

ObamaCare Contractor Corruption

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Arrest of IT chief is new challenge for Covered California

Covered California lets some deadlines slip as it seeks to replace James Joseph Brown Jr.



Enlarge

Photo courtesy of Sacramento County Sheriff's Department

Health exchange IT chief James Joseph Brown Jr. was arrested on charges of felony conflict of interest and perjury.

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The state's health benefits exchange, facing a year-end deadline, is scrambling to fill a key position after its information technology chief was arrested last month.

[James Joseph Brown Jr.](#) was arrested March 15 and arraigned March 25 on charges of felony conflict of interest and perjury for allegedly failing to disclose personal ties related to a contract award in his previous job at the justice department. He left employment at [Covered California](#) the day he was arraigned.

Announcement of a permanent replacement is expected "very, very soon," Covered California spokesman [Dana Howard](#) said Wednesday. [Shell Culp](#), an IT official in charge of systems integration for the California Health and Human Services Agency, was tapped March 25 to fill in until Brown's replacement is hired.

But departure of a key manager is a difficult situation that gets worse when contract timelines are tight.

Covered California has less than six months to get the state's new insurance exchange running. The exchange, required by the federal health overhaul, will serve individuals and small employers.

Brown was chief of the computer system that will handle eligibility and enrollment in the program. While it's unclear how much his arrest and termination has to do with it, some initial deadlines have slipped.

"He was the chief and any time you lose somebody who plays that kind of a role, it's a hurdle to overcome," Howard said. "It's a critical role, but we've been able to bring on an interim director with very intense IT work experience."

[Joe Dickey](#), a spokesman for [Accenture LLC](#), an Irish company that won the \$359 million contract to build the IT system for the exchange, declined to comment on the arrest and deferred questions about the exchange to staff at Covered California.

Howard had no other comment about who is in line for the job, but evidence of slippage crept into comments at the last board meeting, held March 21 in Sacramento.

A planned link between the new computer system and existing county [Medi-Cal](#) eligibility systems is among features of the system that will not be ready when enrollment begins Oct. 1.

A crucial component to the program's promise of easy access, the feature is intended to pass patients who fail to qualify for the new marketplace on to Medi-Cal.

"We are committed. We will still do it, but it may not happen simultaneously" with the basic enrollment system, Howard said. "It is just not a priority right now. The priority is to deliver core functionality — to enroll people this fall."

The link between the statewide enrollment system and local welfare offices will have to be done manually for about three months, Howard said. Others suggest it may be longer.

The temporary disconnect stems from a decision by the state to link to local welfare systems rather than build an entirely new, automated system. This approach favors union employees in existing welfare eligibility jobs who may otherwise have been out of a job, but it remains controversial.

Like many states, California has a fragmented system that poses a challenge for reforming how consumers seek coverage under new and existing programs in 2014. Restricted funding, lack of coordination between agencies and disparate regulations are among the historical reasons for the disarray.

"The ACA is a watershed moment to clean some of this up," said [Claudia Page](#), co-director of [Social Interest Solutions](#), an Oakland-based company with a Sacramento office that helped shape how low-income people connect with social services through use of technology.

But politics and time pressure are powerful factors in how far California goes toward full integration — and the state has chosen to add to its existing system rather than build a single streamlined program for both the new insurance programs and Medi-Cal.

"This makes program and systems integration exponentially more complicated," Page said. Recent announcements about delays in the connection between the new enrollment system and existing county Medi-Cal eligibility systems "underscores that complexity — and is a signal of the intense time pressure California faces," she added.

Also on the short list of functions deferred are:

- Required but non-critical reports.
- Online appeals and exemption requests.
- Online access by authorized representatives.
- Supplemental dental and vision plans.
- Medi-Cal plan choice.
- Ability to sign up for a proposed "bridge plan" for those with incomes between Medi-Cal and the regular insurance market.

Until there is access online, consumers will have to make phone calls to file appeals and exemption requests, Howard said. So will folks who want to serve as "authorized representatives" — family members, perhaps — for consumers unable to enroll themselves.

The other matters require state and/or federal action, but are not deemed critical when the new insurance program launches enrollment in October.

"Obviously, we are concerned," said [Anthony Wright](#), executive director at [Health Access](#), a San Francisco-based consumer group. "That's one of the reasons we are trying to move quickly on Medi-Cal bills in the Legislature."

California lawmakers kicked off a special session in late January to pass laws to implement federal health reform and get California ready to expand insurance coverage in 2014. Details of the state Medicaid expansion plan and proposed "bridge" plan will be hashed out there, but also need federal approval — as does a new way to offer supplemental vision and dental plans.

"This is an ambitious and significant undertaking," Wright said of the exchange. "With less than six months to open enrollment and fewer than 270 days to launch, we need to make sure bills are approved in the legislature and start educating consumers and frontline staff."

Health Access is interested in having as many people as possible enroll in the new program by Jan. 1, 2014, Wright said. So should the state. Every person not enrolled leaves federal matching funds for health care on the table.

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