



State of Wisconsin
Department of Health Services

Scott Walker, Governor
Linda Seemeyer, Secretary

January 2, 2019

The Honorable Alberta Darling
State Senator
Joint Committee on Finance
317 East Capitol
Madison WI 53707-7882

The Honorable John Nygren
State Representative
Joint Committee on Finance
309 East Capitol
Madison WI 53708

Dear Senator Darling and Representative Nygren:

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

We have the following projects under development consistent with the JLAC reporting criteria: 1) Facilities Electronic Health Records (EHR) System; 2) IRIS Self-Directed Information Technology System (ISITS); 3) MITA Assessment and MMIS Procurement; 4) Total Cost of Care (TCoC); 5) Fraud Data Analytics Services; 6) State Vital Record Information System Part 2; 7) Third Party Liability (TPL); 8) Eligibility and Enrollment Streamlining Project, and 9) MMIS Takeover and Enhancement Project.

Information regarding these initiatives is included in the enclosed report.

Sincerely,

A handwritten signature in black ink, appearing to read "Linda Seemeyer".

Linda Seemeyer
Secretary

Enclosure

cc: David Cagigal, DOA Division of Enterprise Technology



WISCONSIN DEPARTMENT
of **HEALTH SERVICES**

Report to the Legislature on Data Processing Projects - 2018

P-00988-2018 (02/2019)

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1. Facilities' Electronic Health Records (EHR) System

The seven facilities currently rely on a combination of paper records created in Word and Excel, legacy software, and information stored largely in stand-alone MS Access databases to document and manage patient care. This antiquated approach to managing patient information creates significant inefficiencies, potential data security concerns, lost opportunities to enhance the quality of patient care, and could begin to create potential accreditation and compliance issues for facilities that are licensed and/or receive federal funding. Facilities report that with the days of faxing records rapidly fading, the primary means of communicating with health care providers in regard to emergency admissions to an ER, admissions to DHS facilities, coordination of health care while the person is in a DHS facility and at time of discharge, is with the interconnectivity of EHRs.

None of the facilities has the capacity to create an exchangeable electronic health record, which is a foundational expectation of all health care facilities. The 2013-15 biennial budget appropriated annually \$3.5 million all funds, starting in FY 2014-15, to fund the implementation of an EHR.

Consequently, DHS and the seven facilities completed an intensive planning, procurement, and implementation project to significantly modernize the DHS facilities' health information technology. The purpose of implementing an EHR is to collectively capture critical patient care data across all seven facilities, increase efficiencies among staff, standardize common processes, and create an electronic health record for each patient. This will allow DHS to improve the quality of patient care, easily share patient data securely with internal and external providers, and offer better opportunities for measuring patient care outcomes.

Cerner was awarded the contract as the EHR system vendor in Q1 2017. Contract negotiations were completed and the project kicked off in Q3 2017. An EHR system implementation consulting services contract was awarded to PCG in Q2 2017.

The EHR was successfully implemented at Winnebago Mental Health Institute in November 2018. The expectation is the EHR will be implemented at Mendota Mental Health Institute in March 2019 and Central Wisconsin Center in June 2019. The specific target timeframes for the remaining four facilities is to be determined.

Total cost of the project is estimated to be \$33 million for system procurement and implementation over 10 years. The target time frame for project completion (with the implementation of the EHR at all seven facilities and transition to production support) is Q2 CY2020. The amount to be provided through Master Lease is \$12M. Due to the need for master leasing-specific implementation costs, the approved funding will continue to cover project costs for at least 10 years.

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

IRIS (Include, Respect, I-Self Direct), the 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 noninterfaced 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 will also include the evaluation and modification of existing processes, policies, guidelines, and documents.

The Core ISITS System was successfully launched on June 29, 2015. DHS continues to research, develop, and implement enhancements and internal controls in the ISITS platform. In the fourth quarter of calendar year 2015, Iron Data merged with MicroPact and the companies assumed the MicroPact name. As part of this conversion, MicroPact has proposed to move the ISITS system from the current Iron Data Intelligent Case Management (ICM) platform to a more technologically advanced platform called Entellitrak.

As of August 28, 2017, DHS has implemented the new Entellitrak platform and currently supports users from 13 contracted IRIS agencies. Additionally, DHS Office of the Inspector General and the Department of Justice have access to the centralized system and IRIS data for program quality monitoring. In 2018, DHS began the next phase of the project, which includes development of the remaining functional areas. Enhancements will also include automation, workflow validations, and the creation of system interfaces, which will yield cost efficiencies and increased program integrity. DHS continues to receive enhanced funding (90/10 FMAP) through the Centers for Medicare & Medicaid Services (CMS) via Advanced Planning Document Updates. Once interfaces are completed, DHS will seek CMS certification for the system, which will allow for a 75/25 Enhanced FMAP for ongoing annual hosting and maintenance costs.

The total cost of the project is estimated to be \$6.4M with 90% federal matching funds. The funding sources are \$0.6M general purpose revenue and \$5.8M federal matching funds. The target timeframe for project completion is September 2024.

3. MITA Assessment and MMIS Procurement

This project initiative will include multiple phases of activities to be performed.

DHS completed the following work related to the Medicaid Enterprise Systems (MES) procurement strategy:

- Completed contract negotiations with the Medicaid Management Information System (MMIS) supplier and executed the new MMIS contract in August 2018.
- Completed contract negotiations with the independent verification and validation (IV&V) supplier in November 2018.
- Obtained CMS approval for the MMIS-related enterprise data warehouse (EDW) and data analytics and reporting (DAR), and program integrity (PI) module RFPs, evaluation criteria, and implementation budgets in October 2018.

During the remainder of SFY19, DHS is targeting to complete the following work related to the MES procurement strategy:

- Issue the EDW & DAR, and PI module RFPs.
- Execute the IV&V contract following CMS approval.
- Issue the Medicaid Enterprise Project Management Office (PMO) RFP.
- Begin the development of the systems integrator (SI) and technical advisory services (TAS) RFPs.

DHS Division of Medicaid Services, Bureau of Operational Coordination (BOC), is responsible for managing this initiative, including development of the MMIS and module RFPs, evaluation proposal, and implementation budget. BOC's responsibilities include performing project management, business analysis, technical analysis and all quality assurance activities as required by the state.

In addition to the MMIS RFP, DHS is also responsible for developing related proposals to support the procurements for an enterprise PMO and IV&V, as required by CMS.

The total cost of the project is estimated to be \$13.7M with 90% federal matching funds. The funding sources are \$1.4M general purpose revenue and \$12.3M federal matching funds. The target timeframe for project completion is February 2023.

4. Total Cost of Care (TCoC)

The scope of this project includes the development of a total cost of care financial and data system that will provide a standardized method for calculating and reporting total cost information by members, member characteristics, and MA eligibility groups under the ForwardHealth umbrella.

The total cost of the project is estimated to be \$4.8M with 50% federal matching funds. The funding sources are \$2.4M general purpose revenue and \$2.4M federal matching funds. The target timeframe for project completion is January 2019.

5. Fraud Data Analytics Services

In FY17, the Office of the Inspector General (OIG) completed an RFP to procure a vendor for state-of-art analytical tools and services to assist OIG in detecting patterns or activity that may potentially result in fraud, waste, or abuse to the Wisconsin Medicaid Program and other DHS and state programs. LexisNexis was awarded the contract, which was executed in FY17 Q3.

LexisNexis offers a Software as a Solution (SaaS) suite of tools including Intelligent Investigator, Relationship Matching, Provider Integrity Batch Scan, Beneficiary Integrity Batch Scan, Virtual Special Investigations Unit, and Accurint. All initially identified tools have been implemented. The project team is currently researching the viability of implementing the LexisNexis Prepayment Manager tool.

The cost of the project is estimated to be \$1.25M for all funds, including \$250,000 general purpose revenue; \$250,000 program revenue; and \$750,000 federal. The target timeframe for project completion is January 2020.

6. State Vital Record Information System Part 2

The State Vital Record Information System (SVRIS) project provides an integrated database of vital records with web-based access to various levels of stakeholders. Part 1 of the project, completed in 2016, has provided online processing and certification for birth, fetal death, and accounting records in phase 1; death records in phase 2; and marriage, divorce, and abortion records in phase 3. Part 2 of the project will provide imaging and partial data capture for historical records that currently reside on paper or microfilm. Vital Records has historical data that dates back as far as 1814, with a more complete set of records from 1907 forward, which is when it became state law to submit the records to the state for central registration. The current online SVRIS only contains recent records. SVRIS Part 2 will create a backup image of all paper and microfilm records (many of which currently only the original exists); digital images of records that can be accessed by the online system by query for issuance or

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

SVRIS Part 2, as of the end of 2018, has created backup copies of approximately 93% of the 15 million historical records. About 1 million of these records (birth records) have enough data keyed from the images to allow the issuance of short form birth certificates. The team will continue with scanning and capturing data from the historical records and is planning the conversion of the first million records into the SVRIS database. We currently project that all historical records will be scanned by October 2019, all data keying will be completed by November 2021, and all data will be loaded into SVRIS by July 2022.

SVRIS Part 2 will add about 30 million total documents (images) to the Vital Records database. We are also planning to update the core software for SVRIS Part 1, so far without a specific implementation schedule. The main goals of this phase are to replace the presentation layer in the dated vital records system product with a current version that uses HTML5, and also to implement newer data management functions that will link the Vital Records database to other key DPH databases and allow more standardization of public health data.

The total cost of the project is estimated to be \$14.2M. The funding source is program revenue.

7. Third Party Liability (TPL)

DHS will build a system to electronically bill insurers for claim payments initially made by Medicaid, but which private insurance appears to be responsible. This system will contribute to efforts to ensure Medicaid is payer of last resort.

The total cost of the project is estimated to be \$14.4M with 90% federal matching funds. The funding sources are \$1.4M general purpose revenue and \$13M federal matching funds. The target timeframe for project completion is May 2019.

8. Eligibility and Enrollment Streamlining Project

DHS intends to establish a single source of Medicaid program enrollment information within DHS. A system is needed to meet the DHS business need of centralizing the collection of Member Program Enrollment for Medicaid Waiver programs. Medicaid Management Information System (MMIS) collects Medicaid eligibility and Medicaid managed care enrollment information so DHS will leverage the MMIS to capture the necessary information for Medicaid Waiver programs as well. This project will enhance and create efficiencies for member enrollment and analysis across DHS, for many Medicaid Waiver and long-term care programs to Medicaid managed care programs. The current phase of this project will add the Children's Long Term Support (CLTS) Medicaid Waiver program to the eligibility and enrollment streamlining solution.

The total cost of the project is estimated to be \$3.03M with 90% federal matching funds. The funding sources are \$303,000 general purpose revenue and \$2.73M federal matching funds. The target timeframe for project completion is September 2019.

9. MMIS Takeover and Enhancement Project

Execute development and support takeover and enhancement of the Medicaid Management Information System (MMIS). DXC was awarded the contract to continue to provide development and support services for MMIS. Also in scope are major enhancements to MMIS.

The total cost of the project is estimated to be \$72.2M with 90% federal matching funds. The funding sources are \$7.2M general purpose revenue and \$65M federal matching funds. The target timeframe for project completion is September 2021.

10. Projects Completed/Closed Since 2017 Report

2017 Rpt Ref Num	Project Name	Completion Date
5	Wisconsin Provider Management (WPM) Implementation	Closed Sep 2017 (put on indefinite hold)
8	FoodShare EBT (Electronic Benefits Transfer)	Completed Nov 2017
10	Katie Beckett Medicaid Eligibility Determination Automation	Closed Oct 2017 (put on indefinite hold)