

PEGA IMPLEMENTATION CASE STUDY #5

ELIGIBILITY APPEALS CASE MANAGEMENT SYSTEM

Situation The Health Benefit Exchanges were introduced as part of the Affordable Care Act to present consumers with health insurance options, and as a place where they have the ability to submit a single, streamlined application for enrollment. Specifically, this contract supports the federally-facilitated Exchange (FFE) and state-based Exchanges (SBEs) and their associated eligibility appeals processes – all of which are new programs.

Challenges This is a new national program with evolving needs and numerous stake holders with differing focuses.

Solution Visual Connections, as a subcontractor to GDIT, is leading the Pega development efforts on this contract for the Eligibility Appeals Case Management System, which will be used to receive, route, and address appeals. This system is driven by the Pegasystems' BPM application. The work also involves Quality Assurance and Section 508 testing. Work by our senior Pega developers has included building out the development and production environments, installing

Pega appeal rules, modifying Pega appeal workflow to incorporate appeal sources and reasons, adding appeal status reporting, and modifying Pega to be compliant with Section 508. We are additionally responsible for performance testing/tuning, creating training materials, and creating custom reports.

Results The application went live in 39 days and received 20,000 appeals within three months. Many key business processes have been automated.

Relevance to UPIC Case Management

- Complex evolving work flow with numerous stakeholders
- Nearly two dozen automated processes
- Over 20,000 cases processed