



**State of Wisconsin
Department of Health Services**

SFY 2016 Agency IT Plan

March 2015

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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.

Medicaid Management Information System (MMIS) 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.

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 related companion project is underway to assess the network and communications infrastructure at each site to determine how each facility's infrastructure needs to be upgraded to effectively 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.

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. BITS maintains a network of over 5,300 workstations and over 6,000 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 DHS applications. Additionally, BITS is responsible for data management, data security, COOP support, 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 65.30 state FTEs
- 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
- Information security and compliance functions

III. DHS – IT Employees

The central IT organization (DES-BITS) includes the following staffing levels (data as of 3/2/2015):

FTE	65.3 (58.4 filled)
Open Positions	6.9
LTE	4.0
Contractors	31.0
Total Filled Positions	100.3

IV. DHS – Agency Projects

1. Facilities Electronic Health Records (EHR) System

1) Project Name: Facilities Electronic Health Records (EHR) System			
2) Project Type: <input type="checkbox"/> New FY16 <input checked="" type="checkbox"/> Ongoing			
<p>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 receive 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 a DHS facility and at time of discharge, is with the inter-connectivity of EHRs.</p> <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 FY2014-15, to fund the implementation of an EHR. Consequently, the DHS and the seven 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: Jul 2014	Expected Completion: Jun 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 checked="" type="checkbox"/> Other (specify) TBD
7) Technical Architecture Components: Sections 5 through 7 will be determined in FY 2015-16 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.	

2. Foster Care Medical Home/Care4Kids

1) Project Name: Foster Care Medical Home / Care4Kids			
2) Project Type: <input type="checkbox"/> New FY16 <input checked="" type="checkbox"/> Ongoing			
3) Project Description: DHS 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"> a. Creating a new region for HMO encounter that will also re-price encounter claims data – implementation date by March 2015 b. Enhance the daily file that is sent to eWiSACWIS to include additional managed care enrollment segments, including inactive enrollment segments c. Test eWiSACWIS and iC interface after DCF implements Medicaid certification changes 			
4) Project Schedule	Start: Nov 2011	Completion: Mar 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 DHS needs.			
8) Estimated Total Project Hours: 3a. 19,700 – Total Encounter estimate 3b. 160 3c. 80		8a.) Estimated Total Project Cost: 3a, b and c. estimated \$1,524,746	
9) Related Projects and Dependencies: Interchange/Medicaid, eWiSACWIS changes.			
10) Project Sponsorship and Funding			
Executive Sponsor: Marlia Mattke/Brian Shoup Division: DHCAA/DLTC			
Business Sponsor:		Division:	
Senior Project Manager: Becky Chown		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 \$750,373 <input type="checkbox"/> PR \$_____ <input type="checkbox"/> SEG \$_____			
<input checked="" type="checkbox"/> FED \$750,373 50/50 matched funds			
11) Issues that may influence successful execution of the project: <ul style="list-style-type: none"> a. Program area subject matter expert (SME) participation to gather requirements b. Other DHS IT priorities c. Resource constraints for HP and DHS staff 			

3. ICD-10 Project for Medicaid Program

1) Project Name: ICD-10 Project for Medicaid Program			
2) Project Type: <input type="checkbox"/> New FY16 <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: Jun 2011	Expected Completion: TBD (implementation postponed by the Feds)	
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: \$38,087,684	
9) Related Projects and Dependencies: N/A			
10) Project Sponsorship and Funding <i>(please complete the information below)</i>			
Executive Sponsor: Kevin Moore		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 \$5,087,365 <input type="checkbox"/> PR \$ _____ <input type="checkbox"/> SEG \$ _____			
<input checked="" type="checkbox"/> FED \$33,000,319			
11) Issues that may influence successful execution of the project: State and Contractor resources needed to implement this project are extensive.			

4. IRIS Self-Directed Information Technology System (ISITS)

1) Project Name: IRIS Self-Directed Information Technology System (ISITS) and Third-Party Administration (TPA) Implementation			
2) Project Type: <input type="checkbox"/> New FY16 <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 15 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, Iron Data, was selected. 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 July 2015 implementation of the vendor's core system with DHS-specific modifications, which will then be incrementally built upon. The project will also include the evaluation and modification of existing processes, policies, guidelines, and documents.</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 DHS 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 DHS. The claims processing requirements documented in DHS's RFP and corresponding Master Contract (#1677-DLTC-XXX) are the basis for the IRIS claims processing requirements. WPS was selected as the vendor and rollout of TPA services is planned to coincide with the July 2015 core ISITS implementation.</p>			
4) Project Schedule	Start: Apr 2014	Expected Completion: Mar 2016	
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 checked="" type="checkbox"/> COTS*	<input checked="" type="checkbox"/> Vendor Managed/hosted	<input checked="" type="checkbox"/> Other (specify) *Highly developed and customized COTS product.
7) Technical Architecture Components: <ul style="list-style-type: none"> • Interfaces with the ISITS system will be made with interChange, FSIA, MMIS (WPM, Enrollment, Cost Share), and the Datamart. • An interface with the TPA Claims Processor will be made with ISITS. • System will be built upon an already existing vendor platform. 			
8) Estimated Total Project Hours: TBD		8a.) Estimated Total Project Cost: \$5.9 M	
9) Related Projects and Dependencies: Potentially related systems and projects include Wisconsin Provider Management, and Eligibility and Enrollment Streamlining.			
10) Project Sponsorship and Funding (<i>please complete the information below</i>)			
Executive Sponsor: Brian Shoup		Division: DLTC	
Business Sponsor: Jody Brassfield		Division: DLTC	
Senior Project Manager: Bill Sherman IT Authority: Matt Dedrick (DHS CIO)			

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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 \$590,000 <input type="checkbox"/> PR \$ _____ <input type="checkbox"/> SEG \$ _____
<input checked="" type="checkbox"/> FED \$5,310,000
11) Issues that may influence successful execution of the project: Concurrent projects and day-to-day work activities greatly limits resource availability for the project.

5. MITA Assessment and MMIS Procurement

1) Project Name: Medicaid Information Technology Architecture (MITA) Assessment/Medicaid Management Information System (MMIS) Request for Proposal (RFP)			
2) Project Type: <input type="checkbox"/> New FY16 <input checked="" type="checkbox"/> Ongoing			
3) Project Description: This project initiative will include multiple phases of activities to be performed. 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. The chosen vendor will be responsible for providing applicable services in order to assist the state with the following project efforts: <ul style="list-style-type: none"> • Perform the MITA 3.0 State Self-Assessment (SSA) and develop a five-year road map of initiatives to transition from 'current state' to proposed 'future state' • 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 • Establish the MMIS vision and strategy to support the Medicaid program for the State of Wisconsin and DHS enterprise • Prepare and present the MMIS Fiscal Agent recommendation and develop the subsequent procurement strategy for the replacement, transfer or takeover of the existing solution • Develop the MMIS Procurement RFP document and support the follow-on evaluation and selection efforts <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: Apr 2013	Expected Completion: Nov 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: TBD			
8) Estimated Total Project Hours: 50,154		8a.) Estimated Total Project Cost: \$5,000,000	

6. 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 FY16 <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. The new system will provide online processing and certification for: Birth records in phase 1; Death records in phase 2; and Marriage, Divorce, and ITOP records in phase 3. Phase 1 of the project was successfully developed in 2009 through 2010 and implemented in all Wisconsin Vital Records Offices and birthing hospitals in 2011. Phase 2 of the project was developed afterward and implemented in all Wisconsin Vital Records Offices, funeral homes, coroners and medical examiners, and some physicians offices in Fall 2013. Phase 3 development is underway. It is anticipated that it will be completed in 2016.			
4) Project Schedule	Start: Jul 2014	Expected Completion: Dec 2016	
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: 18,000		8a.) Estimated Total Project Cost: \$2,531,280	
9) Related Projects and Dependencies: Phase 3 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: Lisa Walker		Division: Public Health	
Senior Project Manager: Mona Nelson IT Authority: Matt Dedrick			
Is Full Funding for Project Approved/Secured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Funding Source for the Project: <input type="checkbox"/> GPR \$ _____ <input checked="" type="checkbox"/> PR \$2,531,280 <input type="checkbox"/> SEG \$ _____ <input type="checkbox"/> FED \$ _____			
11) Issues that may influence successful execution of the project: Loss of PR			

7. Total Cost of Care (TCoC)

1) Project Name: Total Cost of Care (TCoC)			
2) Project Type: <input type="checkbox"/> New FY16 <input checked="" 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: Aug 2013	Expected Completion: Dec 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, and external member data sources including CARES, CHSRA, and PWC.			
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"> Total Cost of Care will be built upon current financial and data systems established and balanced through the Financial Subdivide Project. BBM(QI)/BFM/AO/BOC/BFS will have fundamental roles in planning and implementation. Improvements in the cost information of the encounter data are necessary to be able to apply the full potential of analysis capabilities for members in Managed Care. 			
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 experienced in complex projects, and balancing competing project priorities will place pressures on the project.			

8. Wisconsin Women Infants and Children (WIC) Program EBT

1) Project Name: Wisconsin Women Infants and Children (WIC) Program Electronic Benefits Transfer (EBT) System			
2) Project Type: <input type="checkbox"/> New FY16 <input checked="" 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"> • The American Standards Institute (ANSI) X9.93 standards from the time development is initiated and will follow the technical implementation guidance of the standard as defined by USDA-FNS; • The FNS Operating Rules for WIC EBT systems as defined by USDS-FNS; • The FNS WIC EBT-MIS Universal Interface; and • The FNS Technical Implementation Guide (TIG) 			
4) Project Schedule	Start: May 2014	Expected Completion: Dec 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 checked="" 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		8a.) Estimated Total Project Cost: \$1.448 M 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: Chuck Warzecha		Division: DPH	
Business Sponsor: Patti Hauser		Division: DPH	
Senior Project Manager: Michelle Gainey		IT Authority: Oskar Anderson	
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 type="checkbox"/> PR \$ _____ <input type="checkbox"/> SEG \$ _____	
		<input checked="" type="checkbox"/> FED \$2,759,308	
11) Issues that may influence successful execution of the project: n/a			

9. Wisconsin Provider Management (WPM) Implementation

1) Project Name: Wisconsin Provider Management (WPM) Implementation (Current Phase) (formerly Wisconsin Provider Index (WPI))			
2) Project Type: <input type="checkbox"/> New FY16 <input checked="" type="checkbox"/> Ongoing			
3) Project Description: DHS intends to establish a single source of Medicaid (MA) and non-MA provider information from multiple divisions within DHS. A system is needed to meet the DHS business need of centralizing the collection of Provider Enrollment, Certification, Licensing and training information for both Medicaid and atypical providers. Medicaid Management Information System (MMIS) collects certified Medicaid provider information so DHS will leverage the MMIS to capture the necessary information for atypical providers as well. This project will enhance and create efficiencies for provider management and analysis across DHS, for many Medicaid long-term care programs and mental health programs in addition to the Medicaid programs.			
4) Project Schedule:	Start: Jan 2014 (Implementation Phase)	Completion: Sep 2015 (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.			
8) Estimated Total Project Hours Implementation: State & HP – 25,961 Hours		8a.) Estimated Total Project Cost Implementation: \$1,824,786	
9) Related Projects and Dependencies: interChange/Medicaid, Children’s Waivers, IRIS (Self-Directed Support) Care Management System, DLTC Enrollment Streamlining.			
10) Project Sponsorship and Funding			
Executive Sponsor: Brian Shoup		Division: DLTC	
Business Sponsor: Heidi Herziger		Division: DLTC	
Senior Project Manager: Lisa Jo VonAllmen		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 \$182,478 (10%) <input type="checkbox"/> PR \$ _____ <input type="checkbox"/> SEG \$ _____			
<input checked="" type="checkbox"/> FED \$1,642,308 (90%)			
10/90 matched funds. Funding would be distributed over (3) years. IAPDU submitted February 9, 2015, for revised funding levels and project scope.			
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. State SME’s participation in UAT testing.			
5. Training waiver agency users and providers.			
6. Conversion of unduplicated provider information.			

10. DHS Multisite Radio System Upgrade

1) Project Name: DHS Multisite Radio System Upgrade			
2) Project Type: <input type="checkbox"/> New FY16 <input checked="" type="checkbox"/> Ongoing			
3) Project Description: The current radio system and devices are obsolete, cannot be supported, and need to be replaced. The scope of this project includes the design, procurement and implementation of infrastructure to support a new radio system and devices including, but not limited to, switches, routers and radio devices; implementation of a dedicated network for the radio system including fiber optic and copper cabling where necessary; procurement of required licensing for FCC frequencies; establishment of MOUs between DHS and DOT for infrastructure use; training; and transition to DHS operational owners for support and maintenance of the system.			
4) Project Schedule	Start: Jul 2014	Expected Completion: Jun 2016	
5) Application Platform:	<input type="checkbox"/> Mainframe	<input type="checkbox"/> Web	<input type="checkbox"/> Client-Server
	<input type="checkbox"/> Physical	<input type="checkbox"/> Virtual	<input checked="" type="checkbox"/> Segregated Network
6) Application Type:	<input type="checkbox"/> In-house Developed	<input checked="" type="checkbox"/> COTS	<input type="checkbox"/> SaaS
	<input type="checkbox"/> Vendor Managed/hosted	<input type="checkbox"/> Other (specify)	
7) Technical Architecture Components: The radio system will operate on a segregated network. The technology components (switches, routers, radios, etc.) will be procured from and supported by the radio system vendor.			
8) Estimated Total Project Hours: 4,000		8a.) Estimated Total Project Cost: \$3.4 M	
9) Related Projects and Dependencies: <ul style="list-style-type: none"> • Improve Cellular Coverage at MMHI/CWC – How radio connectivity is achieved within the tunnels between buildings will need to be coordinated. • Facility Network Infrastructure Assessment/Upgrades – Steps and priorities for upgrading the cabling, configuring the network, and optimizing network bandwidth will need to be coordinated. 			
10) Project Sponsorship and Funding <i>(please complete the information below)</i>			
Executive Sponsor:	Patrick Cork Brian Shoup	Division: DMHSAS Division: DLTC	
Business Sponsor:	Deborah McCulloch	Division: DMHSAS – SRSTC	
Business Sponsor:	Catherine Murray	Division: DLTC – CWC	
Business Sponsor:	Gregory Van Rybroek	Division: DMHSAS – MMHI	
Business Sponsor:	James Henkes	Division: DLTC – SWC	
Senior Project Manager: Carrie Anne Krall		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 type="checkbox"/> PR \$ _____ <input type="checkbox"/> SEG \$ _____	
<input type="checkbox"/> FED \$ _____		<input checked="" type="checkbox"/> GFSB \$ 3.4 M	
11) Issues that may influence successful execution of the project: Procuring radio system equipment off existing contracts that are currently widely used within the State Enterprise will enable fulfillment of the "interoperability" requirement of this project as approved by the Building Commission and significantly increase the probability of success of the project; also, this will facilitate improved operating efficiencies and collaboration since the impacted agencies will be on the same systems and will enable more competitive pricing of hardware and services from the vendor due to increases in the volume of hardware and services purchased by the Enterprise.			

11. Advanced Data Analytics Services Procurement

1) Project Name: Advanced Data Analytics Services Procurement			
2) Project Type: <input type="checkbox"/> New FY16 <input checked="" type="checkbox"/> Ongoing			
3) Project Description: State-of-art analytical tools/services 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.			
4) Project Schedule	Start: Jan 2016	Expected Completion: TBD	
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 checked="" 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: TBD			
8) Estimated Total Project Hours: TBD		8a.) Estimated Total Project Cost: \$5.0M AF	
9) Related Projects and Dependencies: interChange, DSS			
10) Project Sponsorship and Funding <i>(please complete the information below)</i>			
Executive Sponsor: Alan White		Division: OIG	
Business Sponsor: Lori Thornton		Division: OIG	
Senior Project Manager: Dawn Schroeder		IT Authority: Matt Dedrick (DHS CIO)	
Is Full Funding for Project Approved/Secured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Funding Source for the Project: <input type="checkbox"/> GPR \$ <input type="checkbox"/> PR \$ _____ <input type="checkbox"/> SEG \$ _____ <input type="checkbox"/> FED \$			
11) Issues that may influence successful execution of the project:			
<ol style="list-style-type: none"> 1. Ability to obtain 90/10 enhanced funding 2. IT resources 3. Access to DHS data sources 4. OIG resources 5. MMIS procurement 			

12. Secure Public Health Electronic Record Environment (SPHERE) Modernization

1) Project Name: Secure Public Health Electronic Record Environment (SPHERE) Platform Modernization and Mobile Project			
2) Project Type: <input type="checkbox"/> New FY16 <input checked="" type="checkbox"/> Ongoing			
3) Project Description: SPHERE is an existing web-based (Java) application that was developed over 10 years ago. It is used for our partners receiving MCH Block grant funding, MIECHV (Maternal, Infant and Early Childhood Home Visiting) funding to report their individual, community, and systems data to us for our federal required maternal and child health block grant reporting and federal home-visiting benchmark reporting. It is also used for other programmatic business needs, e.g., women’s health, early childhood systems work, documenting partnerships and MCH leadership core competencies, other home-visiting programs not MIECHV-funded, and other local public health programs’ data collection needs. This project combines a project to modernize the existing SPHERE web development framework and migrate the database from Oracle to SQL Server with another project to develop a mobile application to interface with SPHERE for home-visiting functions.			
4) Project Schedule	Start: Jul 2014	Expected Completion: Dec 2016	
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 checked="" type="checkbox"/> State Developed	<input type="checkbox"/> SaaS	<input type="checkbox"/> Transfer
	<input type="checkbox"/> COTS	<input type="checkbox"/> Vendor Managed/hosted	<input checked="" type="checkbox"/> Other (specify)
7) Technical Architecture Components: Hosted at DET. Development with Java, J2EE, Spring Framework. Migrating from Oracle to SQL Server. Mobile application built for iOS (iPAD).			
8) Estimated Total Project Hours: TBD		8a.) Estimated Total Project Cost: \$1.5 M	
9) Related Projects and Dependencies: Other systems (WE-TRAC, WBDR, CCHD/SHINE) were built on the same framework as SPHERE. These systems also need to be modernized. This work will be planned in conjunction with this project. The name of the resulting system will likely change but is currently TBD.			
10) Project Sponsorship and Funding <i>(please complete the information below)</i>			
Executive Sponsor: Chuck Warzecha		Division: DPH	
Business Sponsor: Oskar Anderson		Division: DPH	
Senior Project Manager: Linda Hale		IT Authority: Oskar Anderson	
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 type="checkbox"/> PR \$ _____ <input type="checkbox"/> SEG \$ _____			
<input checked="" type="checkbox"/> FED \$1.5M			
11) Issues that may influence successful execution of the project: The plan is for a contracted consulting company to develop the new framework and a minimally viable rendition of the current SPHERE functionality developed in that framework. Knowledge will be transferred to state and contracted resources who will build out the remaining functionality. Learning curve and availability of these resources will impact the timing of project completion. Scope expansion to include three other systems built on same framework will also impact completion time frame.			

13. State Vital Record Information System Part 2

1) Project Name: State Vital Record Information System Part 2			
2) Project Type: <input checked="" type="checkbox"/> New FY16 <input 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 or microfilm. Vital Records has historical data that dates back as far as 1814, and a more complete set of records from 1907 forward, at which point it became state law to submit the records to the state for central registration. The current online SVRIS only contains recent records. SVRIS Part 2 will create: a backup image of all paper and microfilm records (many of which currently only the original exists), digital images of records that can be accessed by the online system by query for issuance or information, data capture for an additional number of years that will enable issuance of certificates from the database data rather than from images, data capture for an additional number of years that will extend statistical analysis.			
4) Project Schedule	Start: Jan 2016	Expected Completion: Jan 2021	
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 checked="" type="checkbox"/> Vendor Managed/hosted	<input checked="" type="checkbox"/> Other (specify)
7) Technical Architecture Components: SQL Server database, document management software, vendor dependent data capture, display, and record management software.			
8) Estimated Total Project Hours: Dependent upon vendor level of automation versus manual scanning, keying.		8a.) Estimated Total Project Cost: \$20 M	
9) Related Projects and Dependencies: SVRIS Part 1 will display and utilize the images created by Part 2 and will issue older certificate either from the images or data captured.			
10) Project Sponsorship and Funding <i>(please complete the information below)</i>			
Executive Sponsor: Oskar Anderson		Division: DPH	
Business Sponsor: Lisa Walker		Division: DPH	
Senior Project Manager: TBD		IT Authority: Oskar Anderson	
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 \$20 M <input type="checkbox"/> SEG \$ _____ <input type="checkbox"/> FED \$			
11) Issues that may influence successful execution of the project: Procurement of vendors for this type of project can be complex, which could result in a delayed start. Losing the secure space that we have reserved for the project would create an issue.			

14. CARES Maintenance and Operations

1) Project Name: CARES Maintenance and Operations (Procurement – Transition begins July 2016)			
2) Project Type: <input checked="" type="checkbox"/> New FY16 <input type="checkbox"/> Ongoing			
3) Project Description: This procurement is to contract with an experienced vendor for system maintenance, operation, and enhancement/modification programming services for the state’s public assistance eligibility determination system known as CARES (Client Assistance for Re-employment and Economic Support).			
<p>CARES is a family of systems in full operation for use at the state level, the county and tribal level, at various community partner facilities and, through internet capability on a 24/7 basis, available to the public. The system ensures that applicants for new services, as well as current members, receive prompt and accurate review of their applications and, when approved, the initiation of the flow of state benefits to which they’re eligible. CARES acts as the sole operational system through which information needed to assist a current member or process a new applicant’s request for benefits can be handled. Without it, the interoperability of the entire chain of benefit programs administered through it is at high risk.</p> <p>CARES is operated on the State's hardware and computer facilities, but the highly complex software and programming to support its operation and modifications are provided through a contract with a vendor.</p> <p>Major programs of the Departments of Health Services and Children and Family Services managed under the CARES umbrella include, but are not limited to: Medicaid, BadgerCare Plus, SeniorCare, Wisconsin FoodShare, and Child Care. A host of smaller programs also derive their eligibility determination and maintenance through direct access to, and maintenance within, the CARES environment. These programs serve over 1,000,000 Wisconsin citizens, providing access to needed medical services and food and nutritional services or both.</p> <p>CARES is one of the most critical systems under the state’s management. It enables DHS and DCF to fulfill the most basic of the state’s core human service obligations</p>			
4) Project Schedule	Start: Jul 2015	Expected Completion: Jan 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 checked="" type="checkbox"/> Transfer
	<input type="checkbox"/> COTS	<input checked="" type="checkbox"/> Vendor Managed/hosted	<input type="checkbox"/> Other (specify)
7) Technical Architecture Components: Pending contract award			
8) Estimated Total Project Hours: Pending contract award		8a.) Estimated Total Project Cost: \$56,065,203	
9) Related Projects and Dependencies: N/A			
10) Project Sponsorship and Funding <i>(please complete the information below)</i>			
Executive Sponsor: Kevin Moore		Division: DHCAA	
Business Sponsor: Jen Mueller		Division: DHCAA	
Senior Project Manager: Rob Thomas		IT Authority: TBD	

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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 \$20,922,539 <input type="checkbox"/> PR \$ _____ <input type="checkbox"/> SEG \$ _____	
<input checked="" type="checkbox"/> FED \$35,142,664	
<ul style="list-style-type: none">• FNS• CMS Title 19: Transferred FNS Claim under OMB 87 Exclusion• FoodShare Employment Training• CMS Title 21• CMS Title 19 System Enhancement• CMS Title 19 Maintenance and Ops Enhancement	<p>50/50 90/10 50/50 71.34/28.66 90/10 75/25</p>
11) Issues that may influence successful execution of the project: State and contractor resources needed to implement this project are extensive.	

15. FoodShare EBT

1) Project Name: FoodShare Electronic Benefits Transfer (Procurement – transition begins March 2016)			
2) Project Type: <input checked="" type="checkbox"/> New FY16 <input type="checkbox"/> Ongoing			
3) Project Description: The FoodShare EBT procurement will establish a contract for the provision of Electronic Benefits Transfer (EBT) services for the FoodShare Program to issue program benefits to eligible members in Wisconsin.			
4) Project Schedule	Start: Jul 2015	Expected Completion: Nov 2017	
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 checked="" type="checkbox"/> Vendor Managed/hosted	<input type="checkbox"/> Other (specify)
7) Technical Architecture Components: Pending contract award			
8) Estimated Total Project Hours: Pending contract award		8a.) Estimated Total Project Cost: \$3,838,200	
9) Related Projects and Dependencies: N/A			
10) Project Sponsorship and Funding <i>(please complete the information below)</i>			
Executive Sponsor: Kevin Moore		Division: DHCAA	
Business Sponsor: Jenny Padden		Division: DHCAA	
Senior Project Manager: Rob Thomas		IT Authority: TBD	
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 \$1,919,100 <input type="checkbox"/> PR \$ _____ <input type="checkbox"/> SEG \$ _____			
<input checked="" type="checkbox"/> FED \$1,919,100			
11) Issues that may influence successful execution of the project: State resources needed to implement this project may be extensive.			

V. DHS – Potential Agency Projects

Potential Project Name: Real-Time Eligibility
Description: Create a solution to enable applicants to get a real-time eligibility result at application with a specific focus on vulnerable and less error-prone populations.
Anticipated Total Cost: Pending scope, anticipated to be 40,000 hours (exceeds \$1M)
Resourcing: DHCAA/BEPS and Deloitte, 90/10 Enhanced Funding

Potential Project Name: Streamlined Program Add
Description: The "Add a Program" functionality envisions intuitive and interactive ACCESS functionality that will recognize members already known to CARES and steer them to the best path for getting their needs met as they seek to receive additional or different benefits.
Anticipated Total Cost: Pending scope, anticipated to be 10,000 hours (likely less than \$1M)
Resourcing: DHCAA/BEPS and Deloitte, 90/10 Enhanced Funding

Potential Project Name: Real-Time Data Exchange
Description: Find a solution that allows the broadest and easiest application of identity proofing possible so that it ameliorates user confusion to the greatest extent.
Anticipated Total Cost: Pending scope, anticipated to be 10,000 hours (likely less than \$1M)
Resourcing: DHCAA/BEPS and Deloitte, 90/10 Enhanced Funding

Potential Project Name: Personal Care Reform (pre-procurement phase)
Description: The Personal Care Services (PCS) project is a collection of initiatives related to Personal Care Services to improve program oversight, reduce fraudulent claims, and continue to provide the personal care services to those that are in need of those services.
Anticipated Total Cost: Anticipated Total Cost: Pending Scope – may or may not exceed \$1M
Resourcing: DHCAA/BBM/OIG and OAPM staff time, the specific funding mechanism is still to be determined based on design of the program.

Potential Project Name: Special Needs Kids Grant
Description: Wisconsin’s Health Care Innovation Challenge award proposal focuses on intensive care management interventions for children with special healthcare needs. This proposal falls under Innovation Category Three: models that test approaches for specific types of providers to transform their financial and clinical models. Specifically, our proposal tests new pediatric provider and reimbursement models for the care of children with medical complexity and high resource utilization. The overall goals of the proposal are to: <ol style="list-style-type: none"> 1) Enhance and expand the Children’s Hospital of Wisconsin (CHW) Special Needs Program (SNP) Care Coordination and Medical Co-Management Model for children with medical complexity (CMC) with high tertiary center resource use. 2) Implement the Model at a second tertiary pediatric center (American Family Children’s Hospital [AFCH]). 3) Develop payment models to ensure financial sustainability of the models at both institutions.
Anticipated Total Cost: The federal award provides 100% federal funding for the hospitals to provide care to special needs kids from September 1, 2014 through September 1, 2017. The award does not require DHS IT investment until the final year of the award. This cost has not yet been estimated.
Resourcing: N/A for SFY 2016.

Potential Project Name: Third-Party Liability (TPL)
Description: The Department will build a system to electronically bill insurers for claims payment initially made by Medicaid, but which private insurance appears to be responsible. This system will contribute to efforts to ensure Medicaid is payor of last resort.
Anticipated Total Cost: Pending scope, likely to be \$1.5M
Resourcing: DHCAA/BEPS and Deloitte, 90/10 Enhanced Funding

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<p>Potential Project Name: Wingspread (DHS Statewide Value Committee – SVC)</p>
<p>Description: The Wingspread initiative was created from a meeting at the Johnson Foundation at Wingspread on October 4–6, 2013. Convened by the National Governors Association (NGA) and the Institute of Medicine (IOM), meeting participants included 17 private sector leaders and experts from Wisconsin, 5 national health care experts and 8 state government representatives, including Governor Scott Walker and his chief of staff. (See Appendix A for the full list of participants.)</p> <p>The meeting was divided into three sections: Friday and most of Saturday were dedicated to discussing challenges and solutions; Saturday afternoon consisted of large and small group discussions about common visions and goals and opportunities; and Sunday was a large-group discussion about actions and next steps. Throughout the meeting, participants referenced specific levers and their suggestions involved specific state actions. IOM President Dr. Harvey Fineberg facilitated discussions on the first two days, and Governor Walker facilitated the discussion on Sunday. From this meeting two tasks were identified specifically related to DHS; 1) Medicaid Reforms and 2) Reducing Cost and Improving Quality. DHS initiated three specific projects as part of the Medicaid Reform task; TPL Enhancement, New Contracting Strategies for High Cost Specialty Drugs, and Complex Care Manager (formerly known as Superutilizers). For task 2, Governor Walker gave his support for the Statewide Value Committee (SVC) and DHS to apply for the State Innovation Models (SIM) one-year federal award.</p>
<p>Anticipated Total Cost: For task 1, individual projects have been established to implement the specific scope of work, and costs are being captured individually within those projects. For task 2, the one-year federal award is \$2.49M (February 1, 2015, to January 31, 2016). The scope of work is 100% federally funded but only requires the development of an Implementation Plan (no IT investment), and does not require state investment for ongoing activities.</p>
<p>Resourcing: N/A</p>