

PPACA IMPLEMENTATION FAILURES: DIDN'T KNOW OR DIDN'T DISCLOSE?

HEARING BEFORE THE COMMITTEE ON ENERGY AND COMMERCE HOUSE OF REPRESENTATIVES ONE HUNDRED THIRTEENTH CONGRESS FIRST SESSION

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THURSDAY, OCTOBER 24, 2013

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ENERGY AND COMMERCE,
WASHINGTON, DC.

The committee met, pursuant to call, at 9:07 a.m., in room 2123, Rayburn House Office Building, Hon. Fred Upton (chairman of the committee) presiding.

Present: Representatives Upton, Hall, Barton, Shimkus, Pitts, Walden, Terry, Rogers, Murphy, Burgess, Blackburn, Gingrey, Scalise, Latta, Lance, Cassidy, Guthrie, Olson, McKinley, Gardner, Kinzinger, Griffith, Johnson, Ellmers, Waxman, Dingell, Pallone, Eshoo, Engel, Green, DeGette, Schakowsky, Butterfield, Barrow, Matsui, Sarbanes, McNerney, Welch, Tonko and Yarmuth.

Staff Present: Clay Alspach, Chief Counsel, Health; Gary Andres, Staff Director; Ray Baum, Senior Policy Advisor/Director of Coalitions; David Bell, Staff Assistant; Mike Bloomquist, General Counsel; Sean Bonyun, Communications Director; Megan Capiak, Staff Assistant; Karen Christian, Chief Counsel, Oversight; Noelle Clemente, Press Secretary; Paul Edattel, Professional Staff Member, Health; Julie Goon, Health Policy Advisor; Brad Grantz, Policy Coordinator, O&I; Sydne Harwick, Legislative Clerk; Brittany Havens, Legislative Clerk; Sean Hayes, Counsel, O&I; Robert Horne, Professional Staff Member, Health; Kirby Howard, Legislative Clerk; Alexa Marrero, Deputy Staff Director; Nick Magallanes, Policy Coordinator, CMT; Carly McWilliams, Professional Staff Member, Health; Brandon Mooney, Professional Staff Member; Gib Mullan, Chief Counsel, CMT; Katie Novaria, Professional Staff Member, Health; Monica Popp, Professional Staff Member, Health; Andrew Powaleny, Deputy Press Secretary; David Redl, Chief Counsel, Telecom; Chris Sarley, Policy Coordinator, Environment and Economy; Charlotte Savercool, Legislative Coordinator; Heidi Stirrup, Health Policy Coordinator; Tom Wilbur, Digital Media Advisor; Ziky Ababiya, Minority Staff Assistant; Phil Barnett, Minority Staff Director; Stacia Cardille, Minority Deputy Chief Counsel; Brian Cohen, Minority Staff Director, Oversight and Investigations, Senior Policy Advisor; Hannah Green, Minority Staff Assistant; Elizabeth Letter, Minority Assistant Press Secretary; Karen Lightfoot, Minority Communications Director and Senior Policy Advisor; Karen Nelson, Minority Deputy Committee Staff Director for Health; Stephen Salisbury, Minority Special Assistant; and Matt Siegler, Minority Counsel.

OPENING STATEMENT OF HON. FRED UPTON, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MICHIGAN

Mr. UPTON. Good morning. First off I would like to note to our Florida colleagues who are unable to be with us this morning, sadly they are attending the funeral of our late colleague, former Appropriations chair Bill Young, who was certainly a friend to all here and a mentor to so many of us on both sides of the aisle. He is going to be deeply missed and particularly in his legacy his establishment of the bone marrow registry, something that literally will save tens of thousands, if not more, lives. And we appreciate that work.

Today the Energy and Commerce Committee continues our ongoing oversight of the healthcare law as we examine the many problems, crashes, glitches, system failures that have defined open enrollment.

Over the past several months leading up to the October 1st launch, top administration officials and lead contractors appeared before this committee, looked us in the eye, and assured us repeatedly that everything was on track, except that it wasn't, as we now know too well. So why did they assure us that the Web site would work? Did they not know, or did they not disclose? That is what we are looking to find out with the contractors today and with Secretary Sebelius next week.

Companies that are here today all testified before the Health Subcommittee on September 10 about their work building the Federal exchanges and healthcare.gov. And in that hearing and in briefings with committee staff, these companies represented that the exchanges would be ready for open enrollment on October 1st. They also explained that their testing of the system had not identified any significant problems.

This is not about blame; it is about accountability, transparency and fairness to the American public. The broken promises are many. The President promised Americans that they could keep their health plans if they liked them no matter what, yet here we are 24 days into open enrollment and more people are receiving cancellation notices in just 2 States than the 476,000 Americans that the administration boasts have begun applying in the entire country. This is a troubling fact, but we still don't know the real picture as the administration appears allergic to transparency and continues to withhold enrollment figures.

This is more than a Web site problem, and, frankly, the Web site should have been the easy part. I'm also concerned about what happens next. Will enrollment glitches become provider payment glitches? Will patients show up at their doctor's office or hospital to be told that maybe they aren't covered or even in the system?

In a few months families in Michigan and across the country are going to face penalties under the law's individual mandate. How can the administration punish innocent Americans by forcing them to buy from a system that does not work and whose rollout has been nothing short of a disaster?

The American public deserves answers. Today we're going to get them from the lead contractors. Next week will be Secretary Sebelius' turn.

And I now yield 2 minutes to the vice chair of the committee Mrs. Blackburn.

[The prepared statement of Mr. Upton follows:]

PREPARED STATEMENT OF HON. FRED UPTON

Today the Energy and Commerce Committee continues our ongoing oversight of the health care law as we examine the many problems—crashes, glitches, systems failures—that have defined open enrollment. Over the months leading up to the October 1 launch, top administration officials and lead contractors appeared before this committee, looked us in the eye, and assured us repeatedly that everything was “on track.”

Except that it wasn’t, as we now know all too well.

So why did they assure us the Web site would work? Did they not know? Or did they not disclose? That’s what we are looking to find out, with the contractors today, and with Secretary Sebelius next week.

The companies that are here today all testified before the Health Subcommittee on September 10 about their work building the federal exchanges and healthcare.gov. In that hearing, and in briefings with committee staff, these companies represented that the exchanges would be ready for open enrollment on October 1. They also explained that their testing of the system had not identified any significant problems.

This is not about blame—this is about accountability, transparency, and fairness for the American public. The broken promises are many. The president promised Americans could keep their health plans if they liked them, “No matter what.” Yet here we are, 24 days into open enrollment, and more people are receiving cancellation notices in just two states than the 476,000 Americans that the administration boasts have begun applying in the entire country. This is a troubling fact—but we still don’t know the real picture as the administration appears allergic to transparency and continues to withhold enrollment figures.

This is more than a Web site problem—and frankly, the Web site should have been the easy part. I’m also concerned about what happens next. Will enrollment glitches become provider payment glitches? Will patients show up at their doctor’s office or hospital only to be told they, or their coverage, aren’t in the system?

In a few short months, families in Michigan and across the country will face penalties under the law’s individual mandate. How can the administration punish innocent Americans by forcing them to buy from a system that does not work and whose rollout has been nothing short of a disaster?

The American public deserves answers. Today we will get them from the lead contractors. Next week will be Secretary Sebelius’ turn.

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OPENING STATEMENT OF HON. MARSHA BLACKBURN, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF TENNESSEE

Mrs. BLACKBURN. Thank you, Mr. Chairman.

I want to thank our witnesses for being here. We are looking forward to getting your perspective of what went wrong and how it went wrong with this rollout. We were repeatedly told by members of the administration that everything would be working properly, and it would all be done on time, but these false administration assurances seem to sway some people on the other side of the aisle, and they believed fully that things were going to be done on time.

Well, yesterday Mr. Waxman and I were agreeing on some things in a hearing, but last month we were disagreeing. And he had said that nothing could be found from our committee’s investigation of exchange implementation and readiness, but we were quite concerned. That definition of “nothing” has turned out to be design choices in the exchanges that hide unaffordable premiums, massive glitches, dead ends, error messages, system breakdowns, and

Americans spending countless hours trying to navigate exchanges not ready for prime time.

So I hope all of our colleagues are going to work together and join the efforts to do proper oversight of the healthcare law. This is taxpayer money on the line. We need to be judicious, and the past 3 weeks of exchange messiness have demonstrated that nobody can be a blind cheerleader for the Affordable Care Act when they see all these problems right before their very eyes.

At this time I yield—is the gentleman from Texas Mr. Barton? I will yield back to the chairman.

[The prepared statement of Mrs. Blackburn follows:]

PREPARED STATEMENT OF HON. MARSHA BLACKBURN

Thank you to our witnesses for joining us. I look forward to hearing your perspectives on just what has gone wrong so far with this roll out.

We were repeatedly told by members of the administration that everything would be working correctly and on time.

These false administration assurances seemed to sway some of my colleagues on the other side of the aisle.

At last months' hearing, Mr. Waxman declared "nothing" could be found from our committee's investigation of exchange implementation and readiness.

Apparently Mr. Waxman's definition of "nothing" includes millions of Americans losing their coverage, design choices in the exchanges that hide unaffordable premiums, massive glitches and system breakdowns, and Americans spending countless hours trying to navigate exchanges not ready for primetime.

I hope Mr. Waxman decides to join our efforts to do proper oversight of the health care law.

These past three weeks of exchange messiness demonstrate that no member of this body should be a blind cheerleader for the Affordable Care Act and ignore the problems before their very eyes.

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Mr. UPTON. The gentlelady yields back.

The chair would recognize for an opening statement my colleague, the ranking member of the full committee, Mr. Waxman from California.

OPENING STATEMENT OF HON. HENRY A. WAXMAN, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF CALIFORNIA

Mr. WAXMAN. Thank you very much, Mr. Chairman.

The Affordable Care Act is an enormous success with one obvious exception: It has a poorly designed Web site.

The law has already accomplished a lot. Millions of Americans, especially seniors, have saved hundreds of dollars on prescription drugs. Young people have gotten health insurance coverage. Millions of families have received rebates from their insurance companies that use more than 20 percent for their overhead costs. Preventive care is now a free benefit in Medicare and private insurance. Every day we hear more stories of people saving thousands of dollars and finally getting the security of quality health insurance.

What hasn't happened, and what has not been successful, is the early performance of the Web site, and that has caused understandable frustration and anxiety as Americans have tried to sign up for the coverage. The heart of the law is getting insurance cov-

erage, private insurance coverage, that others have who work for large employers like the Federal Government.

Democrats want healthcare.gov to work, and we want to know what is wrong with the Web site and how we can help fix it. We want to learn what the contractors can tell us about the problems and how they can be addressed. That is what all my colleagues should want, including my Republican colleagues, but that has not been their agenda so far. We have already documented a record of Republicans attempting to sabotage the Affordable Care Act, which they know would result in denying coverage to millions of uninsured Americans who cannot find insurance under the market system that excludes them if they have preexisting medical conditions or if they can't afford their coverage.

From voting more than 40 times to repeal the law, from intimidating organizations that have tried to help the law succeed, Republicans have encouraged their Governors to obstruct implementation, deny Medicaid coverage even though 100 percent is being paid for by the Federal Government, and even by shutting down the government in order to try to repeal this law. Republicans have not shown us that they are trying to make this law work so far.

Well, we all want answers because we want families to have affordable health insurance. We have already seen extraordinary demand for this coverage being offered through the exchanges. One of the reasons that we were given that the Web site didn't work is that it crashed when so many people were trying to access it. We know that people want to shop and have a choice between different health insurance plans that are being offered to them and have already been lined up to offer them private health insurance.

We are encouraging our constituents to use other means of signing up in the meantime, like call centers and written applications, while the Web site problems are being fixed. We're pressing the administration to be redouble their efforts to fix the Web site, and we welcomed yesterday's announcement giving Americans more time to sign up for the insurance.

Everyone has a responsibility to get health insurance. We expect people to observe that responsibility. But I cannot see that anyone is going to be penalized under the law if they have not been able to buy health insurance during this time where they have not had access to the exchanges.

We need to start listening to our people who sent us to Congress. They don't want the government shut down. They don't want Congress to drive the country to the brink of default. They want this law to work. But they do want us to make sure that we hold everybody accountable and insist that the law and the promise of affordable health care become a reality for all Americans, and that means we've got to get this Web site fixed. And that's why I'm pleased we're going to hear from the four contractors today and next week from the Secretary.

If we want this law to work, we've got to make it right, we've got to fix it; not what the Republicans have been trying to do, nix it and repeal it. Thank you, Mr. Chairman. I yield back my time.

Mr. UPTON. The gentleman yields back.

The chair would recognize for an opening statement the chairman of the Oversight Subcommittee Mr. Murphy.

OPENING STATEMENT OF HON. TIM MURPHY, A REPRESENTATIVE IN CONGRESS FROM THE COMMONWEALTH OF PENNSYLVANIA

Mr. MURPHY. Thank you, Mr. Chairman.

As chairman of the Oversight and Investigations Subcommittee, I have heard numerous promises from the administration officials that all was well with the healthcare law. Not true. Either these officials were shockingly unaware of what was happening inside their own agencies, or deliberately misleading our committee and the public hoping this would all suddenly turn around.

Two weeks before enrollment began, HHS's insurance czar told us that consumers could go online, shop, and enroll by October 1st. Not true.

We were promised a Web site where people could easily compare plans and costs. Five hundred million dollars later, we find the American public has been dumped with the ultimate cash for clunkers, except they had to pay the cash and still got the clunker.

Secretary Sebelius has admitted HHS didn't do enough testing, but was her agency warned ahead of time that this was an issue? Were the contractors able to work with each other and complete end-to-end testing?

In testimony today, QSSI states that the late decision requiring consumers to register for an account before they could browse for insurance products was a major contributor to the Web site's October 1st crash and burn. Who made this major decision just before launch? And were they trying to hide from the public the true cost?

Now the President is committing untold amounts of money for an undisclosed plan spearheaded by an individual without technology experience to fix this huge problem, but if 55 different contractors couldn't successfully build, test and run a Web site, how do we expect anyone else to be able to do this?

Given all these questions, Congress should press pause on the tech surge and figure out what went wrong first before throwing good money after bad and forcing the public to use a broken site.

In addition to explaining why this disaster happened, we want an explanation on how this system will be fixed, what it will cost, and how long it will take. After footing the bill, the American people deserve something that works or start over. Take responsibility. Tell us what's wrong. Fix it, or try something else.

I yield back.

Mr. UPTON. Thank you.

[The prepared statement of Mr. Murphy follows:]

PREPARED STATEMENT OF HON. TIM MURPHY

Thank you Mr. Chairman.

As Chairman of the Oversight and Investigations Subcommittee, I've heard numerous promises from administration officials that 'all was well' with the healthcare law.

That wasn't the case. Either these officials were shockingly unaware of what was happening inside their own agencies or deliberately misleading our committee—hoping this 'train wreck' would turn around.

Two weeks before enrollment began, HHS's insurance czar told us that consumers could go online, shop, and enroll on October 1st. He didn't equivocate. He didn't hesitate.

So what happened between the Administration's bravado and the launch of a clumsy system riddled with crashes, glitches, and errors?

Did breakdowns occur with contractors or were they told to do it this way?
 Secretary Sebelius has admitted HHS didn't do enough testing, but was her agency warned ahead of time that this was an issue?
 Were the contractors able to work with each other and complete end-to-end testing?

In testimony today, QSSI states that the "late decision requiring consumers to register for an account before they could browse for insurance products" was a major contributor to the Web site's October 1st crash and burn.

Who made this major decision just before launch? And were they trying to hide from the public the data that would show the healthcare law was causing massive premium hikes?

Was this site doomed to failure because contractors were told to build a flawed system by an agency that put politics before people's healthcare.

Now, the President is committing untold amounts of money for a secret plan spearheaded by individual without technology experience to fix a technical problem.

But if 55 different contractors couldn't successfully build, test, and run a web site in three years at a total cost of over \$500 million, why should we believe the Administration is capable of fixing it in two weeks?

You were supposed to design a web site that was supposed to compare costs and insurance plans. What the public got instead was a half-a-billion dollar clunker. We want to know—who messed up? Given all these questions, Congress should press 'pause' on the "tech surge" and figure out what went wrong first, before throwing good money after bad, and forcing the public to use a broken site to buy a product they don't want—or pay a new tax.

In addition to explaining why this disaster happened, I want an explanation on how this system will be fixed, what it will cost, and how long it will take. I yield back.

Mr. UPTON. I yield to Mr. Pitts.

OPENING STATEMENT OF HON. JOSEPH R. PITTS, A REPRESENTATIVE IN CONGRESS FROM THE COMMONWEALTH OF PENNSYLVANIA

Mr. PITTS. Thank you, Mr. Chairman.

HHS officials repeatedly assured this committee that the administration would be ready for October 1, 2013. This past July, the Secretary stated that HHS would, quote, "flip on the switch on October 1st and say to people, come on and sign up," end quote.

On August 1st, Administrator Tavenner told us in this very room that CMS would finish all end-to-end testing by the end of August. On September 10th, the Health Subcommittee held a hearing in which representatives for CGI Federal, QSSI, Equifax, and Serco, all of whom are here today, testified. Each contractor assured us that its components of the exchange would be ready on time, and yet, when the exchanges opened for business on October 1st, it was nothing less than an unmitigated disaster.

We're now hearing reports that the administration was repeatedly warned that the site was not ready for an October 1st launch. The Washington Post reported Tuesday that, quote, "as late as September 26, there had been no test to determine whether a consumer could complete the process from beginning to end," end quote. Secretary Sebelius said just this week that almost no testing occurred.

These past few weeks of exchange dysfunction, along with stories of hundreds of thousands of Americans losing their existing health plans, help underscore why Washington should not be running our private health insurance system.

The botched rollout is all the more reason that the individual mandate penalty should be delayed. Average Americans deserve a

waiver from Obamacare, too. It is only fair when the exchanges are such a mess.

The companies represented here today were in charge of building the Federal exchange, but CMS was responsible for ensuring that everything worked together properly. So the question we have to ask ourselves is, in light of all the administration's assurances, is this—are they simply incompetent, or were they just lying to the American people?

I yield back.

[The prepared statement of Mr. Pitts follows:]

PREPARED STATEMENT OF HON. JOSEPH R. PITTS

Thank you, Mr. Chairman.

HHS officials repeatedly assured this Committee that the Administration would be ready for October 1, 2013. This past July, the Secretary stated that HHS would “flip on the switch on October 1 and say to people, ‘Come on and sign up.’”

On August 1, Administrator Tavenner told us in this very room that CMS would finish “all end to end testing” by the end of August.

On September 10, the Health Subcommittee held a hearing at which representatives for CGI Federal, QSSI, Equifax, and Serco—all of whom are here today—testified. Each contractor assured us that its components of the Exchange would be ready on time.

And, yet, when the Exchanges opened for business on October 1, it was nothing less than an unmitigated disaster.

We are now hearing reports that the Administration was repeatedly warned that the site was not ready for an October 1 launch.

The Washington Post reported Tuesday that “as late as Sept. 26, there had been no tests to determine whether a consumer could complete the process from beginning to end.” Secretary Sebelius said just this week that “almost no testing occurred.”

These past few weeks of Exchange dysfunction, along with stories of hundreds of thousands of Americans losing their existing health plans, help underscore why Washington should not be running our private health insurance system.

The botched rollout is all the more reason that the individual mandate penalty should be delayed. Average Americans deserve a waiver from Obamacare, too—it's only fair when the exchanges are such a mess.

The companies represented here today were in charge of building the federal Exchange, but CMS was responsible for ensuring that everything worked together properly.

So, the question we have to ask ourselves, in light of all of the Administration's assurances, is this: are they simply incompetent or were they just lying to the American people?

I yield back.

Mr. UPTON. I yield to Mr. Barton.

Mr. BARTON. Thank you.

I have slide 1 I would like to put up.

Like all of Obamacare, what it appears on the surface is not what it is. This is the terms and conditions that you accept at some point early in the process, and that looks pretty plain Jane.

Now put up slide number 2.

What you don't see is this slide, which says, you have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system. At any time and for any lawful government purpose, the government may monitor, intercept, search and seize any communication or data transiting or stored on this information system. Any communication or data transiting or stored on this information system may be disclosed or used for any lawful government purpose.

That is Obamacare in a nutshell; says one thing on the surface, does something totally different behind the scenes.

In my questions, I'm going to ask the contractors about this total lack of privacy and what they knew about it.

With that, I yield back.

Mr. UPTON. The gentleman yields back.

The chair would recognize the ranking member of the Health Subcommittee Mr. Pallone from New Jersey.

OPENING STATEMENT OF HON. FRANK PALLONE JR, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW JERSEY

Mr. PALLONE. Thank you, Mr. Chairman.

I just heard my chairman of the subcommittee, the Health Subcommittee, say once again he wants to delay the Affordable Care Act. And I have great respect for the gentleman from Pennsylvania, but, you know, here we go again, another cynical effort by the Republicans to delay, defund or ultimately repeal the Affordable Care Act.

I'd like to think that somehow this hearing is above board and legitimate, but it is not. You know, the Republicans don't have clean hands coming here. Their effort, obviously, isn't to make this better, but to use the Web site and the glitches as an excuse to defund or repeal Obamacare.

And I just think it is very unfortunate, because there are millions of people out there who have been trying to go on this Web site, I understand like 20 million, and they deserve an opportunity once this is fixed—and I know the administration is trying very hard to fix it, as are all of our witnesses here today—they deserve an opportunity to have health care and not be among those 30 or 40 million who are uninsured or, even more so, that don't have a good benefit package.

I would just ask my Republicans, let the goal here be to fix it, not nix it. And if that were your goal, I would feel very good about this hearing. But I don't see that happening.

One of the things I wanted to bring attention to is how Democrats take a much different approach to things. When Medicare Part D started up—and I have this chart here—there were all kinds of problems with the Web site. It went on for months. These are some of the headlines that appeared in the newspapers about the problems. But did the Democrats get up and say, oh, Medicare Part D is terrible, let's repeal it or defund it? No. We said, let's work hard to make it better. And that's what we did, and the glitches disappeared, and the program became a good program.

And that is what I would like to see my Republican colleagues do today. But it's not the case. Time and time again, the GOP has tried to slow the progress of implementing the ACA. They were willing to shut down the government for 3 weeks. Did we forget what was happening the last 3 weeks when they tried to shut down—well, they did shut down the government 3 weeks, and the reason was because they wanted us to defund, or make changes to, or delay the Affordable Care Act.

I hear my Republican colleagues talking about that they care about money, whether it's Federal dollars or individuals' dollars.

The information has come out now saying that the government or the gross national product lost \$24 billion during the 3-week shut-down, half percent of the gross national product for the last quarter. You're talking about money? You don't care. What about all the money you lost in the 3 weeks? That didn't matter just because you wanted to delay the Affordable Care Act?

Again, there's no clean hands here, my colleagues. Do you really care? I don't think so.

I just wish that you would stop this obstruction, work with us on trying to make this a better system, and as my colleague—as Mr. Waxman said, this can be fixed if you'll work with us.

I yield now to the gentlewoman from Colorado Ms. DeGette.

OPENING STATEMENT OF HON. DIANA DEGETTE, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF COLORADO

Ms. DEGETTE. Thank you, very much, Mr. Pallone.

As we've heard, we're here today to find out what the problem is with the healthcare.gov Web site and how we can fix these multiple technical problems.

Last month, as the chairman noted, we heard from CGI, QSSI, Serco and Equifax, the same four contractors who are here today. They told us that the Web site would work. We even asked them point blank; Mr. Pallone asked them, and I asked them. They told us that HHS was doing an excellent job of testing the product. They said there was nothing wrong, and they expressed nothing but optimism. And so 3 weeks later, here we are. We're still hearing reports of significant problems.

Now, I appreciate all of the contractors coming today. I give them the benefit of the doubt when they say things are approving. But I want to stress for the Affordable Care Act to work, these problems need to be fixed, and these problems need to be fixed fast.

We need to hear today exactly what they're doing to fix these issues, and we need to hear—we need to see clear examples of improvement and be provided with a timeline for how it will be fully optional.

Mr. Chairman, this is not our first experience with introductions of new healthcare programs, as Mr. Pallone said. I was on this committee in 2006 when Medicare Part D was implemented during the Bush administration. Let's not forget what a mess it was and the significant problems seniors had with registering for the new benefit. But I also want to remind my colleagues on both sides of the aisle that the difficulties passed and were soon forgotten amid the success of Part D.

And so I really take the gestures on the other side of the aisle seriously. And I hope that we can say that we worked together to ensure the success of healthcare.gov.

Now, there's something else I remember from the introduction of the Part D benefit, Mr. Chairman. Every single one of us, whether or not we voted yea or nay for the law, worked together for our success. I found the newsletter that I sent out to my constituents after Medicare Part D in which I said I opposed the law that created this program, but people need to be armed with the information re-

quested. And I would urge everybody on both sides of the aisle to do that.

So my hope, Mr. Chairman, is that today marks the beginning of an effort on the majority's part to make sure that the healthcare law works and is successful and Americans can enjoy the benefits.

I really think that it is important to make that happen. And I'm so happy, I'm so happy and touched really today to hear the majority expressing these concerns about making the ACA work better. And I really hope that they're legitimate in it, because this is what's going to give insurance to millions of Americans who have gone without health care for many, many years because they couldn't afford the programs.

And with that I yield to the chairman emeritus of the full committee Mr. Dingell.

OPENING STATEMENT OF HON. JOHN D. DINGELL, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MICHIGAN

Mr. DINGELL. I thank the gentlewoman for yielding to me.

This is a wonderful opportunity for us to make the Affordable Care Act work. I remind my colleagues that the last perfect law came off the top of Mt. Sinai with Moses, written on a stone tablet by the hand of God. Nothing so good has happened since.

I urge us to use our best efforts then to see to it that this new law goes into effect and works, and that we carry out our responsibility to the American people to see to it that we do everything we can to support and defend the Constitution and the laws of the United States.

I've heard some unfortunate things on the other side. They said, we have to do everything in our power to prevent Obamacare. Obamacare, get rid of it, period. All of a sudden now our friends on the other side have forgotten that. Well, I hope they will continue to forget it, because we have a chance to see to it that the American people get health care as a matter of right, not as a matter of financial privilege.

I am very frustrated, at least as frustrated as anybody else in this room, about the problem facing healthcare.gov. This is unacceptable. It needs to be fixed. And we can, if we are willing to work together, do something to see to it that it, in fact, is fixed, and that it helps all of the American people.

Now, slow Web site is better than the alternative, and where health care is a privilege only for the few, it doesn't seem to matter. But if it's for everybody, we have to address that question and see to it that we take care of all of our people.

I look forward to exploring how the Web site can be fixed in this hearing today. I look forward to working with my Republican colleagues and my Democratic colleagues to see that we do a constructive job of making this new law work.

I remind all that when we were dealing with Medicare Part D, which was not something that was originated on this side the aisle, we worked together to see to it that, in fact, it worked, and now it is an accepted and acceptable conclusion to a significant problem, which, by the way, is improved by the Affordable Care Act.

Mr. Chairman, I thank you for your courtesy, I thank the gentlelady for yielding to me, and I hope we can work constructively on this matter today. It is a great opportunity.

Mr. UPTON. The gentleman from the great State of Michigan's time is expired.

At this point I'd like to introduce the witnesses for today's hearing.

Our first witness is Cheryl Campbell. She is the senior V.P. For CGI's Federal health and compliance programs and defense agency programs. She was appointed to this position in 2009, and in this capacity she is the driver of strategy and execution for the practice to serve the needs of providers, government and public.

Our second witness is Andrew Slavitt. He is the group executive V.P. For Optum/QSSI, and in this capacity he is responsible for business strategy, public policy, corporate investment, research and development, acquisitions and corporate governance. Prior to this role, he has served in other roles at UnitedHealth Group and was founder and CEO of HealthAllies, which was acquired by UnitedHealth Group in 2003.

Our third witness is Lynn Spelley. She serves as the corporate counsel for Equifax Workforce Solutions. In this role her responsibilities include advising the business on matters related to contracts, products, regulatory issues and client relationships. She also works with sales leaders and internal contracts staff and the broader legal department to manage workforce solutions, related issues related to litigation, human resources, government affairs and regulatory matters.

Our last witness is John Lau. He is the program director at Serco. He is responsible for overseeing eligibility and enrollment support services, specializing in the implementation and management of large-scale Health and Human Services programs in the U.S., including Medicaid, CHIP and TANF. His experience includes initial implementation and start-up; risk identification and issue resolution using a commercial governance system; security and privacy; and the design, implementation and management of multi-million transaction healthcare documents and transaction processing systems, including California's SCHIP and Texas' eligibility system for Medicaid, CHIP and TANF.

So at this point I will now swear in the witnesses. You are aware that the committee is holding an investigative hearing and, when doing so, has had the practice of taking testimony under oath. Do any of you have objection to testifying under oath?

Seeing none, the Chair then advises you that under the rules of the House and the rules of the committee, you are entitled to be advised by counsel. Do you desire to be advised by counsel during your testimony today?

Seeing none, in that case, if you would please rise and raise your right hand, I will swear you in.

[Witnesses sworn.]

Mr. UPTON. You are now under oath and subject to the penalties set forth in Title 18, section 1001 of the U.S. Code.

You are now able to give a 5-minute summary of your written statement, and, Ms. Campbell, we will start with you. Welcome.

TESTIMONY OF CHERYL CAMPBELL, SENIOR VICE PRESIDENT, CGI FEDERAL; ANDREW SLAVITT, GROUP EXECUTIVE VICE PRESIDENT, OPTUM/QSSI; LYNN SPELLECY, CORPORATE COUNSEL, EQUIFAX WORKFORCE SOLUTIONS; AND JOHN LAU, PROGRAM DIRECTOR, SERCO

TESTIMONY OF CHERYL CAMPBELL

Ms. CAMPBELL. Chairman Upton, Ranking Member Waxman, members of the committee, thank you for the opportunity to appear today. My name is Cheryl Campbell, and I'm a senior vice president at CGI Federal. I have responsibility for all of CGI Federal's projects at the Department of Health and Human Services and several other Federal agencies. I'm here today to reinforce CGI Federal's ongoing commitment to the success of the Federal exchange on healthcare.gov.

Let me state unequivocally that CGI Federal is fully committed to its partnership with CMS. Our priority is for Americans to have a positive experience in applying, shopping and enrolling on the Federal exchange. To this end we dedicate the very best experts to optimize our portion of the Federal exchange.

For a context let me first describe our role in the Federal exchange. The exchange is comprised of 6 complex systems that involves 55 contractors, including CGI Federal, 5 government agencies, 36 States, and more than 300 insurers, with more than 4,500 insurance plans all coming together in healthcare.gov.

CMS competitively awarded CGI Federal its portion of the Federal exchange, a software application called the Federally Facilitated Marketplace, or FFM. Specifically the FFM provides functionality for eligibility and enrollment, plan management and financial management. CMS serves as the systems integrator, having ultimate responsibility for end-to-end performance of the Federal exchange.

It also is important to understand the complexity of CGI Federal's work on the exchange. The FFM is a sophisticated software application that combines a Web portal, a transaction processor, and sophisticated business analytics to simultaneously help Americans determine their eligibility for insurance, apply for subsidies, shop for health plans, and enroll in qualified plans. The technology works in real time with sophisticated analytic systems developed by other contractors, large-scale data repositories hosted in disparate Federal agency databases, and health plans for more than 300 insurers.

In short, the Federal exchange, including the FFM, is not a standard consumer Web site, but rather a sophisticated, integrated technology platform that, for the first time in history, combines the processes of selecting and enrolling in insurance and determining eligibility for government subsidies all in one place and in real time.

Since award on September 30, 2011, CGI Federal has worked diligently to develop the FFM by following a rigorous process that is customary for large IT projects. The FFM passed eight required technical reviews before going live on October 1.

While CGI Federal delivered the FFM functionality required, and some consumers were able to enroll on October 1, we acknowledge

that issues arising in the Federal exchange made the enrollment process difficult for too many Americans. Consequently, CGI Federal's focus shifted immediately to solving consumer access and navigation processes on the exchange.

The first set of issues on the exchange concerned another contractor's enterprise identity management, or EIDM, function. The EIDM allows consumers to create secure accounts and serves as the front door to the Federal exchange. Consumers must pass through this front door in order to enter the FFM application. Unfortunately, the EIDM created a bottleneck, preventing the vast majority of consumers from accessing the FFM. Since then CMS, CGI Federal and other contractors have worked closely together to troubleshoot and solve this front door problem.

As more consumers are gaining access to the FFM and enrolling in qualified plans, the increased number of transactions caused performance problems, such as slow response times and data assurance issues. CGI Federal is addressing these problems through tuning, optimization and application improvements.

Over the past 2 weeks, the Federal exchange has steadily improved. We have continued to dedicate the resources necessary to shorten wait and transaction times and improve data quality. We have confidence in our ability to deliver successfully. Why? Because the company that I represent here today has successfully delivered some of the most complex IT implementations for the U.S. Government, including FederalReporting.gov. We have partnered with CMS on transformative projects like Medicare.gov, which has enabled more than 50 million beneficiaries to compare health and drug plans annually. We are widely recognized by independent parties for our expertise in IT systems and software, and have CMI Level 5 credentials that demonstrate our commitment to rigorous software-development processes. And as part of the fifth largest independent IT and business process services company in the world, we leverage deep resources and expertise of a global workforce.

I will end this testimony where I began by reinforcing CGI Federal's unwavering commitment to working collaboratively with CMS to improve the consumer experience.

Thank you.

Mr. UPTON. Thank you.

[The prepared statement of Ms. Campbell follows:]

Written Testimony of Cheryl Campbell
Senior Vice President
CGI Federal Inc.

Prepared for
The House Committee on Energy and Commerce

October 24, 2013

Chairman Upton, Ranking Member Waxman, Members of the Committee, thank you very much for the opportunity to appear before you today. My name is Cheryl Campbell, and I am a Senior Vice President at CGI Federal Inc. I have responsibility for all of CGI Federal's projects at the Department of Health and Human Services (HHS) and several other federal agencies. It is my pleasure to appear before you today to reinforce CGI Federal's ongoing commitment to work with CMS to continuously improve the healthcare.gov experience and to provide an update on project status.

The Centers for Medicare and Medicaid Services (CMS) have the overall responsibility for administering the Federal Exchange Program System, or the "Federal Exchange." CGI Federal is the contractor that has developed a portion of the Federal Exchange, the software application known as the Federally Facilitated Marketplace or "FFM." Before I go further into my testimony, I want to state unequivocally that our partnership with CMS for the successful implementation of the FFM to provide a user-friendly experience to apply and shop for, and enroll in, insurance remains a top priority. We will continue to dedicate our very best experts to this program around the clock to continuously improve the performance of the FFM.

I would like to begin by making a few remarks about CGI Federal, the company I represent here today. CGI Federal and its affiliated U.S. operations have provided information technology services to the U.S. federal government, as well as state and local governments, for more than 35 years, and today employ more than 11,000 U.S. employees in all 50 states. In recent years, CGI Federal has delivered some of the most complex IT implementations for the U.S. government, including:

- federalreporting.gov, which has been widely recognized for its success in capturing and transparently reporting expenditure information related to the American Recovery and Reinvestment Act; and
- medicare.gov, which successfully helps more than 50 million U.S. citizens compare health and drug plans each year.

CGI Federal is widely recognized by independent parties for its expertise in IT systems and software design, such as certification of the CGI Federal team delivering the FFM by Carnegie Mellon's Software Engineering Institute—the leading software certification body—as having the highest Capability Maturity Model Integration rating: 5 out of 5. This reflects CGI Federal's rigorous software development processes and commitment to continuous process improvements. CGI Federal, as part of the fifth-largest independent IT and business process services company in the world, also is supported by the deep resources and expertise of the 69,000 professionals that comprise its global work force.

Much has been made about CGI Federal's role in the Federal Exchange, and I would like to take this opportunity to clarify the record in a few important areas.

- First, CGI Federal obtained the FFM contract through a two-step competitive process. In 2007, through full and open competition, CGI Federal was awarded an Indefinite Delivery/Indefinite Quantity contract for Enterprise Systems Development (ESD) along with other 16 other industry competitors. In 2011, CMS conducted a competition for the FFM cost-reimbursement task order among the ESD contract holders. Of the four bids submitted, CGI Federal was selected by CMS as the "best value" to the government. The cost-reimbursement

arrangement is appropriate where the requirements are not well established at the time of award, and indeed the FFM requirements evolved over the two years since award as regulations implementing the Patient Protection and Affordable Care Act were issued by CMS. Another contractor was awarded the contract for the Data Services Hub portion of the Federal Exchange. Notably, the ESD contract vehicle used for the Federal Exchange requires independent testing by a third party on any software developed by ESD qualified contractors.

- Second, CGI Federal and the many other contractors selected to develop the Federal Exchange perform under the direction and supervision of CMS. As I stated in my September 10 testimony, CMS serves the important role of systems integrator or “quarterback” on this project and is the ultimate responsible party for the end-to-end performance of the overall Federal Exchange. The FFM is a combination of a website and a complex transaction processor that must simultaneously help millions of Americans determine their eligibility for insurance and federal subsidies, shop for health plans, and enroll in a qualified health plan. The technology must interact in real time with (i) systems developed by other contractors (including in the area of enterprise identity management); (ii) existing federal agency databases from the Internal Revenue Service, the Social Security Administration, and the Department of Homeland Security; and (iii) databases from more than 170 insurance carriers qualified to do business in the 36 states where the FFM operates. The Federal Exchange, including the FFM, is not a standard consumer website. Rather, the FFM is part of an integrated technology

platform that completely transforms the processes of selecting and enrolling in insurance and determining eligibility for government subsidies.

Since award on September 30, 2011, CGI Federal has worked diligently to deliver the FFM, and CGI Federal's design and development efforts have followed a rigorous, formal process that is customary for large IT projects. The FFM passed eight (8) required technical reviews prior to going live on October 1. Consistent with the commitment that I made in my testimony on September 10, CGI Federal delivered the functionality required by CMS to enable qualified individuals to begin enrolling in coverage when initial enrollment began on October 1. Indeed, individuals have been able to complete insurance enrollments since the system went live on October 1.

While the FFM contained the required functionality, we acknowledge that issues arising in the Federal Exchange have made the process for selecting and enrolling in qualified insurance plans difficult to navigate for too many individuals. Unfortunately, in systems this complex with so many concurrent users, it is not unusual to discover problems that need to be addressed once the software goes into a live production environment. This is true regardless of the level of formal end-to-end performance testing -- no amount of testing within reasonable time limits can adequately replicate a live environment of this nature. This perspective informs our remarks about what happened on October 1 and in the days that followed.

Upon go-live on October 1, the emphasis shifted from software development to optimizing for FFM performance and rapidly addressing issues identified through user transactions. The first set of issues for users dealt with the enterprise identity management (or EIDM) function provided by another contractor, which allows users to

create secure accounts. The EIDM serves as the "front door" to the Federal Exchange that a user must pass through before entering the FFM. Unfortunately, the EIDM created a bottleneck that prevented the vast majority of users from accessing the FFM. Since October 1, CGI Federal has worked closely with CMS and other contractors to troubleshoot solutions to this "front door" problem. Now, as more and more users have been able to proceed to the FFM over the past several days, more individuals have enrolled in qualified insurance plans; however, the increased number of transactions in the FFM have caused system performance issues (such as slow response times or data assurance issues) that now need to be addressed through tuning, optimization, and application improvements. CGI Federal will continue to address these FFM performance issues.

Over the past two weeks, the Federal Exchange has continuously improved. CGI Federal will continue to dedicate the resources necessary to shorten wait and transaction times, and reduce data anomalies. Our top priority is to improve the consumer experience with the FFM so that users can shop and apply for insurance consistent with the requirements of the Patient Protection and Affordable Care Act.

I would like to end where I began -- by reinforcing CGI Federal's unwavering commitment to working collaboratively with CMS to address the performance issues in the FFM. I appreciate the opportunity to appear before you today and would be pleased to answer any questions that you may have.

Mr. UPTON. Mr. Slavitt.

TESTIMONY OF ANDREW SLAVITT

Mr. SLAVITT. Chairman Upton, Ranking Member Waxman and members of the committee, good morning. My name is Andy Slavitt, and I'm group executive vice president at Optum, business unit of UnitedHealth Group. Optum owns QSSI, one of the contractors working on the online healthcare marketplaces.

Let me begin by saying that we understand the frustration many people have felt since healthcare.gov was launched. We have been and remain accountable for the performance of our tools and our work product.

I will start by discussing our work on the data services hub, a large and complex project that was the subject of much interest in QSSI's work for the marketplace prior to the launch. Simply put, the data services hub is a pipeline. It transfers data, routing queries and responses between a given marketplace and various trusted data sources.

Specifically, a consumer interested in purchasing health insurance goes to the marketplace's Web portal to fill out enrollment forms and select a plan. The consumer provides the marketplace with information, such as citizenship, which must be verified. The data services hub directs queries from the marketplace to various sources, such as government databases, that can verify that information and send the information back to the marketplace. As a technology pipeline, the data services hub does not determine the accuracy of the information it transports, nor does it store any data.

The data services hub has performed well since the marketplace has launched. On October 1, the data services hub successfully processed more than 178,000 transactions, and it has processed millions more since. When occasional discrete bugs in the data services hub were identified, we promptly corrected them.

In addition to the data services hub, QSSI also developed the EIDM, a registration and access-management tool used as one part of the Federal marketplace's registration system. The EIDM tool helps the marketplace create user accounts and is being used successfully currently in at least two other CMS applications.

It's relevant to note that while the EIDM tool is important, it is only one piece of the Federal marketplace's registration system. Registration components developed by other vendors handle other critical functions, such as user interface, confirmation emails to users, the link that users click on to activate their accounts, and the Web page users land on. All of these tools must work together seamlessly to ensure smooth registration.

After the launch healthcare.gov was inundated by many more consumers than anticipated. Many of the critical components developed by these multiple vendors were overwhelmed, including the virtual data center environment, the software, the database system and the hardware, and our EIDM tool.

Now, it appears one of the reasons for the high concurrent volume at the registration system was a late decision requiring consumers to register for an account before they could browse for insurance products. This may have driven higher simultaneous usage

of the registration system than wouldn't have otherwise occurred if consumers could window shop anonymously.

In the days after the launch, QSSI worked around the clock to enhance the EIDM tool to meet this unexpected demand, and as I understand it, this has largely succeeded. By October 8th, even at high levels of registration, the EIDM tool was processing those volumes at error rates close to zero. The EIDM tool continues to keep pace with demand, and at CMS's request we are working with other vendors to plan for higher levels of peak activity.

Finally, QSSI was one of several testers used to test the functionality of the Federal marketplace. In our testing role we identified errors in code that was provided to us by others. In this function we reported back the results to CMS and the relevant contractor, who in turn was responsible for fixing coding errors or making any necessary changes.

To conclude, the data services hub has performed well, and after initial scalability challenges, the EIDM tool is now keeping up with demand. We are committed to helping resolve any new challenges that may arise in any way we can.

Thank you for the opportunity to discuss QSSI's work. I'm happy to answer any questions you have.

Mr. UPTON. Thank you.

[The prepared statement of Mr. Slavitt follows:]



**U.S. House Committee on Energy & Commerce
Hearing on
“PPACA Implementation Failures: Didn’t Know or Didn’t Disclose?”
Testimony of Andrew Slavitt
Optum
October 24, 2013**

Chairman Upton, Ranking Member Waxman, and members of the Committee, good morning. My name is Andy Slavitt, and I am Group Executive Vice President of Optum, a business unit of UnitedHealth Group. Optum owns Quality Software Services, Inc., or QSSI. QSSI has worked with CMS since 2006 and is one of the contractors working on the online health care marketplaces. I am here today to discuss QSSI’s role in the health insurance marketplace system that was created to support the Patient Protection and Affordable Care Act.

Data Services Hub

Let me begin by addressing our work on the Data Services Hub, a large and complex project that was the subject of much interest in our work for the marketplace prior to the launch.

Simply put, the Data Services Hub is a pipeline that transfers data – routing queries and responses between a given marketplace and various trusted data sources.

Here’s how the Data Services Hub works: A consumer interested in purchasing health insurance online goes to a health insurance marketplace’s web portal to fill out enrollment

forms and select a plan. Certain information the consumer provides to the marketplace, such as citizenship, must be verified. The Data Services Hub directs queries to information sources, such as government databases, that can verify that information, and sends the responses back to the marketplace.

Its function as a technology pipeline means that the Data Services Hub does not determine the accuracy of the queries or the responses it transports. It does not store any data. Additionally, the Data Services Hub itself does not determine consumer eligibility, nor does it determine which health plans are available in the marketplaces.

QSSI completed code for the Data Services Hub in June 2013. We conducted performance testing in August and September, as did CMS's independent tester. There was also an independent Security Risk Assessment completed by the Mitre Corporation on August 30, 2013. There were no unusual findings and any necessary adjustments were completed. The Data Services Hub received its authorization for CMS to operate on September 6, 2013.

I can report to you that the Data Services Hub has performed well since the marketplace's launch. On October 1, the Data Services Hub successfully processed more than 178,000 transactions. Since then, it has continued to process hundreds of thousands of transactions daily among the various federal and state marketplaces, trusted data sources, and issuers.

When we have encountered occasional bugs in the Data Services Hub, they have been discrete issues and we have promptly corrected them. While future issues could arise and business requirements could change, to my knowledge, the Data Services Hub continues to operate well.

Registration Tool – EIDM

In addition to the Data Services Hub, QSSI also developed a registration and access management tool – called the EIDM – that is used as one part of the registration system that allows consumers to create and use an account. The EIDM tool has been successfully deployed previously in two other CMS applications.

Here is the timeline for the EIDM development: QSSI completed the code for the EIDM tool and conducted performance testing in February and March 2013. There was also an independent Security Risk Assessment completed by the Mitre Corporation on February 15, 2013. The EIDM tool received its authorization from CMS to operate on March 22, 2013. We continued to develop and test software to integrate the EIDM tool with the Federal Marketplace.

It is relevant to note that the EIDM tool is only one piece of the federal marketplace's registration and access management system, which involves multiple vendors and pieces of technology. While the EIDM plays an important role in the registration system, tools developed by other vendors handle critical functions such as the user interface, the e-mail that is sent to the user to confirm registration, the link that the user clicks on to activate the account, and the web page the user lands on. All these tools must work together seamlessly to ensure smooth registration.

After the launch, healthcare.gov was inundated by many more consumers than anticipated. Many of the critical components developed by these multiple vendors were overwhelmed –

the virtual data center environment, the software, the database system, and the hardware, as well as our EIDM tool.

It appears that one of the reasons for the high concurrent volume at the registration system was a late decision requiring consumers to register for an account before they could browse for insurance products. This may have driven higher simultaneous usage of the registration system that wouldn't have occurred if consumers could "window shop" anonymously.

In the days that followed the launch, the QSSI team worked around the clock to enhance the EIDM tool to meet this unexpected demand. As I understand it, this effort has largely succeeded. By October 8, even at high levels of registration, the EIDM tool was processing those volumes at error rates close to zero, and continues to do so. As a result of this work, the EIDM tool is keeping pace with demand. At CMS's request, we are working with other vendors to plan for even higher peak levels of activity.

Testing

Finally, QSSI was one of several testers used to test the functionality of the federal marketplace. In our role as tester, we were tasked with identifying errors in code that was provided to us by others. We reported the results back to CMS and the relevant contractor, who in turn was responsible for fixing coding errors or making any necessary changes.

Conclusion

We do understand the frustration many people have felt since healthcare.gov was launched. We have been, and remain, accountable for the performance of our tools and work product. As I noted, the Data Services Hub has performed well since October 1, and while the EIDM tool had initial scalability challenges, the system is now keeping up with demand. We are committed to helping resolve any new challenges that may arise in any way we can.

Thank you for the opportunity to discuss QSSI's work on the online healthcare marketplaces. I am happy to answer any questions you may have.

Mr. UPTON. Ms. Spellecy.

TESTIMONY OF LYNN SPELLECY

Ms. SPELLECY. Good morning, Chairman Upton, Ranking Member Waxman and distinguished members of the committee. My name is Lynn Spellecy, and I serve as senior director and corporate counsel for Equifax Workforce Solutions. In that role I am the primary attorney responsible for the day-to-day legal operations of that business unit, and I provide guidance, advice and legal support.

I appreciate the opportunity today to provide an update related to the income verification services that Equifax Workforce Solutions is providing to CMS to assist them in their benefit eligibility determination requirements under the Affordable Care Act.

The Equifax Workforce Solutions income verification solution is working as designed. Since the exchanges first went live on October 1, 2013, we have not experienced any problems or interruptions in the processing of data to CMS. We have received and responded to verification requests regarding individual applicants from the Federally Facilitated Marketplace as well as from State-based agencies.

Equifax Workforce Solutions tested our verification solution before the October 1st, 2013, open enrollment start date to ensure that we could transmit data between our servers and the Federal data hub. We performed end-to-end testing with the Federal hub and considerable internal stress and volume testing to guarantee that we would be prepared for current and future applicant volumes.

Now that the Federally Facilitated Marketplace is open, we are monitoring the flow of verification requests from the hub to our servers and back.

Equifax Workforce Solutions' role in the Federally Facilitated Marketplace is limited. Equifax Workforce Solutions receives an income verification request only after an applicant successfully gains access to the Federal healthcare.gov or State-based marketplace Web site, creates a user name, and establishes a security authentication profile, and then enters an online application process. Equifax does not play a role in any of these steps, nor does Workforce Solutions play a role in identity proofing and authentication.

We are neither involved in, nor do we have visibility into, the eligibility decision process or downstream display and processing of benefit elections.

Although the majority of the verification requests to date have come through the Federally Facilitated Marketplace, Equifax Workforce Solutions is also verifying income for several State-based marketplaces and State Medicaid agencies.

The Continuing Appropriations Act for 2014 included new requirements for the Department of Health and Human Services to ensure that the federally facilitated and State-based marketplaces verify that individuals applying for coverage and seeking premium tax credits and cost-sharing reductions are, in fact, eligible for these subsidies.

Equifax Workforce Solutions looks forward to sharing our expertise and income verification services with CMS at HHS as they de-

velop guidance regarding verification solutions for the Federal and State exchanges.

Since the October 1, 2013, start date, Equifax Workforce Solutions has exceeded the operating specifications of its contract with CMS to provide income verification services for those seeking financial assistance under the Affordable Care Act. The extensive experience we've gained from providing income verifications to State and other Federal agencies for their eligibility reviews for government subsidies has prepared Equifax Workforce Solutions to successfully serve CMS in this new capacity. We will continue to monitor and test our interface with the CMS data hub and various State agencies to ensure maximum efficacy.

Thank you for the opportunity to testify, and I welcome your questions.

[The prepared statement of Ms. Spellecy follows:]

Testimony of Lynn Spellecy
Corporate Counsel
Equifax Workforce Solutions

Before the
Committee on Energy & Commerce
U.S. House of Representatives
*PPACA Implementation Failures:
Didn't Know or Didn't Disclose?*

October 24, 2013

Good morning Chairman Upton, Ranking Member Waxman, and distinguished Members of the Committee. My name is Lynn Spelley and I serve as Senior Director and Corporate Counsel for Equifax Workforce Solutions. I appreciate the opportunity to appear before you today to provide an update. Specifically, I will discuss the income verification services that Equifax Workforce Solutions is providing under contract to the Centers for Medicare & Medicaid Services (CMS) to assist in their administration of the benefit programs defined by the Affordable Care Act. Let me begin by stating that our solution has been successfully implemented and has met or exceeded all agreed upon operating specifications in our service agreement with CMS. Please consider this testimony as a supplement to the written testimony submitted to the Subcommittee on Health for the September 10, 2013 hearing, although some of its content is restated here to clarify the role of Equifax Workforce Solutions.

EQUIFAX WORKFORCE SOLUTIONS AND THE WORK NUMBER®

Equifax Workforce Solutions is a subsidiary of Equifax, a nationwide credit reporting agency, but is separate from the credit reporting business. The Equifax Workforce Solutions business unit is employed by over 8,200 human resources departments and is the leading income verification service in the country. We provide human resource data, analytic services, and verifications of income and employment to both the public and private sector. Equifax Workforce Solutions manages unemployment claims, tax matters, and employment and income verification services to over 75% of the Fortune 500 companies. We also provide other outsourced human resources functions, such as I-9 compliance and management, W-2 and payroll processing, workforce analytics, and employee onboarding.

Our automated employment and income verification service is provided through our proprietary database known as The Work Number®. The Work Number delivers a streamlined, secure, and timely transfer of

information between employers and verifiers that ultimately benefits the consumer by accelerating the decision process on their loan or government benefit, while freeing the employer from the disruption of verification requests. Over 3,000 employers, including the majority of Fortune 500 businesses and most of the federal civilian government agencies, contribute their payroll information to the database at each pay period, entrusting Equifax Workforce Solutions to provide critical human resources functions on their behalf. The Work Number database has close to 54 million current employee payroll records and is projected to grow to 78 million records by the year 2017. When a consumer seeks a loan for housing or an automobile, or fills out a credit card application, the lender often requests verification of the applicant's employment and income. Without The Work Number database, the lender would typically call the Human Resource department of the consumer's employer for that information – often suspending the consumer's financial transaction until the necessary data was confirmed.

GOVERNMENT EXPERIENCE

State and federal government agencies also utilize The Work Number to verify the income and employment of consumers to help determine their eligibility for government benefit programs. In 2011, the United States Census Bureau estimated that one in three Americans lived in households that received some kind of income-based government benefit. Equifax Workforce Solutions provides over ten million verifications annually to government entities including agencies in all fifty states. We help them review applications and verify income for various programs such as Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Medicaid, and child support enforcement, as well as for state and local housing subsidies. Government organizations that administer public assistance to low-income individuals and families use The Work Number to check applicant-provided information, identify missing or incomplete data, and reduce program fraud. Like the service provided to a financial service lender, The

Work Number allows government agencies to help determine an applicant's eligibility for a government benefit without directly contacting the applicant's employer, speeding up the verification process for the consumer, and reducing the burden on the employer.

Federal agencies such as the Social Security Administration (SSA) and the Department of Treasury utilize The Work Number for verification services. The SSA contracts with Equifax Workforce Solutions to verify past and current wages of individuals applying for, or currently receiving Social Security Retirement, Survivors and Disability Insurance benefits or Supplemental Security Income benefits. The Department of Treasury recently contracted with Equifax Workforce Solutions to help the agency enforce H.R. 4053, the "Improper Payments Elimination and Recovery Improvement Act of 2012." Equifax Workforce Solutions provides access to The Work Number database for employment and income verifications in order for the Department of Treasury to facilitate the identification of improper payments by the agency.

As an example of our state services, the Commonwealth of Pennsylvania has worked with Equifax Workforce Solutions since 2010. Pennsylvania's Department of Public Welfare relies on Equifax Workforce Solutions to provide income verifications of applicants for the state's public welfare programs (SNAP, TANF, and Medicaid) through the Office of Income Maintenance. These agencies access The Work Number through a secure web-based platform for real time information regarding an applicant's current employment status and payroll income. The Work Number also provides an "Alert" product to the state's Bureau of Child Support Enforcement (BCSE). This Alert service monitors over 725,000 social security numbers of liable parents on a weekly basis and informs BCSE of any significant changes in income that would impact an active case.

CMS CONTRACT

The Affordable Care Act charged CMS to assist Americans with the purchase of health insurance through their employers and exchanges. After a competitive bidding process that included a Request for Information and a Request for Proposal, CMS awarded a contract to Equifax Workforce Solutions in March of this year to provide real time verification of income and employment to the CMS Data Hub to facilitate the verification of eligibility for Medicaid and Children's Health Insurance Program (CHIP), as well as for eligibility for premium tax credits and reduced cost sharing.

As previously stated, we have almost 54 million active employee payroll records and over 3,000 public and private sector employers that contribute their payroll data to The Work Number every pay period. The Work Number database includes payroll data on approximately one-third of the working population in the United States and reflects employees at all wage levels.

The Equifax Workforce Solutions contract with CMS has the potential to cover five years of service, but it is an annual contract renewable each year. Equifax Workforce Solutions is qualified to provide income and employment verifications to CMS because we maintain the largest database of its kind in the country and we have been providing similar income verification services to government agencies and businesses since 1995.

Under the Equifax Workforce Solutions contract with CMS, CMS will obtain consent to verify the income from each applicant prior to sending the request to Equifax Workforce Solutions. CMS will also certify its FCRA permissible purpose for each request. Once an application is submitted and consent is obtained from the applicant filer, CMS will provide the applicant's name, date of birth, and social security number to the hub which in turn will send a request to The Work Number. If there is a match in The Work Number

database, we will validate that the information matched is that of the applicant. If we are confident in the match, we will then evaluate the data in The Work Number database to determine if we have sufficient information to satisfy the CMS match requirements specified in our contract. If so, we will return to CMS the employer's name, federal Employment Identification Number and address, as well as the employee's employment status and pay data, such as gross earnings or net earnings.

SOLUTION DELIVERY UPDATE

The Equifax Workforce Solutions income verification solution is working as designed. Since the exchanges first went live on October 1, 2013, we have not experienced any significant problems or interruptions in the income verification solution that we are providing to CMS. We have successfully received and responded to verification requests regarding individual applicants from the federally facilitated marketplace as well as from state-based agencies.

Prior to October 1, 2013, Equifax Workforce Solutions tested our verification solution to ensure that we could transmit data between our servers and the CMS Data Hub. We performed end-to-end testing with the hub and considerable internal stress and volume testing to guarantee that we would be prepared for current and future applicant volumes. Now that the federally facilitated marketplace is open, we are monitoring the flow of verification requests from the hub to our servers and back. We have not experienced any issues, downtimes, or anomalies since the start date. In fact, Equifax Workforce Solutions has exceeded several specifications defined by our service level agreement with CMS. Our service availability has been at 100% to date and our average system response time to requests is under one second.

In August and September 2013, Equifax Workforce Solutions conducted multiple load and stress tests followed by system optimization activities. During four simulated tests, we were able to process volumes of over 120,000 verification requests per hour and were able to simulate processing as high as 132,000 per hour which equates to over 3 million per day, which we estimate would exceed any peak periods the marketplace may experience in the future. As the flow of individuals who submit applications increases, Equifax Workforce Solutions expects to see an increase in verification requests and will process these requests in an efficient manner.

Let me more precisely describe Equifax Workforce Solutions' limited engagement in the application process. Equifax Workforce Solutions receives an income verification request only after an applicant successfully gains access to the federal healthcare.gov or a state-based marketplace website, creates a user name and establishes a security authentication profile, and then enters the online application process. Equifax does not play a role in any of these steps or the identity proofing and authentication that accompanies them.

Equifax Workforce Solutions' verification service makes no distinction regarding the original transmission method of the application – be it a paper application, online, by phone, or in person. We are neither involved in nor do we have visibility into the eligibility decision process or the display and processing of benefit elections. We understand that CMS employs a variety of resources from federal agencies, potentially including the SSA and the Internal Revenue Service, as well as other contractors, to make decisions regarding a household's eligibility for Affordable Care Act benefits.

Although the majority of the verification requests to date have come through the federally facilitated marketplace, Equifax Workforce Solutions is also verifying income for several state-based marketplaces and state Medicaid agencies. Like our engagement with the federally facilitated marketplace, Equifax Workforce Solutions has experienced no issues to date at the state level.

NEW INCOME VERIFICATION REQUIREMENTS

The Continuing Appropriations Act for 2014 included new requirements for the Department of Health and Human Services to ensure that the federally facilitated and state-based marketplaces verify that individuals applying for coverage and seeking premium tax credits and cost-sharing reductions are in fact eligible for these subsidies. Equifax Workforce Solutions looks forward to sharing our expertise in income verification services with CMS and HHS as they develop guidance regarding the verification solutions for the federal and state exchanges.

CONCLUSION

Since the October 1, 2013 start date, Equifax Workforce Solutions has successfully provided income verification services to CMS for applicants seeking financial assistance under the Affordable Care Act. The extensive experience we've gained from providing income verifications to states and other federal agencies for their eligibility reviews for government subsidies has prepared Equifax Workforce Solutions to successfully serve CMS in this new capacity. Be assured that we will continue to monitor and test our interface with the CMS Data Hub and various state agencies to ensure maximum efficacy. Thank you for the opportunity to testify and I welcome your questions.

Mr. UPTON. Mr. Lau.

TESTIMONY OF JOHN LAU

Mr. LAU. Good morning, Mr. Chairman, Congressman Waxman, other distinguished members of the committee. My name is John Lau, and I represent Serco, and I am the program director for our CMS contract in connection with the ACA. Thank you for the opportunity to again appear and discuss Serco's current status and performance of this program.

For the next several minutes, what I'd like to do is provide a quick review of Serco's role in the program and then the current status of our work. Serco's contract is to provide eligibility support services in support of the paper application processing, as well as error and issue resolution on applications regardless of the mode in which the consumer submitted them.

It's important, I think, to clarify that we have no role in the development of the Web site, we have no role in determination of eligibility, and we have no role in health plan selection. I think there had been some confusion about that. I'd like to make sure that that's clear.

Our primary role in the early days of this implementation is to key-enter paper applications into the eligibility system. As time goes on, more of our work will entail inconsistency resolution in order to clear previously submitted applications for the eligibility determination process.

Inconsistency resolution entails data verification and validation of the self-attested data from applicants. These are problems identified through the use of the data hub in the main system and then communicated to us.

To date, Serco has successfully opened two of its four processing centers, those in Kentucky and Arkansas. A third will be opening next week in Missouri, and in about 4 or 5 weeks the final site in Oklahoma. I've had no trouble recruiting and hiring competent staff in any of our areas, and have received a number of compliments from local officials and community groups about the professionalism of our recruiting efforts and outstanding ways we've onboarded and trained our people. We've instilled a sense of pride in what they're doing, and our staff is highly motivated and represent an eager workforce.

Since the launch of the program on October the 1st, we've built upon our starting capacity with both staff members and processing efficiency. The volume of paper documents received since program launch has been steadily increasing, and even in a short period clearly is trending upward. This build-up has given us the opportunity to make adjustments and improve our processes as the nature of the inbound documents and the workload has become clearer.

To date, we've received about 18,000 documents. About half of those are consumer applications, and we've succeeded in key-entering about half of those. The remaining half are generally applications that are missing important data, and those cannot be entered directly until those problems are resolved. We expect to be able to complete processing and entering those applications in the near future.

Our challenges have included coping with the performance of the portal, as that is our means of entering data, just as it is for the consumer. With the relatively low volumes of applications we have received thus far, it has not presented a challenge.

As I testified on September 10th, Serco was ready to process on 10/1, and we are processing today. And I very much look forward to your questions.

Thank you.

[The prepared statement of Mr. Lau follows:]

E&C Committee Hill Hearing Remarks
John Lau, Serco Program Director
HHSM-500-2013-00118C
October 24, 2013

Good morning Mr. Chairman, Ranking Member Waxman and other members of the Committee.

My name is John Lau. I represent Serco Inc., and I'm the Program Director for our CMS contract.

Thank you for the opportunity to appear again today and to discuss Serco's current status and performance in this Program.

For the next several minutes, let me provide you with a quick review of Serco's role in this Program and the status of our work.

Serco's contract is to provide Eligibility Support Services in support of paper application processing and error and issue resolution on applications regardless of the manner in which they were submitted. Our primary role in the early days of the implementation is to key enter paper applications into the eligibility system. As time goes on, more of our work will entail inconsistency resolution in order to clear previously submitted applications for the eligibility determination process. Inconsistency resolution entails data verification and validation of self-attested data from Applicants. These are problems identified through the use of the Data Hub in the main system.

To date, Serco has successfully opened 2 of its 4 processing centers, those in Kentucky and in Arkansas, with a third soon to open in Missouri to be followed, finally, by our fourth site in Oklahoma. We have had no trouble recruiting and hiring competent staff in any of our areas and have received a number of compliments from local officials and community groups about the professionalism of our recruiting efforts and the outstanding way we have on-boarded and trained our people. We have instilled a sense of pride in what they are doing in our staff and have a highly motivated, eager workforce.

Since the launch of the program on October 1st we have built upon our starting capacity in both staff numbers and processing efficiency. The volume of paper documents received since program launch has been steadily increasing and, even in a short period, is clearly trending up. This build-up has enabled us to make adjustments and improve our processes as the nature of the inbound paper load becomes clearer.

To date we have received almost 16,000 documents, about half of which are consumer applications. We have succeeded in key entering more than half of those applications and have started working those we were unable to enter because of missing information or other problems with the application. We expect to be able to complete processing and entering those applications in the near future.

Our challenges have included coping with the performance of the portal as that is our means of entering data just as it is for the consumer. With the relatively low volumes of applications we have received thus far, this has not been a problem for us.

As I testified on September 10th, Serco was ready to process on 10/1 and we are processing today. I look forward to your questions.

Mr. UPTON. Well, I thank each and every one of you.

At this point we will move to questions from Members and alternate between Republicans and Democrats.

I just want to say, as we've seen the taxpayers spend about half a billion dollars, that I guess that constituents across the country really expected a user-friendly program, a system, and whether it's like ordering a pizza, an airline flight, a rental car, a hotel, it's a standard that many were expecting to see, and I think most, at this point, would say it's really not ready for prime time.

Listening to your testimony, each of you, I heard words like performing—your goal was to perform well, you want a positive experience, working or design to try and do that, and that's not what we've heard from folks at home.

So my first question is was it ever an option to delay going live on October 1st? Did any of you come forth to the administration and say, this thing may not be ready on October 1st; we might want a delay until we get it right? Any hands up? No.

Prior to October 1st, did you know that the healthcare.gov Web site was going to have crippling problems, or did you not know about these problems and chose not to disclose them to the administration when you figured out that it wasn't working the way that perhaps it was designed to work? And maybe I will get comments from each of you as it relates to those two questions and start with Ms. Campbell.

Ms. CAMPBELL. Sure.

Mr. UPTON. I mean, you all testified in September, and so, I mean, either you didn't know about these problems or you knew about them and chose not to disclose them. Which one is it?

Ms. CAMPBELL. Well, Chairman, from a CGI perspective, our portion of the application worked as designed. People have been able to enroll, not at the pace, not at the experience we would have liked. But the end-to-end testing was the responsibility of CMS. Our portion of the system is what we testified in terms of what was ready to go live, but it was not our decision to go live.

Mr. UPTON. It was not your decision to go live?

Ms. CAMPBELL. It was CMS's decision. It was not our decision one way or the other.

Mr. UPTON. Did you ever recommend to CMS that perhaps they weren't ready, and they might want to delay the date?

Ms. CAMPBELL. It was not our position to do so.

Mr. UPTON. So you chose not to share those thoughts with them; is that right?

Ms. CAMPBELL. Let me clarify my statement. CMS had the ultimate decision for live or no-go decision, not CGI. We were not in a position; we're there to support our client. It is not our position to tell our client whether they should go live or not go live.

Mr. UPTON. So who at CMS were you sharing that information with or those decisions? Anyone in particular?

Ms. CAMPBELL. Once again, Chairman, it was not—I did not have, nor did CGI have, an opinion on a decision for CMS to make on a live or no-go decision.

Mr. UPTON. Do you know who at CMS made that decision to go live?

Ms. CAMPBELL. It's a body of individuals at CMS.

Mr. UPTON. Mr. Slavitt?

Mr. SLAVITT. Thank you, Mr. Chairman.

So we had a limited view of the entirety of the project. What I can speak to is we were confident in the ability of the data services hub, which was a very complex component where we spent the bulk of our effort. We were confident that it would work on October 1st, and, in fact, it has.

Other than that, we had—all of the concerns that we had, which were mostly related to testing and the inability to get as much testing as we would have liked, we expressed all of those concerns and risks to CMS throughout the project.

Mr. UPTON. So you shared that there were real difficulties in the testing with them?

Mr. SLAVITT. All of the risks that we saw, and all of the concerns that we had regarding testing were all shared with CMS.

Mr. UPTON. And what was their response to when you shared some of the pitfalls in terms of what was going on?

Mr. SLAVITT. My understanding is they understood those and were working on them. But I don't know further.

Mr. UPTON. Did they ever come back to you in terms of the shortcomings and what needed to be done, any concerns that were raised by them?

Mr. SLAVITT. I never got a depiction from them, but we did fully talk about the risks that we saw, and we passed those along all along the way.

Mr. UPTON. Ms. Spellecy?

Ms. SPELLECY. Our solution was ready to go October 1st, 2013. We successfully completed end-to-end testing between Equifax Workforce Solutions and the CMS data hub prior to that date, so we did not anticipate any sort of problems with our connection and have not experienced any.

Mr. UPTON. Mr. Lau?

Mr. LAU. We, too, were ready to process on 10/1, had done extensive internal testing of our processes and systems. And our first awareness of difficulties with the hub was 10/1—or the portal, I'm sorry, was on 10/1 when we attempted to do key entry.

Mr. UPTON. So you didn't test it prior to October 1st?

Mr. LAU. No. No, sir.

Mr. UPTON. Mr. Waxman.

Mr. WAXMAN. Thank you, Mr. Chairman.

As we evaluate the problems with this Web site, I think it's important that we focus on the facts. My Republican colleagues have been predicting that healthcare reform would be a disaster for 3 years now, and every time they've been wrong. They said insurance rates would skyrocket. In fact, they are lower than predicted. They said healthcare costs would soar. In fact, they've grown at a record low rate. They said Medicare would be undermined. In fact, it's stronger than ever, and seniors are saving billions of dollars on prescription drugs.

So what we need to do is separate the facts for us to reach a determination here. Some have said that fixing the Web site would take 6 months to a year. Others have said there are 5 million lines of code to rewrite. Some have urged Health and Human Services to pull down the entire system and start from scratch.

Ms. Campbell, I hope you can help us put these dire predictions in perspective. Does CGI expect that it will take 6 months to a year to get the application and enrollment process working smoothly on healthcare.gov?

Ms. CAMPBELL. We do not. We anticipate that the system, as we have seen, is improving day over day, and that we anticipate that people will be able to enroll in the time frame allotted that's necessary for them to have insurance for the January 1 time frame.

Mr. WAXMAN. That means what date? Don't they have to have an application in by December 15th for it to be effective January 1?

Ms. CAMPBELL. That's correct, sir.

Mr. WAXMAN. So you anticipate by that date the system will be working?

Ms. CAMPBELL. The system will continue to improve. From our perspective, as painful as it sounds, I know that the experience has been a difficult experience, the system is working. People are enrolling. But people will be able to enroll at a faster pace. The experience will be improved as they go forward. And people will be able to enroll by the December 15th time frame.

Mr. WAXMAN. Very good. Does CGI have to rewrite 5 million lines of code to fix the problems we have seen thus far?

Ms. CAMPBELL. No, sir. I can tell you that 300-plus employees that I have back in the office would—I think they would all walk out if I told them they had to rewrite that many lines of code.

Mr. WAXMAN. Do you believe it is going to be necessary to scrap the entire healthcare.gov system and start from scratch?

Ms. CAMPBELL. I do not, sir.

Mr. WAXMAN. So you think the Web site will be fixed in time to ensure Americans who want to get coverage for next year, that it will be available to them?

Ms. CAMPBELL. I do, sir.

Mr. WAXMAN. OK. Why are you so confident? Can you explain that, these problems are going to be fixed in time?

Ms. CAMPBELL. Because as I said, we are seeing improvements day over day. We are continuing to run queries against our database. We are reviewing system logs, we are fine-tuning our servers, we are analyzing the code for anomalies. And every day we are seeing where we are finding challenges in the system and making those corrections, as you would with any system that will go live. When a system goes into production, these are the things you would typically find after production. Maybe not to the level of detail that has happened in this experience. But when a system goes live, these are the things you typically do. You continue to provide system builds and put performance tuning to the application to make sure that it continues to improve time over time.

Mr. WAXMAN. Thank you. Mr. Slavitt, your company has been deeply involved in troubleshooting and fixing the problems on healthcare.gov. Do you have any reason to believe the problems that are being experienced at this launch will prevent Americans from getting insurance for the coming year?

Mr. SLAVITT. Congressman, I am confident that the data services hub had you been that QSSI developed and the EIDM registration tool are working well today and will continue to work well.

Mr. WAXMAN. You had problems with your part early on, but you fixed them, didn't you?

Mr. SLAVITT. For the first 7 days, correct.

Mr. WAXMAN. OK. So problems can be fixed.

Mr. SLAVITT. We doubled the capacity of that registration tool within 7 days.

Mr. WAXMAN. Ms. Campbell, did CGI system pass its test before the system went live?

Ms. CAMPBELL. Yes, it did.

Mr. WAXMAN. And my understanding is that you felt that the system was ready to go on October 1, is that right?

Ms. CAMPBELL. That is correct.

Mr. WAXMAN. Neither you nor anyone else at the table thought or made a recommendation not to go forward on October 1 because you didn't think the system was ready. Is that a correct statement?

Ms. CAMPBELL. That is a correct statement.

Mr. WAXMAN. Mr. Slavitt?

Mr. SLAVITT. I refer back to my earlier answer. We did not make a recommendation. We simply made everyone aware of the risks that we saw.

Mr. WAXMAN. OK. Ms. Spellecy.

Mr. SPELLECY. No, we did not make recommendations.

Mr. WAXMAN. Mr. Lau.

Mr. LAU. We did not either.

Mr. WAXMAN. Thank you. Thank you, Mr. Chairman.

Mr. UPTON. The chair recognizes the vice chair of the full committee, Ms. Blackburn from Tennessee.

Mrs. BLACKBURN. Thank you, Mr. Chairman. And thank you all for your testimony. I would like each of you to submit in writing for me how much you have been paid to date, and then how much you are being paid on retainer or either to clear up. And so if you will submit that to us for the record, that would be wonderful. HIPAA compliance. Were you all trained in HIPAA compliance prior to beginning your contract? I will just go right down the line. Ms. Campbell?

Ms. CAMPBELL. Yes.

Mrs. BLACKBURN. Mr. Slavitt?

Mr. SLAVITT. Yes, we do extensive HIPAA training.

Mrs. BLACKBURN. OK. Ms. Spellecy?

Ms. SPELLECY. Yes.

Mrs. BLACKBURN. Mr. Lau?

Mr. LAU. Yes.

Mrs. BLACKBURN. OK. Did your companies meet as a group with HHS before you started the process? Anyone? Did your companies meet together with HHS to discuss the integration? Mr. Lau, go ahead.

Mr. LAU. Yes, for the security people from CMS and Serco and others have coordinated the security.

Mrs. BLACKBURN. All right. Let me ask each of you a question. How many people in each of your companies have physical access to the database servers storing the enrolling information? Ms. Campbell?

Ms. CAMPBELL. Zero from CGI.

Mrs. BLACKBURN. Pardon me?

Ms. CAMPBELL. We have zero access to the database.

Mrs. BLACKBURN. Zero. OK.

Mr. SLAVITT. I believe the answer is also zero for our QSSI.

Mrs. BLACKBURN. Ms. Spellecy for the verification?

Mr. SPELLECY. We have no access to CMS's servers.

Mrs. BLACKBURN. OK. Mr. Lau?

Mr. LAU. Two thousand people.

Mrs. BLACKBURN. Two thousand people have access to the database?

Mr. LAU. Through the key entry of the applications.

Mrs. BLACKBURN. OK. You know under HIPAA regs, no one is supposed to have direct access to that database. OK. Under the current technology infrastructure, how many separate servers or virtual servers in the cloud are being used to host and store data for healthcare.gov? And Ms. Campbell, Mr. Slavitt, I think that is primarily to you.

Ms. CAMPBELL. I don't have the exact number. What I can tell you is that from a CGI perspective, we have anywhere from 80 to 100 servers.

Mrs. BLACKBURN. So you have 80 to 100 different servers that are holding information.

Ms. CAMPBELL. That are passing information through our system.

Mrs. BLACKBURN. OK. Mr. Slavitt?

Mr. SLAVITT. Ms. Blackburn, I don't have—Congresswoman Blackburn, we don't have the answer to that question specifically as to how many servers. We can follow that up with—we don't store any data, however, any personal consumer data in any of our systems.

Mrs. BLACKBURN. OK. Then Ms. Campbell and Ms. Spellecy, let me ask you this: The application information, is that being stored separately from the patient database information? Ms. Campbell?

Ms. CAMPBELL. Could you repeat the question again?

Mrs. BLACKBURN. OK. The applicant servers and the patient database servers, are these—are you holding this information on your patients and on the database separately? Are you holding those separately?

Ms. CAMPBELL. So we are not holding any information.

Mrs. BLACKBURN. You are not holding any. OK.

Mr. SPELLECY. We are provided only with limited information, Social Security numbers, names, and date of birth, which we use to match against our system.

Mrs. BLACKBURN. OK. Mr. Lau, you mentioned that you all are working through the paper entry, and then the data entry from the paper applications?

Mr. LAU. That's correct, yes.

Mrs. BLACKBURN. OK. So where are you physically storing the data that is collected and given to you?

Mr. LAU. When the paper comes in, it is scanned and converted to electronic images. Then the paper is destroyed once the image has been verified. The electronic image is put into a database and kept only until the information is key entered, and then it is put in archive and will be retained no more than 30 days.

Mrs. BLACKBURN. Retain it no more than 30 days. OK. Let me ask each of you, does your current system keep detailed error logs that can be referenced with the difficulties that are surrounding healthcare.gov? Ms. Campbell, I will begin with you.

Ms. CAMPBELL. Yes, we have error logs.

Mrs. BLACKBURN. OK.

Mr. SLAVITT. Yes, we do keep error logs for our products and tools.

Mrs. BLACKBURN. OK.

Mr. SPELLECY. Yes, we keep error logs.

Mrs. BLACKBURN. All right.

Mr. LAU. We keep track of successful or unsuccessful applications.

Mrs. BLACKBURN. OK. Do you want to submit these error logs to us?

Ms. CAMPBELL. I will have to confer back with CMS as to what documents we can and cannot provide.

Mrs. BLACKBURN. OK. You know, it would be interesting to see those error logs, because I think it would give us an idea of how many people are actually accessing this system and then the problems that you have had with scalability on this. I think we would like to see what is causing these systems to crash and where the security flaws may be in this also. And with that, I am over time. I will yield back.

Mr. UPTON. Thank you. Mr. Dingell.

Mr. DINGELL. Thank you for the courtesy, Mr. Chairman. We are having some questions before us which are very important. I note the problems are not surprising, given the fact that there has been considerable obstruction to the program going forward. I received a letter from a constituent recently. She said, I only make \$12 an hour, and am buying my own health insurance on the open market. I can barely afford it, so I need to purchase it through an exchange, and will therefore be eligible for a subsidy, making health care affordable at last.

This is what the debate is all about. There are problems. But we have time to fix it. So let's work together to get this matter resolved so that the people benefit and do not suffer. These questions are for Cheryl Campbell of CGI Federal. One—and these are yes or no, if you please. Is CGI responsible for developing the software for Federally Facilitated Marketplace? Yes or no?

Ms. CAMPBELL. Yes, sir.

Mr. DINGELL. Did CGI obtain this contract through a competitive bidding process?

Ms. CAMPBELL. Yes, sir.

Mr. DINGELL. Does CGI have experience providing other information technology services to the Federal Government? Yes or no?

Ms. CAMPBELL. Yes.

Mr. DINGELL. Did CGI conduct testing of your software for the marketplace Web site prior to October 1, when the launching took place? Yes or no?

Ms. CAMPBELL. Yes.

Mr. DINGELL. Was CGI responsible for testing the function of the entirety of healthcare.gov?

Ms. CAMPBELL. No.

Mr. DINGELL. No. If not, who was?

Ms. CAMPBELL. CMS.

Mr. DINGELL. OK. Do you believe that it is unusual for such a large project to experience some problems after it launches? Yes or no?

Ms. CAMPBELL. No.

Mr. DINGELL. Despite the initial problems with the Web site, have consumers still been able to enroll in the health insurance plans? Yes or no?

Ms. CAMPBELL. Yes.

Mr. DINGELL. Do you believe that the progress has been made getting the Web site to run as intended since launch three weeks ago? Yes or no?

Ms. CAMPBELL. Yes.

Mr. DINGELL. These questions are for Mr. Lau of Serco. Mr. Lau, is Serco responsible for handling and processing paper applications for health insurance in the marketplace?

Mr. LAU. Yes, sir.

Mr. DINGELL. With all the problems with the Web site, many consumers are now turning to paper applications. Does Serco have the capability to handle a larger amount of paper applications than was originally expected? Yes or no?

Mr. LAU. Yes.

Mr. DINGELL. The last question is for all witnesses, and we will start with Ms. Campbell. Do you all commit to working with CMS, Congress, and all the stakeholders until the Web site is fixed and functioning as intended? Yes or no?

Ms. CAMPBELL. Yes.

Mr. DINGELL. Sir?

Mr. SLAVITT. Yes.

Mr. SPELLECY. Yes.

Mr. LAU. Yes.

Mr. DINGELL. Now, I would appreciate it very much if you would each submit for the record a summary of actions that you have taken to fix the Web site after the October 1 launch. Could you please do that?

Ms. CAMPBELL. Yes.

Mr. DINGELL. All right. Now, I would also ask that you submit also for the record suggestions for there to be changes and improvements in the way the matter is being dealt with by the Federal Government and any changes that you might deem would be useful in seeing to it that the matter goes forward as it can and should? Could you do that for me, please?

Ms. CAMPBELL. Yes.

Mr. DINGELL. OK. That question, I hope you understand, is to all of you. So I hope that you will all please assist. I want to thank you all. It is clear that we have plenty to do in the coming weeks. And I hope and pray that we will be up to the task. I urge my colleagues on the committee, this is a time when we can work together on something good. Maybe we didn't agree with the program or with the legislation. But we do now have a duty to see to it that it works for the benefit of the American people, and that we achieve the benefits which we hope we can achieve. I would note that this legislation originated under the hand and pen of my dear

friend Bob Dole, and of John Chafee, and is therefore, I think, subject to the charge that it has some bipartisanship, even though little could be found during the process of it. I yield back the balance of my time, with thanks.

Mr. UPTON. Thank you. Mr. Barton.

Mr. BARTON. Thank you, Mr. Chairman. I want to put slide number two back up. Right there. Now, unfortunately that blue highlighted thing is hard to read, so I am going to read it again. This is the part of the signup that is hidden. The applicant does not see this, but it is in the source code. And what that blue highlighted area that has been circled in red says is, "You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system." Now, Ms. Campbell and Mr. Slavitt, you all both said that you are all HIPAA compliant. How in the world can this be HIPAA compliant when HIPAA is designed to protect the patient's privacy, and this explicitly says in order to continue, you have to accept this condition that you have no privacy, or no reasonable expectation of privacy?

Ms. CAMPBELL. So, sir, that would be a decision made by CMS.

Mr. BARTON. So this is news to you? You are the main prime contractor. You have never seen this before?

Ms. CAMPBELL. Sir, that is not—we are the prime, one of the prime contractors, yes.

Mr. BARTON. Have you seen this before? Are you aware this was in the source code?

Ms. CAMPBELL. This requirement—

Mr. BARTON. Are you aware this was in the source code? Yes or no.

Ms. CAMPBELL. Yes.

Mr. BARTON. You were aware. OK. Do you think it that's HIPAA compliant? How can that be? You know it is not HIPAA compliant. Admit it. You are under oath.

Ms. CAMPBELL. Sir, that is CMS's decision to make what—

Mr. BARTON. I asked if you thought that—you just told Mrs. Blackburn that it was HIPAA compliant. You know that's not HIPAA compliant. You admit that you knew it was in there. It may be their decision to hide it, but you are the company—not you personally, but your company is the company that put this together. We are telling every American, including all my friends on the Democrat side, and their they are huge privacy advocates. Diane DeGette is cochairman of the privacy caucus with me. But you are telling every American if you sign up for this, or even attempt to, you have no reasonable expectation of privacy. That is a direct contradiction to HIPAA, and you know it. Yes or no?

Ms. CAMPBELL. Once again, CMS had us comply to a set of rules and regulations that they have established under our contract. And that is a CMS call. That is not a contractor call.

Mr. BARTON. To break the law. You are now saying that CMS made a decision to break the law. Do you agree with that decision?

Ms. CAMPBELL. Sir, I cannot speculate on CMS.

Mr. BARTON. Let me ask Mr. Slavitt.

Mr. SLAVITT. This is the first time I am seeing and becoming familiar with that source code.

Mr. BARTON. OK. So you weren't aware of it?

Mr. SLAVITT. I was not aware of it.

Mr. BARTON. OK. Well, let me go back to Ms. Campbell. She has at least admitted she knew about it. Who made this decision to hide this or put it in the source code in the first place?

Ms. CAMPBELL. I can't give you that answer.

Mr. BARTON. All right.

Ms. CAMPBELL. I don't know the answer to that question.

Mr. BARTON. All right. Who do you report to?

Ms. CAMPBELL. I can go back to my people.

Mr. BARTON. Was it some junior underling at CMS? Was it the director of CMS? I mean, who generically generally made decisions at the policy level that your company interfaced with? Give me that person's name.

Ms. CAMPBELL. There are many decisions made under this program over this last 2, 2 ½ years.

Mr. BARTON. So is this another example of where things just go into a cloud? I mean, all you are is the contractor that spent 3- or \$400 million? It goes to some amorphous cloud and then it comes back from down on high? Who wrote that?

Ms. CAMPBELL. I am not clear as to who wrote that.

Mr. BARTON. All right. Let me ask it this way: Do you think that should be in the—do you think that should be a requirement to sign up for ObamaCare, that you give up any reasonable expectation of privacy?

Ms. CAMPBELL. Sir, that is not my jurisdiction—

Mr. BARTON. You are a U.S. citizen.

Ms. CAMPBELL [continuing]. One way or the other.

Mr. BARTON. Well, I will answer. I don't think it should be. I don't think it should be. My time is about to expire. Let me ask one more question. Ms. Campbell, did you all do any kind of a pilot program on this before it was rolled out?

Ms. CAMPBELL. No, there was no pilot program.

Mr. BARTON. OK. And you said that it was complicated and big, but it was meeting your expectation. Do you think it is right that 99 percent of the people that try to go through the system get rejected, can't even complete the application? Is that a system that you are proud of?

Ms. CAMPBELL. Sir, this is a system that we are working every day to make improvements.

Mr. BARTON. Well, in my opinion, if we have a system that almost no one can successfully navigate, that we have to go to the paper system of this gentleman's company down here, that is a system that has failed. With that, Mr. Chairman, I yield back.

Mr. UPTON. Thank you. Mr. Pallone.

Mr. PALLONE. Thank you, Mr. Chairman. I started out in my opening statement saying there was no legitimacy to this hearing, and the last line of questioning certainly confirms that. HIPAA only applies when there is health information being provided. That is not in play here today. No health information is required in the application process. And why is that? Because preexisting conditions don't matter. So once again, here we have our Republican colleagues trying to scare everybody.

Mr. BARTON. Will the gentleman yield?

Mr. PALLONE. No, I will not yield to this monkey court or whatever this thing is.

Mr. BARTON. This is not a monkey court.

Mr. PALLONE. I am not yielding. I am trying to tell you the problem here.

Mr. BARTON. Protecting American citizens is a legitimate concern of this committee.

Mr. PALLONE. Preexisting conditions don't matter, HIPAA doesn't apply, there is no health information in the process. You are asked about your address, your date of birth. You are not asked health information. So why are we going down this path? Because you are trying to scare people so they don't apply, and so therefore the legislation gets delayed or the Affordable Care Act gets defunded or it's repealed. That is all it is, hoping people won't apply.

Well, the fact of the matter is there are millions of people out there, over 20 million that are going on this site, and they are going to apply, and they are ultimately going to be able to enroll. In fact, many of them already have enrolled.

I think my Republican colleagues forget that a lot of people are enrolling through State exchanges rather than the Federal exchange. And if it wasn't for the fact that many Republican governors, including my own from New Jersey, had agreed to set up State exchanges, then we wouldn't be putting so much burden on the Federal system. But I just want to give you some examples.

In New York and Washington, over 30,000 people have enrolled in coverage. In Oregon, over 50,000 people have enrolled. In California, over 100,000 have started applications. In Kentucky, nearly 16,000 people have enrolled. So, you know, this Web site, this Federal Web site is not the only way that you apply. In fact, you can go to your community health center, you can go to the 1-800 number, you can go to—there are many ways for people to enroll. And all we talk about here is the Web site because you are trying to make a case that people should not enroll.

Now, I want to ask two questions. Ms. Campbell, am I correct that CGI is doing work in several States in addition to the work on healthcare.gov? And would you comment on that, please, in these States?

Ms. CAMPBELL. That is correct. We are supporting a number of States. And those States, we are a prime contractor in Colorado, a prime contractor in Hawaii, a prime contractor in Massachusetts, a prime contractor in Vermont. We are a subcontractor in California, a subcontractor in Kentucky, and a subcontractor in New Mexico.

Mr. PALLONE. And that appears to be going well. Obviously, a lot of people have enrolled, as I set forth previously. I know that when Mr. Waxman asked a question, you said you had confidence that whatever problems exist in the Federal data system or Web site, that they would be fixed by December 15th, and you expect that the millions of uninsured people and others who were trying to enroll would be able to by then so that their insurance would be effective January 1st. Was that my understanding?

Ms. CAMPBELL. That's correct.

Mr. PALLONE. OK. And I wanted to ask Mr. Slavitt, the data hub that your company set up is working well to connect to the Federal

data when residents of those States apply. So what I am asking, Mr. Slavitt, is if I go through New York or California or some of the other States that have responsible governors that have set up these State exchanges, unlike mine in New Jersey, that if you do that or you go through, you know, the 1-800 number, or you go through the other means that you can to apply in person, that they can access the hub. Is that correct?

Mr. SLAVITT. That is correct.

Mr. PALLONE. OK. So again, I am just trying to point out to my colleagues the success of all the State exchanges. And again, a lot of people are being able to enroll. I think the figures show that when State governors work to expand Medicaid and work to make sure their own citizens get coverage, they make a big difference. And they also show, these statistics, how shortsighted it is of Republican governors to refuse to expand the Medicaid program in their States, because that's another big factor to the ACA that really isn't being discussed today.

Again, I never cease to be amazed how the GOP uses tactics to try to scare people. And that is again what is happening here today. And I was hoping this hearing wouldn't end up accomplishing that goal. And I would just ask the public, please, try to find means to enroll. There are a lot of things other than the Federal Web site. And don't be scared by my GOP colleagues into thinking that somehow you are going to lose your privacy. There is no health information provided as part of this exercise. Thank you, gentlemen.

Mr. UPTON. Mr. Hall.

Mr. HALL. Mr. Chairman, thank you. This hearing is entitled PPACA Implementation Failures: Didn't Know Or Didn't Disclose. And I guess this hearing is really to set us in a little better shape to deal with Ms. Sebelius. I think she is going to be here next week. President Obama often attempts to paint Republicans as being out of order, downright crazy in their criticism of the health care law. I want to talk about that just a minute before I ask my questions.

I hear from my district and from Americans across the country that the craziest part of the last few weeks is seeing the President's top health care official laughing on Jon Stewart while Americans are having to deal with the consequences with the President's flawed health care law. For example, I have a teacher there in my hometown where she has to face premiums that will consume nearly a quarter of her monthly income.

Or another constituent who has tried to comply with the law, but has not yet received information about their coverage as promised, and claims, quote, I am very concerned that our family will not be in compliance and we will face IRS fines. They are calling for a repeal of the individual mandate. And most of them are calling for that. Yet another who has been advised that their current coverage will end December 31st, 2013.

So much for keeping what you have. And it is a concern the dysfunctional health care government will expose me to an unwanted liability if I can't get coverage through the Web site. Now, how verbose is this? You know, the Founding Fathers, in 1776, declared their independence. The next year they wrote a Constitution that

was 4,500 words. This wording in here, the regulations, not voted on by Congress, contains a massive 11,588,000,000 words. I just don't know how anybody could ever answer these things. And I want to ask you, in an environment where people are already worried about whether or not they have a job, and there is no jobs now, and if we go on like we are going now, there will be no employers a year from now, they now have to worry about navigating a flawed law where their chances of finding affordable coverage are often less than before the law's existence.

So my question to each of you is CMS has had 3 years, and most of you had over a year to ensure that this law could work. Now, what do you want me to tell the Americans who are terrified of really facing IRS fines for not being able to access coverage they actually can't afford?

I guess we will start with you, Ms. Campbell. You weren't allowed, or you chose not to use your opinion or to make suggestions. But are you in a position to give me some words that I could give to these people to give them any hope that their government, that we are doing our job here in Congress, that you have done your job that you were hired out to do? Is there hope?

Ms. CAMPBELL. So if I understand the question, you are asking is the system going to be there for them to sign up?

Mr. HALL. I beg your pardon?

Ms. CAMPBELL. Can you repeat the question?

Mr. HALL. Yes. Just give me something to tell these people that I have related to you that are real people, honest people that have to live with what you all have created. You set up, you run the Web site for people to sign up, or exchange.

Ms. CAMPBELL. And we are continuing—

Mr. HALL. You must know a whole lot more than I know to know what to tell these people. I am asking you to give me some help along that line. If you can't express your opinions to the people that you report to, you sure can express them to me.

Ms. CAMPBELL. So I would tell your constituents that the system is improving day over day, and that we are continuing to work to make improvements for them to be able to enroll.

Mr. HALL. Did you really start with one in Delaware?

Ms. CAMPBELL. Pardon me, sir?

Mr. HALL. Did you really start out with one in Delaware? That is what the liberal press is reporting.

Ms. CAMPBELL. I am not familiar.

Mr. HALL. How about my time? How much more time do I have?

Mrs. BLACKBURN. Thirty-eight seconds.

Mr. HALL. All right, I will yield. Yes, I will hear from any of you. I am asking for help. I want help. I have 700,000 people that I have to report to. And I think about 690,000 of them hate the Obama law. My time is up. I will yield back.

Mr. UPTON. The gentleman yields back. The chair recognizes the gentlelady from California, Ms. Eshoo.

Ms. ESHOO. Thank you, Mr. Chairman. Having listened to several colleagues already, as well as the witnesses, I am struck by two things: First, that my colleagues on the other side of the aisle, if they are serious to pursue what I think is the much larger issue of Federal procurement, how it takes place, how we end up with

contractors that say essentially everything is all right when it isn't, that is going to take a bipartisan effort to really bring about a fix. But we have to keep in mind that these are the people that shut the entire Federal Government down, caused pain across the country, and extracted some \$24 billion out of America's economy. And the American people were put through hell.

That was all over shutting down, or delaying, or defunding the Affordable Care Act. So, there isn't any love lost between the Republicans and the law. And that is their position. And it is abundantly clear. But I think that what the other thing I am struck with by today is in reading all of the submitted written testimony, when I read it last night, there wasn't anyone that wrote testimony and submitted it—let me put it this way. What you said was, and I read it more than once, that everything was A-OK. No one acknowledged anything.

Now, we have got problems with this Web site. There is no question about it. Now, I represent Silicon Valley, and I find this very hard to follow. This is the 21st century. It is 2013. There are thousands of Web sites that handle concurrent volumes far larger than what healthcare.gov was faced with. You keep speaking about unexpected volumes, Ms. Campbell. And that really sticks in my craw. I have to tell you that. Because as I said, there are thousands of Web sites that carry far more traffic. So I think that is really kind of a lame excuse. Amazon and eBay don't crash the week before Christmas, and Pro Flowers doesn't crash on Valentine's Day.

Now, in the testing of this between CGI and QSSI, can you describe exactly what kind of testing you did as the main contractors for this? I mean, there is an internal testing and then kind of an external. You turn it around and then you test it for the outside. Are you saying that you didn't test, that the tests worked very well, both inside and out, or that you turned it all over to CMS? Anybody want to answer? I mean what is happening? Do you have an answer?

Ms. CAMPBELL. Are you asking me that question?

Ms. ESHOO. I am asking both of you. And you are using up a lot of my time by your silence. If you don't have an answer, just say that you don't. But maybe we can take something in writing. But the beta testing and the inside testing I think is clearly the main contractor's job. And you are essentially saying that everything was all right. It is not all right.

Ms. CAMPBELL. There was testing done throughout the process. CMS did the end-to-end testing. But each component did their separate testing, and we had independent contractors testing our system as well.

Ms. ESHOO. And what was the net result of that? What you just described?

Ms. CAMPBELL. That the system was—that our portion of the system that CGI was responsible for, that our functionality worked.

Ms. ESHOO. And it didn't.

Ms. CAMPBELL. Yes.

Ms. ESHOO. It did not in the end result, correct?

Ms. CAMPBELL. When it became part of an integrated end-to-end system.

Ms. ESHOO. You knew it was going to be integrated. There were many subcontractors. That wasn't a surprise. Do you have something to say about the testing?

Mr. SLAVITT. So let me be clear about our role in testing. Our work, the data services hub, was tested, tested well, and tested adequately. Additionally, we played a role as one of many independent contractors testing the code developed by other contractors. We tested every piece of code we received timely. We returned a full report of any bugs we found to CMS promptly and made everyone fully aware of all the potential risks and concerns that were made available to us.

Ms. ESHOO. Well, I am now over my time. But I think that what we'd like to hear from you is when you're going to fulfill your contracts to the taxpayers of the country so that we can go on and have people insured. Taxpayers have paid you a lot of money. And you are essentially saying to us everything's all right when it's not. So I will submit some questions in writing as well. And with that, I will yield back.

Mr. UPTON. Thank you. Mr. Shimkus.

Mr. SHIMKUS. Thank you, Mr. Chairman. I have a lot of questions. I am going to try to go fast. Mr. Slavitt, I am just going to follow up on Anna Eshoo's comments. We would like the names of the personnel at CMS who you provided the risks that you identified in your analysis of other contractors' code. Can you do that?

Mr. SLAVITT. Yes. Let me follow up with you on that.

Mr. SHIMKUS. Yes. That's fine. For the record. And what I am going to encourage my colleagues to do is to ask for names. Because this amorphous CMS is—there are people there. And I am going to venture to guess that the regular bureaucrats did their job, the political appointees manipulated the system to hide data they didn't want the public to know. And we're going to find out who that is. Because that's the crux of this problem. I have got a letter from a constituent who basically says we have never been without health insurance. However, the Affordable Care Act may force us into the position of going without it.

This whole battle is about whether Americans can have affordable health care. And this system is not helping in this debate. And I just want—my friend, Mr. Pallone, my friend, Ms. DeGette, I was ranking member when this bill got passed and signed into law. After it got signed into law, we had 13 subcommittee hearings on things like smokeless tobacco, antibiotic resistance, health care pricing, national all scheduled electronic reporting authorization. Each one of those I asked for a hearing on the health care law. And it is in the Congressional Record. Statements like on April 28, 2010, we must hold hearings on the new Health Reform Act. May 6, 2010, we should also call Secretary Sebelius to testify. June 9, 2010, we need a hearing on the new health care law. June 2010, shouldn't the committee hold hearings and take immediate action? My friend, Mr. Waxman, always sends us letters, I want to do this, I want to do that. We sent countless letters to the Democrat majority at the time asking for hearings on the recently passed health care law. And guess what? No hearings.

So when Speaker Pelosi then said we've got to pass the bill before we know what's in it, we're finding out. We're finding out a

flawed tech system that's a mockery. Now, let's talk about this. I accept the premise that you tested your individual section. But we're getting to the point of the integrated system. When was the integrated system tested? Starting with Ms. Campbell down to the end of the table. When was the integrated system tested?

Ms. CAMPBELL. During the last 2 weeks in September.

Mr. SHIMKUS. And what was the result of that?

Ms. CAMPBELL. I don't have the results. You would have to get that from CMS.

Mr. SHIMKUS. And who I would go to to get that information? Who is your point of contact at CMS?

Ms. CAMPBELL. So there are a number of people.

Mr. SHIMKUS. Give me a name.

Ms. CAMPBELL. Henry Chao.

Mr. SHIMKUS. Give me another name.

Ms. CAMPBELL. Michelle Snyder.

Mr. SHIMKUS. Got another one?

Ms. CAMPBELL. Peter Oh.

Mr. SHIMKUS. OK. Mr. Slavitt?

Mr. SLAVITT. So here is what we saw.

Mr. SHIMKUS. Isn't that a beta test? Wouldn't it put the different components together and see if the system worked?

Mr. SLAVITT. So here is what we saw. We didn't see the full kind of integrated end-to-end system testing that you are talking about—

Mr. SHIMKUS. Why not?

Mr. SLAVITT [continuing]. Until the couple of days leading up to the launch.

Mr. SHIMKUS. Shouldn't we have had that?

Mr. SLAVITT. Ideally, yes.

Mr. SHIMKUS. Ideally, yes. Wouldn't any other system, corporate entity rolling out something would test to see if it worked before it went out into the field?

Mr. SLAVITT. Yes.

Mr. SHIMKUS. Mr. Slavitt, do you have names of who you talked to?

Mr. SLAVITT. I don't have any names with me.

Mr. SHIMKUS. Will you provide those to us?

Mr. SLAVITT. We will be happy to follow up.

Mr. SHIMKUS. Thank you. Ms. Spellecy.

Ms. SPELLECY. So we tested—

Mr. SHIMKUS. I know you tested. A beta testing end to end. When did it happen?

Mr. SPELLECY. The information only comes to us after the application is completed. So we were testing up to the time that the system went live. And as far as we were concerned, everything that came to us we were able to process.

Mr. SHIMKUS. Quickly.

Mr. LAU. Our systems are not integrated with the main system. Our main interaction with it is key entry.

Mr. SHIMKUS. And Mr. Slavitt, I would like the names by tomorrow you morning if you could do that. Finally, I want to go back to Mr. Campbell. "See plans first" feature that was just changed on the Web site. Who told you to do that?

Ms. CAMPBELL. I am sorry, could you repeat that? I didn't hear you.

Mr. SHIMKUS. The "see first plans." Remember the Web site failed. Part of the problem is people don't know what the cost of the plans are. You all made a change to say see plans first. Just reported yesterday by I think CBS. Who made that decision?

Ms. CAMPBELL. I don't know who made that.

Mr. SHIMKUS. Can you give us the names?

Ms. CAMPBELL. We can get you a name.

Mr. SHIMKUS. OK. Who made the decision that if you are younger than 50, you would be quoted a 25-year old health policy?

Ms. CAMPBELL. I don't have an answer for you, sir.

Mr. SHIMKUS. Can you get us a name?

Ms. CAMPBELL. I can try. I can go back to my team to see if they have a name.

Mr. SHIMKUS. OK. Who made the decision that if you are older than 50, you get quoted a 50-year old policy?

Ms. CAMPBELL. The same. I would have to go back to my team.

Mr. SHIMKUS. Thank you, Mr. Chairman. I yield back.

Mr. UPTON. The gentleman's time has expired. The gentleman from New York, Mr. Engel.

Mr. ENGEL. Thank you, Mr. Chairman. You know, it amazes me how our Republican colleagues are so concerned about the Affordable Health Care Act since they tried to defund it, they tried to kill it, they shut down the government because of it. Do you think there is maybe a little bit of politics here? Perhaps they should work with us to improve the Affordable Health Care Act instead of playing gotcha politics here this morning and trying to scare people into not enrolling into the Affordable Health Care Act.

There will be plenty of time to figure out who is responsible for the various problems facing the exchanges. What is more important to me is that Americans would be able to access the numerous benefits found in the plans offered through the exchanges.

So let me ask, I know it's been answered before, but I want to just have a specific answer, how soon will it take to correct these glitches so that people can have unfettered access to the Web site? I know things are improving. But how soon will it be, do you think, so that the average American can do healthcare.gov and get right in without any of the glitches? Ms. Campbell?

Ms. CAMPBELL. What I can tell you is that I have a team of people working around the clock trying to quickly get this resolved. As I said, there is improvements day over day. I cannot give you an exact date as to when it will be completely to satisfaction.

Mr. ENGEL. How about a guess?

Ms. CAMPBELL. I would prefer not doing that. I don't like to raise expectations.

Mr. ENGEL. Mr. Slavitt?

Mr. SLAVITT. We don't happen to control the pieces of the Web site that I believe you are referring to. We are committed to continuing to maintain the capabilities that we have built so far, and we are committed to helping resolve any new challenges that arise anywhere in the project that we get asked to do so.

Mr. ENGEL. All right. Well, let me say this. I hope it is as soon as possible. Because I think there are numerous benefits to this

law, and I want to see the American people utilize this law, because I happen to think it is a good law. I am proud that it came out of this committee. And I am proud that we had many, many months of deliberation before we passed it.

Now, New York State, my home State, has also been experiencing some technical and capacity-related issues since October 1. But I think in New York it's a good example of what's possible when the Federal Government has a willing and enthusiastic partner in a State implementation. As of October 23rd, 174,000 New Yorkers have completed their application. And New York continues to make improvements to its exchange Web site, including quadrupling its processing capacity. And by the end of the week, individuals should be able to look up coverage based on various providers and doctors. But I think that with my Republican colleagues, given their new found interest in seeing that the ACA is successfully implemented, I hope that I can see these same colleagues starting to champion the Medicaid expansion in their home States so that their most vulnerable citizens can access health care coverage and stop calling for continued repeal votes.

Now, many of us who were on this committee the last time, and this was mentioned before, but I want to emphasize it, a major new health benefit was introduced, and that was Medicare part D. It is easy to forget now, but when that program was introduced, there were significant problems. The Web site was balky, headlines gave out bad information. When the program opened, pharmacists called it a nightmare, a disaster, and all kinds of things like that. So Ms. Campbell, am I correct that CGI did some work for Medicare part D in the early years of the program.

Ms. CAMPBELL. That is correct.

Mr. ENGEL. Well, then you probably remember, like I do, that these problems were solved, and soon enough, Medicare part D became a popular and successful program. And by the way, we improved that program by closing the part D drug donut hole in the Affordable Care Act. So that's one important lesson to remember now, that even if a program gets off to a rocky start, it does not mean that we need to jump to conclusions about its long-term success. And that's why I'm confident that even with the Web site problems, the Affordable Care Act will be successful. And there is another lesson to be learned from that experience. All the members of this committee, Democrats and Republicans, with Medicare part D, worked together to fix the problems.

Democrats did not sit on the sidelines and root for failure. We pitched in and helped. Republican committee members in particular insisted that we be patient with the part D glitches. And some of the members of this committee, and can I quote what they said at that time, the new benefit and its implementation are hardly perfect, but I hope that we can work together as we go through the implementation phase to find out what is wrong with the program, and if we can make some changes to fix it, let us do it on a bipartisan basis. It is too big of a program, it is too important to too many people not to do that.

And another member said any time something is new there is going to be some glitches. It is of no value, as a matter of fact, it is a negative value and of questionable ethical value I think if peo-

ple only spend their time criticizing the glitches that have been in the program. As with any program that occurs, whether it is a public or private program, criticizing it, standing on the outside is not good. So let me just say that let's take that same approach we had with Medicare part D. Let's work together on both sides of the aisle to improve this program and not play gotcha politics. Thank you, Mr. Chairman.

Mr. UPTON. Mr. Pitts.

Mr. PITTS. Thank the chairman. A question to everyone, have any of you or your companies prepared memorandums or summaries explaining where the problems are with healthcare.gov? Ms. Campbell? And would you submit those for the record if you have?

Ms. CAMPBELL. If we are allowed to do so. We have to get permission under our contract with CMS.

Mr. PITTS. But you have prepared summaries or memorandum?

Ms. CAMPBELL. I wouldn't call it memorandums. I would say we probably have, you know, just in the normal course we have provided information about what is happening on our system.

Mr. PITTS. We would appreciate it if you would submit that to the committee. Mr. Slavitt.

Mr. SLAVITT. Nothing holistic like you are describing to my knowledge.

Mr. PITTS. Ms. Spellecy?

Mr. SPELLECY. We don't have any involvement with healthcare.gov, so we do not.

Mr. PITTS. Mr. Lau?

Mr. LAU. Likewise.

Mr. PITTS. All right. Just CGI and QSSI. The Washington Post reported this week, "When the Web site went live October 1st, it locked up shortly after midnight, as about 2,000 users attempted to complete the first step." Is this true? Ms. Campbell?

Ms. CAMPBELL. That is true.

Mr. PITTS. Two thousand users?

Ms. CAMPBELL. I don't have the exact number. I just know that the system did have—thank you for that follow-up—I don't have the exact number. What I can tell you is that the system became overwhelmed.

Mr. PITTS. So only 2,000, not millions the administration has claimed. So if it crashed with only 2,000 users, is volume really the issue, as the administration claims? Surely, the Web site was designed to handle more than 2,000 users. Ms. Campbell?

Ms. CAMPBELL. I was not—CGI is not responsible for the, as I call it, the front door. So I don't think I am in a position to answer that.

Mr. PITTS. Who is responsible for the front door?

Ms. CAMPBELL. QSSI had the EIDM piece on the front end.

Mr. PITTS. Mr. Slavitt.

Mr. SLAVITT. So what I can tell you is that the EIDM tool is, in fact, capable now of handling all the demands that are being placed on it from the system. I would point out that the EIDM tool is one part of a registration process that includes, I think, five vendors and multiple pieces of technology. So I can only speak to the EIDM tool and their functioning.

Mr. PITTS. Now, I have listened to your testimony this morning. It sounded like that you think everything is A-OK. It's not OK. We've heard a variety of reasons as to the difficulties for why the site does not work. They include the inability to browse, required so many users to log in that the Web site was overwhelmed, poor coding, poor hardware, volume. Ms. Campbell, why doesn't healthcare.gov work properly?

Ms. CAMPBELL. Sir, if there was a silver bullet to answer to that question I would give it to you. It is a combination of a number of things. It is not just a component of what CGI is responsible for. It is the end-to-end aspect that is challenged. There is components across the entire system, across the ecosystem that can have an impact on the performance of the system.

Mr. PITTS. Mr. Slavitt?

Mr. SLAVITT. We absolutely take accountability for those first days when our tool was part of the issue in terms of being able to handle all of the unexpected volume. And we absolutely will take accountability for helping in any way we can to help this project go forward. Fortunately, today, the data services hub and EIDM tool are performing well.

Mr. PITTS. Now, you were here on September 10th when we conducted the hearing in the Health Subcommittee. I expressed my skepticism at the time. Forty days later we have seen the exchange rollout, nothing short of disastrous. I would like to ask again, CGI and QSSI, why were we told everything was OK a few weeks before one of the biggest IT disasters in government history? Ms. Campbell?

Ms. CAMPBELL. Once again, sir, the portion of the system that CGI was responsible for is where we had visibility.

Mr. PITTS. Were you not aware of the problems consumers would face before October 1st?

Ms. CAMPBELL. We were not part of the end-to-end visibility throughout the system to understand exactly what would happen.

Mr. PITTS. Mr. Slavitt?

Mr. SLAVITT. As I remember correctly, at that hearing there was a lot of focus on whether or not the data services hub would be ready. I think we were informed to be prepared to answer to this committee and to your subcommittee around those questions. We mentioned on that date that we thought the data services hub would be ready. It indeed was ready. I don't think we had visibility into the work of other—

Mr. PITTS. Did you express any concerns about readiness to CMS?

Mr. SLAVITT. We expressed all of the concerns and risks that we saw based on the testing that we did see and didn't see that was unrelated to our work. Our work, as a matter of fact, we felt was on track, and we expressed that to them as well.

Mr. PITTS. Ms. Campbell, my time is up. Would you submit those memorandum communications to us within 24 hours, please?

Ms. CAMPBELL. Once again, under our contract with CMS, if we have permission to do so. They are not memorandums. I am not even—I would have to go back and see what we do have for you.

Mr. PITTS. Thank you, Mr. Chairman. Yield back.

Mr. UPTON. Mr. Green.

Mr. GREEN. Thank you, Mr. Chairman. Some of us have been on the committee a good while. I don't know if any of you had experience, because we also had problems in 2003 when we created the prescription drug program. And this committee did that, and with much fewer participants.

And so what we are seeing now sounds like we have a success, we just don't have the computer to deal with it. I support the Affordable Care Act, because I know how dependable and affordable insurance coverage is to our families in our districts. And the stories I have heard from people who are excited to sign up for the coverage remind me of why this law is important. Thousands of people in our district have been denied coverage in the past because of preexisting conditions, or paid for expensive coverage they couldn't rely on.

That's why we need the Affordable Care Act's new benefits and protections, and that's why it's so frustrating that healthcare.gov has not worked the way we were promised, especially after hearing such optimistic testimony from these organizations in September. Ms. Campbell, and I know you have been asked this before, but repetition helps us learn, were you too optimistic in your prediction before our committee on October 1st?

Ms. CAMPBELL. I don't believe so, sir.

Mr. GREEN. Well, what happened then? Because obviously you were optimistic, but in the last, you know, 23 days it's been a problem.

Ms. CAMPBELL. You asked about September 10th.

Mr. GREEN. Yes.

Ms. CAMPBELL. September 10th we were quite optimistic that our portion of the system would work effectively when the system went live.

Mr. GREEN. Well, again, it may have been too optimistic. Mr. Slavitt, Mr. Lau, and Ms. Spellecy, were you too optimistic in your earlier testimony before the committee?

Mr. SLAVITT. Congressman, we believe we have been prudent and cautious all the way through this project. We did express confidence to the subcommittee on September 10th that the data services hub would be ready on October 1st, and it was.

Mr. SPELLECY. No, sir, our portion of the system has worked as we testified it would on September 10th.

Mr. LAU. And the paper processing capability has been up and running since October 1st as well.

Mr. GREEN. Well, obviously there is a problem, and it's not like an ostrich, we can bury our head in the sand. We have to deal with it. Are each of you all willing to work to make sure that we fix this problem? Because if you don't accept there is a problem, then it's hard to fix it.

Ms. CAMPBELL. So sir, we do accept that there are challenges. There is no question about there are problems. And we are working together to solve those problems.

Mr. GREEN. Well, Mr. Chairman, hopefully we will follow up in another month or so so that we can see what's happening and so we can do our oversight like we are supposed to do. Mr. Slavitt, one problem that many people have identified is QSSI's registration and access management tool for the site, the gateway to set-

ting up an account. Was this system overwhelmed by volume when healthcare.com went live?

Mr. SLAVITT. So let me explain what happened and where things stand today with the registration tool. First of all, the registration tool utilizes leading commercial software. It is widely deployed, and it works in other settings across CMS.

Mr. GREEN. I only have about a minute and 48 seconds left. So can you tell me was the system overwhelmed?

Mr. SLAVITT. The registration system was overwhelmed with concurrent users.

Mr. GREEN. OK. And have those problems been fixed?

Mr. SLAVITT. We have expanded the capacity greatly in the registration tool since then, yes.

Mr. GREEN. OK. Are there any other problems with the data hub or the registration gateway managed by QSSI that you are working to fix?

Mr. SLAVITT. I think problems come up, discrete problems come up routinely. Our team has early warning systems. They address those problems. And there is none that I am aware of outstanding.

Mr. GREEN. Ms. Campbell, CGI is responsible for healthcare.gov Web site. Now that the registration gateway has been fixed, we hope, are you encountering new problems?

Ms. CAMPBELL. We are. We are looking at those problems and making those corrections as they come up.

Mr. GREEN. And can you give us a background on those problems? If you would, give it to us in writing. And I know there is some question that you said that you all have a privacy agreement with HHS. I think we can take care of that, if we have to, on making sure this committee gets the information. Do you expect to continue to make improvements and fix problems over the coming weeks?

Ms. CAMPBELL. That is our commitment, sir.

Mr. GREEN. Well, as you know, we are all impatient. Some of us on our side who believe in the Affordable Care Act and didn't start from day one trying to repeal it, want it to work. And we want to make sure, and I hope we have a majority of support for if we need to do things to fix it, that it will get done. But I look forward to continuing to see you. I don't know if we ought to put a parking space out in front, Mr. Chair. But until we get this fixed, we might need to do that. And I yield back my time.

Mr. UPTON. Mr. Walden.

Mr. WALDEN. Thank you very much, Mr. Chairman. I want to thank all the panelists for their testimony today. And, you know, I was in small business for 22 years in the radio business. We dealt with software upgrades and changes in systems and all that. And I am feeling a lot of those emotions come back today, because when we would put a new system in, there would be multiple vendors, and every one of them's system operated perfectly except when it all came together. And then they all pointed fingers at somebody else. And I am feeling a lot of that today.

Only as a person who represents three-quarters of a million people, and \$500 million on the line, it is why we are here, is to figure out what went wrong. And I would just like to know on this whole end-to-end thing, because it sounds like each of you has said that

you designed your system and tested it to the specifications you were given by CMS. Is that accurate? Yes or no. Ms. Campbell?

Ms. CAMPBELL. That is correct.

Mr. WALDEN. Mr. Slavitt?

Mr. SLAVITT. Yes.

Mr. WALDEN. Ms. Spellecy?

Mr. SPELLECY. Yes.

Mr. LAU. Our systems are not integrated.

Mr. WALDEN. All right. So you get to sit there and not quite get as much opportunity here today. But I want to go then to the first two. If you designed it to CMS's specifications, and you tested it and felt it was all good to go, where did this break down? In most systems you operate in, do you do end-to-end tests prior to the roll-out? And if so, when would you have preferred that end-to-end testing have been done by CMS? Ms. Campbell?

Ms. CAMPBELL. Let's see if I can get all of those questions answered. So——

Mr. WALDEN. I'll make it simple. When should the end-of-end test been started?

Ms. CAMPBELL. There's never enough testing for sure.

Mr. WALDEN. When did it occur?

Ms. CAMPBELL. It occurred the last 2 weeks in September.

Mr. WALDEN. So you think that's an adequate timeframe for a system this mammoth with one-sixth of the Nation's economy and millions of people coming into it. Did that give your company adequate time to make sure everything was integrated and going to work?

Ms. CAMPBELL. It would have been better to have more time.

Mr. WALDEN. And how much more time would you have preferred to have?

Ms. CAMPBELL. I don't have an exact date.

Mr. WALDEN. Did you make any recommendations to CMS about the need for end-to-end testing to occur sooner than the last 2 weeks before this whole thing went live?

Ms. CAMPBELL. I did not, but I could check——

Mr. WALDEN. Did anyone in your company make a recommendation?

Ms. CAMPBELL. I'd have to go back and check.

Mr. WALDEN. I'd like to know that.

Mr. Slavitt?

Mr. SLAVITT. Yes, ideally integrated testing would have occurred well before that date.

Mr. WALDEN. How far in advance of a major Web site coming on line?

Mr. SLAVITT. Well, with enough time to correct flaws before they began. I couldn't give you an exact date.

Mr. WALDEN. Do you do any work for anybody else outside of CMS where end-to-end testing is required?

Mr. SLAVITT. Yes.

Mr. WALDEN. And in those situations, are those commercial situations or government?

Mr. SLAVITT. Both.

Mr. WALDEN. And in those situations, what's the standard protocol; what's the recommended industry standard for end-to-end tests before rolling up a major Web site like this?

Mr. SLAVITT. Months would be nice.

Mr. WALDEN. Months would be nice.

Ms. Campbell, is that accurate for your company as well?

Ms. CAMPBELL. That's correct.

Mr. WALDEN. And you were given 2 weeks, and yet months would have been nice. Is that what—I mean, if you were to do a contract for a system like this, what would you—what would you ask for in terms of doing the end-to-end test? Do you have standard industry recommendations?

Ms. CAMPBELL. Sir, we weren't given 2 weeks. That was CMS who decided to conduct the test in that 2-week time period. It wasn't—it wasn't ourselves doing the end-to-end test.

Mr. WALDEN. Well, I think that's correct, but—

Ms. CAMPBELL. OK.

Mr. WALDEN [continuing]. As a vendor, and you want your company to come out of this looking good, not getting to spend your time with us, as much as I'm sure you're enjoying it, but what should have the industry standard called for here? Have you ever undertaken bringing up a Web site, being part of something this big affecting this many people's lives?

Ms. CAMPBELL. I would say—

Mr. WALDEN. What you know, have you ever done one this big?

Ms. CAMPBELL. Of this complexity.

Mr. WALDEN. Correct.

Ms. CAMPBELL. I testified that this is by far, I think, the most complex in our country for a very—in a very long time.

Mr. WALDEN. And I think you're right, and that's what I'm trying to get at. Where should the end-to-end test have been done? If you could have had—if your company could have made that decision, what would you have made a recommendation for the complete integrated end-to-end testing to begin; when should that have started?

Ms. CAMPBELL. It should have weeks—it would have had—we would have loved to have had months to be able to do this.

Mr. WALDEN. Months. And that's the same—see, I was hearing from people of the outside as this all was coming together. I chair the subcommittee on Communications and Technology. As I would reach out and just ask, how do you think this is going to work, this is exactly how outside people predicted it would turn out, and here we are today.

This isn't a partisan issue about health care or not. People expect this thing to work. I mean, I went through this in Oregon with our DMV. Department of Motor Vehicles spent I think it was 50 or \$60 million back in the late 1980s and finally scrapped the whole system because it was a failure. We said stop.

I don't want this to be a failure, but I don't want—I want you-all to get it fixed, but I'm very disturbed that CMS did not give you the adequate time that would be an industry standard to test this before every American said, OK, they tell me it's ready, I'm ready to go, because you-all came here and told us and, through us, the American people it was good to go, and it wasn't.

Mr. UPTON. Ms. DeGette.

Ms. DEGETTE. Thank you very much, Mr. Chairman.

Ms. Campbell, you testified before the House subcommittee on September 10th, correct?

Ms. CAMPBELL. That's correct.

Ms. DEGETTE. And at that committee, at that hearing you testified that CGI Federal was confident that it would deliver the functionality that CMS directed qualified individuals to begin enrolling in coverage, correct?

Ms. CAMPBELL. That's correct.

Ms. DEGETTE. And in your written testimony of today, you also testified that CGM and others developed the design, and it passed the eight required technical reviews before going live on October 1st, correct?

Ms. CAMPBELL. That is correct.

Ms. DEGETTE. And either at that hearing on September 10th or until just now, you have never testified that there was insufficient integrated testing to know whether the exchange was going to work, correct?

Ms. CAMPBELL. There were—

Ms. DEGETTE. I never saw any of your testimony that you ever said in those hearings that more testing was needed, and I was there.

Ms. CAMPBELL. So, is your question whether I testified if testing was needed?

Ms. DEGETTE. That's correct. Did you ever tell this committee that more testing was needed to make sure it would work?

Ms. CAMPBELL. I don't believe I—someone asked me that question.

Ms. DEGETTE. Thank you.

Now, Mr. Slavitt—I'm sorry, I have very little time.

Mr. Slavitt, you were our only witness who was not here on September 10th, but Mr. Finkel from your organization was, and on September 10th, Mr. Finkel testified, quote, "Our delivery milestones for data service hub completion are being met on time. We expect CMS data service hub will be ready as planned on October 1st," correct?

Mr. SLAVITT. I believe that's correct.

Ms. DEGETTE. And in your written testimony today, you echoed that QSSI completed code for data services hub in June, that you did the testing, there was an independent security risk assessment completed on August 30; is that correct?

Mr. SLAVITT. Correct.

Ms. DEGETTE. And today in your testimony you said that you shared the problems that you identified with CMS. Were those problems shared after the September 10th hearing then?

Mr. SLAVITT. Yes.

Ms. DEGETTE. OK. And I would request that you would supplement your testimony today by telling us the problems that you identified to CMS. Will you please do that for us within 20 days?

Mr. SLAVITT. Be happy to get that to you.

Ms. DEGETTE. Thank you very much.

Now, did your organization do testing with a number of 200 people, and that testing failed? That's what we've been seeing in the press accounts.

Mr. SLAVITT. I'm not familiar with all of the accounts from the press. What I think you're referring to is the testing that occurred in the final days leading up to the October 1st launch.

Ms. DEGETTE. And was that done with only 200 people?

Mr. SLAVITT. I know that that was a test—my understanding is that that was a test that failed once the systems began to be finally put together for the first time.

Ms. DEGETTE. OK. But were there tests done with more people coming into it as well?

Mr. SLAVITT. Yes.

Ms. DEGETTE. OK. Now, there's one more thing I want to talk about in the time I have, and that's this issue of privacy, because in my opening statement I said that I was really touched by the people on the other side of the aisle trying to work with us, but when I heard my friend and colleague Mr. Barton's statements, and I saw his slide, which fortunately I got a copy of since I couldn't see it, I realized that, in fact, a lot of people don't want the Affordable Care Act to work, and they are raising all of these specters. And this privacy issue is a specter, because Mr. Barton's questions—sorry he's not still here, because his questions came from an article in the Weekly Standard where there apparently is a line of code which says—and it's not visible to the user. It's somehow in there. It says, you have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system.

And so, is this sort of some standard boilerplate, but Mr. Barton is assuming this violates HIPAA, but it would only violate HIPAA if people were putting their personal medical information into the application. And so I want to ask a couple of questions about that.

As I understand it, you don't need any medical information to enroll people other than the question, do you smoke; is that correct, Ms. Campbell?

Ms. CAMPBELL. That is correct.

Ms. DEGETTE. Is that correct, Mr. Slavitt?

Mr. SLAVITT. It's my understanding.

Ms. DEGETTE. And is that correct, Ms. Spellecy?

Ms. SPELLECY. We wouldn't have visibility into that.

Ms. DEGETTE. And what about you, Mr. Lau?

Mr. LAU. That is correct.

Ms. DEGETTE. So people aren't putting confidential medical information onto the Internet, and so, therefore, they wouldn't be violating HIPAA. And I am disappointed that my friend would go down this road, and I would ask unanimous consent to put that article in the record, Mr. Chairman.

Mr. UPTON. Without objection.

[The information appears at the conclusion of the hearing.]

Ms. DEGETTE. I have one last question. When can these exchanges be ready, and when can people get on them with reliability? Ms. Campbell?

Ms. CAMPBELL. As soon as possible. We're working as hard as we can.

Ms. DEGETTE. Mr. Slavitt?

Mr. SLAVITT. Sure as our systems are currently ready. We are doing everything we can to maintain them, and we'll do everything we can to assist.

Ms. DEGETTE. I just want to say, Mr. Chairman, my healthcare aide went onto the Virginia—to the national exchange, who lives in Virginia, last night. She was able to register. She was able to research plans. I hope this happens for all the rest of Americans.

Mr. WAXMAN. Gentledady yield?

Ms. DEGETTE. I have no time left.

Mr. UPTON. The gentledady—

Mr. WAXMAN. The gentledady yield. I just went on my iPad, and I was able to access the choices of plans to my constituents in California in the 5 or 10 minutes period.

Mr. UPTON. Gentledady's time is expired.

Mr. Terry.

Mr. TERRY. Thank you, Mr. Chairman.

And for Ms. Campbell on down, first two questions are more like yes-and-no questions.

Did you or anyone from your company consult with or discuss today's testimony and your answers to potential questions with anyone from CMS to prepare for this hearing? Ms. Campbell.

Ms. CAMPBELL. We talked to CMS about our testimony, but not any details at all.

Mr. TERRY. And who did you discuss that with?

Ms. CAMPBELL. I don't recall. I didn't discuss it with anyone myself. I'll have to find out.

Mr. TERRY. Your people. So there's always intermediaries.

Mr. Slavitt.

Mr. SLAVITT. No.

Mr. TERRY. Ms. Spellecy.

Ms. SPELLECY. No, we did not have specific conversations.

Mr. TERRY. Lau.

Mr. LAU. No.

Mr. TERRY. OK. That's good.

Did your company—again, from Ms. Campbell on to my right. Did your company or any of your subs use any people who work outside of the United States to assist in your respective parts or your contract with CMS, otherwise known as outsourcing?

Ms. CAMPBELL. No. We are very proud of the fact that we created jobs all in the United States.

Mr. TERRY. All of them?

Ms. CAMPBELL. All of them.

Mr. TERRY. OK.

Mr. SLAVITT. No.

Ms. SPELLECY. No.

Mr. LAU. No, sir.

Mr. TERRY. Very good.

Now, I'm concerned about the front door of this system, of this Web site. Now, is this system able to track how many people are accessing what we call the front door? Ms. Campbell?

Ms. CAMPBELL. We're not responsible for the front door.

Mr. TERRY. You know, it's very confusing, because in your testimony on the 10th, you did suggest—and somehow that piece of

paper is missing right now—in your testimony that you provided that you said eligibility and enrollment will serve as the front doors for consumers to fill out the online health insurance application as one of the responsibilities. So I'm confused by that.

Ms. CAMPBELL. No, I understand. Sir, we're the face of—if you think about a house, we're the outside structure, but the front door that you go into—

Mr. TERRY. This is the siding that was put up, huh?

Ms. CAMPBELL. I don't know about that. My dad did construction all his life. He had a small business construction company, so—

Mr. TERRY. All right. Well—

Ms. CAMPBELL. I kind of think in those terms quite frequently.

Mr. TERRY. So then all of the front face accessing is Mr. Slavitt's world?

Ms. CAMPBELL. Ask the question again.

Mr. TERRY. Mr. Slavitt, are you responsible for the front door?

Mr. SLAVITT. Sir, I think the front door is a bit of a term of art. We supply a tool.

Mr. TERRY. All right. Let me interrupt you then because I have very little time. I'm not trying to be rude, but what I'm trying to get to is which of you was responsible for the application that allows CMS to know how many people are actually accessing this Web site? Is that you, Mr. Slavitt?

Mr. SLAVITT. So we have access to the data which shows how many people are coming through the EIDM registration tool.

Mr. TERRY. All right. And under that data that's then compiled of how many people, can you—all break it down to say how many people from Nebraska—since we don't have a State exchange like California does and have to go to the national one, can you determine how many people from Nebraska have tried to access?

Mr. SLAVITT. I don't know.

Mr. TERRY. Do you know how many people have tried to access on any particular day? Do you have that data, Mr. Slavitt?

Mr. SLAVITT. I don't have that as I sit here.

Mr. TERRY. Does your company have that?

Mr. SLAVITT. Yes, we do.

Mr. TERRY. And are you allowed to share that data with us?

Mr. SLAVITT. I will follow up right away after this.

Mr. TERRY. So, you are able to give us that data?

Mr. SLAVITT. Yes. We'll follow up and see if we can do that.

Mr. TERRY. Has CMS made any instructions to you regarding your ability to provide us the data of how many people have tried to access through the front door?

Mr. SLAVITT. No, not to me and not to my knowledge.

Mr. TERRY. All right. And, Ms. Campbell, do you have access to the information of how many people have tried to access the Web site?

Ms. CAMPBELL. We have some aspect of that data as well.

Mr. TERRY. Has CMS instructed you not to give that to—information to us?

Ms. CAMPBELL. We have under our CMS contract, we have to have permission from CMS first to provide that information.

Mr. TERRY. OK. So, has CMS allowed you to provide us that information yet?

Ms. CAMPBELL. No, that is——

Mr. TERRY. So if I ask you, you will deny or say that you can't answer that question even though we're a panel of Members of Congress——

Ms. CAMPBELL. I would say——

Mr. TERRY [continuing]. And you're under oath?

Ms. CAMPBELL [continuing]. That based on our contract that we have with CMS, we'd have to get permission.

Mr. TERRY. Mr. Slavitt, are you under the same contractual obligation with CMS?

Mr. SLAVITT. I actually don't know, but we'll check into it.

Mr. TERRY. Will you still provide us the information because you're under oath and we've asked you for that information?

Mr. SLAVITT. If we can, we certainly will.

Mr. TERRY. That was a good nonanswer.

Mr. UPTON. Gentleman's time is expired.

I'll just remind colleagues that often the question is the order of seniority when the gavel falls on each side. So with that, I recognize Mr. Butterfield.

Mr. BUTTERFIELD. Thank you very much, Mr. Chairman.

Thank all of you for your testimony today. It's been very enlightening. I will associate myself with the comments made by my colleagues throughout this hearing.

Let me tell you I represent, like Mr. Hall said a few minutes ago, 700,000 people down in North Carolina. More than 100,000 of those have no insurance whatsoever. They are eager to get enrolled, and we've got to get this thing right, and soon.

Ms. Campbell, let me start with you. On Monday, Congressman Darrell Issa, the chairman of the House Oversight Committee, wrote a letter, which was publicly released, accusing the White House of injecting politics into decisions about the Web site. The reason I want to ask you about this is because Chairman Issa says that the source for his accusation is you and your company, CGI. According to Chairman Issa's press release, the White House made, quote, "the political decision to mask the sticker shock of Obamacare to the American people." He is talking about the decision by HHS to disable to the anonymous shopper function on healthcare.gov Web site, but he suggests this decision was made instead by the White House for political reasons. Chairman Issa wrote this letter after receiving a briefing from CGI on last week.

According to Mr. Issa's letter, quote, "CGI officials told committee staff that CMS officials and employees constantly mention the White House when discussing matters with CGI. Although CGI officials were not able to identify who within the administration made the decision to disable the anonymous shopping feature, evidence is mounting"—and this is Mr. Issa speaking—"evidence is mounting that political considerations motivated the decision."

I'd like to ask you a few questions about this. First, did CGI provide a briefing to Mr. Issa's staff last week?

Ms. CAMPBELL. I was not there myself, but I believe that that meeting did occur.

Mr. BUTTERFIELD. The meeting did take place, to the best of your knowledge.

Ms. CAMPBELL. I think it did, but I'd have to confirm. I'm not close enough to the situation.

Mr. BUTTERFIELD. Do you know how many from your team participated in that meeting?

Ms. CAMPBELL. I do not.

Mr. BUTTERFIELD. You did not participate?

Ms. CAMPBELL. I did not.

Mr. BUTTERFIELD. Who do you answer to within your organization?

Ms. CAMPBELL. The president of CGI Federal, Donna Ryan.

Mr. BUTTERFIELD. And do you know if Mr. Ryan participated in that discussion?

Ms. CAMPBELL. I don't believe so, but I don't know for sure.

Mr. BUTTERFIELD. Let me ask you this just directly. Are Mr. Issa's allegations correct? Did the White House ever order your company, for political reasons, to mask the sticker shock of Obamacare by disabling this anonymous shopper function?

Ms. CAMPBELL. So let me answer two things. One, I don't believe that members of CGI actually made those statements direct in that manner. I think they may have been taken out of context, but I'd have to get back to you with confirmation of that. And to my knowledge, no, the White House has not given us direct instructions.

Mr. BUTTERFIELD. I would like to get that information from you. It's a very serious allegation for the chairman of an oversight committee to make such a callous accusation.

Based on the meeting with your company last week, Mr. Issa's letter wrote that, quote, "evidence is mounting that political considerations motivated this decision." Do you have any evidence—and you just alluded to it—do you have any evidence that political considerations motivated this decision?

Ms. CAMPBELL. I'm not privy to anything of that sort.

Mr. BUTTERFIELD. Do you have any knowledge of any White House role in specific decisions relating to the Web site?

Ms. CAMPBELL. Not to my knowledge.

Mr. BUTTERFIELD. And are you aware of any political intervention by this White House relating to your work on healthcare.gov?

Ms. CAMPBELL. I am not.

Mr. BUTTERFIELD. Thank you. You've been very kind.

Mr. Chairman, we need to work together to make this program function efficiently and effectively, and I urge my colleagues to work with us, and let's work with these witnesses to get it right.

Thank you. I yield back.

Mr. UPTON. Mr. Rogers.

Mr. ROGERS. Thank you. Thank you for being here today. I have a series of quick questions I'd like to get to.

Ms. Campbell, how many change orders have you received by estimate and either formally or informally leading up to the launch in what function that they wanted you to perform?

Ms. CAMPBELL. We've received approximately eight change orders.

Mr. ROGERS. Eight change orders. When was the most recent?

Ms. CAMPBELL. I believe as recent as August of this year.

Mr. ROGERS. OK. That's good.

Mr. Slavitt?

Mr. SLAVITT. I don't know the answer to that, but I think it was a low number, if any.

Mr. ROGERS. What—

Mr. SLAVITT. I don't know the answer.

Mr. ROGERS. OK. Are you both making changes now with code in order to fix any of the so-called glitches or nonperformance issues? Ms. Campbell, yes or no?

Ms. CAMPBELL. That would be yes.

Mr. ROGERS. Mr. Slavitt?

Mr. SLAVITT. Yes. We make modifications along the way, sure.

Mr. ROGERS. Great.

And how many organizational boundaries between the piece of information traveling from the United States Government to the Web portal—how many boundaries, how many organizational boundaries, including the States and their access to information, does that piece of information cross?

Ms. CAMPBELL. I'd have to get back to you with that answer.

Mr. ROGERS. Give me an estimate, large number.

Ms. CAMPBELL. When you say "organizational boundaries," are you talking about like Homeland Security, IRS—

Mr. ROGERS. IRS, veterans, you have States that have access to other—cross other boundaries to get pieces of information, pretty significant number.

Ms. CAMPBELL. I'd have to get back.

Mr. ROGERS. Please get back for the record.

Mr. Slavitt.

Mr. SLAVITT. All that I'm familiar with is the data that passes through the data services hub comes from a trusted data source such as a government entity, passes through the data services hub to those who request the query.

Mr. ROGERS. That concerns me a little bit that either one of you don't know the answer to that.

When you did a security verification, and by an independent contractor, I assume, on August 30th, Ms. Campbell, did you do the same?

Ms. CAMPBELL. That's correct.

Mr. ROGERS. And was that an end-to-end system test that crossed every organizational boundary, or was that by the segment of which you controlled in the process, your segment of the contract? Ms. Campbell?

Ms. CAMPBELL. I would have to—I would have to go back and find out exactly, but I believe it was from wherever our system touched other parts of secure systems within the Federal Government.

Mr. ROGERS. Mr. Slavitt?

So you don't know the answer oh that question.

Mr. Slavitt?

Mr. SLAVITT. We had a complete test that was done to meet the standards of, I believe, NFDI. Our systems, as a matter of course, don't hold data; they just transport the data through it.

Mr. ROGERS. Sure. And you're familiar with the various levels of cyber weaknesses in any system, right, the boundary being the weakest point?

Mr. SLAVITT. Yes.

Mr. ROGERS. And so when you say you don't hold information, that is a very low standard in order to protect information. I don't have to be where it's held in order to obtain it. You're aware of that.

Mr. SLAVITT. Correct.

Mr. ROGERS. All right. So, what about—what are you doing for security on advanced persistent threats, and how is that checked, who is your independent contractor, did you red-team any of this in the last weeks before the launch of your system?

Mr. SLAVITT. I'm not familiar, but I'll—although I can certainly check about whether there were any security concerns. None were brought to my attention or made available. I believe it was MITRE Corporation who provided the independent security risk assessment.

Mr. ROGERS. And who certifies that your system on a daily basis is secure from external threat, cyber threat?

Mr. SLAVITT. Let me get back to you. I don't know the exact—

Mr. ROGERS. Is that CMS, or is it a private contractor? Would—somebody certifies that you're doing this. This is—

Mr. SLAVITT. Yes. Let me get back to you. I'm not—

Mr. ROGERS. Are you familiar that there is an ongoing security check into your particular system?

Mr. SLAVITT. I believe there is.

Mr. ROGERS. But you don't know?

Mr. SLAVITT. I want to get back to you on the details.

Mr. ROGERS. But you don't know the answer sitting here today.

Mr. SLAVITT. I don't know—

Mr. TERRY. Ms. Campbell, do you know the answer to that question?

Ms. CAMPBELL. Similar answer. MITRE was the independent security testing contractor.

Mr. ROGERS. And how about an ongoing basis? Who certifies that it is as secure as a system like this?

Ms. CAMPBELL. CMS has a SSO.

Mr. ROGERS. So, it's CMS secures their own system, or at least certifies that their own system is secure; is that correct?

Ms. CAMPBELL. With the support of MITRE is my understanding.

Mr. ROGERS. I understand that, but that's to your understanding.

Ms. CAMPBELL. That is correct.

Mr. ROGERS. So, the information flows from these systems, it goes to a data hub. You have designed the systems to transport information; is that correct?

Mr. SLAVITT. Right. Yes.

Mr. ROGERS. That's what your design is. Ms. Campbell, your infrastructure is designed to take a piece of information from the hub and get it to an end user, which would be whatever navigator is in front of that screen; is that correct, that you built the infrastructure for that to happen?

Ms. CAMPBELL. That's correct. A portion of it, yes, that's correct.

Mr. ROGERS. And, Mr. Slavitt, you wrote the code for that to happen.

Mr. SLAVITT. For the data hub, yes.

Mr. ROGERS. OK. So, in less than 2 weeks, you're telling me that you are constantly changing code, you're introducing new code, you can't quite tell me how that's secure. In any system that I have ever seen, 2 months for a functionality test is not appropriate, let alone a security check on this information.

I am more nervous today than I was when I got here. I am shocked, shocked that on August 30th you get an independent check that says the system is fine, and you have introduced new code to that system probably daily, probably in the terms of hundreds of thousands of lines, at least tens of thousands of lines of new code, which creates new vulnerabilities in the system, and you don't even know the answer if these things are end-to-end security tested, number one; and number two, you're not even sure if it's in your piece is end-to-end ongoing security tested.

I have to tell you, Mr. Chairman, this is a significant event, and you don't have to like Obamacare; you can hate it, you can love it, you can't wait to get in it. You cannot expose this much information with this low threshold of security in a day when there is 1.5 million people ripped off every day in cybersecurity. Were the folks who are systems administrators and people who are sitting in front of those portals, are they trained in spear phishing, one of the most basic levels of security protection; do you know, Ms. Campbell?

Ms. CAMPBELL. Sir, I have to push back a little in terms of, you know, to give the impression that CGI is putting willy-nilly code on a daily basis is incorrect.

Mr. ROGERS. Ma'am, you know better than that.

Ms. CAMPBELL. We have a bill process.

Mr. ROGERS. I am not suggesting that. You don't have to have willy-nilly—

Ms. CAMPBELL. We have a bill process. We have a systematic process—

Mr. ROGERS. Ma'am, I am reclaiming my time. This makes me more nervous. You don't have to have willy-nilly code. You can have the best code in the world. Every cybersecurity expert understands that when you introduce new code, it has other implications on a broader system even beyond your borders. That's what we're worried. We're not worried that you're putting bad code in. We're worried that you may be accidentally, as we know, with the functionality of your system doesn't work, it would be only logical to conclude if the functionality of the system doesn't work when it all came together, you cannot compose security.

Mr. UPTON. Gentleman's time is expired.

Mr. ROGERS. I need the answers to all of those questions by 9 a.m. Tomorrow.

Mr. UPTON. Gentlelady from Illinois Ms. Schakowsky.

Ms. SCHAKOWSKY. Ms. Campbell, I want to clarify one key point. Did CGI system crash in a test with only a few hundred people on the days before October 1st?

Ms. CAMPBELL. So, there was an end-to-end test that occurred, and the system did crash with about that number. I don't have the exact number, but it was part of the end-to-end test.

Ms. SCHAKOWSKY. Thank you.

I wanted to emphasize that the Web site has to be fixed, but it is not, as the Republicans contend, a fatal flaw, a contention that

ignores millions of people who have already benefited, and the tens of millions of people that will benefit from the new coverage. In the first 3 weeks, there have been over 19 million unique visits to healthcare.gov and almost a half a million applications submitted nationwide, and some people are getting through.

Susan, a constituent of mine wrote, "Thank you, I was able to successfully access the Web site yesterday. I am very pleased that the cost of my coverage will be dropping approximately \$5,000 a year when compared to my current individual coverage, ironically the same provider, Blue Cross Blue Shield." Or David, who said, "Seven years ago I was diagnosed with melanoma. Last year I spent \$11,000 on health care. ACA will save me \$4,000 per year. I need this program. I know this because if I had no health insurance, I would be dead."

Every day since the passage of Obamacare, the Republicans have undertaken obstructionist efforts, including shutting down the government, that amount to congressional malpractice. And I want to flash back to when the Bush administration was implementing Medicare Part D, a law which many Democrats opposed because of the donut hole, which, of course, Obamacare will close.

Secretary Leavitt—Secretary Leavitt said at the time—well, first of all, it launched November 8th, 2005, for enrollment. January 1st the program enrolled—began actually signing people up. February 22nd, Secretary Lovett said, quote, "We are now at the 53rd day since the implementation of Medicare prescription drug coverage. After reviewing the numbers and experiences to date, I can report that we are seeing solid progress. We continue to work aggressively to solve the problems that inevitably occur in transitions this size."

That was Medicare Part D. And so, despite the glitches in Medicare Part D, Democrats worked with Republicans to ensure that the law was a success and that all Medicare beneficiaries have the information necessary to take advantage of Medicare Part D. In fact, Chairman—in fact, I joined with Chairman Fred Upton to request additional funding for community-based organizations to help seniors actually enroll in Medicare Part D, and I have that letter right here.

So, unfortunately, the Republicans have actually taken steps to ensure that consumers do not know of the benefits and protections provided by Obamacare. In June, Senate majority leader Mitch McConnell, Senate Minority whip John Cornyn sent letters to major sports leagues warning them not to help consumers be educated about the benefits of Obamacare.

And after Medicare Part D, Democrats like me hosted events in order to boost awareness and facilitate enrollment. This has not happened with Obamacare. Several Republicans Members have even stated they will not help constituents who call and ask for more information about the benefits of Obamacare and how to enroll, and those Republican efforts will only harm American families and small businesses and cut short the relief Americans need because insurance companies are no longer in control of their health care, and they are guaranteed access to affordable coverage that will be there for them when they need it.

I agree that the Web site must be fixed, but the Republicans should stop their obstructionism, commit to working with Demo-

crats as we did with you on Medicare Part D to fix any provisions that need to be fixed. Rather than to continue your efforts to nix the law, let's work together to fix it and not nix it, and I thank you and yield back.

Mr. UPTON. Gentleman from Pennsylvania Dr. Murphy.

Mr. MURPHY. Thank you.

Ms. Campbell, when healthcare.gov went live on October 1st, it was not possible to browse this site in order to see the prices. You had to register. Who made that decision?

Ms. CAMPBELL. CMS made that decision.

Mr. MURPHY. Who within CMS?

Ms. CAMPBELL. I don't have the exact name of the person. I would say Henry Chao from CMS.

Mr. MURPHY. And are you aware of any White House involvement in that decision process?

Ms. CAMPBELL. I am not.

Mr. MURPHY. OK. So, what challenges arise when you switch a Web site where individuals can browse to one—just browse versus one where you're first asked to register? Does this require a substantial amount of work?

Ms. CAMPBELL. Well, it definitely puts a different—an additional burden on the system.

Mr. MURPHY. Do you have to write a new code to make that happen?

Ms. CAMPBELL. Well, for us to turn it off, it was just putting a flag in our system to not allow for anonymous shopping.

Mr. MURPHY. And how much more time does this then take then to test a system like that once you've made those kind of decisions?

Ms. CAMPBELL. It became part of the normal testing process.

Mr. MURPHY. But you never tested the whole system, right?

Ms. CAMPBELL. CGI did not.

Mr. MURPHY. OK. Now, to Mr. Slavitt, when were you aware—when were you made aware of the decision that the Web site would not allow browsing and would require registration first?

Mr. SLAVITT. We weren't made aware of this until the final days prior to the launch.

Mr. MURPHY. That final day being what date?

Mr. SLAVITT. I believe it was within 10 days.

Mr. MURPHY. Within 10 days.

Do you know who made that decision?

Mr. SLAVITT. I don't know. We don't know who made the decision, we don't know when the decision was made, and we don't know why the decision was made.

Mr. MURPHY. And are you aware—but it was someone from CMS, HMS, the administration, the White House; do you have any idea?

Mr. SLAVITT. We don't know.

Mr. MURPHY. OK. Ms. Campbell, did you inform anyone at CMS or HHS of any concerns you had that this required more testing; more time was needed because the system wasn't going to be working?

Ms. CAMPBELL. More testing because of the anonymous shopping or—

Mr. MURPHY. Well, both. Let's start with the shopping issue, but the whole system. Did you inform anybody at CMS or HHS that you needed more time because the system wasn't working?

Ms. CAMPBELL. So, once again, the portion that CGI was responsible for went through its unit testing.

Mr. MURPHY. So you did through your testing, but you didn't look at the whole thing.

Ms. CAMPBELL. But we are not responsible for end-to-end testing.

Mr. MURPHY. All right. Mr. Slavitt, did you inform CMS or HHS, anyone there, that they needed more time, you didn't have enough time?

Mr. SLAVITT. We informed CMS that more testing was necessary. We informed CMS of the pieces of this system that we had tested that had issues. So, yes, we did.

Mr. MURPHY. All right. Mr. Lau, how many applications did you actually receive to fill out the process for people?

Mr. LAU. As of today, I would estimate about 9,000.

Mr. MURPHY. About 9,000.

And how many have you successfully completed?

Mr. LAU. About half of those were successfully keyed in.

Mr. MURPHY. And do you have to go online, or is there another process for that? Do you have to go to the Web site?

Mr. LAU. We work through the consumer portal.

Mr. MURPHY. Are you expecting more applications?

Mr. LAU. We are, yes. The volumes are increasing.

Mr. MURPHY. All right.

Ms. Campbell, so you're saying you haven't gone through and tested the whole system. You did your part. Mr. Slavitt, you said the same thing; am I correct? You both just tested your parts. You didn't check the whole system; am I correct?

Ms. CAMPBELL. So CMS has an independent contractor, QSSI, that tests our system.

Mr. MURPHY. OK. And, Mr. Slavitt, did QSSI test the whole system?

Mr. SLAVITT. We tested the portions of the system for the code that we received.

Mr. MURPHY. Who, as independent contractor—who tested the system?

Mr. SLAVITT. QSSI was one of the independent contractors. We tested code from CGI.

Mr. MURPHY. And did you find any problems?

Mr. SLAVITT. So we found problems in the code.

Mr. MURPHY. And would it require more time to fix it?

Mr. SLAVITT. Which in and of itself isn't necessarily a problem so long as they're fixed. We also——

Mr. MURPHY. Did you inform anybody at CMS or HHS that there were problems and you needed more time?

Mr. SLAVITT. We informed both CMS and the other contractor.

Mr. MURPHY. Who did you tell?

Mr. SLAVITT. I don't know the names of anybody we told, but I can tell you we informed CMS, and we informed the contractor responsible for the code.

Mr. MURPHY. Ms. Campbell, how much money did CGI get to do this whole project from the Federal Government, total?

Ms. CAMPBELL. Our total TCV is about \$290 million.

Mr. MURPHY. I see.

And, Mr. Slavitt, how much did your company receive to do all this.

Mr. SLAVITT. So the data services hub has been funded to just under \$85 million.

Mr. MURPHY. All right. Now, let me ask you, Ms. Campbell, have you personally tried to log on and test the system for yourself doing the application process itself?

Ms. CAMPBELL. I have, but I have insurance.

Mr. MURPHY. And how long did it take you to do it?

Ms. CAMPBELL. It took the normal time that it would take an individual.

Mr. MURPHY. You were able to successfully get in. What State was that in? For what State?

Ms. CAMPBELL. I'm a Virginian.

Mr. MURPHY. And does Virginia have its own Web site, or was that a government Web site?

Ms. CAMPBELL. It's part of the government Web site.

Mr. MURPHY. And, Mr. Slavitt, did you personally try and get onto the system?

Mr. SLAVITT. Yes, I did.

Mr. MURPHY. And for what State?

Mr. SLAVITT. I think I put in Texas.

Mr. MURPHY. Is that where you're from?

Mr. SLAVITT. I'm not, but I was just testing the system.

Mr. MURPHY. Did it work?

Mr. SLAVITT. Well, I logged on to create an account, was able to do so. I just never received a confirmation email.

Mr. MURPHY. So it didn't work.

Mr. SLAVITT. Didn't work.

Mr. MURPHY. Thank you. Yield back.

Mr. UPTON. Gentleman from Kentucky Mr. Yarmuth.

Mr. YARMUTH. Thank you, Mr. Chairman.

Ms. Campbell, and Mr. Slavitt particularly, would you say that if far more States had decided to do their own exchanges, then the national exchange would not have experienced as many problems?

Ms. CAMPBELL. I can speculate. I would say probably, but I don't know for sure.

Mr. YARMUTH. Well, I wanted to talk about the Kentucky experience, and I want to thank your company for its involvement in our State, because the experience in Kentucky has been extraordinarily successful, and even though there were problems for a few hours on the first day, again because of excessive demand, at least unprojected demand, but those were quickly rectified, and I have these statistics now for the first 21 days in Kentucky.

We had 640,000 Kentuckians estimated without insurance, so assuming that most of those were—we took the people who contacted the system were mostly from that population, we've had 280,000 unique visitors to KYNECT, K-Y-N-E-C-T; 247,000 have actually conducted prescreenings to determine qualifications for subsidies and so forth; 47,000 applications for healthcare coverage had been initiated, and 33,700 are completed as of the 21st; 18,370 individuals are enrolled in the new affordable health care; and I think, al-

most equally important, 378 businesses have started applications for health insurance for their employees.

So, in terms of the numbers of people who can take advantage of the Affordable Care Act in Kentucky, a huge number have already done so, actually have enrolled in affordable insurance for the first time, in many cases, in their lives.

You know, Mr. Shimkus talked about one person he got a letter from who said that he was not happy with what the prospects were, and we've heard a lot of these anecdotal stories. And, in fact, Fox News brought some people on last week, and one of the small businesspersons said, oh, he had to cut the hours of his employees and so forth. And a reporter from Salon, Eric Stern, followed up on that, found out that this man had actually only four employees, so he was not at all—not even covered by the Affordable Care Act. So we have to be very careful about people who say that they've done things or they've suffered because of the Affordable Care Act when, in fact, they haven't.

But I've got a couple of cases from my district that I think are very valid experiences and also testify to how important this law is and the benefit of it. Jeff Bauer wrote, "I am 62 years old, and my wife will reach that age before the end of year. In January, I parted ways with my employer of 39 years. We were lucky to have never needed government assistance of any kind. We are pretty much a typical middle-class family. We asked our doctors if they anticipated any problems with us acquiring health insurance. They told us our health was good, and they did not anticipate any problems. We were dismayed to find that we were both turned down for coverage based on existing medical conditions. The conditions were not chronic or serious. Our only alternative was to select COBRA coverage, coverage for 18 months, with monthly premiums over \$1,000. When COBRA expires July 2014, we would have to go the next 20 months with no health insurance. But on Kentucky's health exchange, I was able to purchase our insurance for \$800 less than our COBRA coverage. Previous medical conditions were not a factor, the exchange was user friendly, and I was able to complete the application with no problems. I would like to thank lawmakers and the President for representing those of us who only have little voices and had the courage to make this coverage available through the Affordable Care Act."

Another woman, Debbie Basham, 17 years ago was diagnosed with late third-stage breast cancer. She was able to get into a special trial at Duke, and she overcame her disease, but was left with a \$200,000 bill that was not paid by the insurance company. Now, because of the Affordable Care Act, she cannot only can get coverage, she has no lifetime limits, no annual limits, and these are the things that will protect her and her family.

So, I just want to say that the experience is not all negative, and I'm confident that eventually the national exchange, I hope very quickly, becomes as effective as the Kentucky exchange.

So, I thank you for your testimony. I yield back.

Mr. UPTON. Dr. Burgess.

Mr. BURGESS. Thank you, Mr. Chairman.

Mr. Slavitt, I just will say that my experience was similar to yours. I live in Texas, so I did try, just while we were sitting here

spending some time together this morning, try to sign up on the exchange for Texas, and I ended up with a similar result as you did.

I just have to say, here we are 3 weeks into the open enrollment period, and I can't think that anyone on this panel this morning would think that that is acceptable that this system would still work so poorly regardless of the State involved.

Ms. CAMPBELL, can you tell me at this point how many people have signed up through CGI?

Ms. CAMPBELL. I cannot. And I need to clarify an answer I gave regarding 200 failures on the end-to-end test. It was actually an understanding. It was an end-to-end test on the EIDM where there were 200 failures.

Mr. BURGESS. On that first morning, October 1st, we were up late doing a vote, so probably about 2 o'clock in the morning I attempted to sign in then and met with the same response. The system asked my favorite kind of pasta or something along those lines and then froze up. And then, like Mr. Slavitt, I've never gotten a confirmatory email on any of the many, many times that I sent that information through.

What happens to that information? Ms. Campbell?

Ms. CAMPBELL. That's on the EIDM side, so I'd have to defer.

Mr. BURGESS. So, what happens with that information? Can I ever get it back?

Mr. SLAVITT. So, I can relate my own experience. Of course, when I found out that I didn't get an email back, I called the QSSI team to see what happened. Indeed, EIDM had a record of my transaction, received the transaction, and we know that EIDM received my submission. We also know that they sent that transaction over to the marketplace. And, as I mentioned, EIDM is only a tool used in the registration process; it's not the registration process. Beyond that, I don't have any visibility.

Mr. BURGESS. But again, I ask my question, can I get that information back?

Mr. SLAVITT. I believe that information would still reside in the registration tool.

Mr. BURGESS. Well, I mean, there's only so many passwords that I have the mental capacity to make up, and I'm running through all of them with continuing to try to sign this up, so if you could return some of them back to me, I would greatly appreciate that.

So, Ms. Campbell, you referenced a number in a question of Dr. Murphy about the amount of money that CGI had received for this contract.

Ms. CAMPBELL. So, to clarify, that's the total contract value through the outyears. That's not the dollars that we have received to date. The dollars that we have received to date is in the range of about \$112 million.

Mr. BURGESS. So, are all of these fix-its that are occurring now, are those—were those included in that \$12 million bill, or are there ongoing invoices that are going to have to be reimbursed from CGI?

Ms. CAMPBELL. So, CMS implemented a cost-reimbursable-type contract, and as we continue to do the normal—our contract says that we are responsible for the development, and then it moves into

operations and maintenance, which is continued bug fixes and things of that sort—

Mr. BURGESS. So, we're paying—

Ms. CAMPBELL [continuing]. The normal course. It's the normal course of a development in a production environment scenario.

Mr. BURGESS. And I'm not trying to be harsh here, but you are continuing to bill the taxpayers for the fact that your code did not work or your product did not work as advertised, regardless of whose fault it was. On October 1st, I think we'd all agree it wasn't working. The taxpayer is being billed for those invoices to fix things.

Ms. CAMPBELL. Sir, in October 1, the taxpayer couldn't get to our system.

Mr. BURGESS. Let me just add this as an observation. I mean, it seems like we've got several fingers, but no palm here. Was there anyone involved in sort of overseeing the entire—the entirety of this to make sure it worked from A to Z? Ms. Campbell?

Ms. CAMPBELL. That would be CMS as the systems integrator.

Mr. BURGESS. And who at CMS? Mr. Chao again?

Ms. CAMPBELL. As one of the individuals, yes.

Mr. BURGESS. Who else at CMS? Was the Administrator for CMS involved?

Ms. CAMPBELL. I can't say who was in that decisionmaking process.

Mr. BURGESS. How about you, Mr. Slavitt? Who was the unseen hand trying to put all of this together?

Mr. SLAVITT. CMS did play that role. I'm not aware of who within CMS.

Mr. BURGESS. Well, there was a comment on a blog post this morning on one of the local papers that said, "When do I start to really freak out about this?" See, the average American watching this hearing this morning, can we give them any comfort about that? When should the average American begin to really become upset about what they've seen here in the past 3-½ weeks? Ms. Campbell, do you have an observation?

Ms. CAMPBELL. I do not, sir.

Mr. BURGESS. Mr. Slavitt?

Mr. SLAVITT. Our team worked intensely in those first few days after the launch.

Mr. BURGESS. Here's the problem: Nobody believes this thing is going to get fixed when we keep getting answers like this. We're asking you for help, we're asking you to be transparent, and we get non answers to our questions. So I would submit that the average American looking in on this hearing this morning is going to feel like there's really nobody in charge, maybe somebody at CMS, but who's going to take the responsibility for getting this thing fixed and making it right, because heavens knows they've paid enough money to have it work right.

Thank you, Mr. Chairman. I yield back.

Mr. UPTON. Gentleman's time expired.

Mr. Welch.

Mr. WELCH. Thank you very much, and thank you for the hearing. We all have a real interest in trying to get this thing to work,

that's for sure. But I do want to say a couple of things about what this hearing is not about, because it puts it in a bit of a context.

It's not about whether we should take away the right of our kids up to age 26 to be on health care, our own healthcare policy. That's working great. It's not about whether the preventive care that has been made available for free to seniors on Medicare should be rolled back. That's working pretty good. It's not whether the \$4 billion in Medicaid—Medicare fraud that's been found out and saved for the program was a bad idea. There is strong bipartisan support on that. It's not about whether the opportunity Americans have to now get healthcare coverage, even if they have a preexisting condition, should be rolled back. People are pretty happy with that. It's not about whether the donut hole that was such a burden for seniors on Medicare should be rolled back. What we've done in this law, as everyone knows, is provide a coverage to folks through that donut hole, so that's pretty good. And it's not about whether the Medicaid expansion that is part of this bill should be rolled back. In Vermont, that will be like 40,000 people that are going to get access to health care, and that's going to affect some of the hardest-working people in this country. Farmers who work hard make very little, but were not eligible to get Medicaid because they didn't have young children.

So, Mr. Chairman, all of those things we're not having to question. They're working great. What we're talking about is a computer program that's messed up at the moment, and I've got some—we all have some historical experience with that. When the prescription drug program for seniors in Medicare Part D was put into place, it was a huge computer program, and there were lots of glitches, and the question that this committee had at that time, March of 2006, was what to do about it. And we had some really good advice from some really good Members. One of them said—who is a supporter of Medicare Part D—“As I mentioned earlier, the new benefit in its implementation are hardly perfect, but rather than trying to scare and confuse seniors, I would hope that we could work together as we go through the implementation phase to find out what is going wrong with the program, and if we can make some changes to fix it, let's do it, and let's do it on a bipartisan basis.”

I'd say that statesman had it right, and that statesman was Joe Barton of Texas. Thank you.

And we had another Member: “We can't undo the past, but certainly they can make the argument they were having a hearing a month late, but the reality is that for the prescription drug program, the benefit is 40 years late, and the seniors who signed up for Medicare in those first days back in 1965, when they were 65 years of age, are now 106 years of age waiting for that prescription drug benefit. So I hope it doesn't take us that long to get it right, and I don't believe it will.”

And that was Congressman Burgess, who serves with us on this committee now.

And then another, I think, quote that was really terrific: “Anytime something is new, there's going to be some glitches. And it is of no value, as a matter of fact, it is of negative value and of questionable ethical value, I think, sometimes if people only spend their

time criticizing the glitches that have been made in the program, as with any program that occurs, whether it is a public or private program, criticizing it, standing on the outside and frightening seniors, frightening seniors into thinking that because there was complexities and difficulties, therefore they should not sign up.” And that was Congressman Tim Murphy.

And you know what? That advice they gave then is pretty good advice for us to take now. I adopt their comments as our path forward.

And I’ll ask just each person on this panel, can the computer challenges that we’re facing right now, none of us want, it’s a real hassle for Americans—it starts to undercut confidence in a program, whether it’s eBay, Amazon.com, flowers.com, you name it, if their program is not working. There’s frustration for anybody who goes on it. I just want to go down the panel. Can this be fixed?

Ms. CAMPBELL. Sir, we are working every day to get it fixed. Yes.

Mr. SLAVITT. We believe it can.

Mr. WELCH. Thank you.

Ms. SPELLECY. We hope so, but we don’t have visibility into that.

Mr. LAU. We have no direct involvement with that system.

Mr. WELCH. OK. Thank you. I yield back. Get it done.

Mr. UPTON. Dr. Gingrey.

Mr. GINGREY. Mr. Chairman, thank you.

The gentleman from Connecticut said what this hearing was not about, and he listed a litany of things that in his opinion are positive, but let me tell you what this hearing is about. It is about whether young people over the age of 26 and not eligible for subsidies, who are forced come January the 1st, if they had no insurance, to sign up for the exchanges and pay at least double what they normally would pay. It is about that.

Here we are 24 days after the exchanges have come online, and yet we receive conflicting reports from the administration on the number of people who have successfully received coverage.

When we met more than 6 weeks ago with this panel, I warned that companies charged with developing and implementing the Federal exchanges had not had the time to successfully produce and test such a complex system. We’re hearing that today. During that hearing, we heard that all of your systems were functioning properly and ready to go on October the 1st. After what has been an unsuccessful first 3 weeks-plus of implementation, we now have to better piece together the timeline of problems and figure out who knew what and when did they know it.

Ms. Campbell, in your testimony, you say that your company was selected as the best value to create Federally Facilitated Marketplace, FFM, in 2011 due to the fact that requirements were not well established at the time of the award and that the requirements did evolve over the next 2 years. How was CGI, your company, made aware of these changing requirements by CMS?

Ms. CAMPBELL. So we would receive change orders, and then we would respond back with a proposal, and then that proposal would be accepted, and then we would continue moving forward.

Mr. GINGREY. When was the last time that the Federally Facilitated Marketplace requirements were changed by the administration? When did they apply to October the 1st?

Ms. CAMPBELL. I believe our last modification occurred in August of this year.

Mr. GINGREY. Was there ever a point that CGI expressed doubt as to whether the updated requirements would affect your ability for a successful launch?

Ms. CAMPBELL. We, each time we received changes, we shared with CMS the risk associated with any changes that we were asked to provide support.

Mr. GINGREY. Can you tell me today this morning who specifically you gave that information to express that concern to?

Ms. CAMPBELL. I'd have to go back to my team specifically but—

Mr. GINGREY. Could you do that for me before 9 o'clock in the morning?

Ms. CAMPBELL. If I'm allowed to provide that information based on our terms and conditions of our contract at CMS, yes.

Mr. GINGREY. Well, this is a government that prides itself on transparency. I'm certainly sure that you would be allowed. You also stated that CGI Federal delivered the functionality required by CMS. Did you ever have concerns that CMS was not requiring enough in terms of design and functionality, and were there ever internal concerns at CGI that CMS did not have the technical expertise to handle such an ambitious project?

Ms. CAMPBELL. So in terms of—CMS has a number of technical resources and it was their responsibility to be the systems integrator here, and we provided support and guidance as we could.

Mr. GINGREY. Ms. Campbell, when, over the last several weeks when the Republican majority in the House of Representatives was trying desperately to keep the Federal Government open and submitted several bills to the Democratic majority Senate, Mr. Harry Reid, one of those requests, after the initial request was rejected, was to simply say, look, we will fund the entirety of the Federal Government at sequester levels, but we think it's a good idea to delay the rollout of ObamaCare for a year. Now that was summarily rejected again by Mr. Reid. We then came back and said would you just meet with us? Would you just allow us to meet with a bipartisan, bicameral committee and talk about this?

And it's very possible if he had agreed to do that, that this delay of a year could have been negotiated down to a delay of 6 months. Let me in my few seconds left ask each one of you, particularly you and Mr. Slavitt, do you think that that 6-month delay would have given you sufficient time to have a successful rollout and to avoid all this embarrassment and expense?

Ms. CAMPBELL. I don't think I can answer that with a yes-or-no scenario.

Mr. GINGREY. Well, is there any scenario under which you could answer it?

Ms. CAMPBELL. It's a—the system went live, there were many entry points upon which there is the ability for a person to enroll. The online app is one—

Mr. GINGREY. I'm a little over time. Mr. Slavitt quickly.

Mr. SLAVITT. I don't know what flexibility there was in the time but certainly more testing always helps projects like these succeed.

Mr. GINGREY. Well, Ms. Sebelius, the Secretary, ended up being interviewed by Dr. Sanjay Gupta on CNN and in The Wall Street Journal said she needed 5 more years, it could have taken, and she only had 2.

Mr. UPTON. The gentleman's time is expired.

Mr. GINGREY. I yield back. Thank you.

Mr. UPTON. The gentleman from New York, Mr. Tonko.

Mr. TONKO. Thank you, Mr. Chair. Thank you witnesses.

I'm pleased to hear some concern expressed on the other side of the aisle regarding access problems that people are having in interacting with the health care government, healthcare.gov Web site, and look forward to working with them in a bipartisan way to make that happen.

I sense two great demands out there. One, a great demand for this product called the Affordable Care Act, second a great demand placed by the public into our laps to get this business of connecting access to the system done in a bipartisan, professional way.

I would also like to echo the comments of many of my colleagues in distinguishing between the unfortunate rollout of the Web site and the underlying promise of the law itself that all individuals will finally have access to affordable health care, and many of the benefits of that package are now well known and very much appreciated, no longer deniable by the industry because of preexisting conditions, students being able to stay on their parents' plan until the age of 26, seniors not having to pay as much money out of pocket for prescription drugs and eventually closing that donut hole, and the list goes on and on.

While there might be problems with the Web site, we have heard it here this morning and it's worth repeating: we have to fix it, not nix it. We have to fix it, not nix it. It's an important mantra to guide us forward.

Mr. Chair, where people are able to overcome these initial bumps in the road, they are discovering a quality product that will save families hundreds of dollars a month on health care costs. You don't have to take my word for it. Fox News contributor Sally Kohn upon discovering that her family will be saving \$408 per month in my home State of New York said, ideologues may not like ObamaCare, but my wallet and my family's health sure do.

So while we are here to address the real problems of an underperforming Web site, we can't ignore the larger story that affordable health care has finally become a reality for millions of Americans and that it is something we should not delay.

Ms. Campbell, that being said, most of the bugs in the system we have heard about here today have been with the federally run Web site healthcare.gov, is that correct?

Ms. CAMPBELL. That's correct.

Mr. TONKO. And how many States are currently participating in the Federally Facilitated Marketplace through the healthcare.gov Web site?

Ms. CAMPBELL. Thirty-six.

Mr. TONKO. Now it was my understanding that the Affordable Care Act envisioned that the States would be taking the lead on designing and running these exchanges.

Do you have a sense of why 36 States chose to let the Federal Government take the lead instead?

Ms. CAMPBELL. I have no further information to support that.

Mr. GRIFFITH. They don't like it.

Mr. TONKO. I think it's clear to state this was how it was envisioned to work and would have been beneficial. From what I can tell, many States that refused to create a State-based exchange did so largely for ideological reasons.

Now did CGI Federal participate in building the exchange Web sites in any of the States running their own exchanges?

Ms. CAMPBELL. Yes, we have.

Mr. TONKO. And my sense is that the States that have taken ownership of the Affordable Care Act and designed and run their own exchanges are outperforming the Federal exchange, would you agree with this assessment?

Ms. CAMPBELL. That is correct.

Mr. TONKO. Thank you, Ms. Campbell. And I do agree that the picture that we have seen in the State-based exchanges is vastly improved over what we are seeing through healthcare.gov. My home State of New York, which also experienced Web site problems at the outset, has now signed up nearly 174,000 New Yorkers for quality, low cost health insurance. That means that more New Yorkers have completed an application to receive an eligibility determination than any other State in our Nation.

This is clear-cut evidence that the temporary setbacks can be overcome, and success can be achieved when the law is implemented the way it was intended—without malice and obstruction.

In closing, I would implore my Republican colleagues to reject the politics of division and join with us in finding constructive solutions to these technical problems so that the many millions of Americans demanding and deserving access to the private sector-driven health care options they now have before them is a reality.

With that, Mr. Chair, I will yield back.

Mr. UPTON. Mr. Scalise.

Mr. SCALISE. Thank you, Mr. Chairman. I appreciate you having this hearing. I want to thank the witnesses for coming to testify. There's been a lot said about why we're having this hearing. One of the reasons is that our constituents are calling us on a daily basis reporting some of these many problems that we're talking about here today. And it's not just the failure of a Web site. Obviously there's a lot of focus on the failure of the Web site, but it's a focus on a failure of the law in general, the fact that there were so many broken promises made by the President about what this law would do: if you like what you have you can keep it.

Thousands and thousands of people are losing good coverage they have. In Florida, it's reported I think MyBlue, 300,000 people are going to lose the health care they have that they like. All across the country we hear that.

Costs are going to be lower. You're seeing so many States report that costs are dramatically higher. In Chicago, in President Obama's own backyard, it's reported that 21 of the 22 plans on the exchange that you go to, these low cost exchanges, have deductibles of \$8,000 or more per family. People don't consider that a low cost

when people are losing good private sector health care that they have.

You're hearing of course promises the President quoted, this really gets in the conversation we're having today. This is the President's quote "just visit healthcare.gov and there you can compare insurance plans side by side the same way you'd shop for a plane ticket on Kayak or a TV on Amazon."

Now while you all were testifying, I went on Amazon and looked for a TV. Within 1 minute I had over 300,000 options of TVs that I could purchase, and there were low cost TVs too.

I tried to go on healthcare.gov and register. I spent—this was earlier this week. I spent more than 2 hours, probably had an experience similar to Mr. Slavitt, was kicked out four times, had to re-enter data multiple times, was given blank screens a number of times, ultimately never even got to a point where I could see health care plans where I could compare, as the President promised, side by side, just like you look for a TV on Amazon. That's not the experience you get when most people go on line and purchase products.

And this isn't just any product. This is a product that the Federal Government said you have to buy by law or else you get fined. And the other side wants to mock us because we're asking for at least a delay of the fine while people can't even go to the Web site that doesn't work.

I used to program computers for a living. I understand how you design systems, big systems, small systems. I understand how you design test plans. I actually wrote test plans for systems. And you would test the system, you would do all-nighters until the system worked, and you wouldn't deploy it until it worked. And clearly that didn't happen in this case. So I want to ask, first of all, you all said that you track error logs.

If I can ask down the line, starting with Ms. Campbell, how many errors have you logged since you've been tracking the errors in the system, Ms. Campbell?

Ms. CAMPBELL. I don't have that information, but I'll get back—

Mr. SCALISE. Can you get me that to the committee? Mr. Slavitt.

Mr. SLAVITT. I don't have that with me.

Mr. SCALISE. Ms. Spellecy?

Ms. SPELLECY. I have to get back to you for the record.

Mr. SCALISE. Mr. Lau?

Mr. LAU. We really don't have access to that system.

Mr. SCALISE. We need to get those numbers. Clearly there are many.

Mr. Slavitt, you said in your testimony that there was a late decision requiring consumers to register for an account before they could browse.

Early off, it was promised that people would be able to go to a Web site and just shop around, look for a site, if you like something you find, you go buy it, like anything else you buy online. You don't have to give hours and hours of personal data and Social Security numbers before you buy a product. A company would go out of business.

You'd said that there was a late decision made to change the system so that you have to give all the personal information before you can even shop around. Who made that late decision?

Mr. SLAVITT. We don't know who made the decision and we don't know when.

Mr. SCALISE. Ms. Campbell, do you know who made that late decision? Was it CMS?

Ms. CAMPBELL. It was CMS who made that decision.

Mr. SCALISE. Do you know who at CMS made that decision?

Ms. CAMPBELL. We don't have full knowledge of exactly the full chain of—

Mr. SCALISE. When CMS made the decision, how late in the game did they make the decision to change a drastic system like this?

Ms. CAMPBELL. For CGI, they asked us to turn that flag or functionality off at 2 weeks before going live.

Mr. SCALISE. Two weeks before going live. So they made a dramatic change to the system just 2 weeks before going live. Nobody would have done that in the private sector to make that kind of change to a system.

Let me ask you this, because all of you were paid lots of money to do this, it's been reported over \$500 million of taxpayer money spent to build this Web site, more money by the way than it cost to build Facebook. Facebook gets 700 million users a day, 700 million people use that site every day and it works. The first 5 years they didn't spend \$500 million.

Did you deliver—and I'll go down the line. Did you deliver the product that you were contracted to build, Ms. Campbell?

Ms. CAMPBELL. We have.

Mr. SCALISE. Mr. Slavitt.

Mr. SLAVITT. For the—

Mr. SCALISE. Did you deliver the project—did you deliver—

Mr. SLAVITT. Yes.

Mr. SCALISE [continuing]. The product that you were contracted?

Mr. SLAVITT. Yes.

Mr. SCALISE. Ms. Spellecy?

Ms. SPELLECY. Yes.

Mr. SCALISE. Mr. Lau?

Mr. LAU. Yes.

Mr. SCALISE. There's a saying in computer programing, garbage in, garbage out. If you're given a bad product to build, then ultimately what you'll deliver is a bad product. The focus is not just going to be on the failed Web site. Clearly they are some serious questions that need to be answered. All the taxpayer money that was spent to build a site that people can't even go on and use and then ultimately if they're able to get through they're finding the prices are dramatically higher. This will not mask the fact that the law fails in general.

You wonder why we're calling for a delay of the implementation of this law, the delay of the fine that people will have to pay if they can't even use the Web site, 50 percent of you who said you went to the Web site said you had a failure rate. You built the site.

Mr. UPTON. The gentleman's time has expired.

Mr. SCALISE. I yield back the balance of my time.

Mr. UPTON. Mr. Sarbanes.

Mr. SARBANES. Thank you, Mr. Chairman. I thank the panel. This is an important hearing. There are two stories that have unfolded in the last 3 weeks. One of them clearly is the problems with this Web site that need to be fixed, and I'm going to ask some questions about that in a minute. But the other story is the incredible demand and interest that Americans have in accessing this new opportunity for affordable health care. We saw it in the demand that came in on the Federal exchange which outstripped all the projections that people had for it. We've seen it in the State level exchanges, the State-run exchanges where there's been a lot of success in terms of people come there, browsing, applying for coverage, enrolling in coverage, and that story continues.

That's the reason that we have to fix this. In other words, if there was no interest out there, there was no demand, and you had a Web site that wasn't working very well, you could say, well, maybe we don't need to fix this thing. But people really want this opportunity. That's the bigger story. The bigger story is that people want to access affordable health care coverage, and they're coming to these sites. So we have to fix it. That's why you keep hearing this refrain on our side to fix it, don't nix it.

Now, let me ask you this. I assume that you've been involved, all of you, in big projects of this kind. This may be particularly complex. I get that. But I'm sure you've had the experience where you went to, you pulled the switch on a go live situation and it didn't work out exactly as you expected.

Ms. Campbell, when that happens, I imagine CGI doesn't just sort of bury its head in the sand and give up, but you get about the business of fixing the thing so it can function properly correct?

Ms. CAMPBELL. That's correct. It's a normal course of what happens when a system goes into production.

Mr. SARBANES. Absolutely. Mr. Slavitt, I assume that if you encounter difficulties when you go live with a product, you don't light your hair on fire and run around in small circles, you get about the business of fixing, right?

Mr. SLAVITT. Yes, that's correct.

Mr. SARBANES. In fact, you did that in this instance from what I understand, right?

Mr. SLAVITT. Yes, that's correct.

Mr. SARBANES. And got some of the issues that were presented fixed in fairly short order. So I mean, you're professionals, you do this for a living, you understand we've got some problems here that need to be addressed. You're getting about the business of fixing them, and you're doing that because this is a platform that Americans need in order to access health care coverage.

Let me ask you another question.

Do you have any reason to think that the problems with the Web site that we've been talking about today in any way are affecting the quality of the underlying product that's being sold, in other words the plan options that are out there and so forth? Is there any reason for us to conclude that because somebody's having problems accessing an enrollment or doing an application because of the Web site, that that's somehow a commentary on the underlying product that ultimately they're trying to access? Ms. Campbell.

Ms. CAMPBELL. No, with 4,400 plans for people across within the 36 States that can apply, I would say that the plans are there for people to be able to shop.

Mr. SARBANES. Mr. Slavitt?

Mr. SLAVITT. No I wouldn't conclude that.

Mr. SARBANES. Ms. Spellecy?

Ms. SPELLECY. No.

Mr. SARBANES. Mr. Lau?

Mr. LAU. No.

Mr. SARBANES. And in fact, the reports we're getting about the underlying product, the plan that people are going to have access to, the options that are available to them, that they're good quality products, and that they're going to be available at very reasonable premiums which is exactly, again, what people are looking for here. And certainly there is no suggestion that problems with the Web site are, at some point, going to mean that an enrolled beneficiary is going to have an issue accessing their doctor or accessing the hospital or anything like that.

So the product is good. The Web site needs to be fixed to make sure that we can get that product to people. That's what you're engaged in now, and that's why we have to fix it, not nix it when it comes to this health care Web site.

With that, I yield back my time.

Mr. UPTON. Mr. Latta.

Mr. LATTA. Thank you very much, Mr. Chairman, and thank you very much for our witnesses for being here today and I greatly appreciate your testimony. And last night, I read through all of your statements beforehand. And if I could, because there's been a lot of questioning, of course, about the, on the testing side.

And Ms. Campbell, if I could turn to your testimony, on page 2, you said, in recent years that CGI Federal has delivered some of the most complex IT implementation for U.S. Government including FederalReporting.gov and medicare.gov.

And we've heard from you all saying that you only had at the very end about 2 weeks to really make sure this thing was integrated. When you were working on, let's just say for example, medicare.gov, how much testing did you do on that? Did they give you a time frame? What can you tell me about that testing at that time?

Ms. CAMPBELL. I'm sorry, I can't give you exact time frames, but we had sufficient time to test the system before it went live.

Mr. LATTA. Can you tell me what sufficient time is?

Ms. CAMPBELL. We had a number of months before the system went live.

Mr. LATTA. If you could, by tomorrow morning at 9 o'clock, I'd like to get that information from you to find out exactly how much time you did specifically have to test that system.

What about on FederalReporting.gov? How much time were you given to test that system?

Ms. CAMPBELL. I'd have to get back to you. That wasn't in my area of responsibility.

Mr. LATTA. We'd like to have that by 9 o'clock tomorrow morning so we can get that information.

And I think I heard this earlier, is healthcare.gov the most complicated of the systems that you've created?

Ms. CAMPBELL. It is by far for our country the most, one of the most complicated, large scale systems that's out there today.

Mr. LATTA. So what you're telling me is that you had months versus a couple weeks to do that testing.

And let me ask you this: Did they, when medicare.gov or FederalReporting.gov, are you able, especially on the Medicare side, because you say in your testimony which successfully helps more than 50 million U.S. Citizens compare health and drug plans each year, is it set up the same way that healthcare.gov is that you first have to register before you can browse? Or can you browse and then get what you need?

Ms. CAMPBELL. You can browse first.

Mr. LATTA. Why would those two systems be different then, that you would have—any reason that was given to you by CMS or HHS that they wanted it reversed, since the one system seemed to be working?

Ms. CAMPBELL. I do not. CMS, I guess, had to, speculation, number of priorities, and maybe that wasn't one of the priorities.

Mr. LATTA. OK. Mr. Slavitt, if I could ask you a couple of questions in your testimony. Again, I found all your testimony all very interesting. And it's been talked about a little bit before, but in your testimony you stated on page 4 that appears one of the reasons for the high concurrent volume at the registration was a late decision requiring consumers to register for an account before they could browse for the insurance products. Again, whose decision was that?

Mr. SLAVITT. We don't know.

Mr. LATTA. You don't know whose decision that was? How did you get the information you were supposed to do that?

Mr. SLAVITT. I'm sorry. Can you repeat that?

Mr. LATTA. How did you get the information that you were supposed to switch things around like that then?

Mr. SLAVITT. One of the testers in our company that was responsible for testing the CGI software code was notified that there was code they no longer needed to test.

Mr. LATTA. Well, if we could also by 9 o'clock tomorrow morning get the name of the individual at CMS who asked for that, we would appreciate that.

Going on in your, following up a little bit on your testimony, on page 4, again, it goes back, it says, in our role as tester we were tasked with identifying errors in the code that was provided to us by others. We reported the results back to CMS, and the relevant contractor who was internally responsible for fixing the coding errors or making any necessary changes.

Do you know who that was back at CMS that you were supposed to report back to?

Mr. SLAVITT. I don't.

Mr. LATTA. If we could get that by 9:00 o'clock tomorrow morning.

Do you know who that relevant contractor was that you were also supposed to be getting that information to?

Mr. SLAVITT. CGI.

Mr. LATTA. I beg your pardon?

Mr. SLAVITT. CGI.

Mr. LATTA. All right. And when you submitted, when you submitted those, that information back to CGI, did you hear back from them or what was—what happened with that information you sent them?

Mr. SLAVITT. I don't know what happened in every case, but what typically happens is we submit the results back and then the other contractors responsible for making those changes.

Mr. LATTA. Thank you very much, Mr. Chairman. I see my time has expired. Thank you. I yield back.

Mr. WAXMAN. Parliamentary inquiry, Mr. Chairman.

Mr. UPTON. Yes. You're asking for a second round already?

Mr. WAXMAN. Congressman Rush and I have sent around 40 letters to you requesting a hearing on climate change and we haven't gotten any responses. We would like to have a response by 9 a.m. tomorrow morning. Suddenly people have made up the idea that 9 a.m. tomorrow morning is some kind of deadline. That's—you can say it, it doesn't mean it happens. Thank you. I'll withdraw my parliamentary inquiry.

Mr. UPTON. The Chair recognizes the gentleman from California, Mr. McNerney.

Mr. MCNERNEY. Mr. Chairman I'd like to ask if I can postpone my questioning for another witness.

Mr. UPTON. Sure. Mr. Lance.

Mr. LANCE. Thank you very much. And to the panel, the September 10th hearing in the subcommittee, the Health Subcommittee, where you testified, Ms. Campbell, and your company testified, Mr. Slavitt. If you had the opportunity now, would you, in any way, amend the testimony you gave at that time?

Ms. CAMPBELL. No. My testimony was fine. I would not change anything based on what I knew at that point in time.

Mr. LANCE. Did you know at that time that there was no end-to-end testing?

Ms. CAMPBELL. I knew that that was something that was forthcoming.

Mr. LANCE. So you knew at that time that there was no end-to-end testing as of that date?

Ms. CAMPBELL. It was not our area of responsibility for end-to-end testing.

Mr. LANCE. You believe you had a responsibility to tell the subcommittee that at that time, there was no end-to-end testing?

Ms. CAMPBELL. I don't believe that question came up, sir.

Mr. LANCE. I suspect that's the case. The question did not come up. This is not a game of cat and mouse. This is the people of the United States, one of the most important proposals of the Obama administration. I'm sure that question did not come up.

In your other activities with other entities, you have testified that there was always end-to-end testing.

Is that accurate, Ms. Campbell?

Ms. CAMPBELL. That end-to-end testing is a component of, before systems go live.

Mr. LANCE. And you do not believe that you had a responsibility to indicate that end-to-end testing had not yet occurred with 20 days to go?

Ms. CAMPBELL. It was our client's responsibility for end-to-end testing, sir.

Mr. LANCE. Mr. Slavitt, would you respond to me on that issue?

Mr. SLAVITT. We wouldn't amend our testimony. We testified accurately to the delivery of a data services hub.

Mr. LANCE. Do you believe that you had a responsibility affirmatively to indicate that no end-to-end testing had yet to occur?

Mr. SLAVITT. Sir, I believe on September 10th we were expecting to receive the code that would allow the end-to-end testing to occur.

Mr. LANCE. So you are of the opinion that there would be end-to-end testing between September 10th and September 30th?

Mr. SLAVITT. That was our expectation.

Mr. LANCE. In your experience with other clients, does end-to-end testing occur before 20 days to go?

Mr. SLAVITT. Each project is different. I can't comment, Congressman.

Mr. LANCE. On another large project in which you were involved, is it usual that end-to-end testing occurs long before the last 2-1/2 weeks?

Mr. SLAVITT. We would certainly have liked to see as much time as possible for end-to-end testing.

Mr. LANCE. Would you suggest that this be delayed for 3 months or 6 months given the experience so far regarding the individual mandate?

Mr. SLAVITT. No, I wouldn't have the information to make that determination.

Mr. LANCE. So you don't know?

Mr. SLAVITT. I don't know.

Mr. LANCE. You don't have an opinion. Do you have an opinion, Ms. Campbell?

Ms. CAMPBELL. I can tell you that I have a team of people working 24 hours a day to make these corrections that are needed to continue moving forward.

Mr. LANCE. I'm sure you do. And I certainly respect that. On the risk involved in change orders, this impresses me as being serious.

Mr. Slavitt, regarding that, did you perceive a significant chance that there would be a huge problem because of the change orders with which you were involved?

Mr. SLAVITT. We didn't receive significant change orders on the data services hub that I'm aware of.

Mr. LANCE. Ms. Campbell regarding the change orders, the risks associated with that, you received several change orders, I believe you testified six or eight of them.

Did you perceive a significant risk in that regard?

Ms. CAMPBELL. We did not.

Mr. LANCE. You do not think there would be a significant risk?

Ms. CAMPBELL. No. Over time, these change orders occurred over a 2-year time period.

Mr. LANCE. Some have commented that much of the problem exists because CMS decided to do its own inhouse analysis equivalent to someone who had never hung a picture deciding that he would

become his own general contractor instead of subcontracting the responsibility for integrating the software of the multiple contractors.

Do you agree that CMS should have hired a contractor in that regard, Ms. Campbell?

Ms. CAMPBELL. I've seen it both ways where the government has taken that job and quite often, they would bring in a separate contractor to do that job.

Mr. LANCE. In many cases, a separate contractor would be brought in. Mr. Slavitt.

Mr. SLAVITT. I don't know.

Mr. LANCE. You don't know. In my opinion, I think in the history of working with complicated IT systems, it's difficult to see that there was a more incompetent systems integrator. Do you have an opinion on that, Ms. Campbell?

Ms. CAMPBELL. I have no opinion on that.

Mr. LANCE. Mr. Slavitt.

Mr. SLAVITT. I don't.

Mr. LANCE. Thank you, Mr. Chairman.

Mr. UPTON. Mr. McNerney.

Mr. MCNERNEY. I'm sorry, Mr. Chairman, I'm not ready yet.

Mr. UPTON. OK. Mr. Guthrie.

Mr. GUTHRIE. Thank you, Mr. Chairman. Thank you for testifying today. A lot of people don't realize because they didn't get out in the public like I think they should have, before the government shut down on September 30th, almost every Republican I think all but one voted to fund the government to fund the health care bill to sequester level, and only asked to get rid of the individual mandate for a year, delay it for a year. Because as businesses and other people have been treated with waivers and special delays we thought the hardworking taxpayers deserved because we didn't think the product was going to be ready for them to purchase. And it turned out on October 1st, it wasn't.

So we wouldn't even have the government shutdown if we had people agree to give hardworking taxpayers the same treatment they gave businesses because the IRS wasn't ready to enforce that.

Having said that, people say there are other alternatives and so we have good people in the great Commonwealth of Kentucky working for Mr. Lau who will take paper applications so there is argument, well, they can buy if they do paper application. So how do, you said you take the applications and enter the data? Where do you enter the data?

Mr. LAU. Into the portal.

Mr. GUTHRIE. The same portal that is having trouble being accessed online?

Mr. LAU. That's correct.

Mr. GUTHRIE. So even if people get frustrated, because I was watching my good friend here most of the morning try to get online, I think you've been kicked out four times since we've been sitting here as of today. You're going to take that information into the same data, so maybe you're making it easier. Do you have a special portal to get in or do you have to deal with the same kind of problems that he's been dealing with?

Mr. LAU. The difference for us is that we don't have to establish an account. So our landing page on the portal is behind that.

Mr. GUTHRIE. But you have to have an account for the people that you are entering, right?

Mr. LAU. Well, in the initial days, you had to sign up, that's what we had been talking about before, establishing an account before you can do an application. So, for us, we just bypass the account establishment and begin keying in the data for the application.

Mr. GUTHRIE. And that's what I want to get to. I'm glad you said that. And so when the President and Secretary Sebelius advised Americans to submit paper applications if they're having problems with the Web site, they still have to go to the same portal.

Now we've been talking about entrance into the portal, the front door I think we've talked about a few times. But also, Ms. Campbell, I know to quote The Washington Post, "About a month before the exchange opened, a testing group of insurers urged agency officials not to launch."

So when you—according to the Washington Post, unquote. So you had a test about a month before the exchange opened because CGI provides that information, were you involved with the testing with insurers?

Was CGI? Not you particularly, was CGI involved with the testing with insurers?

Ms. CAMPBELL. I understand. So we do test with a set of insurers to make sure that obviously before we go live that our system is working appropriately.

Mr. GUTHRIE. Did they recommend that you weren't ready to go live?

Ms. CAMPBELL. They did not recommend that to CGI—to my knowledge, preface that, to my knowledge, the insurers did not recommend that directly to CGI.

Mr. GUTHRIE. Do you know if they recommended it to HHS?

Ms. CAMPBELL. I do not know.

Mr. GUTHRIE. You don't know if they did that or not?

Ms. CAMPBELL. I do not know.

Mr. GUTHRIE. Did HHS share that information with you that they weren't ready to go live?

Ms. CAMPBELL. Not that I'm aware of.

Mr. GUTHRIE. So you're not aware this test took place with insurers a month before?

Ms. CAMPBELL. I'm sorry?

Mr. GUTHRIE. CGI is not aware that this test took place with insurers a month before?

Ms. CAMPBELL. I didn't say that. I said, you know, to my knowledge, I'm not aware that insurers provided feedback to CGI or to CMS or HHS on their—

Mr. GUTHRIE. Did you all discover errors during that test with insurers, problems with the system?

Ms. CAMPBELL. You know, the purpose of test, the nature of test is there it's there to find—

Mr. GUTHRIE. Find the problems and you're able to fix—

Ms. CAMPBELL [continuing]. The issues that you have so that you can have an opportunity to correct those issues.

Mr. GUTHRIE. Because there is still reports in the weeks before the start—there's still reports in news that insurers are saying there's missing data, duplicate applications, enrollments, incorrect

data on applications and missing data, that's still taking place, or at least it was reported last week in the news. Is that still taking place?

Ms. CAMPBELL. When we receive a, what we call a, they call it a trouble ticket, or a defect ticket, or an issue ticket, then we are in the process of making corrections and then when we do the next build, we make corrections to the system. So there could be, there could have been a point in time where there were duplicative insurance forms and things of that sort or duplicative information, and we would have made corrections. Now where we are in that process at this very moment, I don't have the answer.

Mr. GUTHRIE. I guess my point is, we wouldn't have had the government shutdown, believe it or not, and I know that didn't get out in the news, if we would have done the individual mandate delay, we didn't say get rid of the exchanges, get rid of what you were doing, not go live the next morning, just not mandate people to buy a product they can't buy.

So my point that I'm trying to make here is there are other issues; it's not just not being able to get on the Web site, it's making exchanges work. And it's hard to believe that if that report is true, HHS didn't tell you that they were having trouble between, or that there had been a delay. And you know, it's concerning that those tests are taking place and it's been reported in the media, but it doesn't seem to have gotten to CGI from HHS. So my time is expired I yield back.

Mr. UPTON. The gentleman's time is expired. I would note that we have at this for 3 1/2 hours. Would the panel, would any of you like a 5-minute break? I see some nods. So why don't we take a 5-minute break and when we resume, we'll come to you, Mr. McNerney.

[Recess.]

Mr. UPTON. OK, Mr. McNerney, you're recognized for 5 minutes.

Mr. MCNERNEY. Well, thank you, Mr. Chairman. I thank the witnesses for a long, grueling hearing this morning.

First of all, I want to say I really don't blame my Republican colleagues for trying to change the subject from the costly and reckless government shutdown and the irresponsible threats to default our Nation's credit by focusing on a temporary short-term failing of our healthcare.gov Web site. Good job.

My first question regards software development. I was a software developer before coming to Congress. And the healthcare.gov is a very big project, it's got a lot of moving parts to it. Any large project, including software, needs an orchestrator to coordinate all moving parts and make sure that things are fitting together well. Who was that or what organization was that orchestrator for this project?

Ms. Campbell, you seem to be in the best position to answer that question.

Ms. CAMPBELL. Yes. That would be CMS.

Mr. MCNERNEY. CMS.

Ms. CAMPBELL. Yes.

Mr. MCNERNEY. OK. Was there a specific person at CMS, or was it a team of people at CMS?

Ms. CAMPBELL. It was a team of individuals.

Mr. MCNERNEY. Well, did the orchestrator—and this is a question for all four of you—create adequate specifications for the software, including a language? Now, when you have a software project that has moving parts or different parts, you want input and output specifications, you want what the individual parts are supposed to do. Was there sufficient, adequate specifications for your team to do their job in the time that was allowed?

Ms. CAMPBELL. So we were receiving requirements through the April, May timeframe and then some requirements—

Mr. MCNERNEY. Requirements.

Ms. CAMPBELL. Yes.

Mr. MCNERNEY. Were they formal specifications that could be used?

Ms. CAMPBELL. They were use cases and things of that sort.

Mr. MCNERNEY. Mr. Slavitt, would you like to answer that?

Mr. SLAVITT. We believe we received appropriate specifications.

Mr. MCNERNEY. Ms. Spellecy?

Ms. SPELLECY. We received sufficient specifications to integrate our part of the solution.

Mr. MCNERNEY. Mr. Lau?

Mr. LAU. We had no role in the system development.

Mr. MCNERNEY. So what you all—I hear unanimously is that there were adequate specifications, and yet the software wasn't finished in time.

Did the specifications include testing requirements that you received? Ms. Campbell?

Ms. CAMPBELL. So we did testing on our code, but there was also independent testing that was done as well.

Mr. MCNERNEY. Were they specified? Were they test-specified prior to development of the software?

Ms. CAMPBELL. Not prior to developing the software, but there were test scripts that were developed during the process.

Mr. MCNERNEY. Well, then, maybe there wasn't sufficient time. I mean, from my point of view as a distant observer, either the specifications weren't adequate, they weren't delivered in time, or the software wasn't developed according to specification. Which one of those three is the problem?

Ms. CAMPBELL. I would say with a system this complicated and level of moving parts, it's probably a little bit of all aspects of all three. There are things in our code that obviously we would like to improve on for sure. There are specifications that would have been better served if they had been more detailed, and if given more time, I think we would have been able to across the board, once again, end-to-end testing on the part of CMS, integration on the part of CMS. But, you know, given the luxury of time, and I think we all recognize that one never gets—no matter how great the system is, no one ever gets enough time for testing, but—

Mr. MCNERNEY. Well, software is particularly difficult to estimate the time needed. When I was in developing software, if you told your manager you would take 2 weeks, he would double that and then go to the next bigger timeframe, 2 months. So he would have made it a 4-month timeframe if you gave him 2 weeks. So time is always of the essence in software, especially since it is so error prone.

So I guess there were political hindrances regarding the amount of time that was allowed, and there were structural issues. And I do believe that this is going to be fixed, but it's been painful, and we need to make sure that the American people have access to a decent healthcare Web site before December 15th, and if that doesn't happen, it's going to be more difficult hearings like this.

Thank you.

Ms. CAMPBELL. Thank you, sir.

Mr. UPTON. Mr. Olson.

Mr. OLSON. I thank the chair, and I want to sincerely welcome and thank the witnesses, Ms. Campbell, Mr. Slavitt, Ms. Spellecy, and Mr. Lau, for appearing before this committee this morning and now this afternoon.

And my guess is you might be a little nervous, somewhat tired because this has gone on for almost 4 hours, you probably haven't gotten a lot of sleep these past couple of weeks, and you're probably a little angry because the Commander in Chief, the skipper of Obamacare, our President, doesn't understand that the skipper is responsible for everything that happens on his ship, the good and the bad.

As we've seen here this morning, there's a major league blame game going on within the administration, and you all, unfortunately, are the targets of some of that blame.

And I am damn angry that I and 700,000 Texans I represent have been misled, misled, and misled.

In this room 1 month ago, the Health and Human Services Deputy Administrator for Consumer Information opened up his testimony by saying, and I quote, "CMS has worked hard to build, refine and test the infrastructure that will allow Americans to enroll in coverage confidently, simply and securely," end quote. We now know that that was one big, fat lie, and I proved it this morning.

When Chairman Upton gavelled this hearing about 9 o'clock, I logged onto healthcare.com to try to enroll my family in my healthcare plan. Like you, Mr. Slavitt, and my colleague Michael Burgess, I tried to get on Texas' plan, and when I got my email back, my confirmation, I got this after 41 minutes: Please log in again. You're logged out now. Return to your marketplace account here. That's happening all over the country.

And this lie is way beyond an awful computer program. This lie affects the health and well-being of every American.

And my question would be about the testing that was done to get to this point, and I want to follow up on some of the questions from one of my colleagues, and this is mostly for you, Ms. Campbell, and you, Mr. Slavitt.

Being a computer science major from Rice University and a former naval aviator who could not afford to have my computer drop offline as I'm rolling my plane to drop a torpedo to stop a Russian submarine from launching a ballistic missile, a nuclear missile, at our country, I know that that system is pushed and pushed and pushed and pushed and tested to fail.

My goal is did CGI and QSSI take these steps, push, push, push and test your part to failure?

Ms. CAMPBELL. First of all, sir, you must be in my household. My husband, too, is a naval aviator.

Mr. OLSON. Fly Navy.

Ms. CAMPBELL. But we worked tirelessly around the clock to make sure that we were doing everything we could to make the product that we delivered on October 1. We're not excited, nor are we pleased with what we delivered on October 1, but, you know, in principle it worked. It is not working great, and we're working to improve it, but it is enrolling people.

Mr. OLSON. Mr. Slavitt, how about you, sir, did you push, push, push to make sure all the variables best you could do?

Mr. SLAVITT. We do believe the data services hub received adequate testing.

Mr. OLSON. Great.

And so any idea what happened when your department is working pretty well, Ms. Campbell, and you, Mr. Slavitt, as well? Somehow CMS got it, and the product that came out fell apart. Any idea what happened there?

Ms. CAMPBELL. You'd have to ask CMS.

Mr. OLSON. And I plan on doing that.

Mr. Slavitt, any idea?

Mr. SLAVITT. As I said a little bit earlier, the system didn't receive adequate end-to-end testing, and we took those results—those results were made available, and I think made aware of those results to CMS.

Mr. OLSON. So you all pushed the envelope, they just hit the on button, saw the light came on, and said this thing works. OK. A little facetious there.

I want to close by asking a rhetorical question of all four of you all. If you were the President of the United States, and you woke up on September 30th of this past year knowing what you know, would you have rolled out the exchange on October 1st? Ms. Campbell?

Ms. CAMPBELL. I can't begin to answer that question.

Mr. OLSON. Nope.

Mr. SLAVITT. I don't know what flexibility existed to change the dates.

Mr. OLSON. Not the date, but the program. Could you have stopped it? You know the problems. You guys know the problems. Would you have stopped it?

Mr. SLAVITT. I don't know.

Ms. SPELLECY. I can't answer that.

Mr. OLSON. Can't answer that one? It's rhetorical, guys.

Mr. LAU. I'm not in a position really to answer that.

Mr. OLSON. Oh, come on, fellows. I guarantee if you ask the people in the audience, they would have all sorts of opinions on that. I yield back the balance of my time. Thank you.

Mr. UPTON. The gentleman's time is expired.

Mr. Gardner.

Mr. GARDNER. Thank you, Mr. Chairman, and thank you to the witnesses as well for joining us today and talking about this very important issue.

You know, I take this personally. This is a very serious issue for me, thousands of my constituents, millions of Americans. The President made a simple promise to all of our country. He said two things: If you like your healthcare plan, you'll get to keep your

healthcare plan, period, and this will lower the cost of health care. But do you know what? In August, my wife and I we got a letter saying our health insurance plan had been canceled. We decided to not join the Federal Employee Health Benefits Plan. We got our own private insurance plan, because I wanted to be in the same boat as my constituents in Colorado.

And yet despite the President's promise to me, to thousands of Coloradans, to millions of Americans, those insurance plans are being canceled, and they're being told they have to buy insurance through the Web site that doesn't work.

The denial of this debacle is incredible. It's like trying to watch the Three Stooges in HD and expecting it to work. But that's exactly what we are seeing here.

So to follow up on a couple of the questions—and we've seen the President on TV trying to apologize to the American people for this disaster, and he said the administration announced this week that the best and brightest are coming in to fix healthcare.gov, but they won't say who they are. So, Ms. Campbell, who are these best and brightest that are coming in to fix this Web site?

Ms. CAMPBELL. So first of all, CGI has some of the best and brightest, so I just want to make sure that that's on the record. We make sure that we hire—

Mr. GARDNER. Ms. Campbell, who are the best and brightest that have been invited by the White House to fix this problem?

Ms. CAMPBELL. I don't have individuals by name.

Mr. GARDNER. What companies are they? Who built the Web site? You built the Web site, correct? You built the Web site?

Ms. CAMPBELL. We built the application.

Mr. GARDNER. So who is coming in to fix the Web site now?

Ms. CAMPBELL. So advisers, not—

Mr. GARDNER. Who are the advisers?

Ms. CAMPBELL. I don't have names.

Mr. GARRETT. Where are they from? Who do they work for?

Ms. CAMPBELL. They have small businesses on their own.

Mr. GARDNER. So this decision was announced early in the week, and you don't know who the best and brightest are who are coming to fix this mess.

Ms. CAMPBELL. I don't have them by name, sir.

Mr. GARDNER. Well, who are they by company?

Ms. CAMPBELL. I will get back to you with names.

Mr. GORDON. Could you get back to me by tomorrow?

Ms. CAMPBELL. I will do my best.

Mr. GARDNER. So the President of the United States has said that these are the best and the brightest, and you don't know what organization? Are they being paid?

Ms. CAMPBELL. Sir, give me an opportunity to get back to you with that information.

Mr. GARDNER. But you don't know whether they are being paid.

Ms. CAMPBELL. If they're there as a support person to CGI, they would be paid under our contract.

Mr. GARDNER. Well, if they're there as a support person for CGI, I assume you know who they are.

Ms. CAMPBELL. Sir, I don't have them by name. I just don't have—

Mr. GARDNER. QSSI, do you know who these best and brightest are that are coming in to fix this mess?

Mr. SLAVITT. No.

Mr. GARDNER. So are you still consulting with CMS on this?

Mr. SLAVITT. I'm just not familiar with this situation.

Mr. GARDNER. Ms. Campbell, with the President, you're still consulting, you're still in charge. Are you the systems integrator still, or is CMS?

Ms. CAMPBELL. Sir, we have never been the systems integrator, and we are not the systems integrator.

Mr. GARDNER. So who is in charge as systems integrator?

Ms. CAMPBELL. CMS is responsible for end-to-end.

Mr. GARDNER. OK. So they're responsible for end-to-end, and that brings me to another question. To Mr. Scalise you had said that CMS asked you to turn off browsing 2 weeks before October 1st. Does that mean that you originally built a browsable Web site?

Ms. CAMPBELL. That is correct.

Mr. GARDNER. Why can't you just turn that on?

Ms. CAMPBELL. One, we've not been asked to turn it on. Now the system has gone live, it's not—well, we can turn on it on—

Mr. GARDNER. So the taxpayers paid for this—

Ms. CAMPBELL. It would have to be tested and make sure that now it's in a live environment—

Mr. GARDNER. Tested just like the other Web site wasn't tested?

Ms. CAMPBELL. I wouldn't say that it wasn't tested, sir.

Mr. GARDNER. No end-to-end testing.

Ms. CAMPBELL. I didn't say that there was no end-to-end testing. I said CGI didn't do end-to-end testing.

Mr. GARDNER. Inadequate end-to-end testing.

So the taxpayers paid then for a browsable Web site; is that correct?

Ms. CAMPBELL. Yes.

Mr. GARDNER. Why can't you turn that on?

Ms. CAMPBELL. If given the instructions by CMS, we would be more than happy to turn it on.

Mr. GARDNER. Why is CMS—do you know what the cost of that was?

Ms. CAMPBELL. I can't tell you the exact cost of that particular component. It's part of the larger system.

Mr. GARDNER. Can you get back to us as soon as possible the cost of the browsable Web site that was built that is no longer in use or not being used and was asked to be turned off?

Ms. CAMPBELL. Sir, we were under contract to provide an application that happens to be one of the features of that application. We did not price it out as one particular component by itself.

Mr. GARDNER. Well, it's clear to me the reason why 2 weeks before October 1st happened, this browsable Web site was turned off to hide the cost, the true cost, that the American people are paying, because if it was a browsable Web site that we built, the taxpayers paid for, those real costs, the true costs, the upfront costs would be visible to the American people.

CMS made a determination, a decision, that they would turn off 2 weeks before October 1st the browsable Web site to hide the real cost of Obamacare from the American people.

With that, Mr. Chairman, I yield back my time.

Mr. UPTON. The gentleman yields back.

Mr. Kinzinger.

Mr. KINZINGER. Thank you, Mr. Chairman, and again, thank you all for being here. It's a long day, I know, but we appreciate your being present.

I want to kind of narrow in on another issue that hasn't really been too much discussed, and that's the Web site that's sending insurers bad information: multiple enrollments, cancelations for the person, and forms containing gibberish that are showing up at the insurance side of it.

This could continue to be a problem even if functionality and other areas of the Web site improve. In fact, it could become a larger problem because now so few applicants are actually getting to the insurers that they're able to be reviewed individually. Taking this to scale might cause significant problems once people en masse start signing up.

I'll ask you, Ms. Campbell, most news reporting is focused on front-end problems with the Federal exchange. I would like to ask a few questions about some troubling reports that I'm hearing. We hear there could be even bigger issues at the end of the system, at the end processes of the system. Both the Washington Post and the Wall Street Journal have reported that insurers are receiving error-ridden 834s, and from what I understand, an 834 is essentially an electronic transmission form that lets insurers know who signed up for their product on healthcare.gov. So reports indicate that one insurer got an 834 with three spouses listed on it.

Have you identified the specific problem and how widespread is it, what's causing it.

Ms. CAMPBELL. So thank you for that question.

We have uncovered a number of those scenarios, not significant, but a number of those scenarios, and we are in the process of making corrections. Most of them are isolated; they are not across the board for all insurers. So we are working in solving those as they come to our attention.

Mr. KINZINGER. So you're saying they're not very widespread; it's an occasional thing basically?

Ms. CAMPBELL. It is more isolated than widespread.

Mr. KINZINGER. And specifically what steps have you taken to address that?

Ms. CAMPBELL. So it's part of our normal defect build process. So when that issue comes into the—what they call it, the contact center, we get a trouble ticket. We look at—the CMS determines the prioritization of that trouble ticket, and then we work based on those priorities with CMS, and then we change—implement our code changes and then update the system through testing and so forth—

Mr. KINZINGER. So are you taking steps to guarantee—here's a concern. Let's say somebody enrolls in December, thinks they're enrolled. Maybe the trouble ticket happened or the 834 or something got messed up, and so on January 1st they wake up and find out they actually did not enroll when, in fact, they thought they did. Is that a concern you have that may be addressed in trying to rectify this problem?

Ms. CAMPBELL. We're tracking when someone enrolls that there is—that actually enrolls, that there is a direct correlation to making sure that there is an 834 attached to that particular transaction to try and mitigate those things from happening.

Mr. KINZINGER. OK. Some industry analysts are saying that healthcare.gov's other problems have disguised the issue. If applicants were being able to sign up easily, but the 834 forms were coming in with this many errors, the results could potentially be disastrous.

And just to drill down a little bit more, reports indicate that dependents are being incorrectly coded as spouses. Have you identified that specific problem as part of the overall issue?

Ms. CAMPBELL. That one I've not heard. It doesn't mean it's not in our queue, but it's not one that I'm aware of directly.

Mr. KINZINGER. And would you be able to—I know you have a lot on your plate. I would ask if you could provide to the committee by 9 a.m. Tomorrow the categories of problems with the 834s because that's something that we're very interested in.

Ms. CAMPBELL. If I'm able to provide that information, I will do so.

Mr. KINZINGER. You wouldn't be able to provide that eventually, ma'am?

Ms. CAMPBELL. I said if I'm able to provide that information, I will.

Mr. UPTON. I promise you the hearing will be over by then.

Ms. CAMPBELL. Thank you.

Mr. KINZINGER. With that, I thank you.

I have a minute left. I'm going to yield to the gentleman from Ohio for a minute, Mr. Johnson.

Mr. JOHNSON. I thank the gentleman for yielding, and this will give me a chance to sort of set the stage a little bit. I hold both a bachelor's and a master's degree in computer science, and I've worked for over 30 years in the IT industry, and I've implemented large-scale systems like this both within the military, within the Department of Defense, some of those systems globally. Some of them affected national security. Some of them held the success and failure of multibillion-dollar companies in the balance. So I speak your language, and I've been where you are, sitting trying to figure out what went terribly wrong in an implementation that has cost the American taxpayers over \$400 million, and the cost is continuing to rise.

These are more than glitches. They can't be fixed. I'm going to explain why I believe they can't be fixed when I get back. It can be replaced at another large cost to the American taxpayer, but they can't be fixed. I'll explain that when I get back.

Mr. Chairman, I yield back.

Mr. KINZINGER. I yield back.

Mr. UPTON. Mr. Griffith.

Mr. GRIFFITH. Mr. Chairman, thank you so much.

Ms. Campbell, can you tell me who made the decision that everybody from 27 to 49 when they go into the Web site would receive a price based on the 27-year-old's price?

Ms. CAMPBELL. I don't have that information.

Mr. GRIFFITH. And likewise the same would be true for the person who is from 50 up would receive the 50-year-old price. You don't have that information either?

Ms. CAMPBELL. I do not, sir.

Mr. GRIFFITH. Was that somebody at CMS?

Ms. CAMPBELL. I would have to believe so.

Mr. GRIFFITH. OK. And can you also tell me in regards to the changes that were required not to have the browsers so that people could browse and find out what was going on, that change that came in 2 weeks before so that people couldn't just browse and take a look at it, that appears to me just to have been a political change. And I know you can't make that statement, but let me ask you this: When that request came in from CMS, did you tell them that that was going to cause difficulties with getting this exchange or getting this Web site launched by October 1?

Ms. CAMPBELL. So, you know, for us it's really a flag in our system, and so we just turned the flag on or turned it off for that particular component—

Mr. GRIFFITH. So you didn't think that was going to cause any problems with the system?

Ms. CAMPBELL. That's correct.

Mr. GRIFFITH. OK. And, Mr. Slavitt, if I read your testimony, it says that you reported that you all did some testing, and you reported back to CMS and the relevant contractor who was responsible for fixing the problems that you found. When did you finish that testing?

Mr. SLAVITT. We would do the testing whenever the code was made available to us.

Mr. GRIFFITH. OK. When was the last that you did testing and then notified CMS and the relevant contractor that there were coding errors or necessary changes that needed to be made?

Mr. SLAVITT. I believe that was all the way up towards the very end.

Mr. GRIFFITH. OK. And do you know who you were working with on that?

Mr. SLAVITT. I don't.

Mr. GRIFFITH. And can you find out for us?

Mr. SLAVITT. We'll get right back to you.

Mr. GRIFFITH. If you can get that to us, I'd appreciate it.

And did you alert folks that if these problems weren't fixed, there would be problems? Did you alert CMS there would be problems with their Web site if they didn't get this fixed?

Mr. SLAVITT. We alerted CMS to the results of the test.

Mr. GRIFFITH. And, Ms. Campbell, do you know who told you all to turn off the browsing option?

Ms. CAMPBELL. I believe it was Henry Chao and members of his team.

Mr. GRIFFITH. OK. And did they give you any reasons for not making that option live, or am I correct—or am I fair, at least, to assume that it was a political decision?

Ms. CAMPBELL. I can't answer whether it was political or otherwise.

Mr. GRIFFITH. So you were not given any reason other than that?

Ms. CAMPBELL. I was not given a reason.

Mr. GRIFFITH. All right. And—OK. And I appreciate that very much.

Thank you very much. I'm going to yield the remainder of my time to my friend and colleague from Ohio, Mr. Johnson.

Mr. JOHNSON. I thank the gentleman for yielding. Let me continue. Here is why I believe this can't be fixed, it has got to be replaced. This, from what I have seen, based on my experience, this is indicative of failure somewhere along the line to employ the disciplined processes, methodologies, standards to deliver a system of this complexity. In layman's terms, so the American people can understand how complicated this is, this might help a little bit. You know, you can't recook eggs. You go into a restaurant and you order two eggs over medium and the server brings you out two eggs scrambled, you got two choices. You either eat the eggs that you got, which means you don't get what you ordered, or you send them back and the restaurant owner eats the cost of replacing those eggs. Somebody loses.

In this case, it's the American people that are losing because what we have here is either the development team, of which you folks are a part, did not follow a disciplined methodology, and therefore you didn't see the red flags that were coming up, which calls into question your capabilities and qualifications, or you didn't notify anybody in CMS, as Ms. Campbell has stated, when you saw the red flags coming up, which calls into question your judgment.

The only other possibility is that CMS ignored your recommendations and moved forward with implementing a flawed system. Folks, the eyes of the Nation are watching and listening to what's being said here today. Some of you are publicly traded companies. I suspect every government agency and every commercial company that you would do business with is watching what you say. I suspect your shareholders and stock analysts are also watching it, what you say, because they're going to try to determine: is it your capabilities and qualifications that are at fault? Is it your judgment that's at fault? Or did CMS ignore your recommendations? And that's what we've got to get to the bottom of. And with that, I will yield back my time. My friend yielded, and hopefully I am coming back.

Mr. UPTON. The gentleman is next in the queue. So you have got another 5 minutes.

Mr. JOHNSON. All right. Well, thank you. Mr. Slavitt, you stated in your testimony that, and if I read this correctly, your performance is based on trusted data sources. Correct? For the hub?

Mr. SLAVITT. The data services hub, correct.

Mr. JOHNSON. Is based on trusted data sources. You assume that that data is trustworthy, correct? Well, Ms. Campbell, in her testimony, stated that, and if I go back to it, let me get back to it here, that as performance—

Mr. WAXMAN. The gentleman didn't let him answer.

Mr. JOHNSON. I didn't ask a question yet. This is my time. I have haven't asked a question. But when I do, I will let you know.

Mr. WAXMAN. I heard it.

Mr. JOHNSON. When Ms. Campbell testified that when performance issues like slow response times and data assurance issues arose, they would be addressed through fine-tuning and optimiza-

tion. So were you aware that data assurance issues were present? Did anybody tell you about that? Did CGI tell you there were problems with data assurance issues?

Mr. SLAVITT. I am not sure what was intended by that statement.

Mr. JOHNSON. So CGI did not tell you that there were data assurance issues?

Mr. SLAVITT. If there are issues made aware to our team, our team addresses them discretely and promptly.

Mr. JOHNSON. OK. Ms. Campbell, did you tell the independent tester that there were data assurance issues that you were aware of?

Ms. CAMPBELL. To make sure we have it in context, when testing occurs, right, which QSSI—

Mr. JOHNSON. I know how testing occurs. It's a very simple question. Did your company tell them that there were data assurance.

Ms. CAMPBELL. I think you are taking it out of context. Now that the system has gone live, just as one of the gentleman commented on some of the errors that we are seeing on the 834s, we are now making those corrections.

Mr. JOHNSON. Are you the PM for the contract for your company?

Ms. CAMPBELL. I am not the project manager.

Mr. JOHNSON. So you do not interface directly every day with CMS, correct? On a daily basis, as the program manager for your company?

Ms. CAMPBELL. That is correct, I am not the program manager.

Mr. JOHNSON. OK. Your contract required you to deliver, your company to deliver, a risk management plan. Have you delivered the risk management plan?

Ms. CAMPBELL. We have.

Mr. JOHNSON. Can you provide a copy of it to this committee?

Ms. CAMPBELL. With permission from CMS, yes, we can.

Mr. JOHNSON. OK. Well, we will certainly be asking CMS for that as well. The contract also required that you recommend standards and industry best practices and key performance indicators. Now, you have testified earlier that you didn't make any recommendations to CMS about the performance of the system. That it was totally CMS that made these decisions. But yet the contract requires that you recommend standards and key performance indicators to make sure that everything works right. Did you just decide not to do that or what?

Ms. CAMPBELL. So once again, for our portion of the system, we provided that information.

Mr. JOHNSON. That's not what your contract says. Were you aware that you were supposed to be performing under the CMS's exchange lifecycle management?

Ms. CAMPBELL. And we do.

Mr. JOHNSON. OK. You do. And tell me about the pre-operational readiness review and what it requires?

Ms. CAMPBELL. So I would have to give you—I wouldn't want to go into detail here.

Mr. JOHNSON. OK. Well, let me go into detail for you. Here are some of the things that the pre-operational readiness review requires. Integration testing results. End-to-end testing results. Now,

you have testified that CMS was responsible for end-to-end, but clearly, your contract requires you to provide to them end-to-end and integration testing results. Test summary reports. An LOE estimate to achieve the operational readiness review. In other words, an estimate of what it was going to take to fix those things that were found at the pre-operational readiness review. Do you know when the pre-operational readiness review was supposed to be conducted?

Ms. CAMPBELL. So to be clear—

Mr. JOHNSON. No, when was the pre-operational readiness review supposed to be conducted?

Ms. CAMPBELL. As part of our system and—

Mr. JOHNSON. When was the pre-operational readiness review supposed to be conducted? It's in your contract. Let me help you. It was Q4 of 2012. The operational readiness review, which also included a letter of estimate to support operations and maintenance, was supposed to be conducted in Q1 of 2013. Mr. Slavitt, did you participate in any of these reviews, the operational readiness review or the pre-operational readiness review?

Mr. SLAVITT. Are you asking if I personally? No, I did not.

Mr. JOHNSON. You did not. Did your company?

Mr. SLAVITT. Our company participated in all the necessary reviews we committed to.

Mr. JOHNSON. You said earlier that you were an independent tester. How can you be an independent tester when you are an integral developer of part of the system? How does that qualify you as independent?

Mr. SLAVITT. We independently test code developed by other contractors.

Mr. JOHNSON. OK. But other contractors that are interfacing with you?

Mr. SLAVITT. Other contractors on the project.

Mr. JOHNSON. Were either of those—

Mr. WAXMAN. Regular order, Mr. Chairman.

Mr. UPTON. The gentleman's time has expired.

Mr. JOHNSON. Thank you, Mr. Chairman.

Mr. UPTON. The gentleman from West Virginia, Mr. McKinley.

Mr. MCKINLEY. Thank you, Mr. Chairman. Several questions here if I could, maybe, the two of you, Ms. Campbell, Mr. Slavitt.

Can you explain to me first, Ms. Campbell, you said that—in your testimony some 3½ hours ago, that the system works but not at an acceptable pace. Is the pace specified in the contract?

Ms. CAMPBELL. It is not specified in the contract.

Mr. MCKINLEY. So do you feel that you fulfilled your contractual obligations by October 1st?

Ms. CAMPBELL. Absolutely.

Mr. MCKINLEY. And do you believe that next week Secretary Sebelius will concur that you have fulfilled your contractual obligations?

Ms. CAMPBELL. I certainly hope she does.

Mr. MCKINLEY. Do you think she will?

Ms. CAMPBELL. I think she will.

Mr. MCKINLEY. OK. Do you know whether or not—are you familiar with, either one of you, IV&V or V&V?

Ms. CAMPBELL. Independent validation and verification, yes.

Mr. MCKINLEY. And verification, yes. Do you know whether or not that was used in this process? This engineering development?

Ms. CAMPBELL. I do not recall there being an IV&V contractor.

Mr. MCKINLEY. OK. How about with you, Mr. Slavitt?

Mr. SLAVITT. I don't know.

Mr. MCKINLEY. OK. Do you think it would have been justified? In retrospect. That's in retrospect.

Ms. CAMPBELL. At the start of the program, it probably—it could not have hurt.

Mr. MCKINLEY. OK. Do you have the developmental artifacts that would confirm your engineering solution that you developed in developing your software?

Ms. CAMPBELL. Yes, we do.

Mr. MCKINLEY. Is that—do you know contractually whether or not that will be available for an independent agency to review?

Ms. CAMPBELL. I would have to get—that would have to go through CMS contracts organization for approval.

Mr. MCKINLEY. OK. Go back to the question, how long did you have to test the site, or in the specifications did they tell you 2 weeks is all—that's all you have to have? I come from the construction industry that is very specific about when you have to have substantial completion of a project. Was there anything like that in this that said you must begin testing just 2 weeks before it's launched?

Ms. CAMPBELL. No. There were none of those specifications were in our original contract.

Mr. MCKINLEY. OK. But I also heard there were change orders.

Ms. CAMPBELL. Correct.

Mr. MCKINLEY. Was there ever a change that said you shall begin testing 2 weeks prior?

Ms. CAMPBELL. No. And once again, testing was not our ultimate responsibility. Testing of our code, make sure I am clear, testing of our code, our responsibility. But then it went through the CMS process for testing, independent testing done by QSSI. Then CMS doing the integrated end-to-end testing.

Mr. MCKINLEY. If you feel that you achieved your objectives by October 1st, can you tell me whether or not there were anything about liquidated damages if there are problems associated after October 1st that have to be corrected? Are there liquidated damages as part of your contract?

Ms. CAMPBELL. You know, I would have to get back to you on that. I don't recall. If it's a standard FAR clause, then it could very well be there as a standard FAR clause. I just don't know for sure. But being a cost-plus type contract, you know, now I am stretching because I don't know for sure.

Mr. MCKINLEY. I didn't think, and again I have not had a chance to complete the review of it, but I thought it was a performance-based with plus cost for incidental expenses. I didn't read it as being a cost-plus based contract. Are you saying it's a cost-plus, not a performance-based contract?

Ms. CAMPBELL. I believe it's a cost-plus contract. Cost plus fee type contract.

Mr. MCKINLEY. Cost plus fee.

Ms. CAMPBELL. That's what I believe. But I will get confirmation.

Mr. MCKINLEY. Could you get back at that magic 9 o'clock hour tomorrow, if you could? The one thing, just in closing, I tell you I am a little surprised by the whole panel. You have heard all the disappointment, both sides of the aisle here, over this thing not being satisfactory at this point. I haven't heard one of you apologize to the American public on behalf of your companies for problems that were associated with not having this thing ready. Are apologies not in order?

Ms. CAMPBELL. So in my opening statement I said that CGI, as well as myself, acknowledge, we acknowledge—

Mr. MCKINLEY. I am sorry. I am sorry that we—we tried, but there were changes made, we tried. I have not heard the word, I am sorry. I know men have a hard time saying that. But the whole panel, I haven't heard anyone say—look, as a contractor, when we didn't finish a project on time, we had to go to the owner and apologize and explain what happened. We're not ready here. And I don't understand why there is not an apology to the American public. We're sorry that there were glitches. It was a very complicated project, as you said. But I apologize. I haven't heard that from any one of the four of you.

Mr. UPTON. The gentleman's time has expired.

Mr. WAXMAN. Can we get an apology for shutting down the government because people didn't like the health care bill?

Mr. UPTON. The chair will recognize the gentlelady from North Carolina, Mrs. Ellmers.

Mrs. ELLMERS. Thank you, Mr. Chairman. And thank you to our panel. This has been a long process. And I do appreciate you coming and meeting with the entire committee today. And what I am learning from this situation is I do believe that you all did your best to get this process in order. And I am hearing repeatedly and repeatedly that this—the bottom line here is CMS is responsible for this failure. And I just, on behalf of your companies, you have the opportunity to throw them right under the bus as far as I am concerned. And we will get that information, I am sure. Ms. Campbell, I need to know, the American people need to know how many people are enrolled, how many individuals are now enrolled in health care coverage from the Web site?

Ms. CAMPBELL. So I am not able to provide that information.

Mrs. ELLMERS. You are not able or you do not have that information?

Ms. CAMPBELL. I don't have it, I don't have it with me, and I would have to have approval from CMS to be able to provide that information.

Mrs. ELLMERS. OK. Now to that point, I am going to ask you to please submit that by 9 a.m. tomorrow. But I do want to point something out. And I understand where you are coming from. I know you have a contract. I know CGI has a contract. All of you have had a contract with CMS. But you have to understand, CMS is a government agency. We oversee CMS. And CMS is the American people. So when we are talking about contracts here, that's really who we're talking about. We are talking about the American people. CMS is not a private company somewhere in the United States. They represent the American people. And we've got to get

to the bottom of these issues. So, yes, we do need those numbers by 9 a.m. tomorrow. Mr. Lau, on that, how many paper applications have been completed up to this time?

Mr. LAU. Somewhere between 3,000 and 4,000.

Mrs. ELLMERS. Three and 4,000.

Mr. LAU. Yes.

Mrs. ELLMERS. OK. Now, to that point, now, the President on Monday in the Rose Garden gave a speech. And because of the glitches—I call them gaffes. They are much bigger than glitches, I believe. Glitches are little hiccups, and these are much more than hiccups. He referred to the 1-800 number and urged the American people to call the call center and to go through, you know, the hard copy process, essentially, or the paper process. To that point, now, Ms. Campbell, do you know that process? What happens if someone calls the 1-800 number? Where do they go? Where are they directed? And how does that process lay out? And I know you have to be brief because I do only have 2 minutes.

Ms. CAMPBELL. Right. Actually, it's a question that goes to Serco.

Mrs. ELLMERS. OK. That's fine. So you, to the best of your knowledge, you would not have knowledge of that at this point?

Ms. CAMPBELL. No, not—

Mrs. ELLMERS. Once it becomes a paper or a hard copy.

Ms. CAMPBELL. Correct.

Mrs. ELLMERS. Mr. Lau, what is the process?

Mr. LAU. For paper?

Mrs. ELLMERS. If someone calls the 1-800 number and they—

Mr. LAU. We don't call the operate the call center. Someone else.

Mrs. ELLMERS. OK.

Mr. LAU. The call center people, as I understand it, directly key enter the application to the extent people are willing to give that over the phone.

Mrs. ELLMERS. Where do they go from there? Are they going to the same portal system?

Mr. LAU. Correct.

Mrs. ELLMERS. So they are going to the same portal system, the same failed portal system.

Mr. LAU. It's the same portal system, yes.

Mrs. ELLMERS. It is. So what would be the average time then? And now I know you had mentioned about 3,000 applications being completed up to this point. So there are individuals, my understanding would be, that have gone onto that site, and they are still waiting to find out if they have been accepted or any further information. Is that correct?

Mr. LAU. To which site?

Mrs. ELLMERS. Well, if someone called and there was a paper application processed or started, initiated.

Mr. LAU. Right. I only know roughly how it works. I am not familiar with the data on that. We don't really—

Mrs. ELLMERS. OK.

Mr. LAU [continuing]. Connect.

Mrs. ELLMERS. But to the best of your knowledge, because the portal system, which is the same portal system that this entire process goes through, and because it is experiencing the failures

that it is, those individuals would, to your best assumption, would be continued to be waiting.

Mr. LAU. I am not certain about that, because once they are entered into the system, then it's system processes that determine the length of time before which they would hear back.

Mrs. ELLMERS. But we can assume that since only 3,000 have been processed fully that it's a minimal number when you think about the trends.

Mr. LAU. From the paper side that's exactly right.

Mrs. ELLMERS. Thank you. And Ms. Campbell, I just want to touch on one last thing. I know you had said that you had gone through the process. Did you actually complete—when you went through the process yourself individually, did you complete it?

Ms. CAMPBELL. I did not. I am not signing up for insurance. My company provides insurance.

Mrs. ELLMERS. But when you tested it yourself, I mean, my understanding is earlier you had said that you had actually tried it through the Virginia system, went to the Web site, and that you did or you did not complete it?

Ms. CAMPBELL. I did not complete the application.

Mrs. ELLMERS. You did not. OK. Thank you. Thank you. And I yield back the remainder of my time. Thank you.

Mr. UPTON. The gentleman from Louisiana, Mr. Cassidy, is recognized.

Mr. CASSIDY. Good news, I am the last one. A couple things, and I will go quickly. I will ask you to speak quickly as well. I only have 5 minutes. This has come up, a little bit repetitious, but to date, what have each of you been paid and what do you anticipate being paid further? It comes to mind, Ms. Campbell, you mentioned it is a cost-plus contract. So to date and anticipated future payments, what are they, please?

Ms. CAMPBELL. So to date, \$112 million. And for the year, I believe \$196 million. For this phase of our contract.

Mr. CASSIDY. And then going forward, do you have any concept?

Ms. CAMPBELL. The total TCV, the total contract value, with option years and everything exercised, would be \$293 million.

Mr. CASSIDY. The \$196 million is total and includes the 112, it is not in addition to the 112?

Ms. CAMPBELL. It is part of the 112, the 196.

Mr. CASSIDY. It includes the 112?

Ms. CAMPBELL. Yes.

Mr. CASSIDY. Yes, sir, Mr. Slavitt?

Mr. SLAVITT. To date our services subcontract has been funded to about just under \$85 million. That includes all the hardware and the software.

Mr. CASSIDY. That's OK. And then how much do you anticipate going forward?

Mr. SLAVITT. I don't believe that amount has been fully paid. I think that's what's been funded. I would point out that we have contracts for work we do—

Mr. CASSIDY. I have just got a minute, man, I am sorry. Ms. Spellecy.

Mr. SPELLECY. To date we have received less than \$2 million. And what we will be paid in the future depends on the transactions that we receive from the hub.

Mr. LAU. The first year contract, with modifications, is \$200 million. To date, we have probably received about \$30 million.

Mr. CASSIDY. OK. Next, Ms. Campbell, in your previous testimony here today, you said you are not responsible for the front door. Here is your testimony from September the 10th. You said your scope of activity was architecting and developing an FFM. And then later just immediately afterward you said the FFM will serve as the front door. I am not quite sure why today it's not a front door but on the 10th it was.

Ms. CAMPBELL. I know. It's a matter of interpretation. When we first—we were trying to give a way to explain what our role would be. It's really the face of the application. As I said, it's the front of the house. But the front door of the house is where EIDM would take over.

Mr. CASSIDY. And that's Mr. Slavitt.

Ms. CAMPBELL. That's correct.

Mr. CASSIDY. OK. Now also in your previous testimony I asked you, I asked you, Spanish was going to be part of the rollout and implementation. I asked if it's ready. And would it be a seamless experience for a primary Spanish speaker. You said for the online application, yes. There is reports today that the Spanish language Web sites are not up. And it's unclear as to when they will come up. Is that because the Web sites are not ready or because the administration has chosen not to take them online?

Ms. CAMPBELL. CMS directs which components go live and when.

Mr. CASSIDY. So is the Spanish language Web site ready? And if it were up, would it be functional?

Ms. CAMPBELL. It would be.

Mr. CASSIDY. OK. So it's the CMS decision not to begin it?

Ms. CAMPBELL. That's correct.

Mr. CASSIDY. Mr. Slavitt, I gather you are the front door now. Would it be—Mr. Shimkus asked why is someone who is 49 years old being quoted a rate for someone who is 27? And why is someone who is 64 being quoted a rate for someone who is 50? Clearly misleading. So incredibly misleading. I am a doctor, so I understand the difference in health care costs for the two. Would it be technologically difficult to ask users their date of birth to generate a more accurate estimate?

Mr. SLAVITT. So I am not sure that I even understand the phrase front door in this context. The user questions are not part of the EIDM tool.

Mr. CASSIDY. So if you put in the DOB, the date of birth, is that technologically difficult to link that date of birth with actually what it would cost for a 50-year old gentleman as opposed to giving him the rates for a 27-year old person?

Mr. SLAVITT. That aspect of the site is not part of the EIDM tool, so I wouldn't know the answer.

Mr. CASSIDY. Is it part of your site, Ms. Campbell?

Ms. CAMPBELL. It is. It is part of my site.

Mr. CASSIDY. Would it be technologically difficult to actually more accurately give what a quote would be?

Ms. CAMPBELL. It would not be difficult to add date of birth.

Mr. CASSIDY. And then to connect that with an actual rate as opposed to a disingenuous rate.

Ms. CAMPBELL. So it would give a better accounting. It would not give a complete accounting.

Mr. CASSIDY. But a much better accounting. Big difference between 50 years old and 27 years old.

Ms. CAMPBELL. I totally agree with you.

Mr. CASSIDY. OK. Now, everybody on this panel, at least the ones that were here on the 10th, just swore this was all going to be ready, and yet now it appears that the administration had some idea that it was not going to be ready prior to its opening date.

Let me ask, when the questions, when the problems became apparent did the administration impose any pressure in any form for you not to be forthcoming regarding the magnitude of the problems?

Ms. CAMPBELL. No.

Mr. SLAVITT. No.

Mr. CASSIDY. So even though you had pointed out to them, Mr. Slavitt, this might not be ready for prime time, and you just saw this kind of train wreck happening on the 1st, they never pushed back on you regarding that.

Mr. SLAVITT. We shared all of the results of the testing that we did, so they were fully aware of those tests.

Mr. CASSIDY. I yield back. Thank you.

Mr. UPTON. Thank you. Thank you, panel. I would just, for the record, like to note, particularly for CGI and QSSI, the committee did send letters to both of your companies on October 6th asking for information about healthcare.gov's problems. And that deadline for the letter response was October 23rd.

So members I know have asked a number of follow-up questions. I understand it may not be at 9 o'clock tomorrow, but if you could get that done as quickly as possible, particularly in light knowing that we have Secretary Sebelius agreeing to testify next week. We would like to have that information in hand so that we could be prepared for that. I appreciate your testimony, and you are now excused.

[Whereupon, at 1:32 p.m., the committee was adjourned.]

[Material submitted for inclusion in the record follows:]

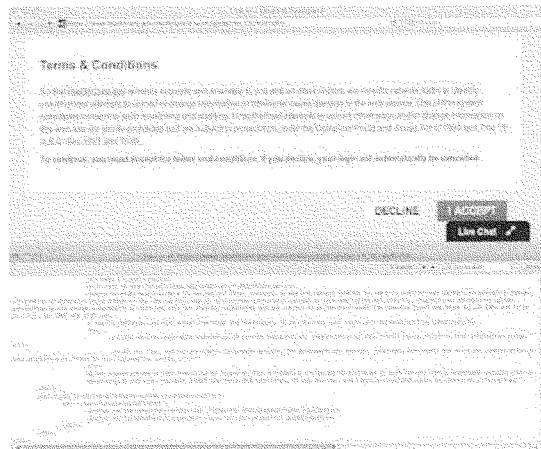
The Weekly Standard

Obamacare Website Source Code: 'No Reasonable Expectation of Privacy'

12:29 PM, OCT 14, 2013 • BY JERYL BIER

The launch of federal government's Obamacare insurance exchange, Healthcare.gov, has been plagued with delays, errors, and poor website design, even prompting *USA Today* to call it an "inexcusable mess" and a "nightmare". Now comes another example of why the website's reputation is in tatters. Buried in the source code of Healthcare.gov is this sentence that could prove embarrassing: "You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system." Though not visible to users and obviously not intended as part of the terms and conditions, the language is nevertheless a part of the underlying code for the "Terms & Conditions" page on the site.

After creating an account on Healthcare.gov, users are asked to click an "I accept" button under some routine Terms & Conditions prohibiting unauthorized attempts to upload information or change the website. Once users click the button, they may proceed to shop for insurance and enter detailed personal information. However, when the Terms & Conditions page is visible, the hidden sentence mentioned above along with several others can be seen by using a web browser's "View Source" feature. A screen grab below shows the visible Terms & Conditions page along with a simultaneous view of the code underlying it:



The full portion of the code which does *not* appear on the visible page displayed for users reads as follows:

You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system. At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system. Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose. [The sentence beginning "To continue" also appears again, but is only visible once on the page as displayed for users.]

It is unclear why these sentences appear in the code at all since they are not displayed, although the code may simply have been copied from another website that does use the full warning. In this case, the unwanted portion of the warning was rendered inert with HTML coding tags ("<!--" and "-->") usually used by programmers for inserting comments to explain the purpose of a section of code. However, the code can be rendered "live" again by simply removing those tags, in which case the full text would appear on the screen to users. However, it is unclear why the paragraph containing "no reasonable expectation of privacy" would ever have even been considered appropriate in this context.

The phrase "no reasonable expectation of privacy" is actually a stock phrase used in the terms and conditions of many government websites and information systems, but those who are entering personal, medical and financial information at Healthcare.gov may not find that fact reassuring. An email sent on Thursday, October 10, requesting comment from Department of Health and Human Services, the agency responsible for the website, has not yet been returned.

FRED UPTON, MICHIGAN
CHAIRMAN

HENRY A. WAXMAN, CALIFORNIA
RANKING MEMBER

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November 18, 2013

Ms. Cheryl Campbell
Senior Vice President
CGI Federal
12601 Fair Lakes Circle
Fairfax, VA 22033

Dear Ms. Campbell:

Thank you for appearing before the Committee on Energy and Commerce on Thursday, October 24, 2013, to testify at the hearing entitled "PPACA Implementation Failures: Didn't Know or Didn't Disclose?"

Pursuant to the Rules of the Committee on Energy and Commerce, the hearing record remains open to permit Members to submit additional questions for the record, which are attached. The format of your responses to these questions should be as follows: (1) the name of the Member whose question you are addressing, (2) the complete text of the question you are addressing in bold, and (3) your answer to that question in plain text.

Also attached are Member requests made during the hearing. The format of your responses to these requests should follow the same format as your responses to the additional questions for the record.

To facilitate the printing of the hearing record, please respond to these questions and requests by the close of business on Tuesday, December 3, 2013. Your responses should be e-mailed to the Legislative Clerk in Word format at Sydney.Harwick@mail.house.gov and mailed to Sydney Harwick, Legislative Clerk, Committee on Energy and Commerce, 2125 Rayburn House Office Building, Washington, D.C., 20515.

Thank you again for your time and effort preparing and delivering testimony before the Committee.

Sincerely,


Fred Upton
Chairman

cc: The Honorable Henry Waxman, Ranking Member

Attachments



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December 3, 2013

Robert L. Walker
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VIA E-MAIL

The Honorable Fred Upton, Chairman
Committee on Energy and Commerce
United States House of Representatives
2125 Rayburn House Office Building
Washington D.C. 20515-6115

Re: *Response of CGI Federal Inc. to Additional Questions for
the Record and Member Requests for the Record*

Dear Chairman Upton:

Attached please find CGI Federal Inc.'s Responses to the Additional Questions for
the Record and Member Requests for the Record set forth in the Committee's
November 18, 2013 letter addressed to Cheryl Campbell, CGI Federal Inc. Senior
Vice President. Please do not hesitate to contact me if you have any questions
about the Attachments.

Sincerely,

Robert L. Walker

Attachment 1 – CGI Federal Inc. Responses to Additional Questions for the Record
Attachment 2 – CGI Federal Inc. Responses to Member Requests for the Record

cc: The Honorable Henry Waxman
Ranking Member

Attachment 1 – CGI Federal Inc. Responses to Additional Questions for the Record

The Honorable Joseph R. Pitts

1. In 1303(b)(3)(A) the Affordable Care Act specifies that “A qualified health plan that provides for coverage of the services described in paragraph (I)(B)(i) [abortion in cases other than rape, incest, or to save the life of the mother], shall provide a notice to enrollees, only as part of the summary of benefits and coverage explanation, at the time of enrollment, of such coverage.” Please describe how the federally facilitated exchange website provides this abortion notice to enrollees.

As specified in the quoted passage of the Affordable Care Act, the law tasks qualified health plans with the responsibility for providing a notice of abortion coverage, but only as part of the summary of benefits and coverage explanation. Summaries of benefits and coverage explanations, which would include any notice to enrollees of the specified abortion coverage, are drafted by qualified health plans alone. The Federally Facilitated Marketplace (“FFM”) provides links to the issuer-created summaries of benefits and coverage explanations within the interfaces for consumers to compare and select qualified health plans.

2. For those Americans who have been able to create an account and view plans on the federally facilitated exchanges, it has become evident that it is very difficult to ascertain whether a plan includes abortion coverage.

- a. If a law were enacted to require that plans prominently display whether the plan includes abortion, how long would it take to make the necessary technical adjustments to comply?**
- b. If a law were enacted to require that plans that include elective abortion disclose and identify separately the cost of the abortion surcharge described in section 1303(2)(B)(i)(II) every time the price of the plan is displayed, how long would it take to make the necessary technical adjustments to comply?**

The extent of the technical work required to comply with any future law requiring a change in the display of coverage for abortion or requiring separate identification of the cost attributable to that coverage would depend on a number of factors, including, but not limited to: the way in which such a law were interpreted and implemented by the Department of Health and Human Services (“HHS”) and the Centers of Medicare & Medicaid Services (“CMS”) regulations; whether the implementation of the laws would require collection and verification of additional information from each plan issuer; the availability of CMS personnel to design and define the content to comply; and the availability of other resources to support the effort. Generally, CGI Federal believes that the technical aspects of the changes discussed in this question could be accomplished through a relatively short-term effort.

The Honorable Michael C. Burgess

1. We have heard that various companies, contractors, insurers, etc. had daily contact with CMS just prior to launch. What was your experience in this regard?

a. Would you say your contact with CMS should have started earlier? Or maybe more to the point, should your contracts been awarded earlier giving you more time to work on these issues?

b. Would you say that you were given tight or unrealistic deadlines in development?

c. We have also heard that “to address lists” of problems of various severity levels were created. Was that your experience?

i. Were you aware of identified issues still unresolved on October 1?

d. If the Administration had shared more information with you would you have been able to recognize that there was going to be a problem? Or did you say in fact, this is going to be a problem? If so to whom?

As noted in Ms. Campbell’s October 10, 2013 responses to earlier questions for the record from the Committee, CGI Federal’s project team has been in regular, if not daily, contact with both CMS and other stakeholders around all aspects of the FFM since the first day of contract performance. CGI Federal has worked collaboratively throughout the course of the contract with CMS and with the other relevant stakeholders on development and implementation of the FFM and HealthCare.gov.

With respect both to the unique, complex nature of the FFM and to the initial timeframe available for completion of the FFM, the FFM has been characterized as a five-year project compressed into two years. This short schedule combined with other factors (such as delays in the identification and finalization of requirements, changes in direction on the design and development of user interfaces, and the required use of database technology that had never previously been deployed in a similar consumer facing way, among others) directly influenced CGI Federal’s ability to meet the immovable October 1 “go live” date and resulted in constant re-prioritization of project tasks by CMS and severe compression of the timeframes available to complete those tasks. For these reasons, Ms. Campbell stated during her October 24 testimony that any additional time for development and testing would have been beneficial for a system as complicated as the FFM.

CGI Federal is not familiar with the term “to address lists;” however, prioritized lists of defects and issues of various severity levels analyzed and addressed by CGI Federal with CMS were created throughout the development of the FFM. Throughout performance of the FFM Task Order, CGI Federal advised CMS of concerns and risks it identified for the launch of this unique, complex system and endeavored with CMS to resolve or mitigate those risks and concerns to the extent possible. Although CGI Federal certainly was aware of identified issues with HealthCare.gov and the FFM component not yet resolved as of October 1, CGI Federal delivered a functional FFM as directed by CMS on the launch date and has continued since then, as planned and as expected with any application development and implementation project, to address outstanding issues in consultation with CMS.

2. When the website went live on October 1, did you feel you had submitted your best work?

- a. Where [sic] you confident things would work or were you waiving red flags?**
- b. Were you working up against an unrealistic deadline and told to hand in whatever work you had done?**

As Ms. Campbell testified on September 10, CGI Federal was optimistic that it would be able to deliver the functionality that CMS directed to enable qualified individuals to begin enrolling in coverage when the FFM went live on October 1. Throughout performance of the FFM Task Order, CGI Federal advised CMS of concerns and risks it identified for the launch of the unique and complex FFM application and tried, along with CMS, to resolve or mitigate those risks and concerns to the extent possible under the circumstances, including CMS' prioritization of critical, consumer-oriented functionality for launch. The FFM functioned at launch; clearly, however, performance issues surfaced and there remains work to be done. CGI Federal continues to resolve issues and develop new modules and functionality to fulfill CMS' objectives.

In further response to this question, CGI Federal references its response to Congressman Burgess' Question 1 above.

3. Based on what you know, how extensive are the problems with healthcare.gov?

- a. Will the entire system have to re-built? Or can small integrated fixes address the problems?**
- b. Is the November 30 deadline set by HHS to fix all of the issues realistic?**

As stated during Ms. Campbell's October 24 testimony, CGI Federal does not believe that it is necessary to re-build the FFM. Since October 1, CGI Federal has dedicated significant effort, in coordination with CMS and other stakeholders, to improving the FFM through optimization, tuning, and software releases to allow consumers to enroll at a faster pace and, overall, enjoy a smoother experience. As recently as December 1, 2013, CMS and Administration (*i.e.*, White House) officials have acknowledged publicly the significant improvements to the FFM since October 1 and CGI Federal has played a key role in delivering these system improvements.

Specifically, with respect to the improved performance, reliability, and stability of the FFM and HealthCare.gov as of November 30, the Administration's Jeffrey Zients told reporters on December 1: "[w]e have a much more stable system that's reliably open for business;" "HealthCare.gov can now support intended volumes." In addition, Secretary Sebelius wrote in a December 1 piece in *USA Today*:

[W]e've been working 24/7 to make improvements, and more consumers are successfully shopping online and enrolling in a health plan each week. As a result, today's user experience on HealthCare.gov is a dramatic improvement over where it was on Oct. 1. The site is running faster, it's responding quicker and it can handle larger amounts of traffic. Now, there will be exceptions, and (as with any website) we will continue to make improvements. But the system is now working smoothly for the vast majority of users.

Although the November 30 deadline has passed, CGI Federal remains dedicated to supporting the mission of continuing to further improve and optimize the performance, reliability, and stability of the FFM and HealthCare.gov.

4. While we have heard a lot about the front end problems—like creating an account—isn't it true we may not even know the depth of other problems that may come as consumers continue upstream?

a. What problems do you anticipate in the next few months as more users access the website and attempt to actually sign up for plans?

b. Are you in contact with CMS about any of your future concerns?

Since the October 1 launch, CGI Federal has implemented fixes to the FFM application to address issues made apparent by the increasing availability and capacity of HealthCare.gov and the associated expanded user base. CGI Federal is working side by side with CMS and CMS' new "enhanced testing and integration contractor" for HealthCare.gov, Quality Software Systems, Inc. ("QSSI"), to anticipate and address future concerns. As part of this collective effort, CGI Federal endeavors to identify proactively issues: (1) around system performance and responsiveness likely to occur as more and more users access HealthCare.gov—including the FFM—between today and the end of open enrollment and (2) related to bringing additional functionality online to serve enrollees, CMS, states, issuers, and other FFM stakeholders. With a system as unique and complex as FFM, unanticipated problems will arise; CGI Federal is dedicated to working as part of the CMS team to resolve issues and continue to further improve the FFM application.

The Honorable Leonard Lance

1. Briefly, would you please walk through a normal process for creating and testing these systems? Do you have an average timeframe for building and performing end-to-end testing of these systems? What timeframe were you given to create and produce this system? When were you awarded the contract and when did you begin building the system? In the three years between enactment and October 1, 2013, when did you win the contract and begin building? Do you feel you were allowed adequate time to test a system of this magnitude?

The FFM is a first-of-its-kind system unique to CMS that was required to be conceptualized, defined, developed, tested, and launched with extreme urgency against the immovable deadline of October 1, 2013. CMS awarded the FFM Task Order to CGI Federal on September 30, 2011, providing a two-year time period for requirements definition, creation, production, and testing of the FFM application. During this time period, CGI Federal adhered to the CMS-controlled process for creating and testing the FFM. As stated by Ms. Campbell during her October 24 testimony, for a system as complicated as the FFM, any additional time for development and testing would have been beneficial.

2. Who made the decision to put the plan and cost information deep in the site?

a. Over the past few years, the Administration has been touting healthcare.gov as an easy, one-stop shop similar to amazon.com. In your opinion, why would they prohibit individuals from anonymously browsing plans and options before entering sensitive, personal information?

The design and content of the FFM is driven and maintained by CMS based on its determination of a logical workflow. To CGI Federal's understanding, CMS' business logic was dependent on the inherently customized nature of healthcare plans and costs, which dictate that particular information be obtained from applicants and computed before appropriate plan options and accurate cost information can be displayed. CGI Federal is not aware of involvement by the Administration (*i.e.*, White House) in decisions related to anonymous browsing.

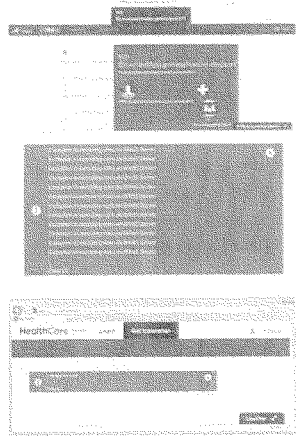
3. In your professional opinion, what do you believe the best course of action would be to fix this without hurting the consumers who have already signed up?

a. What would it take to scrap the site and start over? Please elaborate in terms of time, manpower, and cost to the taxpayer.

As stated during Ms. Campbell's October 24 testimony, CGI Federal does not believe that it is necessary to re-build the FFM. CGI Federal will continue to dedicate its resources, in coordination with CMS and other stakeholders, to improve continuously the FFM to allow consumers to enroll at a faster pace and, overall, enjoy a smoother experience. This "continuous improvement" approach for a complex system such as the FFM is an industry best practice. As recently as December 1, 2013, CMS and Administration (*i.e.*, White House) officials have acknowledged publicly the significant improvements to the FFM since October 1 and CGI Federal has played a key role in delivering these improvements. CGI Federal is dedicated to supporting the mission of improving the performance, reliability, and stability of the FFM and HealthCare.gov under its FFM Task Order.

The Honorable Bill Cassidy

1. In your testimony in front of the Committee on September 10, 2013, you stated in your written testimony that CGI was tasked to "design and develop a FFM (Federally-Facilitated Marketplace) that will perform the functions and business processes that CMS has identified in regulations and guidance issued pursuant to the PPACA". In addition, you stated that "[t]he FFM will serve as the 'front door' for consumers to fill out an online health insurance application, determine their eligibility for health insurance, and enroll in a qualified health plan. Yet, in your October 24th testimony, you stated that the enterprise identity management (EIDM) function, provided by another contractor, serves as the "front door" of the Federal Exchange. Most would consider whatever appears to the user when they go on the website to be the "front door" of the exchange. Is CGI responsible for creating the interface from healthcare.gov captured by the screen shots below? If so, please explain what caused the website to produce the interface.



CGI Federal is responsible for building the FFM application. These screen shots capture error pages produced by the FFM. However, it is not possible from the screen shots alone to explain what caused the errors displayed. Errors like the ones shown could be caused, for example, by: problems in CGI Federal's FFM application; the environment of servers hosted by another contractor; external databases that the FFM relies on for information; or integrations with other pieces of HealthCare.gov not supplied by CGI such as the Enterprise Identity Management System or the Data Services Hub.

The Honorable Gus Bilirakis

1. Did you or anyone in your company ever express to HHS or CMS that the website's launch should be delayed, or that the website might crash or have serious problems at launch?

CMS established October 1 as the launch date through regulation to coincide with the start of open enrollment. CGI Federal worked, and continues to work, at the direction of CMS. Throughout performance of the FFM Task Order, CGI Federal informed CMS of its concerns and the known risks associated with and mitigations for launching the FFM application on October 1, so that CMS, as the systems integrator, could assess FFM along with the other components of HealthCare.gov and determine the viability of the planned launch under the evolving circumstances.

Attachment 2 – CGI Federal Inc. Responses to Member Requests for the Record

During the hearing, Members asked you to provide information for the record. For your convenience, relevant excerpts from the hearing transcript regarding these requests are provided below.

The Honorable Marsha Blackburn

1. Would you please submit how much you have been paid to date? How much are you being paid on retainer or either to clear up?

As of November 27, 2013, CGI Federal has been paid \$112,003,175.09 under the FFM Task Order No. HHSM-500-T0012. As of the date of the last modification to the FFM Task Order (Modification 08), the fully funded value of the FFM Task Order's Base Period from September 30, 2011 through February 28, 2014 is \$197,516,424.85 (*see* Contract Line Item Number ("CLIN") 0001, which currently consists of approximately 61% labor and 39% hardware/software). The total FFM Task Order value, including three one-year Option Periods for Operations and Maintenance (*see* CLINs 0002, 0003, and 0004) and one 6-month Transition Out Option Period (*see* CLIN 0005), for potential performance through March 01, 2017 is \$293,550,376.65 (which currently consists of approximately 51% labor and 49% hardware/software). To be clear, CMS has yet to exercise any of these Option Periods. In addition to the FFM Task Order, CMS awarded CGI Federal approximately \$7.5 million in funding under Task Order No. HHSM-500-T007 for work on various CMS websites, including post-launch improvement work on HealthCare.gov.

2. Does your current system keep detailed error logs that can be referenced with the difficulties that are surrounding healthcare.gov? Would you please submit those?

CGI Federal has access to error logs. CGI Federal submits to the Committee that production of these logs would not be reasonably practicable. These logs capture a huge volume of information, including a substantial volume of non-error information. Further, the logs contain highly technical data that is effectively meaningless unless the reviewer has specialized knowledge of computer programming and the FFM application and can review each entry in the context in which it was logged. Accordingly, CGI Federal submits that these logs would have little, if any, utility for the Committee.

The Honorable John Dingell

1. What actions have you taken to fix the Web site after the October 1 launch?

As noted in Ms. Campbell's October 24 testimony, CGI Federal has seen improvements day over day in the FFM:

We're continuing to run queries against our database. We're running – reviewing system logs. We're fine-tuning our servers. We are analyzing the code for anomalies. Every day we're seeing where we're finding challenge in the system and making those corrections, as you would with any system that goes – that will go live.

Since October 1, 2013, CGI Federal has worked on a 24x7 basis and has taken numerous actions, both broad based and specific, to improve the FFM and HealthCare.gov, including, but not limited to: (1) embracing the Government's "tech surge" by augmenting the CGI Federal staff (including the involvement of CGI's Global CIO and other senior CGI Federal executives on a daily basis) and by working closely, cooperatively, and collaboratively with other recommended external resources, such as the former White House Fellows; (2) addressing the issues related to identity management and authentication that impacted HealthCare.gov immediately following October 1, including by diverting its most capable resources from ongoing FFM tasks to exploring alternative solutions to the problem, even though this related to a component of HealthCare.gov that was not the responsibility of CGI Federal; (3) deploying more than 30 releases to correct software issues; and (4) augmenting and reorienting its staff as directed.

2. What suggestions do you have for there to be changes and improvements in the way the website is being dealt with by the Federal Government and what changes would you deem useful in seeing to it that the matter goes forward as it can and should?

CGI Federal, CMS, QSSI, and other partners have been working collaboratively as one integrated team to ensure the ultimate success of HealthCare.gov. In the spirit of this collaboration, CGI Federal has worked, and will continue to work, closely with CMS to improve the FFM's performance, enhance the user experience, and facilitate consumer enrollment. Throughout this process, CGI Federal has recommended and will continue to recommend concrete steps to address problems with the FFM specifically and with HealthCare.gov generally.

The Honorable John Shimkus

1. Who made the "see plans first" change on the website just before launch?

As detailed in CGI Federal's response to the Committee's requests for information submitted on October 28, 2013, CMS personnel decided not to include "anonymous shopper" functionality in the October 1, 2013 roll-out of the FFM. Based on CGI Federal's review and analysis of information to date, it appears that Mark Oh, Monique Outerbridge, Henry Chao, and Robert Thurston were involved in that decision.

2. Who made the decision that if you are younger than 50, you would be quoted a 25 year old health policy?

Please see response to Question 3 below.

3. Who made the decision that if you are older than 50, you get quoted a 50 year old policy?

CGI Federal notes that the premium estimation tool, launched on October 10, 2013, which allows consumers to browse health plans without creating an account, is found on the "Learn" portion of HealthCare.gov. According to CMS officials, when it first went live, the tool could only sort consumers into two categories—one over 50 and one below 50. CGI Federal understands that the decision to divide consumers into these broad groups was a business

decision made by CMS officials assisted by another contractor. CGI Federal was not involved in the business decision regarding how the estimator tool quoted plan information to consumers.

The premium estimator tool is separate from the FFM application developed by CGI Federal. Consumers utilizing the FFM application to select plans are quoted tailored plan information after they submit their information to the site. Accordingly, consumers entering the FFM portion of HealthCare.gov are not divided into over 50/under 50 categories.

The Honorable Joseph R. Pitts

1. Have you or your companies prepared memorandums or summaries explaining where the problems are with healthcare.gov? If you [sic], would you please submit them?

As stated during Ms. Campbell's October 24 testimony, CGI Federal has provided information about the status of the FFM as part of its operations, but it has not prepared separate, formal, comprehensive memoranda or summaries of the issues with the FFM or HealthCare.gov. Additionally, CGI Federal has produced a substantial volume of documentation to this Committee detailing the routine communications CGI Federal has had with CMS regarding problems with HealthCare.gov. Those communications form part of CGI Federal's October 28, 2013 and November 8, 2013 document productions.

The Honorable Gene Green

1. After the fix of the registration gateway, are you encountering new problems? Will you give us a background on those problems?

CGI Federal has worked to identify and fix all issues with its software application as it would in any application project in the course of ongoing use and testing. Of course, many issues that have impacted the overall performance of the FFM are unrelated to the application developed by CGI Federal.

For example, since resolution of the registration gateway known as the Enterprise Identity Management ("EIDM") developed by another contractor, CGI Federal has identified that the non-physical (or virtualized) database on which the FFM application is built (as directed by CMS) and the underlying storage infrastructure for the FFM application have been significant causes of capacity issues and have affected the FFM's stability and performance. In response to this issue, CGI Federal has continued to assess the performance of the systems under loads and worked to make all reasonable adjustments to optimize the FFM. As to the storage infrastructure, significant outages at another contractor's data center, which are beyond CGI Federal's control, have hampered efforts to identify and resolve defects in the FFM.

Additionally, CGI Federal has encountered other significant problems that do not relate to CGI Federal's portion of HealthCare.gov. For example, several weeks ago, the principal issue with HealthCare.gov was an IRS batch process that was calling on the system every hour. More recently, the principal problem was an overloaded firewall in the data center, which is the responsibility of another contractor. Although CGI Federal did not cause these and many other issues, it has been actively working with CMS to rapidly diagnose and resolve these problems along with its FFM defect resolution.

The Honorable Greg Walden

1. Did you make any recommendations to CMS about the need for end-to-end testing to occur sooner than the last two weeks before the website went live? Please submit those recommendations.

As explained above, CGI Federal adhered to the CMS-controlled process for creating and testing the FFM. As Ms. Campbell testified on October 24, for a system as complicated as the FFM, any additional time for development and testing would have been beneficial. Additionally, CGI Federal previously produced numerous documents relating to testing and respectfully refers the Committee to those materials.

The Honorable G.K. Butterfield

1. Did the White House ever order your company to mask the sticker shock of Obamacare by disabling the anonymous shopper function?

As stated during Ms. Campbell's October 24 testimony, CGI Federal did not receive any order directly from the White House regarding the anonymous shopper function. As detailed in CGI Federal's response to the Committee's requests for information submitted on October 28, 2013, CGI Federal understands that CMS personnel decided not to include "anonymous shopper" functionality in the October 1, 2013 roll-out of the FFM.

The Honorable Mike Rogers

1. Are you currently making changes in code to improve the functionality of healthcare.gov?

Yes, this is an ongoing element to the continuous improvement approach to the FFM and HealthCare.gov. As stated during Ms. Campbell's October 24 testimony, CGI Federal has, among other efforts, been making changes in code to improve HealthCare.gov. Indeed, CGI Federal has worked virtually around the clock to address defects identified in the code for the FFM application and defect resolution remains a constant priority. As reflected in the December 1, 2013 report from HHS, CGI Federal has made significant progress in resolving issues in the FFM code, which have directly led to significant improvements in the HealthCare.gov experience for users.

2. How many organizational boundaries does a piece of data cross when the data hub is populating information?

Data in the FFM, CGI Federal's portion of HealthCare.gov, interacts with EIDM (the registration tool), the data hub, states, and insurance companies. CGI Federal respectfully refers the Committee to QSSI, the contractor responsible for building the data hub, for additional responsive information on the additional organizational boundaries that data crosses in the hub.

3. Was an end-to-end security test of the whole healthcare.gov system done during the security verification?

CGI Federal was responsible for developing the FFM application to meet applicable security requirements. CGI Federal was not responsible for, nor did it conduct, end-to-end security testing on HealthCare.gov. With respect to questions regarding end-to-end testing, CGI Federal respectfully refers the Committee to CMS and the contractor retained by CMS to conduct security testing.

4. What are you doing to secure healthcare.gov from advanced persistent cyber threats?

CGI Federal is not responsible for monitoring HealthCare.gov for advanced persistent cyber threats; CGI Federal understands that CMS' Exchange Operations Center ("XOC") and other security contractors perform this function for HealthCare.gov. CGI Federal, however, is responsible for selecting and incorporating a Content Delivery Network ("CDN") service for the FFM and ensuring that the CDN provides on-going and managed Intrusion Prevention Services and appropriate Web Application Firewalls for CMS-hosted content. CGI Federal selected Akamai Technologies, the worldwide, premier provider of CDN services, to provide the CDN and meet the associated security requirements.

Moreover, security of the FFM application has been and continues to be a top priority for CGI Federal. As identified previously to this Committee, CGI Federal's design for the FFM system adheres strictly to CMS standards for security and data transmission. Specifically, the FFM is designed to comply with applicable portions of the Federal Information Security Management Act ("FISMA"), the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act of 2009 ("HITECH"), and regulations implementing those statutes. The FFM also is designed to comply with HHS' Policy for Information Systems Security and Privacy, which establishes comprehensive IT security and privacy requirements for HHS' IT security programs and information systems. Further, although no data will be stored on any hardware owned or operated by CGI Federal, because CGI Federal is sensitive to the fact that the FFM will be used to collect personal health information and other sensitive information necessary for individuals to enroll in health care, it has spent considerable time and effort to design a system that complies with these requirements. In addition, CGI Federal has undergone an independent evaluation and test of its systems security program as part of its FFM Task Order requirements.

5. Who is the independent contractor who is doing security testing on healthcare.gov?

MITRE is CMS' independent security testing contractor for HealthCare.gov.

6. Did you red-team or security stress test healthcare.gov in the two weeks before the launch?

CGI Federal was not responsible for performing red-team security testing on HealthCare.gov. CGI Federal understands that the type of testing referenced in the question would most likely be the responsibility of MITRE, CMS' independent security tester.

7. What entity certifies the security of healthcare.gov on a daily ongoing basis? Does CMS or an independent contractor certify the security? If an independent contractor, who is that contractor?

As stated during Ms. Campbell's October 24 testimony, CMS certifies the security of HealthCare.gov on an ongoing basis with the support of its independent security testing contractor, MITRE. Additionally, continuous monitoring of attacks, threats, and traffic on HealthCare.gov falls to the XOC, as mentioned above in response to Question 4.

8. Are the system administrators for CGI security trained in spear phishing?

Yes. CGI Federal systems administrators receive security training on phishing, including spear phishing. Systems administrators receive annual training from CGI Federal and also are certified by CMS on a yearly basis.

The Honorable Phil Gingrey

1. Was there ever a point that CGI expressed doubt as to whether the updated requirements would affect your ability for a successful launch? Who did you share that information with?

As stated during Ms. Campbell's October 24 testimony, CGI Federal shared with CMS the risks associated with any changes implemented by each formal contract modification. HealthCare.gov is a first-of-its-kind system. Delays in establishment and finalization of requirements—which extended throughout 2012 and 2013—played an important role in the compression of the time available for the development and testing of the FFM. As early as August 2012, CGI Federal advised CMS that delays in finalizing requirements threatened the development timeline. Indeed, CGI Federal repeatedly raised concerns to CMS about late-arriving and changing requirements. Those warnings can be seen in monthly status reports already provided to the Committee. Nevertheless, despite the numerous delays, CGI Federal worked collaboratively with CMS to deliver a functional FFM on the planned October 1 launch date and has continued since then to address outstanding FFM issues in consultation with CMS.

The Honorable Steve Scalise

1. How many errors have you logged since you have been tracking the errors in the system?

To put this response in context, CGI Federal emphasizes the significant difference between "errors" or "exceptions" tracked in connection with operation of HealthCare.gov and "defects" in the FFM application. The number of errors tracked in HealthCare.gov far exceeds the number defects in the FFM application. For example, a single defect in the FFM application could result in the recording of thousands of identical errors in the tracking logs. As a result, a large number of tracked errors would not mean that a correspondingly large number of defects exists, or existed, in the FFM application or HealthCare.gov. With respect to these errors or exceptions, because of the great difficulty in separating error entries from non-error entries in the server logs, CGI Federal has not determined the total number of errors tracked to date. However, from October 1 through December 1, 2013, CGI Federal has tracked approximately 698 defects with

the FFM application. As of December 1, 2013, CGI Federal has resolved approximately 85% of these defects by deploying more than 30 software releases.

The Honorable Robert Latta

1. You have stated that you only had about two weeks to make sure the site was integrated. How much testing did you do on medicare.gov? Did they give you a time frame? What was testing like at that time? What is a sufficient time frame?

CGI Federal's initial involvement with Medicare.gov occurred more than a decade ago; therefore, it is difficult to provide specific information as to the time period for testing of that site. CGI Federal's more recent involvement with Medicare.gov concerned redesign of the website. This redesign was less extensive than development of the FFM application, but did involve longer testing periods than allowed for the FFM application and HealthCare.gov as a whole. CGI Federal reiterates that, given the size, complexity, and the number of stakeholders involved in HealthCare.gov, any additional time for testing would have been beneficial.

2. How much time were you given to test FederalReporting.gov?

FederalReporting.gov went live in September 2009. It underwent at least eight weeks of performance testing—both CGI Federal testing and group benchmark performance testing. CGI Federal notes that FederalReporting.gov had a much smaller functional and technical scope than the FFM and had no problems when it was launched, aside from a single unplanned outage.

The Honorable David McKinley

1. Was your contract cost-plus based or performance-based?

As noted in CGI Federal's second response to the Committee's request for information submitted on November 8, 2013, the FFM Task Order is a cost-reimbursable type task order. The CLIN 0001 Base Period for Design, Development and Implementation is cost-plus-fixed-fee and the CLIN 0002, 0003, and CLIN 0004 Option Periods for Operations and Maintenance and the CLIN 0005 Option Period for Transition Out are cost-plus-award-fee.

The Honorable Cory Gardner

1. The Administration announced that the best and brightest are coming in to fix healthcare.gov. What individuals or companies are coming in to fix the website?

CGI Federal has added numerous CGI and subcontract resources to the team as part of the "tech surge." Additionally, as detailed in CGI Federal's first response to the Committee's request for information submitted on October 28, 2013, the following individuals were recommended by Government officials to and were interviewed and retained by CGI Federal as independent consultants to help improve the system performance under the FFM Task Order: Gabriel Burt; Paul Smith; Brian Holcomb; Gregory Gershwin; and Michael Dickerson (who CGI Federal understands is now under contract with QSSI).

The Honorable Adam Kinzinger

1. If applicants were able to sign up easily, but the 834 forms were coming in with a high number of errors, the results could potentially be disastrous. Reports indicate that dependents are being incorrectly coded as spouses. Have you identified that specific problem as part of the overall issue? What are the categories of problems with the 834 forms?

CGI Federal has identified the household composition issue described in the question. CGI Federal has addressed the source of this issue in the individual application and continues to work to resolve this issue.

By way of illustration, other categories of 834 form issues include data mapping issues. Data mapping issues occur where enrollment data incorrectly populates 834 forms with respect to phone numbers, email addresses, and county codes. CGI Federal has worked to correct these data mapping issues and anticipates that, as of the date of this response, these issues will have been substantially resolved. A further example of a category of 834-related issues concerned the auto-cancel feature, which operates by canceling an old plan once a consumer enrolls in a new plan; this error prevented the accurate generation of 834 forms. CGI Federal has already identified and substantially resolved this problem. As an additional example, CGI Federal has identified that certain 834 forms could not be processed by issuers because they lacked an identification number, such as a Social Security number. (Note, under law, applicants are not required to submit their Social Security number when completing an application in the FFM.) CGI Federal has worked with QSSI and CMS to ensure that applications in which the applicant withholds his/her Social Security number are still given an identification number and can be processed by issuers.

The Honorable Bill Johnson

1. Your contract required your company to deliver a risk management plan? Have you delivered that plan? Please provide the committee with a copy.

CGI Federal provided a copy of the risk management plan (at Bates numbers CGIHR00002370-2451) in its first response to the Committee's request for information on October 28, 2013.

The Honorable Renee Ellmers

1. How many individuals are now enrolled in health care coverage from the Web site?

CGI Federal respectfully refers the Committee to the Department of Health and Human Services for the number of individuals that have enrolled in health care coverage via HealthCare.gov.

FRED UPTON, MICHIGAN
CHAIRMAN

HENRY A. WAXMAN, CALIFORNIA
RANKING MEMBER

ONE HUNDRED THIRTEENTH CONGRESS
Congress of the United States
House of Representatives
COMMITTEE ON ENERGY AND COMMERCE
2125 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-6115
Majority (2011-2012)
Minority (2011-2012)

November 18, 2013

Mr. Andrew Slavitt
Group Executive Vice President
Optum
13625 Technology Drive
Eden Prairie, MN 55344

Dear Mr. Slavitt:

Thank you for appearing before the Committee on Energy and Commerce on Thursday, October 24, 2013, to testify at the hearing entitled "PPACA Implementation Failures: Didn't Know or Didn't Disclose?"

Pursuant to the Rules of the Committee on Energy and Commerce, the hearing record remains open to permit Members to submit additional questions for the record, which are attached. The format of your responses to these questions should be as follows: (1) the name of the Member whose question you are addressing, (2) the complete text of the question you are addressing in bold, and (3) your answer to that question in plain text.

Also attached are Member requests made during the hearing. The format of your responses to these requests should follow the same format as your responses to the additional questions for the record.

To facilitate the printing of the hearing record, please respond to these questions and requests by the close of business on Tuesday, December 3, 2013. Your responses should be e-mailed to the Legislative Clerk in Word format at Sydney.Harwick@mail.house.gov and mailed to Sydney Harwick, Legislative Clerk, Committee on Energy and Commerce, 2125 Rayburn House Office Building, Washington, D.C., 20515.

Thank you again for your time and effort preparing and delivering testimony before the Committee.

Sincerely,


Fred Upton
Chairman

cc: The Honorable Henry Waxman, Ranking Member

Attachments



U.S. House Committee on Energy & Commerce
Hearing on "PPACA Implementation Failures: Didn't Know or Didn't Disclose?"
Supplemental Written Testimony of Andrew Slavitt
Quality Software Services, Inc.
December 3, 2013

Additional Questions for the Record

The Honorable Michael C. Burgess

- Q: We have heard that various companies, contractors, insurers, etc. had daily contact with CMS just prior to launch. What was your experience in this regard?**
- A: QSSI had routine contact with CMS on a daily basis prior to the launch of the Federal Marketplace on October 1.
- Q: Would you say your contact with CMS should have started earlier? Or maybe more to the point, should your contracts been awarded earlier giving you more time to work on these issues?**
- A: The base contracts to develop the Data Services Hub and the Enterprise Identity Management System were awarded to QSSI on September 11, 2011, and February 7, 2012, respectively. QSSI has no reason to question the timing of the contract awards.
- Q: Would you say that you were given tight or unrealistic deadlines in development?**
- A: QSSI does not believe that the deadlines for development of the Data Services Hub or the Enterprise Identity Management System were unrealistic. As noted in the testimony of Andrew Slavitt on October 24, 2013, QSSI believed that there was insufficient time to complete all of the integrated performance testing of all of the system components.
- Q: We have also heard that "to address lists" of problems of various severity levels were created. Was that your experience?**
- A: CMS and the contractors working on the Federal Marketplace, including QSSI, frequently identified lists of issues to be addressed during the course of the development of the Federal Marketplace. As noted in the testimony of Andrew Slavitt on October 24, 2013, QSSI was one of several testers used to test the functionality of the Federal Marketplace. In QSSI's testing role, it was tasked with identifying defects and errors in code that was provided to QSSI by others. QSSI reported the results back to CMS and the relevant contractor, who in turn was responsible for fixing coding errors or making any necessary changes. QSSI has

provided the Committee with numerous communications from QSSI to CMS and other documents reflecting the results and status of QSSI's testing.

Q: Were you aware of identified issues still unresolved on October 1?

A: Yes.

Q: If the Administration had shared more information with you would you have been able to recognize that there was going to be a problem? Or did you say in fact, this is going to be a problem? If so to whom?

A: As noted in the testimony of Andrew Slavitt on October 24, 2013, in its testing role, QSSI was tasked with identifying defects and errors in code that was provided to QSSI by others. QSSI reported the results back to CMS and the relevant contractor, who in turn was responsible for fixing coding errors or making any necessary changes. QSSI identified defects and system issues with the Federal Marketplace and reported them to CMS. QSSI has provided the Committee with numerous communications from QSSI to CMS and other documents reflecting the results and status of QSSI's testing.

Q: When the website went live on October 1, did you feel you had submitted your best work?

A: QSSI is pleased with its work product and efforts. The Data Services Hub has performed well since the launch of the Federal Marketplace. The Data Services Hub has successfully processed hundreds of thousands of transactions daily among the various federal and state marketplaces, trusted data sources, and issuers. Although the EIDM tool was overwhelmed by high concurrent volume on launch, by October 8, even at high levels of registration, the EIDM tool was processing those volumes at error rates close to zero and was keeping pace with demand.

Q: Were you confident things would work or were you waiving red flags?

A: QSSI was confident that the Data Services Hub would work as designed. QSSI sought earlier scalability and integration testing for the EIDM tool's integration with the Federal Marketplace application. When QSSI was able to conduct the tests, it reported the results to CMS. QSSI was also one of several testers used to test the functionality of the Federal Marketplace. In QSSI's testing role, it was tasked with identifying defects and errors in code that was provided to QSSI by others. QSSI reported the results back to CMS and the relevant contractor, who in turn was responsible for fixing coding errors or making any necessary changes. As noted in the testimony of Andrew Slavitt on October 24, 2013, QSSI believed there was insufficient time to complete all of the intended testing of the Federal Marketplace and this was reported to CMS. QSSI has provided the Committee with numerous communications from QSSI to CMS and other documents reflecting the results and status of QSSI's testing.

Q: Were you working up against an unrealistic deadline and told to hand in whatever work you had done?

A: CMS worked to identify system requirements and adjust those requirements as necessary to support the schedule. QSSI was able to deliver its system components based on those requirements. As noted in the testimony of Andrew Slavitt on October 24, 2013, QSSI believed that there was insufficient time to complete all of the integrated performance testing of all of the system components.

Q: Based on what you know, how extensive are the problems with healthcare.gov?

A: QSSI identified a significant number of defects relating to the Federal Marketplace. QSSI has worked to assist CMS and other contractors to identify and to address those defects and make other infrastructure enhancements to improve the healthcare.gov system. QSSI has seen improvements in the system and expects to see continued ongoing incremental improvements.

Q: Will the entire system have to be re-built? Or can small integrated fixes address the problems?

A: QSSI believes that healthcare.gov is fixable, and is seeing steady improvement in its performance.

Q: Is the November 30 deadline set by HHS to fix all of the issues realistic?

A: As of November 30, QSSI has observed significant improvement in key milestones, and is continuing to work to improve site performance.

The Honorable Gus Bilirakis

Q: Did you or anyone in your company ever express to HHS or CMS that the website's launch should be delayed, or that the website might crash or have serious problems at launch?

A: Prior to launch, QSSI did not have sufficient visibility to assess the overall status of healthcare.gov. QSSI was one of several testers used to test the functionality of the Federal Marketplace. In QSSI's testing role, QSSI was tasked with identifying defects and errors in code that was provided to QSSI by others. QSSI reported the results back to CMS and the relevant contractor, who in turn was responsible for fixing coding errors or making any necessary changes.

Member Requests for the Record**The Honorable Marsha Blackburn**

Q: Does your current system keep detailed error logs that can be referenced with the difficulties that are surrounding healthcare.gov? Would you please submit those?

A: QSSI has provided the Committee with numerous communications from QSSI to CMS and other documents reflecting the results of QSSI's work in its testing role, as well as a Defect List that was provided to CMS.

The Honorable John Dingell

Q: What actions have you taken to fix the website after the October 1 launch?

A: In the days that followed the launch, the QSSI team worked around the clock to enhance the EIDM tool to meet unexpected demand. Specifically, QSSI (i) implemented a new software configuration and optimization that increased the efficiency in system interactions; (ii) added capacity by doubling the number of servers; (iii) replaced the virtual database with a high-capacity physical one, which allowed more efficient, effective processing and significantly reduced "error rates," or account registration failures; (iv) swapped out a directory component for another component that was able to process more transactions; (v) implemented further software enhancements that improved the efficiency of database look-ups; and (vi) deployed a patch release with four software fixes to address users that were having a hard time logging in to their accounts. As QSSI understands it, this effort largely succeeded. By October 8, even at high levels of registration, the EIDM tool was processing those volumes at error rates close to zero. QSSI has continued to work with CMS and other vendors to plan for even higher peak levels of activity.

As General Contractor, since October 25, QSSI is working with CMS and other contractors to identify and to address defects and make other infrastructure enhancements to improve the healthcare.gov system. QSSI has seen improvements in the system and expects to see continued ongoing incremental improvements.

Q: What suggestions do you have for there to be changes and improvements in the way the website is being dealt with by the Federal Government and what changes would you deem useful in seeing to it that the matter goes forward as it can and should?

A: CMS has brought in additional support and resources to enhance and improve the functionality of the healthcare.gov website in numerous respects, and QSSI continues to support CMS in those efforts.

The Honorable John Shimkus

Q: What are the names of the personnel at CMS who you provided the risks that you identified in your analysis of other contractors' code?

A: As noted in the testimony of Andrew Slavitt on October 24, 2013, QSSI identified defects, system issues and risks with the Federal Marketplace and reported them to numerous individuals at CMS, largely to personnel in the CMS Office of Information Services. QSSI has provided the Committee with numerous communications from QSSI to CMS, which reflect the names of the individuals at CMS who received those communications.

Q: What are the names of the personnel you communicated with in regards to end-to-end testing before the launch of the website?

A: QSSI reported to CMS all tests that were performed on the Federal Marketplace. CMS was fully aware of each test that was performed, all of which occurred in a CMS-controlled environment. QSSI has provided the Committee with numerous communications from QSSI to CMS, which reflect the names of the individuals at CMS who received those communications.

The Honorable Diana DeGette

Q: Would you please submit the problems you identified to CMS?

A: As noted in the testimony of Andrew Slavitt on October 24, 2013, QSSI identified defects, system issues and risks and reported them to CMS, largely to personnel in the CMS Office of Information Services. QSSI has provided the Committee with numerous communications from QSSI to CMS, which reflect the testing results reported to CMS.

The Honorable Lee Terry

Q: Since Nebraska is part of the federal exchange, is it possible to have a breakdown of how many people from the state have tried to access the site? How many people have tried to access on any particular day?

A: QSSI is not able to determine how many people from Nebraska, or any other state, have tried to access the Healthcare.gov site to date, or on any particular day.

The Honorable Mike Rogers

Q: Are you currently making changes in code to improve the functionality of healthcare.gov?

A: QSSI is not making coding changes to the Federal Marketplace. Code changes addressing Federal Marketplace defects are made by another contractor. QSSI is assisting with the prioritization and process management for that contractor. In accordance with post-October 1 planned functionality, QSSI is developing additional functionality for the Data Services Hub, including a new functionality for the

submission of applications from the call centers. QSSI has also on occasion developed changes in the Data Service Hub code to address specific identified issues or changes in the business requirements.

Q: How many organizational boundaries does a piece of data cross when the data hub is populating information?

A: A query originates in a marketplace, Federal or State, and is transmitted to the Data Services Hub, which is housed at the Terremark Data Center. The query is directed to a trusted data source, such as the Social Security Administration. The response to the query is returned from the trusted data source to the Data Services Hub, and the response is then directed back to the originating marketplace.

Q: Was an end-to-end security test of the whole healthcare.gov system done during the security verification?

A: QSSI was not responsible for end-to-end security testing of the healthcare.gov system. Another contractor was engaged by CMS to conduct security testing. QSSI does not know whether this contractor performed end-to-end security testing of the healthcare.gov system during the security verification.

Q: What are you doing to secure healthcare.gov from advanced persistent cyber threats?

A: Pursuant to government regulations, QSSI developed the Data Services Hub and the Enterprise Identity Management System in accordance with applicable National Institute of Standards and Technology (NIST) security standards. In addition, QSSI took action to address development-related issues identified in the Security Risk Assessment.

Q: Who is the independent contractor who is doing security testing on healthcare.gov?

A: QSSI understands that the Mitre Corporation was contracted by CMS to perform Security Risk Assessments.

Q: Did you red-team or security stress test healthcare.gov in the two weeks before the launch?

A: QSSI was not responsible for conducting security stress tests of healthcare.gov.

Q: What entity certifies the security of healthcare.gov on a daily ongoing basis? Does CMS or an independent contractor certify the security? If an independent contractor, who is that contractor?

A: CMS determines whether to approve the Authorization to Operate for a system, with assistance from security experts from other contractors.

Q: Are the system administrators for QSSI security trained in spear phishing?

A: QSSI is not a system administrator for Healthcare.gov. Nevertheless, QSSI personnel are familiar with security mitigation strategies.

The Honorable Steve Scalise

Q: How many errors have you logged since you have been tracking the errors in the system?

A: In QSSI's testing role, it was tasked with identifying defects and errors in code that was provided to QSSI by others. QSSI reported the results back to CMS and the relevant contractor, who in turn was responsible for fixing coding errors or making any necessary changes. QSSI has provided the Committee with numerous communications from QSSI to CMS and other documents reflecting the results of QSSI's testing.

The Honorable Robert Latta

Q: In your testimony, it appears one of the reasons for the high concurrent volume at the registration was a late decision requiring consumers to register for an account before they could browse for insurance products. Who made that decision?

A: It is QSSI's understanding that CMS made the decision not to include an "anonymous shopper" function.

Q: Your testimony also states that you were tasked with identifying errors in the code that was provided to us by others. You reported that results back to CMS and the relevant contractor who was internally responsible for fixing the coding errors or making any necessary changes. Who at CMS were you supposed to report back to?

A: As noted in the testimony of Andrew Slavitt on October 24, 2013, QSSI identified defects, system issues and risks and reported them to CMS, largely to personnel in the CMS Office of Information Services. QSSI has provided the Committee with numerous communications from QSSI to CMS, which reflect the names of the individuals at CMS who received those communications.

The Honorable H. Morgan Griffith

Q: When was the last time you did testing and then notified CMS and the relevant contractor that there were coding errors or necessary changes that needed to be made? Who were you working with on that?

A: QSSI provided CMS and the relevant contractor with daily updates on the results of its testing of the Federal Marketplace. As noted in the testimony of Andrew Slavitt on October 24, 2013, prior to launch, QSSI identified defects, system issues and risks and reported them to CMS, largely to personnel in the CMS Office of Information Services. QSSI has provided the Committee with numerous communications from QSSI to CMS, which reflect the names of the individuals at CMS who received those communications. Since launch, QSSI has continued to test code and provide results to CMS.

FRED UPTON, MICHIGAN
CHAIRMAN

HENRY A. WAXMAN, CALIFORNIA
RANKING MEMBER

ONE HUNDRED THIRTEENTH CONGRESS
Congress of the United States
House of Representatives
COMMITTEE ON ENERGY AND COMMERCE
2125 RAYBURN HOUSE OFFICE BUILDING
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Minority (202) 225-2641

November 18, 2013

Ms. Lynn Spellecy
Corporate Counsel
Equifax Workforce Solutions
11432 Lackland Road
St. Louis, MO 63146

Dear Ms. Spellecy:

Thank you for appearing before the Committee on Energy and Commerce on Thursday, October 24, 2013, to testify at the hearing entitled "PPACA Implementation Failures: Didn't Know or Didn't Disclose?"

During the hearing, Members asked you to provide additional information for the record, and those requests are attached. The format of your responses to these requests should be as follows: (1) the name of the Member whose request you are addressing, (2) the complete text of the request you are addressing in bold, and (3) your answer to that request in plain text.

To facilitate the printing of the hearing record, please respond to these requests by the close of business on Tuesday, December 3, 2013. Your responses should be e-mailed to the Legislative Clerk in Word format at Sydne.Harwick@mail.house.gov and mailed to Sydne Harwick, Legislative Clerk, Committee on Energy and Commerce, 2125 Rayburn House Office Building, Washington, D.C., 20515.

Thank you again for your time and effort preparing and delivering testimony before the Committee.

Sincerely,


Fred Upton
Chairman

cc: The Honorable Henry Waxman, Ranking Member

Attachment

**Equifax Workforce Solutions
Questions for the Record
Re: Committee on Energy and Commerce
U.S. House of Representatives**

December 3, 2013

The Honorable Marsha Blackburn

1. Does your current system keep data error logs that can be referenced with the difficulties that are surrounding healthcare.gov? Would you please submit those?

As part of our contract with CMS, Equifax Workforce Solutions verification service called "The Work Number" was customized to monitor activities and track errors. Our solution integrates with the CMS Data Hub and verifies an applicant's payroll information if the applicant's employer participates in The Work Number database by providing payroll data on a regular basis. As stated in our testimony from October 24, 2013, and still holding true through December 2, 2013, "We have not experienced any issues, downtimes, or anomalies since the start date. In fact, Equifax Workforce Solutions has exceeded several specifications defined by our service level agreement with CMS. Our service availability has been at 100% to date and our average system response time to requests is under one second."

The Honorable John Dingell

1. What actions have you taken to fix the Web site after the October 1 launch?

As stated in our testimony from October 24, 2013, "Equifax Workforce Solutions receives an income verification request only after an applicant successfully gains access to the federal healthcare.gov or a state-based marketplace website, creates a user name and establishes a security authentication profile, and then enters the online application process. Equifax does not play a role in any of these steps or the identity proofing and authentication that accompanies them."

Equifax Workforce Solutions has helped troubleshoot various errors that were experienced by the hub in order to support the overall marketplace. Specifically, on two occasions, Equifax Workforce Solutions supported troubleshooting efforts to identify issues. On October 1, 2013, we collaborated with QSSI to identify a configuration issue with one of the hub servers. On October 29, 2013, we again collaborated with QSSI to determine the source of issues that were resulting in error messages being sent from Equifax Workforce Solutions back to the hub. Through our troubleshooting efforts, we determined that the error messages were correct and were associated with improper formatting of data requests by a state exchange. After Equifax Workforce Solutions reported the error to QSSI, they coordinated with the state to evaluate formats and ultimately correct the errors. The error messages provided by Equifax Workforce Solutions to the hub, however, were proper responses to the improperly formatted data requests.

- 2. What suggestions do you have for there to be changes and improvements in the way the website is being dealt with by the Federal Government and what changes would you deem useful in seeing to it that the matter goes forward as it can and should?**

Due to our limited role in the website development process, Equifax Workforce Solutions does not have visibility into the design or management of the exchange website. Because the income verification services that we are providing to CMS are working as designed, Equifax Workforce Solutions looks forward to continuing its record of service to assist CMS, Congress, and the American people by helping verify that eligible applicants rightfully receive the financial assistance provided by the Affordable Care Act. Where appropriate, we look forward to working with CMS and its contractors to improve healthcare.gov.

The Honorable Steve Scalise

- 1. How many errors have you logged since you have been tracking the errors in the system?**

As of December 2, 2013, Equifax Workforce Solutions has not logged any errors that have affected our income verification solution or rendered it inoperable since the October 1, 2013 enrollment start date. Reiterating our previous response from our testimony, "We have not experienced any issues, downtimes, or anomalies since the start date."

FRED UPTON, MICHIGAN
CHAIRMAN

HENRY A. WAXMAN, CALIFORNIA
RANKING MEMBER

ONE HUNDRED THIRTEENTH CONGRESS
Congress of the United States
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COMMITTEE ON ENERGY AND COMMERCE
2125 RAYBURN HOUSE OFFICE BUILDING
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Majority (252) 525-2327
Minority (252) 525-3644

November 18, 2013

Mr. John Lau
Program Director
Serco
1818 Library Street, Suite 1000
Reston, VA 20190

Dear Mr. Lau:

Thank you for appearing before the Committee on Energy and Commerce on Thursday, October 24, 2013, to testify at the hearing entitled "PPACA Implementation Failures: Didn't Know or Didn't Disclose?"

Pursuant to the Rules of the Committee on Energy and Commerce, the hearing record remains open to permit Members to submit additional questions for the record, which are attached. The format of your responses to these questions should be as follows: (1) the name of the Member whose question you are addressing, (2) the complete text of the question you are addressing in bold, and (3) your answer to that question in plain text.

Also attached are Member requests made during the hearing. The format of your responses to these requests should follow the same format as your responses to the additional questions for the record.

To facilitate the printing of the hearing record, please respond to these questions and requests by the close of business on Tuesday, December 3, 2013. Your responses should be e-mailed to the Legislative Clerk in Word format at Sydne.Harwick@mail.house.gov and mailed to Sydne Harwick, Legislative Clerk, Committee on Energy and Commerce, 2125 Rayburn House Office Building, Washington, D.C., 20515.

Thank you again for your time and effort preparing and delivering testimony before the Committee.

Sincerely,


Fred Upton
Chairman

cc: The Honorable Henry Waxman, Ranking Member

Attachments

Bringing service to life



Serco Inc.
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December 2, 2013

The Honorable Fred Upton
Chairman, Committee on Energy and Commerce
U.S. House of Representatives
2125 Rayburn House Office Building
Washington, D.C. 20515

Dear Mr. Chairman:

I received your letter of November 18, 2013, containing additional questions for the record as well as member requests from the hearing in which I testified, "PPACA Implementation Failures: Didn't Know or Didn't Disclose?" Those questions and requests, along with my answers, are provided in the prescribed format below.

The Honorable Leonard Lance: In your testimony, you cite that Serco has received "almost 16,000 documents, about half of which are consumer applications." For those consumer applications, would you please elaborate as to the process your employees go through to enter the individuals' information? Are you going through separate channels or healthcare.gov?

Response:

Serco Inc. employees scan all consumer applications into our secure internal workflow management system; this internal system manages the receipt and processing of consumer applications and supporting documentation. Once the applications are in the internal system and placed into the queue, they go through a triage process in which eligibility support workers (ESWs) determine the completeness and consistency of the applications. Complete and consistent applications are sent to the data entry team who key the applications into the government system to be processed. Incomplete applications are queued for outbound calls to consumers to obtain missing information.

The channel we use to enter the consumer's information is a version of the online healthcare.gov portal customized for ESW usage.

a.) How has the experience been? Are your employees prioritized or do they go through the same channels as an individual consumer? Will you estimate how many have actually been able to create accounts?

Response:

The availability and speed of the government portal has steadily improved. Today, we can submit an application in less than 15 minutes; it was over 30 minutes when the program began.

Applications submitted through the mail are not prioritized over those submitted via healthcare.gov. The channel we use to enter the consumer's information is a version of the online healthcare.gov portal customized for ESW usage.

As of December 1, we have successfully submitted 82,756 applications into the government system. We have no visibility into account set up by individuals as the healthcare.gov website is outside the scope of Serco Inc.'s contract.

The Honorable Marsha Blackburn: Does your current system keep detailed error logs that can be referenced with the difficulties that are surrounding healthcare.gov? Would you please submit those?

Response:

When we experience errors on the government system, we report them to the Centers for Medicare and Medicaid Services. We do not keep internal error logs relating to healthcare.gov.

The Honorable John Dingell: What actions have you taken to fix the Web site after the October 1 launch?

Response:

We have not taken any actions to fix the healthcare.gov website, as the website is outside the scope of Serco Inc.'s contract.

2.) What suggestions do you have for there to be changes and improvements in the way of the website is being dealt with by the Federal Government and what changes would you deem useful in seeing to it that the matter goes forward as it can and should?

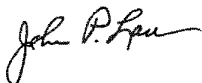
Response:

Serco Inc. is not responsible for the functionality and maintenance of the healthcare.gov website and it is outside of our contract's scope. However, we are a primary user and depend on the site as the sole means to submit completed consumer applications to the government. Serco Inc. has made suggestions to the Centers for Medicare and Medicaid Services (CMS) that have focused on increasing the efficiency of the site so that we can better execute our responsibilities focused on submitting completed consumer applications to the government. These range from short term, less technical suggestions to longer-term solutions for the government to consider. These include:

- a. The creation and deployment of an application that would allow consumers to utilize fillable PDF's. This would increase accuracy, help reduce paper and would also alleviate some of the congestion on healthcare.gov.
- b. Create a separate key-entry function for Serco that would allow for heads-down data entry. This would remove the rationale for lengthy consumer interviews thus increasing efficiency and reducing the total time needed to submit a completed application.
- c. Redesign application form so more data can be converted electronically, resulting in less keyed-in data by hand.

Thank you for the opportunity to respond to the committee's inquiry.

Sincerely,



John Lau
Program Director
Serco Inc.

cc: The Honorable Henry Waxman, Ranking Member, House Committee on Energy & Commerce
The Honorable Marsha Blackburn, Vice Chairman, House Committee on Energy & Commerce
The Honorable Leonard Lance, Member, House Committee on Energy & Commerce
The Honorable John Dingell, Member, House Committee on Energy & Commerce