

AFFORDABLE CARE ACT RISK ASSESSMENT

Janell Garland and Lisa Samuel Hamilton

George Washington University

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Introduction and Background

The Patient Protection and Affordable Care Act (ACA), and often shortened to the Affordable Care Act and nicknamed Obamacare, is a United States federal statute enacted by the 111th United States Congress and signed into law by President Barack Obama on March 23, 2010 so that health insurance companies could not refuse to cover a person or charge them more based on a pre-existing condition.

The comprehensive health care reform law has 3 primary goals:

- Make affordable health insurance available to more people. The law provides consumers with subsidies (“premium tax credits”) that lower costs for households with incomes between 100% and 400% of the federal poverty level.
- Expand the Medicaid program to cover all adults with income below 138% of the federal poverty level. (Not all states have expanded their Medicaid programs.)
- Support innovative medical care delivery methods designed to lower the costs of health care generally.

The ACA has provided more Americans with health insurance than ever before. Having increased access to medical care provides better health and financial security.

Under President, Donald Trump, his effort will be to repeal and replace the statute due to higher costs and fewer health insurance options for millions of Americans, rising premiums, unaffordable deductibles, fewer insurance choices and higher taxes.

As of September 26, 2017, all of his efforts have gone undone. The Republicans have officially pulled the plug on their last effort to repeal and replace. The Senate will no longer be able to pass the health law overhaul.

This is a real situation with a hypothetical risk analysis.

Initial Risk Planning and Methodology

















For the Affordable Care Act (ACA) to succeed, an effective Risk Management Plan needs to be prepared to reduce the overall risk with respect to program. This is done by subsidizing insurers that end up with a disproportionate share of high-cost patients and assessing competing insurers that end up with a better selection of health risk.

Under the ACA, the insurance market will be divided into various markets such as:

1. Self-insured vs insured plans
2. Plans inside vs outside the exchanges
3. Insurers inside the exchanges
4. Different benefit tiers offered by the same insurer

The analysis will be focused on events that could cause a loss to an individual enrolled or not enrolled with the ACA with a method providing the four basic risk elements and 3 risk measures.

A risk will represent a failure, quantifiable impact with an unexpected outcome.

Add	Insert Below	Edit	Attributes	Select Columns
<input type="checkbox"/> Enable Multi-select				
Unique ID		Events		
[01]		Individual does not participate in Affordable Health Care		
[02]		Pre-existing conditions and no cure		
[03]		Missed open enrollment with pre-existing health condition		
[04]		ACA is repealed and not replaced		
[05]		ACA is repealed and replaced		
[07]		Benefits decrease		
[10]		Increase in premiums		
[11]		Deductibles increase		
[12]		No SSN, No ACA		
[13]		Individual without ACA gets into a car accident		
[14]		Enrollment Website Down		
[15]		Inexperienced and/or pseudo Doctors accepting ACA Insurance		
[16]		Healthcare costs too expensive to administer		
[17]		Unable to find employees with a specific skillset - SMEs (e.g Technology Developers)		
[18]		Inaccurate information communicated to plan participants		
[19]		Malicious software/malware destroys website (data breach)		

The events identified in the above illustration are the first step in the Riskion Model. As noted, each event has a loss along with uncertainty, which is determined as a risk. Alternately, an event that is absent of uncertainty is considered a threat.

Sixteen risk events were identified during the risk analysis and represent a loss to plan participants who would be affected by the Repeal and Replacement of the ACA.

1. Individuals do not participate in ACA: Due to federal regulations the intent is for everyone to have health insurance and if not tax penalties will be imposed.
2. Pre-existing conditions and no cure: Many individuals were not covered in an insurance plan due to pre-existing conditions and it can be very expensive in the private market.
3. Missed open enrollment with pre-existing health condition: Many missed open enrollment due to pre-existing conditions which kept them from enrolling.
4. ACA is repealed and not replaced: The current administration is determined to repeal the existing ACA and individuals were not sure if they would receive the current coverage that exists.
5. ACA is repealed and replaced: The current administration is determined to repeal and replace the existing ACA under any means necessary.
6. Benefits decrease: If the ACA is repealed and replaced there is the notion that the benefits could decrease not allowing the coverage that exists today.
7. Increase in premiums: If the ACA is repealed and replaced the premiums could increase for plan participants.
8. Deductibles increase: If the ACA is repealed and replaced there is the notion that this can likely increase the deductibles.
9. No SSN, No ACA: If an individual does not have a SSN, they are not eligible to apply to the ACA.
10. Individual without ACA gets into a car accident: If an individual without ACA coverage gets into a car accident, there would be great financial loss.
11. Enrollment website down: If the Enrollment website is down, this will not give eligible plan participants time to enroll.
12. Inexperienced and or pseudo doctors accepting ACA insurance: There can be an issue if inexperienced or pseudo doctors accept ACA insurance but are not providing quality care.
13. Healthcare costs too expensive to administer: Healthcare costs can get costly once new health exchanges are administered.
14. Unable to find employees with a specific skillset – SMEs (e.g. Technology Developers): There may be a time issue in training employees with a skillset to enroll new plan participants.
15. Inaccurate information communicated to plan participants: There may be a language barrier and enrollment information is not communicated in an understandable way.
16. Malicious software/malware destroys website (data breach): Once the new system is implemented, it can be costly in providing efficient spamware.

Workgroup: GW_RM_Fall2017
Project: *Project: Affordable Care Act Risk Assessment [Unlock Project](#)

Janell Garland | Resource

Home Manage Project Identify Events Likelihood of Events Impact of Events Risk Controls Optimization

Structure Visual Brainstorming Measure Synthesize Iterate Reports

Structure

- Event Sources
 - Hierarchy of Sources
 - Vulnerabilities Grid
 - Event Vulnerabilities to Sources
 - Events' Vulnerabilities to a Threat
- Information Documents
- Participants
- Participant Roles
 - For Sources
 - For Events

Add (level below)	Add (same level)	Edit	View	Select Columns
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sources				
HUMAN FACTOR				
Inadequate Training of Staff				
Effective Customer Service				
Socialization & Interaction				
Government Administration				
Doctors				
Insurance Companies				
TECHNOLOGY				
Brainstorming & Discovery				
System Enhancements/Troubleshooting				
Development & Testing				
Deployment & Rollout Strategy				
System Maintenance				
LAW, REGULATION & CONGRESSIONAL (LEGISLATIVE) DECISION				
Tax Penalties				
Acceptance of Legal Agreements				
Pharmaceutical Contracts				
Insurance Exchanges				
GLOBALIZATION				
Americans Abroad				
Strategy & Technology				

COMMUNICATION				
Interaction with plan participants				
Effective Customer Service				
ACA Costs - Government				
Government Services				
Salaries				
Employee Benefits				
Training & Development				
Research & Development				
Facilities & Building Maintenance				
Deployment & Rollout Strategy				

The sources shown above in Figure 2 displays the threat that causes an event to occur.

1. **Human Factor:** Risks can be identified when there are humans involved. In this project, we identified the significant risk as it relates to Human factor surrounding the ACA. If staff members are inadequately trained on ACA, then Americans will be ill informed which will leads to participants selecting the wrong healthcare plans. Doctors will make decisions based on participation levels and Insurance companies will remit payments based on incorrect understanding of ACA. This will cause rework on all parts and will be significantly costly to the taxpayers. Risk to participants health and improper diagnosis will be the result of human factor risk.
 - a. Inadequate Training of Staff
 - b. Effective Customer Service
 - c. Socialization & Interaction
 - i. Government
 - ii. Doctors
 - iii. Insurance Companies
2. **Technology:** In order for ACA to be successful, technology plays a huge part in the development of ACA. Websites need to be built and fully functional as millions of Americans will log on to sign up for the plan that they select. If systems are not fully functional, maintenance and upgrades could become more involved and costly to the taxpayers.
 - a. Brainstorming & Discovery
 - b. System Enhancements/Troubleshooting
 - c. Development & Testing
 - d. Deployment & Rollout Strategy
 - e. System Maintenance
3. **Law, Regulation & Legislative Decision:** Congress could delay the roll out of the replacement ACA by not signing the bill into legislation. This decision could be costly in the long run, causing adverse tax implications and individuals with pre-existing conditions, without the ability to pay for their healthcare costs/and prescription drugs will not be seen by doctors or specialists, which could lead to spread of incurable diseases and ultimately death.
 - a. Tax Penalties
 - b. Acceptance of Legal Agreements
 - c. Pharmaceutical Contracts
 - d. Insurance Exchanges
4. **Globalization:** Americans abroad not having access to healthcare will cause negative implications and not get access to quality healthcare overseas, leading ultimately to death.
 - a. Americans Abroad
 - b. Strategy & Technology
 - c. Communication:

d. Effective Customer Service

5. **ACA Costs – Government:** With government shut down and the potential of significant bi-partisan issues within government, overall cost will rise when implementing ACA due to delays.

- a. Government Services
- b. Salaries
- c. Employee Benefits
- d. Training & Development
- e. Research & Development
- f. Facilities & Building Maintenance
- g. Deployment & Rollout Strategy

Mapping Sources to Events

Riskion, the tool has the capability for the user to map the sources to events. Figure 2 displays the many sources that can affect an event. The hierarchy of sources coincides with the way the sources are impacted by the events, but note that not all sources have a one-to-one or one-to-many dependency as outlined in the illustration below.

Figure 2: Vulnerabilities Grid

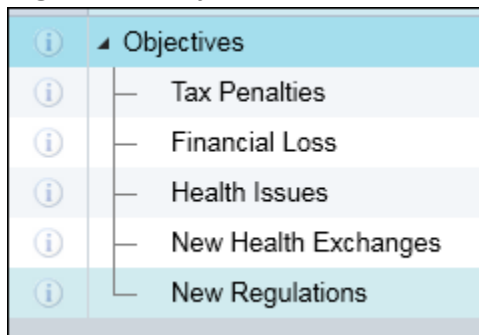
Check All

Uncheck All

	Sources																									
	HUMAN FACTOR					TECHNOLOGY					LAW, REGULATORY				GLOBE		COMM		ACA Costs - Government							
	Inadequate Training	Effective Customer Service	Government / Socialization	Doctors	Insurance Co	Brainstorming & ID	System Enhancement	Development & Training	Deployment & Rollout	System Maintenance	Tax Penalties	Acceptance of Legislation	Pharmaceutical Companies	Insurance Exchange	Americans Abroad	Strategy & Technical	Interaction with public	Effective Customer Service	Government Services	Salaries	Employee Benefits	Training & Development	Research & Development	Facilities & Buildings	Deployment & Rollout	
Events																										
<input type="checkbox"/> Individual does not participate in Affordable Health Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Pre-existing conditions and no cure	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Missed open enrollment with pre-existing health condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> ACA is repealed and not replaced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> ACA is repealed and replaced	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/> Benefits decrease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Increase in premiums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Deductibles increase	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> No SSN, No ACA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Individual without ACA gets into a car accident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Enrollment Website Down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Inexperienced and/or pseudo Doctors accepting ACA Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Healthcare costs too expensive to administer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Unable to find employees with a specific skillset - SMEs (e.g Technology Developers)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/> Inaccurate information communicated to plan participants	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Malicious software/malware destroys website (data breach)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

The objective hierarchy below is the consequence of the risk events that contributes to the objectives. Please note that not all the risk events relate to the objectives:

Figure 3: Objectives



1. Reduce tax penalties if an individual does not have health insurance coverage: If an individual chooses not to participate in ACA or was unable to enroll prior to the cut off date, there should be no tax penalties.
2. Ensure all individuals can afford health care if repealed and replaced: The benefits of repealing and replacing ACA should make it more affordable for individuals who enroll as opposed to being more complex and expensive. Risk can be reduced if measures are put in place for a more affordable healthcare.
3. Reduce financial loss if premiums are increased and benefits are decreased: Individuals should never have to pay additional out of pocket expenses. To make it better, premiums should always trend downwards and the government should look to increase benefits as the goal to better healthcare for all is a healthier population who and understands the importance of living a healthy lifestyle.
4. Provide health exchanges in heavily enrolled areas: Provide individuals with enrollments options irrespective of where they live. This is also an added benefit for all people, not just a targeted group of people.
5. Ensure new regulation is fair to all involved: The Government should ensure that ACA should benefit all Americans regardless of age, gender, status, color or creed.




























Measuring Risks and Likelihoods

The participants listed are a part of the deciding committee who meets with the Senate and Congress to discuss the repeal and replacement of the Affordable Care Act. All participants were granted permission to the Riskion evaluation process to provide their feedback on the ACA.

1. **Project Manager:** One of the many of roles of a Project Manager, which includes planning, executing and closing the project, is to identify risk events. It means that the cost associated with the risk, avoidance, acceptance and evaluation in the planning stage of the project. In this project, two PMs were assigned as PMs to oversee the execution of the ACA project.

2. **Chairman:** An elected official by the board of directors, the chairman presides over the ACA board planning meetings. In this project, the Chairman reviewed the outcome of the risk events for this project and accepted the cost associated with the risk
3. **Committee Advisor:** Advises the members of the board of the ACA planning meetings. In this project he advised the committee members on the execution of the project and provided feedback for a smooth process.
4. **Legal Advisor:** The Lawyer who is employed by the Government to provide legal advice. In this project, the legal advisor presented feedback on the legal aspect of the project as it relates to the intricacies of project and advises the committee of the legal ramifications.
5. **Senate Advisor:** A representation of The Senate as advisor of bipartisan representation. He brings feedback from The Senate to the Committee.
6. **Technical Advisor:** The Technical Advisor understands the nuances of the risks associated with the ACA project and provides technical knowledge to mitigate the Risk events.

Figure 4: Participants

Add Participants Edit Set Permissions Remove Participants Priorities Participant Attributes Participant Groups Export... Send Mail							
<input type="checkbox"/>	Email Address	Participant Name	Permission	Has Data?	Disabled?	Action	Group: Anonym
<input type="checkbox"/>	Admin	Admin user	Project Manager	No	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	bombaito@gwu.edu	Chairman	Evaluator	Yes	<input type="checkbox"/>	  	<input type="checkbox"/>
<input type="checkbox"/>	ilaughlin@gwu.edu	Committee Advisor	Project Manager	Yes	<input type="checkbox"/>	  	<input type="checkbox"/>
<input type="checkbox"/>	janellgarland@gwu.edu	Janell Garland	Project Manager	Yes	<input type="checkbox"/>	  	<input type="checkbox"/>
<input type="checkbox"/>	tester@test.com	Legal Advisor	Evaluator	No	<input type="checkbox"/>	  	<input type="checkbox"/>
<input type="checkbox"/>	lsuzette219@gwu.edu	Lisa Samuel Hamilton	Project Manager	Yes	<input type="checkbox"/>	  	<input type="checkbox"/>
<input type="checkbox"/>	nstavrakakis@gwu.edu	Nicholas Stavrakakis	Project Manager	Yes	<input type="checkbox"/>	  	<input type="checkbox"/>
<input type="checkbox"/>	forman@gwu.edu	Professor Forman	Project Manager	No	<input type="checkbox"/>	  	<input type="checkbox"/>
<input type="checkbox"/>	test@test.com	Senator Advisor	Evaluator	No	<input type="checkbox"/>	  	<input type="checkbox"/>
<input type="checkbox"/>	admin@admin	Technical Advisor	Evaluator	No	<input type="checkbox"/>	  	<input type="checkbox"/>

Measurement Methods

The measurement methods for Sources and Events are mixed with Rating Scale, Pairwise Comparisons and Utility Curve.. Using the methods, data and judgments, the likelihood of the events can be measured/evaluated/compared to determine the given outcome.

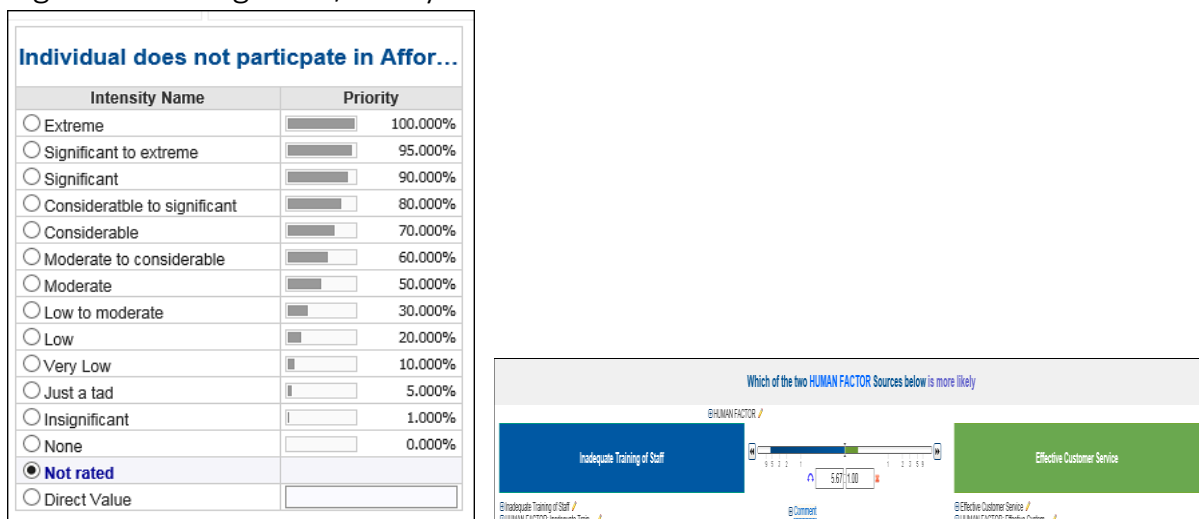
The Pairwise measurement scale places two events together to allow the participant to be able to evaluate the importance of each event in comparison to another event and then it measures the difference relative to each other.

Figure 5: Pairwise Verbal Comparison



The Rating measurement scale has a value assigned to the various variables. The Utility curve can be used when evaluating the likelihood of sources given another source or when evaluating likelihood events with given source.

Figure 6: Rating Scale/Utility Curve



Measurement Methods for Sources and Events

Below displays the measurement types and scales used for sources and event judgements.

Figure 7: Measure Type and Scale for Sources

Measure Likelihood	Measurement Type	Measurement Scale or Given Likelihood	Action	# of Elements, # of Probabilities	# of Judgments in Cluster	# of Comparisons Default: All pairs (maximum accuracy)
Sources						
HUMAN FACTOR	Pairwise Compari-		Copy	3	3*(3-1)/2 = 3	All pairs (maximum at
Inadequate Training of Staff						
Effective Customer Service						
Socialization & Interaction	Pairwise Compari-		Copy	3	3*(3-1)/2 = 3	All pairs (maximum at
Government Administration						
Doctors						
Insurance Companies						
TECHNOLOGY	Pairwise Compari-		Copy	5	5*(5-1)/2 = 10	All pairs (maximum at
Brainstorming & Discovery						
System Enhancements/Troubleshooting						
Development & Testing						
Deployment & Rollout Strategy						
System Maintenance						
LAW, REGULATION & CONGRESSIONAL	Rating Scale	Default Likelihood Scale	Copy Edit	4	4	
Tax Penalties						
Acceptance of Legal Agreements						
Pharmaceutical Contracts						
Insurance Exchanges						
GLOBALIZATION	Pairwise Compari-		Copy	2	2*(2-1)/2 = 1	All pairs (maximum at
Americans Abroad						
Strategy & Technology						

In the ACA project, the measurement methods for sources and events used to determine the likelihood of events in Riskion:

Sources: Human Factor, Technology, Law, Regulation & Congressional (legislative) decisions, Globalization, Communication, ACA Costs – Government. For example, the measurement methods used to determine the likelihood of events is the Rating Scale. The rating scale for Human Factor shows that it has an “Almost Certain” intensity (0.9000 likely) in the to take place using a pairwise comparison.

The illustration in Figure 8 displays the measurement types for events, using different rating scales. The overall results show that the total number of possible evaluations that need to be made, not only by one participant but all participants.

In Riskion, each measurement type was modified to that of the participant with different results from each evaluation.

Figure 8: Measure Type and Scale for Events

Workgroup: GW_RM_Fall2017
Project: "Project: Affordable Care Act Risk Assessment"

Home Manage Project Identify Events Likelihood of Events Impact of Events Risk Controls Optimization

Structure Visual Brainstorming Measure Synthesize Iterate Reports

Create new scale Edit existing scale(s) Details Mode

Measure Event Likelihoods	Measurement Type Default: Rating Scale	Measurement Scale or Given Likelihood	Action	# of Events, # of Possibilities	# of Judgments in Cluster	# of Comparisons Default: All pairs (maximum accuracy)
Sources						
HUMAN FACTOR						
Inadequate Training of Staff	Direct		Copy	4	4	
Effective Customer Service	Direct		Copy	5	5	
Socialization & Interaction						
Government Administration	Direct		Copy	3	3	
Doctors	Direct		Copy	7	7	
Insurance Companies	Direct		Copy	5	5	
TECHNOLOGY						
Brainstorming & Discovery	Rating Scale	Default Likelihood Scale	Copy Edit	6	6	
System Enhancements/Troubleshooting	Rating Scale	Default Likelihood Scale	Copy Edit	8	8	
Development & Testing	Rating Scale	Default Likelihood Scale	Copy Edit	5	5	
Deployment & Rollout Strategy	Rating Scale	Default Likelihood Scale	Copy Edit	6	6	
System Maintenance	Rating Scale	Default Likelihood Scale	Copy Edit	6	6	
LAW, REGULATION & CONGRESSIONAL						
Tax Penalties	Rating Scale	Default Likelihood Scale	Copy Edit	9	9	
Acceptance of Legal Agreements	Rating Scale	Default Likelihood Scale	Copy Edit	9	9	
Pharmaceutical Contracts	Rating Scale	Default Likelihood Scale	Copy Edit	9	9	
Insurance Exchanges	Rating Scale	Default Likelihood Scale	Copy Edit	8	8	
GLOBALIZATION						
Americans Abroad	Rating Scale	Default Likelihood Scale	Copy Edit	5	5	
Strategy & Technology	Rating Scale	Default Likelihood Scale	Copy Edit	4	4	
				Total 126		

Evaluation Progress
 Measurement Methods
 • For Sources
 • For Events
 Measurement Options
 • Evaluation What
 • Evaluation How
 • Display What
 • Insight™ Questionnaires
 • Default Scales
 Anytime Evaluation
 • Instructions
 • Invite Participants
 • Invite (responsive)
 • Collect my input
 • Collect my input (responsive)
 • Data Grid
 TeamTime™ Evaluation
 • Instructions
 • Select Participants
 • Invite Participants
 • Start/Stop Meeting

Overall Risk Results

Since risk can also be described as the expected value of a loss, the average loss for the computed/simulated overall likelihood, all participant's impacts and risks associated with the Affordable Care Act, given each event is 80%.

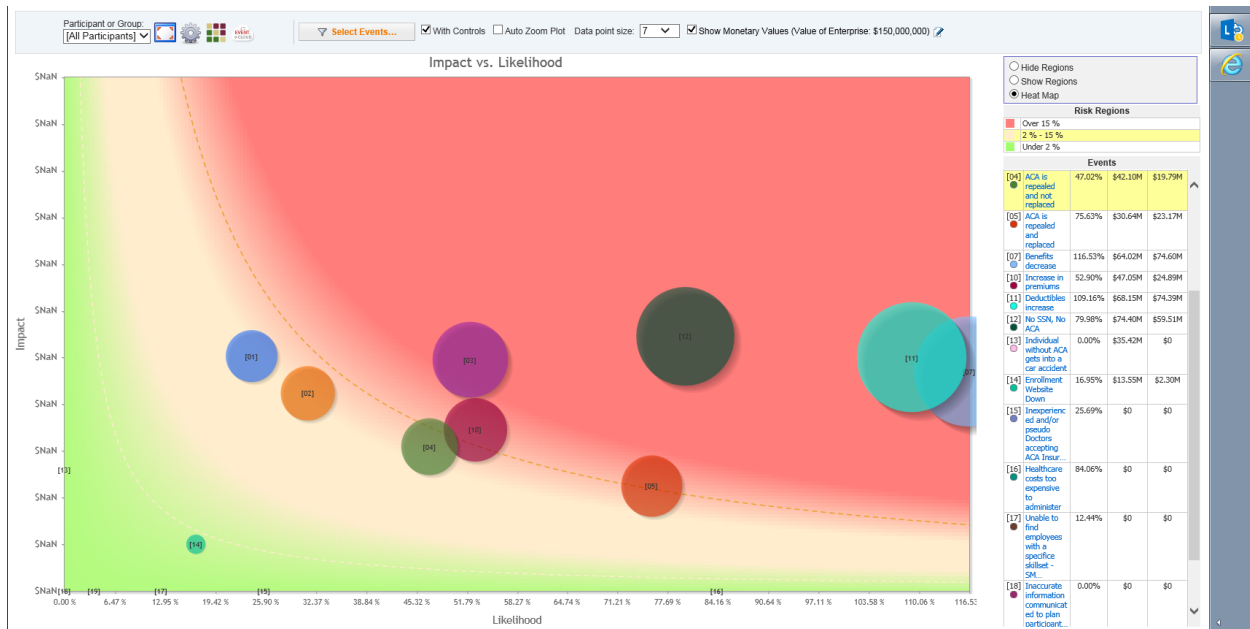
Broken down in each section, the highest likelihood of an individual missing open enrollment with a pre-existing condition is 80%. The highest impact indicates that there is a (simulated) 27% chance that there are individuals without a SSN and therefore cannot participate in the ACA. The highest (simulated) risk is that there is a 18% chance that the individual will miss the open enrollment with a pre-existing condition. The highest (computed) risk event of 374.45% which shows a strong likelihood that there will be decreased benefits.

Figure 9: Risk - Overall

No. ▲	Event		Likelihood Simulated	All Participants Impact, \$ Simulated	Risk, \$ Simulated
[01]	Individual does not participate in Affordable Health Care	≡	26.50%	29,555,856	7,832,301
[02]	Pre-existing conditions and no cure	≡	53.90%	26,239,379	14,143,025
[03]	Missed open enrollment with pre-existing health condition	≡	77.40%	33,122,799	25,637,046
[04]	ACA is repealed and not replaced	≡	71.50%	21,591,939	15,438,236
[05]	ACA is repealed and replaced	≡	8.30%	20,526,761	1,703,721
[07]	Benefits decrease	≡	33.80%	29,685,641	10,033,746
[10]	Increase in premiums	≡	71.70%	17,749,118	12,726,118
[11]	Deductibles increase	≡	55.20%	35,038,058	19,341,008
[12]	No SSN, No ACA	≡	31.10%	40,340,549	12,545,910
[13]	Individual without ACA gets into a car accident	≡	0.00%	0	0
[14]	Enrollment Website Down	≡	29.50%	4,647,506	1,371,014
[15]	Inexperienced and/or pseudo Doctors accepting ACA Insurance	≡	60.80%	0	0
[16]	Healthcare costs too expensive to administer	≡	73.80%	0	0
[17]	Unable to find employees with a specific skillset - SMEs (e.g Technology Developers)	≡	6.30%	0	0
[18]	Inaccurate information communicated to plan participants	≡	0.00%	0	0
[19]	Malicious software/malware destroys website (data breach)	≡	10.60%	0	0
Total Loss (Simulated)					\$120,772,130

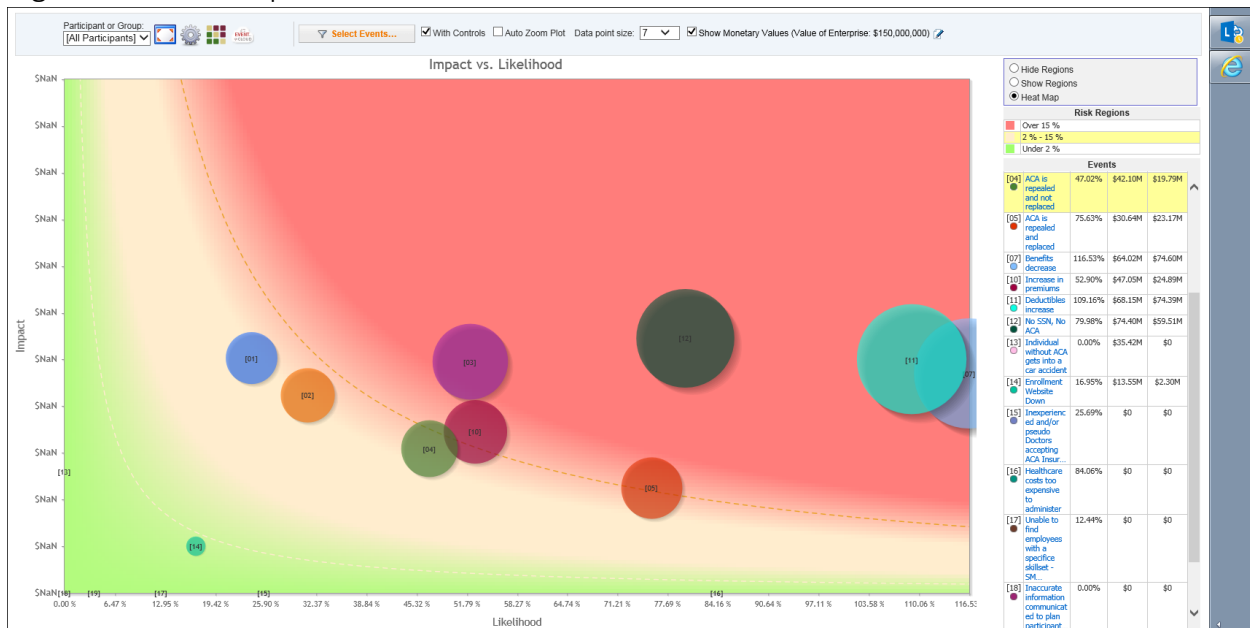
The overall risk map, in figure 10, is a depiction in the form of a graph that shows the Impact vs Likelihood. Controls were applied above the red area and the risk appetite was set to 15%. The circles within the red region show all the events most likely to happen, with the highest likelihood being benefit decrease, impact being 43% and risk being 160%. The benefit reduction will most likely provide an overall financial loss which will have a tremendous risk to the ACA program and could be costly to the tax payers and individuals themselves.

Figure 10: Risk Map with Relative Likelihood



The risk map, in figure 11, shows the Impact vs Likelihood from sources for globalization. The circles fall within the 2% - 15% region and show all the events will most likely to happen. More importantly, both Benefit Decrease and Increase in Premiums have the highest likelihood of occurring.

Figure 11: Risk Map with Relative Likelihood



Controls

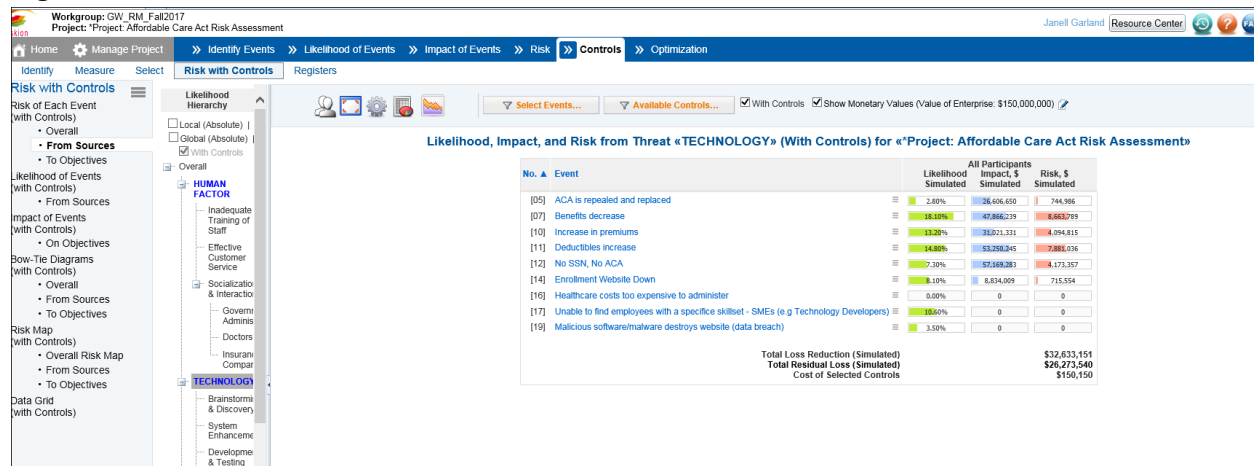
The overall likelihood, impacts and risk (with controls) for ACA risk assessment (figure 12) indicate that the total residual loss of \$98,955,166 describes a significant risk associated with the ACA. It means that even with controls that reduce the severity of the risk, the combined risks are excessive and the PMs will need to ensure that more controls are put in place to mitigate the risks.

Figure 12: Risk of Each Event - Overall

No. ▲	Event		Likelihood Simulated	All Participants Impact, \$ Simulated	Risk, \$ Simulated
[01]	Individual does not participate in Affordable Health Care	≡	15.20%	28,270,705	4,297,147
[02]	Pre-existing conditions and no cure	≡	26.00%	24,434,340	6,352,928
[03]	Missed open enrollment with pre-existing health condition	≡	39.50%	32,482,577	12,830,618
[04]	ACA is repealed and not replaced	≡	35.80%	21,839,844	7,818,664
[05]	ACA is repealed and replaced	≡	21.50%	20,562,836	4,421,009
[07]	Benefits decrease	≡	47.30%	32,622,637	15,430,507
[10]	Increase in premiums	≡	39.00%	20,489,784	7,991,015
[11]	Deductibles increase	≡	53.70%	36,084,367	19,377,305
[12]	No SSN, No ACA	≡	45.60%	43,064,143	19,637,249
[13]	Individual without ACA gets into a car accident	≡	0.00%	0	0
[14]	Enrollment Website Down	≡	13.50%	5,916,449	798,720
[15]	Inexperienced and/or pseudo Doctors accepting ACA Insurance	≡	20.50%	0	0
[16]	Healthcare costs too expensive to administer	≡	49.80%	0	0
[17]	Unable to find employees with a specific skillset - SMEs (e.g Technology Developers)	≡	8.90%	0	0
[18]	Inaccurate information communicated to plan participants	≡	0.00%	0	0
[19]	Malicious software/malware destroys website (data breach)	≡	4.80%	0	0
Total Loss Reduction (Simulated)					\$20,317,849
Total Residual Loss (Simulated)					\$98,955,166
Cost of Selected Controls					\$150,150

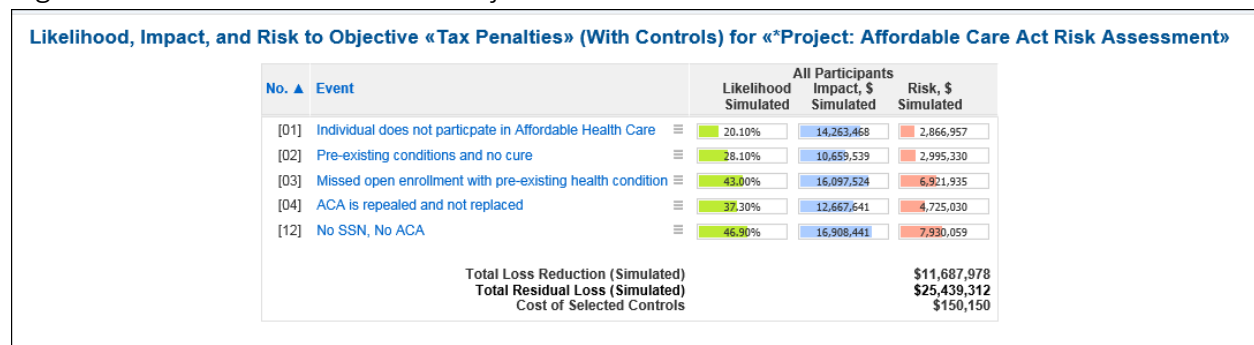
The outcome of the evaluation shows that, given Technology, the total residual loss of \$28,138,328 is likely to occur.

Figure 13: Risk of Each Event - Sources



From a likelihood, impact and risk to objective, the highest category is Financial Loss. Overall, the total computed residual risk is 320.95%, which is significantly high.

Figure 14: Risk of Each Event – Objectives



The outcome in the schedule in figure 15 shows that it is likely that huge tax penalties and acceptance of legal agreements are the two major threats to the ACA, which could potentially cause a huge financial loss to the program. A loss of such magnitude could be the reason why the government would want to increase premiums and reduced benefits to offset the cost of the ACA.

Figure 15: Likelihood of Events - Sources

Likelihood of the Event WRT Threats (with Controls) for «*Project: Affordable Care Act Risk Assessment»		
No. ▲	Threats (Likelihood of Threat)	All Participants
1	System Enhancements/Troubleshooting (9.57%)	0.98%
2	Development & Testing (14.09%)	7.67%
3	System Maintenance (4.75%)	0.02%
4	Pharmaceutical Contracts (11.05%)	1.44%
5	Insurance Exchanges (20.70%)	3.81%
6	Americans Abroad (37.00%)	6.99%
7	Training & Development (13.60%)	0.00%
8	Research & Development (25.23%)	0.00%

Given the impact of events with respect to objectives approximately 20% of all participants will be penalized (“Tax Penalties”). 20% of all participants will experience financial loss if the individual does not participate in the ACA. Given “Pre-existing condition and no cure”, 19% will experience a financial loss and the list continues for each risk event.

Figure 16: Impact of Events - Objectives

Likelihood, Impact, and Risk to Objective «Tax Penalties» (With Controls) for «*Project: Affordable Care Act Risk Assessment»				
No. ▲	Event		All Participants Likelihood Simulated	Risk, \$ Simulated
[01]	Individual does not participate in Affordable Health Care	≡	20.10%	14,263,468
[02]	Pre-existing conditions and no cure	≡	28.10%	10,659,539
[03]	Missed open enrollment with pre-existing health condition	≡	43.00%	16,097,524
[04]	ACA is repealed and not replaced	≡	37.30%	12,667,641
[12]	No SSN, No ACA	≡	46.90%	16,908,441
Total Loss Reduction (Simulated)				\$11,687,978
Total Residual Loss (Simulated)				\$25,439,312
Cost of Selected Controls				\$150,150

The bowtie diagram illustrated (figure 17) measures the efficiency and calculates the percentages for the likelihood of the threat (L), vulnerability of event to threat (V), consequence of event on objective (C) and priority of objective (P) for the threats and objectives for one risk event:

“Individual does not participate in the ACA” Please note that there were several other risk events and bowtie diagrams were created for the analysis, but in this case one risk was selected to provide feedback on. Controls are always applied to treat risks because they ease the likelihood of the threats, diminish the likelihood of the threat given a source, and lessen the impact of the objective. In this case, the overall likelihood of the threat is 64% and the overall impact of the objective 46%. This analysis goes to show that although the controls were put in place to lessen the threats, given the risk events identified for the ACA, they are still significantly high.

Figure 17: Bow-Tie Diagrams – Overall (Increase in Premiums)

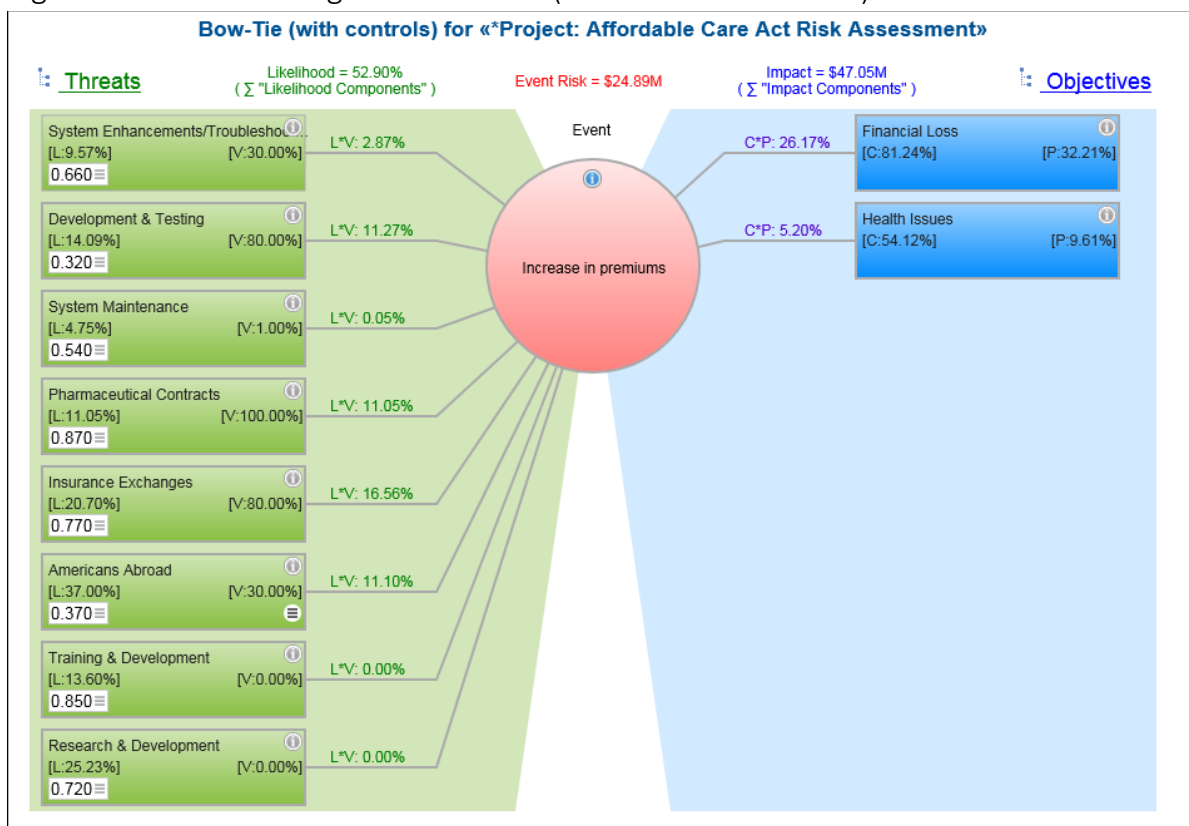


Figure 18: Bow-Tie Diagrams - Overall (ACA is repealed and not replaced)

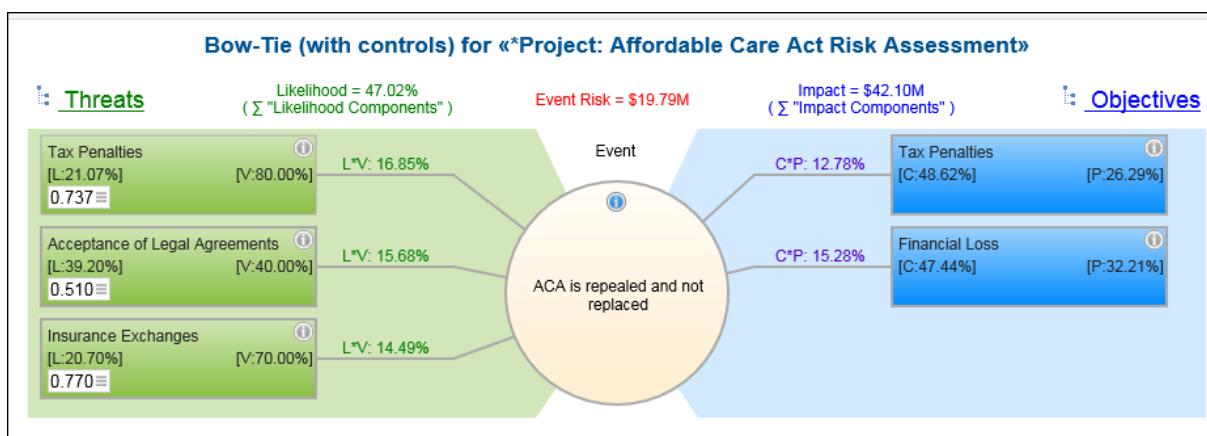


Figure 19: Bow-Tie Diagrams – Overall (Benefits Decrease)

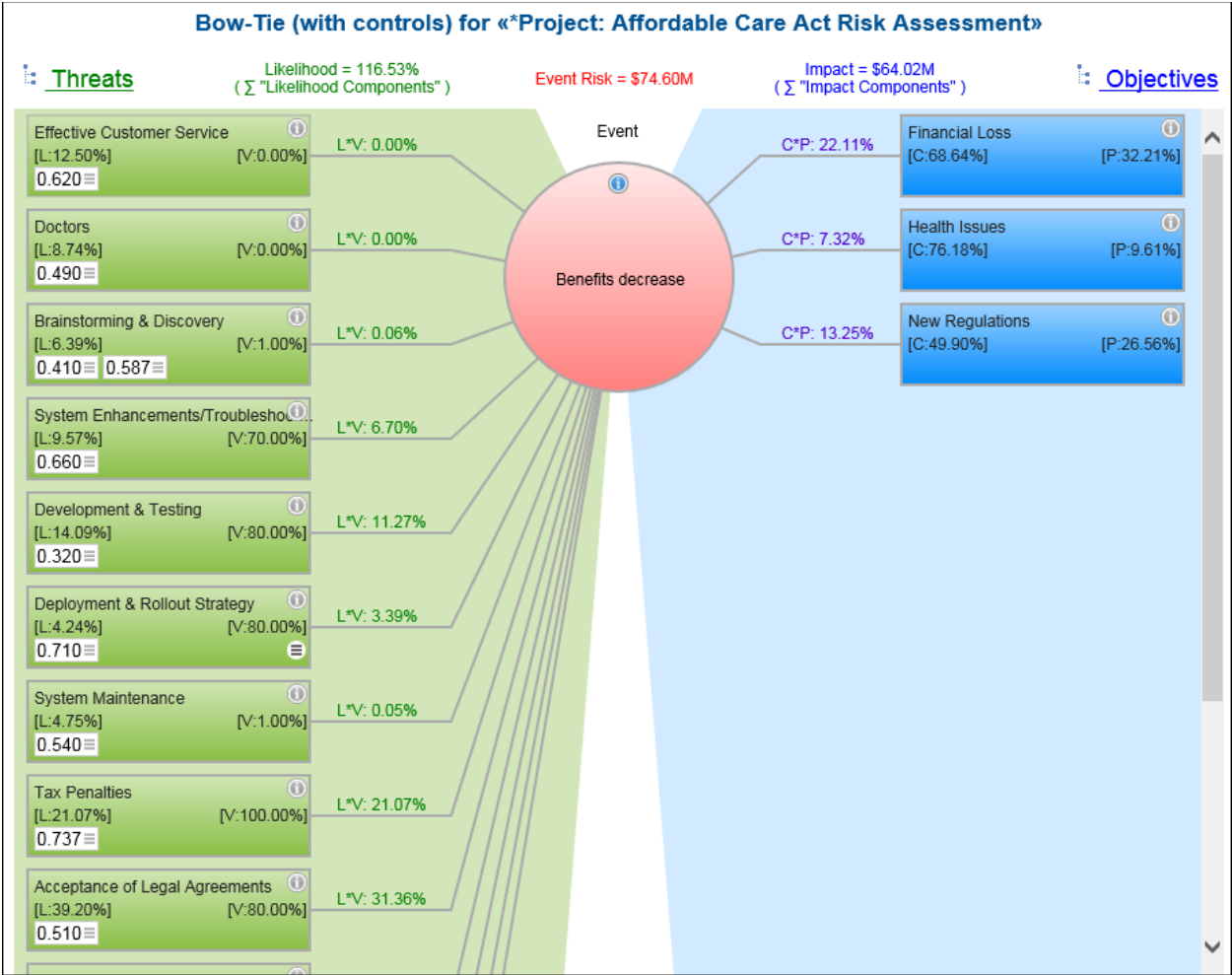
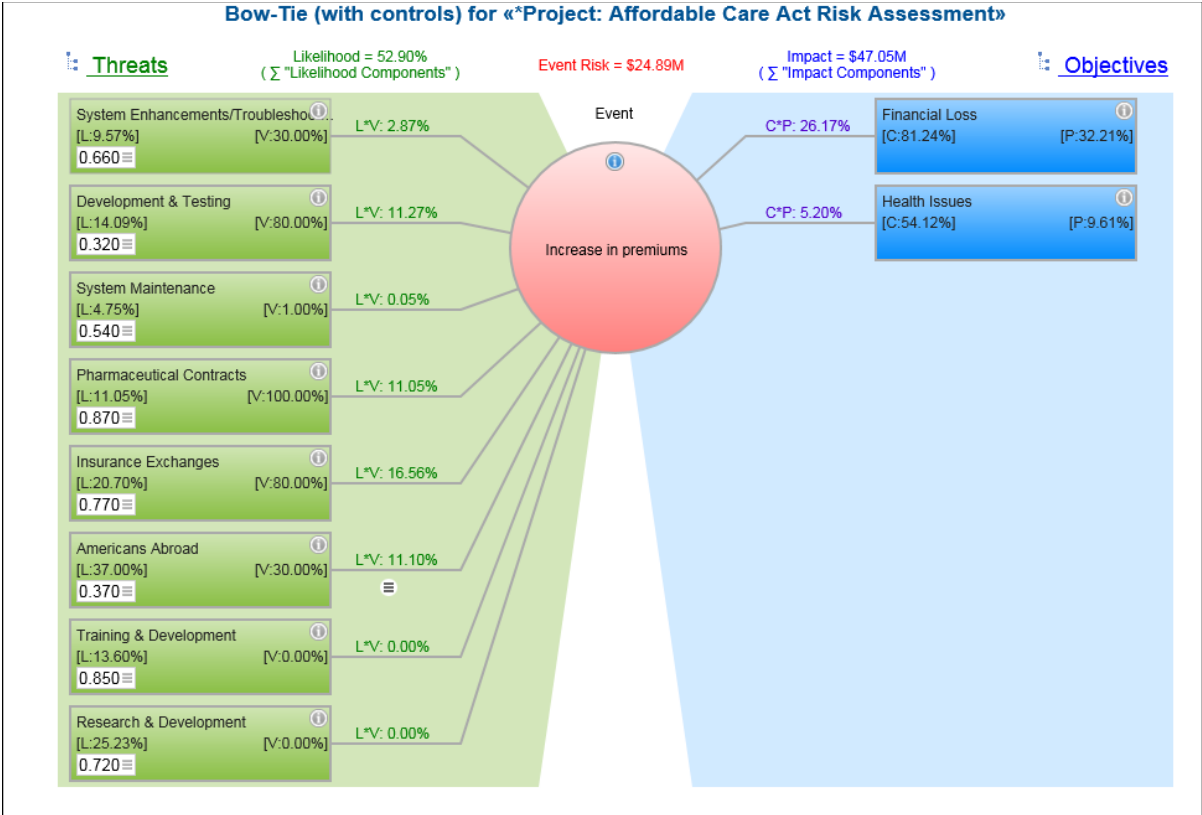


Figure 20: Bow-Tie Diagrams – Overall (Increase in Premiums)



In the overall risk map with controls (Impact vs Likelihood graph), in figure 21 below, all of the risk events fall within the over 15% region on the map which indicates that the risk will most likely occur. Benefit decrease and Healthcare costs are too expensive to administer, have the highest likelihood of occurring.

Figure 21: Risk Map - Overall Risk Map

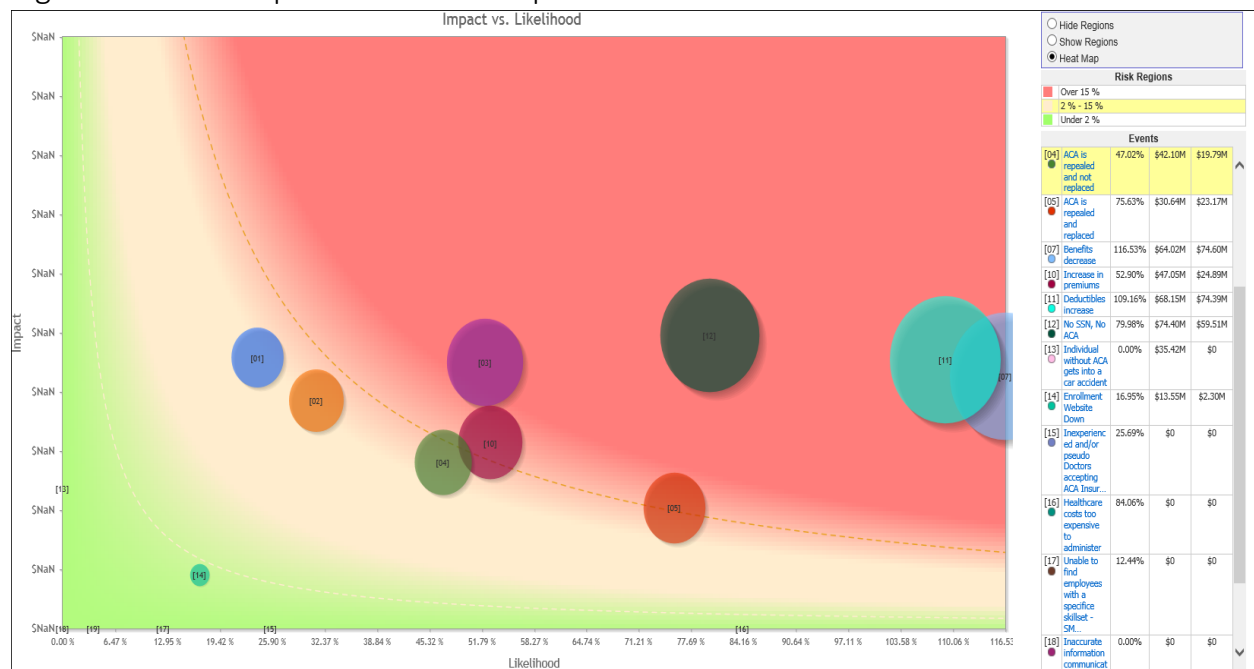


Figure 22: Risk Map - Sources

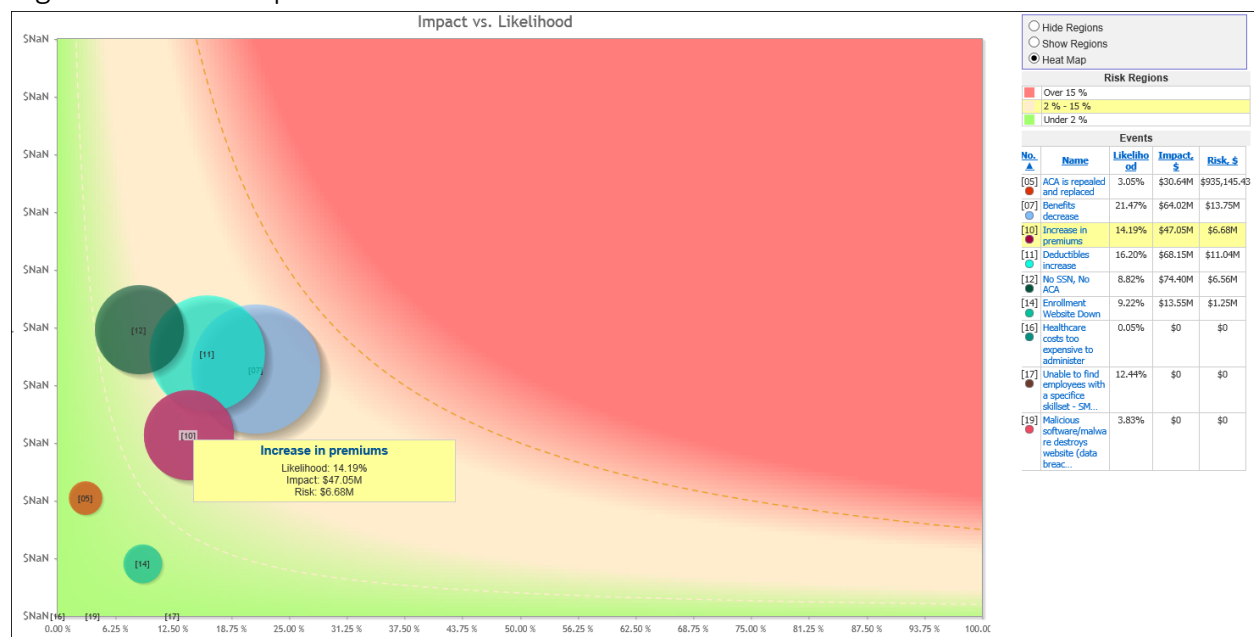
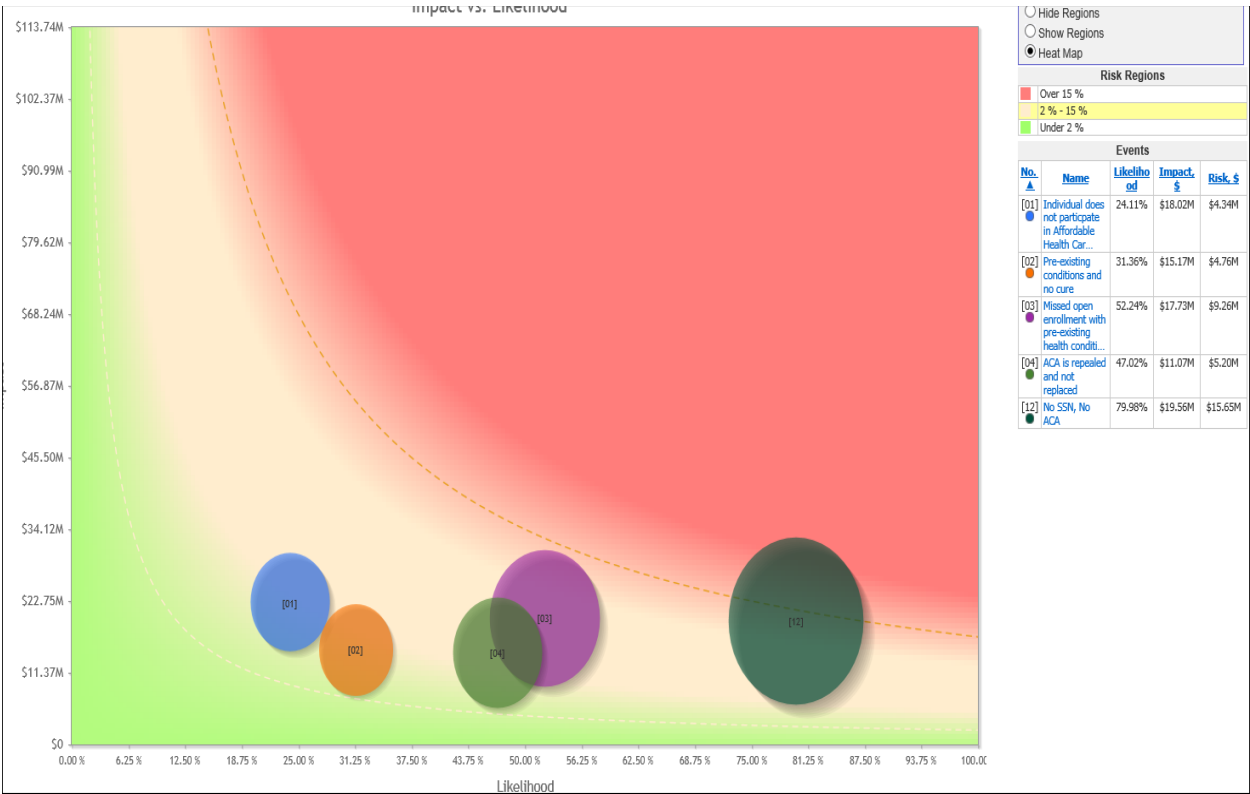


Figure 23: Risk Map - Objectives



Overall, based on the Risk Register, the likelihood, impact and Risk with and without controls show that the likelihood of “Benefit Decrease” is the highest of 374.45, the impact is 42.68 and the Risk is 159.81 and the close second event is deductible increase of 373.4. Given all the data this is the area that the PM needs to focus on and find new ways to minimize the risk in order to reduce the overall cost.

Figure 24: Risk Register

ID	Event Name	Likelihood	Impact	Risk	Likelihood with controls	Impact with controls	Risk with controls
1	Individual does not participate in Affordable Health Care	64.00	45.70	29.25	24.11	45.70	11.02
2	Pre-existing conditions and no cure	64.00	38.47	24.62	31.36	38.47	12.06
3	Missed open enrollment with pre-existing health condition	180.40	44.96	81.10	52.24	44.96	23.48
4	ACA is repealed and not replaced	159.00	28.06	44.62	47.02	28.06	13.20
5	ACA is repealed and replaced	249.89	20.42	51.04	75.43	20.42	15.45
6	Benefits decrease	374.45	42.68	159.81	116.53	42.68	49.74
7	Increase in premiums	199.74	31.37	62.65	62.90	31.37	16.59
8	Deductibles increase	373.40	46.43	169.65	109.16	46.43	49.60
9	No SSN, No ACA	283.66	48.60	140.70	79.38	48.60	39.47
10	Individual without ACA gets into a car accident	0.00	23.62	0.00	0.00	23.62	0.00
11	Enrollment Website Down	81.57	9.03	7.37	16.95	9.03	1.53
12	Inexperienced and/or pseudo Doctors accepting ACA Insurance	132.00	0.00	0.00	25.69	0.00	0.00
13	Healthcare costs too expensive to administer	296.82	0.00	0.00	84.06	0.00	0.00
14	Unable to find employees with a specific skillset - SMEs (e.g Technology Developers)	28.40	0.00	0.00	12.44	0.00	0.00
15	Inaccurate information communicated to plan participants	0.00	0.00	0.00	0.00	0.00	0.00
16	Malicious software/malware destroys website (data breach)	11.26	0.00	0.00	3.83	0.00	0.00

Below is the Control Register (figure 25) for the ACA risk assessment. Three controls (below) were selected and the cost of the selected controls totaled \$1,500:

1. Do not increase the deductible < 100 (control for vulnerability)
2. Training Policies and Procedures and (control for vulnerability)
3. Continuous Monitoring (Control for consequence)

Note: The highest effectiveness (35.00) shows that with Doctors, if benefit decrease there will be significant risk to the ACA plan. The next effectiveness is the significant tax penalties if an individual do not participate in the plan and the next is system enhancements with a benefit decrease.

The schedule below provides a list of all the threats, vulnerabilities and impacts with controls and the cost for each control.

Figure 25: Control Register

Control register for "Project: Affordable Care Act Risk Assessment"

Selected controls: **9**
Cost Of Selected Controls: **\$202,650 (unfunded: \$0)**
Total Cost Of All Controls: **\$202,650**

Index ▲	<input type="checkbox"/>	Control Name	Control for	Selected	Cost	Applications	Categories
1	<input type="checkbox"/>	https://www.screencast.com/t/VXYgmiSLpiV9	Threat ▼	Yes	150000	4	
2	<input type="checkbox"/>	Personnel Screening	Threat ▼	Yes	50	8	
3	<input type="checkbox"/>	Decrease Premium Amounts	Threat ▼	Yes	50	7	
4	<input type="checkbox"/>	Thorough Policy Analysis	Threat ▼	Yes	50	7	
5	<input type="checkbox"/>	Do not increase the deductible < 100	Vulnerability ▼	Yes	500	127	
6	<input type="checkbox"/>	Repeal and Replace	Vulnerability ▼	Yes	50000	8	
7	<input type="checkbox"/>	Training Policies and Procedures	Vulnerability ▼	Yes	500	8	
8	<input type="checkbox"/>	Continuous Monitoring	Consequence ▼	Yes	500	12	
9	<input type="checkbox"/>	Continuous Development	Consequence ▼	Yes	1000	2	

Optimization

The Control Register identifies 9 selected controls (funded cost \$202,650) that are mapped to the threat, vulnerabilities and consequences. Once measurement methods and effectiveness for the risk controls and the level of measure for each control were added in “Riskion”, we can optimize the risk controls to best fit with selected controls. In ACA risk identification \$5,000,000 was the budgeted amount was used for the optimization. Overall, the cost associated with the high level of risk is significant and the Government has to pay special attention to the cost associated the risk before making decisions on repealing and replacing the plan.

Figure 26 - Optimize Controls

Control register for “*Project: Affordable Care Act Risk Assessment”

Selected controls: 9
Cost Of Selected Controls: \$202,650 (unfunded: \$0)
Total Cost Of All Controls: \$202,650

Search:

Index	<input type="checkbox"/>	Control Name	Control for	Selected	Cost	Applications	Categories
1	<input type="checkbox"/>	https://www.screencast.com/t/VXYgmiSLpiV9	Threat	Yes	150000	4	
2	<input type="checkbox"/>	Personnel Screening	Threat	Yes	50	8	
3	<input type="checkbox"/>	Decrease Premium Amounts	Threat	Yes	50	7	
4	<input type="checkbox"/>	Thorough Policy Analysis	Threat	Yes	50	7	
5	<input type="checkbox"/>	Do not increase the deductible < 100	Vulnerability	Yes	500	127	
6	<input type="checkbox"/>	Repeal and Replace	Vulnerability	Yes	50000	8	
7	<input type="checkbox"/>	Training Policies and Procedures	Vulnerability	Yes	500	8	
8	<input type="checkbox"/>	Continuous Monitoring	Consequence	Yes	500	12	

Figure 27: Controls Optimization

Total Risk = 1,156,223,564

With Controls Identified the Tot Risk Reduction = \$137,920,544

With All Controls = \$93,110,336

Scenario:

☒ Show Monetary Values (Value of Enterprise: \$150,000,000) ☒ Show descriptions ☐ S.A. Reduction

Controls optimization for “*Project: Affordable Care Act Risk Assessment”

☒ Budget ☐ Risk ☐ Risk Reduction

Budget Limit: \$

Total Risk: \$1,156,223,564

Risk With Selected Controls: \$93,110,336 (Δ: \$1,063,113,227)

Risk With All Controls: \$93,110,336 (Δ: \$1,063,113,227)

Total Risk Reduction: \$137,920,544

Selected controls: 9

Cost Of Selected Controls: \$202,650 (unfunded: \$0)

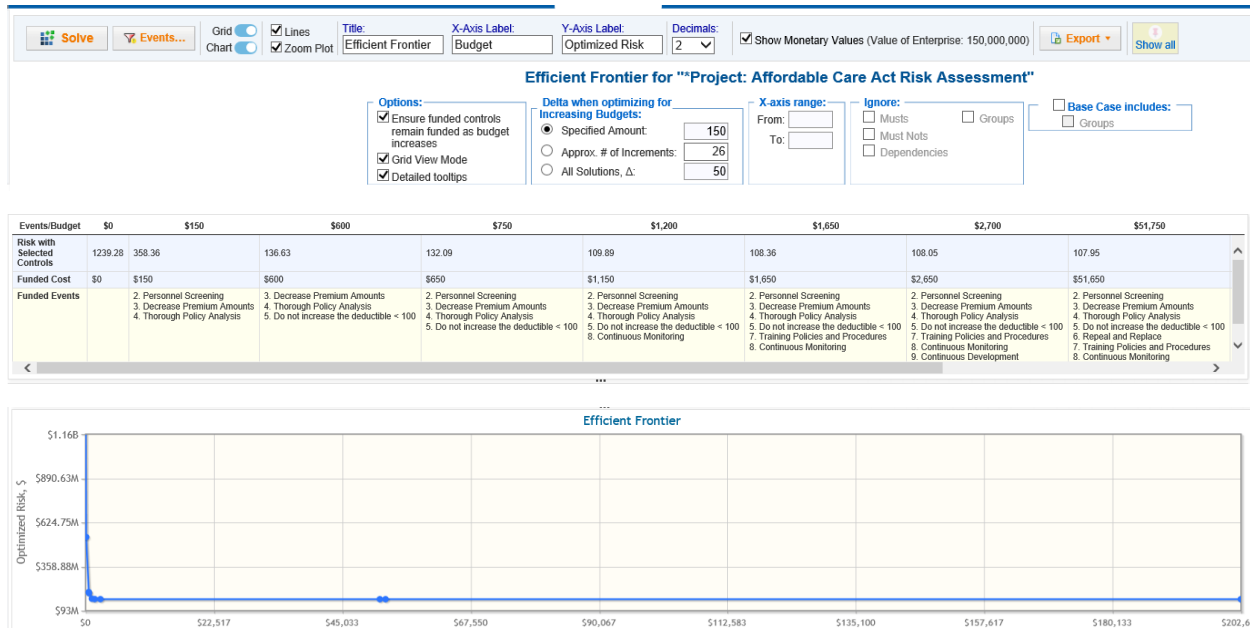
Total Cost Of All Controls: \$202,650

Ignore: ☐ Musts ☐ M

Index	Control Name	Control for	Selected	Cost	Applications	Categories	Must	Must Not
1	https://www.screencast.com/t/VXYgmiSLpiV9	Threat	Yes	150000	4		<input type="checkbox"/>	<input type="checkbox"/>
2	Personnel Screening	Threat	Yes	50	8		<input type="checkbox"/>	<input type="checkbox"/>
3	Decrease Premium Amounts	Threat	Yes	50	7		<input type="checkbox"/>	<input type="checkbox"/>
4	Thorough Policy Analysis	Threat	Yes	50	7		<input type="checkbox"/>	<input type="checkbox"/>
5	Do not increase the deductible < 100	Vulnerability	Yes	500	127		<input type="checkbox"/>	<input type="checkbox"/>
6	Repeal and Replace	Vulnerability	Yes	50000	8		<input type="checkbox"/>	<input type="checkbox"/>
7	Training Policies and Procedures	Vulnerability	Yes	500	8		<input type="checkbox"/>	<input type="checkbox"/>
8	Continuous Monitoring	Consequence	Yes	500	12		<input type="checkbox"/>	<input type="checkbox"/>
9	Continuous Development	Consequence	Yes	1000	2		<input type="checkbox"/>	<input type="checkbox"/>

Figure 28 displays the controls optimization for the ACA – Total Risk value \$1,156,223,564 used to establish an efficient frontier. The Risk associated with repealing and replacing the ACA is significantly higher than improving on the already established ACA.

Figure 28: Efficient Frontier



Conclusion

Although the ACA will not be replaced at this time, insurers still face the following uncertainties:

1. Rates – the 2018 individual market open enrollment rates have not been finalized
2. Funding – the Trump Administration has cut the funding efforts to sign people up for insurance
3. Enrollment – the enrollment period has been cut in half and most people are not aware of the enrollment deadline
4. Flexibility – the Trump Administration is delaying their responses in giving the states flexibility in stabilizing their markets

Using Riskion to identify the risk events, determine the likelihood/impact of the events and create the risk, controls and the optimization methods, has enabled us to achieve a better understanding of the overall cost associated with the ACA.

After performing the risk analysis, we were able to ascertain that the highest risk associated with the ACA is reduction in benefits. Reduced benefit in the ACA means that individuals will not have the right amount of coverage, which could create potential danger in patients. In this case, the project managers decided that it would be better to allocate funds to mitigate the risk of

having decreased benefits because of the negative impact it will have on millions of Americans and accept the cost to be sure we have the right amount of benefits.

If overall benefits are decreased, there will be increased healthcare issues for Americans here and abroad. We have also concluded that the reduction in this risk could lead to significant long-term cost savings in the ACA program. Having access to and knowledge of the political situation in America, our role as Project Managers is to communicate the outcome of our evaluation and analysis and determine what risk we should mitigate, avoid or accept. PMs should communicate the value and positive impact of offering inexpensive healthcare to millions of Americans. With a healthy America, everyone prospers and the economy will increase over time.

After performing the risk analysis in *Riskion*, we firmly believe that the government should employ *Riskion* as the tool of record to reduce the vulnerabilities, threats and consequences to ACA, thus reducing the cost associated with the plan. *Riskion* will also provide significant measurements as it aids in the documentation of risk events, likelihood of the events, sources and impacts and to make decisions for high-level projects such as the ACA.