



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Karen E. Timberlake, Secretary

April 11, 2022

Michael J. Queensland
Senate Chief Clerk
Room B20 Southeast, State Capitol
Madison, WI 53707

Edwin Blazel
Assembly Chief Clerk
17 West Main Street, Room 401
Madison, WI 53708

Dear Mr. Queensland and Mr. Blazel:

I am pleased to submit the annual report on the Department of Health Services information system projects under development as required by Wisconsin Stat. § 46.03(26). The annual report includes the implementation schedule, a cost estimate, and the methods of determining charges for service, where applicable.

We have the following projects under development: 1) State Vital Record Information System (SVRIS) Part 2; 2) Prepayment Review Function; 3) Program Integrity (PI) Module Services; 4) Electronic Visit Verification (EVV) System; 5) Medicaid Management Information System (MMIS) Design, Develop, and Implement (DDI) Takeover and Enhancements; 6) Interoperability and Patient Access Systems Planning (PAI) Project; 7) Identity and Access Management (IAM) Single Sign On Portal Enhancement — Division of Medicaid Services (DMS); 8) Integration of Long-Term Care (LTC) Encounters into the MMIS; 9) Monthly Rate of Service (MROS) Payment Automation; 10) Enterprise Data Warehouse/Data Analytics and Reporting MES Modules; 11) Genesys Cloud Contact Center; 12) CARES: ACCESS Modernization Apply for Benefits; 13) CARES: Gap Filling; 14) CARES: Online Payment of Premiums; 15) CARES: Quality Control (QC) Precertification; 16) CARES: Health Maintenance Organization (HMO) Selection and Enrollment; 17) Children's Program Intake Platform (CPIP) Expansion to Support All in for Kids; 18) Grouper Plus Content Service (GPCS) Migration; 19) Wisconsin COVID-19 Vaccine Registry (WCVR); 20) Grants Enrollment and Application Reporting System (GEARS) Phase 1; and 21) COVID-19 Vaccination \$100 Debit Card Incentive Program.

Information regarding these initiatives is included in the enclosed report.

Sincerely,

A handwritten signature in blue ink, appearing to read "Karen E. Timberlake".

Karen E. Timberlake
Secretary-designee

Enclosure



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Report to the Legislature on Data Processing Projects — 2021

P-00988 (04/2022)

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Report Approach Overview

Wisconsin Stat. § 46.03(26) requires the Department of Health Services (DHS) to report annually on information system (IS) projects under development, including the implementation schedule, a cost estimate, and the methods of determining charges for service, where applicable.

Effective with this 2021 report, DHS adopts a new approach and format for this report to leverage information system project reporting required under Wis. Stat. § 16.973(16) that DHS submits to the Joint Committee on Information Policy and Technology via the Wisconsin Department of Administration (DOA), Division of Enterprise Technology (DET) each February and August under the report title, “Large, High-Risk Information Technology Project Report”.

With the intent of efficiency and more robust reporting, effective with this report cycle, DHS includes all active projects under development at the point this report is prepared using the project inclusion criteria and report components prescribed by DOA, DET in the most recent report cycle for the Large, High-Risk Information Technology Project Report. For context, report component guidance is included below.

Report Inclusion Criteria and Components — Reference

Inclusion Criteria: Active, under development information systems projects with an actual or estimated cost exceeding \$1,000,000.

Components:

1. Report Preparation Date: Lists the date the status report was prepared for this project.
2. Project Name: States the formal name of the project.
3. Project Status: Lists the status of the project at the time the report was prepared. All are “Active”.
4. DET Services/Impact: Indicates if DET services are needed or impacted to support any portion of the project.
5. Amount Funded via Master Lease: Lists the total amount funded through the master lease program.
6. Original Cost Projection: Lists the overall estimated cost of the IT project at the time the project started. If applicable, the report provides additional context to the original cost projection estimate in the “Project Information” field at the report end.
7. Current Cost Projection: Lists the current overall cost of the Information Technology (IT) Project. If caveats or additional context is needed to explain an estimate, the report provides this in the “Project Information” field.
8. Explanation for Changes to Cost Projection: Provides explanation if the actual, current cost projection varies from the original cost projection. If there is no variance, the field states “No Change.”
9. Funding Source: Details applicable project funding sources to equal the total current cost projection.
10. Actual or Estimated Project Start Date: Lists the actual project start date.
11. Original Project Completion Date: Lists the original, estimated project completion date at the time the project started. Note that this is not a baseline project completion date set in the project planning stage; it is a high-level best estimate at the point of project definition or initiation.
12. Current Project Completion Date: Lists the current, estimated project completion date. Depending on the project’s stage, it may be a high-level best estimate prior to a planning schedule baseline.
13. Explanation for Changes to Project Completion Date: Provides explanation for updates from the original project completion date estimate to the current project completion date projection.
14. Original Project Stage Completion Dates: Lists the stage names and original high-level estimated completion dates for all project stages at the time the project starts. Note that this information is high-level best estimates of stages and dates prior to the formal project planning stage.

15. Current Project Stage Completion Dates: Lists the current project stage names and estimated project stage completion dates. Depending on the project’s stage, it may be a high-level best estimate prior to a planning schedule baseline.
16. Explanation for Changes to Project Stage Completion Dates: Explains variances from original stage completion dates to current stage completion dates.
17. Project Information: Includes the most relevant information for the purpose of the report including:
 - A. Project Scope
 - B. Deliverable
 - C. Assumption
 - D. Risk
 - E. Constraint
 - F. Caveats/Additional Context
18. Submittal in Other Statutory Reports: Lists statutory reports submitted to the Department of Administration, DET, in which the project was included. It is limited to the agency’s Strategic IT Plan and submissions via the Large, High-Risk IT Project Report (formerly known as the Million-Dollar IT Project Report).
19. Multi-Agency Projects: Explains the role other State agencies or external organizations play in the project, if any.

Projects Completed/Closed Since Active in 2020 Report

2020 Report Reference #	Project Name	Completed/ Closed Date
1	Facilities’ Electronic Health Records (EHR) System	October 2021
3	e-Licensure for Bureau of Assisted Living (eBAL II)	May 2021
5	CAREWare Options Analysis and Implementation	July 2021
6	Wisconsin Comprehensive Lead Exposure and Abatement Registry (WI CLEAR)	August 2021

2021 Active IS Projects under Development

1. State Vital Record Information System (SVRIS) Part 2

1. *Report Preparation Date (Status as of):* 11/10/2021
2. *Project Name:* Statewide Vital Record Information System (SVRIS) Part 2
3. *Project Status:* Active
4. *DET Services/Impact:* Yes No TBD
DET hosts the OnBase/Naviant solution in their environment and will store images used by that solution.
5. *Amount Funded via Master Lease:* \$0
6. *Original Cost Projection:* \$20 million
7. *Current Cost Projection:* \$10 million
8. *Explanation for Changes to Cost Projection:*
There is a projected cost savings from the original estimate of \$20 million for the project because DHS was able to contract with Ancestry free of charge.
9. *Funding Source:*
 - GPR: \$000,000
 - PR: \$10,000,000
 - FED: \$000,000
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount):
10. *Actual or Estimated Project Start Date:* April 5, 2017
11. *Original Project Completion Date:* December 31, 2022
12. *Current Project Completion Date:* December 31, 2024
13. *Explanation for Changes to Project Completion Date:*
SVRIS Part 2 will be completed later than initially projected. Working with fragile, irregular, many hand-written paper documents that date back as far as 1814 and that were filed and amended in many different ways over the 200+ years, was much more difficult than our contractor estimated. Keying of data from the old records is also proceeding more slowly than our contractor forecast, which has in turn delayed the conversion of data into SVRIS. Each stage has been extended accordingly. The forecast completion date is late 2024, although the contractor is exploring options for increasing their pace.

14. *Original Project Stage Completion Dates:*

- *Project Charter Signed:* April 30, 2017
- *Project Planning:* December 31, 2017
- *Project Execution:* July 31, 2022
 - *Scanning of Original Vital Records Documents:* October 31, 2019
 - *Indexing of Vital Records Documents:* December 31, 2021
 - *Conversion of Vital Records into SVRIS:* July 31, 2022
- *Project Closing:* December 31, 2022

15. *Current Project Stage Completion Dates:*

- *Project Charter Signed:* April 30, 2017
- *Project Planning:* December 31, 2017
- *Project Execution:* July 31, 2024
 - *Scanning of Original Vital Record Documents :* June 30, 2021
 - *Indexing of Vital Records Documents :* July 31, 2023
 - *Conversion of Vital Records into SVRIS:* July 31, 2024
- *Project Closing:* December 31, 2024

16. *Explanation for Changes to Project Stage Completion Dates:*

Scanning of Original Vital Record Documents was delayed because working with fragile, irregular, and hand-written paper documents that date back as far as 1814 and that were filed and amended in many different ways over the 200+ years was much more difficult than our contractor estimated. Additionally, some scans were of poor quality and needed to be rescanned by the contractor.

Indexing of Vital Records Documents could not be started until scanning of the documents was complete and images had been passed through quality assurance. Additionally, keying of data from the old records, once started, has taken longer than our contractor forecast.

Conversion of Vital Records into SVRIS has in turn been delayed, as this process cannot be started by DHS staff until the previous work is complete. Therefore, each stage has been extended accordingly.

17. *Project Information:*

- A. *Project Scope:* The scope of this project is to preserve copies of all original Wisconsin vital records as archival quality images and to create electronic Public and Wisconsin indexes of the data from these images. This will be used both for retrieval of those images and to load the newly created indexes into SVRIS for issuance of certificates from a centralized database. This includes birth, death, marriage, divorce, domestic partnership, and termination of domestic partnership.
- B. *Deliverable:* One key deliverable is the creation of an electronic back-up of all Wisconsin vital record documents in the event of any natural disaster or unforeseen destruction of the non-electronic documents. Another key deliverable is the creation of electronic Public and Wisconsin indexes. This project will also enable the ability for issuance of vital records' certificates from the statewide database. The creation of digital images for the 25 million records, including the re-scans of images, which failed the initial quality check, have been completed. The overall project is split up into smaller delivery subsets based on event type (birth, marriage, death, divorce, etc.) and data years in order to facilitate both the creation of indexes and the conversion of the index data into SVRIS. Currently, over 3.9 million records have been converted into the SVRIS database. This includes 120,000 indexes fully converted in September 2021, allowing these records to be issued

electronically from the database. In addition, over 6.5 million images have been loaded into SVRIS to date.

- C. *Assumption:* DHS assumes that Ancestry will continue to provide the agreed upon services free of charge and will complete all portions of the project as outlined in the original Statement of Work.
- D. *Risk:* Competing priorities within the State Vital Record Office (SVRO) such as legislative changes affecting the SVRO and required system upgrades to SVRIS are a risk to the project timeline, as they would likely require key resources currently assigned to this project. The project team accepts this risk. If higher priority efforts are required of key resources on the project team and other resources cannot be allocated, the timeline for the project may need to extend.
- E. *Constraint:* As listed above, the variability of vital records documents spanning back over 200+ years has limited the ability of our contractor to speed up the project.
- F. *Caveats/Additional Context:* N/A

18. *Submittal in Other Statutory Reports:*

DHS Million-Dollar IT Project Report — February 2021

DHS Large, High-Risk IT Project Report — August 2021

DHS FY2022 Strategic IT Plan

19. *Multi-Agency Projects:* Are any other state agencies (including DOA other than DET) or external organizations (other than project vendors) playing any role in this project? External organizations could include units of government other than state agencies, community organizations, private sector organizations, or school districts.

Yes No

If yes: N/A

2. Prepayment Review Function

1. *Report Preparation Date (Status as of):* 11/18/2021

2. *Project Name:* Prepayment Review Function

3. *Project Status:* Active

4. *DET Services/Impact:* Yes No TBD

If yes: Not Applicable

5. *Amount Funded via Master Lease:* \$0

6. *Original Cost Projection:* \$922,472.81

7. *Current Cost Projection:* \$1,333,900

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8. *Explanation for Changes to Cost Projection:* Original cost projection was updated when the timeline changed due to a later than anticipated proposal. Updates were made based on estimates of resource utilization and the agreement was reviewed again and signed prior to any completion of work.
9. *Funding Source:*
- GPR: \$133,390
 - PR: \$000,000
 - FED: \$1,200,510
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount):
10. *Actual or Estimated Project Start Date:* July 1, 2021
11. *Original Project Completion Date:* July 2, 2022
12. *Current Project Completion Date:* September 30, 2022
13. *Explanation for Changes to Project Completion Date:* This project had an estimated start date based on the anticipated timeline for resource estimate routing. The timeline was delayed and the start date was recalculated and the resource estimate was rerouted prior to the start of work on the project. Currently this project continues to move through the design phase as planned. It appears this project is on track to meet proposed deadlines.
14. *Original Project Stage Completion Dates:*
- *Project Start-up Begins:* March 1, 2021
 - *Define Requirements:* May 31, 2021
 - *Identify changes based on requirements:* September 30, 2021
 - Analysis
 - Business Design
 - Tech Design
 - *Construction/Testing:* June 11, 2022
 - Model Office Testing
 - UAT Testing
 - Production Implementation
 - *Production Verification:* July 2, 2022
15. *Current Project Stage Completion Dates:*
- *Project Start-up Begins:* July 1, 2021
 - *Define Requirements:* August 31, 2021
 - *Identify changes based on requirements:* November 30, 2021
 - Analysis
 - Business Design
 - Tech Design
 - *Construction/Testing:* September 9, 2022
 - Model Office Testing

- UAT Testing
- Production Implementation
- *Production Verification: September 30, 2022*

16. *Explanation for Changes to Project Stage Completion Dates:* Project dates for this project were delayed due to an initial delay in the approval of the resource estimate prior to the beginning of work on the project. The project had a new resource estimate sent with updates including an updated timeline to reflect the new dates.

17. *Project Information:*

- A. *Project Scope:* The Prepayment Review Function will be added to the current functionality of the claims processing system operated by Gainwell Technologies. The goal of the addition will be to allow the Office of the Inspector General (OIG) the ability to review claims submitted by providers prior to the payment of the claims. This project will allow the Office of the Inspector General to select claims for review, put them in a pending status, provide a location to review the claims, and facilitate the approval or denial of claims. The solution will also encompass the communication to and from the provider.
- B. *Deliverable:* The system will include requirements for the resource estimate. The deliverable requested will be a system that allows the end user to evaluate claims and documentation submitted by the provider. This system will handle the process as documented in the resource estimate.
- C. *Assumptions:*
 - Section 4.1 Project Documentation Deliverables, included in the project charter, refers to the WI Account Project Management Office (PMO) standard documentation agreed upon by the Vendor and the Customer. Non-standard documentation will be considered a project specific requirement and will be addressed as such.
 - OIG edits will be placed at the end of claims processing. Suspended claims must be in an exempt status to continue meeting claims processing service level agreements (SLAs).
 - If the explanation of benefits (EOB) isn't associated with an adjustment to the claim billed amount, it will be reported on the Gainwell remittance advice but not the electronic remittance advice (835 transaction).
 - Modification of Surveillance and Utilization Review Subsystem (SURS) to allow for the creation for prepayment review cases will not include the creation of a new audit finding template. Letters will be triggered when the prepayment review includes a billing or rendering provider in the criteria. All OIG prepay-outcome EOBs will be carried over to Decision Support System (DSS).
- D. *Risk:* There is risk that scoped functionality overlaps with planned DDI development. Requirements 18 and 19 defined in the Prepayment Scoping Document may overlap with DDI Requirements 5.4.13.5-30 and 5.4.8.5-17. Requirement 1 defined in the Scoping Document may overlap with DDI Requirement 5.4.13.5- 34. This project has potential overlap with EB07-06 Claims lock/unlock. We are unsure if the lock/unlock is the correct solution and need to keep it in mind as we look at solutions. To mitigate these risks we continue to weigh cost, timing, and the best solutions approach to these topics. We identified the risk to ensure that all options are being assessed regularly and overlap mitigated. At this time, risk is low with current approach, however, we will need to continue to monitor for overlap in these projects.
- E. *Constraint:* This project is constrained to follow all laws, rules, and applicable guidance available for prepay review of claims.

F. *Caveats/Additional Context:* This project was not included in the February 2021 Million Dollar Report, as it was not projected to meet the cost criteria at that time.

18. *Submittal in Other Statutory Reports:* DHS Large, High-Risk IT Project Report — August 2021

19. *Multi-Agency Projects:* Are any other state agencies (including DOA other than DET) or external organizations (other than project vendors) playing any role in this project? External organizations could include units of government other than state agencies, community organizations, private sector organizations, or school districts.

Yes No

If yes:

- Office of the Inspector General (OIG) is the project sponsor for this project.
- The Centers for Medicare and Medicaid Services (CMS) provides funding for this project.

3. Program Integrity (PI) Module Services

1. *Report Preparation Date (Status as of):* 11/18/2021

2. *Project Name:* Program Integrity Module Services

3. *Project Status:* Active

4. *DET Services/Impact:* Yes No TBD

If yes: Not Applicable

5. *Amount Funded via Master Lease:* \$0

6. *Original Cost Projection:* \$5,690,000

7. *Current Cost Projection:* \$3,436,430

8. *Explanation for Changes to Cost Projection:*

Initial actual costs were an estimated cost with no contract in place. Cost savings are a combination of a streamlined implementation as well as efficiencies in having the winner of the contract also be the vendor chosen for the Enterprise Data Warehouse and having the Request for Proposal (RFP) complete with the final proposal present. There is no change since the previous Million Dollar Report.

9. *Funding Source:*

- GPR: \$356,092
- PR: \$000,000
- FED: \$3,080,338
- SEG: \$000,000
- PR-SEG: \$000,000

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Other (Please explain funding source and provide amount):

10. *Actual or Estimated Project Start Date:* December 1, 2021

11. *Original Project Completion Date:* January 31, 2023

12. *Current Project Completion Date:* October 31, 2022

13. *Explanation for Changes to Project Completion Date:*

The original estimated project completion date of January 31, 2023, was updated to an estimated completion date of June 30, 2022, as reported in the February 2021 DHS Million-Dollar IT Project Report. Since that report, delays in the contracting process were present and continued much longer than anticipated. The contract is currently routing with the project vendor, SAS. The new project completion date estimate is October 31, 2022.

14. *Original Project Stage Completion Dates:*

- *Procurement:* October 31, 2020
- *Discovery/Requirements:* May 31, 2021
- *Design/Planning, Development:* July 1, 2021
- *Testing:* February 8, 2022
- *Implementation:* May 31, 2022
- *Closure:* January 31, 2023

15. *Current Project Stage Completion Dates:*

- *Procurement:* November 30, 2021
- *Discovery/Requirements:* December 30, 2021
- *Design/Planning, Development:* February 1, 2022
- *Testing:* June 8, 2022
- *Implementation:* September 30, 2022
- *Closure:* October 31, 2022

16. *Explanation for Changes to Project Stage Completion Dates:*

The original project stage completion dates aligned with an anticipated procurement completion of October 2020 and a project closure of January 2023. The adjustments from those dates are detailed in the February 2021 DHS Million-Dollar IT Project Report. Since that report, continued delays in completing the contract have led to a delay in the project as a whole. The contract delays have resulted in a several month delay in starting, which shifts each stage out from the dates estimated in the DHS Large, High-Risk IT Project Report August 2021 report. Currently, contracts are being routed for signature by the DHS Bureau of Procurement and Contracting.

17. *Project Information:*

- A. *Project Scope:* The Wisconsin Department of Health Services (DHS), Division of Medicaid Services (DMS) is preparing the Medicaid Management Information System (MMIS) for federally required modularization and integration.

DMS is strategically and incrementally modernizing and modularizing the MMIS. DMS has identified targeted functionality that will be carved out of the current MMIS and modernized as stand-alone Modules.

The Program Integrity (PI) Module Services project will provide the functionality to support identification and reduction of fraud, waste, and abuse. The PI Module is to be the primary collection point of program integrity information and will support the communication and sharing of program integrity data/utilization review data across the Wisconsin Medicaid Enterprise.

The procurement process is nearly complete only requiring the completion and approval of the contract.

- B. *Deliverable:* SAS will deliver a modular component to the MMIS system that will allow appropriate staff to have access to analytics, analysis, and other items to assist in detecting and preventing fraud, waste and abuse.
- C. *Assumption:* A general assumption is present that funding for the project will continue at an appropriate level including maintaining current staffing levels in the Office of the Inspector General and SAS. Additionally, we assume all parties agree to contract terms including the Department of Health Services, Office of the Inspector General, Centers for Medicare and Medicaid Services, and SAS.
- D. *Risk:* This project has dependencies on the Enterprise Data Warehouse. Delay in the implementation of the Enterprise Data Warehouse will lead to a delayed implementation for the PI module.
- E. *Constraint:* The Office of the Inspector General will need to expand knowledge into the SAS platform and processes to be able to effectively implement the solution.
- F. *Caveats/Additional Context:* It is anticipated that during the next review period additional assumptions, risks and constraints will be identified. Due to the current stage of the project, only limited items have been identified.

18. Submittal in Other Statutory Reports:

DHS Large, High-Risk IT Project Report — August 2021
DHS Million-Dollar Project Report — February 2021
DHS FY2022 Strategic IT Plan

19. Multi-Agency Projects: Are any other state agencies (including DOA other than DET) or external organizations (other than project vendors) playing any role in this project? External organizations could include units of government other than state agencies, community organizations, private sector organizations, or school districts.

Yes No

If yes:

- Office of the Inspector General (OIG) is a project sponsor for this project.
- The Centers for Medicare and Medicaid Services (CMS) provides funding for this project.

4. Electronic Visit Verification (EVV) System

1. *Report Preparation Date (Status as of):* 11/17/2021
2. *Project Name:* Electronic Visit Verification (EVV)
3. *Project Status:* Active
4. *DET Services/Impact:* Yes No TBD
5. *Amount Funded via Master Lease:* \$0
6. *Original Cost Projection:* \$8,680,568
7. *Current Cost Projection:* \$17,313,531
8. *Explanation for Changes to Cost Projection:*

The EVV Project successfully conducted its soft launch on November 2, 2020. In its first twelve months, the EVV system was used by more than 400 provider agencies to log more than 3.5 million personal care visits. However, it is evident that the process to stabilize and gain a high percentage of compliance will take many months. Because of this, the project team is actively modifying the project resource estimate and federal funding request (IAPD) to reflect a project close date in late 2022 rather than December 2020. Because this change is not yet approved, the changes are not yet reflected in the current cost projection of this report.
9. *Funding Source:*
 - GPR: \$1,731,353
 - PR: \$000,000
 - FED: \$15,582,178
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount):
10. *Actual or Estimated Project Start Date:* January 1, 2018
11. *Original Project Completion Date:* December 31, 2020
12. *Current Project Completion Date:* March 31, 2022
13. *Explanation for Changes to Project Completion Date:*

The project's hard launch date changed to January 1, 2022, to allow external stakeholders additional time to comply with DHS EVV policy. The project completion date was extended to March 31, 2022, to accommodate this. Recently a decision was made to further extend the project completion date past March 31, 2022. This change has not been officially made to the project schedule and finances, but will be before the next reporting period.

14. *Original Project Stage Completion Dates:*

- *Procurement:* April 1, 2019
- *Discovery/Requirements:* November 1, 2019
- *Design/Planning / Development:* May 1, 2020
- *Testing:* October 31, 2020
- *Implementation:* December 31, 2020
- *Closure:* April 1, 2021

15. *Current Project Stage Completion Dates:*

- *Procurement:* April 1, 2019
- *Discovery/Requirements:* November 1, 2019
- *Design/Planning / Development:* February 1, 2021
- *Testing:* February 28, 2021
- *Implementation:* January 1, 2022
- *Closure:* March 31, 2022

16. *Explanation for Changes to Project Stage Completion Dates:*

The EVV Project successfully conducted its soft launch on November 2, 2020. In its first twelve months, the EVV system was used by more than 400 provider agencies to log more than 3.5 million personal care visits. However, it is evident that the process to stabilize and gain a high percentage of compliance will take many months. Because of this, the project team is actively modifying the project resource estimate and federal funding request (IAPD) to reflect a project close date in late 2022 rather than December 2020. This change moves an additional six to nine months of operational costs into the project budget. This change has not been officially made to the project schedule and finances, but will be before the next reporting period.

17. *Project Information:*

- A. *Project Scope:* The Wisconsin DHS EVV system will meet the requirements of the 21st Century Cures Act. DHS will contract with EVV vendor Sandata, using the existing Gainwell Technologies MMIS contract and scope of work. The EVV solution provided by Sandata has several components including:
- a. Electronic Visit Collection—systems collect visit information as required by the Cures Act.
 - b. Visit Information Management, Monitoring, and Reporting—visit information is reviewed, edited, and validated. Monitoring and reporting ensures compliance with business, system, and solution requirements.
 - c. Claims verification—valid visit information is matched to rendered/payable services by payers.
 - d. The scope of this project is specifically for the implementation of the EVV for Medicaid-covered personal care services. There is a separate, proposed project to cover the scope of the EVV for home health services.
- B. *Deliverable:*
- a. Verification of all requirements and functions of the Electronic Visit Collection systems.
 - b. Verification of all requirements and functions to integrate the Electronic Visit Collection systems from and to the MMIS.

- c. Verification of all requirements and functions to pay and process claims and encounter records from applicable entities including provider agencies, Health Maintenance Organizations (HMOs), Managed Care Organizations (MCOs), and Fiscal Employer Agents (FEAs).

- C. *Assumption:* None.
- D. *Risk:* None.
- E. *Constraint:* None.
- F. *Caveats/Additional Context:* None.

18. *Submittal in Other Statutory Reports:*

- DHS Million-Dollar IT Project Report — February 2021
- DHS FY2022 Strategic IT Plan
- DHS Large, High-Risk IT Project Report — August 2021

19. *Multi-Agency Projects:* Are any other state agencies (including DOA other than DET) or external organizations (other than project vendors) playing any role in this project? External organizations could include units of government other than state agencies, community organizations, private sector organizations, or school districts.

Yes No

If yes: The Centers for Medicare and Medicaid (CMS) provides guidance and funding.

5. MMIS DDI Takeover and Enhancements

1. *Report Preparation Date (Status as of):* 11/18/2021
2. *Project Name:* Medicaid Management Information System (MMIS) Design, Develop, and Implement (DDI) Takeover and Enhancements
3. *Project Status:* Active
4. *DET Services/Impact:* Yes No TBD
5. *Amount Funded via Master Lease:* \$0
6. *Original Cost Projection:* \$72,200,000
7. *Current Cost Projection:* \$84,472,152
8. *Explanation for Changes to Cost Projection:* Adjustments have been made to charges to reflect additional scope for inclusion of various services (i.e., PinPoint, MailChimp, an additional year of support charges for Micropact) and shifting of requirements within Enhancements Bundles.
In addition, there were impacts due to:
 - Additional effort for bundle-specific schedule timeline extensions.

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- Additional effort for Functional/Non-Functional Requirements gathering.
- Schedule extension impact for overhead support staff and project management.
- Pro-rated credit for cancelled requirements to account for time spent up to the time of requirement cancellation.

9. *Funding Source:*

- GPR: \$8,447,215.20
- PR: \$000,000
- FED: \$76,024,936.80
- SEG: \$000,000
- PR-SEG: \$000,000
- Other (Please explain funding source and provide amount):

10. *Actual or Estimated Project Start Date:* September 19, 2018

11. *Original Project Completion Date:* September 30, 2021

12. *Current Project Completion Date:* June 30, 2022

13. *Explanation for Changes to Project Completion Date:* The baseline schedule has been established following requirements validation and the project closeout is scheduled for June 2022. The original estimated completion date of September 2021 was determined based on high-level information available during the procurement phase and the completion date was reevaluated during the planning phase and was adjusted to June 2022.

14. *Original Project Stage Completion Dates:*

- *Procurement:* October 31, 2018
- *Discovery/Requirements:* May 31, 2020
- *Design/Planning, Development:* September 30, 2021
- *Testing:* January 31, 2022
- *Implementation:* May 31, 2022
- *Closeout:* June 30, 2022

15. *Current Project Stage Completion Dates:*

- *Procurement:* October 31, 2018
- *Discovery/Requirements:* May 31, 2020
- *Design/Planning, Development (excluding EB11*):* December 31, 2021
- *Testing (excluding EB11*):* January 31, 2022
- *EB11 Design*:* May 31, 2022
- *Implementation (excluding EB11*):* May 31, 2022
- *Closeout:* June 30, 2022

16. *Explanation for Changes to Project Stage Completion Dates:* The original estimated completion date of September 2021 was determined based on high-level information available during the procurement phase. The completion date was reevaluated during the planning phase and was adjusted to June 2022.

*Enhancement Bundle 11 (EB11) is an outlier that has been added to the project scope since the August 2021, Large, High-Risk IT Project Report. Only the design component of EB11 is included in project scope at this time with a scheduled design completion date of May 31, 2022.

17. Project Information:

- A. *Project Scope:* The Wisconsin Department of Health Services (DHS), Division of Medicaid Services (DMS) is preparing the MMIS for federally required modularization and integration of long-term care.

DMS is strategically and incrementally modernizing and modularizing the MMIS. DMS has identified targeted functionality that will be carved out of the current MMIS and modernized as stand-alone Modules or as Enhancement Components to improve the current system over the seven-year modernization and Enhancement period. This project includes the following key deliverables:

- The Takeover and Operations Component of this project includes successful continuation of all current systems and services. DHS will require several Enhancements to the current contracted MMIS services during and after the Takeover period, with sequential replacement of specific Modules and components over the course of the project.
 - The Enhancement Components are improvements to services, functionality, or capabilities within the current MMIS. These Enhancements are structured in a way that they can be appropriately priced and managed as a group with a fixed cost and timetable for completion.
- B. *Deliverable:* Solutions providing services, functionality, or capabilities outlined in Bundle-specific requirements.
- C. *Assumption:* The following assumptions pertain to this project:
- Future Change Requests (CRs) to be considered will need to be priced separately.
 - Decision 194 documents agreement that bundles should be repriced at the finish of the design phase. As design is not yet complete for all bundles, at the future design finish for bundles, additional repricing may be necessary and would be documented as a change request.
- D. *Risk:* This project has a risk of the possibility of missing interdependencies between Enhancement Bundles and Maintenance and Operations (M&O) work.
- E. *Constraint:* There are no constraints currently identified at this time. This will be monitored on an ongoing basis during the life of the DDI contract.
- F. *Caveats/Additional Context:* Please note that all bundle/project-specific risks are outlined on the Risks Report.

18. Submittal in Other Statutory Reports:

DHS Large, High-Risk IT Project Report — August 2021
DHS Million-Dollar Project Report — February 2021
DHS FY2022 Strategic IT Plan

19. *Multi-Agency Projects:* Are any other state agencies (including DOA other than DET) or external organizations (other than project vendors) playing any role in this project? External organizations could include units of government other than state agencies, community organizations, private sector organizations, or school districts.

Yes No

If yes:

The Centers for Medicare and Medicaid Services (CMS) provides guidance and funding for the project.

6. Interoperability and Patient Access Systems Planning (PAI) Project

1. *Report Preparation Date (Status as of):* 11/18/2021
2. *Project Name:* Interoperability and Patient Access Systems Planning (PAI)
3. *Project Status:* Active
4. *DET Services/Impact:* Yes No TBD
5. *Amount Funded via Master Lease:* \$0
6. *Original Cost Projection:* \$5,235,000
7. *Current Cost Projection:* \$2,471,642.44
8. *Explanation for Changes to Cost Projection:* The original cost projection included in the DHS FY2022 Strategic IT Plan report included ongoing costs instead of only the cost of the project.
9. *Funding Source:*
 - GPR: \$247,164.24
 - PR: \$000,000
 - FED: \$2,224,478.20
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount):
10. *Actual or Estimated Project Start Date:* April 1, 2021
11. *Original Project Completion Date:* December 30, 2021
12. *Current Project Completion Date:* December 30, 2021
13. *Explanation for Changes to Project Completion Date:* No Change
14. *Original Project Stage Completion Dates:*
 - *Define Requirements:* June 30, 2021
 - *Design:* August 31, 2021
 - *Construction:* November 4, 2021
 - *Testing:* December 10, 2021
 - *Go-Live/Implementation:* December 10, 2021
 - *Close:* December 30, 2021

15. *Current Project Stage Completion Dates:*

- *Define Requirements:* June 30, 2021
- *Design:* August 31, 2021
- *Construction:* November 4, 2021
- *Testing:* December 10, 2021
- *Go-Live/Implementation:* December 10, 2020
- *Close:* December 30, 2021

16. *Explanation for Changes to Project Stage Completion Dates:* No Change

17. *Project Information:*

- A. *Project Scope:* The goal of this project is to implement new Centers for Medicare and Medicaid Service (CMS) requirements for interoperability and patient access. The federal rule requires Medicaid (MA) agencies to make available patient data in a standardized and accessible format.

Benefits/Agency Business Need:

1. This requirement needs to be met for the state to continue to receive federally enhanced funding for MA projects.
 2. Patients will have immediate access to their health information allowing for improved service delivery.
 3. Patients will have immediate access to provider information allowing for improved care selection.
- B. *Deliverable:* Data ingestion from the Transformed Medicaid Statistical Information System (T-MSIS) and the State Formulary file sources, the translation of data into the Fast Healthcare Interoperability Resources (FHIR) format, maintenance and storage of the Patient Access and Interoperability (PAI) database, and the creation and maintenance of the Application Programming Interface (API) gateway that will enable Third Party access to the FHIR data.
- C. *Assumption:*
- The following are not included in the scope of work:
 - Attesting to PAI Level 2 and 3.
 - Developing the recommended Provider Supplemental Extract.
 - Incremental operational work associated with the data extraction processes.
 - Developing an additional extract to support automated access to dependent members by parents or legal guardians.
 - Gainwell's Mobile Digital Platform (MDP) offering.
 - Modifying the Buy-In and Medicare Modernization Act (MMA) data exchange from monthly to daily to improve the Dually Eligible Experience.
 - Developing claims data extracts from State-only non-Medicaid programs (i.e., Wisconsin Well Woman Program (WWWP), Wisconsin Chronic Disease Program (WCDP), AIDS/HIV Drug Assistance Program (ADAP)) as data from these programs are out of scope.
 - Supporting users with live chat/chat bot capabilities.
 - Making prior authorization information available via Patient Access API.
 - Adhering to the proposed minimum four-week User Acceptance Testing (UAT) timeframe as T-MSIS functionality does not typically require engagement from the State UAT team to test.

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- T-MSIS processes will be run weekly for PAI in addition to the monthly processing for CMS submissions.
 - Third-party Software as a Service (SaaS) subcontractors will be responsible for presenting data to members, utilizing their applications and interfaces to connect to and retrieve data from the Gainwell PAI solution.
- D. *Risk:* Construction activities may take longer than expected due to new resources assigned to the development team, which may cause an increase in the time needed for Construction. To mitigate this, Developers' time is being closely monitored to determine if additional resources or time are needed.
- E. *Constraint:* PAI historical claims need to be run "off hours" which limits the amount of time for extracting the data. The team is reviewing ways to increase efficiency of reporting to enable an increased window of hours for extracting necessary data.
- F. *Caveats/Additional Context:*
- The project was initially stated as starting on May 17, 2021; however, resources became available prior to that date and it was updated to start on April 1, 2021.

18. *Submittal in Other Statutory Reports:*

DHS Large, High-Risk IT Project Report – August 2021
DHS FY2022 Strategic IT Plan

19. *Multi-Agency Projects:* Are any other state agencies (including DOA other than DET) or external organizations (other than project vendors) playing any role in this project? External organizations could include units of government other than state agencies, community organizations, private sector organizations, or school districts.

Yes No

If yes:

The Centers for Medicare and Medicaid Services (CMS)

- CMS provides guidance and funding for the project.

7. Identity and Access Management (IAM) Single Sign On Portal Enhancement — Division of Medicaid Services (DMS)

1. *Report Preparation Date (Status as of):* 11/18/2021
2. *Project Name:* Identity and Access Management Single Sign On Portal Enhancement — Division of Medicaid Services
3. *Project Status:* Active
4. *DET Services/Impact:* Yes No TBD
5. *Amount Funded via Master Lease:* \$0
6. *Original Cost Projection:* \$3,393,451.29
7. *Current Cost Projection:* \$3,386,382.23
8. *Explanation for Changes to Cost Projection:* The original cost projection was high level and was further refined during planning with the vendor, Gainwell.
9. *Funding Source:*
 - GPR: \$338,638.22
 - PR: \$000,000
 - FED: \$3,047,744.01
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount):
10. *Actual or Estimated Project Start Date:* April 15, 2021
11. *Original Project Completion Date:* February 28, 2022
12. *Current Project Completion Date:* September 2, 2022
13. *Explanation for Changes to Project Completion Date:*

The project completion date changed due to additional time required for resource on-boarding, Torque (internal time to build servers) request timeline, and utilization of role-based access controls (RBAC) approach. Please note the initial estimate of the February 28, 2022, completion date listed in the FY2022 Strategic IT Plan was high level and refined as project planning and stages were later defined.
14. *Original Project Stage Completion Dates:*
 - *Requirements and Design:* July 1, 2021
 - *Construction:* December 31, 2021
 - *Testing:* March 15, 2022
 - *Go Live/Implementation:* May 15, 2022

- *Close:* May 30, 2022

15. *Current Project Stage Completion Dates:*

- *Requirements and Design:* January 31, 2022
- *Construction:* May 11, 2022
- *Testing:* July 29, 2022
- *Go Live/Implementation:* July 29, 2022
- *Close:* September 2, 2022

16. *Explanation for Changes to Project Stage Completion Dates:*

All project phase dates changed due to additional time required for resource on-boarding, Torque (internal time to build servers) request timeline, and utilization of role-based access controls (RBAC) approach.

17. *Project Information:*

- Project Scope:* Gainwell will implement Identity and Access management (IAM), along with Single Sign On (SSO) for seven DMS-approved applications. Gainwell will also manage security requests and security requirements, which are dependent upon the implementation of Role Based Access Control (RBAC) within the proposed IAM Solution.
- Deliverable:* A solution comprising of SailPoint and Okta for its Identity Access Management and Single Sign On requirements.
- Assumption:* Staff from the security consulting firm HadenGrey will be brought in to support the project implementation and ongoing support of the project.
- Risk:* No risks are currently identified at this time. Ongoing risk assessment is conducted during the life of the project.
- Constraint:* No constraints are currently identified at this time. This will be monitored on an ongoing basis during the life of the project.
- Caveats/Additional Context:* The project was initially stated as starting on May 17, 2021; however, resources became available prior to that date and it was updated to start on April 15, 2021. The project schedule and budget will be re-estimated at the completion of the requirements and design phase. Change control will be utilized if revisions to scope, schedule, or resources are required.

18. *Submittal in Other Statutory Reports:*

DHS Large, High-Risk IT Project Report – August 2021

This project is included in the DHS FY2022 Strategic IT Plan under the initial title of Identity and Access Management Project – Division of Medicaid Services (DMS).

19. *Multi-Agency Projects:* Are any other state agencies (including DOA other than DET) or external organizations (other than project vendors) playing any role in this project? External organizations could include units of government other than state agencies, community organizations, private sector organizations, or school districts.

Yes No

If yes:

The Centers for Medicare and Medicaid Services (CMS) provides guidance and funding for the project.

8. Integration of Long Term Care (LTC) Encounters Into the MMIS

1. *Report Preparation Date (Status as of):* 11/18/2021
2. *Project Name:* Integration of Long Term Care (LTC) Encounters into the MMIS
3. *Project Status:* Active
4. *DET Services/Impact:* Yes No TBD
5. *Amount Funded via Master Lease:* \$0
6. *Original Cost Projection:* \$4,140,205.68
7. *Current Cost Projection:* \$4,140,205.68
8. *Explanation for Changes to Cost Projection:* No Change
9. *Funding Source:*
 - GPR: \$414,020.57
 - PR: \$000,000
 - FED: \$3,726,185.11
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount):
10. *Actual or Estimated Project Start Date:* May 1, 2021
11. *Original Project Completion Date:* March 31, 2023
12. *Current Project Completion Date:* March 31, 2023
13. *Explanation for Changes to Project Completion Date:* No Change
14. *Original Project Stage Completion Dates:*
 - *Define Requirements:* July 1, 2021
 - *Design:* March 31, 2022
 - *Construction:* November 30, 2022
 - *Testing:* November 30, 2022
 - *Go-Live/Implementation:* November 30, 2022
 - *Close:* March 31, 2023
15. *Current Project Stage Completion Dates:*
 - *Define Requirements:* July 1, 2021

- *Design*: March 31, 2022
- *Construction*: November 30, 2022
- *Testing*: November 30, 2022
- *Go-Live/Implementation*: November 30, 2022
- *Close*: March 31, 2023

16. *Explanation for Changes to Project Stage Completion Dates*: No Change

17. *Project Information*:

- A. *Project Scope*: Integrate Long Term Care (LTC) processing into the Medicaid Management Information System (MMIS).
- B. *Deliverable*: Implementation of an integrated system to provide for the integration of Adult LTC program encounters into the MMIS and to ensure that all transactional processing occurs through the MMIS that will be accomplished by delivering the following four solutions:
 1. Development of an infrastructure to support a single claims-encounter submission platform that integrates business rules by program.
 2. Implementation and maintenance of a solution to ensure all transactional processing occurs through the MMIS.
 3. Implementation of the panels and functionality to adjudicate an encounter and group of encounters.
 4. Provision of a highly configurable solution to process, adjudicate and price encounters using benefit and service authorization information for all Adult LTC programs.
- C. *Assumption*:
 - Adult LTC Encounters will be processed in the MMIS utilizing national standards as well as Health Insurance Portability and Accountability Act (HIPAA) and National Council for Prescription Drug Programs (NCPDP) named files and transactions.
 - Electronic Data Interchange (EDI) will identify the mapping logic for existing Inter-Enterprise System (IES) fields and mapping logic may result in unmapped fields if the historic IES field is no longer utilized or of value to Department of Health Services (DHS).
 - The Portal will utilize existing framework (but require updates) for the uploading and downloading of NCPDP names/files and HIPAA names files/transactions.
 - For Encounter Processing, Service Authorization matching logic is assuming a similar framework to the current Fee For Service (FFS) Prior Authorization matching logic and creation of new Benefit Plan Administration (BPA) variables will be based on mapping logic of fields/IES edits.
 - Medicare Max Fee Shadow Pricing will only include max fee related codes and will identify facility vs. non-facility rates based on submitted place of service codes.
 - IES will continue use/existence of purposes beyond accepting Adult LTC encounters.
 - Data Warehouse/Data Mart will continue populating historic LTC Datamart(s) by updating Extract Transform Load (ETL) processes to source from MMIS tables.
- D. *Risk*: No risks are currently identified at this time. Ongoing risk assessment is conducted during the life of the project.
- E. *Constraint*: No constraints are currently identified at this time. This will be monitored on an ongoing basis during the life of the project.
- F. *Caveats/Additional Context*: The project schedule and budget will be re-estimated at the completion of the design phase. Change control will be utilized if revisions to scope, schedule, or resources are required.

18. *Submittal in Other Statutory Reports:* DHS Large, High-Risk IT Project Report – August 2021

19. *Multi-Agency Projects:* Are any other state agencies (including DOA other than DET) or external organizations (other than project vendors) playing any role in this project? External organizations could include units of government other than state agencies, community organizations, private sector organizations, or school districts.

Yes No

If yes:

The Centers for Medicare and Medicaid Services (CMS) provides guidance for the Medicaid program and funding for the project.

9. Monthly Rate of Service (MROS) Payment Automation

1. *Report Preparation Date (Status as of):* 11/18/2021

2. *Project Name:* Monthly Rate of Service (MROS) Payment Automation

3. *Project Status:* Active

4. *DET Services/Impact:* Yes No TBD

5. *Amount Funded via Master Lease:* \$0

6. *Original Cost Projection:* \$2,581,039.23

7. *Current Cost Projection:* \$2,581,039.23

8. *Explanation for Changes to Cost Projection:* No Change

9. *Funding Source:*

GPR: \$258,103.92

PR: \$000,000

FED: \$2,322,935.31

SEG: \$000,000

PR-SEG: \$000,000

Other (Please explain funding source and provide amount):

10. *Actual or Estimated Project Start Date:* March 18, 2021

11. *Original Project Completion Date:* January 30, 2023

12. *Current Project Completion Date:* December 31, 2022

13. *Explanation for Changes to Project Completion Date:*

The project completion date was adjusted to avoid end-of-year for Go-Live/Implementation, so it was moved up a month, enabling project completion to be moved up a month.

14. *Original Project Stage Completion Dates:*

- *Requirements and Design:* December 31, 2021
- *Construction:* April 30, 2022
- *Testing:* July 31, 2022
- *Go-Live/Implementation:* November 30, 2022
- *Close:* January 30, 2023

15. *Current Project Stage Completion Dates:*

- *Requirements and Design:* December 31, 2021
- *Construction:* June 15, 2022
- *Testing:* September 30, 2022
- *Go-Live/Implementation:* October 22, 2022
- *Close:* December 31, 2022

16. *Explanation for Changes to Project Stage Completion Dates:*

Changes to the project stage completions dates were due to:

- *Construction:* Additional time was identified as being needed for coding.
- *Testing:* With Construction timeframe extended, the Testing timeframe extended to enable full Testing schema to be delivered.
- *Go-Live/Implementation:* Date moved up to avoid end-of-year activities.
- *Close:* The project completion date was adjusted to avoid end-of-year for Go-Live/Implementation, so it was moved up a month, enabling project completion to be moved up a month.

17. *Project Information:*

- Project Scope:* The Long-Term Care (LTC) Per Participant per Month (PPPM) Payments solution will automate the manual financial management process that is used to generate the PPPM Payments to IRIS (Include, Respect, I Self-Direct) Program Agencies. Communications, training, and documentation will be integrated with the new business process.
- Deliverable:* A capitation-like solution approach to meet the LTC business needs including proposed functionality to:
 - Create a new capitation-like payment process for IRIS, including new panels and tables.
 - Pay retroactive and partial monthly payments for IRIS Consultant Agencies (ICA), Fiscal Employer Agent (FEA), Call Center, and Self-Directed Personal Care (SDPC) Oversight Agency.
 - Capture and store monthly worker compensation invoices from FEAs.
 - Automate payments for all four types of IRIS contractors: ICAs, FEAs, IRIS Call Center, and SDPC Oversight Agency.
 - Store and report payments at a member level vs. contractor level for ICA, FEA, Call Center, and SDPC Oversight Agency.
- Assumption:* The project will follow the Design Develop Implement (DDI) governance, processes, and templates to execute the project.

- D. *Risk*: No risks are currently identified at this time. Ongoing risk assessment is conducted during the life of the project.
- E. *Constraint*: No constraints are currently identified at this time. This will be monitored on an ongoing basis during the life of the project.
- F. *Caveats/Additional Context*: The project schedule and budget will be re-estimated at the completion of the requirements and design phase. Change control will be utilized if revisions to scope, schedule, or resources are required.

18. *Submittal in Other Statutory Reports*: DHS Large, High-Risk IT Project Report — August 2021

19. *Multi-Agency Projects*: Are any other state agencies (including DOA other than DET) or external organizations (other than project vendors) playing any role in this project? External organizations could include units of government other than state agencies, community organizations, private sector organizations, or school districts.

Yes No

If yes:

The Centers for Medicare and Medicaid Services (CMS) provides guidance and funding for the project.

10. Enterprise Data Warehouse/Data Analytics and Reporting MES Modules

1. *Report Preparation Date (Status as of)*: 11/18/2021

2. *Project Name*: Enterprise Data Warehouse/Data Analytics Reporting (EDW/DAR)

3. *Project Status*: Active

4. *DET Services/Impact*: Yes No TBD

5. *Amount Funded via Master Lease*: \$0

6. *Original Cost Projection*: \$24,724,102.28

7. *Current Cost Projection*: \$24,724,102.28

8. *Explanation for Changes to Cost Projection*: No Change

9. *Funding Source*:

GPR: \$2,472,410.23

PR: \$000,000

FED: \$22,251,692.05

SEG: \$000,000

PR-SEG: \$000,000

Other (Please explain funding source and provide amount):

10. *Actual or Estimated Project Start Date:* October 6, 2020

11. *Original Project Completion Date:* June 30, 2023

12. *Current Project Completion Date:* March 31, 2024

13. *Explanation for Changes to Project Completion Date:* The schedule was baselined after requirements were completed which shifted the date back from June 2023 to March 2024 for project go-live plus certification and project closure.

14. *Original Project Stage Completion Dates:*

- *Requirements Review Completed:* May 1, 2022
- *Preliminary Design Review Completed:* July 11, 2022
- *Detailed Design Review Completed:* August 31, 2022
- *DDI Completed:* June 30, 2023

15. *Current Project Stage Completion Dates:*

- *Requirements Validation:* March 9, 2021
- *Discovery and Design Completion:* September 29, 2021
- *Development Completion:* June 28, 2022
- *User Acceptance Testing Completion:* September 22, 2022
- *Operational Go-Live:* September 30, 2022
- *Parallel Processing Completion:* March 30, 2023
- *Certification and Project Closure:* March 31, 2024

16. *Explanation for Changes to Project Stage Completion Dates:* Previous project stages and completion dates were prior to having a baselined schedule. After requirements validation was completed in March 2021, the project team was able to confirm and validate scope and baseline the project schedule with updated milestones. The completion dates on the stages were updated again due to delays in the data delivery for MMIS and LTC/IES.

17. *Project Information:*

A. *Project Scope:*

- This project includes developing and maintaining an Enterprise Data Warehouse (EDW) and providing Data Analytics Reporting (DAR) capabilities. The first phase of the project includes conversion of existing data and addition of new sources. Subsequent scope includes integration of Long-Term Care (LTC) data, Centers for Medicare and Medicaid Services (CMS) certification and ongoing operations.
- EDW specific scope:
 - Achieve LTC integration of data and tools.
 - Move toward enterprise model and eliminate unnecessary redundancy.
 - Create and implement Uniform Standards.
 - Support data governance management and processes.
 - Expand data sets available and consumed from existing data sources.
 - Implement role-based security.
 - Improve monitoring and optimization.

- DAR specific scope:
 - Create a unique data analytics and reporting module.
 - Include more robust and predictive data analytics and reporting.
 - Include visual and GEO Analytics.

B. *Deliverable:*

Enterprise Data Warehouse and Data Analytics Reporting Module

C. *Assumption:*

Currently there are no assumptions for this project.

D. *Risk:*

The project has the following risks associated:

- Numerous key stakeholders and vendors
- Data expertise held externally from the state
- Multiple ongoing state projects causing competing priorities
- Dependencies on other projects

E. *Constraint:* This project has no constraints.

F. *Caveats/Additional Context:* None

18. *Submittal in Other Statutory Reports:*

DHS Large, High-Risk IT Project Report – August 2021

DHS Million-Dollar Project Report – February 2021

DHS FY2022 Strategic IT Plan

19. *Multi-Agency Projects:* Are any other state agencies (including DOA other than DET) or external organizations (other than project vendors) playing any role in this project? External organizations could include units of government other than state agencies, community organizations, private sector organizations, or school districts.

Yes No

If yes:

The Centers for Medicare and Medicaid (CMS) provides guidance and funding for the project.

11. Genesys Cloud Contact Center

1. *Report Preparation Date (Status as of):* 11/18/2021

2. *Project Name:* Genesys Cloud Contact Center Project

3. *Project Status:* Active

4. *DET Services/Impact:* Yes No TBD

If yes:

- Security Assertion Markup Language (SAML)/Web
- Access Management System (WAMS) eDirectory

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5. *Amount Funded via Master Lease:* \$0
6. *Original Cost Projection:* \$3,000,000.00
7. *Current Cost Projection:* \$3,755,862.00
8. *Explanation for Changes to Cost Projection:* The increase from the original cost projection of \$3,000,000 to the \$3,757,890 estimate provided in the August 2021 Large, High-Risk IT Project Report cycle was primarily the result of a change in CenturyLink hardware requirements at both data centers. Also, DHS project management contract resource cost was not projected in the original estimate. As of November 2021, the cost projection is \$3,755,862; this update in cost reported is due to an update in licensing to account for correct sizing for user types and removal of call back and email functionality from scope.
9. *Funding Source:*
 - GPR: \$1,690,138
 - PR: \$000,000
 - FED: \$2,065,724
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount):
10. *Actual or Estimated Project Start Date:* July 15, 2019
11. *Original Project Completion Date:* October 29, 2021
12. *Current Project Completion Date:* January 28, 2022
13. *Explanation for Changes to Project Completion Date:* Changes to completion dates are due to delays in delivery of the FedRamp certified platform from Genesys. Also, the late change to telecom hardware requirements was delayed due to slow logistics due to COVID-19. The completion date was updated again to allow additional time for support and training of the business areas currently in production on the Genesys platform as well as those that will be moving to production.
14. *Original Project Stage Completion Dates:*
 - *Project Initiation ending date:* March 31, 2020
 - *Project Planning ending date:* September 18, 2020
 - *Project Execution ending date:* June 30, 2021
 - *Project Monitoring and Controlling ending date:* July 14, 2021
 - *Project Closing ending date:* October 29, 2021
15. *Current Project Stage Completion Dates:*
 - *Project Initiating completed:* August 14, 2020
 - *Project Planning completed:* February 26, 2021
 - *Project Executing completed:* January 21, 2022
 - *Project Monitoring and Controlling ending date:* January 28, 2022

- *Project Closing completed: January 28, 2022*

16. *Explanation for Changes to Project Stage Completion Dates:* Changes to the dates are primarily due to delays in delivery of the FedRamp certified stable platform from Genesys. Also, the late change to telecom hardware requirements was delayed due to slow logistics from China caused by COVID-19. The completion date in the stages were updated again to allow additional time for support and training of the business areas currently in production on Genesys platform as well as those that will be moving to production.

17. *Project Information:*

A. *Project Scope:*

The Wisconsin Department of Health Services (DHS) and its partners have over 20 call centers currently using Contact Center Anywhere (CCA) by Oracle Corp. This is an outdated software that has been out of major development and support by its developer since 2015 and that makes DHS vulnerable to security and other runtime environment risks. DHS will replace the CCA system with a modern, FedRamp certified government cloud platform contact center solution, under the recommendation of the Department of Health Services Bureau of Information and Technology Services (DHS BITS), that will not only mitigate these risks, but will also avail DHS the up-to-date features in contact center technology. In addition, it fulfills DHS and State of Wisconsin strategic initiative for effective, efficient services and higher customer and taxpayer satisfaction.

Migration would primarily be “as-is” relevant to call flows and functionality/features from CCA to the Genesys system. Exceptions include:

- Automated Telephonic Signature (ATS) including integration with CARES/Electronic Case File (ECF)
 - Create and retain separate recordings (in addition to 100% quality recordings) of the telephonic signatures.
 - Provide playback of the rights and responsibilities for the customer.
 - Allow Deloitte to retrieve telephonic signature recordings and add the recording to the electronic case file.
- Workforce Management Tool for Milwaukee Enrollment Services (MiLES) (Pilot only).
- Genesys Survey product will replace the current survey Interactive Voice Response (IVR).
- 100% call recording (does not include the time while in the IVR or waiting in queue).
- DHS may be required to purchase licensed “on hold” music.
- Initial reporting may be limited to “Out of the box.”
- Live supervisory reporting (call center, queue and agent level).
- Continue to deliver calls to agents via normal land lines with the possibility to move to soft phones which could significantly reduce DHS’s long distance payments.
- Implementation Professional Services provided by Global Technology Solutions (GTS).
- CARES integration for Automated Telephonic Signature (ATS).
- Training (agent, supervisor, platform support, etc.).
- Telephony (all telecom equipment required to receive and deliver calls, toll free and long distance charges).
- Genesys network, data centers, interconnect with telecom provider, cloud instance and hardware for redundancy and reliability.
- DET resources for SAML integration for WAMS ID usage as Single Sign-on (SSO) to Genesys.

- Timelines for implementation in phases.
- B. *Deliverable:* DHS will replace the legacy CCA system with a modern contact center platform with Genesys Cloud Contact Center. A suite of applications will be accessed by approximately 2,100 contact center agents, supervisors, and administrators.
- C. *Assumption:*
- Moderate level of professional assumptions are made by the project team that Genesys Cloud platform will deliver a product commensurate with DHS requirements.
 - The project team assumes the full support of DHS management and any DHS resources necessary for a successful and timely implementation of the project.
- D. *Risk:*
- The requirement to secure each segment from the view and inadvertent edit of the other segment deems to bear more risk than originally expected. This is an inherent risk posed by a fundamental change to the proposed MACD document presented by MGEP for operational standardization. The project team proposed to separate this as a new security project at the end of this implementation to understand the ramification and impact of this change and to mitigate the risk posed by this requirement. A risk benefit analysis may be required to see the feasibility of this change before making a final determination. MGEP has allocated resources to accommodate this at the end of the implementation.
 - Overnight file transfer process for ATS files from MGEP to DET servers via SFTP has file drop, corruption, duplication, and other risks associated with this. A perfectly choreographed redundancy, timely report and vigilance by all parties may reduce this risk. MGEP and Deloitte implemented specific redundancy, error reporting and monitoring practices to mitigate this risk at the recommendation of the project team.
 - Automated Telephonic Signature (ATS) is a new feature and is identified as a custom application on the Maximus Genesys Engagement Platform (MGEP). The development and delivery of this application pose a potential unique and inherent risk to this project. The project team is taking a proactive approach to deal with all ATS related activities to minimize the impact of this risk, including escalating this risk to MGEP executive management. Deloitte recommended a partial test environment before the transfer of ATS files to DET via SFTP to minimize potential future risk of future changes anticipated in the CARES side where the ATS files will be integrated to ECF. The project team performed a cost-benefits analysis for this part of risk mitigation before recommending to DHS management.
 - As a result of the interdependencies between multiple vendors and other agencies, delays in the phased rollout schedule continue to be an inherent risk. Although the schedule has been revised in consultation with all major vendors and stakeholders, reasonable assumptions of on time delivery for all components are vital to application development and implementation steps provided by GTS.
 - Genesys does not provide a “sandbox” or test environment. There is an inherent risk of working in the production environment for testing purposes. FedRamp certification of the MGEP platform assumes certain security assurances that can only be analyzed by security specialists. DHS security is involved at this time to assess and comment on this risk.
 - Moderate level of professional assumptions are made by the project team that Genesys Cloud platform will deliver a stable and robust product to commensurate with DHS requirements. This risk is amplified by the fact that not many FedRamp implementations are previously completed

by the newly formed MGEP alliance between Maximus and Genesys. The project team has taken this risk seriously and has been working with MGEP and GTS executive management in weekly escalation discussions proactively with all issues related to the platform as a risk mitigation strategy.

E. *Constraint:*

- A Statement of Work for implementation from GTS is developed and approved. With limited visibility in the future, the project team is assumed to have some expectation gap by contact center agents and supervisors in Genesys. For example: handling of the voicemail delivery in Genesys Cloud platform may impact the current way of doing business for some of the DHS business units.
- Automated Telephonic Signature (ATS) is a new application. It may be a training issue for most agents and supervisors. However, it may affect the current way of doing business and thus may affect the implementation timeline.
- DET/DOA resources for SAML integration part of the project is vital for a successful implementation.

F. *Caveats/Additional Context:* A stable and 'error-free' cloud environment from Genesys is vital to successful implementation of this project. The newly formed MGEP alliance between Maximus and Genesys to deliver this FedRamp platform has been at the center of some recent issues and potential delays for this project.

18. *Submittal in Other Statutory Reports:*

DHS Large, High-Risk IT Project Report — August 2021
DHS Million-Dollar IT Project Report — February 2021
DHS FY2022 Strategic IT Plan

19. *Multi-Agency Projects:* Are any other state agencies (including DOA other than DET) or external organizations (other than project vendors) playing any role in this project? External organizations could include units of government other than state agencies, community organizations, private sector organizations, or school districts.

Yes No

If yes:

- Department of Administration (DOA)/Division of Enterprise Technology (DET) — Integration of WAMS IDs as a Single Sign-on via SAML e-directory to Genesys platform.
- Department of Children and Families (DCF) — MECA and W-2 call centers are part of this implementation for replacing CCA to Genesys and to perform Automated Telephonic Signature (ATS).
- All Wisconsin Consortia — All WI Income Maintenance (IM) agencies are also replacing CCA to Genesys for contact centers as well as to perform Automated Telephonic Signature (ATS).

12. CARES: ACCESS Modernization Apply for Benefits

1. Report *Preparation Date (Status as of):* 11/18/2021

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2. Project Name: CARES: ACCESS Modernization Apply for Benefits
3. *Project Status:* Active
4. *DET Services/Impact:* No Yes TBD
The ACCESS Modernization Project requires the following support and services from DET:
 - Implement browser redirection and SSO from ACCESS Legacy to the ACCESS Salesforce application to provide a seamless user experience. This support will also require modified login pages that require deployment on the DET NAM/WAM server.
 - Support data exchanges to/from the legacy systems to Salesforce ACCESS. Based on design and system requirements, new web services/queues may be required for implementation to store and synchronize data. Minimal configuration may be required for troubleshooting connectivity issues as requested by CARES.
 - Support document upload/download from Salesforce to the Content Manager services through the CARES services layer.
 - Support load testing efforts, sharing server performance data during the testing performed.
 - Setup and support new FTP processes (accounts, folders, etc.) between CARES and external partners.
 - Deployment support for IIB BAR file deployments, and Training/Production deployments.
5. *Amount Funded via Master Lease:* \$0
6. *Original Cost Projection:* \$20,674,576.38
7. *Current Cost Projection:* \$24,774,016.53
8. *Explanation for Changes to Cost Projection:* The ACCESS Modernization project was initially scheduled for three releases. The costs have increased due to increased complexity of the design and development framework components and extended timeline of the Apply for Benefits module. Planning progresses to identify options to schedule the remaining modules for future releases.
9. *Funding Source:*
 - GPR: \$7,184,464.64
 - PR: \$000,000
 - FED: \$17,589,551.89
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount):
10. *Actual or Estimated Project Start Date:* September 2, 2020
11. *Original Project Completion Date:* October 30, 2021
12. *Current Project Completion Date:* December 11, 2021

13. *Explanation for Changes to Project Completion Date:* The release deployment was pushed to December 2021 due to delays in the planned schedule. Specific delays were due to risks identified during testing including: an open critical severity security issue related to log out and several critical defects related to navigation across screens. These issues limited testing across certain types of scenarios within the application.

14. *Original Project Stage Completion Dates:*

- Release 1
 - Discovery: 10/9/2020
 - Design: 11/20/2020
 - Development: 1/18/2021
 - Testing: 2/19/2021
 - Implementation: 2/27/2021
- Release 2
 - Discovery: 11/20/2020
 - Design: 3/19/2021
 - Development: 5/14/2021
 - Testing: 6/18/2021
 - Implementation: 6/26/2021
- Release 3
 - Discovery: 3/19/2021
 - Design: 6/25/2021
 - Development: 8/6/2021
 - Testing: 10/23/2021
 - Implementation: 10/30/2021

15. *Current Project Stage Completion Dates:*

- Release 1
 - Discovery: 10/9/2020
 - Design: 11/20/2020
 - Development: 1/29/2021
 - Testing: 2/19/2021
 - Implementation: 2/27/2021
- Release 2
 - Discovery: 11/20/2020
 - Design: 3/19/2021
 - Development: 9/17/2021
 - Testing: 12/7/2021
 - Implementation: 12/11/2021
- Release 3
 - Discovery: 3/19/2021
 - Design: 7/31/2021
 - Development: 9/17/2021
 - Testing: 12/7/2021
 - Implementation: 12/11/2021

16. *Explanation for Changes to Project Stage Completion Dates:* The release deployment was pushed to December 2021 due to delays in the planned schedule. Specific delays were due to risks identified during testing including: an open critical severity security issue related to log out and several critical defects related to navigation across screens. These issues limited testing across certain types of scenarios within the application.

17. *Project Information:*

- A. *Project Scope:* The ACCESS Modernization Project is the result of the Division of Medicaid Services' strategic goals to create a one-stop, self-service web-based platform that will allow Wisconsin's diverse population to easily explore, apply for, manage, and interact with their benefits on their phone, tablet, desktop, or other computing device. Since this project is following a hybrid-agile project methodology, functionality will be released in increments throughout the year corresponding with the major CARES releases.
- B. *Deliverable:* Modernization of Am I Eligible, Federally Facilitated Marketplace (FFM) Integration, Apply for Benefits and Document Submission Management modules; remaining modules will be prioritized for future releases by aligning to DHS' overall priorities.
- C. *Assumption:* This project currently has no assumptions.
- D. *Risk:* There are several critical, significant defects related to navigation across screens. These issues limit testing certain types of scenarios across multiple areas of the application. Deloitte has a dedicated team working to address the root cause of these navigation issues.
- E. *Constraint:* This project currently has no constraints.
- F. *Caveats/Additional Context:* There are no caveats to report at this time.

18. *Submittal in Other Statutory Reports:*

- DHS Large, High-Risk IT Project Report – August 2021
- DHS Million-Dollar IT Project Report (under name CARES: Access Modernization)
- DHS FY2022 Strategic IT Plan (under name CARES: Access Modernization)

19. *Multi-Agency Projects:* Are any other state agencies (including DOA other than DET) or external organizations (other than project vendors) playing any role in this project? External organizations could include units of government other than state agencies, community organizations, private sector organizations, or school districts.

Yes No

If yes:

- The Department of Children and Families (DCF) is involved with requirements, design, and testing of the modules for the Child Care and W-2 programs.
- The Food and Nutrition Service (FNS) approves the release plans.
- The Centers for Medicare and Medicaid (CMS) provides guidance and funding.

13. CARES: Gap Filling

1. *Report Preparation Date (Status as of):* 11/18/2021
2. *Project Name:* CARES: Gap Filling

3. *Project Status:* Active
4. *DET Services/Impact:* Yes No TBD
5. *Amount Funded via Master Lease:* \$0
6. *Original Cost Projection:* \$3,210,240
7. *Current Cost Projection:* \$3,064,320
8. *Explanation for Changes to Cost Projection:* There was a reduction in cost from the original cost projection of \$3,210,240 to the new amount of \$3,064,320, due to a DMS decision to reduce the post-production budget by 5%.
9. *Funding Source:*
 - GPR: \$367,718.40
 - PR: \$000,000
 - FED: \$2,696,601.60
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount):
10. *Actual or Estimated Project Start Date:* September 20, 2021
11. *Original Project Completion Date:* October 29, 2022
12. *Current Project Completion Date:* October 29, 2022
13. *Explanation for Changes to Project Completion Date:* No Change
14. *Original Project Stage Completion Dates:* The project is currently in the planning phase and the phase-level timeline is not available.
 - *Discover/Requirements:* TBD
 - *Design:* TBD
 - *Development:* TBD
 - *Testing:* TBD
 - *Implementation:* October 29, 2022
15. *Current Project Stage Completion Dates:* The project went through vendor transition on 11/8/2021 and Deloitte is evaluating the scope and estimate of the project.
 - *Discover/Requirements:* TBD
 - *Design:* TBD
 - *Development:* TBD
 - *Testing:* TBD

- *Implementation:* October 29, 2022

16. *Explanation for Changes to Project Stage Completion Dates:* No Change

17. *Project Information:*

- Project Scope:* This project will automate gap filling eligibility determinations, which would help applicants obtain their Medicaid benefits referred from the federal marketplace. CARES data collection, eligibility, correspondence, and reporting processes would need to be enhanced to support the project.
- Deliverable:* TBD; specific deliverables for the project cannot yet be shared. Key deliverables are to be defined.
- Assumption:* TBD; no assumptions have been formalized for this project at this time. Once the project Charter is produced, assumptions will be documented.
- Risk:* The risk identification and analysis process has not yet been initiated for this project. Risk(s) identified in the initiation, planning, or execution phase will be documented and assessed, as appropriate for the project, and included in future project reports, as appropriate.
- Constraint:* No constraints have been identified yet.
- Caveats/Additional Context:* None.

18. *Submittal in Other Statutory Reports:*

DHS Large, High-Risk IT Project Report — August 2021
DHS FY2022 Strategic IT Plan

19. *Multi-Agency Projects:* Are any other state agencies (including DOA other than DET) or external organizations (other than project vendors) playing any role in this project? External organizations could include units of government other than state agencies, community organizations, private sector organizations, or school districts.

Yes No

If yes:

- The Food and Nutrition Service (FNS) approves the release plans.
- The Centers for Medicare and Medicaid (CMS) provides guidance and funding.

14. **CARES: Online Payment of Premiums**

1. *Report Preparation Date (Status as of):* 11/18/2021
2. *Project Name:* CARES: Online Payment of Premiums
3. *Project Status:* Active
4. *DET Services/Impact:* Yes No TBD

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DET support will be needed to set up new interfaces between CARES and interChange. This will include setting up firewalls and SFTP accounts. DET support may also be needed for integration of ACCESS with DOA ePayment services.

5. *Amount Funded via Master Lease:* \$0
6. *Original Cost Projection:* \$2,662,400
7. *Current Cost Projection:* \$2,688,000
8. *Explanation for Changes to Cost Projection:* The original amount of \$2,662,400 was a ballpark estimate provided in the FY2022 Strategic IT Plan. That amount was refined to a high-level estimate of \$2,776,064 as the project was initiated and requirements were gathered. It has been reduced further to an estimate of \$2,688,000 due to a DMS decision to reduce the post-production budget by 5%.
9. *Funding Source:*
 - GPR: \$322,560
 - PR: \$000,000
 - FED: \$2,365,440
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount):
10. *Actual or Estimated Project Start Date:* November 1, 2021
11. *Original Project Completion Date:* June 25, 2022
12. *Current Project Completion Date:* June 25, 2022
13. *Explanation for Changes to Project Completion Date:* No Change
14. *Original Project Stage Completion Dates:* These dates were provided prior to the completion of planning and were high-level estimates.
 - *Discovery/Requirements:* June 18, 2021
 - *Development:* March 11, 2022
 - *Testing:* June 17, 2022
 - *Implementation:* June 25, 2022
15. *Current Project Stage Completion Dates:* The project is currently in the planning phase.
 - *Discovery/Requirements:* November 30, 2021
 - *Development:* April 1, 2022
 - *Testing:* June 17, 2022
 - *Implementation:* June 25, 2022

16. *Explanation for Changes to Project Stage Completion Dates:* A delay in the kickoff pushed back earlier phase completion dates.

17. *Project Information:*

- A. *Project Scope:* This project will provide an ability for BadgerCare Plus (BC+) Children and Medicaid Purchase Plan (MAPP) members with premiums to use ACCESS/MyACCESS to view outstanding premium information and pay online.
- B. The deliverables for this project are Systems Charter, User Stories, System Requirements and Design Documents, Interface Control Documents, and Copy Decks (the design deliverable for front-end design).
- C. *Assumptions:* The following assumptions exist for this project:
- interChange (iC) will continue to be the system of record for premiums for BC+ Children and MAPP.
 - US Bank will continue to manage the lockbox.
 - A user will be directed to the US Bank site for payment of premium.
 - US Bank will communicate the receipt of member's premium payment (BC+ Children and MAPP) to iC.
 - iC will retain the functionality to generate refunds on a monthly basis and mailing of refunds to members.
 - The ACCESS design pattern used for BadgerCare Reform for Childless Adults will be used for this project; if there are recommended changes to the design pattern, the changes will go through the ACCESS Design Governance process.
 - There are no changes to premium policy.
 - US Bank will manage and store all bank account and credit card information used for premium payments.
 - The Division of Medicaid Services (DMS) communications team will develop all member communications.
 - System testing of interfaces with iC will primarily be based on mocked up data in the systems environment and interface testing will occur in the acceptance environment due to interface provider restrictions.
 - Members will select which premium they want to pay on ACCESS prior to being directed to US Bank's gateway payment page.
- D. *Risk:* There will be a reduction in fiscal agent operations resources if this is implemented.
- E. *Constraints:*
- External agencies, such as Gainwell and US Bank, must complete application changes, provide necessary information, and supply deliverables based on the project timeline.
 - The Interface/External Agencies will provide necessary data to test interfaces.
- F. *Caveats/Additional Context:* This project was previously scheduled to start on June 30, 2022. DHS advanced the start date to May 17, 2021, to expedite the implementation of this ePayment capability for BC+ and MAPP members and to align with Medicaid Management Information System (MMIS) enhancements initiatives in interChange.

18. *Submittal in Other Statutory Reports:*

DHS Large, High-Risk IT Project Report – August 2021
DHS FY2022 Strategic IT Plan

19. *Multi-Agency Projects*: Are any other state agencies (including DOA other than DET) or external organizations (other than project vendors) playing any role in this project? External organizations could include units of government other than state agencies, community organizations, private sector organizations, or school districts.

Yes No

If yes:

- The Food and Nutrition Service (FNS) approves the release plans.
- The Centers for Medicare and Medicaid (CMS) provides guidance and funding.

15. CARES: Quality Control (QC) Precertification

1. *Report Preparation Date (Status as of)*: 11/18/2021

2. *Project Name*: CARES: Quality Control (QC) Precertification

3. *Project Status*: Active

4. *DET Services/Impact*: Yes No TBD

DET support may be needed for integration of a bot to perform certain QC functions.

5. *Amount Funded via Master Lease*: \$0

6. *Original Cost Projection*: \$1,561,600

7. *Current Cost Projection*: \$1,639,680

8. *Explanation for Changes to Cost Projection*: The original cost projection of \$1,561,600 was provided at the time of the FY 2022 Strategic IT Plan submission. The cost estimate was updated to \$1,717,760 as reported in the August 2021 Large, High-Risk IT Project Report to include post-production support hours that were not originally identified at the time of the FY 2022 Strategic IT Plan submission. It has since been reduced to a cost projection of \$1,639,680 due to a DMS decision to reduce the post-production budget by 5% and decisions to reduce scope.

9. *Funding Source*:

GPR: \$819,840.00

PR: \$000,000

FED: \$819,840.00

SEG: \$000,000

PR-SEG: \$000,000

Other (Please explain funding source and provide amount):

10. *Actual or Estimated Project Start Date*: August 8, 2021

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11. *Original Project Completion Date:* February 25, 2022

12. *Current Project Completion Date:* February 25, 2022

13. *Explanation for Changes to Project Completion Date:* No Change

14. *Original Project Stage Completion Dates:*

- *Requirements:* October 22, 2021
- *Construction:* December 12, 2021
- *System Testing:* January 22, 2022
- *UAT Testing:* February 18, 2022
- *Implementation:* February 25, 2022

15. *Current Project Stage Completion Dates:*

- *Requirements:* October 22, 2021
- *Construction:* December 17, 2021
- *System Testing:* January 21, 2022
- *UAT Testing:* February 18, 2022
- *Implementation:* February 25, 2022

16. *Explanation for Changes to Project Stage Completion Dates:* There was slight changes to phase completion dates due to scope decisions that required an extra week of construction. These phase date changes have no impact on implementation.

17. *Project Information:*

- Project Scope:* Develop pre-certification QC workflow and notation functionality in CARES Worker Web (CWW) to facilitate the QC process within the Income Maintenance (IM) consortia between reviewer, supervisor, and caseworker, including the communication of agreement/disagreement on review findings.
- Deliverable:* The development of a pre-certification QC workflow and notation functionality in CWW.
- Assumption:* There are no assumptions for this project.
- Risk:* There are currently no identified risks for this project.
- Constraint:* There are no constraints for this project.
- Caveats/Additional Context:* This project was initially scheduled to start on June 30, 2022. DHS advanced the start date to August 8, 2021, to expedite the automation of a previous manual pilot project to implement a statewide tool in CARES to improve the FoodShare Quality Control (FSQC) error rates and reduce overpayments.

18. *Submittal in Other Statutory Reports:*

DHS Large, High-Risk IT Project Report — August 2021
DHS FY2022 Strategic IT Plan

19. *Multi-Agency Projects:* Are any other state agencies (including DOA other than DET) or external organizations (other than project vendors) playing any role in this project? External organizations could include units of government other than state agencies, community organizations, private sector organizations, or school districts.

Yes No

If yes:

- The Food and Nutrition Service (FNS) approves the release plans.
- The Centers for Medicare and Medicaid (CMS) provides guidance and funding.

16. CARES: HMO Selection and Enrollment

1. *Report Preparation Date (Status as of):* 11/18/2021
2. *Project Name:* CARES: HMO Selection and Enrollment
3. *Project Status:* Active
4. *DET Services/Impact:* Yes No TBD
The following services will be updated/changed: Mainframe and DET Storage. Application hosting including production development support: FTP, NAM, Firewall, Network Services.
5. *Amount Funded via Master Lease:* \$0
6. *Original Cost Projection:* \$8,166,400
7. *Current Cost Projection:* \$9,408,000
8. *Explanation for Changes to Cost Projection:* The original cost projection of \$8,166,400 was increased to \$9,974,560 as reported in the August 2021 Large, High-Risk IT Project Report. This change to the cost projection was due to the go-live date being pushed out and additional requirements being added to the project scope. The current cost projection of \$9,408,000 reflects a reduction in hours due to a DMS decision to reduce the post-production budget by 5%.
9. *Funding Source:*
 - GPR: \$1,128,960.00
 - PR: \$000,000
 - FED: \$8,279,040.00
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount):
10. *Actual or Estimated Project Start Date:* August 12, 2020
11. *Original Project Completion Date:* June 26, 2021
12. *Current Project Completion Date:* December 11, 2021

13. *Explanation for Changes to Project Completion Date:* The project has been extended to align HMO Enrollment and Selection with the ACCESS Modernization release shift to December 2021.

14. *Original Project Stage Completion Dates:*

- *Discovery:* September 25, 2020
- *Design:* December 18, 2020
- *Development:* April 16, 2020
- *Testing:* June 21, 2021
- *Implementation:* June 26, 2021

15. *Current Project Stage Completion Dates:*

- *Discovery:* August 21, 2020
- *Design:* July 23, 2021
- *Development:* September 17, 2021
- *Testing:* December 7, 2021
- *Implementation:* December 11, 2021

16. *Explanation for Changes to Project Stage Completion Dates:* The testing phases have been extended to align HMO Enrollment and Selection with the ACCESS Modernization release shift to December 2021.

17. *Project Information:*

- A. *Project Scope:* Provide self-service capabilities allowing Medicaid applicants and members to compare and select a Medicaid Health Maintenance Organization (HMO) and auto-assign an HMO if one is not selected. The comparison feature will provide information on HMO provider networks and quality ratings to assist members with an HMO selection. The HMO comparison and selection tool will be extended to partners who assist members with choice counseling and HMO selection.
- B. *Deliverable:* The project deliverables are Systems Charter, Systems Requirements, and Design Documentation.
- C. *Assumption:* There are no assumptions for this project.
- D. *Risk:* There are currently no risks for this project. All risks have been closed.
- E. *Constraint:* There are no constraints for this project.
- F. *Caveats/Additional Context:* There are no caveats for this project.

18. *Submittal in Other Statutory Reports:*

DHS Large, High-Risk IT Project Report — August 2021
DHS Million-Dollar IT Project Report — February 2021

19. *Multi-Agency Projects:* Are any other state agencies (including DOA other than DET) or external organizations (other than project vendors) playing any role in this project? External organizations could include units of government other than state agencies, community organizations, private sector organizations, or school districts.

Yes No

If yes:

- The Food and Nutrition Service (FNS) approves the release plans.
- The Centers for Medicare and Medicaid (CMS) provides guidance and funding.

17. Children’s Program Intake Platform (CPIP) Expansion to Support All in for Kids

1. *Report Preparation Date (Status as of):* 11/18/2021
2. *Project Name:* Children’s Program Intake Platform (CPIP) Statewide Expansion to Support All in for Kids
3. *Project Status:* Active
4. *DET Services/Impact:* Yes No TBD
5. *Amount Funded via Master Lease:* \$0
6. *Original Cost Projection:* \$1,820,859.94
7. *Current Cost Projection:* \$1,820,859.94
8. *Explanation for Changes to Cost Projection:* No Change
9. *Funding Source:*
 - GPR: \$258,481.52
 - PR: \$000,000
 - FED: \$1,562,378.42
 - SEG: \$000,000
 - PR-SEG: \$000,000
 - Other (Please explain funding source and provide amount):
10. *Actual or Estimated Project Start Date:* July 1, 2021
11. *Original Project Completion Date:* September 30, 2022
12. *Current Project Completion Date:* September 30, 2022
13. *Explanation for Changes to Project Completion Date:* No Change
14. *Original Project Stage Completion Dates:*
 - *Pre-work and Planning:* September 30, 2021
 - *System Design and Development:* May 31, 2022
 - *Implementation:* August 1, 2022
 - *Post Implementation Support and Project Close out:* September 30, 2022
15. *Current Project Stage Completion Dates:*

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- *Pre-work and Planning:* September 30, 2021
- *System Design and Development:* May 31, 2022
- *Implementation:* August 1, 2022
- *Post Implementation Support and Project Close out:* September 30, 2022

16. *Explanation for Changes to Project Stage Completion Dates:* No Change

17. *Project Information:*

- A. *Project Scope:* The scope of this project is to implement enhancements to the CPIP system to support the system being used as a state level intake database for tracking all referrals.
- B. *Deliverable:* The deliverable for this project is the implementation of desired system solution. Other deliverables will be determined as the project progresses.
- C. *Assumption:* To be determined; no assumptions have been formalized for this project.
- D. *Risk:* The risk identification and analysis process has not yet been initiated for this project.
- E. *Constraint:* To be determined; no constraints have been identified yet.
- F. *Caveats/Additional Context:* Cost projections include option items that may not be included in the project. The Department of Health Services (DHS) may choose not to use a vendor for training.

18. *Submittal in Other Statutory Reports* DHS Large, High-Risk IT Project Report — August 2021

19. *Multi-Agency Projects:* Are any other state agencies (including DOA other than DET) or external organizations (other than project vendors) playing any role in this project? External organizations could include units of government other than state agencies, community organizations, private sector organizations, or school districts.

Yes No

If yes:

County Waiver Agencies: The project stakeholder (end user) will provide feedback throughout project.

18. Grouper Plus Content Service (GPCS) Migration

1. *Report Preparation Date (Status as of):* 11/18/2021
2. *Project Name:* Grouper Plus Content Services (GPCS) Migration
3. *Project Status:* Active
4. *DET Services/Impact:* Yes No TBD
5. *Amount Funded via Master Lease:* \$0
6. *Original Cost Projection:* \$722,505.21
7. *Current Cost Projection:* \$722,505.21

8. *Explanation for Changes to Cost Projection:* No Change

9. *Funding Source:*

- GPR: \$72,250.52
- PR: \$000,000
- FED: \$650,254.69
- SEG: \$000,000
- PR-SEG: \$000,000
- Other (Please explain funding source and provide amount):

10. *Actual or Estimated Project Start Date:* February 15, 2021

11. *Original Project Completion Date:* May 30, 2022

12. *Current Project Completion Date:* May 30, 2022

13. *Explanation for Changes to Project Completion Date:* No Change

14. *Original Project Stage Completion Dates:*

- *Requirements and Design:* October 30, 2021
- *Construction:* December 31, 2021
- *Testing:* April 7, 2022
- *Go-Live/Implementation:* April 8, 2022
- *Close:* May 30, 2022

15. *Current Project Stage Completion Dates:*

- *Requirements and Design:* December 31, 2021
- *Construction:* January 28, 2022
- *Testing:* April 7, 2022
- *Go-Live/Implementation:* April 8, 2022
- *Close:* May 30, 2022

16. *Explanation for Changes to Project Stage Completion Dates:* A change in the completion of requirements and design as well as construction was due to additional time needed for identification of functional requirements.

17. *Project Information:*

- A. *Project Scope:* Currently, the hospital claims are priced using the GPS (Grouper Plus System) software components of EAPG (Enhanced Ambulatory Patient Group) and APR-DRG (All Patients Refined Diagnosis Related Groups). 3M advises users to migrate to GPCS (Grouper Plus Content Services) before June 2022 when they will discontinue support of GPS. The GPCS migration will allow the Wisconsin Medicaid Hospital program to continue pricing claims in a consistent manner. The software provides clinical knowledge and statistical calculations not available in the Wisconsin Medicaid Hospital program to group services billed. The migration will include collaborations between Gainwell and 3M.

- B. *Deliverable:* The result will be that the Wisconsin Medicaid Hospital program will be able to continue pricing claims in a consistent manner. Detailed documentation on the GPCS pricing of claims will also be provided as part of this delivery.
- C. *Assumption:* None
- D. *Risk:* The availability of functional area subject matter experts (SMEs) to help provide new resources applicable system mentoring could be impacted by other priorities. Gainwell leadership is actively monitoring this to determine if additional SMEs that are being utilized on other priorities should be leveraged to enable continued progress without impacting the project timeline.
- E. *Constraint:* The project is constrained by schedule as the migration from GPS to GPCS must occur before June 2022 when GPS support ceases.
- F. *Caveats/Additional Context:* None

18. *Submittal in Other Statutory Reports:* None. This is a new project.

19. *Multi-Agency Projects:* Are any other state agencies (including DOA other than DET) or external organizations (other than project vendors) playing any role in this project? External organizations could include units of government other than state agencies, community organizations, private sector organizations, or school districts.

Yes No

If yes:

- The Centers for Medicare and Medicaid Services (CMS) provides guidance and funding for the project.

19. Wisconsin COVID-19 Vaccine Registry (WCVR)

1. *Report Preparation Date (Status as of):* 11/19/2021
2. *Project Name:* Wisconsin COVID-19 Vaccine Registry (WCVR)
3. *Project Status:* Active
4. *DET Services/Impact:* Yes No TBD
DET has been involved in access management as well as architecture and infrastructure for Microsoft Azure cloud based services associated with the WCVR environments. These efforts are largely complete or are being handled operationally.
5. *Amount Funded via Master Lease:* \$0
6. *Original Cost Projection:* \$8,000,000.00
7. *Current Cost Projection:* \$16,815,447.00
8. *Explanation for Changes to Cost Projection:* Originally, the budget included call center funding through the end of August 2021. Given the current trajectory of the pandemic, a decision was made to increase

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call center support for one of our call center vendors, TTEC, through the end of calendar year 2021 (December 2021) and for our other call center vendor, United Way's Wisconsin 211, through the end of fiscal year 2022 (June 2022). This increase in support resulted in an increase in the budget.

9. *Funding Source:*

- GPR: \$000,000
- PR: \$000,000
- FED: \$16,815,447
- SEG: \$000,000
- PR-SEG: \$000,000
- Other (Please explain funding source and provide amount):

10. *Actual or Estimated Project Start Date:* January 20, 2021

11. *Original Project Completion Date:* June 30, 2022

12. *Current Project Completion Date:* June 30, 2022

13. *Explanation for Changes to Project Completion Date:* No Change

14. *Original Project Stage Completion Dates:*

- Initiation and Planning: March 2, 2021
- Execution: May 31, 2022
- Closure: June 30, 2022

15. *Current Project Stage Completion Dates:*

- Initiation and Planning: March 2, 2021
- Execution: May 31, 2022
- Closure: June 30, 2022

16. *Explanation for Changes to Project Stage Completion Dates:* No Change

17. *Project Information:*

A. *Project Scope:*

- Implementation of a public portal that captures all necessary information to register and schedule a member of the public for a COVID-19 vaccination.
- Implementation of functionality that will enable the system to monitor inventory and match to available appointment blocks and manage all aspects of provider processes related to administering COVID-19 vaccinations.
- Additional enhancements and bug fixes to be determined now that the Minimum Viable Product (MVP) is in production.
- Contract the WCVR design, development and deployment services through Unisys, to initially engage Microsoft and then transition those services to TopLine Results in June, 2021.
- Provide an integration method with the Wisconsin Immunization Registry (WIR).
- Provide an Azure Active Directory interface. The Active Directory interface will integrate DHS' cloud-based Azure Active Directory with the WCVR application to provide end-user access.

- Provide an Azure DevOps (ADO) development environment with appropriate access. The Azure DevOps is the current development operations, cloud-hosted offering from Microsoft. For WCVR, DET will provide setup and configuration assistance for the Azure DevOps services for Microsoft, TopLine Results, DHS, and DOA developers and testers.
 - Provide development, test, and production environments and facilitate user access to these environments.
 - Provide appropriate protection and access to Personally Identifiable Information (PII).
 - Provide a method to support private entity access to the WCVR application, such as access by pharmacies or schools/universities.
 - Setup and provide oversight over call center support for citizens who do not have technology or are uncomfortable using technology. Call centers provide support for citizens interested in scheduling, rescheduling, or cancelling appointments in WCVR or at five private organizations including Walgreens, Costco, CVS, and Kroger. The call centers also provide answers to questions citizens pose with respect to COVID-19 (including vaccinations) in general.
- B. *Deliverables:*
- COVID-19 Vaccine Registration and Administration application, rebranded as the “Wisconsin COVID-19 Vaccine Registry” (WCVR) public portal that enables members of the public to register for and be scheduled for vaccinations.
 - Portal that allows vaccinators to use the tool to update their schedules.
 - Front-line worker application that offers “no touch” data capture at each vaccine location.
 - Management application that will provide insights into vaccination data.
 - Capability to integrate with Wisconsin Immunization Registry (WIR).
 - User Acceptance Test plans.
 - Architectural diagrams.
 - Information Security Section (ISS) review and certification.
 - Train-the-trainer sessions.
 - Training materials and documentation.
 - Training scheduling and sessions with local vaccination partners.
 - Call center setup and activation.
- C. *Assumption:* None
- D. *Risk:* There are no major risks at this time.
- E. *Constraint:* Due to the emergency need to provide a solution to supply COVID-19 vaccines, the project schedule was constrained to make the solution available as quickly as possible. Based on the initial vendor selection process and the contents of the contract, the project is constrained to the use of Microsoft’s Vaccination Registration and Scheduling (VRAS) solution.
- F. *Caveats/Additional Context:* The target closure date for the project will remain flexible in response to the needs of providers and recommendations and direction of the DHS Secretary, Governor Evers, and the status of the attempts to slow the spread of COVID-19.

18. *Submittal in Other Statutory Reports:* DHS Large, High-Risk IT Project Report – August 2021

19. *Multi-Agency Projects:* Are any other state agencies (including DOA other than DET) or external organizations (other than project vendors) playing any role in this project? External organizations could include units of government other than state agencies, community organizations, private sector organizations, or school districts.

Yes No

If yes:

The following organizations are all users of the system and have provided vital input to the system enhancements made since the initial implementation: Wisconsin-based local and tribal public health departments, the Wisconsin National Guard (WING), AMI (mobile vaccination clinics), FEMA and private providers who have elected to use the system to administer vaccines.

20. Grants Enrollment and Application Reporting System (GEARS) Phase 1

1. *Report Preparation Date (Status as of):* 11/12/2021
2. *Project Name:* Grants Enrollment and Application Reporting System (GEARS) Phase 1
3. *Project Status:* Active
4. *DET Services/Impact:* Yes No TBD

GEARS will need the following services from DET: Secure File Transport Protocol (SFTP) configuration, database hosting, and F5 authorization for the following environments:

- Development
- User Acceptance Testing (UAT)
- Pre-Production (future)
- Production (future)

5. *Amount Funded via Master Lease:* \$0
6. *Original Cost Projection:* \$550,000
7. *Current Cost Projection:* \$1,750,000

8. *Explanation for Changes to Cost Projection:*

The Community Aids Reporting System (CARS) is a Department of Health Services (DHS) critical core financial system used to process grant contracts and reimburse expenses for Wisconsin counties, local organizations, not-for-profit and for-profit agencies. The existing CARS is in outdated system that cannot be maintained indefinitely, as it is built on an old technology platform and resources that understand the technology are scarce. The new project, Grants Enrollment, Application and Reporting System (GEARS) application, is built on the .NET platform.

The original timeline and cost estimates were based on using an iterative Agile project management methodology approach to develop the new application. The original estimate was also based on limited knowledge of the existing business processes, flows, and data structures of the EGrants base solution, on which the new GEARS application was built. Using this approach, detailed requirements and process discovery would have been performed in iterations, beginning with a review of the existing application.

The project discovery phase made clear that there was limited knowledge of CARS from a technical and development perspective. Given these limitations it was determined that a Waterfall project management

methodology would be a more effective approach and would reduce the risk of not identifying critical processes, flows and data architecture components.

The first phase of the project was the planning phase, which included thorough business analysis, requirements definition and technical analysis. The output of this phase resulted in detailed requirements definition documents along with more than 100 technical and architecture documents. Once the requirements were defined, the work breakdown structure and work packages were determined and detailed out. Project management was then able to get detailed task estimates of the development hours. Using these revised estimates, it was determined that the original cost and timeline estimates were not achievable due to the business complexities, processes and amount of time needed for development and testing.

As the project progressed and costs increased, DHS assessed and analyzed additional possible solutions. Other options for replacing CARS were considered that included implementation with vendor solutions. One option considered included the purchase of a high cost vendor application that included significant licensing costs. Additional costs would also be required for customization and implementation required to meet business needs. This application was also deemed to be cost prohibitive from an on-going maintenance perspective as it required resources that DHS did not have in-house and would had to have been contracted for, thus increasing costs. Another solution that was considered was an application developed for the Department of Children and Families (DCF). It was determined that significant programmatic changes would have to be made to meet business needs and would not be cost effective.

Based on preliminary and continued analysis of options, DHS determined that moving forward with GEARS application development is the best long-term solution. It is easier to support with in-house resources and is more cost effective to maintain. Another major benefit of the GEARS design is that the STAR system integration has already been built.

DHS is taking additional steps to closely monitor the progress of development, testing, and data migration against the projected estimated hours and timeline. Cost Burn Down reporting is being used to compare estimated hours versus actual hours used. A Test Plan has been created to monitor progress and velocity of User Acceptance Testing. The Steering Committee is updated weekly on project progress and outstanding items and current issues. Enhanced status reporting will highlight any risks and associated mitigation strategies.

9. *Funding Source:*

- GPR: \$000,000
- PR-F: \$1,750,000
- FED: \$000,000
- SEG: \$000,000
- PR-SEG: \$000,000
- Other (Please explain funding source and provide amount):

10. *Actual or Estimated Project Start Date:* October 1, 2018

11. *Original Project Completion Date:* June 30, 2019

12. *Current Project Completion Date:* February 4, 2022

13. *Explanation for Changes to Project Completion Date:* The projected timeline milestones were re-baselined after a full assessment of the business complexities, processes, and amount of testing needed. The new projected milestone dates needed to be re-defined based on these new estimates and significantly impacted the timeline, resulting in a revised project schedule.

In order to accommodate this revised timeline, all User Acceptance Testing (UAT) must be completed, and any issues found must be addressed and retested by the Bureau of Fiscal Services (BFS) team. Due to the complexity and number of tests that need to be run, a concerted effort needs to be undertaken. The challenge for the GEARS project team has been the need to re-focus their efforts on COVID-19 related efforts. Another challenge is that the GEARS team been resource challenged with staff turnover. This has added to the overall project completion date extension.

14. *Original Project Stage Completion Dates:*

- *Initiation:* October 1, 2018
- *Planning:* December 15, 2018
- *Execution/Monitoring and Controlling:* June 30, 2019
- *Close:* June 30, 2019

15. *Current Project Stage Completion Dates:*

- *Initiation:* November 16, 2018
- *Planning:* February 21, 2019
- *Execution/Monitoring and Controlling:* January 1, 2022
- *Close:* February 4, 2022

16. *Explanation for Changes to Project Stage Completion Dates:* The revised total estimates significantly exceeded the original high level charter estimates and projected timeline milestones. As this project progressed and DHS was able to further assess the business complexities, processes and amount of testing needed, stage dates were refined. Please see the Explanation for Changes to Project Completion Date response for more details.

17. *Project Information:*

- A. *Project Scope:* The Community Aids Reporting System (CARS) is a DHS critical core financial system used to process grant contracts and reimburse expenses for Wisconsin counties, local organizations, not-for-profit and for-profit agencies. The system calculates about 600 non-county aid checks and grant-in-aid payments for over 280 state/county contracts each month. The system includes Human Services (HS), County Departments of Social Services (DSS) and 51 Board contracts, state agencies, municipalities, non-municipalities and Income Maintenance (IM) contracts. The system records all expenditures from the county and non-county providers. It calculates amounts due and adjustments back to the state. It also generates reports for providers and counties under contract with the state. Over \$800M in financial transactions are executed through CARS annually.

This project will replace the existing CARS COBOL language functionality with a Microsoft .Net application which can be supported in-house. CARS also relies on SAS and Access technologies which

makes it very difficult to support and maintain due to lack of resources with expertise in these environments.

B. Deliverables:

- Detailed business/technical analysis and requirements that will include:
 - CARS/processes details
 - EGrants system details
 - STAR interfaces details
- User Registration/Authentication/Authorization (Internal users only)
- Verify the existing batch interface for STAR supplier data
- Integrate pre-packet contract data into GEARS
 - Add ability to capture the Profile indicator in GEARS
 - Use existing pre-packet SharePoint process to gather/approve the contract information
 - Pre-packet integration
 - Import pre-packet data into GEARS using data from the pre-packet spreadsheet
 - BFS Accountant tab
 - AMAILMERGE tab
 - Data entry screen(s) to facilitate efficient data entry
- Expense Reports
 - Ability for BFS staff to enter expense reports into GEARS using the existing expense report process
 - The ability to process the expenses based on the profile associated with each expense entry
- Payment Processing (Main focus of GEARS Phase I)
 - Create a batch ACH payment file and interface with STAR
 - Combine the payments for each agency's grants into one payment amount per agency before sending the payment file to STAR
 - Provide a query that breaks out the payments by each grant for each agency
 - Provide a query that breaks out payments by appropriation
 - Provide reports that mirror the current CARS 603/610/620 reporting
- Notification functionality for internal users
- Parallel testing/processing between CARS/GEARS
- Communication with county agencies on requirements, project status, expectations, etc.

C. Assumption:

- EGrants will be the foundation for the development of GEARS as the replacement of CARS for community aids payment processing.
- DHS will maintain qualified resources to perform the required development of EGrants.
- EGrants will be modified to meet the critical business needs through BITS development.

D. Risk:

- Business area subject matter expert (SME) resource availability is limited due to regular work duties, COVID-19 priority activities, and staff turnover. Impacts may include:
 - Delays in implementation due to time required for routine community aids payment processing.
 - Loss of deliverable quality may result if SME resources are unavailable.

- CARS may have a systemic failure prior to GEARS go live.
- The BFS team may face staff resourcing issues due to the increased workload required to complete parallel processing between CARS and GEARS that is scheduled to begin in early 2022. If this risk is realized, the rollout may be further delayed.

E. *Constraint:*

- GEARS will be developed using VB .Net and SQL Server.
- GEARS will utilize the existing STAR payment process.
- Business area subject matter expert resource capacity is constrained due to regular work duties.
- GEARS will be constrained by the existing EGrants code base with a pre-defined architecture.
- GEARS will be constrained by the availability and response time of SMEs.

F. *Caveats/Additional Context:* None

18. *Submittal in Other Statutory Reports:*

DHS FY22 Strategic IT Plan

DHS Large, High-Risk IT Project Report – August 2021

19. *Multi-Agency Projects:* Are any other state agencies (including DOA other than DET) or external organizations (other than project vendors) playing any role in this project? External organizations could include units of government other than state agencies, community organizations, private sector organizations, or school districts.

Yes No

If yes:

Not Applicable

21. COVID-19 Vaccination \$100 Debit Card Incentive Program

1. *Report Preparation Date (Status as of):* 12/9/2021

2. *Project Name:* COVID-19 Vaccination \$100 Debit Card Incentive Program

3. *Project Status:* Active

4. *DET Services/Impact:* Yes No TBD

A component of the technology used for this project leverages AccessGov, a cloud-based platform for creating forms. DOA/DET reviewed and approved AccessGov for use.

5. *Amount Funded via Master Lease:* \$0

6. *Original Cost Projection:* \$10,525,000

7. *Current Cost Projection:* \$10,525,000

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8. *Explanation for Changes to Cost Projection:* No Change

9. *Funding Source:*

- GPR: \$000,000
- PR: \$000,000
- FED: \$10,525,000
- SEG: \$000,000
- PR-SEG: \$000,000
- Other (Please explain funding source and provide amount):

10. *Actual or Estimated Project Start Date:* August 13, 2021

11. *Original Project Completion Date:* February 12, 2022

12. *Current Project Completion Date:* February 12, 2022

13. *Explanation for Changes to Project Completion Date:* No Change

14. *Original Project Stage Completion Dates:*

- *Project Initiation:* August 13, 2021
- *Website Launch (Vaccine Registration Start Date):* August 23, 2021
- *Vaccine Incentive Registration End Date:* September 30, 2021
- *First Submission to US Bank:* October 1, 2021
- *Final Submission to US Bank:* January 24, 2022
- *Project Closure:* February 12, 2022

15. *Current Project Stage Completion Dates:*

- *Project Initiation:* August 13, 2021
- *Website Launch (Vaccine Registration Start Date):* August 23, 2021
- *Vaccine Incentive Registration End Date:* September 30, 2021
- *First Submission to US Bank:* October 1, 2021
- *Final Submission to US Bank:* January 24, 2022
- *Project Closure:* February 12, 2022

16. *Explanation for Changes to Project Stage Completion Dates:* No Change

17. *Project Information:*

- A. *Project Scope:* This project was commissioned to implement technology solutions required to support Governor Evers' \$100 COVID-19 Vaccination Reward Program. With this program, Wisconsin residents ages 12 and older who received their first dose of COVID-19 vaccination at a vaccination site in Wisconsin, Michigan, or Minnesota were eligible to receive a \$100 US Bank Rewards Card. To receive the card, residents needed to register for the reward at the <https://100.wisconsin.gov/website>.
- B. *Deliverable:* Deliverables for this project included:

- Establishment of 100.wisconsin.gov Rewards Registration website.
- Delivery of eligibility emails to all Rewards program participants deemed eligible after completion of verification activities with the Wisconsin Immunization Registry (WIR) and the US Department of Veterans Affairs.
- Delivery of ineligibility emails to all Rewards program participants deemed ineligible after completion of verification activities with the Wisconsin Immunization Registry (WIR) and the US Department of Veterans Affairs.
- Delivery of five files over the course of the project to US Bank, enabling creation and mailing of reward cards to eligible program participants.
- Delivery of checks to Wisconsin Department of Health Services facilities residents and Wisconsin Department of Corrections (DOC) residents determined to be eligible for the reward.
- Delivery of \$100 US Bank Rewards Cards to general public program participants determined to be eligible for the reward.
- Development and delivery of a Customer Retention/Relationship Management tool to allow the call center support team members to provide the highest levels of customer services to general public program participants.
- Development and delivery of training to call center support team members, enabling them to effectively field calls from participants related to the program (e.g. help with registration, queries about the program, rewards, and eligibility, etc.).

C. *Assumption:*

- The state partner vendor, NIC Wisconsin, will perform all required IT software development.
- Primary call center support will be performed by TTEC using their existing contract for vaccine support, requiring no increase in funding.
- Funding is available to fully cover all of the costs associated with this initiative.
- The Wisconsin Immunization Registry and US Department of Veterans Affairs are capable of verifying eligibility of program participants for reward within required timeframes.

D. *Risk:* There are no major risks at this time.

E. *Constraint:*

- The project was constrained by the processes for verification eligibility required by the Wisconsin Immunization Registry and US Department of Veterans Affairs.
- The project was constrained by the mechanisms required for reward delivery to the Department of Health Services and Department of Corrections residents.
- The project was constrained by the processes for creation of and delivery of Rewards Program cards required by US Bank.
- The project was constrained by the rules and regulations for interfacing with US Bank as specified by the Department of Administration.
- The project was constrained by the limits of the technology possible with the tools being utilized by NIC Wisconsin to support this initiative.

F. *Caveats/Additional Context:* None

18. *Submittal in Other Statutory Reports:* None. This is the first time this project appears in statutory reports.

19. *Multi-Agency Projects*: Are any other state agencies (including DOA other than DET) or external organizations (other than project vendors) playing any role in this project? External organizations could include units of government other than state agencies, community organizations, private sector organizations, or school districts.

Yes No

If yes:

- Department of Corrections. The DOC allowed residents of their facilities to participate in the Rewards Program. As such, the project team needed to interface with DOC to collect the names of eligible participants and to mail a check to DOC so that they could pass the reward along to eligible members of their resident population.
- US Department of Veterans Affairs (VA). Immunization records for program participants who receive vaccines at VA clinics are not available in the Wisconsin Immunization Registry. As a result, the project team needed to interface with the US Department of Veterans Affairs to confirm reward eligibility for those who received their vaccines at VA Clinics.