CMS Prepares for 'Surge' in New Visitors on Healthcare.gov

The federal health insurance marketplace website operates within a secure cloud environment.

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The Centers for Medicare and Medicaid Services is getting ready to support millions of people looking to purchase health care coverage next month through Healthcare.gov, the federal health insurance marketplace.

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During GovernmentCIO Media & Research's Digital Health Modernization virtual event last week, CMS Deputy CIO Bobby Saxon — who originally joined the agency as CTO of Healthcare.gov in 2017 — explained that the website will see a “surge of new customers” this year for its annual November open enrollment period due to the coronavirus pandemic.

Since the agency shifted its website from legacy mainframe systems to the cloud in 2019, however, Saxon said the site is well-prepared to handle the influx in web traffic, without users experiencing any significant downtime or delays.

“In an old environment, it would’ve been nearly impossible to do the kind of expansion needed to improve performance and stability. But in the cloud, we will have upsized our capability to 2.5 times that of normal,” explained Saxon. “That beginning step toward modernization — of simply moving to the cloud — positioned us to be even more ready for open enrollment.”

Jessica Weeden, designer and project lead for U.S. Digital Service’s Medicare payment system modernization, said that the cloud allows CMS to scale multiple systems in one accessible environment, enabling the agency to achieve and maintain operational flexibility and agility.

“When you have this modernized system, you can implement changes much faster, rely less on manual labor, and provide greater visibility and closer to real-time data if that’s all available on the cloud — that takes much longer if it’s right now in the mainframe,” she said.

Weeden also highlighted the importance of human-centered design, in terms of how USDS and CMS develop systems that work and benefit all end-users involved in the CMS payment process — including payers, providers and beneficiaries.

“There are humans all throughout this — there are humans who are supporting these systems; there are humans that are using these systems; there are humans that are using these systems that enter other systems; and then, there are policy makers who are getting their policies implemented through these systems,” Weeden said.
“You need to keep in mind that the people who are using your systems are probably coming to it in a whole other life, especially now, where there’s a lot going on and a lot of stress ... The more you can flesh out people as three-dimensional, the better system you’re going to design,” she added.

Improving technologies and tools — such as with the move to cloud — and thinking about how these system upgrades could impact multiple layers of processes using human-centered design will also create a “ripple effect” in terms of how CMS modernizes its other business functions and processes.

“These people who are using the systems are using them on behalf of CMS to provide a service to clinicians, to doctors, who are providing a service to beneficiaries ... It drives the data that’s in these systems; it drives fraud, waste, and abuse and program integrity; it drives these beneficiary-facing systems. This data can feed MyMedicare.gov, Blue Button 2.0 or Data at the Point of Care, which impacts care coordination and understanding benefits. If we’re not actively seeking out all of the data that comes from these systems, we can’t understand how to best support all of these different people — and we know that we’re going to be impacted,” Weeden said.

Similarly, Saxon expressed that the agency should “double-down” on problem solving, in terms of how the cloud and other technology exactly enables CMS and its stakeholders do what they need to.

Cloud adoption and understanding system processes, moreover, are just two parts of a three-piece puzzle when it comes to modernization. The other is people.

“USDS rarely has an idea that someone else hasn’t been struggling to get realized for a very long time, and we just introduce new tools to allow them to actualize that. So the more that you can empower and build up the good workforce, the better,” said Weeden.

“It is definitely a journey that’s underway and a mindset change going on at Healthcare.gov,” explained Saxon, “but being bold enough to take the risk [of] moving from data centers to the cloud empowered the organization to start thinking about many other ways of modernization.”
IT modernization
CMS
USDS
human-centered design
digital health
Standard