

# beWellnm Board Meeting

Friday March 18, 2022

Digitally/Telephonically

Public Dial-In: 1-415-655-0001

Access Code: 2554 338 9914#

[Board meeting web link](#)



NEW MEXICO HEALTH INSURANCE EXCHANGE

A photograph of a family consisting of a man, a woman, and two children. They are all smiling and holding a large orange sign that has the text "be well nm" written on it in white lowercase letters. The man is in the back, the woman is in the middle, and the two children are in the front. The background of the photo is a solid teal color, matching the overall slide background.

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# 1. Welcome, Roll Call, & Confirmation of Quorum

**Chairman David Shaw**



# 2. Approval of Agenda

**Chairman David Shaw**



# 3. Approval of Minutes of the January 28 and February 28 beWellnm Board Meetings

**Chairman David Shaw**



# 4. Chairman's Remarks

**Chairman David Shaw**



# 5. Matters from the CEO

Mr. Jeffery Bustamante, CEO



# Update



- Today's Agenda
  - Committee Reports
  - Public Health Emergency Preparedness
    - Outreach Discussion Today
    - Technical & Operational Discussion Today, Recommendations Next Week
  - Contract Discussions
    - Print Vendor
    - OSI MOU
    - General Legal Services
- Public Policy Update
  - Easy Enrollment
  - Enhanced Subsidies

# March Committee Meetings Discussions

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## Native American

Discussion on  
PHE Outreach  
Preparedness

Discussion on  
Upcoming  
Activities

## Operations

Technology &  
CEC Post-OE  
Update

Discussion on  
PHE  
Preparedness

## Finance

Discussion on  
Contracts

Discussion on  
PHE  
Preparedness

# March Committee Meetings Discussions

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## Outreach & Education

Discussion on  
PHE Outreach  
Preparedness

## Stakeholder Advisory

Meeting Next  
Week

New Chair  
Will Be  
Identified

# Outreach & Education PHE Roll-Off Prep

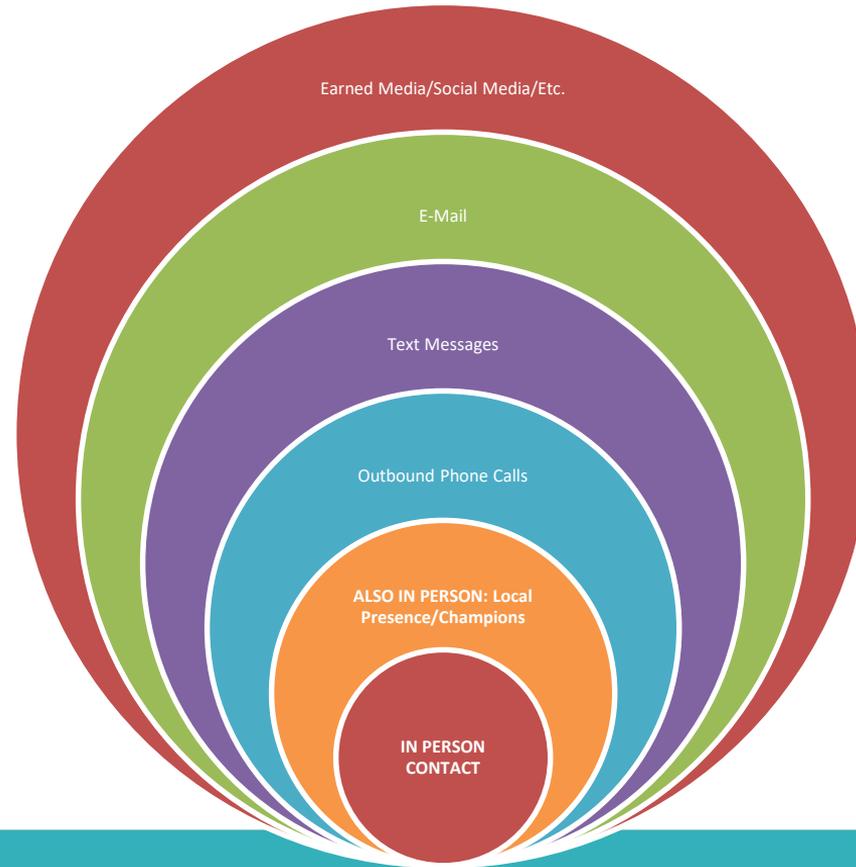


# End of Public Health Emergency

- With the end of the Medicaid Maintenance of Effort, ~90,000 New Mexicans will roll off of Medicaid. They are likely to go to one of three channels.
  - Back into Medicaid
  - Employer Sponsored Coverage
  - **Exchange**
- Goal:
  - Convert every exchange-eligible New Mexican into coverage. Estimated ~30,000-40,000 individuals Exchange Eligible.
- Parameters:
  - 4 Months
  - Project Timeline responsive to Medicaid & HSD Timelines.
- Outreach: Connect with every single individual rolling off of Medicaid. This can be done via...
  - **In-Person as the Backbone of the Effort**
  - Text/Call/E-Mail
- Core Populations:
  - General Population
  - Special Health Status Population
  - Native American



# Outreach Approach



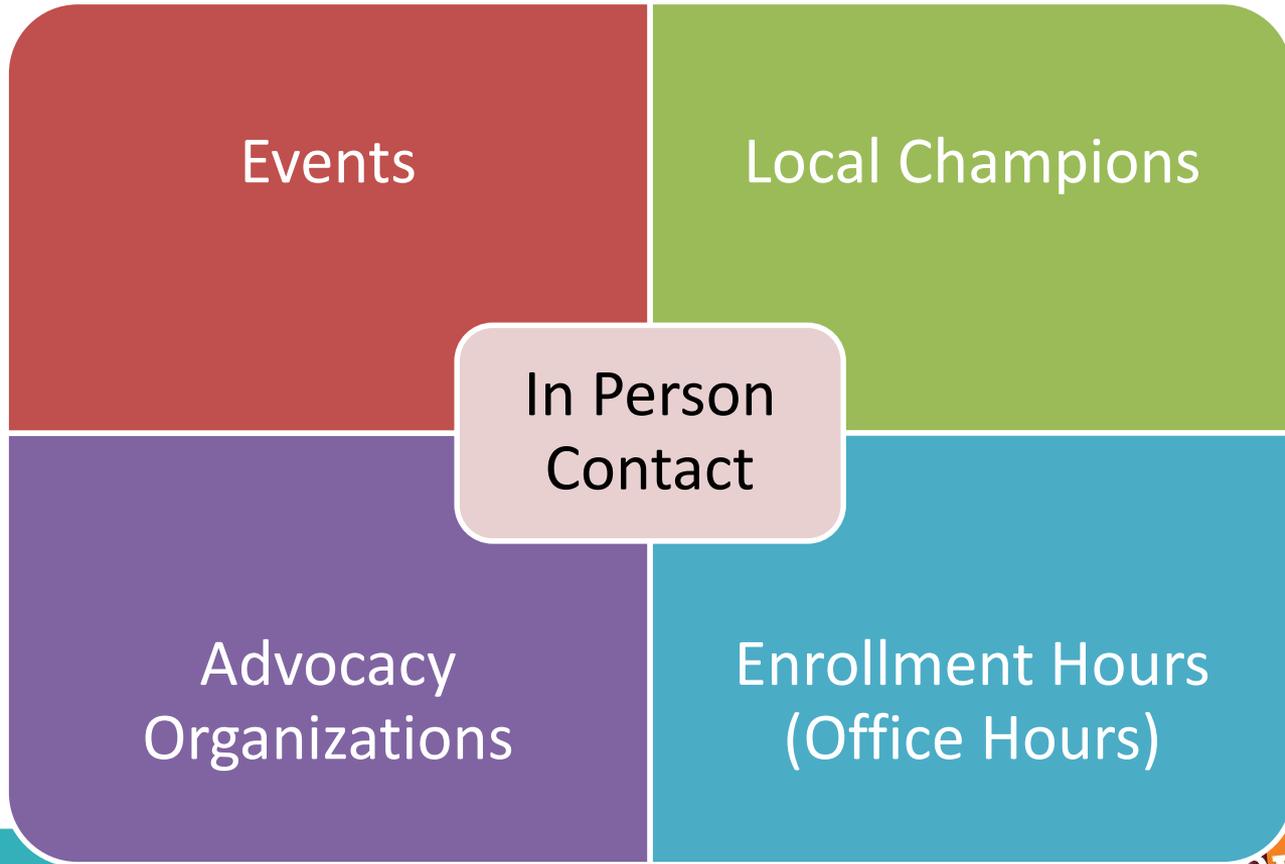
## Goal:

Convert every exchange-eligible New Mexican into coverage.  
Estimated ~30,000-40,000 individuals Exchange Eligible.

Letters will also be sent as part of Account Transfer process.



# In Person Outreach



# Four Pillars of Keep Covered In Person

- **Events**
  - Events are heavily utilized in urban areas, less so in rural areas. Still, an excellent opportunity to answer questions and get people enrolled.
- **Local Champions**
  - Identify and pay local champions (health councils, others) to facilitate in-person contact.
  - Lead generation directly to enrollment assistance network.
  - Enter Data-Sharing Agreements so local champions can directly connect.
- **Enrollment & Office Hours**
  - A bit different than events, have enrollment hours where people can show up and get enrolled. Piggybacking off of other events.
- **Advocacy Organizations**
  - Coordinate with advocacy organizations to facilitate in-person contact.
  - Lead generation directly to enrollment assistance network.
  - Enter Data-Sharing Agreements so local champions can directly connect.

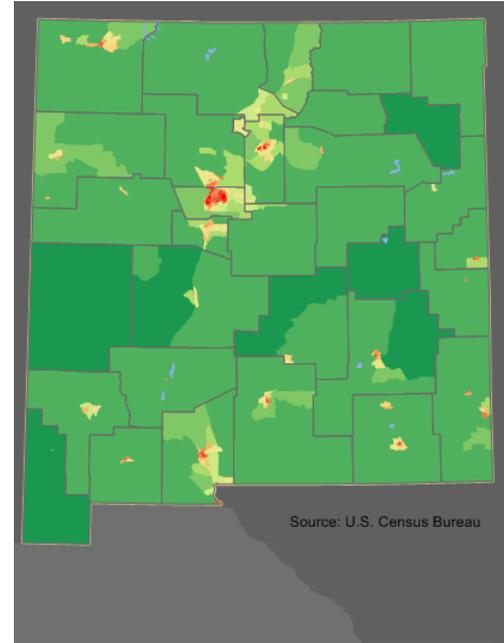


# Distribution of Keep Covered In Person

## Matching Resources to Location

- In preparation for the roll-off, developing the strategy in a location-specific way.
  - Allows for greater insight into budget, committing X amount in Y community.
  - Facilitates regionally and culturally sensitive approach.

As we gain more information from Medicaid, we'll explicitly understand the geographic distribution of our target enrollees.



# Path Forward

## March 2022

Present Overall Approach to Board & Stakeholder Advisory Committee for Feedback

## April 2022

Consolidate all feedback into an action plan. Must be responsive to any late developments.

## May 2022

Begin/start engagement with organizations/stakeholders to accomplish outreach goals. Present progress to Board. Prepare training for deployment.

## August 2022

Roll-off begins. Communication runs in complement to others. Training continues, responsive to what's happening.

## July 2022

Final preparations. Training continues. Establish "outreach command center" and lower level meetings with key stakeholders.

## June 2022

Training & readiness begins. In-person whenever and wherever available. Start earned media.

## August 2022

Tracking of transfer-to-enrollment starts with real-time adjustments. Weekly updates provided to Board & stakeholders.

## September 2022

Roll-off continues. Weekly updates provided to Board & stakeholders. Real-time adjustments continue. Deploy staff to need. Open Enrollment approach presented.

## October 2022

Roll-off continues. Weekly updates provided to Board & stakeholders. Real-time adjustments continue. Deploy staff to need. Preparation for Open Enrollment finalizes.

# Urban Institute Study

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# Urban Institute Study

- On March 16, the Urban Institute released a study they conducted with Medicaid & SBM Officials on the PHE Roll-Off. Found here:  
<https://www.rwjf.org/en/library/research/2022/03/preparing-for-the-biggest-coverage-event-since-the-affordable-care-act.html>
- Management is presenting on the Exchange-oriented facets of the study, particularly on the challenges, and our strategy to mitigate those challenges.

“If transitions from Medicaid to the Marketplace are not executed well, many of the millions of people eligible for subsidized Marketplace coverage could become uninsured. However, states that operate their own Marketplaces could be better positioned to help people successfully navigate this process, because they have significant autonomy and flexibility over their eligibility and enrollment systems, communications, and consumer assistance efforts. This brief examines preparations for the end of the PHE in 11 states with state-based Marketplaces (SBMs). We attempt to identify major challenges the state officials are facing and best practices for keeping people in coverage that could be adopted by the federally facilitated Marketplace and SBMs.”



# Urban Institute Study

- **Challenge: Reducing the Number of People Who Fall through the Cracks**
  - “A second central challenge the end of the continuous coverage requirement poses is limiting the number of people who become uninsured after their Medicaid coverage is terminated. If Congress extends the American Rescue Plan’s enhancements to the Marketplace premium tax credits, a substantial share of this group will be eligible for marketplace health plans with significant premium and cost-sharing subsidies (with many eligible for \$0 premium plans, at least in 2022; Branham et al. 2021).”
- **Resolution & Strategies**
  - “For these SBMs, the only data staff can see about terminated Medicaid enrollees are from the files the Medicaid agency actively transfers to them.”
    - NM HSD has already committed to sharing information with beWellnm on disenrollees at the appropriate time. Too soon could cause consumer confusion, too late could prompt a gap in coverage.
    - All outreach will run in complement to the communication being done by HSD & the carriers.
  - “Most State-Based Marketplaces Intend to Offer Year-Round Enrollment to People with Low Incomes”
    - BeWellnm already does under 200% FPL. Will immediately support all of these individuals.



# Urban Institute Study

- **Challenge: Building Awareness and Assisting Consumers with Coverage Transitions**
  - “For consumers losing Medicaid to successfully transition to new coverage, they must be aware of the coverage options available to them.”
- **Resolution & Strategies: “The need for multi-layered, coordinated, and targeted communications.”**
  - “States will need to identify the communities in which many nonrespondents live, tailor messaging strategies, and leverage trusted intermediaries to ensure their outreach has an impact.”
    - BeWellnm will, through the strategies identified earlier, go into the communities to accomplish this work.
    - The work will be executed by staff, vendor partners, or grants to local community-based organizations.
  - “Officials from several states reported that their SBMs are gearing up to develop and implement a multilayered communications campaign associated with the PHE’s unwinding, and they are doing so in close coordination with the state Medicaid agency.”
    - BeWellnm layers identified earlier.
    - Will “plug-in” our pieces as part of the overall campaign, primarily responsive to Medicaid’s work.
  - “Some SBM and Medicaid agency officials also told us about their efforts to enlist outside organizations, such as managed-care organizations and Marketplace plans, consumer advocacy groups, and providers, to help spread messages about how to prevent Medicaid termination if a person remains eligible and what to do if one’s coverage is terminated.”
    - See above.

# Urban Institute Study

- Challenge: “The need for posttransition consumer assistance with navigating coverage changes.”
  - “...ensuring people who switch to a Marketplace plan can successfully navigate a different insurance product.”
- Resolution & Strategies:
  - State Affordability Fund
    - Creates a smoother transition off of Medicaid.
  - Education at time of and after enrollment.
    - Leveraging agents, brokers, enrollment counselors, stakeholders, advocacy organizations, and other partners to promote education around differences in Exchange products.
    - Additional resources provided across multiple mediums (fact sheets, local resources, social media posts, etc.) to support education effort.
- Challenge: “Expect the unexpected.”
  - Enhanced contingency planning meetings on what could go off-track during the prep and execution of the PHE roll-off.
  - Actively communicate these issues to coordinated Project Management.
  - Plans developed, shared with partners, and executed with clear process flow.
  - Calls will occur weekly.



# CMS Strategies for PHE Roll-Off

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# CMS Proposed Strategies

- CMS has shared some recommendations and strategies for the PHE roll-off.
- Management wanted to present on the Exchange-oriented facets of the proposal.
- Areas that have not been discussed previously in this presentation are noted by a star.

Many individuals will remain eligible for Medicaid, CHIP, or BHP eligibility but a considerable number will be determined ineligible and may qualify for a Qualified Health Plan (QHP) and Advance Payments of the Premium Tax Credit (APTC). When the continuous enrollment requirement ends, SBMs will encounter unprecedented increases in consumers gaining eligibility for QHP and APTC and will have a significant role in helping these individuals maintain coverage.



# CMS Proposed Strategies

- Support or supplement outreach and consumer assistance activities
  - ...including providing in person or telephone assistance to consumers through Navigators, certified application counselors, agents/brokers, plans/issuers, and staff to help consumers apply for coverage and provide answers to Marketplace questions. Partner with trusted entities.
- Ensure language and messaging to consumers is consistent across the Marketplace, Medicaid, and CHIP.
  - Medicaid currently hosts a weekly meeting for this purpose.
- Explore options and strategies in partnership with state Medicaid and CHIP agencies to identify and assist individuals whose Medicaid/CHIP coverage is terminated due to procedural reasons.
  - Medicaid is currently exploring options for sharing information on these individuals.
- Leverage individual level information transferred to the Marketplace by Medicaid and CHIP agencies...optional contact information, to finalize any additional QHP and APTC eligibility requirements or to conduct outreach to individuals.
  - Information provided to beWellnm, for both Account Transfers & Procedural Denials, will facilitate.



# CMS Proposed Strategies

- Create distinct pathways online and through the SBM call center that allow individuals who may not be familiar with the Marketplace to easily access their applications and provide any additional information required to make a final eligibility determination. 
  - BeWellnm currently exploring for Call Center. Goal is to have this in place, though majority of CSR workforce scaling up will be explicitly for these individuals. May be more applicable once Open Enrollment starts.
- Explore sending individuals pre populated applications , within any state or federal parameters, and using multiple communication channels, such as email, mail or through application assisters... 
  - BeWellnm will be able to identify individuals who have had an Account Transfer, but will be encouraging them to establish their own accounts. This is in direct response to the difficult experience through Open Enrollment.
- Engage with health plan issuers that offer both Medicaid managed care plans and Marketplace QHPs.
  - BeWellnm will continue our engagement with the issuers. Medicaid also has active engagement. Given that we have 3 issuers who are not Medicaid MCOs, beWellnm will be a neutral marketplace and allow the New Mexican to identify their priorities.
- Conduct extensive outreach to anyone whose account is transferred to the Marketplace and engage Navigators in the task of reaching out to these consumers, consistent with applicable law.
  - See prior information. Data sharing will also exist to facilitate direct outreach.

# CMS Proposed Strategies

- Plan for and implement account transfer monitoring (success and errors) and error triaging to identify issues early.
  - Active monitoring will be ongoing to identify issues. Those will be shared with Medicaid, the Board, and other stakeholders where appropriate.
- Additional technical recommendations were provided by CMS that will be part of future discussion. These include:
  - SEP timelines
  - Eligibility verification standards
  - The reasonable compatibility threshold
  - Verbal attestation of household income
  - Auto-assignment & crosswalk features



# Contracts



# Contract Amendment: Print Vendor

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# Contract Amendment – Print Vendor



## Discussion

- Services were procured in early 2020 – before we understood the magnitude of the notification requirements.
- Pursuant to the State Use Act (NMSA 13-1C-1), NMHIX was required to offer this contract to Horizons of New Mexico.
  - The purpose of the State Use Act is to foster the development of contracts with New Mexico individuals with disabilities and small businesses owned by individuals with disabilities.
- Contract term ends on December 31, 2022.
- Original contract NTE is \$430,000.
- A significant increase in the total NTE is necessary
  - The SBE requires a much larger print effort than anticipated.
  - Program design effort and costs have been higher than anticipated.
  - The end of PHE/Medicaid transfer will require a substantial notification printing effort.

## Contract Amendment – Print Vendor



The original project scope was underestimated, due to:

- The contract was scoped with an understanding that both NFP and Optum would follow the same process for sending XML data files to the print vendor. As it turned out, each vendor had their own unique XML process and required the print vendor to accommodate each of their processes instead of adopting one standard process. This resulted in double the programming effort on the part of the print vendor to design and implement each vendor's XML process.
- We did not originally budget for any of the mailings to be mass mailings, and we sent out two mass mailings (Preliminary Eligibility & Renewal Notices) as part of the first Open Enrollment. Normally, only the population who designate paper as their communication preference (59%) would receive a paper notice.
- We did not anticipate duplicate enrollments that created duplicate billings/notifications.
- We estimated the original number of notifications as single-page documents, which was accurate for the FMS system, but not the HIX system. Most of the HIX notifications are multiple-page.
- We did not originally budget for an increase required for the end of PHE/Medicaid transfers, because we did not know about it in early 2020, when this contract was negotiated. This request for increase includes the printing effort for the notifications (100% will be paper) that will be sent to 90,000 Medicaid members that we will move to the Exchange.

# Print Vendor – Budget vs. Actual through 12/31/2021

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		Original Budget	Actual Spend through 12/2021	Variance ( ) Unfavorable
Design Hours	Hours	138	2,327	(2,189)
Hourly Charge	\$ 80.00	\$ 11,040	\$ 186,160	\$ (175,120)
Printed Pages	Count	627,236	373,706	
	\$ 0.28	\$ 175,626	\$ 104,638	\$ 70,988
#10 Window Envelopes	Count	313,618	166,175	
	\$ 0.18	\$ 56,451	\$ 29,912	\$ 26,540
#9 Return Envelopes	Count	313,618	166,175	
	\$ 0.16	\$ 50,179	\$ 26,588	\$ 23,591
Monthly Minimum for Testing	\$ 1,200	\$ 21,600	\$ 19,200	\$ 2,400
Monthly FTP Maintenance	\$300/ Month	\$ 9,600	\$ 6,000	\$ 3,600
Electronic Form Processing	.07 / piece	\$ 43,907	\$ -	\$ 43,907
Mail Processing and Barcode	.02 / piece	\$ 12,545	\$ -	\$ 12,545
Subtotal		\$ 380,947	\$ 372,497	\$ 8,450
GRT		\$ 30,000	\$ 29,334	\$ 665.46
Horizons' Fee	5%	\$ 19,047	\$ 18,625	\$ 423
		\$ 429,994	\$ 420,456	\$ 9,538

# Contract Amendment – Print Vendor



## Proposed Contract Increase February 2022 - December 2022

Services	Description	Pricing	Frequency	Total 11-Month Quantity	Estimated Costs Based on Proposed Scope
Printing	Document Printing. 8.5 x 11, 1 or 2 sided, fold with or without perf, 24# white bond, per page	.28 / page	varies by notification requested	1,612,927	\$ 451,619.62
	# 9 Standard Envelope. Print full color.	.16 / envelope	varies by notification requested	210,700	\$ 33,712.00
	# 10 Window Envelope. Print full color.	.18 / envelope	varies by notification requested	552,034	\$ 99,366.04
	Monthly Printing/Testing. Monthly minimum charged for printing/testing, per	\$1,200.00 / month	monthly, when printing is less than \$1200/month	-	\$ -
Mailing	Electronic Form Processing	.07 / piece	varies by services requested	1,120,848	\$ 78,459.34
	Mail Processing and Barcode	.02 / piece	varies by services requested	552,034	\$ 11,040.67
Design & Admin	Design	80.00 / hour	number of hours varies by services requested: 140/month	1,540	\$ 123,200.00
	Monthly FTP maintenance and service of files	300.00 / month	monthly		\$ 3,300.00
<b>Services Subtotal</b>					<b>\$ 800,697.68</b>
<b>GRT</b>	<i>estimated, actual amount to be calculated based on monthly invoicing</i>				<b>\$ 63,054.94</b>
<b>Horizons Admin Fee</b>	<i>estimated, actual amount to be calculated based on monthly invoicing</i>				<b>\$ 40,034.88</b>
<b>Total</b>					<b>\$ 903,787.50</b>
			<b>Original Contract Not-to-Exceed</b>		<b>\$ 430,000.00</b>
			<b>Total Contract NTE After Increase</b>		<b>\$ 1,333,787.50</b>

# Contract Amendment – Print Vendor



## Recommendation

Staff recommends amending the contract to increase the total not-to-exceed amount to \$1,333,788 an increase of \$903,788 over the original budget of \$430,000.

**Motion:** Move that the Board authorize the CEO to amend the print vendor contract to increase the total not-to-exceed amount to \$1,333,788.\*

\*This will require an increase to the 2022 budget.

# OSI MOU

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# OSI MOU



## DISCUSSION

- BeWellnm has an outstanding MOU with the Office of Superintendent of Insurance which supports Plan Management, implementation of Standardized Plans, and implementation of the Affordability Fund.
  - The upcoming Public Health Emergency roll-off requires a substantial amount of coordination between beWellnm, Medicaid, & OSI.
  - OSI has a project management resource that can support all three organizations immediately. To support all three an increase to the MOU would be necessary. This resource would:
    - Manage Project Activities
    - Document and Track Risks and Issues
    - Develop and Maintain Project Library
    - Maintain and Manage Change Management Process
    - Maintain Project Decision Register

# OSI MOU



## RECOMMENDATION

Management recommends increasing the MOU with OSI by \$165,000 to support Project Management for the Public Health Emergency roll-off. Total 2022 Not-To-Exceed would become \$565,000.

**Motion:** Move that the Board authorize the CEO to increase the OSI MOU Not-To-Exceed by \$165,000 in support of additional Project Management Services.

# Contract Renewal: Legal Services

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# Contract Renewal – Legal Services (Bardacke Allison)

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## Discussion

- Scope of Work
  - General legal services to the Exchange.
- Procurement
  - Contract was procured in early 2020, in accordance with the New Mexico Procurement Code.
  - Contract can be renewed up to 4 years.
- Vendor evaluation
  - Staff's vendor evaluation scores reflect that vendor meets or exceeds expectations in all areas (including, but not limited to timeliness, quality of services, budget management, invoicing, and flexibility).
  - Staff is pleased with this vendor.

## Contract Renewal – Legal Services (Bardacke Allison)

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**Recommendation:** Staff recommends extending the legal services contract through April 30, 2023, with an increase in the not-to-exceed of \$75,000.\*

**Motion:** Move that the Board authorize the CEO to extend the legal services contract through April 30, 2023, with an increase in the not-to-exceed of \$75,000.

\*This amount is consistent with the 2022 budget approved by the Board at the July 19, 2021 Board meeting.

HEALTH  
MANAGEMENT  
ASSOCIATES

beWellnm Individual Marketplace Transition  
Project Closeout -  
Key Learnings from Stakeholder Interviews

March 18, 2022

## ■ IV&V PROJECT CLOSE OUT TOPICS TODAY

- **Summary of stakeholder interviews**
- **Preview of final report**
- **Appendix: Response to Director Foley's question regarding IV&V report findings since 2019**

## ■ NUMBER AND TYPE OF STAKEHOLDERS INTERVIEWED

All stakeholder interviews were and remain confidential

Stakeholder	# of Interviews
beWellnm line staff	12
Carriers	6
Brokers	4
OSI	1 (group interview)
HSD	1 (group interview)
Hispano Chamber	1 (group interview)

## INTERVIEW FRAMEWORK

The IV&V team created a framework for the interviews that incorporated four discussion topics/domains: information systems, operations, stakeholder engagement, and performance and accountability management

Domain	What has worked well (top three)	What has not worked well (top three)	Fixes or attempts at fixes	Perspective on root causes	Perspective on barriers <i>What has prevented addressing root causes and/or implementing fixes</i>	Suggestions
Information systems – HIX, FMS, EDI, CEC, CRM, EDM, REP						
Operations – CEC, TIER 2, FIN, PRINT/MAIL						
Stakeholder engagement and outreach <i>Break down by constituency as needed to differentiate</i>						
Performance and accountability management						

## ■ INTERVIEW THEMES AND LEARNINGS

These themes and associated comments/observations/takeaways represent a consensus of interviewees.

THEME	COMMENTS/OBSERVATIONS/TAKEAWAYS
beWellnm line staff commitment	Line staff recognized for their tireless dedication to getting consumers insurance coverage, resolving broker issues, etc. despite having to contend with extraordinary call volumes and very frustrated callers
Inadequate project leadership	Leadership insulation from the rest of the staff, not publicly recognizing issues, no sense of urgency, lack of vendor oversight, line staff insufficiently engaged, key staff lacked the experience and skills their project roles required
Inconsistent, inadequate Board reporting	Board reporting did not fully reflect what project stakeholders “in the trenches” were experiencing
Inability to get through to beWellnm for assistance and get rapid resolution on problems/issues	Not enough properly equipped and trained personnel given volumes that were possible to anticipate; communications across customer service teams were primarily through email, which proved to be cumbersome and led to follow-through problems
Lack of communication from beWellnm	beWellnm and its vendors made policy and system configuration decisions which were not communicated to line staff and external stakeholders, not enough meetings or preparation pre-implementation, meetings became much more infrequent post-implementation, slow communications, significant impacts at times

## INTERVIEW THEMES AND LEARNINGS cont.

THEME	COMMENTS/OBSERVATIONS/TAKEAWAYS
Insufficient/inadequate training	Training materials were inadequate and sometimes didn't reflect actual production, training was minimal, poor documentation, no follow up to ensure knowledge transfer
Lack of appropriate testing, particularly integration, performance/stress and user acceptance testing	The root cause for most issues associated with implementation, lack of beWellnm and program management to enforce robust UAT
Severe performance issues with the customer engagement center (CEC)	Seriously understaffed with poorly trained personnel, significant turnover, rushed last-minute preparations, inconsistent and inadequate contact categorization and reporting, poor follow-through on callbacks, transferred disproportionate number of calls to brokers or beWellnm, rude to brokers, abandonment rates and hold times which should have been beyond unacceptable
Major problems with consumer portal and shopping experience	<p>Inability to prevent duplicate accounts from being created, limitations in what information is presented about various plans and how it is presented (including QHP provider networks), usability concerns including inconsistent use of text, colors, symbols and images</p> <p>No field to identify tobacco use, inability to show more than one carrier network, problematic sort functions – led to suboptimal shopping experience, potentially advantaging some carriers over others</p> <p>It is possible that repurposed code from another market resulted in the inability for legal non citizens to access insurance</p>

## INTERVIEW THEMES AND LEARNINGS cont.

THEME	COMMENTS/OBSERVATIONS/TAKEAWAYS
Serious problems with the premium billing function	Complete failure due at least in part on bad data coming into the premium billing module, enrollment data issues, no ordering of adds/terms, not industry standard, unclear why credit cards could not be accepted for premium payment
Unnecessarily problematic record migrations, data exchanges and reconciliations	Serious issues with broker record transition (disrupted broker books-of-business), carriers (enrollment data problems, ability to accept certain data), HSD (rejected or faulty account transfers, ability to accept certain data), poorly constructed carrier reconciliation processes
Numerous manual workarounds	Some of these workarounds directly impact how consumer records are maintained by beWellnm within Optum/NFP systems; in some cases different beWellnm staff developed their own manual processes to make sure consumers were enrolled
Inadequate issue tracking and resolution	Multiple “systems” - including ServiceNow, ALM, email and spreadsheets – are being used to record problem/issues and track their resolution which little if any coding, root cause analysis and linking

## INTERVIEW THEMES AND LEARNINGS cont.

THEME	COMMENTS/OBSERVATIONS/TAKEAWAYS
Vendor inflexibility	<p>Vendors – particularly Optum – drove most of the discussions about system requirements and, particularly, associated specifications. Moreover, despite multiple requests both Optum and NFP resisted tailoring contract deliverables – particularly functional specification documents – to reflect their systems’ configurations for beWellnm which reduces the value of these artifacts. Finally, numerous interviewees cited problems with consumer account migration, account transfers, the consumer portal and carrier reconciliation which illustrate a certain unwillingness on the part of Optum to make system and process changes. It should also be noted that on numerous occasions Optum requested lead time to make content changes in the consumer portal which seemed inordinate for a system that was purportedly “modern” and “flexible”.</p>
Insufficient vendor commitment	<p>From the perspective of beWellnm’s line staff, Optum “packed up and went home” in November which limited their ability to work through problems/issues with Optum, which required that most problems/issues be reporting using email. Moreover, no war room/command center was set up for the cutover/transition in New Mexico. Furthermore, some of the fixes meant to address critical system deficiencies have taken months to promote to production. Finally, on numerous occasions Optum/NFP and beWellnm resources working closely with Optum/NFP have made statements such as “the system is working as designed” in response to problems such as the proliferation of duplicate consumer accounts.</p> <p>All of these events reinforced the belief among beWellnm personnel that beWellnm was not a top priority for Optum, and that Optum did not have the sense of urgency required to address certain system liabilities in a timely manner.</p>

## PREVIEW OF FINAL REPORT

Topic
Executive Summary
Discussion and Recommendations: Information Systems
Discussion and Recommendations: Outsourced Operations
Discussion and Recommendations: Insourced Operations
Discussion and Recommendations: Project Management
Discussion and Recommendations: Stakeholder Engagement (Outreach, Communications, Training/Onboarding)
Discussion and Recommendations: Organizational Realignment
Implementation Plan
Key Metrics

# **IV&V Project Health Checks and Readiness Assessment Summary of Findings**

## HEALTH CHECK 1 AND 2 SCORING METHODOLOGY

**4=** Concern poses a **severe** threat to the project – on-time completion, on-budget completion AND solution quality and performance are all compromised if the concern is not resolved within the next 30 days

**3=** Concern poses a **major** threat to the project:

- Some combination of on-time completion, on-budget completion OR solution quality and performance is compromised if the concern is not resolved within the next 30 days
- On-time completion, on-budget completion AND solution quality and performance are all compromised if the concern is not addressed promptly, but the concern does not have to be resolved within the next 30 days

**2=** Concern poses a **significant** threat to the project:

- On-time completion, on-budget completion OR solution quality and performance is compromised if the concern is not resolved within the next 30 days
- Some combination of on-time completion, on-budget completion OR solution quality and performance is compromised if the concern is not addressed promptly, but the concern does not have to be resolved within the next 30 days

**1=** Concern poses a **moderate** threat to the project:

- On-time completion, on-budget completion OR solution quality and performance is compromised if the concern is not addressed promptly, but the concern does not have to be resolved within the next 30 days

### Criticality rating:

- Highest - very difficult if not impossible to make substantive project progress without immediate action.
- High – very difficult to make substantive project progress without action, but immediate action is not required.
- Medium - action is designed to significantly improve the ability to manage the project OR action is important to the project's success but short-term workarounds are feasible.

## ■ READINESS REVIEW SCORING METHODOLOGY

### Legend:



Level of readiness assessed AND deemed **adequate** relative to upcoming project milestones.



Level of readiness assessed AND deemed to be **concerning** relative to upcoming project milestones; monitoring is warranted.



Level of readiness assessed AND deemed to be **highly concerning** relative to upcoming project milestones;  
in our estimation **resolution is required before the end of August**; close monitoring is warranted.



Level of readiness assessed AND deemed to be **critically deficient**; in our estimation **resolution is required within the next 1-2 weeks** to prevent major adverse impact to the project.



Level of readiness not yet assessed

## SUMMARY OF HEALTH CHECK 1 (DECEMBER 2019) FINDINGS

Finding Area	Finding Summary	beWellnm-Recommended Rating IV&V Finding Rating adjustment	
Meeting Management	No prep time, no advance reading time, poor facilitation	1 = Moderate	1 = Moderate
Leadership/Project Management	Inconsistent communications and workflow management	2 = Significant	2 = Significant
Leadership/Project Management	Lack of staffing focus, hiring, train, retain	2 = Significant	1 = Moderate
Vendor Management	Retention and consistent participation of key vendor staff	2 = Significant	1 = Moderate
Leadership/Project Management	Multiple conflicting and poorly managed project management plan approaches	2 = Significant	1 = Moderate
Stakeholder Engagement	Carrier engagement lacks focus and leadership	2 = Significant	2 = Significant
Stakeholder Engagement	Need more clarity on how things will change	1 = Moderate	1 = Moderate
Requirements / Functional Scope Management	Management of new scope items	2 = Significant	1 = Moderate
Requirements / Functional Scope Management	Requirements ownership and meaning is unclear	2 = Significant	2 = Significant
Leadership/Project Management	Ineffective cross-dependency activity management	2 = Significant	2 = Significant

## SUMMARY OF HEALTH CHECK 2 (JULY 2020) FINDINGS

Finding Area	Finding Summary	IV&V Finding Rating	beWellnm-Recommended Rating Adjustment
Leadership/ Project Management	Lack of clear ownership of various aspects of the project	2 = Significant	2 = Significant
Stakeholder Engagement	Ineffective coordination and collaboration with HSD	3 = Major	3 - Major
Leadership/Project Management	Multiple conflicting and poorly managed project management plan approaches	2 = Significant	2 = Significant
Vendor Management	Low quality deliverables in content and attention to detail	2 = Significant	2 = Significant
Stakeholder Engagement	Lack of timely, coordinated and well planned stakeholder engagement (most notably Carriers)	1 = Moderate	1 = Moderate
Leadership/Project Management	Lack of engagement, coordination and communications with project and organization line staff	1 = Moderate	1 = Moderate
Leadership/Project Management	Delayed development and training on policies and procedures for project and operation	1 = Moderate	1 = Moderate
Vendor Management	Optum, NFP and PCG not having right level and mix of resources on project	1 = Moderate	1 = Moderate

## SUMMARY OF HEALTH CHECK 3 (MARCH 2021) FINDINGS

Finding Area	Finding Summary	IV&V Finding Rating	beWellnm-Recommended Rating Adjustment
Leadership/Project Management	Recommendation: Build out project plan	Highest	Highest
Stakeholder Engagement	Recommendation: Build stakeholder engagement and communications plan	High	High
Stakeholder Engagement	Recommendation: Formal round of stakeholder engagement	High	High
Leadership/Project Management	Recommendation: Formalize UAT protocols	High	High
Leadership/Project Management	Recommendation: Need UAT tests, scenarios, tools	High	High
Leadership/Project Management	Recommendation: Need comprehensive, detailed, aggressive training plan	Medium	Medium

## SUMMARY OF HEALTH CHECK 3 (MARCH 2021) FINDINGS cont.

Finding Area	Finding Summary	IV&V Finding Rating	beWellnm-Recommended Rating Adjustment
Leadership/ Project Management	Recommendation: Rebuild formal transparent status reporting	High	High
Leadership/ Project Management	Recommendation: More proactive, transparent informative status monitoring	High	High
Leadership/ Project Management	Recommendation: More effective meeting management	High	High
Leadership/ Project Management	Recommendation: Streamlining of issue resolution	Medium	Medium
Leadership/ Project Management	Recommendation: Improve document management	Medium	Medium
Leadership/ Project Management	Recommendation: All key personnel should have back up staff for key meetings and activities	Medium	Medium
Vendor Management	Recommendation: Greater vendor transparency on testing and readiness	Medium	Medium
Leadership/Project Management	Recommendation: (Start) contingency planning	Highest	Highest
Leadership/Project Management	Recommendation: Greater focus on CMS needs and issues	Highest	Highest
Vendor Management	Recommendation: finalization of system integration testing (SIT) needs	Highest	Highest
Leadership/Project Management	Recommendation: Greater focus on cutover planning	High	High
Leadership/Project Management	Recommendation: Thorough, transparent readiness assessment	High	High
Leadership/Project Management	Recommendation: IV&V assessment of security plan	High	High
Leadership/Project Management	Recommendation: Need to fill operations manager	Medium	Medium

## SUMMARY OF READINESS REVIEW (AUGUST 2021) FINDINGS

Finding Area	Finding Summary	IV&V Finding Rating	beWellnm-Recommended Rating Adjustment
Stakeholder Engagement	Inadequate for brokers/navigators, carriers, broader community and HSD. - Carrier onboarding: no clarity on who from beWellnm or Optum/NFP should be engaging carriers on various topics/subjects - Broker and assister onboarding: no clarity on approach to training; concerns about training rigor	Yellow: Concerning	Green: Adequate
Leadership/Project Management	Training delivery, material, preparation not close to ready	Orange: Highly Concerning	Yellow: Concerning
Requirement/Functional Scope Management	Staff not ready, CEC not ready, P&Ps not ready. - CEC: showing no signs of being ready in terms of staff, facility, operating model. CEC staffing significantly inadequate with no evidence of an approach to assessing CEC staff competency post training. Additionally, buildout of the CEC facility was not complete – concerns about connectivity, power, computing resources for CEC personnel, mailroom equipment, wall monitors and other aspects of the site were not fully built out or thoroughly tested - beWellnm: multiple critical positions not filled or trained at the time HMA conducted the review - Management of issues/questions from complex cases including mixed households: protocols for handling these situations were still being discussed/developed at the time we conducted the review	Orange: Highly Concerning	Orange: Highly Concerning
Data & Technical Readiness	User acceptance testing, integration testing (not with federal partners, but rather with New Mexico partners) and performance testing were incomplete and inadequate. Moreover, no substantive evidence of unit testing was ever provided and the limited data provided showed multiple poor test results.	Orange: Highly Concerning	Orange: Highly Concerning
Leadership/Project Management	Deployment, cutover and transition to steady state - no tools, methodology or staffing. IV&V strongly recommended a go-live "command center" and provided detailed recommendations on how to successfully stand up and run it.	Red: Critically Concerning	Orange: Highly Concerning
Leadership/Project Management	Risk mitigation and contingency planning was minimal – backup plans for certain scenarios with reasonable probability of occurrence were not developed	Orange: Highly Concerning	Orange: Highly Concerning

■ **SUMMARY OF READINESS REVIEW (AUGUST 2021) FINDINGS** other *major issues/concerns flagged*

Finding Area	Summary of Issue/Concern
Data & Technical Readiness	Concerns regarding assuring continuity of insurance coverage "to the maximum extent possible"
Leadership/Project Management	Resolve single point of failure within the DigiPros operation (only one resource has in-depth knowledge of notice generation systems)
Data & Technical Readiness Leadership/Project Management	Inadequate, untested transition plan for consumers and brokers

# 6. Agency Reports



# 7. Public Comment



# 8. Other Board Business



# 9. Executive Session



**10. Next beWellnm Board Meeting  
is May 20, 2022 location TBD**



# 11. Adjournment



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