Department of Health Services (DHS)
Report to the Legislature on Data Processing Projects—2015

1) Facilities Electronic Health Records (EHR)

DHS and the seven facilities have been actively engaged in an intensive planning, procurement, and implementation project to significantly modernize the DHS facilities' capacity to consistently create exchangeable electronic health reports that will greatly assist in increasing operational efficiencies and in improving patient care. The 2013-15 biennial budget appropriated $3.5 million all funds (AF) annually, beginning in fiscal year (FY) 2014-15, to fund the implementation of an EHR. The department has finalized business and technical requirements and is working on procuring an EHR system during calendar year (CY) 2015. It is anticipated that this multi-year project will span through 2017 to implement an EHR system and into 2019 to complete all required modules and interfaces. The supporting project to assess the network and communications infrastructure at each site has been completed. The construction project to upgrade infrastructure to a healthcare standard for Mendota Mental Health Institute and Central Wisconsin Center has been started. The completion time for the supporting infrastructure projects is 2018.

2) Foster Care Medical Home/Care4Kids

DHS implemented a medical home for children in out-of-home care that provides an individualized treatment plan for each child in Kenosha, Milwaukee, Ozaukee, Racine, Washington, and Waukesha counties. Certified Medicaid Health Systems will be reimbursed at an all-inclusive rate and calculated using current expenditures for this population of children. Phase I was completed January 1, 2014, and includes children newly placed in out-of-home care. IT needs for this project include:

- Creating a new region for HMO encounter that will also re-price encounter claims data—implementation date by March 2015. ***[Completed: March 2015]***
- Enhancing the daily file that is sent to eWiSACWIS to include additional managed care enrollment segments, including inactive enrollment segments. Completed implementation November 2015; expect to complete production validation December 2015.
- Testing eWiSACWIS and iC interface after DCF implements Medicaid certification changes. Completed implementation November 2015; expect to complete production validation December 2015.

The total estimated cost of this project is $1.5M with 50 percent federal matching funds ($750,000 general purpose revenue and $750,000 federal matching funds). The target timeframe for project completion is December 2015.

3) ICD-10 Project for Medicaid Program

The International Statistical Classification of Diseases and Related Health Problems, 10th Revision (known as "ICD-10"), is a medical classification list for the coding of diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of

injury or diseases. The ICD-10 code set replaces the current ICD-9 code set, expanding diagnosis codes from 13,000 to 69,000 codes and procedure coding from 11,000 to 72,000 codes.

The new codes are significantly more detailed and complex than the old code set. This project impacts all business functions of the Medicaid program systems, policy and operations. The transition from the current ICD-9 code set to the ICD-10 code set will not only impact the State's Medicaid Management Information System (MMIS) and the transactions it processes, but also how these codes are used by the State's Medicaid policy and billing rules.

This project is for assessment, planning, and implementation of systems and program changes to support the new ICD-10 diagnosis and procedure code set that is federally mandated. This was implemented by the health care industry by October 2015, with post-implementation activity through March 2016. The target timeframe for completion of post-implementation project work is March 2016. Work plan and budget have been readjusted to meet the new federal timelines. Budget projections are estimated to be $38M with 90 percent federal matching funds.

4) IRIS—Self-Directed Information Technology System (ISITS) Implementation

The "Include, Respect, I-Self Direct" (IRIS) Medicaid Home and Community-Based Waiver Program provides long-term care services to adults who have physical disabilities, developmental disabilities, or who are frail elders.

Care Management (CM) System—Currently there are over 15 different non-interfaced systems used to collect and process information for the IRIS program. Other states with similar programs have implemented a comprehensive system or interfaced systems that include all functions needed to deliver the program. Wisconsin has issued an RFP for a comprehensive participant and case management system to support the program. The RFP was successful and a winning vendor, Iron Data, was selected. Implementing the selected system will include data cleansing, system development, system configuration, and extensive training. The implementation will be done with a phased approach, with each phase leveraging development done in the previous phase. This began with the July 2015 implementation of the vendor's core system with DHS-specific modifications, which will then be incrementally built upon. The project also includes the evaluation and modification of existing processes, policies, guidelines, and documents.

Third Party Administrator (TPA)—The IRIS program has also created and issued a management letter to solicit a TPA for the IRIS program, selecting between vendors that are currently contracted with DHS for the IRIS program. The TPA will be expected to store IRIS member information, service authorization information and provider information in order to process claims for the IRIS program and submit IRIS encounter reporting data to DHS. The

claims processing requirements documented in DHS's RFP and corresponding Master Contract (#1677-DLTC-XXX) are the basis for the IRIS claims processing requirements. WPS was selected as the vendor and rollout of TPA services is planned to coincide with the July 2015 core ISITS implementation.

The total estimated cost of the project is $5.9M with 90 percent federal matching funds ($600,000 general purpose revenue and $5.3M federal matching funds). The target timeframe for project completion is March 2016.

5) MITA Assessment and MMIS Procurement

This project initiative includes multiple phases of activities to be performed.

The first phase included the development and release of an RFP to procure services with a vendor, highly skilled in MITA 3.0 and MMIS solutions. Following the evaluation and selection process, final procurement and contract activities were fulfilled. This was completed in June 2014 and a vendor was hired.

In April 2015, the vendor completed the following activities:

- Performed the MITA 3.0 State Self-Assessment (SSA) and developed a five-year road map of initiatives to transition from 'current state' to proposed 'future state'
- Conducted an independent assessment of the department's enterprise data architecture and management protocol to determine how we can manage data at the enterprise level and align with the MITA 3.0

The initial vendor's engagement was terminated and a new vendor was selected to perform the actitivies related to the MMIS RFP portion of the project. The new vendor began work in July 2015. They are responsible for the following tasks:

- Establish the MMIS vision and strategy to support the Medicaid program for the State of Wisconsin and DHS enterprise
- Prepare and present the MMIS Fiscal Agent recommendation and develop the subsequent procurement strategy for the replacement, transfer, or takeover of the existing solution
- Develop the MMIS Procurement RFP document and support the subsequent evaluation and selection efforts
- Continue an independent assessment of the department's enterprise data architecture and management protocol and provide a written recommendation on how we can manage data at the enterprise level and align with the MITA 3.0 as part of the MMIS Procurement RFP

The vendor is responsible for managing all efforts for this initiative. This consists of performing project management, business analysis, technical analysis, and all quality assurance activities as required by the state. The vendor is required to perform these duties following current industry best practices and utilizing the highest quality performance measures available.

The state is responsible for the oversight and monitoring of the vendor contract and will apply the quality and performance measures to the work performed by the vendor. The Division of Health Care Access and Accountability will define expectations and requirements in regards to project management best practices and deliverables.

The total estimated cost of the project is $8.1M with 90 percent federal matching funds ($810,000 general purpose revenue and $7.3M federal matching funds). The target timeframe for project completion is November 2018.

6) Statewide Vital Records Information System Part 1

DHS is responsible for the stewardship and issuance of the State's vital records (birth, death, marriage, and divorce). Currently, approximately 200,000 new vital records are registered with DHS per year. In addition, approximately 40,000 changes are made to existing vital records per year (amendments, court orders, Voluntary Paternity Actions, name changes, etc.). The State vital records archive currently houses over 20 million documents.

The federal Real ID Act and Intelligence Reform Act strengthen policies and procedures surrounding the issuance of birth certificates and both acts have significant vital records implications.

The State Vital Record Information System (SVRIS) project encompasses an integrated database of vital records with web-based access to various levels of stakeholders.

- Part 1 of the project provides online processing and certification for:
  - Phase 1 - Birth records, fetal death, and customer accounting services ***[COMPLETED – CY 2011]***
  - Phase 2 - Death records ***[COMPLETED – CY 2013]***
  - Phase 3 - Marriage and divorce records ***[ACTIVE]***
- Part 2 of the project will provide imaging and partial data capture for the historical records that currently reside on paper. This project is referenced later in the report.

Part 1, Phases 1 and 2 have been completed. The first phase of the new vital records system, which supports birth and fetal death records management and customer accounting services, was implemented in CY 2011 to State Vital Records, counties and all birthing hospitals. The second phase, which addresses business functions related to death records management, was implemented in CY 2013. The third phase of the project will address marriage, divorce, and induced termination of pregnancy (ITOP) records management. The

target completion timeframe for Phase 3 is December 2016. The overall cost associated with SVRIS Part 1 phases of this project is estimated to be $5.4 million All Funds.

7) Total Cost of Care (TCoC)

The TCOC project establishes an analytical framework for evaluating the total cost of care for Medicaid programming by integrating health care costs into a common reporting format across disparate program structures. To achieve this, health care data will compile monthly from the Medicaid Management Information System (MMIS) and Decision Support System (DSS) to provide output designed to describe Medicaid cost drivers across all Medicaid program areas and to monitor cost effective approaches to improve service delivery for Medicaid populations.

Work during 2015 focused on the technical design, and work for upcoming 2016 primarily focuses on system development and prototyping the system architechture.

Total estimated costs are $4.8M with approximately $1.5M spent to date through the end of 2015.

8) WIC Electronic Benefits Transfer (EBT)

This project is to move from a paper-based benefits transfer system in the Wisconsin Women, Infants, and Children (WIC) program to an online electronic benefits transfer (EBT) or *eWIC* system. DHS selected FIS to design, develop, test, implement, and maintain the *eWIC* system targeted for statewide implementation by the fall of 2015.

The WIC program currently issues food benefits to clients via paper checks. EBT system implementation/services will allow benefits to be issued electronically through the use of magnetic stripe WIC EBT cards. It has been mandated that all WIC benefits be issued electronically by 2020. The WIC EBT system will conform to the most recent version of:

- American Standards Institute (ANSI) X9.93 standards from the time development is initiated and will follow the technical implementation guidance of the standard as defined by USDA-Food and Nutrition Services (FNS)
- FNS Operating Rules for WIC EBT systems as defined by USDA-FNS
- FNS WIC EBT-MIS Universal Interface
- FNS Technical Implementation Guide (TIG)

During 2014, an EBT contractor was procured, schedules and plans were solidified, eWIC was developed along with interfaces to the current WIC system, and policies and procedures were updated. During 2015, retailers were enabled to take eWIC cards, and two local projects piloted eWIC, starting in February and March respectively. The pilot was successful

and WIC was allowed to roll out statewide in June 2015. Rollout was completed during the week of September 23; all paper checks will be out of the system by the end of December.

As of December 10, 2015, DHS has been awarded approximately $2,759,300 from FNS. In addition, DHS was approved to spend forward approximately $265,200 of 2013 WIC NSA (Nutrition Services Administration) and $113,200 of 2014 WIC NSA.

9) Wisconsin Provider Management (WPM) Implementation

The scope of this project includes the establishment of a single source of Medicaid (MA) and non-MA provider information from multiple divisions within DHS. A system is needed to meet the DHS business need of centralizing the collection of provider enrollment, certification, licensing, and training information for both Medicaid and atypical providers. Medicaid Management Information System (MMIS) collects certified Medicaid provider information so DHS will leverage the MMIS to capture the necessary information for atypical providers as well. This project will enhance and create efficiencies for provider management and analysis across DHS, for many Medicaid long-term care programs and mental health programs in addition to the Medicaid programs.

The total estimated cost of the project is $1,825,000 with 90 percent federal matching funds ($182,000 general purpose revenue and $1,643,000 federal matching funds). Funding would be distributed over three (3) years. An Implementation Advanced Planning Document Update (IAPDU) was submitted February 9, 2015, for revised funding levels and project scope. The target timeframe to start provider self-registration using WPM is September 2016.

10) DHS Multisite Radio System Upgrade

The current radio system and devices are obsolete, cannot be supported, and need to be replaced. The scope of this project includes the design, procurement, and implementation of infrastructure to support a new radio system and devices including, but not limited to, switches, routers, and radio devices; implementation of a dedicated network for the radio system including fiber optic and copper cabling where necessary; procurement of required licensing for FCC frequencies; establishment of MOUs between DHS and DOT for infrastructure use; training; and transition to DHS operational owners for support and maintenance of the system.

The radio system will operate on a segregated network. The technology components (switches, routers, radios, etc.) will be procured from and supported by the radio system vendor.

The estimated cost of the project is $3.4M. The funding source is General Fund Supported Borrowing (GFSB). The target timeframe for project completion is June 2016.

11) Advanced Data Analytics Services Procurement

The scope of this project includes the development of a request for proposal for and procurement and implementation of state-of-the-art analytical tools and services to assist the OIG in detecting patterns or activity that may potentially result in waste, fraud and abuse (WFA) to the Wisconsin Medicaid Program and other DHS and state programs.

An RFP for a WFA vendor, products, and services is expected to be posted in 2016.

The total cost of the project is estimated to be $5M All Funds with 90 percent federal matching funds. The target timeframe for project completion is not yet defined.

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

SPHERE is an existing web-based (Java) application that was developed over 10 years ago. It is used for our partners receiving MCH Block grant funding, MIECHV (Maternal, Infant and Early Childhood Home Visiting) funding to report their individual, community, and systems data to us for our federal required maternal and child health block grant reporting and federal home-visiting benchmark reporting. It is also used for other programmatic business needs, e.g., women's health, early childhood systems work, documenting partnerships and MCH leadership core competencies, other home-visiting programs not MIECHV-funded, and other local public health programs' data collection needs. This project combines a project to modernize the existing SPHERE web development framework and migrate the database from Oracle to SQL Server with another project to develop a mobile application to interface with SPHERE for home-visiting functions.

The total cost of the project is estimated to be $1.5M. The funding source is federal grants. The target timeframe for project completion is December 2016.

13) State Vital Record Information System Part 2

The State Vital Record Information System (SVRIS) project will implement an integrated database of vital records with web-based access to various levels of stakeholders.

- Part 1 of the project will provide online processing and certification for: Birth records in phase 1; Death records in phase 2; and Marriage and Divorce records in phase 3.
- Part 2 of the project will provide imaging and partial data capture for the historical records that currently reside on paper or microfilm.

Vital Records has historical data that dates back as far as 1814, and a more complete set of records from 1907 forward, at which point it became state law to submit the records to the state for central registration. The current online SVRIS only contains recent records. SVRIS Part 2 will create a backup image of all paper and microfilm records (many of which only the original currently exists); digital images of records that can be accessed by the online system

by query for issuance or information, data capture for an additional number of years that will enable issuance of certificates from the database data rather than from images, data capture for an additional number of years that will extend statistical analysis.

The total cost of the project is estimated to be $20M. The funding source is Program Revenue. The target timeframe for project completion is January 2021.

14) CARES Maintenance and Operations

This procurement is to contract with an experienced vendor for system maintenance, operation, and enhancement/modification programming services for the state's public assistance eligibility determination system known as CARES (Client Assistance for Re-employment and Economic Support).

CARES is a family of systems in full operation for use at the state level, the county and tribal level, at various community partner facilities and, through internet capability on a 24/7 basis, available to the public. The system ensures that applicants for new services, as well as current members, receive prompt and accurate review of their applications and, when approved, the initiation of the flow of state benefits to which they're eligible. CARES acts as the sole operational system through which information needed to assist a current member or process a new applicant's request for benefits can be handled. Without it, the interoperability of the entire chain of benefit programs administered through it is at high risk.

CARES is operated on the State's hardware and computer facilities, but the highly complex software and programming to support its operation and modifications are provided through a contract with a vendor.

Major programs of the Department of Health Services (DHS) and the Department of Children and Families (DCF) managed under the CARES umbrella include, but are not limited to: Medicaid, BadgerCare Plus, SeniorCare, Wisconsin FoodShare, and Child Care. A host of smaller programs also derive their eligibility determination and maintenance through direct access to, and maintenance within, the CARES environment. These programs serve over one million Wisconsin citizens, providing access to needed medical services and food and nutritional services or both.

CARES is one of the most critical systems under the state's management. It enables DHS and DCF to fulfill the most basic of the state's core human service obligations.

The total cost of the project is estimated to be $56M. The funding sources are $20.9M general purpose revenue and $35.1M Federal matching funds. The target timeframe for project completion is January 2018.

15) FoodShare EBT

The FoodShare EBT procurement will establish a contract for the provision of Electronic Benefits Transfer (EBT) services for the FoodShare Program to issue program benefits to eligible members in Wisconsin.

The total cost of the project is estimated to be $3.8M. The funding sources are $1.9M general purpose revenue and $1.9M Federal matching funds. The target timeframe for project completion is November 2017.

16) Provider Integrity Enhancements

The Patient Protection and Affordable Care Act (Pub. L. 111-148), as amended by the Health Care and Education Reconciliation Act of 2010 (Pub. L. 111-152), collectively known as the Affordable Care Act (ACA), requires Medicaid programs to make a number of changes to enhance their provider enrollment process to improve the integrity of the program and to reduce fraud, waste, and abuse. These provisions include the following activities: (a) additional provider screening requirements such as onsite reviews, background checks, fingerprinting, and data matches with CMS; (b) implementation and collection of application fees; (c) provider terminations; (d) payment suspensions; (e) fraud reporting; and (f) ordering and referring provider changes.

This project requires systems changes to the Wisconsin MMIS, ForwardHealth interChange, SURS Case Tracker and operational changes for the fiscal agent HP who performs provider enrollment functions. Initially, costs were estimated at $3.5 million (comprised of $3,150,000 FED and $350,000 GPR) with completion targeted for March 2014. However, the final phase of this project was expanded to address program integrity improvement initiatives in the Personal Care Services arena, other provider enrollment activities, and additional CMS guidance. CMS has authorized additional funds and extended timelines as part of the ACA. Total funds currently authorized by CMS are $5,661,628 through September 2016.