January 4, 2023

The Honorable Howard Marklein
State Senator
Joint Committee on Finance
317 East Capitol
Madison, WI 53702

The Honorable Mark Born
State Representative
Joint Committee on Finance
309 East Capitol
Madison, WI 53702

Dear Senator Marklein and Representative Born:

Wisconsin Stat. § 46.03(26) requires the Department of Health Services to report annually on information system projects under development, including 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) Electronic Visit Verification (EVV) – Home Health; 6) Enterprise Data Warehouse & Data Analytics Reporting (EDW & DAR) Medicaid Enterprise Systems (MES) Modules; 7) Interoperability and Patient Access Systems Planning (PAI); 8) Identity and Access Management (IAM) Single Sign On Portal Enhancement – Division of Medicaid Services (DMS); 9) Integration of Long Term Care (LTC) Encounters into the Medicaid Management Information System (MMIS); 10) Monthly Rate of Service (MROS) Payment Automation; 11) Genesys Customer Callback; 12) Client Assistance for Re-employment and Economic Support (CARES): Gap Filling; 13) CARES: Online Payment of Premiums; 14) Grouper Plus Content Service (GPCS) Migration; 15) Long Term Care (LTC) Provider Management; 16) American National Standards Institute (ANSI) X12 Electronic Data Interchange (EDI) Migration from Sybase to IaaS; 17) American Rescue Plan Home and Community-Based Services (ARP HCBS) 5% Rate Increase and Reinvestment Reporting Project; 18) ACT 178-Competitive Integrated Employment – Management Information System (CIE-MIS); 19) Internet Quality Improvement and Evaluation System (iQIES) Integration – Implementation Phase; 20) InsightCS to the Cloud; 21) Substance Use Treatment Enhancement – American Rescue Plan Act (ARPA); and 22) Building the DHS Websites in Drupal 9.

Information regarding these initiatives is included in the enclosed report.

Sincerely,

Debra K. Standridge

Debra K. Standridge
Deputy Secretary

Enclosure

1 West Wilson Street • Post Office Box 7850 • Madison, WI 53707-7850 • Telephone 608-266-9622 •
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Protecting and promoting the health and safety of the people of Wisconsin

WISCONSIN DEPARTMENT *of* HEALTH SERVICES

Report to the Legislature on Data Processing Projects — 2022

Table of Contents

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.

In the 2021 report, DHS adopted 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 ongoing intent of efficiency and more robust reporting, DHS continues the approach adopted in the 2021 report. 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 system projects with a projected cost exceeding $1,000,000 or otherwise deemed to meet the DET definition of an active large, high-risk IT project based on the May 2022 guidance issued by the State of Wisconsin, Department of Administration. See Appendix A for the DOA Large, High-Risk IT Project Definition, revised May 2022.

Components:
1. Report Preparation Date: Lists the date the status report was prepared for this project.
2. IT Project Title: States the formal name of the project.
3. IT 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 the project.
5. DET Impact Explanation: Indicates what DET services are needed or impacted, if known.
6. Master Lease Funding Amount: Lists the total amount funded through the master lease program.
7. Original Cost Projection: Lists the overall estimated cost of the IT project at the time the project started.
8. Additional Context for Original Cost Projection: Optional field to provide context for the field above.
9. Funding Source: Details applicable project funding sources to equal the total current cost projection.
10. Current Cost Projection: Lists the current overall cost of the Information Technology (IT) Project.
11. Additional Context for Current Cost Projection: Optional field to use, if needed.
12. 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."
13. Original Estimated IT Project Start Date: Lists the original projected project start date.
14. Actual or Current Estimated IT Project Start Date: Lists the current estimated or actual project start date.
15. Explanation for Changes to IT Project Start Date: Provides a brief explanation if there is a difference between the original project start date estimate and the actual or current project start date estimate.
16. Original Estimated IT 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 estimate at the point of project definition or initiation.
17. Current IT Project Completion Date: Lists the estimated project completion date. Depending on the project's stage, it may be a high-level estimate prior to a planning schedule baseline.
18. Explanation for Changes to IT Project Completion Date: Provides explanation for updates from the original project completion date estimate to the current project completion date projection.
19. Original IT 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. This information is

high-level best estimates of stages and dates prior to the formal project planning stage.

20. Current IT 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.
21. Explanation for Changes to IT Project Stage Completion Dates: Explains variances from original stage completion dates to current stage completion dates.
22. IT Project Scope: Includes a brief description of the project scope.
23. IT Project Deliverables: Includes a brief list of deliverables expected to be produced by the project.
24. IT Project Assumptions: Lists assumption(s) for the project, if any.
25. IT Project Risks and Constraints: Lists key project risks or constraints to highlight for the project.
26. Submitted in Other DET 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).
27. Other Information (Optional): Optional field to use, if needed.

Projects Completed/Closed Since Active in 2021 Report

2021 Report Reference #	Project Name from 2021 Report	Completed/ Closed Date
5	Medicaid Management Information System (MMIS) Design, Develop and Implement (DDI) Takeover and Enhancements	September 2022
11	Genesys Cloud Contact Center	April 2022
12	CARES: Access Modernization Apply for Benefits	December 2021
15	CARES: Quality Control (QC) Precertification	April 2022
16	CARES: HMO Selection and Enrollment	December 2021
17	Children's Program Intake Platform (CPIP) Expansion to Support All in for Kids	September 2022
19	Wisconsin COVID-19 Vaccine Registry (WCVR)	December 2021
20	Grants Enrollment and Application Reporting System (GEARS) Phase 1	December 2022
21	COVID-19 Vaccination $100 Debit Card Incentive Program	April 2022

2022 Active IS Projects under Development

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

1. *Report Preparation Date (Status as of):* 11/04/2022

2. *IT Project Title:* Statewide Vital Records Information System (SVRIS) Part 2

3. *IT Project Status:* Active

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

5. *DET Impact Explanation (Required, if #4 is "Yes". Optional if #4 is "TBD". Skip if #4 is "No".):* DET hosts the OnBase/Naviant solution in their environment and will store images used by that solution.

6. *Master Lease Funding Amount:* $0

7. *Original Cost Projection:* $20,000,000

8. *Additional Context for Original Cost Projection (*Optional*):* N/A

9. *Funding Source & Amount:*
   ☐ 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. *Current Cost Projection:* $10,000,000

11. *Additional Context for Current Cost Projection (*Optional*):* N/A

12. *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.

13. *Original Estimated IT Project Start Date:* April 5, 2017

14. *Actual or Current Estimated IT Project Start Date:* April 5, 2017

15. *Explanation for Changes to IT Project Start Date:* No Change

16. *Original Estimated IT Project Completion Date:* December 31, 2022

17. *Current IT Project Completion Date:* December 31, 2024

18. *Explanation for Changes to IT 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.

19. *Original IT 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

20. *Current IT Project Stage Completion Dates*:
    - *Project Charter Signed*: April 30, 2017
    - *Project Planning*: December 31, 2017
    - *Project Execution:* July 31, 2024
        - *Scanning of Original Vital Records 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

21. *Explanation for Changes to IT Project Stage Completion Dates:*
Scanning of Original Vital Records 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.

IT Project Information Section:

22. *IT 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.

23. *IT Project Deliverables:*

One key deliverable is the creation of an electronic back-up of all Wisconsin vital records 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 four million records have been converted into the SVRIS database. This includes 150,000 additional records converted in July 2022 which did not previously have any index or record data in SVRIS; indexes of these records were previously only maintained in paper form and were not searchable electronically. In addition, over 7 million images have been loaded into SVRIS to date.

24. *IT Project Assumptions:*
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.

25. *IT Project Risks and Constraints:*
Risks: Competing priorities within the State Vital Records 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.

Constraints: 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.

26. *Submitted in Other DET Statutory Reports?*
☐ No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
☒ FY 2023 Strategic IT Plan (Submitted to DOA March 1, 2022)
☒ Large, High-Risk IT Project Report (Submitted to DOA March 1, 2022)
☒ Large, High-Risk IT Project Report (Submitted to DOA August 2022)

27. *Other Information (*Optional*):*

2. Prepayment Review Function

1. *Report Preparation Date (Status as of):* 11/16/2022

2. *IT Project Title:* Prepayment Review Function

3. *IT Project Status:* Active

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

5. *DET Impact Explanation (Required, if #4 is "Yes". Optional if #4 is "TBD". Skip if #4 is "No".):* N/A

6. *Master Lease Funding Amount:* $0

7. *Original Cost Projection:* $922,472.81

8. *Additional Context for Original Cost Projection (*Optional*):* N/A

9. *Funding Source & Amount:*
    ☒ GPR: $163,301.82
    ☐ PR: $000,000
    ☒ FED: $1,469,716.36
    ☐ SEG: $000,000
    ☐ PR-SEG: $000,000
    ☐ Other (Please explain funding source and provide amount):

10. *Current Cost Projection:* $1,633,018.18

11. *Additional Context for Current Cost Projection (*Optional*):*

12. *Explanation for Changes to Cost Projection:* Costs on this project have increased as a result of an expanded timeline and additional resource needs. A draft revised resource estimate is currently under review that describes the additional cost.

13. *Original Estimated IT Project Start Date:* March 1, 2021

14. *Actual or Current Estimated IT Project Start Date:* July 1, 2021

15. *Explanation for Changes to IT Project Start Date:* This project had an estimated start date based on the anticipated timeline for resource estimate routing. The timeline was delayed, the start date was recalculated, and the resource estimate was rerouted prior to the start of work on the project.

16. *Original Estimated IT Project Completion Date:* July 2, 2022

17. *Current IT Project Completion Date:* September 29, 2023

18. *Explanation for Changes to IT Project Completion Date:* This project experienced multiple initial delays due to staffing difficulties with the vendor. Staffing changes occurred during this project and resulted in significant delays with designing the project and creating change orders. The key position that was missing is now filled. After initial delays, the project added scope. This, combined with other delays, caused a project split to allow the project to go live with the minimum required product to begin reviews in April of 2023 and a more efficient and effective implementation in September 2023 to complete the project.

19. *Original IT 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

- o UAT Testing
- o Production Implementation
- *Production Verification*: July 2, 2022

20. *Current IT Project Stage Completion Dates*:
    - *Project Start-up Begins:* July 1, 2021
    - *Define Requirements*: December 9, 2022
    - *Identify changes based on requirements*: December 9, 2022
      - o Analysis
      - o Business Design
      - o Tech Design
    - *Construction/Testing Phase 1*: April 14, 2023
      - o Model Office Testing
      - o UAT Testing
      - o Production Implementation
    - *Production Verification Phase 1*: April 14, 2023
    - *Construction/Testing Phase 2*: September 15, 2023
      - o Model Office Testing
      - o UAT Testing
      - o Production Implementation
    - *Production Verification Phase 2*: September 29, 2023

21. *Explanation for Changes to IT Project Stage Completion Dates:* Initial estimates and key vendor staff turnover caused delays to the originally planned stages. The project will now have two phases. The initial system, implemented via Phase 1, will contain the minimum required product. This will allow desired reviews to occur in the first six months of use. Further development will continue via phase 2, on items which are not key to the initial review success but will contribute to long term success. This divide will allow for use to begin on schedule while the final product is completed.

IT Project Information Section:

22. *IT 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 OIG to select claims for review, put them in a pending status, provide a location to review the claims, and facilitate the approval, adjustment, or denial of claims. The solution will also encompass the communication to and from the provider. An in-depth review of requirements during the development phase identified additional audit and edit needs as well as other changes to assist with implementation. The additional audits and edits have caused the project scope to expand and will be reviewed by Gainwell Technologies; updates to the scope and costs are likely.

23. *IT Project Deliverables:* The system will include requirements from the resource estimate. The deliverable requested is 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. A usable product will be available via phase 1 delivery to allow reviews to begin. Some functions that the system can operate without on a temporary basis will be implemented in phase 2. Decisions on which requirements are included in phase 1 and phase 2 are being made based on business and system needs.

24. *IT Project Assumptions:*

- 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 advance (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 pre-payment review includes a billing or rendering provider in the criteria. All OIG prepay-outcome EOBs will be carried over to Decision Support System (DSS).

25. *IT Project Risks and Constraints:* There is a risk that subject matter experts are assigned to multiple projects.
This project is constrained to follow all laws, rules, and applicable guidance available for prepay review of claims. Resource constraints continue to be an ongoing risk to the project. Staff turnover is also an ongoing risk. Both of these risks, if not mitigated, have the potential to extend the project schedule.

26. *Submitted in Other DET Statutory Reports?*
   ☐ No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
   ☒ FY 2023 Strategic IT Plan (Submitted to DOA March 1, 2022)
   ☒ Large, High-Risk IT Project Report (Submitted to DOA March 1, 2022)
   ☒ Large, High-Risk IT Project Report (Submitted to DOA August 2022)

27. *Other Information (**Optional*):* N/A

3.   Program Integrity Module Services

1. *Report Preparation Date (Status as of):* 11/16/2022

2. *IT Project Title:* Program Integrity Module Services

3. *IT Project Status:* Active

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

5. *DET Impact Explanation (Required, if #4 is "Yes". Optional if #4 is "TBD". Skip if #4 is "No".):* N/A

6. *Master Lease Funding Amount:* $0

7. *Original Cost Projection:* $5,690,000

8. *Additional Context for Original Cost Projection (**Optional*):* N/A

9. *Funding Source & Amount:*
   ☒ GPR: $356,092
   ☐ PR: $000,000
   ☒ FED: $3,080,338
   ☐ SEG: $000,000
   ☐ PR-SEG: $000,000

☐ Other (Please explain funding source and provide amount):

10. *Current Cost Projection:* $3,436,430

11. *Additional Context for Current Cost Projection (*Optional*):* N/A

12. *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 previously submitted statutory report.

13. *Original Estimated IT Project Start Date:* August 1, 2021

14. *Actual or Current Estimated IT Project Start Date:* December 1, 2021

15. *Explanation for Changes to IT Project Start Date:* The start of this project was delayed in the contract negotiation process between DHS and the vendor, SAS. Delays included negotiations to shrink the scope and other delays in the process.

16. *Original Estimated IT Project Completion Date:* January 31, 2023

17. *Current IT Project Completion Date:* July 28, 2023

18. *Explanation for Changes to IT Project Completion Date:* This contract experienced many unexpected delays in the contracting process. The contract is now signed, and the project is active. The project is currently on track to maintain the last project completion date.

19. *Original IT 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

20. *Current IT Project Stage Completion Dates*:
    - *Procurement*: November 30, 2021
    - *Discovery/Requirements*: June 29, 2022
    - *Design/Planning, Development*: February 9, 2023
    - *Testing*: May 25, 2023
    - *Implementation*: June 30, 2023
    - *Closure*: July 28, 2023

21. *Explanation for Changes to IT 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. Delays in the contracting process have placed this project behind schedule. Since the last report, the timeline has been established and dates set. This has moved some dates to better align with the solutions implementation opposed to early estimates without a full look at the system.

IT Project Information Section:

22. *IT 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.

23. *IT Project Deliverables:* 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.

24. *IT Project Assumptions:* 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.

25. *IT Project Risks and Constraints:* There is risk that 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.

    A current risk exists in establishing a SURS Case Tracker Warehouse where the data can be pulled into this system. It may limit functionality at implementation if this data is not available.

26. *Submitted in Other DET Statutory Reports?*
    ☐ No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
    ☒ FY 2023 Strategic IT Plan (Submitted to DOA March 1, 2022)
    ☒ Large, High-Risk IT Project Report (Submitted to DOA March 1, 2022)
    ☒ Large, High-Risk IT Project Report (Submitted to DOA August 2022)

27. *Other Information (*Optional*):* It is anticipated that additional risks and assumptions will be identified in this project.

4.   Electronic Visit Verification (EVV)

1. *Report Preparation Date (Status as of):* 11/17/2022

2. *IT Project Title:* Electronic Visit Verification (EVV)

3. *IT Project Status:* Active

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

5. *DET Impact Explanation (Required, if #4 is "Yes". Optional if #3 is "TBD". Skip if #4 is "No".):* N/A

6. *Master Lease Funding Amount:* $0

7. *Original Cost Projection:* $8,680,568

8. *Additional Context for Original Cost Projection (*Optional*):*

9. *Funding Source & Amount:*
   ☒ GPR: $2,968,538
   ☐ PR: $000,000
   ☒ FED: $21,533,338
   ☐ SEG: $000,000
   ☐ PR-SEG: $000,000
   ☐ Other (Please explain funding source and provide amount):

10. *Current Cost Projection:* $24,501,876

11. *Additional Context for Current Cost Projection (*Optional*):*

12. *Explanation for Changes to Cost Projection:* The EVV Project successfully conducted its soft launch on November 2, 2020. In its first 24 months, the EVV system was used by more than 500 provider agencies to log more than eight million personal care visits. However, it is evident that the process to stabilize and gain a high percentage of compliance will take more time. Because of this, the project team modified the project resource estimates and federal funding request (IAPD) to reflect a project close date in July 2023 rather than December 2020. This change moves a total of 31 months of operational costs into the project budget, which is the reason for the substantial increase. The operational costs were planned regardless of this change which shifted the costs into the project budget. This change also shifted the costs into increased enhanced federal match.

13. *Original Estimated IT Project Start Date:* January 1, 2018

14. *Actual or Current Estimated IT Project Start Date:* April 1, 2018

15. *Explanation for Changes to IT Project Start Date:* The vendor contract was signed slightly later than planned.

16. *Original Estimated IT Project Completion Date:* December 31, 2020

17. *Current IT Project Completion Date:* July 31, 2023

18. *Explanation for Changes to IT Project Completion Date:* The project's hard launch date (implementation) changed once again to May 1, 2023, to allow external stakeholders additional time to comply with DHS EVV policy. The project completion date was extended to July 31, 2023, to accommodate this. These dates will be extended further. These dates are yet to be determined.

19. *Original IT 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

20. *Current IT Project Stage Completion Dates*:
    - *Procurement*: April 1, 2019
    - *Discovery / Requirements*: November 1, 2019
    - *Design / Planning / Development*: February 1, 2021
    - *Testing*: February 28, 2021
    - *Implementation*: May 1, 2023
    - *Closure*: July 31, 2023

21. *Explanation for Changes to IT Project Stage Completion Dates:* The EVV Project successfully conducted its soft launch on November 2, 2020. In its first 24 months, the EVV system was used by more than 500 provider agencies to log more than eight million personal care visits. However, it is evident that the process to stabilize and gain a high percentage of compliance will take more time. Because of this, the project team modified the project resource estimates and federal funding request (IAPD) to reflect a project close date in July 2023 rather than December 2020.

IT Project Information Section:

22. *IT 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.

    The scope of this project is specifically for the implementation of the EVV for Medicaid-covered personal care services. There is a separate project to cover the scope of the EVV for home health services.

23. *IT Project Deliverables:*
    - Verification of all requirements and functions of the Electronic Visit Collection systems.
    - Verification of all requirements and functions to integrate the Electronic Visit Collection systems from and to the MMIS.
    - 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).

24. *IT Project Assumptions:* None

25. *IT Project Risks and Constraints:* None

26. *Submitted in Other DET Statutory Reports?*
☐ No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
☒ FY 2023 Strategic IT Plan (Submitted to DOA March 1, 2022)
☒ Large, High-Risk IT Project Report (Submitted to DOA March 1, 2022)
☒ Large, High-Risk IT Project Report (Submitted to DOA August 2022)

27. *Other Information (***Optional****):*

5.   Electronic Visit Verification (EVV) – Home Health

1. *Report Preparation Date (Status as of):* 11/18/2022

2. *IT Project Title:* Electronic Visit Verification (EVV) – Home Health

3. *IT Project Status:* Active

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

5. *DET Impact Explanation (Required, if #4 is "Yes". Optional if #4 is "TBD". Skip if #4 is "No".):* N/A

6. *Master Lease Funding Amount:* $0

7. *Original Cost Projection:* $3,500,000

8. *Additional Context for Original Cost Projection (***Optional****):* The initial cost projection listed of $3,500,000 was a very high-level estimate based off of 25% of the Personal Care EVV project implementation budget at that time. That figure was provided only for the purposes of this report and, as explained in the initial report, was a placeholder that was likely to change.

9. *Funding Source & Amount:*
☒ GPR: $431,832
☐ PR: $000,000
☒ FED: $3,886,486
☐ SEG: $000,000
☐ PR-SEG: $000,000
☐ Other (Please explain funding source and provide amount):

10. *Current Cost Projection:* $4,318,318

11. *Additional Context for Current Cost Projection (***Optional****):* The projection of $4,318,318 is the first written estimate provided by our vendor. Once the project team completes the requirements and design phase of the project, a more refined budget projection will be provided. Project funding, once secured, will be 90/10 funded by the federal government.

12. *Explanation for Changes to Cost Projection:* The estimated cost projection has been updated based on initial business requirements. A more accurate project will be provided after the requirements and design phases of the project are complete.

13. *Original Estimated IT Project Start Date:* October 1, 2021

14. *Actual or Current Estimated IT Project Start Date:* November 1, 2022

15. *Explanation for Changes to IT Project Start Date:* The original estimated start date of October 1, 2021, listed in this report is an old estimate provided to DET. In July 2022, the start date estimate deferred to October 1, 2022. The project started a month late, on November 1, 2022, due to the DOA contract approval process now required for all new large, high-risk IT project work. This approval was not built into the initial timeline as it was not known.

16. *Original Estimated IT Project Completion Date:* September 1, 2023

17. *Current IT Project Completion Date:* July 31, 2024

18. *Explanation for Changes to IT Project Completion Date:* This project started in November 2022, which is one month late. Currently the project is in the planning phase. The project is still expected to complete on the same date despite the late start.

19. *Original IT Project Stage Completion Dates:* N/A

20. *Current IT Project Stage Completion Dates*: N/A

21. *Explanation for Changes to IT Project Stage Completion Dates:* Not determined at this time.

IT Project Information Section:

22. *IT 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.

    The scope of this project is specifically for the EVV for home health services. A separate, active project covers the scope of the EVV implementation for Medicaid-covered personal care services.

23. *IT Project Deliverables:*
    - Verification of all requirements and functions of the Electronic Visit Collection systems.
    - Verification of all requirements and functions to integrate the Electronic Visit Collection systems from and to the MMIS.
    - 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).

24. *IT Project Assumptions:* None have been identified at this time. Identification and assessment of project risks and constraints will be done once the project is able to initiate and as the project progresses.

25. *IT Project Risks and Constraints:* None have been identified at this time. Identification and assessment of project risks and constraints will be done once the project is able to initiate and as the project progresses.

26. *Submitted in Other DET Statutory Reports?*
    ☐ No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
    ☒ FY 2023 Strategic IT Plan (Submitted to DOA March 1, 2022)
    ☒ Large, High-Risk IT Project Report (Submitted to DOA March 1, 2022)
    ☒ Large, High-Risk IT Project Report (Submitted to DOA August 2022)

27. *Other Information (**Optional***):*

6. Enterprise Data Warehouse & Data Analytics Reporting (EDW & DAR) Medicaid Enterprise Systems (MES) Modules

1. *Report Preparation Date (Status as of):* 11/17/2022

2. *IT Project Title:* Enterprise Data Warehouse & Data Analytics Reporting (EDW&DAR) Medicaid Enterprise Systems (MES) Modules

3. *IT Project Status:* Active

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

5. *DET Impact Explanation (Required, if #4 is "Yes". Optional if #4 is "TBD". Skip if #4 is "No".):* N/A

6. *Master Lease Funding Amount:* $0

7. *Original Cost Projection:* $24,724,102.28

8. *Additional Context for Original Cost Projection (**Optional***):* N/A

9. *Funding Source & Amount:*
    ☒ 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. *Current Cost Projection:* $24,724,102.28

11. *Additional Context for Current Cost Projection (**Optional***):* N/A

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

13. *Original Estimated IT Project Start Date:* October 6, 2020

14. *Actual or Current Estimated IT Project Start Date:* October 6, 2020

15. *Explanation for Changes to IT Project Start Date:* No Change

16. *Original Estimated IT Project Completion Date:* June 30, 2023

17. *Current IT Project Completion Date:* September 30, 2023

18. *Explanation for Changes to IT 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. After further analysis of Phase 2, the project completion date has been updated to be the current completion date for the Design Develop Implement (DDI) activities.

19. *Original IT 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

20. *Current IT Project Stage Completion Dates*:
    Phase 1
    - *Requirements Validation:* March 9, 2021
    - *Discovery and Design Completion:* September 29, 2021
    - *Development Completion:* July 22, 2022
    - *User Acceptance Testing Completion:* August 29, 2022
    - *Operational Go-Live:* September 30, 2022
    - *Certification:* July 1, 2023

    Phase 2
    - *Requirements and Design:* March 30, 2023
    - *EDW Development Completion:* April 5, 2023
    - *Report Development Completion:* August 4, 2023
    - *User Acceptance Testing Completion:* September 1, 2023
    - *All Implementations Complete:* September 7, 2023
    - *Parallel Processing Completion:* September 30, 2023
    - *DDI Completed / Project Closure:* September 30, 2023

21. *Explanation for Changes to IT 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 Medicaid Management Information System (MMIS) and Long-Term Care (LTC)/Information Exchange System (IES). Since the prior report cycle, further definition of identified data transfer requirements resulted in schedule modifications for development and resulted in downstream impacts to testing. The overall operational go-live date of September 30, 2022, was not impacted. In the current reporting cycle, the addition of the stages for Phase 2 of the contract were added. This further defined scope of the project to be implemented through an iterative process without impact to the current cost. After further analysis of

phase 2, the project completion date has been updated to be the current estimated completion date for the Design Develop Implement (DDI) activities.

IT Project Information Section:

22. *IT Project Scope:* The purpose of the Enterprise Data Warehouse/Data Analytics Reporting (EDW/DAR) is to replace the existing data warehouse and enhance the new EDW with additional data sources for improved reporting and analytics for the state's health programs. The EDW & DAR modules will create a single source of truth to support all Medicaid business processes and allow for timely and consistent enterprise reporting.

    The project will utilize a multi-phase approach to implementing EDW functionality.
    - Phase 1: Conversion of existing data and addition of new sources. All data from the current data warehouses being replaced with this project will be ingested into the new EDW. This will include existing Long-Term Care (LTC) data. Additional new sources of data will include Eligibility and Enrollment data from the CARES system. All system functionality is available at operational go live under Phase 1 as well as the completion of Centers for Medicare and Medicaid Services (CMS) Certification.
    - Phase 2: Ingestion of additional data sources identified in amendments. Continue with development of additional reports, views, external user training, and hackathons as well as support for parallel testing.

23. *IT Project Deliverables:* Enterprise Data Warehouse and Data Analytics Reporting MES Modules

24. *IT Project Assumptions:* None

25. *IT Project Risks and Constraints:* There are none to share at this time.

26. *Submitted in Other DET Statutory Reports?*
    ☐ No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
    ☒ FY 2023 Strategic IT Plan (Submitted to DOA March 1, 2022)
    ☒ Large, High-Risk IT Project Report (Submitted to DOA March 1, 2022)
    ☒ Large, High-Risk IT Project Report (Submitted to DOA August 2022)

27. *Other Information (*Optional*):* This project was originally reported under the title: Enterprise Data Warehouse/Data Analytics Reporting (EDW/DAR)

7. Interoperability and Patient Access Systems Planning (PAI)

1. *Report Preparation Date (Status as of):* 11/17/2022

2. *IT Project Title:* Interoperability and Patient Access Systems Planning (PAI)

3. *IT Project Status:* Active

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

5. *DET Impact Explanation (Required, if #4 is "Yes". Optional if #4 is "TBD". Skip if #4 is "No".):* N/A

6. *Master Lease Funding Amount:* $0

7. *Original Cost Projection:* $5,235,000

8. *Additional Context for Original Cost Projection (*Optional*):* N/A

9. *Funding Source & Amount:*
   ☒ GPR: $269,791.49
   ☐ PR: $000,000
   ☒ FED: $2,428,123.45
   ☐ SEG: $000,000
   ☐ PR-SEG: $000,000
   ☐ Other (Please explain funding source and provide amount):

10. *Current Cost Projection:* $2,697,914.94

11. *Additional Context for Current Cost Projection (*Optional*):* N/A

12. *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. The current cost projection was adjusted on the August 2022 DHS Large High-Risk IT Project Report due to splitting PAI Implementation (current) and PAI Ongoing Cost (base amendment contract).

13. *Original Estimated IT Project Start Date:* May 17, 2021

14. *Actual or Current Estimated IT Project Start Date:* April 1, 2021

15. *Explanation for Changes to IT Project Start Date:* 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.

16. *Original Estimated IT Project Completion Date:* December 30, 2021

17. *Current IT Project Completion Date:* November 30, 2022

18. *Explanation for Changes to IT Project Completion Date:* The original project completion date estimate was moved based on scope change driven by the Centers for Medicare and Medicaid Services (CMS) requirement for data sharing as explained in a prior report cycle. In the August 2022 DHS Large High-Risk IT Project Report, the project completion extended further to November 30, 2022, based on additional scope changes driven by CMS requirements. The completion date of November 30, 2022, is still on target.

19. *Original IT 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

20. *Current IT Project Stage Completion Dates*:
    • *Define Requirements*: September 2, 2021

- *Design*: June 17, 2022
- *Construction*: August 19, 2022
- *Testing*: October 5, 2022
- *Go-Live/Implementation*: October 14, 2022
- *Close*: November 30, 2022

21. *Explanation for Changes to IT Project Stage Completion Dates:* Project stage dates were updated to account for scope change driven by CMS. The initial scope change related to data sharing requirements caused the initial shift in all stage completion dates as described in earlier reports. In the August 2022 DHS Large High-Risk IT Project Report, further extensions for the design, construction, testing, and close stages were reported due to scope changes driven by CMS.

IT Project Information Section:

22. *IT 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:
    a. This requirement needs to be met for the state to continue to receive federally enhanced funding for MA projects.
    b. Patients will have immediate access to their health information allowing for improved service delivery.
    c. Patients will have immediate access to provider information allowing for improved care selection.

23. *IT Project Deliverables:* 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.

24. *IT Project Assumptions:* None

25. *IT Project Risks and Constraints:* There are none to share at this time.

26. *Submitted in Other DET Statutory Reports?*
    ☐ No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
    ☒ FY 2023 Strategic IT Plan (Submitted to DOA March 1, 2022)
    ☒ Large, High-Risk IT Project Report (Submitted to DOA March 1, 2022)
    ☒ Large, High-Risk IT Project Report (Submitted to DOA August 2022)

27. *Other Information (*Optional*):* N/A

8.   Identity and Access Management (IAM) Single Sign on Portal Enhancement – Division of Medicaid Services (DMS)

1. *Report Preparation Date (Status as of):* 11/17/2022

2. *IT Project Title:* Identity and Access Management (IAM) Single Sign On Portal Enhancement – Division of Medicaid Services (DMS)

3. *IT Project Status:* Active

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

5. DET Impact Explanation (Required, if #4 is "Yes". Optional if #4 is "TBD". Skip if #4 is "No".): DET involvement will be needed for Firewall Configuration (outbound rule configuration) and DNS Updates (cosmetic, with name changes).

6. *Master Lease Funding Amount:* $0

7. *Original Cost Projection:* $3,393,451.29

8. *Additional Context for Original Cost Projection* ***(*Optional*)****: N/A

9. *Funding Source & Amount:*
    ☒ GPR: $1,158,702.31
    ☐ PR: $000,000
    ☒ FED: $3,476,106.90
    ☐ SEG: $000,000
    ☐ PR-SEG: $000,000
    ☐ Other (Please explain funding source and provide amount):

10. *Current Cost Projection:* $4,634,809.21

11. *Additional Context for Current Cost Projection* ***(*Optional*)****: N/A

12. *Explanation for Changes to Cost Projection:* The original cost projection was high level and was further refined during planning with the vendor, Gainwell*.* The cost increase reported in the August 2022 DHS Large High-Risk IT Project Report was due to the Professional Services Assessment identifying design gaps; the impact required additional time to prepare the finalized design.

13. *Original Estimated IT Project Start Date:* May 17, 2021

14. *Actual or Current Estimated IT Project Start Date:* April 15, 2021

15. *Explanation for Changes to IT Project Start Date:* 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.

16. *Original Estimated IT Project Completion Date:* February 28, 2022

17. *Current IT Project Completion Date:* December 31, 2022

18. *Explanation for Changes to IT Project Completion Date:* The project completion date changed originally 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. 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. The completion date was adjusted again in the August 2022 DHS Large High-Risk IT Project Report due to the Professional Services Assessment identifying design gaps; the

impact required additional time to prepare the finalized design and subsequently extending the completion date.

The prior completion date of October 2023 included the conclusion of ongoing maintenance and operations costs until the current contract expires. Since then, ongoing operations have been taken out of the project plan. The project has also been reduced in scope. The current scope includes internal MFA (interChange, SURS, rTrace, Onbase) as well as Identity Management standup. The project with this scope will close on December 31, 2022.

19. *Original IT 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

20. *Current IT Project Stage Completion Dates*:
    - Requirements and Design: October 28, 2022
    - Construction: December 2, 2022
    - Testing: December 13, 2022
    - Go-Live/Implementation: December 16, 2022
    - Close: December 31, 2022

21. *Explanation for Changes to IT Project Stage Completion Dates:* Originally 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. The stage completion dates were adjusted again in the August 2022 DHS Large High-Risk IT Project Report due to the Professional Services Assessment identifying design gaps; the impact required additional time to prepare the finalized design and subsequently extending the stage completion dates for the project. As of November 2022, all project stage completion dates changed due to reduction in scope and direction through the life of the project. The current scope includes Internal MFA (Interchange, SURS, rTrace, Onbase) as well as Identity Management standup.

IT Project Information Section:

22. *IT Project Scope:* Gainwell will implement Identity and Access management (IAM), along with Single Sign On (SSO) for four DMS-approved applications. Gainwell will also manage security requests and security requirements through audit and controls of security changes.

    Anticipated benefits include:
    1. The purpose of the project is to enhance the Wisconsin Medicaid Management Information System (MMIS) application security functionality and technology to accommodate current and emerging business needs.
    2. Improved secured login methods to reduce potential breaches.

    Users will experience reduced wait times in activating/modifying the system accounts and administrators will have access to comprehensive analytics and metrics to better facilitate role development and maintenance.

23. *IT Project Deliverables:* A solution comprising of SailPoint and Okta for its Identity Access Management and Single Sign On requirements.

24. *IT Project Assumptions:* None

25. *IT Project Risks and Constraints:* The compressed schedule for December delivery presents less time for testing that may result in unforeseen defects.

26. *Submitted in Other DET Statutory Reports?*
    ☐ No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
    ☒ FY 2023 Strategic IT Plan (Submitted to DOA March 1, 2022)
    ☒ Large, High-Risk IT Project Report (Submitted to DOA March 1, 2022)
    ☒ Large, High-Risk IT Project Report (Submitted to DOA August 2022)

27. *Other Information (**Optional**):* This project was included in the DHS FY 2022 Strategic IT Plan under the initial title of Identity and Access Management Project – Division of Medicaid Services (DMS).

9. Integration of Long-Term Care (LTC) Encounters into the MMIS

1. *Report Preparation Date (Status as of):* 11/17/2022

2. *IT Project Title:* Integration of Long-Term Care (LTC) Encounters into the MMIS

3. *IT Project Status:* Active

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

5. *DET Impact Explanation (Required, if #4 is "Yes". Optional if #4 is "TBD". Skip if #4 is "No".):* N/A

6. *Master Lease Funding Amount:* $0

7. *Original Cost Projection:* $4,140,205.68

8. *Additional Context for Original Cost Projection (**Optional**): N/A*

9. *Funding Source & Amount:*
    ☒ GPR: $912,433.48
    ☐ PR: $000,000
    ☒ FED: $8,211,901.35
    ☐ SEG: $000,000
    ☐ PR-SEG: $000,000
    ☐ Other (Please explain funding source and provide amount):

10. *Current Cost Projection:* $9,124,334.83

11. *Additional Context for Current Cost Projection (**Optional**):* N/A

12. *Explanation for Changes to Cost Projection:* The original estimate was provided before requirements were fully defined and the scope was baselined. The more current estimate is reflective of a substantially increased scope based on the requirements definition which completed June 30, 2022.

13. *Original Estimated IT Project Start Date:* May 1, 2021

14. *Actual or Current Estimated IT Project Start Date:* May 1, 2021

15. *Explanation for Changes to IT Project Start Date:* No Change

16. *Original Estimated IT Project Completion Date:* March 31, 2023

17. *Current IT Project Completion Date:* January 31, 2024

18. *Explanation for Changes to IT Project Completion Date:* The project completion date was updated to January 31, 2024, due to increase in scope.

19. *Original IT 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

20. *Current IT Project Stage Completion Dates*:
    - *Define Requirements*: June 30, 2022
    - *Design*: June 30, 2022
    - *Construction*: December 31, 2022
    - *Testing*: March 31, 2023
    - *Go-Live/Implementation*: March 31, 2023
    - *Close:* January 31, 2024

21. *Explanation for Changes to IT Project Stage Completion Dates:* As explained in a prior report, due to competing priorities, requirements and design were delayed from initial estimates. The project stage completion dates for construction, testing, implementation, and close were further updated in the August 2022 DHS Lage High-Risk IT Project Report due to increase in the project scope.

IT Project Information Section:

22. *IT Project Scope:* This project will integrate LTC adult program encounters into the MMIS, and ensure all transactional processing occurs through the MMIS. The revised resource estimate increased scope to utilize and create new Benefit Plan Administration (BPA) functionality and enable Service Authorization within Interchange for Adult LTC Encounters.

23. *IT Project Deliverables:* 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:

- Development of an infrastructure to support a single claims-encounter submission platform that integrates business rules by program.
- Implementation and maintenance of a solution to ensure all transactional processing occurs through the MMIS.
- Implementation of the panels and functionality to adjudicate an encounter and group of encounters.
- Provision of a highly configurable solution to process, adjudicate and price encounters using benefit and service authorization information for all Adult LTC programs.

24. *IT Project Assumptions:*
- 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/Inter Enterprise System (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.
- The Enterprise Data Warehouse/Data Analytics and Reporting vendor, SAS, is integrating before the Integration of Long-Term Care (LTC) Encounters into the MMIS project goes live and will not continue to populate the historic LTCare Datamart. Encounter transactions will be stored and reported by SAS.

25. *IT Project Risks and Constraints:* Risk and constraint identification and assessment is ongoing. The project is monitoring a list of other projects that are dependencies/risks to this project.

26. *Submitted in Other DET Statutory Reports?*
☐ No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
☒ FY 2023 Strategic IT Plan (Submitted to DOA March 1, 2022)
☒ Large, High-Risk IT Project Report (Submitted to DOA March 1, 2022)
☒ Large, High-Risk IT Project Report (Submitted to DOA August 2022)

27. *Other Information (*Optional*):* N/A

10.   Monthly Rate of Service (MROS) Payment Automation

1. *Report Preparation Date (Status as of):* 11/17/2022

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

3. *IT Project Status:* Active

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

5. *DET Impact Explanation (Required, if #4 is "Yes". Optional if #4 is "TBD". Skip if #4 is "No".):* N/A

6. *Master Lease Funding Amount:* $0

7. *Original Cost Projection:* $2,581,039.23

8. *Additional Context for Original Cost Projection (*Optional*):* N/A

9. *Funding Source & Amount:*
    ☒ 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. *Current Cost Projection:* $2,581,039.23

11. *Additional Context for Current Cost Projection (*Optional*):* N/A

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

13. *Original Estimated IT Project Start Date:* March 18, 2021

14. *Actual or Current Estimated IT Project Start Date:* March 18, 2021

15. *Explanation for Changes to IT Project Start Date:* No Change

16. *Original Estimated IT Project Completion Date:* January 30, 2023

17. *Current IT Project Completion Date:* March 31, 2023

18. *Explanation for Changes to IT Project Completion Date:* The project scope increased; this extended the project completion date.

19. *Original IT 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

20. *Current IT Project Stage Completion Dates*:
    - *Requirements and Design*: March 31, 2022
    - *Construction*: November 18, 2022
    - *Testing*: December 20, 2022
    - *Go-Live/Implementation*: January 13, 2023
    - *Close*: March 31, 2023

21. *Explanation for Changes to IT Project Stage Completion Dates:*
    Changes to the project stage completions dates were due to:
    - Requirements and Design/Construction: Additional time was required to approve design documents and the construction/testing phases were extended.
    - Testing: Additional time was required to approve design documents and the construction/testing phases were extended.

- Go-Live/Implementation: Date moved up to avoid end of year activities. The date was adjusted again to correspond with the release of a related project.
- 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. The date was adjusted again to correspond with the release of a related project.

IT Project Information Section:

22. *IT 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.

23. *IT Project Deliverables:* 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) Oversite 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 Oversite Agency.

24. *IT Project Assumptions:* None.

25. *IT Project Risks and Constraints:* Risk and constraint identification and assessment is ongoing. There are none to share at this time.

26. *Submitted in Other DET Statutory Reports?*
    ☐ No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
    ☒ FY 2023 Strategic IT Plan (Submitted to DOA March 1, 2022)
    ☒ Large, High-Risk IT Project Report (Submitted to DOA March 1, 2022)
    ☒ Large, High-Risk IT Project Report (Submitted to DOA August 2022)

27. *Other Information (***Optional****):* N/A

11.   Genesys Customer Callback

1. *Report Preparation Date (Status as of):* 11/17/2022

2. *IT Project Title:* Genesys Customer Callback

3. *IT Project Status:* Active

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

5. *DET Impact Explanation (Required, if #4 is "Yes". Optional if #4 is "TBD". Skip if #4 is "No".):* N/A

6. *Master Lease Funding Amount:* $0

7. *Original Cost Projection:* $402,127.00

8. *Additional Context for Original Cost Projection (*Optional*):* This was a ballpark estimate before final estimates were submitted by the vendors and approved by DHS management.

9. *Funding Source & Amount:*
   ☒ GPR: $143,128
   ☐ PR: $000,000
   ☒ FED: $174,934
   ☐ SEG: $000,000
   ☐ PR-SEG: $000,000
   ☐ Other (Please explain funding source and provide amount):

10. *Current Cost Projection:* $318,062.00

11. *Additional Context for Current Cost Projection (*Optional*):* N/A

12. *Explanation for Changes to Cost Projection:* This updated estimated cost projection reflects the approved vendor costs.

13. *Original Estimated IT Project Start Date:* May 16, 2022

14. *Actual or Current Estimated IT Project Start Date:* May 16, 2022

15. *Explanation for Changes to IT Project Start Date:* No Change

16. *Original Estimated IT Project Completion Date:* December 16, 2022

17. *Current IT Project Completion Date:* February 28, 2023

18. *Explanation for Changes to IT Project Completion Date:* The project planning stage produced a more informed project completion baseline date of February 2023.

19. *Original IT Project Stage Completion Dates:*
    - *Project Initiation Completed date*: August 1, 2022
    - *Project Planning Completed date*: August 31, 2022
    - *Project Execution Completed date*: October 14, 2022
    - *Project Monitoring and Controlling Completed date:* November 18, 2022
    - *Project Closing Completed date*: December 16, 2022

20. *Current IT Project Stage Completion Dates*:
    - *Project Initiation Completed date*: August 15, 2022
    - *Project Planning Completed date*: October 28, 2022
    - *Project Execution Completed date*: February 17, 2023
    - *Project Monitoring and Controlling Completed date:* February 17, 2023
    - *Project Closing Completed date*: February 28, 2023

21. *Explanation for Changes to IT Project Stage Completion Dates:* Project initiation delayed slightly due to the extended time to execute the Statement of Work with vendors. Project planning identified complexities related to the project's scheduled callback functionality. The immediate callback functionality was separated from the scheduled callback functionality to ease project execution. This required extensions of each project stage.

IT Project Information Section:

22. *IT Project Scope:* Implement Genesys Immediate and Scheduled Callback functionalities for Milwaukee Enrollment Services (MilES) in a manner which allows for expansion of this functionality to other business areas later. The Genesys Immediate and Scheduled Callback functionalities will improve DHS member experience in many areas including but not limited to reduced abandonment from long queues, informed decision about average wait time, reduced usage of members' mobile minutes resulting in more savings, lower public toll-free usage cost, and reduced member frustration during long wait periods.

23. *IT Project Deliverables:*
    - Signed Statement of Work (SOW) from Global Technology Solutions (GTS) and Maximus Genesys Engagement Platform (MGEP)
    - Business Requirements Document
    - Technical Requirements Document
    - System Testing and User Acceptance Testing Documentation
    - Immediate and Scheduled Callback deployment
    - 'As-built' document from MGEP with detail of our environment

24. *IT Project Assumptions:*
    - Moderate level of professional assumptions is 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.

25. *IT Project Risks and Constraints:*
    - 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.
    - Complexity of Genesys implementation to DHS business units along with 72 county administrations, many of whom have non-homogenous business practices poses a challenge for Callback functionality that needs to be standardized for support and training purposes. This project may generate additional risk for troubleshooting and training all future lines of business. DHS recently signed a support agreement with GTS that may help mitigate some of these risks by allocating more resources for troubleshooting and support.
    - Callback can be customized for each line of business to accommodate the unique business needs. However, this may risk an unwarranted budgetary pressure on DHS at the time of Public Health Emergency (PHE) unwinding and additional call volume expected for processing eligibility and other related services. Resource management and budget allocation can be used to mitigate this risk. Limited customization and standardization may also help mitigate this risk to a manageable level.
    - Producing video-based training has been challenging for DHS Income Maintenance (IM) Training department since screenshots of configurable graphical user interface and reports with meaningful

data cannot be obtained until two weeks prior to implementation. The project team is working with Genesys developers for early limited access to the trainers to minimize the impact of this constraint.

26. *Submitted in Other DET Statutory Reports?*
☐ No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
☐ FY 2023 Strategic IT Plan (Submitted to DOA March 1, 2022)
☐ Large, High-Risk IT Project Report (Submitted to DOA March 1, 2022)
☒ Large, High-Risk IT Project Report (Submitted to DOA August 2022)

27. *Other Information (**Optional***):* N/A

12. CARES: Gap Filling

1. *Report Preparation Date (Status as of):* 11/17/2022

2. *IT Project Title:* CARES: Gap Filling

3. *IT Project Status:* Active

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

5. *DET Impact Explanation (Required, if #4 is "Yes". Optional if #4 is "TBD". Skip if #4 is "No".):* N/A

6. *Master Lease Funding Amount:* $0

7. *Original Cost Projection:* $3,210,240

8. *Additional Context for Original Cost Projection (**Optional***):* N/A

9. *Funding Source & Amount:*
☒ GPR: $388,971.07
☐ PR: $000,000
☒ FED: $3,083,984.93
☐ SEG: $000,000
☐ PR-SEG: $000,000
☐ Other (Please explain funding source and provide amount):

10. *Current Cost Projection:* $3,472,956

11. *Additional Context for Current Cost Projection (**Optional***):* N/A

12. *Explanation for Changes to Cost Projection:* At the time the previous report was submitted, there was a reduction in cost from the original cost projection of $3,210,240 to a new amount of $3,064,320, due to a Division of Medicaid Services (DMS) decision to reduce the post-production budget by 5%. Since that report's submission, there was an increase in cost from the cost projection of $3,064,320 to the new amount of $3,472,956 due to additional scope added during workgroup discussions (RMB "Renew My Benefits" module and Copay Limit calculation functionality). Additionally, the release date for the project

was shifted from October 2022 to February 2023, so the current cost projection factors in hours that will be incurred at the adjusted rate that will go into effect as of January 1, 2023.

13. *Original Estimated IT Project Start Date:* September 20, 2021

14. *Actual or Current Estimated IT Project Start Date:* January 3, 2022

15. *Explanation for Changes to IT Project Start Date:* The vendor transition meeting occurred on November 8, 2021. IT project work did not begin until January 3, 2022, due to prioritization of the projects that were set for December 2021 release.

16. *Original Estimated IT Project Completion Date:* October 29, 2022

17. *Current IT Project Completion Date:* February 25, 2023

18. *Explanation for Changes to IT Project Completion Date:* An increase in scope and additional complexity led to additional time needed to complete requirements and design and test functionality. As a result, DMS approved a shift in the completion date for this project to allow for the additional time needed.

19. *Original IT Project Stage Completion Dates:*
    - *Discover/Requirements*: May 27, 2022
    - *Design*: May 27, 2022
    - *Development*: August 26, 2022
    - *Testing*: September 23, 2022
    - *Implementation*: October 29, 2022

20. *Current IT Project Stage Completion Dates*:
    - *Discover/Requirements*: July 29, 2022
    - *Design*: July 29, 2022
    - *Development*: November 25, 2022
    - *Testing*: February 17, 2023
    - *Implementation*: February 25, 2023

21. *Explanation for Changes to IT Project Stage Completion Dates:* Updates to project stage completion dates account for additional time in requirements and design phases due to additional scope.

IT Project Information Section:

22. *IT Project Scope:* This project will automate gap filling eligibility determinations, which would help applicants obtain their Medicaid benefits based on their annual income. CARES data collection, eligibility, correspondence, and reporting processes will need to be enhanced to support the project. The scope was updated to include changes to the Renew My Benefits (RMB) module and eligibility copay limit calculation.

23. *IT Project Deliverables:*
    - CARES Worker Web (CWW) enhancement to collect and calculate the applicant/member's annual income.
    - CARES eligibility enhancement to account for the annual income to determine eligibility for Modified Adjusted Gross Income (MAGI) based adult categories (Parent/Caretaker, Childless Adult).

- Notice of Decision (NOD) enhancement to communicate to members when the eligibility is determined based on Gap Filling rules.
- CARES correspondence enhancement to generate letters to members to get updated annual income information when change in tax year is expected to occur.
- ACCESS Apply for Benefits (AFB) module enhancement to schedule and collect the annual prospective income details.
- ACCESS Renew My Benefits (RMB) module enhancement to schedule and collect the annual prospective income details.
- ACCESS Am I Eligible (AIE) module enhancement to determine applicant's potential eligibility based on annual prospective income.
- Income Maintenance Quality Assurance (IMQA) 2nd Party Review tool enhancement to include any data elements/pages added to collect and calculate annual income for Gap Fill rules in the tool.
- Income Maintenance Management Reporting (IMMR) Ad hoc universe enhancement with Gap Filling data.

24. *IT Project Assumptions:* None

25. *IT Project Risks and Constraints:* There are none to share at this time.

26. *Submitted in Other DET Statutory Reports?*
    ☐ No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
    ☒ FY 2023 Strategic IT Plan (Submitted to DOA March 1, 2022)
    ☒ Large, High-Risk IT Project Report (Submitted to DOA March 1, 2022)
    ☒ Large, High-Risk IT Project Report (Submitted to DOA August 2022)

27. *Other Information (*Optional*):* N/A

13.   CARES: Online Payment of Premiums

1. *Report Preparation Date (Status as of):* 11/17/2022

2. *IT Project Title:* CARES: Online Payment of Premiums

3. *IT Project Status:* Active

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

5. *DET Impact Explanation (Required, if #4 is "Yes". Optional if #4 is "TBD". Skip if #4 is "No".):* 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.

6. *Master Lease Funding Amount:* $0

7. *Original Cost Projection:* $2,662,400

8. *Additional Context for Original Cost Projection (*Optional*):* N/A

9. *Funding Source & Amount:*
   ☒ GPR: $343,203.84
   ☐ PR: $000,000
   ☒ FED: $2,721,116.16
   ☐ SEG: $000,000
   ☐ PR-SEG: $000,000
   ☐ Other (Please explain funding source and provide amount):

10. *Current Cost Projection:* $3,064,320

11. *Additional Context for Current Cost Projection (**Optional**):* N/A

12. *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. In the previous report submitted, it had been reduced further to an estimate of $2,688,000 due to a DMS decision to reduce the post-production budget by 5%. Since the time of that report, the cost has now increased due to the following reasons:
    - Significant rework on front-end design based on copy review with the DHS Enrollment and Outreach team.
    - Additional testing time allocated for comprehensive testing for interfaces with US Bank and interChange (iC).

13. *Original Estimated IT Project Start Date:* June 30, 2022

14. *Actual or Current Estimated IT Project Start Date:* May 17, 2021

15. *Explanation for Changes to IT Project Start Date:* 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 BadgerCare Plus (BC+) and Medicaid Purchase Plan (MAPP) members and to align with Provider Payment Enhancements for Medicaid Management Information System (MMIS). The Vendor Transition Meeting occurred on May 17, 2021.

16. *Original Estimated IT Project Completion Date:* November 30, 2023

17. *Current IT Project Completion Date:* December 31, 2022

18. *Explanation for Changes to IT Project Completion Date:* The estimated completion date fluctuated over time. As the project progressed, the completion date estimate updated several times due to the fluctuation of the estimated end date for the Public Health Emergency (PHE). Due to the uncertainty of the date on which the Federal Government will declare the PHE lifted, the project is closing 12/31/2022, with the code in place for implementation. The functionality implemented with this project will be turned on and available to members after the PHE is lifted.

19. *Original IT Project Stage Completion Dates:*
    - *Discovery/Requirements*: June 18, 2021
    - *Development*: March 11, 2022
    - *Testing*: June 17, 2022
    - *Implementation*: June 25, 2022

20. *Current IT Project Stage Completion Dates*:
    - *Discovery/Requirements*: December 10, 2021
    - *Development*: April 1, 2022
    - *Testing*: June 17, 2022
    - *Implementation:* June 25, 2022
    - *Project Close:* December 31, 2022

21. *Explanation for Changes to IT Project Stage Completion Dates:* The project initially readjusted phase level timelines due to portfolio prioritization. As the project progressed, the project close date estimate updated several times due to the fluctuation of the estimated end date for the PHE. Due to the uncertainty of the date on which the Federal Government will declare the PHE lifted, the project is closing 12/31/2022, as described above.

IT Project Information Section:

22. *IT 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. Members will be encouraged to provide feedback on their ePayment experience. Additionally, CARES Worker Web (CWW) will be enhanced to provide workers more visibility in the types of payments (credit card, check, etc.) that members are making. New interfaces between CWW and iC will be created to share payment and premium related data.

23. *IT Project Deliverables:* The deliverables for this project are a Systems Charter, User Stories, System Requirements and Design Documents, Interface Control Documents, and Copy Decks (the design deliverable for front-end design).

24. *IT Project 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.
    - There are no changes to premium policy.
    - 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.

25. *IT Project Risks and Constraints:* There are no open risks nor constraints.

26. *Submitted in Other DET Statutory Reports?*
    ☐ No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
    ☐ FY 2023 Strategic IT Plan (Submitted to DOA March 1, 2022)
    ☒ Large, High-Risk IT Project Report (Submitted to DOA March 1, 2022)
    ☒ Large, High-Risk IT Project Report (Submitted to DOA August 2022)

27. *Other Information (*Optional*):*

14.   Grouper Plus Content Services (GPCS) Migration

1. *Report Preparation Date (Status as of):* 11/17/2022

2. *IT Project Title:* Grouper Plus Content Services (GPCS) Migration

3. *IT Project Status:* Active

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

5. *DET Impact Explanation (Required, if #4 is "Yes". Optional if #4 is "TBD". Skip if #4 is "No".):* N/A

6. *Master Lease Funding Amount:* $0

7. *Original Cost Projection:* $722,505.21

8. *Additional Context for Original Cost Projection (*Optional*):* N/A

9. *Funding Source & Amount:*
    ☒ GPR: $95,378.95
    ☐ PR: $000,000
    ☒ FED: $858,410.54
    ☐ SEG: $000,000
    ☐ PR-SEG: $000,000
    ☐ Other (Please explain funding source and provide amount):

10. *Current Cost Projection:* $953,789.49

11. *Additional Context for Current Cost Projection (*Optional*):* N/A

12. *Explanation for Changes to Cost Projection:* A scope increase was necessary to cover all functional requirements. This resulted in an increase to the cost projection.

13. *Original Estimated IT Project Start Date:* February 15, 2021

14. *Actual or Current Estimated IT Project Start Date:* February 15, 2021

15. *Explanation for Changes to IT Project Start Date:* No Change

16. *Original Estimated IT Project Completion Date:* May 30, 2022

17. *Current IT Project Completion Date:* December 16, 2022

18. *Explanation for Changes to IT Project Completion Date:* As reported in the February 2022 report, the project team identified additional change orders needed to increase the scope to cover all functional requirements. This required a timeline extension with 3M to November 30, 2022. Additionally, during project design, additional scope was identified that pushed the completion date out to December 9, 2022. A delay in

construction pushed the implementation date to November 25, 2022, and the project closeout to December 16, 2022.

19. *Original IT 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

20. *Current IT Project Stage Completion Dates*:
    - *Requirements and Design*: September 30, 2022
    - *Construction*: November 6, 2022
    - *Testing*: November 23, 2022
    - *Go-Live/Implementation*: November 25, 2022
    - *Close*: December 16, 2022

21. *Explanation for Changes to IT Project Stage Completion Dates:* Originally, a change in the completion of requirements and design as well as construction was due to additional time needed for identification of functional requirements. This caused all later stages to defer. The previous change to the stage completion dates on the August 2022 DHS Large High-Risk IT Project report was due to a change request and revised resource estimate to revise implementation (September 23, 2022) and closing (December 9, 2022) dates. These revisions were due to the additional scope identified during design. The latest change to the stage completion dates is due to construction delays, extending implementation to November 25, 2022, and closure to December 16, 2022.

IT Project Information Section:

22. *IT 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.

23. *IT Project Deliverables:* 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.

24. *IT Project Assumptions:* There are none to share at this time.

25. *IT Project Risks and Constraints:* There are none to share at this time.

26. *Submitted in Other DET Statutory Reports?*
    ☐ No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
    ☒ FY 2023 Strategic IT Plan (Submitted to DOA March 1, 2022)
    ☒ Large, High-Risk IT Project Report (Submitted to DOA March 1, 2022)
    ☒ Large, High-Risk IT Project Report (Submitted to DOA August 2022)

27. *Other Information **(*Optional*)**:* N/A

15.   LTC Provider Management

1. *Report Preparation Date (Status as of):* 11/17/2022

2. *IT Project Title:* LTC Provider Management

3. *IT Project Status:* Active

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

5. *DET Impact Explanation (Required, if #4 is "Yes". Optional if #4 is "TBD". Skip if #4 is "No".):* N/A

6. *Master Lease Funding Amount:* $0

7. *Original Cost Projection:* $6,272,781.74

8. *Additional Context for Original Cost Projection **(*Optional*)**:* N/A

9. *Funding Source & Amount:*
    ☒ GPR: $627,278.17
    ☐ PR: $000,000
    ☒ FED: $5,645,503.57
    ☐ SEG: $000,000
    ☐ PR-SEG: $000,000
    ☐ Other (Please explain funding source and provide amount):

10. *Current Cost Projection:* $6,272,781.74

11. *Additional Context for Current Cost Projection **(*Optional*)**:* N/A

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

13. *Original Estimated IT Project Start Date:* July 1, 2022

14. *Actual or Current Estimated IT Project Start Date:* July 1, 2022

15. *Explanation for Changes to IT Project Start Date:* No Change

16. *Original Estimated IT Project Completion Date:* November 30, 2024

17. *Current IT Project Completion Date:* November 30, 2024

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

19. *Original IT Project Stage Completion Dates:* Please note that the solution implementation is to be delivered via three phases. The first phase provides the basic functionality to allow Adult Long-Term Care (ALTC) providers to enroll. The subsequent two phases provide incremental additional functionality, that is required long term.

    Phase 1
    - *Requirements/Design Phase*: November 1, 2022
    - *Construction Phase*: September 1, 2023
    - *Testing/Implementation* Phase: May 1, 2024

    Phase 2
    - *Requirements/Design Phase*: October 1, 2023
    - *Construction Phase*: November 1, 2023
    - *Testing/Implementation* Phase: May 1, 2024

    Phase 3
    - *Requirements/Design Phase*: March 1, 2024
    - *Construction Phase*: May 1, 2024
    - *Testing/Implementation* Phase: November 30, 2024

20. *Current IT Project Stage Completion Dates*:
    Phase 1
    - *Requirements/Design Phase*: November 1, 2022
    - *Construction Phase*: September 1, 2023
    - *Testing/Implementation* Phase: May 1, 2024

    Phase 2
    - *Requirements/Design Phase*: October 1, 2023
    - *Construction Phase*: November 1, 2023
    - *Testing/Implementation* Phase: May 1, 2024

    Phase 3
    - *Requirements/Design Phase*: March 1, 2024
    - *Construction Phase*: May 1, 2024
    - *Testing/Implementation* Phase: November 30, 2024

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

IT Project Information Section:

22. *IT Project Scope:*
    This project will implement an integrated system within the MMIS, through which DHS will conduct its business processes and functions for Adult Long-Term Care (ALTC) provider enrollment, specifically waiver providers. This is to be done by centralizing the provider enrollment and management functions for the Adult Long Term Care Programs.

    The project goals for centralizing the provider enrollment and management functions for LTC are:
    - Ensure that all providers rendering services to members meet a uniform minimum standard.

- Provide access to uniform comprehensive data for every enrolled provider that can be used for ongoing analysis and program monitoring.
- Provide access to uniform MCO provider network information for ongoing analysis and network monitoring.
- Provide the status of the home and community-based settings rule for each provider site.

23. *IT Project Deliverables:*
The purpose of the LTC Provider Management Project is for Gainwell to implement an integrated system within the Medicaid Management Information System (MMIS), through which Wisconsin Department of Health Services (DHS) will conduct its business processes and functions for ALTC provider enrollment, specifically waiver providers. The solution implementation is to be delivered via three phases. The first phase provides the basic functionality to allow Adult Long-Term Care (ALTC) providers to enroll. The subsequent two phases provide incremental additional functionality, that is required long term.

24. *IT Project Assumptions:* None of the estimates/timelines include considerations for "paper enrollment" as this topic is still being assessed by DHS. When a direction is provided by DHS, the impact of "paper enrollment" will be assessed and processed as a change order to whichever project direction is selected by DHS.

25. *IT Project Risks and Constraints:* There are none to share at this time.

26. *Submitted in Other DET Statutory Reports?*
   ☐ No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
   ☐ FY 2023 Strategic IT Plan (Submitted to DOA March 1, 2022)
   ☐ Large, High-Risk IT Project Report (Submitted to DOA March 1, 2022)
   ☒ Large, High-Risk IT Project Report (Submitted to DOA August 2022)

27. *Other Information (*Optional*):* N/A

16.   ANSI X12 EDI Migration from Sybase to IaaS

1. *Report Preparation Date (Status as of):* 11/17/2022

2. *IT Project Title:* ANSI X12 EDI Migration from Sybase to IaaS

3. *IT Project Status:* Active

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

5. *DET Impact Explanation (Required, if #4 is "Yes". Optional if #4 is "TBD". Skip if #4 is "No".):* N/A

6. *Master Lease Funding Amount:* $0

7. *Original Cost Projection:* $3,201,433.16

8. *Additional Context for Original Cost Projection (*Optional*):* N/A

9. *Funding Source & Amount:*

☒ GPR: $164,680.09
☐ PR: $000,000
☒ FED: $1,482,120.84
☐ SEG: $000,000
☐ PR-SEG: $000,000
☐ Other (Please explain funding source and provide amount):

10. *Current Cost Projection:* $1,646,800.93

11. *Additional Context for Current Cost Projection* ***(*Optional*)**: N/A

12. *Explanation for Changes to Cost Projection:* The original cost projection of $3,201,433.16 included ongoing cost. The ongoing cost has been removed from this report and the revised project cost of $1,646,800.93 has been added.

13. *Original Estimated IT Project Start Date:* May 2, 2022

14. *Actual or Current Estimated IT Project Start Date:* May 2, 2022

15. *Explanation for Changes to IT Project Start Date:* No Change

16. *Original Estimated IT Project Completion Date:* February 14, 2023

17. *Current IT Project Completion Date:* June 12, 2023

18. *Explanation for Changes to IT Project Completion Date:* A delay in the approval of the resource estimate pushed out the completion date from February to June 2023.

19. *Original IT Project Stage Completion Dates:*
   - *Definition*: June 4, 2022
   - *Design*: July 25, 2022
   - *Construction*: October 13, 2022
   - *Testing*: November 10, 2022
   - *Prod. Implementation*: December 17, 2022
   - *Closing*: February 14, 2023

20. *Current IT Project Stage Completion Dates*:
   - *Definition*: January 2, 2023
   - *Design*: January 19, 2023
   - *Construction*: March 9, 2023
   - *Testing* April 19, 2023
   - *Prod. Implementation*: May 12, 2023
   - *Closing*: June 12, 2023

21. *Explanation for Changes to IT Project Stage Completion Dates:* A delay in the approval of the resource estimate pushed out the IT project stage completion dates.

IT Project Information Section:

22. *IT Project Scope:* The project scope will include the replacement of the current shared Electronic Data Interchange (EDI) translator that uses the Sybase system, as this is end-of-life and no longer supported. The replacement translator solution has been identified as EDI as a Service (EDIaaS).

23. *IT Project Deliverables:* Gainwell is recommending migration to EDIaaS (Interoperability as a Service) as the most cost-effective replacement for the American National Standards Institute (ANSI) X12 translator.

24. *IT Project Assumptions:* None

25. *IT Project Risks and Constraints:* There are none to share at this time.

26. *Submitted in Other DET Statutory Reports?*
    ☐ No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
    ☐ FY 2023 Strategic IT Plan (Submitted to DOA March 1, 2022)
    ☐ Large, High-Risk IT Project Report (Submitted to DOA March 1, 2022)
    ☒ Large, High-Risk IT Project Report (Submitted to DOA August 2022)

27. *Other Information (*Optional*):* N/A

17.   ARPA HCBS 5% Rate Increase and Reinvestment Reporting Project

1. *Report Preparation Date (Status as of):* 11/17/2022

2. *IT Project Title:* ARPA HCBS 5% Rate Increase and Reinvestment Reporting Project

3. *IT Project Status:* Active

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

5. *DET Impact Explanation (Required, if #4 is "Yes". Optional if #4 is "TBD". Skip if #4 is "No".):* N/A

6. *Master Lease Funding Amount:* $0

7. *Original Cost Projection:* $1,467,233.20

8. *Additional Context for Original Cost Projection (*Optional*): N/A*

9. *Funding Source & Amount:*
    ☒ GPR: $121,192.24
    ☐ PR: $000,000
    ☒ FED: $121,192.24
    ☐ SEG: $000,000
    ☐ PR-SEG: $000,000
    ☐ Other (Please explain funding source and provide amount):

10. *Current Cost Projection:* $242,384.48

11. *Additional Context for Current Cost Projection (*Optional*):* N/A

12. *Explanation for Changes to Cost Projection*: The automated quarterly report solution was changed to a manually created quarterly report solution. This reduced scope and complexity, thus reducing the project cost.

13. *Original Estimated IT Project Start Date:* March 21, 2022

14. *Actual or Current Estimated IT Project Start Date:* March 21, 2022

15. *Explanation for Changes to IT Project Start Date:* No Change

16. *Original Estimated IT Project Completion Date:* November 30, 2022

17. *Current IT Project Completion Date:* December 9, 2022

18. *Explanation for Changes to IT Project Completion Date:* The time required to complete the project work was more than what was estimated which adjusted the project completion date to December 2022.

19. *Original IT Project Stage Completion Dates:*
    - *Requirements*: April 18, 2022
    - *Design*: May 30, 2022
    - *Construction*: July 18, 2022
    - *Testing*: September 19, 2022
    - *Prod. Implementation*: October 14, 2022
    - *Closing*: November 30, 2022

20. *Current IT Project Stage Completion Dates*:
    - *Requirements*: October 20, 2022
    - *Design*: November 8, 2022
    - *Construction*: November 9, 2022
    - *Testing*: November 10, 2022
    - *Prod. Implementation*: November 11, 2022
    - *Closing*: December 9, 2022

21. *Explanation for Changes to IT Project Stage Completion Dates:* The time required to complete the project work was more than what was estimated, which adjusted the project stage completion dates. Additional functional requirements were found, requiring the reopening of the Requirements and Design phases. Analytic Services performed the construction and testing simultaneously.

IT Project Information Section:

22. *IT Project Scope:* The proposed solution will allow the tracking of separate reimbursement on services that have been determined as eligible for enhancement based on the American Rescue Plan Act (ARPA) to reinvest additional federal funding dollars into existing Medicaid services. As part of this re-investment strategy, the additional dollars paid to eligible providers must be able to be separately tracked from the original ('base') reimbursement amount. Enhanced reimbursement amounts will be stored within the Medicaid Management Information System (MMIS) and utilized in reimbursement when an eligible service

is payable, and then used in financial and data warehouse processes for reporting and historical tracking of payments.

23. *IT Project Deliverables:* This project will deliver a solution that will allow the tracking of separate reimbursement on services that have been determined as eligible for enhancement based on the American Rescue Plan Act (ARPA) to reinvest additional federal funding dollars into existing Medicaid services.

24. *IT Project Assumptions:* None

25. *IT Project Risks and Constraints:* There are none to share at this time.

26. *Submitted in Other DET Statutory Reports?*
    ☐ No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
    ☐ FY 2023 Strategic IT Plan (Submitted to DOA March 1, 2022)
    ☐ Large, High-Risk IT Project Report (Submitted to DOA March 1, 2022)
    ☒ Large, High-Risk IT Project Report (Submitted to DOA August 2022)

27. *Other Information (**Optional**):* At the time projects were being reviewed for the FY23 Strategic IT Plan, the solution was not defined, and it was unknown if this project would proceed therefore, it was not reported at that time.

18. ACT 178-CIE-MIS

1. *Report Preparation Date (Status as of):* 11/17/2022

2. *IT Project Title:* ACT 178-Competitive Integrated Employment Management Information System (CIE-MIS)

3. *IT Project Status:* Active

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

5. *DET Impact Explanation (Required, if #4 is "Yes". Optional if #4 is "TBD". Skip if #4 is "No".):* N/A

6. *Master Lease Funding Amount:* $0

7. *Original Cost Projection:* $400,605.66

8. *Additional Context for Original Cost Projection (**Optional**):* The current cost projection was a high, ballpark estimate provided prior to completion of detailed estimates prepared in the project's formal planning phase prior to execution.

9. *Funding Source & Amount:*
    ☒ GPR: $78,419.34
    ☐ PR: $000,000
    ☒ FED: $705,774.00
    ☐ SEG: $000,000
    ☐ PR-SEG: $000,000
    ☐ Other (Please explain funding source and provide amount):

10. *Current Cost Projection:* $784,193.34

11. *Additional Context for Current Cost Projection (*Optional*):* The current cost projection is a high, ballpark estimate provided prior to completion of detailed estimates prepared in the project's formal planning phase prior to execution.

12. *Explanation for Changes to Cost Projection:* Additional project requirements were identified during design that increased the scope of work.

13. *Original Estimated IT Project Start Date:* March 1, 2020

14. *Actual or Current Estimated IT Project Start Date:* March 1, 2020

15. *Explanation for Changes to IT Project Start Date:* No Change

16. *Original Estimated IT Project Completion Date:* June 30, 2021

17. *Current IT Project Completion Date:* October 31, 2023

18. *Explanation for Changes to IT Project Completion Date:* The original estimated completion date was a high-level placeholder date based on the original estimate of work. Due to the identification of new requirements, the design completion date was adjusted which pushed out the remaining stages and completion date.

19. *Original IT Project Stage Completion Dates:*
    - *Requirements*: July 1, 2020
    - *Design*: September 30, 2020
    - *Construction*: November 15, 2020
    - *Testing*: November 15, 2020
    - *Prod Implementation*: November 15, 2020
    - *Closing*: June 30, 2021

20. *Current IT Project Stage Completion Dates*:
    - *Requirements*: July 1, 2020
    - *Design*: December 30, 2022
    - *Construction*: April 15, 2023
    - *Testing*: July 15, 2023
    - *Prod Implementation*: September 15, 2023
    - *Closing*: October 31, 2023

21. *Explanation for Changes to IT Project Stage Completion Dates:* Due to the identification of new requirements, the design completion date was adjusted which pushed out remaining stages and the completion date.

IT Project Information Section:

22. *IT Project Scope:* The 2017 Act 178 requires the Department of Workforce Development – Division of Vocational Rehabilitation (DWD-DVR), the Department of Health Services (DHS), and the Department of Public Instruction (DPI) to collaborate to increase Competitive Integrated Employment (CIE) outcomes.

23. *IT Project Deliverables:* Build the CIE-MIS as a comprehensive solution around a richer set of data to provide a more complete picture of an individual's competitive integrated employment situation. The DHS-LTCare and DWD-DVR workgroup envisions the model as a richer set of data elements across a broader spectrum of data from cross agency data systems. This option is similar to the PROMISE management information system model that DHS hosts in partnership with DWD, DPI, and Department of Children and Families (DCF).

24. *IT Project Assumptions:* None

25. *IT Project Risks and Constraints:* There are none to share at this time.

26. *Submitted in Other DET Statutory Reports?*
☒ No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
☐ FY 2023 Strategic IT Plan (Submitted to DOA March 1, 2022)
☐ Large, High-Risk IT Project Report (Submitted to DOA March 1, 2022)
☐ Large, High-Risk IT Project Report (Submitted to DOA August 2022)

27. *Other Information (**Optional**):* Effective November 2022, this project was identified to be reported due to the schedule extension of more than 12 months duration on a project over $250,000.00.

19.   iQIES Integration – Implementation Phase

1. *Report Preparation Date (Status as of):* 11/15/2022

2. *IT Project Title:* iQIES Integration - Implementation Phase

3. *IT Project Status:* Active

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

5. *DET Impact Explanation (Required, if #4 is "Yes". Optional if #4 is "TBD". Skip if #4 is "No".):* N/A

6. *Master Lease Funding Amount:* $0

7. *Original Cost Projection:* $107,350

8. *Additional Context for Original Cost Projection (**Optional**):*

9. *Funding Source & Amount:*
☒ GPR: $20,397
☒ PR: $30,058
☒ FED: $56,895
☐ SEG: $000,000
☐ PR-SEG: $000,000
☐ Other (Please explain funding source and provide amount):

10. *Current Cost Projection:* $107,350

11. *Additional Context for Current Cost Projection **(*Optional*):***

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

13. *Original Estimated IT Project Start Date:* July 1, 2021

14. *Actual or Current Estimated IT Project Start Date:* October 1, 2021

15. *Explanation for Changes to IT Project Start Date:* There was a significant delay in the initial migration of Home Health Agency data from ASPEN to iQIES by the Centers for Medicare and Medicaid Services (CMS). This migration had to occur in order for the Division of Quality Assurance (DQA) business area to begin analysis of the new iQIES database structure.

16. *Original Estimated IT Project Completion Date:* December 31, 2023

17. *Current IT Project Completion Date:* December 31, 2023

18. *Explanation for Changes to IT Project Completion Date:* No Change. However, the project completion date is entirely dependent on the schedule on which CMS and its contractors complete the migration of specific provider types from ASPEN to iQIES. December 31, 2023, is CMS's current stated goal date for completing this migration; to date other stated goals have not been met.

19. *Original IT Project Stage Completion Dates:*
    - *Initial iQIES schema analysis*: March 31, 2022
    - *DHS API design*: April 30, 2022
    - *DHS API implementation:* June 30, 2022
    - *Final DHS API implementation:* December 31, 2023
    - *ASPEN server decommission/final cutover:* December 31, 2023

20. *Current IT Project Stage Completion Dates*:
    - *Initial iQIES schema analysis*: March 31, 2022
    - *DHS API design*: October 31, 2022
    - *Initial DHS API implementation:* March 1, 2023
    - *Final DHS API implementation:* December 31, 2023
    - *ASPEN server decommission/final cutover:* December 31, 2023

    Projected implementation and decommissioning dates are subject to change and dependent on the schedule with which the Centers for Medicare and Medicaid Services and/or its contractors migrate different health care provider types from the legacy ASPEN system to iQIES. Each time a new provider type is migrated, DHS will need to review the iQIES schema and API structure to determine if changes to the former necessitate updates to the latter.

21. *Explanation for Changes to IT Project Stage Completion Dates:* Originally, the completion of the required schema analysis and follow-on API design was delayed from June 30, 2022, to January 1, 2023, due to the need to acquire and install 64-bit ODBC software needed to enable real-time connection to the iQIES database. An additional delay to March 1, 2023, is due to time required to analyze the impact of changes to

the iQIES database schema announced by CMS on November 8, 2022.

IT Project Information Section:

22. *IT Project Scope:* The project will consist of construction and deployment of a solution to permit the DQA to retrieve survey and certification data from the Centers for Medicare and Medicaid Services (CMS) iQIES (Quality Improvement and Evaluation System) cloud and integrate it into existing DQA databases and reporting systems. CMS is migrating data from the existing ASPEN (Automated Survey Processing Environment) database to iQIES in stages during calendar year 2021 – 2023 and will eventually retire the ASPEN system.

   This project will ensure DQA has ongoing, uninterrupted access to this data to support five dependent applications (the ASPEN Licensure Information System (ALIS), the Misconduct Incident Reporting System (MIR), the Electronic Background Information Disclosure System (EBID), Provider Search, and Plan Review) and an existing management information reporting infrastructure. DQA will be required to reprogram ASPEN-dependent management information reports on an ongoing basis as the project progresses to account for differences between the current database structure and the new iQIES database. Periodic testing of dependent applications to ensure data are being retrieved correctly will also be necessary.

23. *IT Project Deliverables:*
    - iQIES schema/ASPEN database crosswalk to guide development of Application Programming Interface (API)
    - iQIES/ASPEN hybrid database

24. *IT Project Assumptions:* There are none to share at this time.

25. *IT Project Risks and Constraints:*
    Risk: Changes to or uncertainty regarding the schedule with which CMS will complete the planned migration of provider data from ASPEN to iQIES. Changes to the CMS schedule may impact the DHS project completion date.

    Risk: Changes to the current iQIES database schemas which would necessitate restructuring of the DHS hybrid database, or the APIs employed to capture iQIES data. If such changes occur, this will likely impact the project cost and schedule.

    Constraints: The project completion date is dependent on CMS as described earlier in this report.

26. *Submitted in Other DET Statutory Reports?*
    ☐ No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
    ☒ FY 2023 Strategic IT Plan (Submitted to DOA March 1, 2022)
    ☒ Large, High-Risk IT Project Report (Submitted to DOA March 1, 2022)
    ☒ Large, High-Risk IT Project Report (Submitted to DOA August 2022)

27. *Other Information (*Optional*):*

20.   InsightCS to the Cloud

1. *Report Preparation Date:* 11/15/2022

2. *IT Project Title:* InsightCS to the Cloud

3. *IT Project Status:* Active

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

5. *DET Impact Explanation (Required, if #4 is "Yes". Optional if #4 is "TBD". Skip if #4 is "No".):*
   Application hosting services include decommissioning the current on-premises application. This is completed.

   Virtual Private Network (VPN) related work is complete. This involved establishing a VPN between DHS users and web-based servers hosted outside the DHS network, accessible via Remote Desktop Application.

   The project was put through the DET Cloud Brokerage Process. This review was completed in April 2021.

6. *Master Lease Funding Amount:* $0

7. *Original Cost Projection:* $466,820

8. *Additional Context for Original Cost Projection (*Optional*):* The cost projection includes $261,820 which are one-time and monthly charges paid by DHS to the vendor for the application and licensing.

9. *Funding Source & Amount:*
   ☒ GPR: $273,646
   ☒ PR: $198,158
   ☐ FED: $000,000
   ☐ SEG: $000,000
   ☐ PR-SEG: $000,000
   ☐ Other (Please explain funding source and provide amount):

10. *Current Cost Projection:* $471,804

11. *Additional Context for Current Cost Projection (*Optional*):* N/A

12. *Explanation for Changes to Cost Projection:* Additional costs were incurred for the Remote Desktop Services licenses.

13. *Original Estimated IT Project Start Date:* January 6, 2021

14. *Actual or Current Estimated IT Project Start Date:* January 6, 2021

15. *Explanation for Changes to IT Project Start Date:* No Change

16. *Original Estimated IT Project Completion Date:* May 20, 2022

17. *Current IT Project Completion Date:* January 18, 2023

18. *Explanation for Changes to IT Project Completion Date:*
    The project completion date is delayed because of vendor delays impacting the Waystar implementation. The sponsor and vendor agreed to extend the project end date to January 18, 2023, via a change request.

19. *Original IT Project Stage Completion Dates:*
    - *Initiation, actual*: March 23, 2021
    - *Planning, actual*: August 11, 2021
    - *Execution, estimated completion*: April 21, 2022
    - *Closure, estimated completion*: May 20, 2022

20. *Current IT Project Stage Completion Dates*:
    - *Initiation, actual*: March 23, 2021
    - *Planning, actual*: August 11, 2021
    - *Execution, estimated completion*: January 12, 2023
    - *Closure, estimated completion*: January 18, 2023

21. *Explanation for Changes to IT Project Stage Completion Dates:*
    Execution and closure dates changed to reflect the newly estimated project end date.

IT Project Information Section:

22. *IT Project Scope:*
    DHS uses InsightCS for billing and associated data functions at the Division of Care and Treatment Services (DCTS) 24/7 facilities. Medsphere, the company owning Insight, has moved Insight to a cloud-based platform. This project migrates DHS from the classic (on-premise) to a cloud-based version of the Insight product. In addition, the project moves DHS to a claims scrubbing software, Waystar, which works with the Insight product. The IT Project scope includes two phases: (1) implementation of the InsightCS application in a vendor managed cloud environment, and (2) implementation of the new claims scrubbing application, Waystar.

23. *IT Project Deliverables:*
    Project product deliverables include: cloud environment set up, establishing secure access to the cloud, migrating the InsightCS application to the cloud, configuring and implementing the RCM Web and implementation of Waystar. Key documentation project deliverables include the project charter, project planning artifacts, and closeout documentation.

24. *IT Project Assumptions:* None

25. *IT Project Risks and Constraints:* Interaction and dependencies between multiple internal and external stakeholders could slow down project execution and impact the overall timeline.

26. *Submitted in Other DET Statutory Reports?*
    ☐ No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
    ☒ FY 2023 Strategic IT Plan (Submitted to DOA March 1, 2022)
    ☒ Large, High-Risk IT Project Report (Submitted to DOA March 1, 2022)

⊠ Large, High-Risk IT Project Report (Submitted to DOA August 2022)

27. *Other Information (*Optional*):* This project was originally reported under the title of "Insight CS to the Cloud".

21.   Substance Use Treatment Enhancement – ARPA

1. *Report Preparation Date (Status as of):* 11/08/2022

2. *IT Project Title:* Substance Use Treatment Enhancement - ARPA

3. *IT Project Status:* Active

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

5. *DET Impact Explanation (Required, if #4 is "Yes". Optional if #4 is "TBD". Skip if #4 is "No".):* Cloud brokerage review by the Department of Administration, Division of Enterprise Technology for Pear Therapeutics (US), Inc. – reSET/reSET-O was completed in August 2022, via Service Request 3860488. DET Technical Architecture and Security recommended approval, and the DOA/DET CISO approved.

6. *Master Lease Funding Amount:* $0

7. *Original Cost Projection:* $998,507

8. *Additional Context for Original Cost Projection (*Optional*):*

9. *Funding Source & Amount:*
   ☐ GPR: $000,000
   ☐ PR: $000,000
   ⊠ FED: $998,507
   ☐ SEG: $000,000
   ☐ PR-SEG: $000,000
   ☐ Other (Please explain funding source and provide amount):

10. *Current Cost Projection:* $998,507

11. *Additional Context for Current Cost Projection (*Optional*):*

12. *Explanation for Changes to Cost Projection:* No change.

13. *Original Estimated IT Project Start Date:* June 15, 2022

14. *Actual or Current Estimated IT Project Start Date:* June 15, 2022

15. *Explanation for Changes to IT Project Start Date:* No change.

16. *Original Estimated IT Project Completion Date:* June 14, 2023

17. *Current IT Project Completion Date:* June 14, 2023

18. *Explanation for Changes to IT Project Completion Date:* No change.

19. *Original IT Project Stage Completion Dates:*
    Please note that this is a high-level estimate prepared for the purpose of this report only and stage completion dates are likely to change.
    - *Planning*: August 31, 2022
    - *Execution*: May 31, 2023
    - *Closure*: June 14, 2023

20. *Current IT Project Stage Completion Dates*:
    Please note that this is a high-level estimate prepared for the purpose of this report only and stage completion dates may change.
    - *Planning*: October 31, 2022
    - *Execution*: May 31, 2023
    - *Closure*: June 14, 2023

21. *Explanation for Changes to IT Project Stage Completion Dates:* The planning completion date has been updated. The planning phase was extended while contract execution was on hold during the two needed IT reviews (Cloud Review and the DOA Large, High-Risk IT Project Contract Review).

IT Project Information Section:

22. *IT Project Scope:* The Department of Health Services (DHS) is aiming to improve the quality of, and access to, evidence-based care for people with Substance Use Disorder. One emerging strategy for this is the use of digital, cloud-based software products as an additional and complementary treatment intervention, which are designed to be used and accessed 24/7 via patient cell phone or computer. Pear Therapeutics (US), Inc.'s digital therapeutics are the only FDA-approved products and paradigms for this purpose, and, therefore, we are launching this project to introduce their use and pilot this established and promising technology across a variety of substance use recovery sites across Wisconsin.

23. *IT Project Deliverables:* Pear Therapeutics (US), Inc. will provide access to their evidence-based, FDA-approved virtual substance abuse treatment tool ("reSET" and "reSET-O") to substance use treatment centers participating in a one-year pilot project overseen by the Department of Health Services. Pear Therapeutics (US), Inc. will not only provide access to their product, but they will also provide training and technical support to the participating treatment centers. These products allow improved communication between the clinician team and the patient, on-demand access to clinical support for patients at any time of day, and use of evidence-based techniques like Cognitive-Behavioral Therapy and contingency management. This technology will allow Pear Therapeutics (US), Inc. to share a robust set of outcomes measures with the Department of Health Services. Throughout the project, Pear Therapeutics (US), Inc. will provide expected reports to DHS to track overall program status, a summary of collected data, and a post-mortem on successes and barriers experienced over each 30-day period. Pear Therapeutics (US), Inc. will also provide a final outcomes report for the project. The Department of Health Services will oversee the pilot project, in order to ensure that the virtual tool is available and delivered as promised.

24. *IT Project Assumptions:* None.

25. *IT Project Risks and Constraints:* There are none to share at this time.

26. *Submitted in Other DET Statutory Reports?*
☐ No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
☐ FY 2023 Strategic IT Plan (Submitted to DOA March 1, 2022)
☐ Large, High-Risk IT Project Report (Submitted to DOA March 1, 2022)
☒ Large, High-Risk IT Project Report (Submitted to DOA August 2022)

27. *Other Information (*Optional*):*

22. Building the DHS Websites in Drupal 9

1. *Report Preparation Date (Status as of):* 11/22/2022

2. *IT Project Title:* Building the DHS websites in Drupal 9

3. *IT Project Status:* Active

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

5. *DET Impact Explanation: DET involvement to support moving to the cloud includes:* 1) Change Domain Name Service (DNS) records, 2) Assistance in the Security Assertion Markup Language (SAML) setup, 3) Changes to network and firewall configurations, 4) Secure Sockets Layer (SSL) certificate generation, and 5) Decommission DHS Drupal 7 hosting environment.

    The DET cloud brokerage process and DET architectural assessment have been completed for Acquia cloud hosting via service request (SR) 3134822.

    The DET cloud brokerage process and DET architectural assessment have been completed for the Acquia - Widen Digital Asset Management (DAM) applications (SR 3931460).

    The DET cloud brokerage process for the XTM cloud is underway (SR 4028529).

6. *Master Lease Funding Amount:* $0

7. *Original Cost Projection:* $5,330,381

8. *Additional Context for Original Cost Projection (*Optional*): N/A*

9. *Funding Source & Amount:*
☐ GPR: $000,000
☒ PR: $495,075
☒ FED: $5,017,475
☐ SEG: $000,000
☐ PR-SEG: $000,000
☐ Other (Please explain funding source and provide amount):

10. *Current Cost Projection:* $5,512,550

11. *Additional Context for Current Cost Projection (*Optional*): N/A*

12. *Explanation for Changes to Cost Projection:* The cost projection increased by $94,500 for contingency planning and additional project management costs of $87,669.

13. *Original Estimated IT Project Start Date:* December 17, 2020

14. *Actual or Current Estimated IT Project Start Date:* December 17, 2020

15. *Explanation for Changes to IT Project Start Date:* There is no change to the start date. As explained in prior project reports, early iterations of this project began in December 2020, however the charter for the current project scope was signed November 11, 2021.

16. *Original Estimated IT Project Completion Date:* December 30, 2022

17. *Current IT Project Completion Date:* March 31, 2023

18. *Explanation for Changes to IT Project Completion Date:* The original completion date estimate of December 30, 2022, was based on plans to launch both the new DHS WorkWeb and the public site in October 2022. The new DHS WorkWeb launched successfully in October 2022. Based on lessons learned from that launch, the project team, with the support of DHS executive management, decided to defer the public site launch to January 2023. This extension allows the project team time to prioritize the website readiness, access the old Drupal 7 environment post launch, and complete required project artifacts before the project closes in March 2023.

19. *Original IT Project Stage Completion Dates:*
    - *Initiation*: January 1, 2021
    - *Planning*: February 18, 2022
    - *Execution*: November 30, 2022
    - *Closure*: December 30, 2022

20. *Current IT Project Stage Completion Dates*:
    - *Initiation*: January 1, 2021
    - *Planning*: February 18, 2022
    - *Execution*: January 31, 2023
    - *Closure*: March 31, 2023

21. *Explanation for Changes to IT Project Stage Completion Dates:* The original estimated execution and closure stage completion dates were based on plans to launch both the new DHS WorkWeb and the public site in October 2022. As explained above, DHS decided to defer the public site launch to January 2023 to ensure a successful launch. This extends the project execution phase to January 31, 2023, and the project closure to March 31, 2023.

IT Project Information Section:

22. *IT Project Scope:* Build new internet and WorkWeb websites. Leverage the United States Web Design System (USWDS) Drupal theme. Build and implement a multi-language content strategy and technical infrastructure to support language translation on the internet website. Work with the vendor to rewrite internet content using plain and inclusive language. Create and deliver training for workforce members who create, edit, and manage website content. Go-live with new DHS websites.

23. *IT Project Deliverables:*
    - Project management artifacts required for the DHS Bureau of Information Technology Services (BITS) Project Portfolio Management (PPM) stage-and-gate process.
    - A new DHS internet website and WorkWeb that use Drupal 9 and are hosted in the cloud.
    - DET and DHS resources will no longer be needed to support Drupal infrastructure.
    - Reducing the number of websites that DHS administers from 22 to two.
    - Decommissioning Drupal 7 websites.
    - Operational efficiencies for the enterprise web team.
    - DHS websites will remain on a supported, secure platform. DHS cloud hosted websites will have more robust disaster recovery capabilities.
    - Implement a digital asset management (DAM) system. Both Internet and WorkWeb websites in Drupal 9 will leverage a DAM system.
    - Website visitors will have an enhanced, modern website experience.

24. *IT Project Assumptions:* Both sites must be live by Drupal 7 End of Life (EOL) (End-of-Life extended to November 1, 2023). 100% of content must be available to visitors at time of launch. The WorkWeb must be secure so only authenticated staff can access it. We plan to go live with one site at a time.

25. *IT Project Risks and Constraints:* The project may encounter a lack of availability of staff resources from divisions and offices and competing priorities due to COVID-19 response. If staff are shifted off the project or there are not enough staff, this will have a significant impact on the project, specifically on timeline (which may consequently impact budget).

    The current Drupal 7 environments began showing signs of instability in June 2022. To mitigate the risk of our sites going offline and being unavailable to the public and DHS staff, we allocated additional resources for contingency planning. Only one of the original 22 sites remain in the potentially unstable environment.

26. *Submitted in Other DET Statutory Reports?*
    ☐ No. This project is not listed in the prior Strategic IT Plan or Large, High-Risk IT Project Report.
    ☒ FY 2023 Strategic IT Plan (Submitted to DOA March 1, 2022)
    ☒ Large, High-Risk IT Project Report (Submitted to DOA March 1, 2022)
    ☒ Large, High-Risk IT Project Report (Submitted to DOA August 2022)

27. *Other Information* **(*Optional*)**:

Appendix A

STATE OF WISCONSIN
DEPARTMENT OF ADMINISTRATION

Tony Evers, Governor
Joel Brennan, Secretary
Trina Zanow, Division Administrator

Large, High-Risk IT Project Definition
(Revised May 2022)

SCOPE: This definition is applicable to all agencies subject to DET oversight, which includes all executive branch agencies other than the UW System and statutory authorities. This definition is applicable to all IT projects, as defined below, run, implemented, coordinated, or that otherwise involve any agency subject to DET oversight, regardless of the source of funding for the IT project or DET's involvement in the IT project.

DEFINITION OF AN IT PROJECT: Efforts that result in a material change to the provision of IT services, which may include the purchase and implementation of IT hardware or software (regardless of whether it is formally procured); the planning, development, launch, changes to, or retirement of an IT service; or outsourcing of IT services to a vendor.

DEFINITION OF IT PROJECT COSTS: "IT Project costs" means all internal and external costs across all fiscal years of the project and could include employee, contractor, and vendor staffing; application development and implementation; hardware purchases; and software licensing. This definition does not include ongoing maintenance or licensing costs once project work is completed.

DEFINITION: A large, high-risk IT project is:

1. Any IT project with a projected cost over $1,000,000; or

2. Any IT project where the agency failed to successfully complete a prior IT project with substantially similar business outcomes (excluding maintenance activities); or

3. Any IT project that is necessary to meet one or more critical cybersecurity requirements; or
   a. "Critical cybersecurity requirement" means any action categorized as "critical," "high-priority," or any category with a similar meaning which is required by a federal, State, or private-sector entity to comply with statutory, regulatory, or other widely-accepted cybersecurity requirements.

4. Any IT project with a projected cost over $250,000 which meets at least one of the following criteria:

   a. The IT project involves architecture that has not been previously implemented.

   b. The agency has estimated that the project will require more than twelve total months (not including periods when the project is on hold) from the start of project work to the completion of project work.

   c. The baselined timeline or estimated cost for the IT project increased by more than 25 percent from the baselines established at the start of IT project work.

   d. The IT project includes the outsourcing of any critical agency business function currently performed by the agency to an external vendor.
      i. "Critical agency business function" means any business function performed by a tier 1 system as defined in the agency's IT disaster recovery plan.

Appendix B

The following individuals provided key report contributions and serve as contact points.

Project	Division/Office	Report Contact Point(s)
State Vital Records Information System (SVRIS) Part 2	State Vital Records Office, Division of Public Health	Lynette Childs; Huong Nguyen-Hilfiger
Prepayment Review Function	Office of the Inspector General in collaboration with the Division of Medicaid Services	Christopher Schmidt; Amy Osborne
Program Integrity Module Services	Office of the Inspector General in collaboration with the Division of Medicaid Services	Christopher Schmidt; Amy Osborne
Electronic Visit Verification (EVV)	Division of Medicaid Services	Scott Hawley; Curtis Cunningham
Electronic Visit Verification (EVV) – Home Health	Division of Medicaid Services	Scott Hawley; Curtis Cunningham
Enterprise Data Warehouse & Data Analytics Reporting (EDW & DAR) Medicaid Enterprise Systems (MES) Modules	Division of Medicaid Services	James Carver; Amy Osborne; Nick Havens
Interoperability and Patient Access Systems Planning (PAI)	Division of Medicaid Services	Amy Osborne; Nick Havens
Identity and Access Management (IAM) Single Sign on Portal Enhancement – Division of Medicaid Services (DMS)	Division of Medicaid Services	Amy Osborne; Nick Havens
Integration of Long-Term Care (LTC) Encounters into the MMIS	Division of Medicaid Services	Amy Osborne; Nick Havens
Monthly Rate of Service (MROS) Payment Automation	Division of Medicaid Services	Amy Osborne; Nick Havens
Genesys Customer Callback	Division of Medicaid Services	Adam Afsary; Paul Michael Amy Osborne; Nick Havens
CARES: Gap Filling	Division of Medicaid Services	Amy Osborne; Nick Havens
CARES: Online Payment of Premiums	Division of Medicaid Services	Amy Osborne; Nick Havens
Grouper Plus Content Services (GPCS) Migration	Division of Medicaid Services	Amy Osborne; Nick Havens
LTC Provider Management	Division of Medicaid Services	Amy Osborne; Nick Havens
ANSI X12 EDI Migration from Sybase to IaaS	Division of Medicaid Services	Amy Osborne; Nick Havens
ARP HCBS 5% Rate Increase and Reinvestment Reporting Project	Division of Medicaid Services	Amy Osborne; Nick Havens
ACT 178-CIE-MIS	Division of Medicaid Services	Amy Osborne; Nick Havens
iQIES Integration – Implementation Phase	Division of Quality Assurance	Richard Betz; Nikki Andrews
InsightCS to the Cloud	Division of Care and Treatment Services	Martha McCamy; Gynger Steele
Substance Use Treatment Enhancement – ARPA	Division of Care and Treatment Services	Emily Jaime; Gynger Steele
Building the DHS Websites in Drupal 9	Office of the Secretary	Dana Philipp; Claire Yunker
Coordination, consolidation, and report editing was performed by Michelle Ebert, Portfolio Manager, Bureau of Information Technology Services, Division of Enterprise Services.		
Clint Hackett, DHS Chief Information Officer, completed the overall review and approval of the report.		