

Implementation Advance Planning Document (IAPD)

For

**Wyoming Integrated Next Generation System (WINGS)
Medicaid Systems and Services Project**



Submitted by the

**The Wyoming Department of Health,
Division of Healthcare Financing**

February 2, 2015 v1.1

State of Wyoming

Department of Health, Division of Healthcare Financing

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VERSION HISTORY

| Version | Date Submitted by State | Date approved by CMS | Changes from Previous Version |
|---------|-------------------------|----------------------|---|
| 1.0 | January 21, 2015 | N/A | Initial IAPD version |
| 1.1 | February 2, 2015 | Pending | <p>Changes and updates to IAPD per State and CMS suggestions.</p> <ul style="list-style-type: none"> • Removed IV&V contractor funding request from this phase of the project. IV&V will be added back into an updated IAPD for Data Warehouse/MMIS Core. • Added the term “Technical Assistance Contractor” (TAC) to the QA/QC contractor duties and information. Revised objectives to include additional technical assistance provided. • Re-allocated QA/QC-TAC estimated budget and new schedule time line. |

SECTION 1.0. EXECUTIVE SUMMARY

1.1. Overview

- 1.1.1. The Wyoming Department of Health, Division of Healthcare Financing, here-in after referred to as “The State”, has prepared this Implementation Advance Planning Document (IAPD) to request and secure approval for enhanced Federal Financial Participation (FFP) funding from the Centers for Medicare and Medicaid Services (CMS) for the Medicaid Enterprise Systems and Services project.

The purpose of the FFP request is to support costs associated with the procurement of, and subsequent contracts for, the services of a Quality Assurance/Quality Control (QA/QC), technical assistance (TAC) vendor, and implementation, operations and maintenance services of a Pharmacy Benefits Management System (PBMS) including Point of Sale (POS) vendor.

- 1.1.2. The name for the MMIS Replacement and Supporting Systems and Services re-procurement project is ‘Wyoming Integrated Next Generation System’ (WINGS). When the WINGS acronym is used in this IAPD, it collectively refers to the following:

Table 1.1.2:

| WINGS Project | This IAPD |
|--|--|
| 1. Quality Assurance/Quality Control (QA/QC), Technical Assistance Contractor (TAC) | 1. Quality Assurance/Quality Control (QA/QC), Technical Assistance Contractor (TAC) |
| 2. Pharmacy Benefits Management System (PBMS) including a Point of Sale (POS) system | 2. Pharmacy Benefits Management System (PBMS) including a Point of Sale (POS) system |
| 3. Independent Verification and Validation (IV&V) | Future IAPD Update |
| 4. Data Warehouse (DW)/Business Intelligence (BI) | Future IAPD Update |
| 5. Medicaid Management Information System (MMIS) Core System and Services (including administrative and fiscal agent services) | Future IAPD Update |

- 1.1.3. The State is seeking to ensure the success of the WINGS project through services of the QA/QC-TAC vendor. The services of this vendor will support accuracy, accountability, and technical assistance during the transition and implementation of a Pharmacy Benefits Management System (PBMS) and will later assist in procurement and implementation activities for Data Warehouse, Business Intelligence, and MMIS Core systems/services for Wyoming Medicaid.
- 1.1.4. The current Pharmacy Benefits Management System contract with Goold Health Systems (GHS), will expire in June 2016. A Request for Proposal will be released in early 2015 to procure vendor(s) for the PBM systems and services. The current Medicaid Management Information System and Fiscal Agent services contract with Xerox Services, which includes Data Warehouse and Business Intelligence solutions, is expiring in June 2016. The State expects to seek approval for a Sole Source Contract with Xerox to continue the Legacy system and services while we phase in additional components of the WINGS project throughout the next four (4) years.
- 1.1.5. The State is releasing an Independent Verification and Validation services RFP for assistance with the second and third phases of the WINGS project. This project will be included in a future IAPD update.
- 1.1.6. The State is releasing a Data Warehouse and Business Intelligence RFP in Fall 2015 that will replace and enhance the current data warehouse solution. This project still requires further planning and will be included in a future IAPD update.
- 1.1.7. The State is in the planning phases of determining an approach to replacing the core MMIS and fiscal agent functions by contracting with vendors for services normally provided through the legacy MMIS functions. This project still requires further planning and will be included in a future IAPD update.

The State is currently in the process of acquiring information from vendors, through a vendor questionnaire, to identify innovative, cost effective, and time savings methods of providing claims processing services beyond the traditional model of a non-flexible, state-hosted, custom-built system. Once that approach is determined, the QA/QC-TAC and IV&V vendors will assist in the procurement and implementation of the determined approach with an anticipated RFP release during the second half of 2016.

SECTION 2.0. STATEMENT OF NEEDS AND OBJECTIVES

2.1. Overview

- 2.1.1. The State expects to secure the assistance of a QA/QC-TAC contractor from the qualified vendors responding to the State of Wyoming, Enterprise Technology Services (ETS) Staff Augmentation RFP 0126-ZR that was released in 2014.

Through a Master Service Agreement (MSA) contract with ETS for the QA/QC-TAC vendor services, the State can easily adhere to CMS recommendation to bring on the QA/QC-TAC contractor prior to the start of PBMS DDI/transition activities set to begin in October 2015.

The State will use the CMS approved funding for FFY 2015, from the updated Planning Advance Planning Document (PAPD-U) dated September 18, 2014, to cover the costs of the QA/QC-TAC contractor's planning and preparation work from July 1, 2015 through September 30, 2015.

The QA/QC-TAC services MSA contract will begin under this IAPD, with the anticipated start date of October 2015. The QA/QC-TAC services contractor will assist with the Pharmacy Benefits Management System design, development and implementation (DDI), as well as the transition phase and related activities for the PBMS contract.

During future phases of the WINGS project, the QA/QC-TAC contractor will assist with the Data Warehouse and Business Intelligence systems/services project, and the MMIS Core systems/services project.

- 2.1.2. The State is releasing a Request for Proposal for a Pharmacy Benefits Management System (PBMS) including a pharmacy Point of Sale (POS) system and pharmacy related services. The PBMS awarded contract will begin in October 2015.

2.2. Needs

- 2.2.1. QA/QC-TAC – The State needs a Quality Assurance/Quality Control, technical assistance contractor to provide quality assurance, quality control and technical assistance services during design, development and implementation (DDI) and related activities of the WINGS project.

- 2.2.1.1. The QA/QC-TAC contractor will represent the State's interests in these projects to ensure quality standards are met for the documentation and

performance of the new systems. This includes design of all test plans, and providing technical and risk management assistance to the State.

- 2.2.2. PBMS – This procurement will replace the current PBMS system and services with the latest system functionality, features and new services that will better meet the needs of the State as well as those of Wyoming Medicaid’s pharmacy providers and clients.

2.3. Objectives

- 2.3.1. QA/QC-TAC - The objective for the State is to secure the assistance of a Quality Assurance/Quality Control, technical assistance contractor that will act on behalf of the State to monitor all areas of WINGS project implementations and provide testing management, risk management and technical assistance to the State.

- 2.3.1.1. Key functions of the QA/QC-TAC contractor include:

1. Test Management – Auditing of quality and completeness of all testing activities including creation of test plans, test cases, conducting testing and confirmation of results.
2. Risk Management – Oversight of identification and mitigation of all risks identified by contractors, ensuring risks are escalated to the appropriate decision makers within the agency to allow appropriate mitigation of those risks.
3. Technical assistance – Advise on all technical details of the systems/services’ implementation for all projects.

- 2.3.1.2. The QA/QC-TAC contractor will accomplish the following objectives as shown in the below table.

Table 2.3.1.2: Quality Assurance/Quality Control, Technical Assistance Contractor Objectives:

| |
|---|
| Secure a set of services and skill sets to define, implement and guarantee a high standard of quality is met throughout the project lifecycle. |
| Assist the State with all testing requirements related to the WINGS project. |
| Help the State develop the requirements, proposed system design, current and anticipated business processes including workflows, for the WINGS project. |
| Identify all risks, advise the WINGS technical project manager of those risks, and recommend a risk mitigation strategy. |

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| <p>Integrate QA/QC-TAC services into the WINGS project so that the transition of each sub-project to operations phase including CMS certification will be successful. The contractor will define and implement quality standards for all documentation and assure completeness of all deliverables, test plans and test results.</p> |
| <p>Develop a Quality Management Plan that covers all phases and functions of the WINGS project system and services. Integrated into the Quality Management Plan would be the following areas of focus:</p> <ul style="list-style-type: none"> • Quality management and standards • Knowledge transfer to the State • Requirements review and monitoring • Operating environment • Software development • System and acceptance testing • Data management (including conversion and interfaces) • Transition between the current incumbent and the new contractor's systems and services. |
| <p>Provide a work breakdown structure (WBS) for all QA/QC-TAC activities for State approval.</p> |
| <p>Schedule, facilitate and document in writing all project meetings that are part of the QA/QC-TAC scope of work.</p> |
| <p>Apply a defined method and set of standards for defects, problems or issues detected in QA/QC reviews, which will be used to identify and report such defects or issues.</p> |
| <p>Provide quality reviews, quality assurance and quality control audits throughout the duration of the WINGS project, for the following:</p> <ul style="list-style-type: none"> • Deliverables • Test plans • System documentation • Business processes and procedures • Data conversion • Interfaces • Transition between the current incumbent and the new contractor's systems and services |
| <p>Cooperation with all other contractors on the WINGS project to ensure a smooth integration and transition to State operations.</p> |

| |
|---|
| Provide technical assistance to all State units for test plan development, execution of test plans/test cases during all testing phases. |
| Review all test results and report areas of issues and risk from each testing phase including unit, system integration, regression and parallel testing, and, user acceptance testing. |
| Assist and supplement State subject matter experts (SME) with performance of user acceptance testing (UAT) and integration testing as identified and needed by the State. |
| Review and provide technical assistance on all new or modified State operational procedures prior to submittal to the State management for approval. |
| Produce a “go live” checklist and execute the checklist to assess operational readiness. |
| Monitor operational readiness and identify risks and issues for resolution prior to “go live” and react in a timely manner to any issues that arise during go-live. Monitor post go-live operation for the initial month of operations. |
| Set standards for all transition plans and approve all transition planning and related activities. |
| Provide expertise and administrative support to the State on MMIS certification process preparation and assist the State to achieve compliance with all CMS certification requirements within the minimum time period allowed. |

2.3.2. PBMS - The objective of the PBMS replacement is to help the State achieve greater efficiencies and cost-effective utilization, improve patient health outcomes and to increase fraud, waste and abuse detection capabilities. The Pharmacy Benefits Management System contractor will provide PBMS/POS services, operations, and support.

2.3.2.1. The PBMS contractor will accomplish the following objectives as shown in the below table.

Table 2.3.2.1: Pharmacy Benefits Management System Contractor Objectives:

| |
|--|
| Manage prescription drug cost and utilization in a clinically sound, evidenced-based manner. |
| Educate both member and prescriber as to cost-effective drug utilization. |
| Reduce program administrative costs and improve service and access to those who need it. |

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| Maintain positive relationships with the provider community. |
| Achieve greater efficiency in pharmacy claims processing including Third Party Liability (TPL). |
| Improve patient health outcomes via appropriate and safe drug therapies including Medication Therapy Management (MTM) activities. |
| Prevent and reduce fraud, waste, and abuse. |
| Provide Fiscal Agent administrative and Prior Authorization services and coordinate provider reimbursement. |
| Provide decision support, data reporting, and financial analysis. |
| Maintain Supplemental Rebate, Federal Drug Rebate Administrative Management System (DRAMS) rebates including J-Codes rebates. |

2.4. Systems / Components in Scope

2.4.1. The following table lists the systems/components or services in scope for the phases of the WINGS project.

Table 2.4.1: Systems/Components in Scope

| System/Component | Purpose/Function |
|---|---|
| Quality Assurance/Quality Control, Technical Assistance Services | The QA/QC-TAC vendor will provide in-depth testing, risk management, and technical assistance to make sure the needs of the State are addressed and met for the various components being phased in over the next four (4) years. |
| Pharmacy Benefits Management System | Pharmacy Benefits Management System and services including: Point of Sale (POS); Pharmacy call center; Prior Authorization services; Third Party Liability (TPL) Pharmacy Management Program for pharmacy claims; Manage a Drug Rebate Administrative Management System (DRAMS) including J-Codes rebates, Supplemental Drug Rebate and maintain the Preferred Drug List (PDL); Program Integrity for Fraud, Waste and Abuse, and Medication Therapy Management (MTM) activities. |
| Independent Verification and Validation Services (future IAPD update) | The IV&V vendor will provide oversight control of the WINGS project activities and tasks to make sure the needs of the State are met for the various components being phased in over the next four (4) years associated |

| | |
|---|---|
| | with procurement, implementation requirements, testing, project life cycle, operations and CMS system certification activities. |
| Data Warehouse and Business Intelligence (future IAPD update) | Applications and tools to extract, transform and load (ETL) data into a Data Warehouse that stores Medicaid claims and other related data from various internal and external sources. Business Intelligence tools, applications and analytic services for online analytical processing (OLAP)/modeling and data mining to provide ability to conduct analysis for providers, members, claims, clinical and other data fields. Reporting functions including user-defined reporting, dashboards, Federal Management and Administrative Reporting and Surveillance (MARS), Surveillance and Utilization Review (SUR) Reporting and other fraud, waste, abuse reporting. |
| Medicaid Claims Processing and Related Administrative Services (future IAPD update) | Claims processing, general IT functionality of other systems and supporting services. Perform related administrative functions to the overall operational and business process. Online provider enrollment, provider call center and help desk, including Interactive Voice Response (IVR) software, Case Management services. System reporting for oversight, budgeting and review. |

SECTION 3.0. ALTERNATIVES ANALYSIS

3.1. Overview

- 3.1.1. The State’s leadership planning team participated in two visioning sessions with stakeholders and consultants assisting with this planning, to help develop a common vision for the future Medicaid operations, service model, and technology environment.

The Wyoming Medicaid program is seeking to replace the services delivered by its legacy Medicaid Management Information System while continuing to pursue efficiencies in delivering services to Medicaid clients and providers. The MMIS includes the core MMIS, Pharmacy Benefits Management System, Data Warehouse, DSS/Business Intelligence, and other Medicaid support (sub) systems and related administrative services.

The State conducted eleven (11) vendor fair sessions during October 2014 to acquire current vendor information and innovative alternative solutions for Pharmacy Benefits Management System and Data Warehouse/Business Intelligence systems and services. The vendors submitted applications to demonstrate their solutions to WDH stakeholders and the State staff provided feedback to the WINGS project team on each demonstration attended.

3.2. Pharmacy Benefits Management System Alternatives

- 3.2.1. From the October 2014 vendor fair, the five (5) responding PBMS vendor demonstrations provided insight into technology and services solutions available in the marketplace that will help inform the overall process and requirements identification for replacement of Wyoming's existing PBM and development of a Request for Proposal for release in early 2015.

3.3. Data Warehouse/Business Intelligence Alternatives

- 3.3.1. From the October 2014 vendor fair, the six (6) responding Data Warehouse/Business Intelligence vendor demonstrations provided insight into current and new innovative technology, applications, tools and services solutions available in the marketplace. The information provided will help inform the overall process, direction and requirements identification for procurement of a new Data Warehouse/Business Intelligence Analytics solution and for the development of a Request for Proposal for release in latter 2015.

3.4. MMIS Alternatives

- 3.4.1. Due to the relatively small volume of claims and the high cost of purchasing and customizing a system, the State does not currently anticipate purchasing a Medicaid Management Information System but instead would like to purchase services (not systems) for Medicaid functions typically managed through an MMIS. The current MMIS contract will be ending for the outdated legacy system for which changes are difficult to make and costly to maintain. The State will partner with vendors that can provide these services at a lower cost and more responsive timeline than a typical MMIS implementation, while still complying with state and federal regulations.
- 3.4.2. To gain further insight into possible alternative approaches available in the healthcare industry, the State developed a vendor questionnaire to seek information through vendor responses, which will assist the State in determining the most appropriate model and contract approach for potentially procuring services or

system components to manage Medicaid claims processing and related functions, instead of purchasing a system.

A vendor questionnaire was issued with the intent of collecting information, comments, suggestions, recommendations, best practices/lessons learned, cost considerations, and creative ideas for approaches to the State’s Medicaid claims processing function and related Medicaid administrative services.

The vendor questionnaire focused on gathering information from vendors to identify innovative, cost effective, and time savings methods of providing claims processing services beyond the traditional model of an inflexible, State-owned, custom-built system. Once all responding vendors have provided their information, the WINGS project team and consultants will compile questionnaire results and analyze the responses to help inform the State’s future approach to procuring MMIS core functionality.

SECTION 4.0. GUIDING PRINCIPLES AND RISK ANALYSIS

4.1. Overview

4.1.1. The WINGS Project team, leadership and stakeholders have established the following guiding principles to be considered in all decisions throughout the project phases to ensure that risks are mitigated appropriately, the procurements are successful, and that clients, provider community and other stakeholders encounter minimal impact.

4.2. Guiding Principles

4.2.1. The following table list illustrates the project’s guiding principles that will be considered in all decisions.

Table 4.2.1: Guiding Principles

| | |
|--------------------------|--|
| Adaptability | Implement flexible, rule-based, modular, configurable solution to enhance decision-making and increase management efficiencies. |
| Real-time Access to Data | Implement a data warehouse and associated business intelligence tools to enable real-time access to accurate data including clinical data and enhanced |

| | |
|-----------------------------------|--|
| | reporting that meets changing business and management needs. |
| Stakeholder-centric | Structure the procurement to focus on the delivery of services to provide an enhanced customer service experience for providers and clients. |
| Performance-based Contract(s) | Implement an incentive-based contract management structure that limits vendor dependencies. |
| Information Sharing | Implement a solution that provides an easy to access and comprehensive 'one stop shop' for providers and clients such as checking the status of claims, checking eligibility, managing newsletters, and checking available services. The solution would leverage role-based security to make sure stakeholders have access to only the information required for their needs. |
| Realistic Project Schedule | Structure the schedule to ensure a quality procurement and a successful implementation of the contracted services and supporting technology. |
| Cost Efficiency and Effectiveness | Implement a solution that supports future State strategies of paying providers for quality rather than quantity of services, as well as efficiently processing fee-for-service claims. |
| Leverage Existing Solutions | Procure a solution that leverages commercial healthcare concepts that translate to the Medicaid domain, is proven in the marketplace, and supports interoperability. |

4.3. Risk Analysis

- 4.3.1. The State has identified some potential risk impacts for the WINGS project activities regarding areas of procurement, implementation, project management, external stakeholder and organizational change considerations.

- 4.3.2. The selected Quality Assurance/Quality Control, technical assistance contractor will provide assistance to the State for a more in-depth risk analysis report and completed risk tolerance and assessment which will be included in the Project Management Plan (PMP).

The QA/QC-TAC contractor will monitor operations and oversee all risks identified by contractors of the WINGS project and recommend the mitigation of those risks. The contractor will escalate the identified risks to the appropriate decision makers within the agency to allow appropriate mitigation and resolution of those risks.

The QA/QC-TAC contractor will represent the State's interests in these projects providing quality standards including documentation and performance, approving all testing plans, and providing technical and risk assistance to the State.

SECTION 5.0. PROJECT MANAGEMENT PLAN

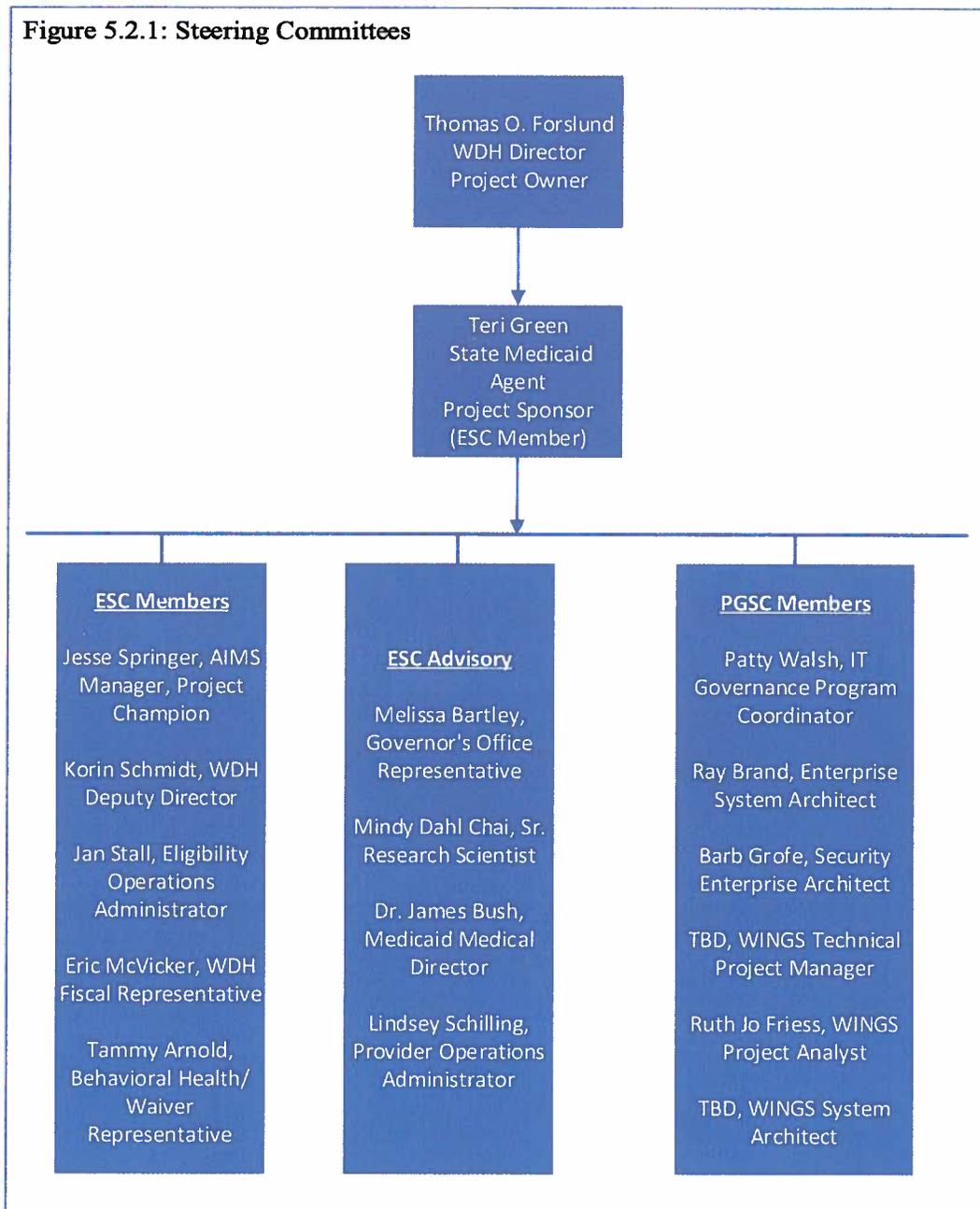
5.1. Overview

- 5.1.1. The State has determined the roles and responsibilities for key stakeholders involved in the WINGS project and for those that will serve as and provide executive and governance steering committee oversight and direction.

5.2. Project Organization Chart

- 5.2.1. The following organization chart shows the Project Owner, Project Sponsor, Executive Steering Committee (ESC) members and advisory and Project Governance Steering Committee (PGSC) people involved in the WINGS project as well as depicts their relationships.

Figure 5.2.1: Steering Committees



5.3. Project Roles and Responsibilities

5.3.1. The following table provides an overview of the roles and responsibilities of the Executive Steering Committee and Project Governance Steering Committee team members with roles in the implementation and services work for the Quality Assurance/Quality Control, technical assistance contractor services.

The project members will also provide these roles associated with the procurement and implementation of Pharmacy Benefit Management System, Data Warehouse and Business Intelligence, and a Medicaid Claims Processing and Related Administrative Services solution for the duration of the WINGS project.

Table 5.3.1: Steering Committee Roles and Responsibilities, continued

| ROLE | RESPONSIBILITIES |
|---|--|
| <p>Project Governance Steering Committee (PGSC)</p> <p><i>Patty Walsh</i></p> <p><i>Ray Brand</i></p> <p><i>Barb Grofe</i></p> <p><i>Technical Project Manager- TBD</i></p> <p><i>Ruth Jo Friess</i></p> <p><i>System Architect- TBD</i></p> | <p>The project governance Steering committee consists of members of the Enterprise Technology Services (ETS) Enterprise Architect Office (EAO) personnel and WINGS project systems architect. The committee role is to approve stage gate deliverables, prioritize, recommend and monitor architectural plans and designs. The committee is involved from project initiation through implementation phase.</p> <p>Specifically:</p> <ul style="list-style-type: none"> • Prioritize and approve WINGS PGSC-level project artifacts. • Review assigned WINGS project stage gate deliverables. • Reprioritize monthly or as needed. • Review qualification of proposed vendor staffing. • Reject projects not following recommendations, best practices, and guidelines. • Recommend issues be elevated to Executive Steering Committee level. |

5.4. Project Personnel Resources and Stakeholders

5.4.1. The dedicated WINGS project team resources and State of Wyoming stakeholders that will provide oversight and/or lend their subject matter expertise to the WINGS project team throughout the phases of the project, are listed below.

Table 5.4.1: Project Resources and Stakeholders

| Role | Name | Responsibility |
|---------------------------------|---------------------|---|
| WINGS Technical Project Manager | TBD | Day-to-day management of project activities, schedule timeline and technical liaison. |
| WINGS Contract Manager | Katherine Olbekson | Advance Planning Documents, Request for Proposals, and Contract administration; oversight of deliverables and liaison with vendor management. |
| WINGS Project Analyst | Ruth Jo Friess | Project support to project managers and documentation of technical and business processes. |
| WINGS Systems Architect | TBD | Research existing systems and diagram of work and process flows; design and define best solution(s) for the phases of the WINGS project. |
| MMIS System Manager | Debbie Paiz | Guidance, impact, validation, governance and MMIS subject matter expert (SME). |
| Pharmacy Services Manager | Cori Cooper, PharmD | Guidance, support, Pharmacy Benefits Management System and Services subject matter expert (SME). |

Table 5.4.1. Stakeholders continued

| Name | Stake in Project | Organization | Title |
|---|-------------------------------|-------------------------------------|---|
| Flint Waters Meredith Bickell. Sean Moore Rick Imbrogno Bob McMillen Jeffery Dockter | PMO | Enterprise Technology Services | CIO Deputy CIO Inform. Serv. Admin. Inform. Serv. Admin. Client Serv. Manager Client Serv. Spvr. |
| Heather Babbitt or designee | Aging | Aging Division | Senior Administrator |
| Dr. Wendy Braund, MD or designee | Public Health | Public Health Division | State Health Officer/ Senior Administrator |
| Chris Newman or designee | Behavioral Health | Behavioral Health Division | Senior Administrator |
| Lisa Brockman | Behavioral Health | Division of Healthcare Financing | Medicaid Behavioral Health Program Mgr. |
| Susie Scott | KidCare CHIP | Division of Healthcare Financing | KidCare CHIP Mgr. |
| Lindsey Schilling | Provider Operations | Division of Healthcare Financing | Provider Operations Administrator |
| Jan Stall | Eligibility and Operations | Division of Healthcare Financing | Eligibility & Operations Admin. |
| Penny Davis | Eligibility and Operations | Division of Healthcare Financing | Eligibility Contract & Vendor Manager |
| Cori Cooper, PharmD | Pharmaceutical Services | Division of Healthcare Financing | Pharmacy Services Manager |
| Sara Rogers | Facilities Management | Division of Healthcare Financing | Facilities Manager |
| April Burton | Medicaid Dental | Division of Healthcare Financing | Dental Provider Services Manager |
| | | | |

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|------------------------|-----------------------------------|---|---|
| Vanessa Rasanen | Business Reporting & Data Analyst | Division of Healthcare Financing | Operations Manager |
| Ron Arnold | QA/Program Integrity | Division of Healthcare Financing | Quality Assurance Manager |
| Tisha Kilpatrick | FA/Program Integrity | Division of Healthcare Financing | Program Integrity PIES Supervisor |
| Sheila McInerney | TPL/Recovery | Division of Healthcare Financing | TPL/Recovery Coordinator |
| Dr. James Bush | Health Management | Division of Healthcare Financing | Medicaid Medical Officer |
| Lee Grossman | Waiver Program | Division of Healthcare Financing | Waivers and Homecare Services Program Coordinator |
| Linda Cramer | HIT Systems | Division of Healthcare Financing | HIT Systems Manager |
| Jamie Staunton | DD Systems | Behavioral Health Division | Communication Policy, Research & Training Manager |
| Joe Simpson | DD Systems | Behavioral Health Division | Deputy Administrator |
| Mindy Dahl Chai, Ph.D. | Data Warehouse | Director's Unit for Policy, Research & Evaluation | Administrator, Sr. Research Scientist |
| Franz Fuchs | Decision Support System | Director's Unit for Policy, Research & Evaluation | Sr. Policy Analyst |

SECTION 6.0. PROPOSED BUDGET

6.1. Overview

6.1.1. Project costs for Quality Assurance/Quality Control, technical assistance contractor services are estimated at two million, four hundred thousand dollars (\$2,400,000) for forty-eight (48) months. These costs will cover services beginning October 1, 2015 through August 31, 2019, beginning with the DDI/transition phase of the Pharmacy Benefits Management System project and continuing throughout the phase-in of the Data Warehouse/Business Intelligence Analytics System and Medicaid claims processing and related administrative services solutions.

6.1.2. Project costs for Pharmacy Benefits Management System including Point of Sale, encompass DDI/transition, five base years of operations plus three optional contract extension years and is estimated at twenty-one million, eight hundred seventy-five thousand, two hundred sixty dollars (\$21,875,260).

The estimated costs will cover the PBM systems and services from a nine (9) month DDI/transition phase through implementation of five (5) years of base operations, plus three (3) optional contract extension years beginning approximately October 1, 2015 to June 30, 2024, for one hundred and five (105) month project duration.

The nine (9) month DDI/Transition phase begins October 1, 2015 through June 30, 2016 and is estimated at two million dollars (\$2,000,000).

The five (5) year Operations and Pass-Through Fees/Training base contract period goes from July 1, 2016 through June 30, 2021 and is estimated at eleven million, eight hundred sixty-six thousand, four hundred forty-nine dollars (\$11,866,449).

Three (3) optional contract extension years would begin July 1, 2021 through June 30, 2024 and are estimated at eight million, eight thousand, eight hundred eleven dollars (\$8,008,811).

6.1.2.1. Proposed budget cost estimations for the PBMS re-procurement were based on the total costs (including new services) and calculation method used in the current contract with Goold Health Systems including amendments, and applying a three percent (3%) increase for each base contract year.

The cost methodology used in the Goold contract paid a fixed price for DDI including Transition (90% FFP) and a fixed price plus a three percent (3%) consumer index inflation increase for each base contract year for Operations (75% FFP) and Pass-Through Fees/Training (50% FFP) costs.

This fixed price methodology was a predictable and highly cost and performance effective approach for the current contract so the re-procurement of the PBM system and services has followed the same methodology in the proposed budget, including the optional contract extension years.

- 6.1.3. The following table 6.1.3. Estimated Costs by Federal Fiscal Year (on next page), specifies the estimated costs by type and Federal Fiscal Year timeframe for Quality Assurance/Quality Control, technical assistance services and Pharmacy Benefits Management System services, implementation and operations provided by the contractors.

Table 6.1.3: Estimated Costs by Federal Fiscal Year

| Cost Category | Costs FFY 2016 | Costs FFY 2017 | Costs FFY 2018 | Costs FFY 2019 | Costs FFY 2020 | Costs FFY 2021 | Costs FFY 2022 | Costs FFY 2023 | Costs FFY 2024 | Total |
|---|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|---------------------|
| Quality Assurance / Quality Control - TAC Costs | | | | | | | | | | |
| Consultants - 90% | 525,000 | 525,000 | 675,000 | 675,000 | 0 | 0 | 0 | 0 | 0 | 2,400,000 |
| TOTAL QA/QC-TAC Contractor Services | | | | | | | | | | \$2,400,000 |
| Pharmacy Benefits Management System / Point of Sale Costs | | | | | | | | | | |
| DDI / Transition 90% | 2,000,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,000,000 |
| 5-Yr. Base Operations 75% | 527,875 | 2,127,336 | 2,191,156 | 2,256,891 | 2,324,598 | 1,782,384 | 0 | 0 | 0 | 11,210,240 |
| Pass Through Fees/Training 50% | 30,900 | 124,527 | 128,263 | 132,111 | 136,074 | 104,335 | 0 | 0 | 0 | 656,209 |
| Sub-Total PBMS | 2,558,775 | 2,251,863 | 2,319,419 | 2,388,002 | 2,460,672 | 1,886,719 | 0 | 0 | 0 | 13,866,449 |
| Option Year Operations 75% | 0 | 0 | 0 | 0 | 0 | 611,952 | 2,466,166 | 2,540,151 | 1,947,659 | 7,565,927 |
| Option Years Pass Through Fees/Training 50% | 0 | 0 | 0 | 0 | 0 | 35,822 | 144,361 | 148,692 | 114,009 | 442,884 |
| Sub-Total Option Years | 0 | 0 | 0 | 0 | 0 | 647,773 | 2,610,527 | 2,688,842 | 2,061,668 | 8,008,811 |
| TOTAL PBMS Contractor Costs with Optional Years | | | | | | | | | | \$21,875,260 |
| TOTAL ALL | \$3,083,775 | \$2,776,863 | \$2,994,419 | \$3,064,002 | \$2,460,672 | \$2,534,492 | \$2,610,527 | \$2,688,842 | \$2,061,668 | \$24,275,260 |

6.2. Anticipated State Costs

6.2.1. The projected State portion totals for implementation and work as shown in the above table for QA/QC-TAC contractor services is two hundred forty thousand dollars (\$240,000). This is based on ten percent (10%) state share for the proposed services throughout the WINGS project.

The projected State portion totals for Pharmacy Benefits Management System/Point of Sale and services as shown in the above table, totals five million, four hundred forty-three thousand, five hundred eighty-nine dollars (\$5,443,589). This is based on ten percent (10%) state share for the proposed DDI/Transition, twenty-five percent (25%) state share for five (5) base years and three (3) optional extension years of Operations, and fifty percent (50%) state share for base and option years of Pass-Through Fees/Training costs for PBM system and services contract.

6.3. Breakdown of Federal and State Budget Components

6.3.1. The following table shows the breakdown of Federal and State share for each contractor's systems and services for project implementation and operations budget.

Table 6.3.1: Federal and State Share Breakdown

| Project Phase/FFY | Requested FFP % Rate | Federal Share | State Share | Total |
|---|----------------------|---------------------|--------------------|---------------------|
| Quality Assurance / Quality Control - TAC Implementation and Services | 90% | 2,160,000 | 240,000 | \$2,400,000 |
| Pharmacy Benefits Mgmt. System including Point of Sale | | | | |
| DDI and Transition 90% | 90% | 1,800,000 | 200,000 | \$2,000,000 |
| Operations – 5-Year Base 75% | 75% | 8,407,680 | 2,802,560 | \$11,210,240 |
| Pass-Through Fees / Training Base 50% | 50% | 328,104 | 328,105 | \$656,209 |
| Optional Yrs. Operations 75% | 75% | 5,674,445 | 1,891,482 | \$7,565,927 |
| Optional Yrs. Pass-Through 50% | 50% | 221,442 | 221,442 | \$442,884 |
| PBMS/POS Total | Mixed | 16,431,671 | 5,443,589 | \$21,875,260 |
| TOTAL | | \$18,591,671 | \$5,683,589 | \$24,275,260 |

SECTION 7.0. DESCRIPTION OF PROJECT ACTIVITIES, REQUIREMENTS, DELIVERABLES

7.1. Overview

7.1.1. The WINGS project activities and objectives, previously detailed in Section 2.0 Statement of Needs and Objectives for the QA/QC-TAC and PBM system and services, are further described by high level objectives, requirements and major deliverables that the project's product, service or result must meet in order for the project objectives to be satisfied.

7.1.2. The high level WINGS project objectives include:

- Flexible system platform
- Adaptable solution
- Automated workflow management
- Enhance program reporting and data analytics
- Provide standardized and automated electronic communication capabilities
- Centralized access to data
- Electronic client management
- Electronic provider management
- Integration with statewide IT system

7.2. High Level Requirements

7.2.1. The following table presents the high level requirements that the project's product, service or result must meet in order for the project objectives to be satisfied.

Table 7.2.1: Project Objectives and Requirements

| Requirements | Requirement Definition |
|--|---|
| Comply with the Seven Standards and Conditions, set forth by CMS, in order to receive enhanced FFP | These are covered in MITA 3.0 framework and the following link provides an overview: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/Downloads/EFR-Seven-Conditions-and-Standards.pdf |
| Flexible system platform | Meet MITA standards to accommodate future programs and initiatives. |

| | |
|--|---|
| Adaptable solution | Able to enhance decision-making and increase management efficiencies. |
| Automate workflow management | Able to support the establishment of work queue allowed in process documentations to flow from one worker's queue to another. |
| Enhance program reporting and data analytics | Implementation of Business Intelligence and Data Analytic services to enable accurate, real-time data and reporting that will meet changing business and management needs. The solution should be enterprise centric, which would enable other health care and program data typically not found in an MMIS to support enterprise decision-making. |
| Provide standardized and automated electronic communication capabilities | The standardization of communication with clients, providers, and other agencies. The standardization of communications would allow the Department to move to electronic options for communications including a Web Portal and electronic messaging. In addition, standardization should support the ability to provide messaging in multi-language and multi-literate formats. These capabilities may result in timely communications that would lead to improve outcomes. |
| Centralized access to data | Provide real-time and centralized access to clients, providers, benefit plan(s), claims, and case management data for the Department's programs including Medicaid, Kid Care CHIP, and Long-Term Care. |
| Electronic client management | Create an online, electronic client Web Portal that improves the State's and client's ability to manage client information and client related processes. |
| Electronic provider management | Create an online, electronic provider enrollment process through a Web Portal that will collect required information to support decisions regarding approval/denial of a provider's request to supply Medical Assistance. The online application would allow the attachment of supporting documentation to allow efficient decision-making. The solution would leverage |

| | |
|---------------------------------------|--|
| | an automated workflow so that data and documentation could be routed to appropriate units responsible for decisions on provider enrollment applications. In addition, providers could use an online portal to submit updates to their information; for example address changes or updated licensing information. |
| Integration with statewide IT systems | Ensure that the MMIS is designed for integration with the State’s Medicaid eligibility system, Health Information Exchange, and Health Insurance Exchange as defined in the Affordable Care Act, and subsequent federal policies and regulations. |

7.3. Activities and Major Deliverables

7.3.1. The following table presents the activities and major deliverables that the project’s product, service or result must meet in order for the project objectives to be satisfied.

Table 7.3.1: Project Activities and Major Deliverables

| Activities/Deliverables |
|--|
| Business Case for Internal State Stakeholders |
| PAPD for Medicaid Enterprise System and Services |
| Business Charter for Internal State Stakeholders |
| Consultant Contracts (Project Planning & State support, MITA SS-A) |
| Project Schedule |
| Project Management Plan |
| IAPD for CMS funding for QA/QC-TAC and PBMS |
| Risk Assessment & Management Plan |
| MITA 3.0 SS-A Certification Review Report |
| Procurement of: |

| |
|---|
| <p>Quality Assurance/Quality Control Services (QA/QC), technical assistance contractor (TAC) RFP Pharmacy Benefit Management System (PBMS) RFP</p> |
| <p>Contract awards & Contracts</p> |
| <p>Implementation Plans</p> |
| <p>Monthly Project Status Report to CMS</p> |
| <p>Quality Management Plan Completed</p> |
| <p>Project closeout Reports</p> |
| <p>IAPD Update for CMS funding for Independent Verification and Validation, Data Warehouse/Business Intelligence and MMIS Core and related services</p> |
| <p>Procurement of: Independent Verification and Validation RFP Data Warehouse/Business Intelligence RFP MMIS Core & related administrative/fiscal agent services RFP</p> |
| <p>Contracts award & Contracts</p> |
| <p>Implementation Plans</p> |
| <p>Monthly Project Status Report to CMS</p> |
| <p>Requirements Specifications Documents (RSD) Completed</p> |
| <p>Design Specifications Documents (DSD) Completed</p> |
| <p>Project closeout Reports</p> |

7.4. Project Procurement Activities and Proposed Schedule

7.4.1. The proposed start and end date schedule for the Quality Assurance/Quality Control, technical assistance vendor services, is provided below based on key dates for approvals, review of responses to the State of Wyoming’s Enterprise Technology Services (ETS) Staff Augmentation RFP 0126-ZR, vendor selection and contract activities as well as implementation and project close out dates. The activities and dates for the implementation of the QA/QC-TAC vendor services for this IAPD are listed on the following table.

Table 7.4.1: QA/QC-TAC Schedule of Activity

| Start Date | End Date | Activity |
|------------|------------|--|
| 01/21/2015 | 02/27/2015 | Submit APD for implementation and Secure CMS Approval |
| 03/02/2015 | 04/30/2015 | RFP 0126-ZR responses, internal review and evaluation of responses, oral presentations /interviews and selection of vendor |
| 04/30/2015 | 06/30/2015 | Finalize ETS Master Service Agreement contract |
| 10/01/2015 | 08/31/2019 | Implementation of QA/QC-TAC Contractor Services |
| 09/01/2019 | 09/30/2019 | Closeout of Project |

7.4.1.1. The proposed amount of time needed in weeks and months for each of the necessary activities for the QA/QC-TAC vendor RFP are as follows:

Table 7.4.1.1: QA/QC-TAC Amount of Time Needed

| Activity | Amount of Time Needed |
|---|-----------------------|
| Submit APD for implementation and Secure CMS Approval | 6 weeks |
| RFP 0126-ZR responses, internal review and evaluation of responses, oral presentations/interviews and selection of vendor | 2 months |
| Finalize ETS Master Service Agreement contract | 2 months |
| Implementation of QA/QC-TAC Contractor Services | 48 months |
| Closeout of Project | 1 month |

7.4.2. The proposed start and end date schedule for the Pharmacy Benefits Management System and services is provided below based on key dates for approvals, RFP release, vendor selection and contract activities as well as transition phase,

implementation and project close out. The activities and dates for the implementation of the PBM system and services are listed on the following table.

Table 7.4.2: Pharmacy Benefits Management System Schedule of Activity

| Start Date | End Date | Activity |
|------------|------------|---|
| 01/21/2015 | 02/27/2015 | Submit APD for implementation and Secure CMS Approval |
| 02/02/2015 | 03/27/2015 | RFP Internal Reviews and Approvals |
| 03/30/2015 | 03/30/2015 | RFP release for PBMS Contractor Services |
| 03/30/2015 | 05/29/2015 | RFP closing respond by date |
| 05/29/2015 | 07/27/2015 | Review of responses, Evaluation, Oral Presentations and Selection of vendor |
| 07/27/2015 | 09/30/2015 | Contract award and finalized contract |
| 10/01/2015 | 06/30/2016 | Transition Phase (for new contractor with existing contractor) |
| 07/01/2016 | 06/30/2021 | Implementation of PBMS Contractor Services |
| 07/01/2021 | 07/31/2021 | Closeout of Project |
| 07/01/2021 | 06/30/2024 | Optional Contract Extension Years |

- 7.4.2.1. The proposed amount of time needed in days, weeks and months for each of the necessary activities for the Pharmacy Benefits Management System RFP are as follows:

Table 7.4.2.1: Pharmacy Amount of Time Needed

| Activity | Amount of Time Needed |
|---|-----------------------|
| Submit APD for implementation and Secure CMS Approval | 6 weeks |
| RFP Internal Reviews and Approvals | 2 months |
| RFP release for PBMS Contractor Services | 1 day |
| RFP closing respond by date | 2 months |
| Review of responses, Evaluation, Oral Presentations and Selection of vendor | 2 months |
| Contract award and finalized contract | 2 months |
| Transition Phase (for new contractor with existing contractor) | 9 months |

| | |
|--|-----------|
| Implementation of PBMS Contractor Services | 60 months |
| Closeout of Project | 1 month |
| Optional Contract Extension Years | 36 months |

SECTION 8.0. MITA – SEVEN STANDARDS AND CONDITIONS

8.1. Overview

- 8.1.1. The WINGS Project is currently in the process of conducting the MITA 3.0 State Self- Assessment for business, information and technical architecture ‘As Is’ and ‘To Be’ capability levels of Wyoming Medicaid and related systems and processes.

Compilation and analysis of the architecture survey results, completion of Wyoming MITA SS-A tool for future use, MITA 3.0 Roadmap, Concept of Operations and Business Process Model requirements, to be in compliance with Federal Regulations, have not been completed at the time of this IAPD writing. The State expects this work to be fully completed and the report submitted to CMS in April 2015.

Due to MITA work currently in progress, compliance documentation for 42 CFR 433 Subpart C will be included in the next update of this IAPD after the MITA State Self-Assessment has been completed.

The State will consider the seven standards and conditions in the evaluation of alternatives and system requirements alignment provided by RFP bidders, who will be evaluated on how their proposed solutions align with the CMS requirements to ensure enhanced Federal Financial Participation (FFP).

8.2. CMS Seven Standards and Conditions

- 8.2.1. Standards and Conditions for enhanced funding, as documented in the CMS ‘Enhanced Funding Requirements: Seven Conditions and Standards, Medicaid IT Supplement (MITS-11-01-v1.0)’ dated April 2011, are as follows:

Table 8.2.1: Standards and Conditions for Enhanced FFP

| | |
|------------------------------|--|
| Modularity Standard | <p>Use of Systems Development Lifecycle methodologies</p> <p>Identification and description of open interfaces</p> <p>Use of business rules engines</p> <p>Submission of business rules to a HHS-designated repository</p> |
| MITA Condition | <p>MITA Self Assessments</p> <p>MITA Roadmaps</p> <p>Concept of Operations (COO) and Business Process Models (BPM)</p> |
| Industry Standards Condition | <p>Identification of industry standards</p> <p>Incorporation of industry standards in requirements, development, and testing phases</p> |
| Leverage Condition | <p>Multi-state efforts</p> <p>Availability for reuse</p> <p>Identification of open source, cloud-based and commercial products</p> <p>Customization</p> <p>Transition and retirement plans</p> |
| Business Results Condition | <p>Degree of automation</p> <p>Customer service</p> <p>Performance standards and testing</p> |
| Reporting Condition | MITA 3.0 Reporting Standards |
| Interoperability Condition | <p>Interactions with the Exchange</p> <p>Interactions with other entities</p> |

SECTION 9.0. ASSURANCES AND AGREEMENTS

9.1. Overview

9.1.1. This section refers to MITA agreements and assuring adherence to the Code of Federal Regulations and other documents in reference to requirements around procurement standards, access to records, licensing, ownership of software and the safeguarding of information contained within the system, and IV&V. The State of Wyoming, Department of Health agrees to the following:

9.1.1.1. Table 9.1.1.1: Assurances

Procurement Standards (Competition / Sole Source):

SMM Section 11267 Yes No

45 CFR Part 95 Subpart F §95.615 Yes No

Access to Records:

42 CFR Part 433.112(b)(5) – (9) Yes No

45 CFR Part 95 Subpart F §95.615 Yes No

SMM Section 11267 Yes No

Software & Ownership Rights, Federal Licenses, Information Safeguarding, HIPAA Compliance, and Progress Reports:

45 CFR Part 95 Subpart F §95.617 Yes No

42 CFR Part 431.300 Yes No

42 CFR Part 164 Yes No

42 CFR Part 433 Subpart C Yes No

IV&V:

45 CFR Part 95.626 Yes No

If no, provide a detailed explanation in your APD under the appropriate section.

9.1.1.2. The WINGS Project is currently in the process of conducting the MITA 3.0 State Self- Assessment for business, information and technical architecture

'As Is' and 'To Be' capability levels of Wyoming Medicaid and related systems and processes. The State expects this work to be fully completed and the report submitted to CMS in April 2015. Due to MITA work currently in progress, compliance documentation for 42 CFR 433 Subpart C will be included in the next update of this IAPD after the MITA State Self-Assessment has been completed.

Table 9.1.1.2: Agreements

ADDRESSED OR NOT ADDRESSED

Minimum Requirements, Declaration, and Collaboration Activities

1. Yes No **Modularity Condition.** Use of a modular, flexible approach to systems development, including the use of open interfaces and exposed application programming interfaces; the separation of business rules from core programming; and the availability of business rules in both human and machine readable formats.

APD section(s): _____

2. Yes No **MITA Condition.** Align to and advance increasingly in MITA maturity for business, architecture, and data.

APD section(s): _____

3. Yes No **Industry Standards Condition.** Ensure alignment with, and incorporation of, industry standards: the Health Insurance Portability and Accountability Act of 1996 security, privacy and transaction standards; accessibility standards established under section 508 of the Rehabilitation Act, or standards that provide greater accessibility for individuals with disabilities, and compliance with Federal civil rights laws; standards adopted by the Secretary under section 1104 of the Affordable Care Act; and standards and protocols adopted by the Secretary under section 1561 of the Affordable Care Act.

APD section(s): _____

4. Yes No **Leverage Condition.** Promote sharing, leverage, and reuse of Medicaid technologies and systems within and among States.

APD section(s): _____

5. Yes No **Business Results Condition.** Support accurate and timely processing of claims (including claims of eligibility), adjudications, and effective communications with providers, beneficiaries, and the public.

APD section(s): _____

6. Yes No **Reporting Condition.** Produce transaction data, reports, and performance information that would contribute to program evaluation, continuous improvement in business operations, and transparency and accountability.

APD section(s): _____

7. Yes No **Interoperability Condition.** Ensure seamless coordination and integration with the Exchange (whether run by the state or federal government), and allow interoperability with health information exchanges, public health agencies, human services programs, and community organizations providing outreach and enrollment assistance services.

APD section(s): _____

- 9.1.2. The Wyoming Department of Health, Division of Healthcare Financing, certifies that it has allocated State General Funds to cover State funding shown in this IAPD document, required for the Implementation portion of the project in each of the federal fiscal years.

SECTION 10.0. STATE CERTIFICATION

- 10.1. The Department of Health, Division of Healthcare Financing for the State of Wyoming by signing below, agrees that the APD requirements, indicated above in Section 9, are included in the indicated approved and awarded CCHIO grant application and approve use of this information to fulfill the regulatory requirements required by submitting this APD.

A handwritten signature in blue ink, appearing to read "T. Green", is written over a horizontal line.

(Signature)

Name: Teri Green

Title: State Medicaid Agent

State Department Name: Division of Health Care Financing