Wiley Rein LLP

1776 K STREET NW
WASHINGTON, DC 20006
PHONE   202.719.7000
FAX   202.719.7049

7925 JONES BRANCH DRIVE
MCLEAN, VA 22102
PHONE   703.905.2800
FAX   703.905.2820

www.wileyrein.com

Robert L. Walker
202.719.7585
rlwalker@wileyrein.com

December 3, 2013

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 Facility 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.

<u>**The Honorable Michael C. Burgess**</u>
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) and 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.

<u>The Honorable Phil Gingrey</u>
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.

<u>The Honorable Steve Scalise</u>
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).

<u>**The Honorable Adam Kinzinger**</u>
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.

<u>**The Honorable Bill Johnson**</u>
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.

<u>**The Honorable Renee Ellmers**</u>
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.