

Description	An individual that seeks information about the Connector, the mandate, or options available to residents of Massachusetts.
Type	This user will be highly sophisticated in the use of Internet resources.
Responsibilities / Participation	Use the website to learn about Connector-related issues and activities in order to widely disseminate information and influence public opinion on a number of topics through numerous channels not directly available to the Connector.
Success Criteria	Information can be easily obtained about the Connector and the Healthcare Reform Law.
Representative	Not directly represented or participating in the project. This user's stakeholder perspective will be deduced from focus group sessions managed by Abt Associates and represented by Joan Fallon and Kevin Counihan.
Deliverables	None. This user is not directly involved with site development.
Comments / Issues	This stakeholder will need to be thoroughly considered and understood for their potential to influence public opinion, the potential resource strain they can impose on Connector staff with inquiries, and the potential damage they can inflict by inaccurately conveying details.

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14.1.7 Massachusetts resident / taxpayer

Description	Under Section 12 of Chapter 58, a resident is someone who: • Files taxes as a resident of the Commonwealth • Received rental deductions or homeowners liability insurance by declaring MA as their principle residence. • Filed certificate of residency in MA • Registered to vote • Paid resident, in-state tuition for their self, child or dependant or has a child dependant enrolled in public school in MA • Applied for and received Public Assistance for their self, child or dependant, OR • Received any benefits, licenses, entitlements, permits or privileges by claiming MA as their principal residence.
Type	This user will be an information seeking entity and will be treated as any other individual user. Internet and health insurance sophistication will vary widely.
Responsibilities / Participation	Use the website to: • Learn about health care reform • Understand the impact on their tax obligations and filing • If uninsured, underinsured or insured expensively, research health insurance options (same as for uninsured individual above)
Success Criteria	Information can be easily obtained about the Connector and the Healthcare Reform Law.
Representative	Not directly represented or participating in the project. This user's stakeholder perspective will be deduced from focus group sessions managed by Abt Associates and represented by Joan Fallon and Kevin Counihan.
Deliverables	This user is not directly involved with site development, but focus group reports provided by Abt Associates should provide insight into attitudes and information needs.
Comments / Issues	To the extent that residents and taxpayers are not also members of another stakeholder group, they may present the greatest burden on the Connector during tax season as they seek to understand the tax implications and requirement of the individual mandate.

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14.1.8 Health insurance carriers

Description	An insurer licensed or otherwise authorized to transact and provide accident and health insurance in the Commonwealth
Type	This entity will not need direct communication with the Connector site. Instead communication will flow from a sub-connector entity.
Responsibilities / Participation	• Voice their needs for Connector website functionality • Provide input into website functionality and design • Create and provide content to be communicated on the website relative to their insurance offerings
Success Criteria	Carrier's plans are successfully sold at a profitable price.
Representative	Health insurance carriers will be represented through the Sub-Connector chosen. Until then, carrier perspectives will be represented by Patricia Bull and Jon Kingsdale.
Deliverables	Plan detail content to populate website.
Comments / Issues	• The Connector business model may threaten some carrier revenues. • While individuals and employers can satisfy their responsibilities by acquiring coverage directly from carriers, the Connector will not receive revenue from such a transaction, thus threatening Connector sustainability. The Connector website must be designed to guard against this form of disintermediation.

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14.1.9 Insurance intermediaries

Description	Organizations such as business associations and chambers of commerce that match small employer buyers, brokers and agents to carriers, assist in selecting from competing carrier offerings, and provide administrative services such as employer and employee enrollment and premium billing.
Type	This stakeholder has a high degree of sophistication in connecting businesses to available resources.
Responsibilities / Participation	Voice their needs for Connector website functionality.
Success Criteria	Ability to provide small businesses with the resources and tools needed to be compliant with the state mandate.
Representative	Not directly represented or participating in the project. This user's stakeholder perspective will be deduced from focus group sessions managed by Abt Associates and represented by Joan Fallon and Kevin Counihan.
Deliverables	None. This user is not directly involved with site development.
Comments / Issues	• The Connector business model may threaten intermediary revenues. • Intermediaries are likely to feel that the Sub-Connector has an unfair competitive advantage over them and may be obstructive of Connector efforts as a result. A focused outreach program for intermediaries may be valuable as a counterbalance.

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14.1.10 Sub-Connector(s)

Description	An intermediary contracted with and designated by the Connector to provide administrative and other services as described above on behalf of the Connector.
Type	This user has a high degree of sophistication with health insurance and an unknown level of technical sophistication.
Responsibilities / Participation	• Voice their needs for Connector website functionality • Participate in integration and coordination activities between Connector website and Sub-Connector • Create and provide content to be communicated on the website relative to Sub-Connector functions
Success Criteria	Providing a seamless user experience for customers between the Connector and their own site.
Representative	The Sub-Connector will be self-represented once chosen.
Deliverables	Interface documents and websites that conform to the Connector.
Comments / Issues	• The Sub-Connector will not be chosen until well into website design. • The Sub-Connector's ability to develop web pages that provide a seamless user experience is unknown.

14.1.11 Commonwealth Connector Authority staff

Description	Employees at the Connector authority below the level of manager.
Type	This user has a high degree of sophistication in the healthcare insurance space, but needs tools to update the site that do not require high degree of technical sophistication.
Responsibilities / Participation	• Provide input to and review website requirements as appropriate • Create and provide content to be communicated on the website • Test the website for feedback to development team and for acceptance
Success Criteria	Website is easy to update, maintain, and use for reporting and tracking purposes, and represents the image of the Connector well.
Representative	Various staff will be directly involved in different website project activities.
Deliverables	Requirements participation and review; participation in acceptance testing; internal dependencies.
Comments / Issues	Staff is small and participating in many activities simultaneously, so participation may need to be limited and commitment may not be adequate at times, leading to delays.

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14.1.12 Commonwealth Connector Authority leadership

Description	Executive management and board of the Connector.
Type	These users will be customers of reporting and auditing capabilities within the site.
Responsibilities / Participation	• Monitor project progress and coordinate with related Connector activities • Communicate market needs to be satisfied by website • Create and approve content to be communicated on the website • Secure and approve project funding
Success Criteria	Provide a tool that educates and assist with enrolling uninsured residents of Massachusetts.
Representative	Chief Information Officer Bob Nevins is the primary representative.
Deliverables	Input into project direction and requirements.
Comments / Issues	Same as for Commonwealth Connector Authority staff.

14.1.13 Medicaid leadership

Description	Executives at the State responsible managing and making policy decisions related to Massachusetts Medicaid, or MassHealth
Type	Casual user and occasional participant in the project, with a high level of sophistication in health insurance, public health policy and public sector health insurance operations.
Responsibilities / Participation	• Provide project support, especially for Commonwealth Care • Participate in policy discussions and decision making (especially as related to subsidized coverage)
Success Criteria	Reduction of Medicaid expenditures for medical care and no disruption of Medicaid policy direction and operations.
Representative	The state Medicaid Director is an ex officio member of the Connector board.
Deliverables	None. This stakeholder is not directly involved with site development.
Comments / Issues	The Medicaid Director position is currently staffed with an acting Director (Tom Dehner).

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14.1.14 Executive Office of Health and Human Services leadership

Description	Executives at the Executive Office of Health and Human Services (EOHHS)
Type	Casual user and occasional participant in the project, with a high level of sophistication in health insurance, public health policy and public sector health insurance operations.
Responsibilities / Participation	Same as for Medicaid leadership.
Success Criteria	Lessons learned from implementing health care reform that help guide future state and federal policy and allow them to be associated professionally with a program that is perceived to be innovative and successful.
Representative	Secretary JudyAnn Bigby or her designee.
Deliverables	None. This stakeholder is not directly involved with site development.
Comments / Issues	The Secretary of HHS is new as the result of a new administration taking office and EOHHS direction and attitudes to the Connector are unknown as a result.

14.1.15 Information Technology Division

Description	The State of Massachusetts' Information Technology group responsible for Mass.gov
Type	Sophisticated knowledge, implementation expertise and use of Internet technologies.
Responsibilities / Participation	• Provide project support and input as required • Provide hosting detail and services (if requested)
Success Criteria	• Users of Mass.gov can find information about the Connector when desired. • The Connector website adheres to Mass.Gov standards and environmental requirements.
Representative	ITD Director Susan Parker.
Deliverables	Mass.Gov links and search functionality as defined by the Connector Authority's requirements; potential hosting.
Comments / Issues	Hosting the Connector website within the Mass.Gov environment, as the current temporary website is, likely is the lowest cost solution, but may come with content, look and feel, and schedule constraints.

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14.1.16 Governor's office

Description	Office of the Governor
Type	Casual user and occasional participant in the project, with a high level of sophistication in health insurance and public policy.
Responsibilities / Participation	• Provide project support • Participate in policy discussions and decision making
Success Criteria	Insure the uninsured in the Commonwealth in a way that is perceived to be innovative and attractive to Massachusetts residents, health care stakeholders and the business community.
Representative	Secretary of Administration and Finance Leslie Kirwan is an ex officio member of the Connector board and a confidant of the governor; other staff are likely to be briefed on Connector activities or otherwise involved in project activities.
Deliverables	None. This stakeholder is not directly involved with site development.
Comments / Issues	• Since the Patrick administration has recently taken office, its policy direction relative to health care reform and attitudes to the Connector are unknown as a result. • Relationships with the Connector are new and untested.

14.1.17 Commonwealth legislators

Description	Law makers in the Commonwealth
Type	Casual users and occasional participants in the project, with varying levels of ownership for Connector success and sophistication in pubic policy toward health insurance.
Responsibilities / Participation	• Provide project support • Participate in policy discussions and decision making
Success Criteria	Insure the uninsured in the Commonwealth in a way that is perceived to be innovative and attractive to Massachusetts residents, health care stakeholders and the business community.
Representative	Unknown – may be a mix of direct and staff representation.
Deliverables	None. This stakeholder is not directly involved with site development.
Comments / Issues	Legislators will have many and varying stakeholder positions related to the Connector's success, based on their varying constituent interests and involvement in passing Chapter 58.

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14.2 Solution Research

In the course of the Discovery Phase of the project, we reviewed the following websites as examples performing functions similar to that required on the Connector website:

14.2.1 Anthem Blue Cross and Blue Shield – www.tonik.com

Anthem has created Tonik branded health plans for young adults in six states. The Tonik website is geared to that audience as a result, with youth-oriented text and graphics and no concern to accessibility factors. Besides animated .gif images, the site is almost completely textual, with no interactive components prior to enrollment. Provider search is interactive, but performed outside of the site in the "captive" Anthem systems, meaning that all provider data is already "owned" by Anthem and Tonik.

14.2.2 CalChoice / Word & Brown – www.calchoice.com

Word & Brown is a large general agent in Orange County, California. They have created a set of websites (www.calchoice.com, www.wordandbrown.com, and www.conexis.org) that provide information and perform many of the services of the Connector and Sub-Connector, but present a confusing and anything but seamless service experience.

14.2.3 Connecticut Business and Industry Association – www.cbia.com

CBIA is the largest statewide business organization in the country, with 10,000 member companies. CBIA Health Connections offers CBIA members with three to 100 employees the choice of the leading health insurance carriers in Connecticut and more than 25 plan designs ranging from a $10 HMO plan to coverage for out of state employees. Their partners include CIGNA HealthCare, ConnectiCare, Health Net and Oxford Health Plans. Their website provides a wealth of information geared to employers and their employees, but offers no interactive decision support features.

14.2.4 eHealthInsurance.com – www.ehealthinsurance.com

eHealthInsurance is the nation's largest and most successful online individual / small group health insurance enrollment portal. It has partnerships with more than 150 health insurance companies, offering more than 5,000 health insurance products online, and has enrolled over one million individual customers. Their solution has also been embedded in a number of commercial plans' website as a solution for these plans' individual health insurance offerings (see https://pbcwa.inshealth.com/ehi/Alliance?allid=Pre25314&type=IFP). Many of the features expected in the seamless Connector / Sub-Connector service experience can be seen at the eHealthInsurance website.

14.2.5 Small Business Service Bureau – www.sbsb.com

The Small Business Service Bureau, Inc., founded in 1968, is a national small business organization with over 50,000 members. SBSB members are self-employed, in partnerships, family businesses, home-based businesses and owners involved in every kind of business or trade. SBSB has created a set of websites to service their members' health insurance needs (www.sbia.com, www.telebrokerage.com, and www.sbsbhealth.com), but these sites create a web buying experience that is anything but seamless.

14.2.6 Other Sites

In addition, we studied a number of other sites that provide similar information, shopping experiences and tools, some of which are listed here:

- Aetna – http://www.aetna.com/members/individuals/index.html and http://www.aetna.com/employer/smallgroup_old.html

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- Blue Cross Blue Shield of Massachusetts – http://www.bluecrossma.com/common/en_US/healthPlansIndex.jsp?headerRepId=Repositories.HeaderButtons. healthPlans.xml&levelOneCategory=GENERAL&targetTemplate=titleBody.jsp

- Health Care for All – http://www.hcfama.org/index.cfm?fuseaction=Page.viewPage&pageId=588 (specific to Commonwealth Care)

- Health Insurance Finders - http://www.healthinsurancefinders.com/

- Insureco.org – https://secure.insureco.org/

- Most Choice – http://www.mostchoice.com/global/app_forms/pers_decide_c.cfm

- Quick Quote - http://www.quickquote.com/

- Pacific source health plans - http://www.pacificsource.com/our_plansIF.html

- United HealthCare – http://www.uhc.com/ (uses eHealthInsurance.com)

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14.3 Glossary

Term	Definition
Chapter 58	In April 2006, Massachusetts enacted Chapter 58 of the Acts of 2006, "An act providing access to affordable, quality, accountable Health Care" (aka Health Care Reform), as part of Massachusetts General Law designed to eliminate the high costs created by uninsured and underinsured individuals within the Commonwealth.
Commonwealth Care	Connector program that provides options for comprehensive health care to qualified individuals and families with income at or below 300% of the Federal Poverty Level who would otherwise not have access to affordable insurance. Coverage is provided through four approved Medicaid Managed Care Organizations, with limited customer choice of carrier and benefit level.
Commonwealth Choice	Connector program that offers an array of approved health plans primarily to individuals and small employers (< 50 employees). Coverage is offered through quality health insurance carriers already licensed in Massachusetts. Customers can choose among carriers and three different levels of benefits & premiums (premier, value, and minimum creditable), with special plans designed specifically for young adults not requiring more comprehensive coverage due to their relative health status.
Connector	The Commonwealth Health Insurance Connector Authority is an independent authority created under Chapter 58 of the Acts of 2006 to implement the act's provisions by serving as a bridge between uninsured individuals and small employers, and the health plans qualified to offer them quality, affordable health insurance coverage.
Employer mandate	Provisions of health care reform (enabled by Chapter 58) that require employers with 11+ FTEs to make a "fair and reasonable contribution" to health coverage. Definition of what constitutes a "fair and reasonable contribution" was left to the Connector. Employers who do not make a qualifying contribution will be assessed an amount not to exceed $295/employee/year.
Enrollment	Processes related to collecting and accepting individual, employer, and employee application and enrollment forms; verifying that enrollment forms are complete and correct; verifying individual, employer, and employee eligibility; processing applications; and transmitting appropriate eligibility and enrollment information to participating health plans.
Federal Poverty Level (FPL)	The minimum amount of income that a family needs for food, clothing, transportation, shelter and other necessities, as determined by the Department of Health and Human Services. FPL varies according to family size. The number is adjusted for inflation and reported annually in the form of poverty guidelines. Many public assistance programs, including Medicaid and Commonwealth Care, define eligibility income limits as some percentage of FPL. Information and current levels are available at http://aspe.hhs.gov/poverty/07poverty.shtml .
Health care reform	The provisions of Chapter 58 of the Acts of 2006 being implemented by the Connector.

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Term	Definition
Individual mandate	Provisions of health care reform (enabled by Chapter 58) that require all Massachusetts residents to acquire and show proof of minimum creditable health insurance coverage beginning July 1, 2007. Definition of what constitutes a minimum creditable coverage was left to the Connector.
Minimum creditable coverage	The lowest level of health insurance coverage deemed adequate to meet the requirements of individual mandate by protecting beneficiaries from catastrophic costs, promoting access to routine preventive care, balancing premium affordability with potential out-of-pocket costs, encouraging preventive care, and covering core medical services
MMCO	Medicaid Managed Care Organization. Private health maintenance organization (HMO) contracted with a state Medicaid program to manage the risk and administer a portion of the Medicaid population or provide other health-related public assistance coverage. Four MMCOs have been awarded three year exclusivity to administer Commonwealth Care – BMC HealthNet, Fallon Community Health Plan, Neighborhood Health Plan, and Network Health.
Pre-enrollment	Customer service and other activities that occur before an individual submits an application for coverage and first premium payment for health insurance.
Premium conversion	The process of individuals and employers taking a pre-tax deduction of health insurance premium amounts, thereby reducing income before federal, state, and FICA taxes are calculated. This is allowed by tax law and has the affect of reducing taxes for individuals and employers alike.
Section 125 plan	Section 125 of the Internal Revenue Code, enacted in 1978, allows companies to give their employees the opportunity to pay for benefits on a pre-tax basis, converting premium to a tax deduction for both the employer and employees. Section 125 offers several alternatives, the three most common being: • Premium Only Plans: Employees pay premiums on a pre-tax basis through a mechanism such as the Connector, lowering their taxable income and tax liability. • Flexible Spending Accounts: Employees pay for certain out-of-pocket health care or dependent care costs on a pre-tax basis. • Cafeteria Plans: By contributing a "fair share" of premium, employers gain control over their benefit expenditures through a "cafeteria" or menu-like plan, to be implemented by the Connector by employers designating their own "benchmark plan", limiting their employees to Commonwealth Choice health plans in that "tier" of offerings.
Sub-Connector	A third-party contracted to provide a range of administrative services to the Connector for Commonwealth Choice and to serve as an intermediary between the Connector, health plans, and employers and individuals seeking coverage under Commonwealth Choice. Chapter 58 envisioned multiple Sub-Connectors. The Connector has decided to contract with a single entity for its initial implementation of Commonwealth Choice.

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14.4 References

The following is a complete list of all documents referenced elsewhere in this document:

[i] Uncompensated Care Pool PFY05 Annual Report, May 2006, Massachusetts Division of Health Care Finance and Policy, Boston, MA

[ii] An Act promoting access to affordable, quality, accountable health care, Massachusetts General Laws, Boston, MA, Approved (in part) by the Governor, April 12, 2006 (http://www.mass.gov/legis/laws/seslaw06/sl060058.htm)

[iii] An Act relative to health care access, Massachusetts General Laws, Boston, MA, Approved by the Governor, October 26, 2006 (http://www.mass.gov/legis/laws/seslaw06/sl060324.htm)

[iv] An Act further amending the health care access, Massachusetts General Laws, Boston, MA, Approved by the Governor, January 3, 2007 (http://www.mass.gov/legis/laws/seslaw06/sl060450.htm)

[v] Health Care Access and Affordability Conference Committee Report, Massachusetts General Court, Boston, MA, April 3, 2006 (http://www.mass.gov/legis/summary.pdf)

Website Strategy Vision Discussion

Boston, MA
February 5, 2007

CommonwealthConnector

The objective of the Discovery Phase of the project was to gauge or gain consensus on as many issues as possible in many domains

Business	**Branding**	• State government • Commercial / independent	
	Process priorities	• Marketing and communications • Customer service • Analysis and reporting	• Enrollment • Claim processing / tracking • Premium billing and collection
	Market / product priorities	• Commonwealth Care	• Commonwealth Choice
Organization	**Market roles**	• Connector vis-a-vis Sub-Connector • Sub-Connector vis-a-vis Health Plans	
	Internal boundaries and dependencies	• EOHHS • MassHealth	• Vendors (Maximus, etc.) • ITD
Location	**Audience and usage**	• Agents and brokers • Connector • Health plans and sub-connector	• Home (unique prospect types) • Employees / employers • State agencies
Application	**Website**	• Static • Interactive	• Content management
	Integration	• EHS Data Warehouse • Maximus / Vecna Customer Service	• Mass.Gov
Data	**Data warehouse**	• Visitors • Enrollees	• Insureds
Technology	**Hosting**	• Commercial	• ITD

Interviews Completed (12/20/06 – 1/3/07)

1. Christine Ballas, Manager, Commonwealth Care
2. Melissa Boudreault, Director, Commonwealth Care
3. Trisha Bull, Director, Commonwealth Choice
4. Bob Carey, Director of Planning and Development
5. Niki Conte, Director of Marketing and Outreach, Commonwealth Care
6. Kevin Counihan, Consultant and former SVP of Sales, Marketing and Member Services, Tufts Health Plan
   – (with Joan Fallon and Dick Powers)
7. Rosemarie Day, Chief Operating Officer
   – (with Jon Kingsdale)
8. Joan Fallon, Director of Communications
   – (with Dick Powers and Kevin Counihan)
9. Patrick Holland, Chief Financial Officer
10. Jamie Katz, General Counsel
11. Jon Kingsdale, Executive Director
    – (with Rosemarie Day)
12. David Lewis, Consultant and former Chief Information Officer, Commonwealth of Massachusetts
13. Susan Parker, Director of Mass.Gov, MA Information Technology Division
14. Dick Powers, Director of Public Affairs
    – (with Kevin Counihan and Joan Fallon)
15. Sharon Wright, Director of Secretariat IT, MA Executive Office of Health and Human Services

CommonwealthConnector

January Activities (including participation in Focus Group sessions and Sub-Connector site visits)

January 2007

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1 New Year's Holiday	2 11:00 Sharon Wright	3 11:00 David Lewis (last interview)	4 Preliminary Findings delivered	5	6
7	8	9 All Day Cross-Project Planning Session	10	11	12 Sub-Connector response review Vision Document template delivered	13
			Complete Vision Document deliverable ➤			
14	15 Dr. Martin Luther King Holiday	16	17 Sub-Connector scope boundary discussion Springfield FG	18 Sub-Connector site visits	19	20
			Complete Vision Document deliverable ➤			
21	22	23 Worcester focus group (FG)	24	25 Project Planning follow-up session Braintree focus group (FG)	26 Vision Document deliverable due Discovery Phase ends	27
		Complete Vision Document deliverable ➤				
28	29 Design Phase begins	30	31			

Vision

For Validation after Executive Interviews

We have made progress over the last month on establishing a consensus vision (with some notable exceptions)

- Vision / strategic imperative for website = achieving volume and sustainability
- Role of Connector vis-a-vis Sub -Connector
- Branding = independent of state govt.
- Market and product priorities = Commonwealth Choice
- Functionality = "test-drive" decision support features
- Process priorities = marketing / communication and pre-enrollment
- Target customers = YAPs and Section 125 employees
- Key audience segments = brokers and employers
- Other key segments = providers and advocates
- Internal boundaries with EHS and ITD
- Data warehouse scope

Based on attitudes discovered in focus groups

Uncertainty surrounding employer provisions

Disagreement re: catering to brokers
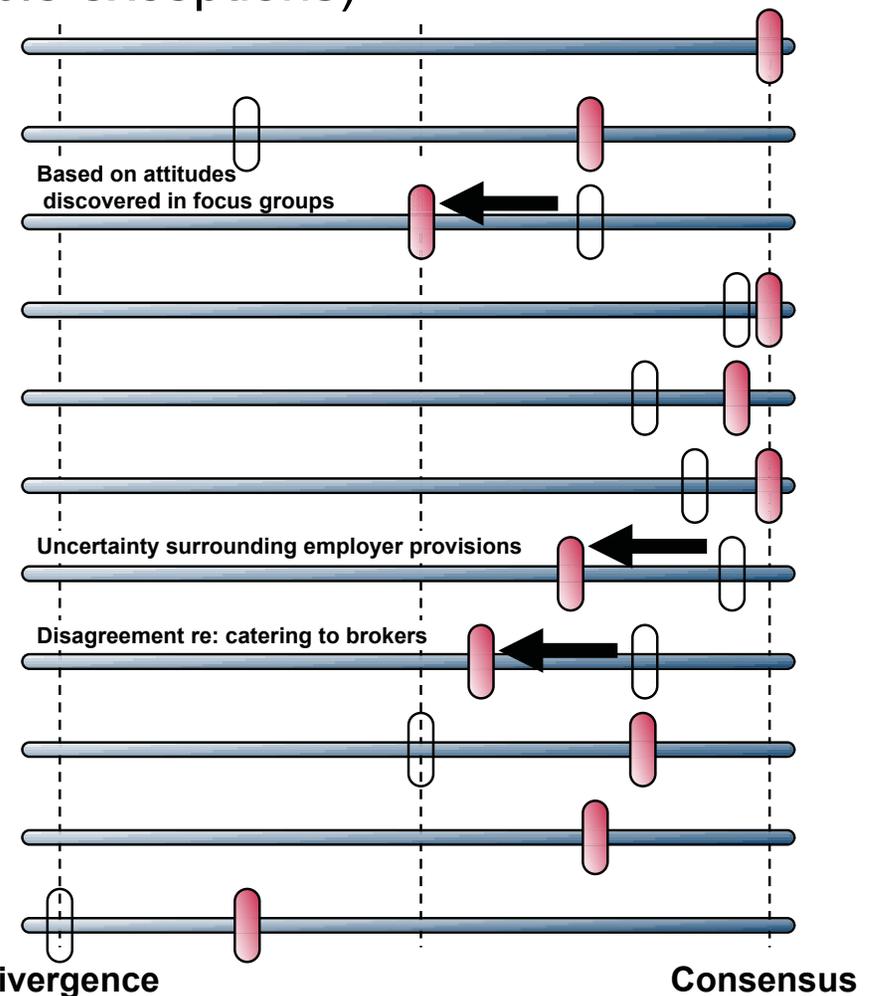
= Position at end of interviews

= Position at end of Discovery Phase

Divergence   **Consensus**

Commonwealth Connector

Interaction with the Systems Environment

EOHHS

Providers and Advocates

Virtual Gateway

EHS DW

Connector

"Static" Informational and Educational Website

Interactive Web-based Screening / Shopping Tools

Connector Data Warehouse (DW)

Individuals, Young Adults, Employers, Employees, and Brokers

Enrollment application requests from Connector Website to the Sub-Connector and Virtual Gateway

Enterprise Service Bus

Internet

MassHealth

MA21   MMIS

Membership, premium payment, and claim detail from Maximus MassServe system, EOHHS Data Warehouse and Sub-Connector to Connector Data Warehouse?

Commonwealth Care Customer Service (Maximus)

MassServe Call Center

www.macommonwealthcare.com

Sub-Connector (TBD)

Commonwealth Choice Call Center

Sub-Connector website

Commonwealth Care MMCOs

Commonwealth Choice Health Plans (TBD)

Prioritized target audiences for May 1

Users	Description	Needs
Uninsured / underinsured "YAPs"	Youth population (19-26) not currently subscribed to a minimally creditable health insurance plan.	• Browsing • Shopping • Decision support • Enrollment assistance

Uninsured / underinsured individuals	Segment of the population not currently subscribed to a minimally creditable health insurance plan, with further segmentation according to:
	  – Employees eligible for premium conversion (Section 125)
	  – Employees eligible for premium contribution	

Employers / Brokers	Employer segment needs to be further segmented according to:
	  – Size
	  – Section 125 only, or premium contribution
	  – Special requirements (e.g., seasonal workers, waivers, large employers with sizable populations ineligible for group coverage, etc.)	

Providers / Advocates	Individuals and organizations with the potential to assist individuals in enrolling, including:
	  – Insurance intermediaries
	  – Sub-Connector(s)
	  – Commonwealth Connector Authority staff
	  – Commonwealth Connector Authority leadership	

General Population	Individuals who seek out knowledge about the health care reform law and impacts the reform has had on residents, including:
	  – Taxpayers and residents
	  – Researchers and the press
		• Browsing

Others	Individuals who seek information about health care reform and Connector operations for specific stakeholder purposes, including:
	  – Health insurance carriers
	  – Medicaid leadership
	  – Executive Office of Health and Human Services leadership
	  – Information Technology Division
	  – Governor's office
	  – Commonwealth legislators	

Target Benefits (and how we will achieve them)

Customer Benefit	Supporting Features
The Connector website provides one-stop shopping for health insurance required under the law	• An abundance of educational material on health insurance, health care reform, available coverage plans, and the Connector's role • Shopping and decision support tools to match the customer to the coverage plan that's right for them • Seamless shopping and enrollment through the Sub-Connector • For employers, easy designation of the Connector as Section 125 plan administrator
The website is easy to use	• Language on the website is in plain English to make understanding health insurance and coverage options as simple as possible • Navigation and usability features are simple and comply with accessibility standards • Search is easy to use and "Google-like" • Extensive help documentation and an available e-mail contact feature provide user guidance along the way
The website supports users returning multiple times and to obtain assistance from a real person to make their coverage decision	• A "Save profile" feature allows customers to save their research, recall it later, and share it with a customer service representative for in-person or over-the-phone guidance • Ability to grant access to saved profile information to a customer service representative
Website information and decision support tools are tailored to customer needs	• Separate sections for individuals over 26 and their families, young adults and employers • Special instructions for individuals whose employers contribute to their coverage

Prioritized Website Needs

Need	Concerns	Proposed Solutions
Educate individuals who are currently uninsured or underinsured, and employers currently not sponsoring employee health insurance, about health care reform in MA	This is a very complicated education process, since individuals must: • Understand the law • Understand their obligations and options • Understand penalties	Create an abundance of educational features on the Connector website.
Help customers decide on the right plan for them	Customers may be uneasy about entering income, age, and other information on a website. Some customers feel their situation to be "unique" and would like to be able to speak with someone and provide a complete picture of all their challenges.	Provide decision support , "test drive" or comparison aids allowing many shopping experiences, including: • Carrier/plan browsing • Scenario modeling • Cost calculator
Enroll uninsured	Individuals may require face to face interaction prior to purchasing	Develop a seamless experience for customers to get educated and move to the Sub-Connector for purchase.
Assist employers in establishing Section 125 plans and in making decisions about premium contribution and plan selection for employees.	This is also a complicated education process. Employers must: • Understand the law • Understand their options and the mechanics of establishing Section 125 plans and employer premium contribution • Understand penalties	Create an abundance of educational features and decision support capabilities on the Connector website.
Provide ways for users to get face-to-face support and access to additional community healthcare services.	Community resources may not be well versed in the Connector and Commonwealth Choice at the launch date.	Create easy to navigate tools providing education and links to resources for face-to-face assistance, including community resources and a contracted Connector customer service call center.
Provide additional forms required for enrollment offline.	Users may not be comfortable with the Internet or with making such an important purchase online.	Publish forms such as plan and Section 125 enrollment forms for users to download and complete.
Understand customer usage of the site and provide metrics to stakeholders.	The website and other Connecting marketing and enrollment functions cannot be effectively managed and improved without metrics on how customers are arriving at decisions and what plans they are choosing.	Create reporting tools about click data and plan selections.

CommonwealthConnector

Website Features

Connector Web Portal
Main Internet presence an URL

Information and Education on Health Care Reform	**Insurance Shopping Tools for Individuals**	**Insurance Shopping Tools for Young Adults**	**Insurance Shopping Tools for Employers & Brokers**

About Health Insurance	About Health Care Reform	Browsing Info for Individuals	Comparison Aids for Individuals	Browsing Info for YAPs	Comparison Aids for YAPs	Browsing Info for Employers	Comparison Aids for Employers

Programs & Coverage Levels	About the Connector	Enrollment Assistance	Section 125 Assistance

Search	E-Mail Contact Support	Session Management and Security	Content Management	Interfaces to External Systems	Audit and Reporting

Website Data Warehouse

Hosting Infrastructure

High Level Navigation Model

Connector Home

About Health Insurance and Health Care Reform
- About Health Insurance
- About Health Care Reform
- Programs / Coverage Levels
  - Commonwealth Care
  - Commonwealth Choice
- About the Connector
  - News & Updates
  - Publications & Reports

Health Insurance for Individuals and Families
- FAQs
- Obtaining Coverage
- Employees w/Help from Employers
- Browsing Insurance Plans

Health Insurance for Young Adults
- FAQs
- Cover Me
- Learn More About the Plans

Health Insurance Resources for Employers
- FAQs
- Insurance for Employees
- Learn More About the Plans

Search

Contact Us

Shop by Brand, Type or Service
Shop by Provider
Shop by Price

Enroll Now
Additional Enrollment Options
Forms Library
Save My Profile

Shop by Brand, Type or Service
Shop by Price

Establish a Section 125 Plan
Additional Section 125 Options
Forms Library
Save My Employer Profile

Link to Commonwealth Care application or Sub-Connector

Shopping Tools / Decision Support

CommonwealthConnector

Project Critical Path Milestones

Legend
- Website
- SubConnector
- Health Plans
- Marketing

We are here

Creative Design Approved 2/21

"Static" Website Migrated 4/11

Individual, Employer Mailer 5/1

Hosting Decision Deadline 2/9

Hosting Environment Specified 3/2

Hosting Environment Ready 3/30

Content Management Solution Ready 4/29

Incremental "Shopping" Release 1.1 6/3

2/2	2/9	2/16	2/23	3/2	3/9	3/16	3/23	3/30	4/6	4/13	4/20	4/27	5/4	5/11	5/18	5/25	6/1	6/8	6/15	6/22	6/29	7/6

Requirements Workshop 2/5 – 2/7

Design Phase / Requirements Complete 2/23

Integration Testing Begins 4/1

Website Release 1.0 Go-Live 4/29
(Functionality priorities:
1) Young Adults
2) Individuals
3) Employers)

Additional Functionality Release 6/24
(Data Warehouse, etc.)

Sub-Connector Approval 2/8

Finalize Integration Reqs. 2/21

Health Plan Approval 3/8

User Testing Begins 4/9

Accessibility Testing Begins 4/23

Board Meeting 2/8

Board Meeting 3/8

Board Meeting 4/12

Board Meeting 5/10

Board Meeting 6/14

Major Risks

Risk	Impact	Mitigation	Owner
Marketing/branding strategy not clear enough to inform web design by 2/3	Potential rework (cost) - web site focus gaps	- CSC to participate in focus groups - Regular meetings with marketing team and agency - CSC to provide web site branding issues/requirements to marketing team	Betsy
Wrong audience segments chosen as priority targets	Bad publicity and added cost to develop/redevelop web site post go-live	- CSC to participate in focus groups - Committed participation of key strategic resources (JF, KC, TB, MB) in prototyping - Focus groups scheduled to review web site prototypes	Betsy Kevin
Unable to reach consensus on "test-drive" functionality by 2/24	Cost and scope - TBD	Obtain consensus on Vision document	Bob N
Scope creep on web site functionality (vis-à-vis Sub-connector)	Cost and schedule	Ongoing senior staff commitment to requirements as documented	Bob N
Section 125 / employer functionability not clearly defined	Bad publicity and added cost to develop/redevelop web site post go-live	Add Section 125 / employer resources/expertise	Tricia
Web site unable to meet thru-put, reliability and other performance goals	Bad publicity and added cost to develop/redevelop web site post go-live	- Identify system performance requirements early on - Stress test ASAP and allow enough time and resources to do so - Emphasize function/reliability over "whiz bang" features	Bob N
Unable to reach consensus on web site vision by 1/26	Schedule delay based on desired functionality	- Schedule time with senior staff to finalize vision - Cut scope and functionality to meet 5/1 date - Increase resources and cost to make up time and still meet 5/1 date	Bob N
Scope creep on data warehouse	Cost and schedule	Ongoing senior staff commitment to requirements as documented	Bob N Patrick
Sub-connector web capability not verified by 1/22	Scope - TBD Schedule - TBD Cost - TBD	- Sub-connector candidates to provide CSC with web site access - CSC to participate in site visits - CSC to review RFR responses	Bob N
Unable to make hosting decision by 1/31	Cost and schedule	Prepare cost/benefit analysis of competing approaches	Bob N
Unable to reach consensus on data warehouse requirements by 2/24	Project resources unable to commit time to other areas; development delayed (cost, scope, schedule)	- Prepare "straw man" DW design (incremental iterations) - Establish interim design milestones for DW	Bob N and/or Patrick
Commonwealth Care and Commonwealth Choice not well-integrated	Lost enrollment Customer confusion Public perception	- Keep Melissa engaged in Choice and web site - Focus groups review web site (advocates, etc.)	Rosemarie

CommonwealthConnector

Issues

Issue	Issue Category	Priority	Assigned
Inconsistent customer/audience segmentation	Marketing / branding	M	
Employer Section 125 and premium contribution rules and policies are ill-defined or not widely understood	Implementation	H	
Providers are not well understood as a channel	Marketing / branding	H	Fallon / Counihan
Provider outreach program needed if identified as important channel	Marketing / branding	H	Fallon / Counihan
Advocates are not well understood as a channel and influencer	Marketing / branding	M	Fallon / Counihan
Press / PR strategy not well understood for tailored website messaging	Marketing / branding	M	Fallon / Counihan
Tax season implications not well understood	Operational	L	Bull
Enforcement and penalties not well understood	Implementation	M	Bull
Need to develop strategies for combatting payer disintermediation	Operational	M	Bull / Counihan
Need to develop strategies for broker / intermediary cooperation	Operational	M	Bull / Counihan
Sub-Connector's integration capabilities for seamless user experience is unknown	Implementation	H	Nevins
Website hosting decision has many factors to consider - political and cost	Implementation	H	Nevins
Budget needs to be finalized asap to account for potential new cost categories (software and hosting)	Implementation	H	Nevins / Healey
Health plan / carrier perspective re: the Connector, and implementation details (including content, provider search capabilities, etc.) are unknown due to ongoing health plan procurement	Implementation	M	Bull

CommonwealthConnector

Release / Contingency Plan

- We have developed a plan for incremental releases to make sure we have a successful launch May 1, even if all functions are not available
- Functions have been prioritized to delay most complex features
  - Need to be sure we don't miss important customer segments by delaying launch of some key features (e.g., making employers and employees a secondary priority)

Planned Release Date	Included Features
Mid-April	Migrate existing website to new look and feel, navigation model / structure, and agreed URL
April 29	Go-live with shopping and decision support tools for YAPs at minimum
Throughout May and June	Add shopping and decision support incrementally for: • Individuals • Employers • Individuals eligible for premium conversion and premium contribution
By end of June	Add some form of provider search (most difficult shopping feature, based on multiple payers – this may optionally be limited to identifying hospitals only, or may be accomplished by linking to each carrier's proprietary provider search feature)
Defer to FY08	Data warehouse functions for business management (beyond tracking website visitors and registrations)

COMMONWEALTH CONNECTOR
WEB ENHANCEMENT RESEARCH
IN-DEPTH INTERVIEW DISCUSSION GUIDE

November 2008
FINAL DRAFT: 11-10-08

TIMING:
Introduction .... 5 minutes
Health Web Sites .... 5 minutes
Commonwealth Connector.. 5 minutes
Site Exploration .... 20 minutes
Initial Reactions .... 10 minutes
Concept Testing .... 40 minutes
Conclusion .... 10 minutes
TOTAL TIME ALLOCATED ....95 minutes

I.   INTRODUCTION (5 MINUTES)   0:00

- Moderator's introductions:

  o *Explain topic:* Today, I am going to show you a Web site related to health insurance and get your reactions to it.

  o *Explain interview format*: Used for understanding the different kinds of opinions people have and for generating new ideas.

  o *Assurances about confidentiality*: We are taping this interview so that we can report what we heard accurately. You will not be quoted by name and your name won't appear anywhere. When we write our report, it will describe what was said generally, not who said what.

- Participant introduction:

  o Can you tell me just a little bit about yourself? For example, how many people live in your house with you, and who they are?

II.   HEALTH WEB SITES (5 MINUTES)   0:05

- To get started, are there any health insurance or health care Web sites you use a lot?

  o What are they? (WRITE DOWN IN NOTEBOOK A LIST OF THE SITES THE PARTICIPANT MENTIONS. WILL NEED TO REFER BACK TO THIS LIST.)

  o What do you use them for?

- Do you ever go to your health insurance or health plan's Web site?

    o What do you use that Web site for?

    o Is there anything in particular you like about that site?

    o Is there anything in particular you dislike?

III.　　COMMONWEALTH CONNECTOR (5 MINUTES)　　　　　　　　　0:10

We're going to begin today by discussing the Commonwealth Connector.

- **NON-MEMBERS**: Have you heard of the Commonwealth Connector?

    o What do you know about the Commonwealth Connector? What do you think it is?
    o Do you have any impressions or opinions about the Connector? (IF NOT MENTIONED): What have you heard about the Connector as it relates to the state's health care reform law?
    o Have you ever visited their Web site?
    o Did you have any impressions or opinions of their Web site?

- **MEMBERS**: How long have you been a member of the Commonwealth Connector?

    o Why did you decide to become a member?
    o How often do you visit their Web site?
    o Do you have any impressions or opinions of their Web site?

- **READ TO ALL**: You may know this already, but just to make sure everyone we interview knows a little bit about the Connector…

    o As you may know, most Massachusetts adults are now required to have health insurance by law.

    o The Commonwealth Connector is an independent state agency that helps Massachusetts residents find health insurance coverage and avoid tax penalties for <u>not</u> having health insurance.

    o The Connector offers an array of health plans from a range of different insurance companies that meet the state's requirements.

- Was anything I just told you news to you? What?

IV.   SITE EXPLORATION (20 MINUTES)   0:15

Overview: Participants will interact with the Connector's existing site, spending the first 5 minutes exploring without guidance, 10 minutes performing a specific list of tasks, and a final 5 minutes exploring freely again. By sandwiching directed tasks with free exploration, each participant will come to the rest of the interview equipped with good familiarity with the site, making it easier to generate both opinions and ideas, and helping ensure that new ideas are understood in context.

Throughout the initial exploration, the moderator will be seated with the participant to instruct and observe. He/she will also record areas of confusion, frustration and/or stumbling blocks participants encounter. (Interviewers will not, however, answer questions about the site or show participants how to find or do things.)

- Next, we're going to turn to the computer, and I'm going to give you a few minutes to explore the Connector's Web site. [TAKE NOTES ON WHAT PARTCIPANT DOES.]

    o Take about 5 minutes to explore the site. Your goal is to get familiar with some of the things on it, and to look at anything that happens to catch your eye or interest you.

    o While you're exploring, talk out loud to me about what you're doing and what your reactions are—just narrate things like, "I'm clicking this because…", or "This is interesting because…"

    o I'm going to just listen. I may ask a few questions or remind you to keep talking out loud, but I won't explain anything or show you how to find things.

    o Don't worry about running out of time. You'll have a chance to look at more later.

- Next, here is a list of tasks (HANDOUT). Take another 5-10 minutes and see if you can complete these tasks. Just as you did before, talk out loud about your reactions as you go along.

Member Tasks	Non-Member Tasks
Compare your health plan to another plan, and identify some differences between the plans that matter to you. Imagine you have a friend who is uninsured and doesn't think she can afford health insurance. Find out if she qualifies for the Commonwealth Care plan. Your friend is a 35 year old woman who lives with her husband and 5 year old child. Her family's annual income is $50,000.	You are helping a family member find a health plan through the Connector. Find a plan you think would be a good choice for them. Please compare at least two plans. The family member is an uninsured 50 year old male who lives alone, has no children and earns an annual income of $40,000. Imagine you have a friend who is uninsured and doesn't think she can afford health insurance. Find out if she qualifies for the Commonwealth Care plan. Your friend is a 35 year old woman who lives with her husband and 5 year old child. Her family's annual income is $50,000.

- **AFTER TASKS ARE COMPLETED**:   Did those seem like easy or hard things to do? Why?

     o   Did you encounter anything that you particularly liked?

     o   Did you encounter anything that you particularly disliked?

- Before we move on, take another 5 minutes to explore the site a little more. Keep talking out loud as you go.

V.   INITIAL REACTIONS (10 MINUTES)   0:35

Once initial exploration is completed, the interview would commence with questions to establish participants' basic likes and dislikes. In addition to cataloguing what worked well and not well, we will probe to understand the impact of the features experienced on perceptions of the Connector, including likelihood of becoming or remaining a Member.

- Now that you're pretty familiar with the Connector's Web site, what are some words and phrases you'd use to describe it? (PROBE EACH: Tell me more about why that word or phrase came to mind.)

- Was there anything you particularly liked about the site? (PROBE FOR SPECIFICS.)

- Was there anything you particularly disliked about the site? (PROBE FOR SPECIFICS.)

- As you were looking at the site, did you ever think to yourself, "I really wish…"? What did you wish? (PROMPTS: Anything missing from the site? Anything you think could have been better?)

- After spending time on the site, what are some words and phrases you'd use to describe the Commonwealth Connector—not the site, but the organization? (PROBE EACH: Tell me more about why that word or phrase came to mind.)

- **MEMBERS**: After spending time on the site, how do you feel about being a member of the Connector—good or not so good? (PROBE FOR REASONS.)

- **NON-MEMBERS:** Imagine that sometime in the next year you need to find a health insurance plan on your own. How likely would you be to go to the Connector's Web site? (PROBE FOR REASONS.)

VI.   CONCEPT TESTING (40 MINUTES)   0:45

The interview will next focus on testing new ideas provided by the Connector. Each new idea for the site would be presented on a text card, as well as described by the interviewer. With each idea, we would prompt respondents to describe their reactions, using laddering techniques to surface what they like (or dislike), the functional benefits (or costs) the feature might create, and the emotional benefits (or costs) the feature might create. We would also explore how each feature makes participants feel about the Connector generally, and how each might impact their likelihood of becoming or remaining a Member.

- Next, I'd like to share some ideas for the Connector Web site:

    o I'm going to give you some cards, each with a different feature the Connector might consider putting on its Web site.

    o After reading each card, please mark the rating scale at the bottom to show how you feel about the feature.

    o Read and rate all of them, and when you're done, put them in three piles—the ideas you liked best, the ideas you liked least, and the ones that fell in the middle.

IDEA LABEL	DESCRIPTION
I: How to Buy	The Connector's Web site will offer guidance and general "tips" to consumers of things to look for when selecting insurance plans through either their employer or personal plans. This may include information on best practices within the industry; general benefits and features to consider, what types of products (e.g., HMOs, PPOs, etc.) are available, out-of-pocket expenses such as deductibles, and more.
P: How to Pick	The Connector will provide guidance on how to pick a health insurance provider or company. This may include the difference between broad and "select" provider networks; features, benefits, and discounts offered by different providers; and other resources for researching health plan providers.
B: Benefits Calculator	The Connector will feature a benefits "calculator" on its site to help consumers determine what type of coverage is best for them. For example, consumers will simply have to plug in the health care expenses they expect to incur (e.g., prescription drug coverage, special needs that might require certain types of low co-pay coverage, etc.) and this feature will suggest products that might make sense and/or fit their needs.

IDEA LABEL	DESCRIPTION
A: Available State Options	The Connector will provide information on state health programs consumers may qualify for. For example, this would help consumers determine whether they are eligible for state-subsidized health care programs offered by the state, like Commonwealth Care or Mass Health.
M: People like Me	This tool will enable consumers to identify or find the most frequently purchased health plans by people who have similar demographic characteristics and benefit coverage preferences.
R: Plan Reviews and Ratings	The Connector will post consumer reviews and ratings of health insurance plans, including satisfaction from its members. This will allow consumers to review the opinions of others who have been covered by a given plan in the past before they sign up.
C: Chat Rooms/Blogs	The Connector will provide an online forum for its members to discuss health insurance or health care-related issues that are important and pressing to them.
S: Provider Search	The Connector will provide an easy-to-use search function that allows consumers to easily find physicians or other providers that are included in a given health plan.
E: ePay	The Connector will provide consumers the option to pay their monthly health insurance premiums electronically, online.
G: Account Management	The Connector will provide easy online access to account information to renew a plan or make changes to it.
W: Web 2.0	The Connector will host or utilize an existing social networking Web site similar to FaceBook, My Space or a wiki, designed for Connector members or consumers interested in purchasing health insurance to connect and share ideas and information.
O: Optional Coverage	The Connector could offer other types of health insurance coverage or health related services such as dental, vision, long-term care and nutritional foods/supplements. This will allow consumers to obtain and manage all their various coverage needs through a single Web site.
D: Member Discounts	The Connector will award members who practice good health care habits with access to product discounts for private-label goods at places like Whole Foods, CVS or ZipCar; or on product brands like Apple, Panasonic, Sony, Dell, and more.

- **AFTER ALL**: Let's start with the pile you liked most. (REVIEW ONE AT A TIME.)

    o   What did you like about this? (PROBE FOR SPECIFICS.)

    o   Do you think a lot of other health care Web sites provide these benefits or features, or is it pretty unusual? (Probe for perceived unique aspects of benefit or feature.)

    o   Does this seem like something that could be really important to you, or like something that's just nice? Why?

    o   Any other services/products or features come to mind that would make this even better?

- Let's look at the pile you liked least. (REVIEW ONE AT A TIME.)

    o   Why is this in the "liked least" pile? (PROBE FOR SPECFICS. What added features can make the site more attractive?)

    o   Is there anything you liked about this idea?

    o   Do you think a lot of other health care Web sites provide these benefits or features, or is it pretty unusual? (Probe for perceived unique aspects of benefit or feature.)

    o   Can you think of a way to change or improve this so it would be more interesting or useful to you?

- Let's turn to the middle pile. (REVIEW ONE AT A TIME.)

    o   What did you like most about this idea?

    o   Can you think of a way to change or improve this so it would be more interesting or useful to you?

    o   Do you think a lot of other health care Web sites provide these benefits or features, or is it pretty unusual? (Probe for perceived unique aspects of benefit or feature, thinking of WebMD as a prototypical health care Web site.)

VII.   CONCLUSION (10 MINUTES)   1:25

The final portion of the interview would consist of a visioning exercise which will give participants the opportunity to brainstorm other ideas for the Web site.

- Here's the list of Web sites you mentioned at the beginning of our discussion. Can you think of anything on any of these sites that the Connector should think about putting on its site? (PROBE: What would be useful about that?)

- One last thing I'd like you to do. I'd like you to use your imagination to make the Connector's Web site the most wonderful and useful site you can possibly imagine.   If it were the most wonderful and useful site possible…

     RECORD IDEAS ON EASEL SHEET:

     o   What features would be the most useful to you when buying health insurance? (Probe for specifics.)

     o   And if you were going there to find a doctor in your health plan, what would you want to see?

     o   And if you were going there for help in coordinating your family's health care, what would you want to see?

     o   And if you were going there to find ways to save time and money in caring for your health and your family's health, what would you want to see?

     o   And if you were going there to get advice on how to handle a health care issue, what would you want to see?