



**Wisconsin**  
**Department of Health Services**

**SFY 2014-15 Agency IT Plan**

**April 2014**

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## I. DHS – IT Overview

DHS intends to pursue a number of projects using information technology to strengthen its provision of services. Key projects are highlighted below:

**Enterprise Resource Planning (ERP) system:** The Enterprise Resource Planning (ERP) system is being implemented State-wide as the STAR Project (State Transforming Agency Resources). Current administrative systems for accounting, procurement and human resources will be replaced with a new and comprehensive system. This new system will allow us to effectively manage our finance, budget, procurement, business intelligence and human resource functions. Results to be expected include; more efficient operations using standardized processes, streamlined approval processes, transparency, and improved decision making using analytical tools.

**Electronic Health Records (EHR):** DHS and the seven facilities are engaged in an intensive planning, procurement, and implementation project to significantly modernize the DHS facilities' capacity to consistently create exchangeable electronic health reports that will greatly assist in increasing operational efficiencies and in improving patient care. A supporting project is also underway to assess the network and communications infrastructure at each site to determine if the sites have the capacity to support an EHR system.

**Technology and Data Governance Improvements:** A number of projects and potential projects are focused on improving how DHS manages its information. This includes the Enterprise Information Asset Management (EIAM), IT project and process governance, and design of a framework to address security, compliance and risk management. This will support the essential safeguarding of protected information and improved analytic capabilities, while allowing appropriate and effective use of the information for better management of DHS programs.

**Medicaid Management Information System and Medicaid Eligibility System Improvements:** Identified projects will implement changes needed to comply with Federal mandates and State initiatives including supporting the ICD-10 diagnosis and procedure code set, any remaining eligibility and benefits changes under ACA, an updated MITA self-assessment, and an MMIS replacement strategic plan.

**IT Modernization and Support:** A number of IT Staff resources will be committed to modernize the DHS IT environment to ensure interoperability, support and sustainability. This includes workstation replacement cycling, MS Access upgrades, MS SQL Server upgrades and other development languages that have aged or will be aging into an unsupported state.

More information regarding specific projects meeting the reporting threshold and potential projects are included in this report.

## II. DHS – Agency IT Budget

The DHS Division of Enterprise Services - Bureau of Information Technology Services (BITS) is responsible for information technology (IT) throughout the Department. This includes maintenance and enhancement of applications, the development of new applications and ongoing development efforts.

The Bureau maintains a network of over 4,500 workstations and over 5,000 total devices. Network support includes the design, implementation, and maintenance of the network connections for all platforms (client/server, mainframe, servers at the facilities and individual personal computers). The network includes connectivity for Department staff in central office, regional offices, and institutions as well as equipment placed with county workers that connect to Department applications. Additionally, the Bureau is responsible for data management, data security, COOP support, control, and production management.

The estimated SFY 15 Bureau of Information Technology budget is \$16,000,000 AF. This figure includes the estimated budget for the following items:

- Salary, Fringe and Staff Support costs for 65.70 State FTE
- Contracted services including for 31 contracted positions
- DOA/DET charges
- Software Purchases for DHS
- Hardware Purchases for DHS
- Data Management and Architecture Support
- Applications Development and Support
- Technical Operations and Security functions
- Communications and Mobile Device Management functions
- Desktop Support and Customer Service functions

## III. DHS – IT Employees

The central IT organization (DES-BITS) includes the following staffing levels:

FTE: 65.70 total (50.70 filled)
LTE: 4
Contractors: 31
Open positions: 15.0

## IV. DHS – Agency Projects

### Facilities Electronic Health Records (EHR) System

1) Project Name: <b>Facilities Electronic Health Records (EHR) System</b>			
2) Project Type: <input checked="" type="checkbox"/> New FY15 <input type="checkbox"/> Ongoing			
3) Project Description: DHS' seven Facilities currently rely on a combination of paper records created in Word and Excel, legacy software, and information stored largely in stand-alone MS Access databases to document and manage patient care. This antiquated approach to managing patient information creates significant inefficiencies, potential data security concerns, lost opportunities to enhance the quality of patient care, and could begin to create potential accreditation and compliance issues for the Facilities that are licensed and/or received federal funding. Facilities report that with the days of faxing records rapidly fading, the primary means of communicating with health care providers in regard to emergency admissions to an ER, admissions to DHS facilities, coordination of health care while the person is in the DHS Facilities and at time of discharge, is with the inter-connectivity of EHRs.			
<p>None of the Facilities has the capacity to create an exchangeable electronic health record, which is a foundational expectation of all health care facilities. The 2013-15 biennial budget appropriated annually \$3.5 million all funds, starting in FY 2014-15, to fund the implementation of an EHR. Consequently, the DHS and the 7 Facilities will engage in an intensive planning, procurement, and implementation project to significantly modernize the DHS facilities' health information technology. The purpose of implementing an EHR is to collectively capture critical patient care data across all seven facilities, increase efficiencies among staff, standardize common processes and create an electronic health record for each patient. This will allow DHS to improve the quality of patient care, easily share patient data securely with internal and external providers and offer better opportunities for measuring patient care outcomes.</p>			
4) Project Schedule	Start: 07/01/2014	Expected Completion: 2019	
5) Application Platform:	<input type="checkbox"/> Mainframe	<input type="checkbox"/> Windows Multi-Tier	<input type="checkbox"/> Client-Server
	<input type="checkbox"/> Web Internet	<input type="checkbox"/> Web Intranet	<input type="checkbox"/> Physical
	<input type="checkbox"/> Consolidated	<input type="checkbox"/> Co-located	<input type="checkbox"/> Virtual
6) Application Type:	<input type="checkbox"/> State Developed	<input type="checkbox"/> SaaS	<input type="checkbox"/> Transfer
	<input type="checkbox"/> COTS	<input type="checkbox"/> Vendor Managed/hosted	<input type="checkbox"/> Other (specify) _____
7) Technical Architecture Components: Sections 5 through 7 will be determined in FY 2014-15 during the course of finalizing business requirements and developing the Request for Proposal (RFP) to procure a system / service.			
8) Estimated Total Project Hours: 9,000 est. all staff hours for requirements, design, and procurement phase.		8a.) Estimated Total Project Cost: \$10 million est. for system procurement and implementation	



## Foster Care Medical Home / Care4Kids

1) Project Name: <b>Foster Care Medical Home / Care4Kids</b>			
2) Project Type: <input type="checkbox"/> New FY14 <input checked="" type="checkbox"/> Ongoing			
3) Project Description: The Department implemented a medical home for children in out-of-home care that provides an individualized treatment plan for each child in Kenosha, Milwaukee, Ozaukee, Racine, Washington and Waukesha counties. Certified Medicaid Health Systems will be reimbursed at an all-inclusive rate and calculated using current expenditures for this population of children. Phase I was completed January 1, 2014 and includes children newly placed in out-of-home care. IT needs for this project include: <ul style="list-style-type: none"> <li>a. Implement Phase II enrollment of children placed in out-of home care prior to January 1, 2014</li> <li>b. Creating a new region for HMO encounter that will also re-price encounter claims data – implementation date by March 2015</li> </ul>			
4) Project Schedule	Start: Nov, 2011	Completion: March 2015	
5) Application Platform:	<input type="checkbox"/> Mainframe	<input type="checkbox"/> Windows Multi-Tier	<input type="checkbox"/> Client-Server
	<input checked="" type="checkbox"/> Web Internet	<input checked="" type="checkbox"/> Web Intranet	<input type="checkbox"/> Physical
	<input type="checkbox"/> Consolidated	<input type="checkbox"/> Co-located	<input type="checkbox"/> Virtual
6) Application Type:	<input type="checkbox"/> State Developed	<input type="checkbox"/> SaaS	<input type="checkbox"/> Transfer
	<input type="checkbox"/> COTS	<input checked="" type="checkbox"/> Vendor Managed/hosted	<input type="checkbox"/> Other (specify) _____
7) Technical Architecture Components: Leverage the MMIS/interChange member, provider, managed care, claims, financial and reporting modules, define and implement enrollment processing and reporting needs. For HMO Encounter define data needs and editing and identify a re-pricing methodology that meets FCMH and Department needs.			
8) Estimated Total Project Hours: 3a. Zero hours for maintenance  3b. and 3c. 19,700		8a.) Estimated Total Project Cost:  3a. TBD  3b. and 3c. estimated \$1,500,746	
9) Related Projects and Dependencies: Interchange/Medicaid, eWISACWIS changes.			
10) Is this a High-Profile Project? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, complete information below.)			
Executive Sponsor: Marlia Mattke / Brian Shoup			
Division: Health Care Access and Accountability / Long Term Care			
Business Sponsor: Multiple/Various program leaders Division: Multiple/Various			
Senior Project Manager: Heidi Herziger		IT Authority: Matt Dedrick (DHS CIO)	

Is Full Funding for Project Approved/Secured? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Funding Source for the Project: <input type="checkbox"/> GPR \$750,373_____ <input type="checkbox"/> PR \$_____ <input type="checkbox"/> SEG \$_____
<input type="checkbox"/> FED \$ 750,373_____
90/10 matched funds
11) Issues that may influence successful execution of the project: a. Program area Subject Matter Expert (SME) participation to gather requirements b. Other DHS IT priorities c. Resource constraints for HP and DHS staff

## ICD-10 Project for Medicaid Program

1) Project Name: <b>ICD-10 Project for Medicaid Program</b>			
2) Project Type: <input type="checkbox"/> New FY15 <input checked="" type="checkbox"/> Ongoing			
3) Project Description: This project is for assessment, planning and implementation of systems and program changes to support the new ICD-10 diagnosis and procedure code set that is federally mandated to be implemented by the health care industry by October 2014. The ICD-10 code set replaces the current ICD-9 code set. The ICD-10 code set expands diagnosis codes from 13,000 to 69,000 codes and expands procedure coding from 11,000 to 72,000 codes. The new codes are significantly more detailed and complex than the old code set. The costs have increased since last fiscal year's plan due to a change in approach for the implementation of this project which required a significant number of new requirements and staff to implement. This project impacts all business functions of the Medicaid program systems, policy and operations.			
4) Project Schedule	Start: 6/1/11	Expected Completion: 5/31/15	
5) Application Platform:	<input type="checkbox"/> Mainframe	<input type="checkbox"/> Windows Multi-Tier	<input type="checkbox"/> Client-Server
	<input checked="" type="checkbox"/> Web Internet	<input type="checkbox"/> Web Intranet	<input type="checkbox"/> Physical
	<input type="checkbox"/> Consolidated	<input type="checkbox"/> Co-located	<input type="checkbox"/> Virtual
6) Application Type:	<input type="checkbox"/> State Developed	<input type="checkbox"/> SaaS	<input type="checkbox"/> Transfer
	<input type="checkbox"/> COTS	<input checked="" type="checkbox"/> Vendor Managed/hosted	<input type="checkbox"/> Other (specify) _____
7) Technical Architecture Components: Multiple including Oracle database and .NET.			
8) Estimated Total Project Hours: 214,270		8a.) Estimated Total Project Cost: \$ 33,530,721	
9) Related Projects and Dependencies: N/A			
10) Project Sponsorship and Funding <i>(please complete the information below)</i>			
Executive Sponsor: Brett Davis		Division: DHCAA	
Business Sponsor: Marlia Mattke		Division: DHCAA	
Senior Project Manager: David Ebert		IT Authority: Vendor contract with HP	
Is Full Funding for Project Approved/Secured? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Funding Source for the Project: <input checked="" type="checkbox"/> GPR \$3,603,620 <input type="checkbox"/> PR \$ _____ <input type="checkbox"/> SEG \$ _____			
<input checked="" type="checkbox"/> FED \$29,927,101			
11) Issues that may influence successful execution of the project: State and Contractor resources needed to implement this project are extensive.			

## IRIS Self-Directed IT System (ISITS) & TPA Implementation

1) Project Name: <b>IRIS Self-Directed Information Technology System (ISITS) &amp; Third-Party Administration (TPA) Implementation</b>			
2) Project Type: <input type="checkbox"/> New FY15 <input checked="" type="checkbox"/> Ongoing			
3) Project Description: The "Include, Respect, I-Self Direct" (IRIS) Medicaid Home and Community-Based Waiver Program provides long-term care services to adults who have Physical Disabilities, Developmental Disabilities, or who are Frail Elders.			
<p><u>Care Management (CM) System</u> -Currently there are over <u>fifteen</u> different non-interfaced systems used to collect and process information for the IRIS program. Other states with similar programs have implemented a comprehensive system or interfaced systems that include all functions needed to deliver the program. Wisconsin has issued an RFP for a comprehensive participant and case management system to support the program. The RFP was successful, and a winning vendor has been identified. Contract negotiations are still in progress, and are expected to be completed by the end of March, 2014. Implementing the selected system will include data cleansing, system development, system configuration, and extensive training. The implementation will be done with a phased approach, with each phase leveraging development done in the previous phase. This will begin with the implementation of the vendor's most basic system in late 2014, which will then be incrementally built upon. The project will also include the evaluation and modification of existing processes, policies, guidelines, and documents. A request for modification of the current Medicaid waiver has been submitted to CMS for approval.</p> <p><u>Third Party Administrator (TPA)</u> – The IRIS program has also created and issued a management letter to solicit a TPA for the IRIS program, selecting between vendors that are currently contracted with the Department for the IRIS program. The TPA will be expected to store IRIS member information, service authorization information and provider information in order to process claims for the IRIS program and submit IRIS encounter reporting data to the Department. The claims processing requirements documented in the Departments RFP and corresponding Master Contract (#1677-DLTC-XXX) are the basis for the IRIS claims processing requirements. A vendor has been selected, but announcement is currently being held until the approval of the IRIS program waiver from CMS.</p>			
3) Project Schedule	Start:04/2014	Expected Completion:03/2016	
4) Application Platform:	<input type="checkbox"/> Mainframe	<input type="checkbox"/> Windows Multi-Tier	<input type="checkbox"/> Client-Server
	<input checked="" type="checkbox"/> Web Internet	<input type="checkbox"/> Web Intranet	<input type="checkbox"/> Physical
	<input type="checkbox"/> Consolidated	<input type="checkbox"/> Co-located	<input type="checkbox"/> Virtual
5) Application Type:	<input type="checkbox"/> State Developed	<input type="checkbox"/> SaaS	<input type="checkbox"/> Transfer
	<input checked="" type="checkbox"/> COTS*	<input checked="" type="checkbox"/> Vendor Managed/hosted	<input checked="" type="checkbox"/> Other (specify) *Highly developed and customized COTS product.

6) Technical Architecture Components: <ul style="list-style-type: none"> <li>• Interfaces with the ISITS system will be made with interChange, PPS, FSIA, WPM, and the Datamart.</li> <li>• An interface with the TPA Claims Processer will be made with ISITS.</li> <li>• System will be built upon an already existing vendor platform.</li> </ul>	
7) Estimated Total Project Hours: TBD	8a.) Est. Total Project Cost: \$6.0 million (all funds)
8) Related Projects and Dependencies: DHS will be submitting an Implementation Advance Planning Document (IAPD) to CMS, seeking enhanced Federal match for the development of an enterprise care management system, of which the ISITS application will be the first version. The IAPD will be submitted once more information is available, relating to timelines and cost.  Potentially related systems and projects include Wisconsin Provider Management, & Eligibility & Enrollment Streamlining.	
9) Project Sponsorship and Funding <i>(please complete the information below)</i>	
Executive Sponsor: Brian Shoup	Division: Long Term Care
Business Sponsor: Camille Rodriguez	Division: Long Term Care
Senior Project Manager: Kristin Reid (CM)  Heidi Herziger (TPA)                      IT Authority: Matt Dedrick (DHS CIO)	
10) Is Full Funding for Project Approved/Secured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Funding Source for the Project: <input checked="" type="checkbox"/> GPR \$tbd* <input type="checkbox"/> PR \$_____ <input type="checkbox"/> SEG \$_____  <input checked="" type="checkbox"/> FED \$tbd*  A FY 14/15 expenditure estimate for this project is \$ 2,950,000 (all funds).  * DHS has submitted a request to CMS for enhanced federal funding match at 90/10, but must await approval of that request; tentatively expected for the data warehouse phase of the project. The project will get underway using a federal match rate of 50/50.	
11) Issues that may influence successful execution of the project:  Data migration from current "Enterprise" system, which is administered by TMG. The "Enterprise" system will be retired upon completion of the new ISITS system.	

## MA Health Information Technology (HIT) – EHR Incentive Program

1) Project Name: <b>Medicaid Health Information Technology (HIT) – Electronic Health Record Incentive Program</b>			
2) Project Type: <input type="checkbox"/> New FY15 <input checked="" type="checkbox"/> Ongoing			
3) Project Description: There are three main purposes of the Medicaid HIT Project.  <p>The first purpose is to design, develop, and implement the system changes, policies, and procedures for the successful administration and oversight of the Medicaid EHR Incentive Program; the second is to conduct communication and outreach activities to promote EHR, health information exchange, and participation in the EHR Incentive Program with the goal of improving quality of care and managing costs; and third is to further develop the State Medicaid HIT Plan by planning for the longer term HIT vision and defining specific projects that will enable the Wisconsin Medicaid Agency to effectively operate the Medicaid EHR Incentive Program for future years and support the realization of long-term goals and objectives.</p> <p>The State of Wisconsin has worked and will continue to work in collaboration with the Centers for Medicare and Medicaid Services (CMS) to collect and analyze information provided by eligible professionals (EPs) or hospitals who apply for EHR incentive payments. This requires the State of Wisconsin to establish solutions to receive registration data from CMS's National Level Repository (NLR), capture attestation information related to the eligibility criteria and the various stages of meaningful use, generate incentive payments, process appeals, and conduct auditing functions for the program.</p> <p>This is a multi-year project that includes the design, development and ongoing modification of a core application through a multi-state collaborative. The core application is known as the Medical Assistance Provider Incentive Repository (MAPIR) solution. MAPIR will interface with the NLR, collect and track provider applications, evaluate eligibility and collect attestations in order to make timely incentive payments to qualifying providers. ForwardHealth interchange and the data warehouse will also be utilized to support the program.</p>			
4) Project Schedule	Start: 1/1/2013	Expected Completion: 9/30/2014	
5) Application Platform:	<input type="checkbox"/> Mainframe	<input type="checkbox"/> Windows Multi-Tier	<input type="checkbox"/> Client-Server
	<input checked="" type="checkbox"/> Web Internet	<input type="checkbox"/> Web Intranet	<input type="checkbox"/> Physical
	<input type="checkbox"/> Consolidated	<input type="checkbox"/> Co-located	<input type="checkbox"/> Virtual
6) Application Type:	<input type="checkbox"/> State Developed	<input type="checkbox"/> SaaS	<input type="checkbox"/> Transfer
	<input type="checkbox"/> COTS	<input checked="" type="checkbox"/> Vendor Managed/hosted	<input type="checkbox"/> Other (specify) _____
7) Technical Architecture Components: <ul style="list-style-type: none"> <li>• Medical Assistance Provider Incentive Repository (MAPIR),</li> <li>• ForwardHealth Portal;</li> <li>• MMIS ForwardHealth interchange</li> <li>• DSS/DW</li> </ul>			
8) Estimated Total Project Hours: 17,653		8a.) Estimated Total Project Cost: \$1,500,550	



## Medicaid MITA Assessment and MMHI Re-bid

1) Project Name: <b>Medicaid Information Technology Architecture (MITA) Assessment / Medicaid Management Information System (MMIS) Request for Proposal (RFP)</b>			
2) Project Type: <input type="checkbox"/> New FY15 <input checked="" type="checkbox"/> Ongoing			
3) Project Description: This project initiative will include multiple phases of activities to be performed.			
<p>Initially, the development and release of an RFP to procure services with a vendor, highly skilled in MITA 3.0 and MMIS solutions, will be completed. Following the evaluation and selection process, final procurement and contract activities will be fulfilled.</p> <p>The chosen Vendor will be responsible for providing applicable services in order to assist the State with the following project efforts:</p> <ul style="list-style-type: none"> <li>• Perform the MITA 3.0 State Self-Assessment (SSA) and develop a 5-year road map of initiatives to transition from 'current state' to proposed 'future state'</li> <li>• Conduct an independent assessment of the department's enterprise data architecture and management protocol to determine how we can manage data at the enterprise level and align with the MITA 3.0</li> <li>• Establish the MMIS vision and strategy to support the Medicaid program for the State of Wisconsin and DHS enterprise</li> <li>• Prepare and present the MMIS Fiscal Agent recommendation and develop the subsequent procurement strategy for the replacement, transfer or takeover of the existing solution</li> <li>• Develop the MMIS Procurement RFP document and support the follow-on evaluation and selection efforts</li> </ul> <p>The Vendor will be responsible for managing all efforts for this initiative; including the MITA 3.0 Assessment, as well as the MMIS Strategy and Procurement activities. This will consist of performing project management, business analysis, technical analysis and all quality assurance activities as required by the State. The Vendor will be required to perform these duties following current industry best practices and utilizing the highest quality performance measures available.</p> <p>The State will be responsible for the oversight and monitoring of the Vendor contract and will apply the quality and performance measures to the work performed by the Vendor. The Office of Agency Project Management (OAPM) will define expectations and requirements in regards to project management best practices and deliverables.</p>			
4) Project Schedule	Start: April 2013	Expected Completion: November 2018	
5) Application Platform:	<input type="checkbox"/> Mainframe	<input type="checkbox"/> Windows Multi-Tier	<input type="checkbox"/> Client-Server
	<input checked="" type="checkbox"/> Web Internet	<input type="checkbox"/> Web Intranet	<input type="checkbox"/> Physical
	<input type="checkbox"/> Consolidated	<input type="checkbox"/> Co-located	<input type="checkbox"/> Virtual
6) Application Type:	<input type="checkbox"/> State Developed	<input type="checkbox"/> SaaS	<input type="checkbox"/> Transfer
	<input type="checkbox"/> COTS	<input checked="" type="checkbox"/> Vendor Managed/hosted	<input type="checkbox"/> Other (specify) _____
7) Technical Architecture Components:			

8) Estimated Total Project Hours: 50,154	8a.) Estimated Total Project Cost: \$4,263,129
9) Related Projects and Dependencies: <ul style="list-style-type: none"><li>• CMS release of MITA 3.0 Eligibility and Enrollment business processes and capability matrices requirements is necessary to complete the SSA</li><li>• MITA SSA to be completed within 12 months of publication of full 3.0 requirements</li><li>• MITA 2.0 procurement artifacts will be utilized; i.e. RPA, RFP, etc.</li><li>• Results of prior MITA Assessment effort will be leveraged and built upon</li><li>• IT Asset System Inventory information and system will be utilized for Assessment effort (BITS developed)</li><li>• Resource commitments across many divisions in the department will be necessary to support the defined project scope</li></ul>	
10) Project Sponsorship and Funding <i>(please complete the information below)</i>	
Executive Sponsor: Marlia Mattke	Division: DHCAA
Business Sponsor: Cheryl Jatczak	Division: DHCAA
Senior Project Manager: Tricia LaPlant	IT Authority:
Is Full Funding for Project Approved/Secured? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Funding Source for the Project: <input checked="" type="checkbox"/> GPR \$426,313 <input type="checkbox"/> PR \$_____ <input type="checkbox"/> SEG \$_____	
<input checked="" type="checkbox"/> FED \$3,836,816	
11) Issues that may influence successful execution of the project: State and Contractor resources needed to implement this project are extensive.	

### State Vital Record Information System (Part 1, Phase 3)

1) Project Name: State Vital Record Information System Part 1, Phase 3			
2) Project Type: <input type="checkbox"/> New FY15 <input checked="" type="checkbox"/> Ongoing			
3) Project Description: The State Vital Record Information System (SVRIS) project will implement an integrated database of vital records with web-based access to various levels of stakeholders. Part 1 of the project will provide online processing and certification for: Birth records in phase 1; Death records in phase 2; and Marriage and Divorce records in phase 3. Part 2 of the project will provide imaging and partial data capture for the historical records that currently reside on paper. Phase 1 of Part 1 of the project was successfully developed in 2008 through 2010 and implemented in Central Vital Records, Counties and all birthing hospitals in 2011. Phase 2 initiated requirements gathering in the fall of 2011 and development and implementation ran through 2013 based on scheduling with the Counties, funeral homes, coroners and medical examiners. Phase 3 is currently in planning so the schedule has not yet been set. It is anticipated that that Phase 3 will complete in 2015, after requirements gathering, development, training and implementation have been completed.			
4) Project Schedule	Start: 2014	Expected Completion: 2015	
5) Application Platform:	<input type="checkbox"/> Mainframe	<input checked="" type="checkbox"/> Windows Multi-Tier	<input checked="" type="checkbox"/> Client-Server
	<input checked="" type="checkbox"/> Web Internet	<input type="checkbox"/> Web Intranet	<input type="checkbox"/> Physical
	<input type="checkbox"/> Consolidated	<input type="checkbox"/> Co-located	<input checked="" type="checkbox"/> Virtual
6) Application Type:	<input type="checkbox"/> State Developed	<input type="checkbox"/> SaaS	<input type="checkbox"/> Transfer
	<input checked="" type="checkbox"/> COTS	<input type="checkbox"/> Vendor Managed/hosted	<input type="checkbox"/> Other (specify) _____
7) Technical Architecture Components: Delphi, Citrix Presentation Server, .NET, SQL Server			
8) Estimated Total Project Hours: 18000		8a.) Estimated Total Project Cost: \$1,500,000	
9) Related Projects and Dependencies: Phase 3 and Part 2 of same overall project.			
10) Project Sponsorship and Funding ( <i>please complete the information below</i> )			
Executive Sponsor: Oskar Anderson		Division: Public Health	
Business Sponsor: Oskar Anderson		Division: Public Health	
Senior Project Manager: Mona Nelson		IT Authority: Matt Dedrick (DHS CIO)	
Is Full Funding for Project Approved/Secured?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Funding Source for the Project:		<input type="checkbox"/> GPR \$_____ <input checked="" type="checkbox"/> PR \$1,500,000 <input type="checkbox"/> SEG \$_____	
		<input type="checkbox"/> FED \$_____	
11) Issues that may influence successful execution of the project: Loss of PR			

## Total Cost of Care

1) Project Name: <b>Total Cost of Care (TCoC)</b>			
2) Project Type: <input checked="" type="checkbox"/> New FY15 <input type="checkbox"/> Ongoing			
3) Project Description: Development of a total cost of care financial/data system that will provide a standardized method for calculating and reporting total cost information by members/member characteristics/MA eligibility groups under the ForwardHealth umbrella.			
4) Project Schedule	Start: 8/1/2013	Expected Completion: 6/30/2015	
5) Application Platform:	<input type="checkbox"/> Mainframe	<input type="checkbox"/> Windows Multi-Tier	<input checked="" type="checkbox"/> Client-Server
	<input checked="" type="checkbox"/> Web Internet	<input type="checkbox"/> Web Intranet	<input type="checkbox"/> Physical
	<input type="checkbox"/> Consolidated	<input type="checkbox"/> Co-located	<input type="checkbox"/> Virtual
6) Application Type:	<input type="checkbox"/> State Developed	<input type="checkbox"/> SaaS	<input type="checkbox"/> Transfer
	<input type="checkbox"/> COTS	<input checked="" type="checkbox"/> Vendor Managed/hosted	<input type="checkbox"/> Other (specify) _____
7) Technical Architecture Components: Forward Health interchange, DHS Financial Management System, DHS Data Warehouse			
8) Estimated Total Project Hours: 20,150 hours (vendor hours)		8a.) Estimated Total Project Cost: \$1,578,193 (vendor cost)	
9) Related Projects and Dependencies: <ul style="list-style-type: none"> <li>Total Cost of Care will be built upon current financial and data systems established and balanced through the Financial Subdivide Project.</li> <li>BBM(QI)/BFM/AO/BOC/BFS will have fundamental roles in planning and implementation.</li> </ul>			
10) Project Sponsorship and Funding <i>(please complete the information below)</i>			
Executive Sponsor: Marlia Mattke		Division: DHCAA	
Business Sponsor: Krista Willing		Division: DHCAA	
Senior Project Manager: Chad Lillethun		IT Authority: Vendor Contract w. HP	
Is Full Funding for Project Approved/Secured? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Funding Source for the Project: <input checked="" type="checkbox"/> GPR \$789,096.50 <input type="checkbox"/> PR \$_____ <input type="checkbox"/> SEG \$_____			
<input checked="" type="checkbox"/> FED \$789,096.50			
11) Issues that may influence successful execution of the project: The staffing of sufficient HP Resources and balancing competing project priorities will place pressures on the project.			

**WIC EBT**

1) Project Name: Wisconsin Women Infants and Children (WIC) Program Electronic Benefits Transfer (EBT) System			
2) Project Type: <input checked="" type="checkbox"/> New FY15 <input type="checkbox"/> Ongoing			
3) Project Description: The WIC Program currently issues food benefits to clients via paper checks. EBT system implementation/services will allow benefits to be issued electronically through the use of magnetic stripe WIC EBT cards. It has been mandated that all WIC benefits be issued electronically by 2020. The WIC EBT system will conform to the most recent version of:			
<ul style="list-style-type: none"> <li>The American Standards Institute (ANSI) X9.93 standards from the time development is initiative and will follow the technical implementation guidance of the standard as defined by USDA-FNS;</li> <li>The FNS Operating Rules for WIC EBT systems as defined by USDS-FNS;</li> <li>The FNS WIC EBT-MIS Universal Interface; and</li> <li>The FNS Technical Implementation Guide (TIG)</li> </ul>			
4) Project Schedule	Start: 05/2014	Expected Completion: 12/2015 *	
5) Application Platform:	<input type="checkbox"/> Mainframe	<input type="checkbox"/> Windows Multi-Tier	<input type="checkbox"/> Client-Server
	<input checked="" type="checkbox"/> Web Internet	<input type="checkbox"/> Web Intranet	<input type="checkbox"/> Physical
	<input type="checkbox"/> Consolidated	<input type="checkbox"/> Co-located	<input type="checkbox"/> Virtual
6) Application Type:	<input type="checkbox"/> State Developed	<input type="checkbox"/> SaaS	<input type="checkbox"/> Transfer
	<input type="checkbox"/> COTS	<input checked="" type="checkbox"/> Vendor Managed/hosted	<input type="checkbox"/> Other (specify) _____
7) Technical Architecture Components: Various per platform – Win Server 2008 R2, SQL Server for Host System. EBT card production, acquiring transactions from the stand-beside point-of-sale (POS) terminals, WIC EBT transaction switching, gateway, authorization services and/or network and communications services.			
8) Estimated Total Project Hours: 18,200 * Implementation hours estimated . Still under RFP process so vendor project plan / staff resources aren't finalized		8a.) Estimated Total Project Cost: \$ 1.375 MM for implementation; not including equipment costs. Steady state operations estimated @ \$750,000 / yr post implementation.	
9) Related Projects and Dependencies: Current MIS contract with Ciber Inc.			
10) Project Sponsorship and Funding ( <i>please complete the information below</i> )			
Executive Sponsor: Patti Hauser		Division: DPH	
Business Sponsor: Patti Hauser		Division: DPH	
Senior Project Manager: Mona Nelson		IT Authority: Matt Dedrick (DHS CIO)	
Is Full Funding for Project Approved/Secured? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Funding Source for the Project: <input type="checkbox"/> GPR \$ _____ <input type="checkbox"/> PR \$ _____ <input type="checkbox"/> SEG \$ _____			
<input checked="" type="checkbox"/> FED \$ <u>2,759,308</u>			
11) Issues that may influence successful execution of the project: n/a			

## Wisconsin Provider Management (WPM)

1) Project Name: <b>Wisconsin Provider Management (WPM) Implementation (Current Phase)</b> (formerly Wisconsin Provider Index (WPI))			
2) Project Type: <input type="checkbox"/> New FY13 <input checked="" type="checkbox"/> Ongoing			
3) Project Description: DHS intends to establish a single source of Medicaid (MA) and non-MA provider information. A system is needed to meet the DHS business need of automatically collecting and recording provider information especially in relation to Provider Enrollment/Certification/Licensing. Medicaid Management Information System (MMIS) collects certified MA provider information; an integrated system would be most valuable to the department that also needs to collect atypical provider information. This system would enhance and create efficiencies for provider management and analysis across DHS, for many programs in addition to the MA programs.			
<p>DHS intends to implement an Enterprise Service Bus (ESB) in compliance with Medicaid Information Technology Architecture (MITA 3.0). MITA suggests moving towards a Service-Oriented Architecture (SOA) and componentizing solutions. In addition, MITA defines that we need to establish common interoperable and access solutions, build solutions that are adaptable and extensible, and utilize a hub architecture. The WPM project is the first project at DHS to move towards this type of solution. DHS has already procured licenses for IBM WebSphere ESB.</p> <p>DHS intends to implement a Master Data Management (MDM) tool to allow us to manage a disparate data environment and get DHS' data in compliance with the Medicaid Information Technology Architecture (MITA 3.0). An MDM tool will allow the department to manage a fragmented and disparate database environment without requiring modifications to each and every system. An MDM tool allows us to tie common data across the department's databases using Match-Merge technologies and create a single version of the truth and a "Golden Record". DHS is planning procurement strategy around an MDM solution.</p>			
4) Project Schedule:	Start: Jan 15, 2014 (Implementation Phase)	Completion: September 31, 2016 (Implementation Phase)	
5) Application Platform:	<input type="checkbox"/> Mainframe	<input type="checkbox"/> Windows Multi-Tier	<input type="checkbox"/> Client-Server
	<input checked="" type="checkbox"/> Web Internet	<input checked="" type="checkbox"/> Web Intranet	<input type="checkbox"/> Physical
	<input type="checkbox"/> Consolidated	<input type="checkbox"/> Co-located	<input type="checkbox"/> Virtual
6) Application Type:	<input type="checkbox"/> State Developed	<input type="checkbox"/> SaaS	<input type="checkbox"/> Transfer
	<input type="checkbox"/> COTS	<input checked="" type="checkbox"/> Vendor Managed/hosted	<input type="checkbox"/> Other (specify) _____
7) Technical Architecture Components: Leverage the MMIS/interChange provider module, define Web services, and identify the interfaces between systems; ensure alignment with CMS/Minnesota Provider Components.			
Implement key technologies: Enterprise Service Bus, Master Data Management.			

8) Estimated Total Project Hours Implementation:	8a.) Estimated Total Project Cost Implementation: <b>\$7,953,000</b>
9) Related Projects and Dependencies: interChange/Medicaid, Virtual Pace, eHealth, Children's Waivers, IRIS (Self-Directed Support).	
10) Project Sponsorship and Funding	
Executive Sponsor & Division:  Marlia Mattke: DHCAA  Brian Shoup: DLTC  Division: Health Care Access and Accountability/Long Term Care/Enterprise Services	
Business Sponsor & Division  Beth Wroblewski (DLTC), Marlia Mattke (DHCAA), Cheryl Johnson (DES)	
Senior Project Manager: Bill Sherman	IT Authority: Matt Dedrick (DHS CIO)
Is Full Funding for Project Approved/Secured? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  Funding Source for the Project: <input checked="" type="checkbox"/> GPR \$795,300 (10%) <input type="checkbox"/> PR \$ _____ <input type="checkbox"/> SEG \$ _____  <input checked="" type="checkbox"/> FED \$7,157,700 (90%)  10/90 matched funds. Funding would be distributed over (3) years.	
11) Issues that may influence successful execution of the project: 1. Program area Subject Matter Expert (SME) participation to gather requirements. 2. Getting skilled resources in a timely manner. 3. Technical resources at HP to do development. 4. Efficient decision-making at the Enterprise level.	

## V. DHS – Potential Agency Projects

Potential Project Name: <b>Electronic Notices</b>
Description: This is an ACA requirement that we have to make notices available for people in an electronic format.
Anticipated Total Cost: Pending Scope – may or may not exceed \$1M
Resourcing: DHCAA/BEPS and Deloitte, 90/10 Enhanced Funding

Potential Project Name: <b>Advanced Data Analytics Software System</b>
Description: State-of-the-art analytical tools to assist the OIG in detecting patterns or activity that may potentially result in fraud, waste or abuse to the Wisconsin Medicaid Program and other DHS and state programs.
Anticipated Total Cost: Unsure at this time - likely under \$10 million
Resourcing: DHS OIG; Will seek 90/10 Enhanced Funding

Potential Project Name: <b>Single Streamlined Application</b>
Description: This is an ACA requirement that ACCESS provide immediate eligibility results for health care assistance services.
Anticipated Total Cost: Pending Scope – may or may not exceed \$1M
Resourcing: DHCAA/BEPS and Deloitte, 90/10 Enhanced Funding

Potential Project Name: <b>Workstation Replacement Cycle</b>
Description: Replace workstations throughout Department that are greater than 5 years old as part of the annual replacement cycle.
Anticipated Total Cost: \$650,000
Resourcing: Device rate charged to Program Areas and Divisions - multiple funding sources.