Implementation Advance Planning Document - Update (IAPD-U)

For

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

Submitted by the

The Wyoming Department of Health, Division of Healthcare Financing

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State of Wyoming
Department of Health, Division of Healthcare Financing
6101 Yellowstone Road, Suite 210
Cheyenne, WY 82002

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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	February 18, 2015	Changes and updates to IAPD per State and CMS suggestions. • 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.
2.0	December 15, 2015	N/A	Updated I-APD for FFY 2016 through FFY 2026 for new WINGS project procurements with detailed information, schedules and budgets for: 1. Independent Verification and Validation Services; System Integrator/Enterprise Service Bus; Data Warehouse; Data Analytics/Business Intelligence Tools; Fraud, Waste, Abuse Analytics and Case Tracking; Third Party Liability Services; and Benefit Management Services for Dental, Institutional and Professional/Medical claims. Revised I-APD information and schedules for: 2. Quality Assurance/Quality Control – Testing Services procurement. Updates were made to every Section of this IAPD except Sections 3 and 10.

2.1	January 11, 2016	N/A	Revised IAPD-U v2.0 due to clarifications and changes for IV&V and QA/QC-Testing RFPs per questions and feedback received from CMS on January 5, 2016. Revised: Proposed Budget Sections: 6.1. #6; 6.1.2.; 6.1.3.; 6.1.10.; 6.3.1.; and, Description of Project Activity, Requirements and Deliverables Section 7.4.2.; 7.4.3., to add two (2) optional contract extension years, from 10/1/2019 through 9/30/2021, for IV&V DDI 90%; and, one (1) optional contract extension year, from 10/1/2019 through 9/30/2020, for QA/QC-Testing DDI 90% in case any of the procurement DDI phases go past scheduled time frames. Budget amounts were adjusted for each procurement to allocate dollars to the new option year lines. Total overall budgeted amounts did not change.
2.2	April 29, 2016	May 13, 2016	CMS reviewed versions 2.0 and v2.1 December 2015 to April 2016. CMS had multiple questions and requested additional information. CMS requested a new version 2.2 that includes the combined content from both earlier versions with required updates to content, removes BMS from the IAPD-U budget request at this time, changes the dollar amounts for PBMS to the new contracted amounts, adjusts the time lines schedules for procurements and updates the budget amounts per FFY to match the new time lines.
2.3	July 29, 2016	August 12, 2016	Revised IAPD-U per CMS approval letter dated 5/13/2016 to ensure the approval of ongoing Federal financial participation funding for MMIS Replacement (WINGS) Project activities for FFY 2017. Added the WINGS project State and Contractor staffing and related costs to the IAPD-U, previously covered in approved PAPD-U v2.2. Updates include: Section 1.0; Section 5.4.1; Section 6.0; Section 7.0; and Section 9.

2.4	October 12, 2016	December 6, 2016	Revised all Sections except 4.0 and 5.0, in the IAPD-U to request new funding approval for Care/Case Management System Module, GSA TTS 18F technical and governance assistance, and to request additional funding for the States' Consultant External Contractor, State Resources, and Facility/Equipment budgets.
2.5	August 1, 2017	August 7, 2017	Revised IAPD-U per CMS approval letter dated 12/6/2016 to ensure the approval of ongoing Federal financial participation funding for MMIS Replacement (WINGS) Project activities for FFY 2018. In addition, updates were made to the budget tables to show final FFY2016 expenditures, show actual with projected QTR4 expenditures for FFY2017, and revised budget amounts for FFY2018 – FFY2029. Revisions were made to all Sections in the IAPD-U to update timelines/schedules and to request new funding approval for the Provider Enrollment, Screening, and Monitoring (PRESM) Module.
2.6 2.6 revised	July 16, 2018 July 25, 2018	------- September 11, 2018	Updated IAPD-U to adjust FFY2018 cost figures to align with actual WINGS module contractual amounts and expected expenditures billed during FFY2018. Updates were made to Sections 1, 2, 5, 6, and 7 in the IAPD-U to show final FFY2017 expenditures, reflect actual contractual cost amounts for three modules with executed contracts, request FFY2019 funding, and adjust budget amounts for FFY 2018 – FFY 2029. Revisions were requested by CMS to show budget tables with 5B 50% FFP for O&M years (pre-certification) instead of 4B 75% FFP (post-certification) for v2.6 figures. SI/ESB will remain as 4B 75% O&M as it is not a certifiable module. Revisions were made to Sections 1, 2, 5, 6, and 7 as indicated.

3.0	September 26, 2018	October 18, 2018	Updated the IAPD-U to better align with the E&E APD Template structure and Sections. Updates were made to all Sections in the IAPD-U for information, timeline/schedule, and budget table adjustments to show revised budget amounts for FFY2018 – FFY2030, request increased funding approval for IV&V and PBMS O&M costs; and request new funding approval for the Benefits Management System and Services (BMS) module that will now include the prior CMS approved TPL scope and costs.
3.1	July 30, 2019		Updates were made to all Sections in the IAPD-U for information, timeline/schedule, and budget table adjustments to show revised budget amounts for FFY2018 – FFY2031, request increased funding approval for one additional year of project staffing and for enhancement pools for the SI-ESB, DW, and FWA modules. Updates were also made to reflect the termination of the CCMS and Testing-QA/QC contracts and plans to accomplish the scope of those contracts in the future. Additionally, per CMS guidance, the WINGS OAPD-U v1.0 and the EVV IAPD v1.1 have been consolidated with this update to the WINGS IAPD-U v3.1 to present a more unified view of MMIS costs for the new WY systems under development and in operation.

SECTION 1.0. EXECUTIVE SUMMARY

1.1 Overview

The Wyoming Department of Health, Division of Healthcare Financing, here-in after referred to as "The State", has prepared this Updated Implementation Advance Planning Document (IAPD-U) to request and secure approval for enhanced Federal Financial Participation (FFP) funding from the Centers for Medicare and Medicaid Services (CMS) for the WINGS Medicaid Enterprise Systems and Services and Electronic Visit Verification projects. This IAPD-U is being submitted in accordance with the provisions of 45 CFR Part 95.605, 45 CFR Part 95.610, 45 CFR Part 95 Subpart F, and the State Medicaid Manual (SMM) Part 11.

The purpose of this updated IAPD v3.1 is to request continued funding for the WINGS and EVV projects for FFY2020-FFY2022 and to request new or increased funding approval, add to or adjust scope, timelines, schedules, and budget information for FFY2019 through FFY2030.

- Provide notice to CMS that WINGS has terminated the contract it had in place with its Testing QA/QC contractor. The scope that fell under that contract is being picked up by a combination of change orders to existing modules and independent contractors with testing expertise. No budget change is requested.
- Provide notice to CMS that WINGS has also terminated the contract it had in place with its CCMS contractor. The scope for the CCMS project is being adapted and a new procurement is being planned. No budget change is requested.
- Request increased enhanced 90% funding to extend state staffing and internal contractors through FFY2021 to support the BMS and CCMS implementations and ongoing integration of the SI/ESB and DW.
- Request increased enhanced 90% funding to fund enhancement pools for the SI/ESB, DW, and FWA modules, all of which have entered O&M.
- Request increased O&M funding approval for the PBMS module to account for one additional month of optional O&M in FFY2025 than was previously forecast. This update is made with the understanding that FFY2025 funds will not be approved at this time simply to keep CMS abreast of a change in State forecasting.
- Replace projected budget amounts with actual contractual budget amounts for the PRESM module.
- Update the WINGS IAPD-U content organization to follow the latest MMIS APD Template outline structure.

In addition, in response to guidance from CMS favoring the consolidation of MMIS funding requests, this document incorporates in the funding updates and reports for the approved EVV IAPD v1.1, which was submitted in accordance with the 21st Century Cures Act (the Cures Act) and approved on March 18, 2019. Authorities for the implementation of EVV for Personal Care Services (PCS) and Home Health Care Services (HHCS) include 1915(c) waiver programs and the State Plan Home Health Program (starting in 2023). This submission requests continued enhanced funding for the project for FFY2020-FFY2022.

This document also incorporates the funding updates and reports for our WINGS OAPD v1.0, approved May 6, 2019, to request continued enhanced funding for FFY2020-2022.

SECTION 2.0. RESULTS OF ACTIVITIES INCLUDED IN THE PAPD

2.1 Overview

This IAPD-U v3.1 is the culmination of the WINGS project activities that were originally planned and described in the Planning Advance Planning Document (PAPD) v2.2, which was approved by CMS on August 26, 2015, and those activities approved in the EVV PAPD v1.0, which was approved by CMS on August 3, 2018, as well as the EVV IAPD v1.1., which was approved by CMS on March 18, 2019. The Wyoming Integrated Next Generation System (WINGS) is the name given to the MMIS Replacement and Supporting Systems and Services project. The Electronic Visit Verification (EVV) project was started separately according to a mandate from CMS, and the State chose to fund it through a different avenue from WINGS although both projects pertain to the future MMIS of Wyoming. When the WINGS acronym is used in this document, it collectively refers to the following consulting and component procurements included in IAPD v1.1 (approved February 18, 2015), IAPD-U v2.2 (approved May 13, 2016), IAPD-U v2.3 (approved August 12, 2016), IAPD-U v2.4 (approved December 6, 2016), IAPD-U v2.5 (approved August 7, 2017), and IAPD-U v2.6revised (approved September 11, 2018). When the EVV acronym is used in this document, it collectively refers to the consultant and component procurements included in EVV PAPD v1.0 (approved August 3, 2018) and EVV IAPD v1.1 (approved March 18, 2019).

The State received CMS approval May 2, 2016, for a Conduent, formerly Xerox, Sole Source Contract of the current Medicaid Management Information System and Fiscal Agent Services Contract to continue the legacy system and fiscal agent services for three (3) base contract years including two (2) optional contract extension years. In July 2018, a contract amendment was executed for the implementation of mandates for T-MSIS, a Medicare Card Replacement project, a Diagnosis Related Group project, and for transition of the legacy system data and/or services to the WINGS component module Contractors as indicated.

The following table indicates the WINGS consulting and module procurements and the original CMS-approved IAPD version.

Table 2.1 WINGS Project Procurements

WINGS & EVV Procurements	Original Funding Approval Received in IAPD
Pharmacy Benefits Management System (PBMS) including a Point of Sale (POS) System and Services	WINGS IAPD v1.1

Independent Verification and Validation Services (IV&V)	WINGS IAPD-U v2.2
Testing –Quality Assurance/Quality Control Services (Testing-QA/QC)	WINGS IAPD-U v2.2
System Integrator/Enterprise Service Bus (SI/ESB)	WINGS IAPD-U v2.2
Data Warehouse with Business Intelligence Tools and Reporting (DW/BI-R)	WINGS IAPD-U v2.2
Fraud, Waste, Abuse Analytics and Case Tracking (FWA)	WINGS IAPD-U v2.2
Third Party Liability Services (TPL)	WINGS IAPD-U v2.2
Care/Case Management System (CCMS)	WINGS IAPD-U v2.4
General Services Administration (GSA), Technology Transformation Service (TTS), Office of Acquisitions (18F) Assistance	WINGS IAPD-U v2.4
Provider Enrollment, Screening, and Monitoring (PRESM)	WINGS IAPD-U v2.5
Benefit Management Services (BMS) for Claims Processing, Financial and Administrative Services	WINGS IAPD-U v3.0
Electronic Visit Verification (EVV)	EVV IAPD v1.1

The current status of the WINGS and EVV project activities are as follows:

2.1.1 Pharmacy Benefits Management System (PBMS) – The contract was executed March 31, 2016 with Change Healthcare (CHC), formerly Goold Health Systems (GHS). The PBMS went live on July 23, 2017, and the State formally accepted the PBMS system on October 24, 2017. A contract amendment to combine the expiring Change Healthcare's State Maximum Allowable Cost (SMAC) contract with the WINGS PBMS contract with Change Healthcare, under the Operations and Maintenance (O&M) budget line was put forward in the approved WINGS IAPD-U v3.0; this amendment was subsequently signed and took effect on February 12, 2019. The final CMS certification review (R3) occurred during November 2018, and on February 1, 2019, the State received from CMS the certification letter approving Wyoming's request for certification of the PBMS module. On May 6, 2019, the State received approval from CMS to claim enhanced 75% match for applicable O&M expenses for the certified system. This APD is forecasting an O&M increase for $178,144 for this module in FFY2025, reflective of one additional month of O&M that was omitted from previous forecasts.

2.1.2 Independent Verification and Validation Services (IV&V) – The contract was executed February 10, 2017 with SLI Global Solutions, and project kick-off activities began in March, 2017. To date, SLI has delivered their required project documents, and reviewed and assessed component module documentation for the PBMS, SI/ESB, DW/BI-R, and FWA modules. In IAPD-U v3.0, the CMS approved funding for the SLI Global Solutions contract amendment that expands the IV&V scope of work to include the CCMS and PRESM modules. IV&V continues participate in start-up, milestone, and general reviews, work with the State to improve processes, and provide cyclical updates to CMS. In EVV IAPD v1.1, CMS approved additional funding to secure IV&V services for the EVV projects. This

additional funding is reflected in the IV&V funding line of this IAPD-U v3.1 and a contract amendment is planned to add this to the scope of the existing SLI contract.

2.1.3 Testing – Quality Assurance/Quality Control Services (Testing-QA/QC) - The contract was executed December 4, 2017 with Qualis Health, and project kick-off activities began in January 2018. Unfortunately, the level of expertise and support that the contractor was able to provide did not match the State's needs and expectations, and ultimately the State made the decision that it could better use the budget to obtain these services elsewhere. The contract was terminated and the final payment was made to Qualis in January of 2019. Altogether the State paid Qualis $350,927 for the services provided from kick-off until termination, leaving $1,942,711 in remaining budget for WINGS to ensure the scope of Testing Quality Assurance/Quality Control Services contract is accomplished. To date this has included change orders with the System Integrator to provide data obfuscation services, a task order with Cognosante via Cedar Bridge to provide a UAT manager, and a task order with Online Business Systems via Public Knowledge to provide independent security and penetration testing services. The amounts and impacts of these changes will be discuss further under the applicable modules and the State's use of consulting services.

2.1.4 System Integrator/Enterprise Service Bus (SI/ESB) - The contract was executed October 10, 2017 with Deloitte Consulting LLP, and project kick off activities began in November, 2017. The initial technical platform was stood up in the fall of 2018, and the system is now in production. The SI/ESB entered O&M on May 1, 2019 and is fully integrated with the Data Warehouse. The SI/ESB component encompasses three main areas: Systems Integration and Enterprise Service Bus, Technical Coordination, and Data Management Services. The SI Contractor is instrumental in the transition from the current MMIS environment to the desired WINGS vision including the essential communication, cooperation, and collaboration with other WINGS project Contractors and the State for successful integration outcomes. The State is shifting budget from the cancelled Testing QA/QC contract to cover data obfuscation-related change requests for the SI/ESB and is requesting increased funding approval for an enhancement pool.

2.1.5 Data Warehouse/Business Intelligence Tools-Reporting (DW/BI-R) - The contract was executed March 8, 2018 with Deloitte Consulting LLP, and project kick off activities began in March, 2018. The initial data warehouse technical framework/platform was set up in late 2018, and integration with the System Integrator occurred in early spring 2019. The Data Warehouse entered O&M on March 1, 2019. Active integration with Conduent is underway along with extensive testing activities. This module will replace and enhance the current data warehouse solution provided by Conduent, including new and/or expanded data analytics, business intelligence tools, and reporting capabilities. The State is shifting budget from the cancelled Testing QA/QC contract to cover data obfuscation-related change requests for the Data Warehouse and is requesting increased funding approval for an enhancement pool.

2.1.6 Fraud, Waste, Abuse Analytics and Case Tracking Solution (FWA) - The contract was executed May 25, 2018 with Deloitte Transactions and Business Analytics LLP, and project kick-off activities began in June 2018. Thy system went live on May 10, 2019, two months later than initially planned. The State is requesting increased funding approval for the FWA module to cover the change order associated with the go live extension as well as an

enhancement pool. The FWA solution will replace and enhance the fraud analytics and detection system previously provided by Conduent.

2.1.7 Care/Case Management System (CCMS) (Medicaid Waiver System) – The contract was executed July 26, 2018 with MicroPact Global, Inc., and project kick-off activities began in September 2018. Unfortunately, after submission, review and approval of the initial Project Management Deliverables, the State made the determination that the vendor was unable to meet the State's expectations based on what had been proposed and demonstrated. The contract was terminated, and the final payment was made to MicroPact in December of 2018. Altogether the State paid MicroPact $97,600 for the services provided from kick-off until termination, leaving $1,889,600 in remaining budget for WINGS to ensure the scope of the CCMS DDI is met. The State intends to host a vendor fair, update its scope and requirements, and release a new RFP in 2020. The CCMS module will support healthcare coordination and improvement activities and will help augment functionality in the claims processing system for all of Wyoming's HCBS waivers (including the Community Choices waiver, Comprehensive waiver, Supports waiver, Children's Mental Health waiver, and Assisted Living Facility waiver) and serve as the central system for all required assessments.

2.1.8 Provider Enrollment, Screening, and Monitoring Services (PRESM) - The State participated in a Provider Services multi-state cooperative procurement with Montana and several other states in order to procure the PRESM module off a NASPO ValuePoint purchasing list after to acquire a provider module and services. One (1) vendor responded, the response was deemed technically satisfactory, and the State is currently in the process of contracting with that vendor through NASPO. Project kick-off is planned for August 2019. The PRESM bidder came in under the approved DDI budget by $77,097 and under the approved O&M budget by $917,545. The PRESM module will support provider enrollment, initial verification of a provider's license revalidation and review of all provider enrollments at a minimum, every five (5) years, and maintenance.

2.1.9 Benefit Management System and Services (BMS) – The State is planning an eighteen (18) month DDI, ten (10) year base operations and maintenance contract with pass-through and other administrative fees for the third party liability services. The BMS Contractor will provide benefit and claims processing, financial processing, third party liability services, and related administrative functions necessary to support the overall operational and business process for the Wyoming Medicaid Program. The RFP was released to the public in January 2019, proposal submissions were due April 2019, and the evaluation process was completed in June 2019. The State is preparing to enter into the contracting process with the selected vendor and expects the project to enter DDI in December 2019. The BMS module solution shall be of high quality with comprehensive and accurate processing, analysis, and reporting functions which will replace the current MMIS legacy claims processing system and related services provided by Conduent. The BMS will integrate with the System Integrator/Enterprise Service Bus and Data Warehouse.

2.1.10 State Staffing Resources, Facility/Equipment, Travel – According to the project plans outlined above, the BMS is expected to complete implementation in May 2021 and the new CCMS is expected to complete implementation in June 2021. There will be a need beyond implementation for staff to support certification and defect resolution. State resources are currently only funded through FFY2020, and as a result, the State is requesting one

additional year of funding for existing State resources, including State internal contractors, to continue supporting WINGS implementations through the end of FFY2021.

2.1.11 Consulting services initially requested and approved in IAPD-U v2.4, that were envisioned going through the General Services Administration (GSA), Technology Transformation Service (TTS), Office of Acquisitions (18F) have been procured through existing State external contractor resource consultant contracts instead. To date, the same services are successfully being conducted and the State requests continuation of the prior-approved budget amount through FFY2020. The State is also requesting to roll the remaining DDI budget from the Testing QA/QC contract, after accounting for data obfuscation change orders, into this budget line in order to maintain a budget to include UAT management services and independent security and penetration testing services.

2.1.12 Electronic Visit Verification (EVV) - The State's EVV IAPD v1.1 was approved on March 18, 2019, for the implementation of an EVV system in accordance with the Cures Act. A draft RFP was released in May 2019, and vendor feedback was collected. The final RFP is in progress and scheduled for release in September 2019 with a target contract start date for the project of March 2020.

SECTION 3.0 STATEMENT OF NEEDS AND OBJECTIVES OF THE IAPD

3.1 Overview

The overall goal of the WINGS and EVV projects is to replace the legacy MMIS with HIPAA, MITA, certification, and other state/federal regulation compliant solutions and service delivery models that leverage commercially available products and services, provide flexible architecture to enhance the business agility, provide faster delivery of new functionality, and provide new and enhanced data analytics tools that allow for easy access to data and comprehensive reporting to meet the States' business needs and objectives of the Medicaid Program.

Since CMS approval of WINGS IAPD-U v1.1 in February 2015, the State has continually worked to define and refine the details of the breadth and scope of the WINGS project. This has been achieved through regular planning and decision meetings with stakeholders, information and guidance received from CMS and other State Medicaid Programs, and feedback from the vendor community through vendor fairs, responses to State vendor questionnaires, and draft Request for Proposals.

This IAPD v3.1 contains the culmination of the above activities and describes the achievements thus far to fulfill the State's needs to successfully procure and implement the necessary components for replacing the MMIS and is peripheral systems that address the inefficiencies of the outdated technology, high maintenance costs, and the States' needs that have outgrown the system.

The State has released ten (10) Request for Proposals (RFP) out of twelve (12) anticipated RFPs for the WINGS and EVV projects: two (2) consulting assistance RFPs for Independent Verification and Validation Services and Testing-Quality Assurance/Quality Control

Services, and ten (10) component module RFPs. However, the released Third Party Liability RFP did not receive vendor response and the scope has now been included in the BMS module scope. In addition the original Testing-Quality Assurance/Quality Control and CCMS contracts were terminated. The CCMS RFP is under revision and will be released again as CCMS 2. The Testing-QA/QC RFP will not be re-released, and the scope of services needed from this vendor is sought and obtained through existing State external contractor resource consultant contracts. This leaves a total of one (1) consulting and eight (8) module procurements for the WINGS and EVV projects.

3.2 Needs

3.2.1 **Pharmacy Benefits Management System (PBMS)** – Change Healthcare (CHC), formerly Goold Health Systems (GHS), was the winning bidder for the PBMS component of the WINGS project, that had replaced the previous 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. The system went live on July 23, 2017 and has continued to operate successfully and efficiently with no unplanned downtime since go-live. The State formally accepted the PBMS system on October 24, 2017.

3.2.2 **Independent Verification and Validation (IV&V) Services** – SLI Global Solutions was the winning bidder for the IV&V services provider for the WINGS project, and the contract was fully executed in February 2017. The purpose of this procurement is to meet the State's needs in providing IV&V oversight control and CMS certification assessments of WINGS project activities to help reduce the inherent risk in the State's ability to procure, develop, deploy, operate, and reach final CMS certification within desired cost, schedule and performance goals, as well as help ensure the success of the WINGS project in meeting current and future needs and expectations of the State. The IV&V Services Contractor lends a different and independent perspective to WINGS procurement activities through oversight, review and observation of Contractor products, services and deliverables while providing advice, guidance and help to resolve conflicts or disputes.

3.2.3 **Testing – Quality Assurance/Quality Control (Testing – QA/QC) Services** – Qualis Health was the winning bidder for the Testing-QA/QC consulting contract for the WINGS project assistance, and the contract was fully executed on December 4, 2017. The Testing – Quality Assurance/ Quality Control Services Contractor was to act on behalf of the Agency to make sure the needs of the State are addressed and met for the various MMIS Replacement (WINGS) project components being phased in over the life cycle of the WINGS project. The Testing-QA/QC Services Contractor will define, implement and verify a high standard of quality, accuracy, accountability, and completeness is met for the testing of the new systems, from start-up/planning/transition through applicable design, development and implementation phases. Unfortunately, the level of expertise and support that the contractor was able to provide did not match the State's needs and expectations, and ultimately the State made the decision that it could better use the budget to obtain these services elsewhere. To date this has included change orders with the System Integrator and Data Warehouse to provide data obfuscation services, a task order with Cognosante via Cedar Bridge to provide a UAT manager, and a task order with Online Business Systems via Public Knowledge to provide independent security and penetration testing services. The State will continue to

provide updates on the fulfillment of this scope going forward as part of the discussion on use of external contractors.

3.2.4 **System Integrator/Enterprise Service Bus (SI/ESB)** – The State fully executed a contract with Deloitte Consulting LLP for System Integrator/Enterprise Service Bus (SI/ESB) on October 10, 2017. This module is meeting the State's needs for systems integration of WINGS project components, data, and other necessary systems as part of the Medicaid enterprise. This includes the data architecture, data and system integration, Enterprise Service Bus (ESB), Operational Data Store (ODS), and technical standards, platform, and services for the WINGS enterprise. The SI/ESB went live in November 2018 and integrated with the Data Warehouse in March 2019. Active integration with Conduent, the existing vendor, is underway and testing plans are in place to ensure all systems are working as desired prior to the changeover.

3.2.5 **Data Warehouse with Business Intelligence Tools and Reporting** – The State fully executed a contract with Deloitte Consulting LLP for Data Warehouse/Business Intelligence Tools-Reporting (DW/BI-R) on March 8, 2018. This module will meet the State's needs for data governance, data management and data analytics/business intelligence tools to support the statistical and analytical needs of the Medicaid program and other supporting programs, as needed. The data warehouse will collect, consolidate, and organize data for reporting and analysis of business processes. New or enhanced tools will be used for creating detailed, advanced user queries and publishing of standard, pre-defined reports, federally required reports and dashboards. The DW went live in November 2018 and integrated with the SI/ESB in March 2019. Active integration with Conduent, the existing vendor, is underway and testing plans are in place to ensure all systems and reporting are working correctly prior to the changeover.

3.2.6 **Fraud, Waste, Abuse (FWA) Analytics and Case Tracking** – The State fully executed a contract with Deloitte Transactions and Business Analytics LLP on May 25, 2018 for a Fraud, Waste, Abuse Analytics and Case Tracking Solution (FWA). This module will meet the State's needs for a new or enhanced solution for required Fraud, Waste, Abuse activities, including robust analytics, peer to peer studies and comparisons, and effective, end user friendly case and financial tracking capabilities. The solution went live in May 2019 and is replacing the pre-existing EFADS system. All existing program integrity cases in the EFADS system were successfully migrated to the new system so that the team could continue their casework. Defects are continuing to be worked through and enhancements logged in order to ensure the system functions optimally for its users.

3.2.7 **Care/Case Management System (CCMS) –** The State fully executed a contract with Micropact Global, Inc. on July 26, 2018 for a Care/Case Management System (CCMS) (Medicaid Waiver System). Unfortunately, after submission, review and approval of the initial Project Management Deliverables, the State made the determination that the vendor was unable to meet the State's expectations based on what had been proposed and demonstrated. A new procurement is being planned to meet the State's needs to implement a system that will utilize defined criteria to identify members for specific programs, coordinate care for members enrolled in individual or multiple care management programs, and collect and report on treatment outcomes. CCMS will provide comprehensive case management and workflow to track a member's care from inception to conclusion, with the tracking of key events being triggered based on the member's condition or type of services

required. The solution will also support member access to their plan of care, configurable development of assessments, capturing and monitoring assessments and screenings, treatment plans, authorized services, incident management, and reporting functions. The release of the CCMS 2 RFP is planned for 2020, and final implementation is planned for 2021.

3.2.8 **Provider Enrollment, Screening, and Monitoring Services (PRESM)** – The Provider Enrollment, Screening, and Monitoring Services solution will replace, modernize, and consolidate provider enrollment and management functionality currently scattered throughout five (5) internal Division units and the external legacy MMIS contractor, all of whom execute duties related to these provider functions and services. Procuring one Contractor to consolidate the scattered functions will shorten existing enrollment timeframes and revalidation processes. Additional benefits of implementing a Provider Enrollment, Screening, and Monitoring Services module are streamlined external and internal customer usability and enhanced visibility and communication between all stakeholders linked through the workflow. The State completed its evaluation process and awarded the PRESM contract to HHS Technology Group, LLC in February 2019. The State expects the contract to be fully executed in July 2019. Final system implementation is planned for April 2020. A Module Implementation Plan will be completed as part of DDI to ensure an orderly transition is in place.

3.2.9 **Benefit Management Services (BMS)** – The procurement of Benefits Management Services will meet the needs of the State in replacing the claims processing functions normally provided through the legacy MMIS system in addition to replacing the current Third Party Liability (TPL) functions and services. Benefit Management Services will encompasses the administration, operations, technology, and services support to manage claims processing, financial management, coordination of healthcare benefits, and other administrative services for delivering healthcare benefits to Wyoming Medicaid clients as well as provide TPL assistance to the State, management of (TPL) information received from other internal/external sources, and support in recovery processes as needed. The Benefits Management System and Services (BMS) RFP For Claims Processing, Financial Management, and Third Party Liability Services included Professional/Medical, Institutional, and Dental Claims Processing and other non-standard payments, financial management, third party liability, and other administrative services. The contract was awarded in July 2019, and the State expects to fully implement the system in June 2021. Part of the 18-month DDI will include extensive planning and testing to ensure the system is complete and fully operational before changeover and that service to Medicaid providers and members continues uninterrupted.

3.2.10 **Electronic Visit Verification (EVV)** – The need for this system is to provide a verification mechanism to the State for service types established under the Cures Act for type of service performed; individual receiving the service; date of the service; location of service delivery; individual providing the service; and time the service begins and ends. This system does not currently exist. Outreach and education for to future system users across the State in advance of and subsequent to implementation will be key to ensuring proper adoption. The State is applying a two-pronged approach to meeting the need for EVV that entails enhancements to an existing system as well as the procurement of a statewide vendor.

3.3 Objectives

3.3.1 **Pharmacy Benefits Management System (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 and Point of Sale services, operations, and support.

3.3.2 **Independent Verification and Validation (IV&V) Services** – The objective for the IV&V Services Contractor is to meet project responsibility requirements, objectives, milestones and deliverables for all procured WINGS project components and phases to ensure systems, products, or services meet the State's intended purpose, requirements and user needs. The IV&V services must be provided and managed by an organization that is technically and managerially independent of the State and WINGS project vendors. Additionally, the IV&V Services Contractor is expected to meet the objectives required by CMS for Medicaid Certification Enterprise Lifecycle (MECL), submission of certification progress reports/checklists based on Contractor oversight and monitoring of the day-to-day operations and management of the WINGS project.

3.3.3 **Testing – Quality Assurance/Quality Control (Testing-QA/QC) Services** – The objective for the State in securing the assistance of a Software Testing – Quality Assurance/Quality Control Services Contractor was to have an entity to act on behalf of the State to monitor and verify a high standard of quality, accuracy, accountability, and completeness is met for testing activities during applicable phases of WINGS project components. The Testing-QA/QC Services Contractor was to provide for quality standards, testing management, comprehensive software testing, and risk assessment assistance to the State as WINGS components are integrated into the WINGS technical platform. Unfortunately, the State assessed that the Testing-QA/QC Services contractor procured was unable to meet these objectives, and has since shifted them to existing State external contractor resource consultant contracts. These objectives will be cited in future IAPD-U documents under the external contractor resource section.

3.3.4 **System Integrator/Enterprise Service Bus (SI/ESB)** – The objective for the State in the Systems Integrator/Enterprise Service Bus procurement includes the services and solutions for establishing the approach and standards for architecture, systems, interfaces, and data repository for the WINGS project, including the data coming in through the Enterprise Service Bus (ESB) and into the Data Warehouse and other components. The Systems Integrator Contractor focuses on three primary functions: Systems Integration and Enterprise Service Bus, Technical Coordination, and Data Management and Services for WINGS component systems that should be minimally customized Commercial-Off-The-Shelf (COTS) or SaaS products that will be hosted by the vendor or a third party to support the WINGS project.

3.3.5 **Data Warehouse with Business Intelligence Tools and Reporting (DW/BI-R) –** The objective for the State in the Data Warehouse/Business Intelligence Tools and Reporting procurement is for a solution that provides robust data warehousing, new or updated data analytics and business intelligence tools, and expansive reporting capabilities. The data warehouse and tools would also provide options for data marts and schemas for specific user

communities, automated reporting, scheduling, pre-defined standard reports set to automatically generate or run with user-provided parameters, and ad hoc querying/reports to meet financial data, federal, program integrity, and financial audit objectives.

3.3.6 **Fraud, Waste, Abuse (FWA) Analytics and Case Tracking** – The objective for the State for the Fraud, Waste, Abuse, fraud analytics and case tracking component is to replace and enhance the existing FWA tools and applications to improve overall detection and recovery functions and administrative activities.

3.3.7 **Care/Case Management System (CCMS)** – The key objectives in Wyoming's care management programs are coordination of care and identifying gaps in care to assure the provision of high quality services for members. These programs may share members and members may pass from one program to the other with no way to track their care and progress over time. Since members may be enrolled in multiple care management programs at one time, having the ability to manage their care across programs in a cohesive manner will enhance member care coordination. The solution should include a configurable integrated workflow tool to track a member's care from beginning to end and create and/or send scheduled work items to case managers when they are due or requested.

3.3.8 **Provider Enrollment, Screening, and Monitoring Services (PRESM)** – The objective of the Provider Enrollment, Screening, and Monitoring Service module is to streamline the internal and external user's experience through consolidation, enhancement, and automation of existing processes. Providers will conduct enrollment and revalidation business through a self-service, web-based portal. The Provider Service portal will function as a "one-stop-shop" for the provider. Through the portal, the provider will complete a single online application which will intuitively collect information for any indicated provider type. The PRESM solution will provide a mechanism for the provider to track their submitted enrollment, reducing the cascade of calls into the call center to check their enrollment status. Along with electronic signature capabilities, the solution will highlight workflow functionality which will facilitate shorter enrollment timeframes and quicker provider maintenance reviews and determinations by applicable staff. Furthermore, manual entry of enrollments will cease due to the elimination of paper applications.

3.3.9 **Benefit Management Services (BMS)** – The objective for the State in the Benefit Management Services procurement is to encompass the administration, operations, technology, and services support to manage Professional/Medical, Institutional and Dental Claims Processing and non-standard payments claims processing, coordination of healthcare benefits, financial management, third party liability, and other administrative services for delivering healthcare benefits to Wyoming Medicaid clients. Health insurance risk and fiduciary responsibility for member coverage will remain the responsibility of Wyoming Department of Health. The BMS is a non-risk, non-managed care approach.

3.3.10 **Electronic Visit Verification (EVV)** – The objective of this system is to provide a verification mechanism to the State for service types established under the Cures Act for type of service performed; individual receiving the service; date of the service; location of service delivery; individual providing the service; and time the service begins and ends. This system does not currently exist. Outreach and education for to future system users across the

State in advance of and subsequent to implementation will be key to ensuring proper adoption.

SECTION 4.0 REQUIREMENTS ANALYSIS, FEASIBILITY STUDY, AND ALTERNATIVE CONSIDERATIONS

4.1 The alternatives analysis provided in IAPD v1.1, and in the comprehensive report titled WINGS- IAPD 2-1 Response FINAL March 7, 2016 that was provided to CMS by the State, in response to CMS' February 2, 2016 request for additional information, reflects the analysis and effort that has gone into planning and procuring the WINGS project components. To date, the State has procured six of the eight component modules that will comprise the WINGS and EVV project enterprise efforts. Prior to release of these RFPs, the State went through extensive requirements analysis and feasibility of scope with alternative considerations in mind, in case what the State wanted was not readily available in the vendor industry, or the contractors could not deliver the required scope for the approved budget.

For each of the WINGS and EVV modules, requirements, feasibility, and alternatives sessions were held with WDH subject matter experts, the WINGS team, and our technical/security manager and architect to determine what the State needs and required federal items were for each of the Request for Proposals (RFP). For most of the procurements, vendor fairs were held or vendor questionnaires and Request for Information (RFI) or draft RFPs were sent out to obtain vendor insight into current and new innovative technology, applications, tools and services solutions available in the marketplace and to provide feedback on the State's anticipated approach/scope. The outcome of these analysis sessions are documented in the released RFPs information and requirements, and in the subsequent contracts with the chosen vendors.

The State has examined and continues to research alternatives for both the CCMS and Testing QA/QC contracts as explained below. During the development process for the SI/ESB, DW, and FWA modules, the State considered a variety of alternatives for enhancing module performance as well as leveraging vendor expertise to the benefit of future modules. For the remaining PRESM and BMS module procurements, the State took slightly different approaches to the RFP.

4.1.1 For the Care/Case Management System (CCMS), the State has revisited its strategy since terminating the contract with MicroPact. In the early stages of working with MicroPact, the State realized that what it had understood to be a COTS product was turning into an intensive custom development project which would put a great strain on the business users and project team as well as introducing unnecessary risk inherent to developing a new product. Following this the State began reviewing the scope of the project and identified parts of scope related to waiver provider enrollment and management that could be better handled through the PRESM module.

The State is now plans to host a vendor fair in order to get a better understanding of the products on the market today. After the vendor fair, the State intends to release a draft RFP for vendor comment. Information gained from the vendor fair and draft RFP will be used by the State to better align requirements with existing products in order to find the

best COTS products for the business users' needs. The State believes this approach will significantly lower implementation risk and allow it to find the best waiver program case management systems to meet its needs.

4.1.2 For the Testing – Quality Assurance/Quality Control (Testing-QA/QC) procurement, the State also revisited its strategy since terminating the contract with Qualis. After its experience with the initial Testing-QA/QC proposals and selection process, the State felt that going back out to the market with a similar RFP was of dubious value.

An analysis of the State's most pressing needs related to the scope of that contract presented UAT management and security and penetration testing as priorities. The WINGS project was able to create task orders under existing State contracts with external contractors to provide these services. Cedar Bridge, through affiliate Cognosante, provided a UAT management resource that has brought a great deal of value to the project in a few short months. Thorough UAT planning, coordination and execution is essential to the success of every component of the WINGS project. UAT ensures that each of the State's requirements are met to the satisfaction of the business users of the system, that defects are logged and remedied, and that scheduled milestones can be met. Incomplete UAT would create risks to the schedule and budget of each component. This is being funded through the budget initially set for the Testing-QA/QC contract.

Likewise a task order has been created with Public Knowledge, through affiliate Online Business Systems, to perform security and penetration testing for each component. The addition of resources through task plans has the added benefit of making specialized resources available when they are needed for individual component testing. To date this has proven more effective and more economical than then having a resource with more general competencies available at all times as expertise can be concentrated at key project junctures and be used to identify and manage project risks, software defects, and vulnerabilities.

4.1.3 The State is requesting increased funds for enhancement pools to cover approved change orders for three modules that have entered O&M: The System Integrator/Enterprise Service Bus, the Data Warehouse, and the Fraud, Waste & Abuse Solution. The nature of these potential change orders is to expand and improve upon the existing contract scopes for items that were previously not completely understood at the time of the original contract, as well as to have a mechanism for funding potential, value-creating enhancements that come up over the course of DDI. The State is seeking to secure funding and complete contract amendments for each of these modules so that a potential change order can go through the WINGS change control process when identified. This would grant authority to project leadership to make tactical project decisions in a timely manner after going through the appropriate controls. Vendors can then plan changes into their respective work plans much sooner, thus saving the additional cost and time it would take to go back and work through the changes after a funding and contracting process that often extends for months. The establishment of these pools is to create an option for their use and does not commit those funds to be spent only to be available.

To manage changes that arise over the course of DDI, WINGS has established a Change Control Board (CCB) that has the duty of reviewing these requests and determining if they

offer benefit from the Agency and are viable from time and budget perspectives. The CCB includes a minimum four fixed members from WINGS and the State Enterprise Technology Services Leadership. The State Contract Manager and Project Manager for the module requesting or affected by the proposed change are also included as voting members. The CCB meets bi-weekly or as needed. The vendor submits to the Contract Manager and Project Manager a written request for change (CR) including impacts to scope, schedule, and budget that should be comprised of requirements, proposed acceptance criteria, and a detailed basis of estimate. The Contract Manager and Project Manager must approve the CR for it to move to the CCB. It is then shared with the CCB ahead of the meeting so that all members have an opportunity to review the materials and evaluate for level of effort, time, cost, and benefit to the Agency. The vendor attends the CCB meeting and is expected to respond to any questions or concerns. When the CCB approves the change, a signed, approved change request is returned to the vendor and work may begin.

The goal of the enhancement pool is to provide the CCB with authority to approve relatively minor budgetary changes in an expeditious manner to help keep projects on schedule while taking advantage of opportunities to improve outcome that had not been envisioned at the time of contracting. There have been specific instances already identified in each of the modules where these changes will be necessary to secure an optimal outcome and ensure vendors come out whole.

The WINGS project initially sought to cover all CRs with previously approved funds, but as the scope of anticipated changes has grown is now seeking to secure $1,000,000 in additional funds availability . Notably, $103,000 in change orders for the SI/ESB vendor for data obfuscation are to be funded with dollars initially committed to the now-cancelled Testing QA/QC contract. Total increased funding requested related to change orders and enhancements is $1,000,000.

The following are explanations for each of the three modules requesting change orders and/or an enhancement pool including change orders already approved and funded and anticipated future change orders.

- System Integrator / Enterprise Service Bus – The State is requesting $200,000 to fund an enhancement pool for the SI/ESB module. To date the SI/ESB Contractor has three approved CRs totaling $103,000 for the purposes of data obfuscation. These were needed to cover the interim data obfuscation needs for the WINGS project after the termination of the Testing-QA/QC contract. The State likewise intends the funds for these CRs be taken from unused funds originally designated to pay the Testing-QA/QC Contractor. Working together with the Data Warehouse Contractor to fill this need, the SI/ESB Contractor proved to be very proficient in data obfuscation in general and has become very knowledgeable of the Agency's data in particular. As a result the State believes the SI/ESB Contractor is in an ideal place to continue assisting new modules by providing the necessary obfuscated data for use in non-production environments which has been more difficult for individual modules to provide than anticipated. The State is therefore requesting an enhancement pool of an additional $200,000 to fund data

obfuscation on an as-needed basis for new modules under development. This robust obfuscated data in lower environments helps to expedite code development and testing prior to being promoted to production, thus potentially reducing the number of defects. The State believes this will leave to better quality test data produced more efficiently, and ultimately to better testing and outcomes and cost savings over the life of the project.

- Data Warehouse – The State is requesting $500,000 to fund an enhancement pool for the DW/BI-R module. The State's intention is to create a pool of hours that can be used for data obfuscation as well as adding and enhancing additional data sources such as eligibility, immunization, and sources for data matching to enhance health metrics. In particular, initial planning sessions for the upcoming integration with the Wyoming Eligibility System (WES) have revealed that this data source system has many more data items and reporting needs than originally scoped. Integration of member eligibility data is a key required component of a Medicaid Data Warehouse. A thoughtful integration now should reduce the need for future rework because all of the data items and reporting needs will have been thoroughly researched and vetted. In addition, the Data Warehouse Contractor, working with the SI/ESB Contractor, has proven to be expert in data obfuscation that is required for non-production environments. This expertise is being leveraged by other module vendors in the WINGS project and therefore would require a change order because this work is currently out of scope. To date the DW/BI-R Contractor has one approved CR for $10,230. The State intends to cover this amount as part of the enhancement pool.
- Fraud, Waste, and Abuse – The State is requesting $300,000 to fund an enhancement pool for the FWA module. Over the course of DDI, the State program integrity team logged over 60 desired enhancements that would improve their ability to leverage the system to identify and recover on cases of fraud, waste, and abuse, and would require varying levels of effort from the Contractor in areas such as lead generation, analytics, and automation. The State has assigned priority levels to the desired enhancement and wishes the Contractor to propose timelines and level of effort appropriate for batches of these requested enhancements. With an enhancement pool in effect, WINGS and project leadership would have the authority to evaluate Contractor proposals deemed reasonable and fund them through the enhancement pool on an ongoing basis once the Contractor has completed rectification of all identified defects. To date the FWA Contractor has one approved Change Order for $59,000 not included in the enhancement pool. It had become apparent over the course of DDI that the resources allocated by the Contractor were insufficient to meet the requirements by the specified go-live date, and the Contractor asked to State to help to cover some of the costs incurred to keep a team on the project for two additional months. The State approved this request and intends to cover the cost with dollars approved for the WINGS that have not been left over. Notably, the FWA Contractor underbid the project at only $464,297 for a full program integrity solution including advanced analytics, case

and financial management whereas the State had specified a maximum DDI budget of $700,000. Taking into account the approved CR and all desired enhancements would bring DDI for the project in at only $64,297 over the amount originally allocated and approved.

4.1.4 For Provider Enrollment, Screening, and Monitoring (PRESM) module, the State had looked into other recommended alternatives available to Wyoming Medicaid, and seized a collaboration opportunity to participate in a multi-state cooperative procurement initiative through the National Association of State Procurement Officials (NASPO) ValuePoint in order to procure a Provider Services module. NASPO ValuePoint is a cooperative purchasing program among States. Wyoming participated with Montana, Oregon, South Carolina, and South Dakota with the Sourcing Team efforts being led by Montana. Since this was an atypical procurement style, Montana notified and discussed the approach with CMS Central Office as well as the Regional Office.

This unique collaboration approach allowed participating states to share ideas, thoroughly discuss approach, scope, and requirements, and completely vet and agree to requirements with regard to the functionality of the PRESM module. The collaboration approach allowed the procurement to be constructed through multiple perspectives, visions, and scenarios resulting in a thoughtful, comprehensive RFP that will serve not only the Sourcing Team, but other States as well. This approach also allowed the State to focus on defining specific Wyoming needs while Montana took on the writing of the RFP and other administrative burdens rather than duplicating RFP efforts.

In terms of structure and methodology, the RFP was released with three sections: Base Requirements, Option A, and Option B. At a minimum, each Proposer provided a technical response and cost determination for the base requirements. The base requirements include security requirements, such as Vendors adhering to NIST security standards and all federal and state requirements, laws, rules, and regulations including HIPAA and ACA, and operational functionality that must be included in the Provider Services solution. Multiple Proposers chose to include a separate cost proposal each for Option A and Option B services. Option A and Option B consist of services related to the self-service provider portal and activities not included in the base requirements. Option A included services related to a self-service claim status inquiry, self-service warrant remittance advice inquiry, online claims entry, and additional services. Option B included services related to provider site visits, inclusion of a Customer Relationship Management (CRM) tool, a provider call center, Interactive Voice Response (IVR) system, and additional services.

Wyoming, Montana, Oregon, South Carolina, and South Dakota jointly participated in the proposal evaluation process. At the end of the proposal evaluation process, all Proposers meeting or exceeding the evaluation scoring threshold were considered acceptable Provider Services Contractors. The result of this multi-state procurement initiative was a list of potential Contractors available for any State, participating in the multi-state procurement initiative or not, to enlist a qualifying Contractor for their Provider Service solution. All qualifying Contractors are expected to sign a Master Agreement and indicate their understanding of participation as a NASPO ValuePoint Contractor. After CMS

approved all the Master Agreements, each of the selected Contractors' Provider Services solutions became available on the NASPO ValuePoint website for selection by any State.

The cooperative purchasing model produced one viable Wyoming Provider Enrollment, Screening, and Monitoring (PRESM) Contractor candidate within the specified budget, HHS Technology Group (HHS). The State is currently engaged in the contracting process with HHS, and is targeting to begin project work in August 2019.

4.1.5 For the Benefit Management System and Services (BMS) module, the State carefully analyzed and solicited feedback regarding its approach to procuring a Benefits Management System and related services. In an early IAPD request, CMS did not accept the State's original planned approach and requested that WDH take more time to research and analyze what other states were doing and to consider different options and approaches available in the industry.

The State conducted a Procurement Alternatives Analysis study including a vendor questionnaire, to determine how best to handle the BMS procurement, ranging from a single procurement model or broken up into separate procurements, which would allow for more specialization but also create more complexity. The study included feedback on how other states have handled their benefit management procurement including the following potential options for the Agency:

- Single Procurement Model: System and Service procured together in one RFP (where subcontracting may be used if two vendors wish to bid together).
- Separate Procurements: Procure the system and services separately in two RFPs.
- Joint or Separate Vendors through One RFP: Procure the system and services in one RFP, but allow vendors to bid on one or both options.
- RFP and Partnership Hybrid: Procure the system through a collaborative partnership with another state, and procure provider care services and fiscal agent and claims in one (or two) separate RFP(s).

The Procurement Alternatives Analysis was shared with the Medicaid Information Technology Coordination Committee (MITCC) as well as the Design Team, which comprises all staff at the Wyoming Department of Healthcare Financing that will be impacted by the new system changes. Both the MITCC leadership and the Design Team were then surveyed for their feedback on each alternative. Respondents heavily favored the single procurement model. Concerns over the other alternatives included that vendor cooperation in a non-hierarchical environment where processes are intertwined, like claims processing and a claims processing system, has proven challenging in the past and that a partnership with another state, while ideal in theory, risked extending timeline significantly. In favor respondents argued that the use of a subcontractor allows for specialization with clear assignment of responsibility, but recommended vendors be provided with ample time to create the best pairings where one vendor may not be well placed to provide both the system and service.

The MITCC selected the single procurement model as the preferred method, and the results of the research that had been undertaken was presented together to the Executive Steering Committee, which agreed to support this strategy at their May 2018 meeting. In July 2018, the State issued a Draft RFP to solicit feedback from potential vendors and held a vendor

fair in which four different vendors participated. 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. Both State and vendor feedback were taken into account in the development of the final BMS RFP.

Also in May 2018, the deadline for proposal submission for the Third Party Liability Services and Buy-In System (TPL) RFP passed with no vendor responses. The State contacted vendors that had expressed interest during the Q&A period to determine why they had not submitted proposals. Among the conclusions reached were that TPL and Buy-In are separate products in the current marketplace, that there was a mismatch between the extensive list of requirements and the project budget, and that TPL was seen by vendors as more services than system, to the extent that it was not cost effective to build a TPL and Buy-In system.

WINGS project and Medicaid eligibility leadership met to discuss the findings and determined that the functions of a Buy-In system were most closely aligned with those being performed by the Wyoming Eligibility System (WES). An inquiry was made to the existing WES contractor with regard to the feasibility and cost of adding Buy-In functionality and costs to the existing system. The contractor responded with a proposal that was deemed acceptable by the State, and Medicaid leadership took the decision to pursue Buy-In through that vein in order to maximize efficiency.

In addition, the cost of the technical infrastructure required for the relatively small volume of TPL activity occurring in the State of Wyoming led to the conclusion that it would be better to combine the TPL functions into a larger system. BMS was selected as the most logical fit for these functions, which currently live within the legacy MMIS. The TPL requirements have thus been moved into the BMS procurement and the Buy-In requirements moved under the WES project.

The BMS system and services shall handle provider payment processing, coding to state budget, federal category of services and T-MSIS, adjustments and withholds, accounts receivable, accounts payable, and TPL service activities. The RFP for BMS with TPL closed in April 2019. Four vendors responded, of which three were deemed technically viable after proposal reviews. An award was made in July 2019 to CNSI, who bid together with subcontractors to meet all requirements of the BMS with TPL RFP within the previously approved budget. Contracting is currently underway and DDI is expected to begin in December 2019.

SECTION 5.0 COST BENEFITS, GUIDING PRINCIPLES, AND RISK ANALYSIS

5.1 Overview

The WINGS Project team, leadership and stakeholders have established the following guiding principles, risks, and cost benefit analyses to be considered in all decisions throughout the project phases to ensure that costs are appropriate for the scope, project risks are mitigated appropriately, the competitive-bid procurements are successful, and that clients, provider community and other stakeholders encounter minimal impact. The

following table illustrates the WINGS project's guiding principles that will be considered in all decisions and procurements to minimize cost and risk to the Agency.

Table 5.1: 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 and effectively 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.

SECTION 6.0 NATURE AND SCOPE OF ACTIVITIES

6.1 WINGS Systems / Components in Scope

The following table lists the existing and new systems/components or services in scope for the WINGS Project under this IAPD-U.

Table 6.1: WINGS Project Systems/Components in Scope

System/Component	Purpose/Function
Pharmacy Benefits Management System and Services	The Pharmacy Benefits Management System and services Contractor will provide Point of Sale (POS); Pharmacy call center; Prior Authorization services; Third Party Liability services, 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); Pharmacy Program Integrity for Fraud, Waste and Abuse, and Medication Therapy Management (MTM) activities.
Independent Verification and Validation Services	The IV&V Services Contractor 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 into the WINGS Enterprise associated with procurement, implementation requirements, project life cycle, operations, and CMS certification activities.
Testing - Quality Assurance/Quality Control Services	The Testing - QA/QC Services Contractor will provide in-depth testing, risk management, and quality standards for accuracy and accountability to make sure the needs of the State are addressed and met for the various WINGS components.
System Integrator/ Enterprise Service Bus	The System Integration and Enterprise Service Bus Contractor will provide services and solutions for establishing the approach and standards for architecture, systems, interfaces, and data repository for the WINGS project, including the data coming in through the Enterprise Service Bus (ESB) and into the Data Warehouse and other

	components. The Systems Integrator Contractor will focus on three primary functions: Systems Integration and Enterprise Service Bus, Technical Coordination, and Data Management and Services for WINGS component systems.
Data Warehouse/ Business Intelligence Tools and Reporting	The Data Warehouse and Business Intelligence Tools and Reporting Contractor will work with systems integrator for 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. The business intelligence tools, applications and data analytic services for On-line Analytical Processing (OLAP)/modeling and data mining will 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), financial and other reporting needs will be provided.
Fraud, Waste, Abuse Analytics and Case Tracking Software and Tools	The Fraud, Waste, Abuse Analytics and Case Tracking Contractor will replace or enhance the existing FWA tools and applications to improve overall detection and recovery functions and administrative activities with a highly configurable, intuitive functionality and automated solution. Reporting functions include Surveillance and Utilization Review (SUR) reporting and other fraud, waste, abuse reporting.
Care/Case Management System (Waivers)	The Care/Case Management Contractor will utilize defined criteria to identify members for specific programs, coordinate care for members enrolled in individual or multiple care management programs and collect and report on treatment outcomes. The solution will support member access to their plan of care, configurable development of assessments, capturing and monitoring assessments and screenings, treatment plans, authorize services, and incident management and reporting. It will provide comprehensive case management and workflow to track a member's care from inception to conclusion with the tracking of key events being triggered based on the member's condition or type of services required.
Provider Enrollment, Screening, and Monitoring System	The Provider Enrollment, Screening, and Monitoring Contractor will provide provider screening and background checks, online provider enrollment, a provider support enrollment call center and help desk, including Interactive Voice Response (IVR) software, a Customer Relationship Management (CRM) tool, and ongoing provider credentials monitoring.

Benefit Management Services for Medicaid Claims Processing, Financial, Third Party Liability, and Related Administrative Services	The Benefits Management System and Services Contractor will provide claims processing, financial management, third party liability, and supporting administrative services. The BMS Contractor will support the receipt, adjudication and editing, pricing, and payment for professional, institutional, and dental claims. The Contractor will perform system and services for related administrative functions to the overall operational and business process for the Medicaid Program including system reporting for oversight, budgeting and review. The nature of the BMS Services project is the integration of Commercial-Off-The-Shelf (COTS) products and/or Software as a Service (SaaS) configuration of the solution(s), development of a limited number of custom rules harmonized to Wyoming policy. Functions related to Third-Party Liability will obtain information from internal/external sources and match data and maintain members' TPL and support recovery processes.

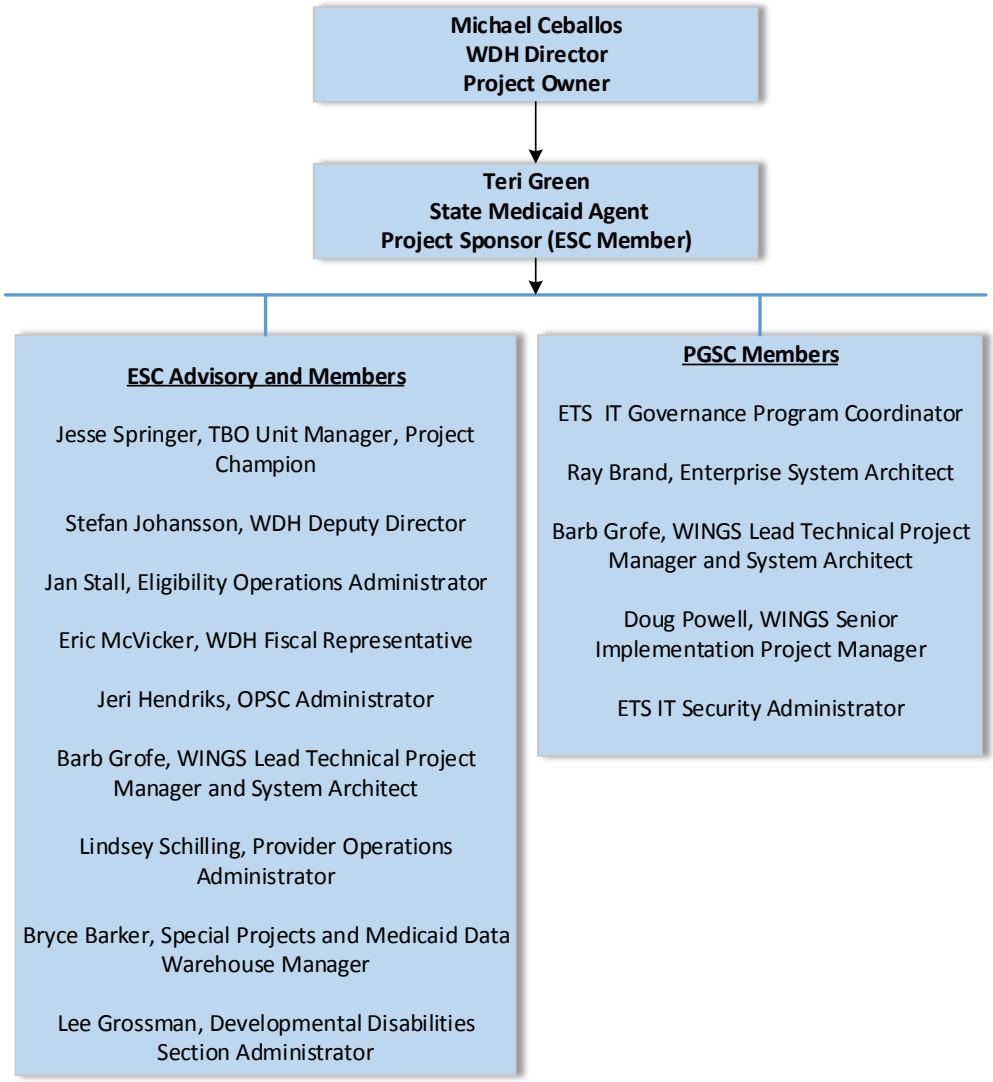
SECTION 7.0 PROJECT MANAGEMENT PLANNING AND PROCUREMENT

7.1 Overview

The project management plan for the MMIS Replacement Project is to redesign the Wyoming MMIS enterprise through a special replacement project referred to as the Wyoming Integrated Next Generation System (WINGS) Project. The WINGS Project goal is to improve business area capabilities with increased efficiencies, decreased costs, decreased risks, and increased security across the Medicaid enterprise

The proposed solution will leverage functional or technical modules that can be plugged in or replaced quickly, which will enhance business efficiency and provide faster delivery of new functionality. Functional applications can be easily modified as business needs evolve, with minimal impact to the business. Once the foundation is in place, functional applications can be assembled on top without having to rebuild common, nonfunctional capabilities. Common components that are needed in other WDH systems can also be reused and shared.

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. 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.



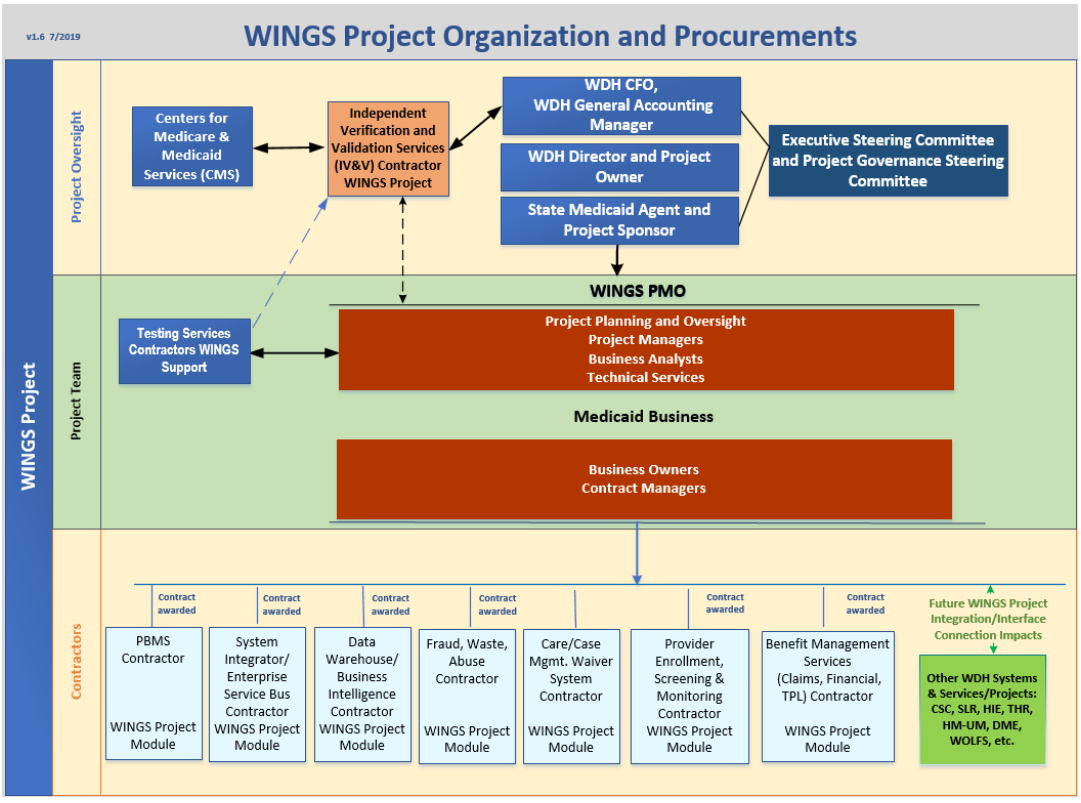
The following table provides an overview of the roles and responsibilities of the Project Governance Steering Committee team members with roles associated with the procurement and implementation of Contractor services work for all components of the WINGS project and for the duration of the WINGS project.

Table 7.1 PGSC Role and Responsibilities

Role	Responsibilities
Project Governance Steering Committee (PGSC)	The project governance Steering committee consists of members of the Enterprise Technology Services (ETS) Enterprise Architect Office (EAO) personnel and WINGS technical project manager/systems architect and senior

Ray Brand *Barb Grofe* *Doug Powell* *ETS IT Governance Program Coordinator* *ETS IT Security Administrator*	implementation project manager. 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. Specifically: • 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.

Figure 7.1 WINGS Project Organization and Procurements



SECTION 8.0 PERSONNEL RESOURCE STATEMENT

8.1 Personnel resources that are dedicated to the WINGS project team and Wyoming Department of Health stakeholders that will provide oversight and/or lend their subject matter expertise to the WINGS and EVV project teams throughout the phases of the project, are listed below. The percent of time committed to the specific WINGS and EVV Project activities, paid at 90% FFP (2A or 2B), is designated in the following table for the key staff members involved on a daily basis, or at some point during the WINGS project for a specific module component. The percent of time committed to operational activities, paid at 50% or 75% FFP pre- and post-certification (5A or 5B, 4A or 4B) is also designated in this table, which reflects updates to staffing plans reflected in the WINGS IAPD-U v3.0, the EVV IAPD v1.1, and the WINGS OAPD-U v1.0.

Table 8.1 Project Resources and Stakeholders

Role	Name	Responsibility
WINGS Lead Technical Project Manager and Systems Architect	Barb Grofe	Day-to-day management of project activities, schedule timeline and technical liaison/advisor. Research existing systems and diagram of work and process flows; design and define best solution(s) for the phases of the WINGS project. Time committed to WINGS & EVV projects DDI = 88% @ 90% FFP 2B. Technical assistance and troubleshooting as issues arise during O&M period. Time committed to SI/ESB O&M = actual hours worked, approximately 5% @ 75% FFP 2B.
WINGS Senior Implementation Project Manager	Doug Powell	Management of implementation project activities including schedule timelines and assistance to program managers for Statement of Work and Contract activities for the procured WINGS project components. Time committed to WINGS project DDI = 100% @ 90% FFP 2B.
WDH – Technology and Business Operations Unit WINGS PMO Lead	*Vacant*	Management of WINGS SI/ESB contract and remaining DDI. Oversight of WINGS project schedule, documentation, and project management activities. Time committed to WINGS project DDI = actual hours worked, approximately @ 90% FFP 2A.

		Management of WINGS SI/ESB contract related activities and schedule timelines and liaison with vendor management. Time committed to project = actual hours worked, approximately 20% @ 75% FFP 2A.
PMO Contracts and Planning Manager	Nora Huvane	Advance Planning Documents, Request for Proposals, Contract administration; oversight of deliverables and liaison with vendor management. WINGS financial, budget, and expenditure activities. Certification activities and DDI support. Time committed to WINGS and EVV projects DDI = 98% @ 90% FFP 2A.
WINGS Assistant Vendor Contract Manager	Michelle Clements	Request for Proposals development and procurement activities. Contract development, negotiation and review. Assist business Contract Managers generally and specifically assistant to SI/ESB contract manager, review of deliverables, and liaison with vendor management. Time committed to project = 80% @ 90% FFP 2A.
WINGS Senior Business Analyst and Certification Lead	Deanna Hebert	Lead business processes and MITA analyst, RFP requirements gathering, assist WINGS team with documentation of technical and business processes. WINGS Certification Lead. Time committed to project = 98% @ 90% FFP 2A.
WINGS Project Manager	Kaitlyn Roadifer Wilson	Management of implementation project activities including schedule timelines and assistance to program managers for Statement of Work and Contract activities for the procured WINGS project components.. WINGS Project Manager for PRESM module. EVV Project Manager. Contract and Task Plan Manager for testing support services. Time committed to WINGS and EVV projects = 98% @ 90% FFP 2A.
WINGS Project Analyst and Documentation Manager	Kathryn McNees	Assist with WINGS certification, financial, budget and expenditure activities, and module business analyst assistance. Create, review, and manage all WINGS project documentation,

		decisions, deliverables and architecture. Set up and manage WINGS document repository, structure, standards and protocols, and security access for the project team and Contractors. Time committed to project = 98% @ 90% FFP 2A.
WINGS Project Analyst	Angelynn McCoy	Provide support to WINGS project managers and documentation of technical and business processes, and certification activities. Provide business and functional support to WINGS team for project activities and perform administrative duties. Time committed to project = 98% @ 90% FFP 2A.
WDH – Technology and Business Operations Unit Manager and WINGS Project SI/ESB Contract Manager	Jesse Springer	WINGS project champion and project support with guidance, impact, validation, governance, advance planning document budgets, staffing, and deliverables review. Liaison with executive leadership. Management of WINGS SI/ESB contract related activities and schedule timelines. Time committed to project = actual hours worked up to 35% for WINGS and EVV DDI @ 90% FFP 2A. Liaison with executive leadership. WINGS SI/ESB subject matter expert (SME). Time committed to project = actual hours worked up to 10% for SI/ESB O&M @ 75% FFP 2A.
WDH - Technology and Business Operations Unit - WINGS Data Warehouse Contract Manager	Bryce Barker	Day-to-day management of data warehouse and schedule timelines. Assistance from WINGS staff for Statement of Work and Contract activities for the procured WINGS project component. Time committed to project = actual hours worked, approximately 50% during DW project @ 90% FFP 2A.
WDH – Technology and Business Operations Unit -	Vanessa Rasanen	Guidance, impact, validation, and DSS subject matter expert (SME) for business and data reporting and data analysis.

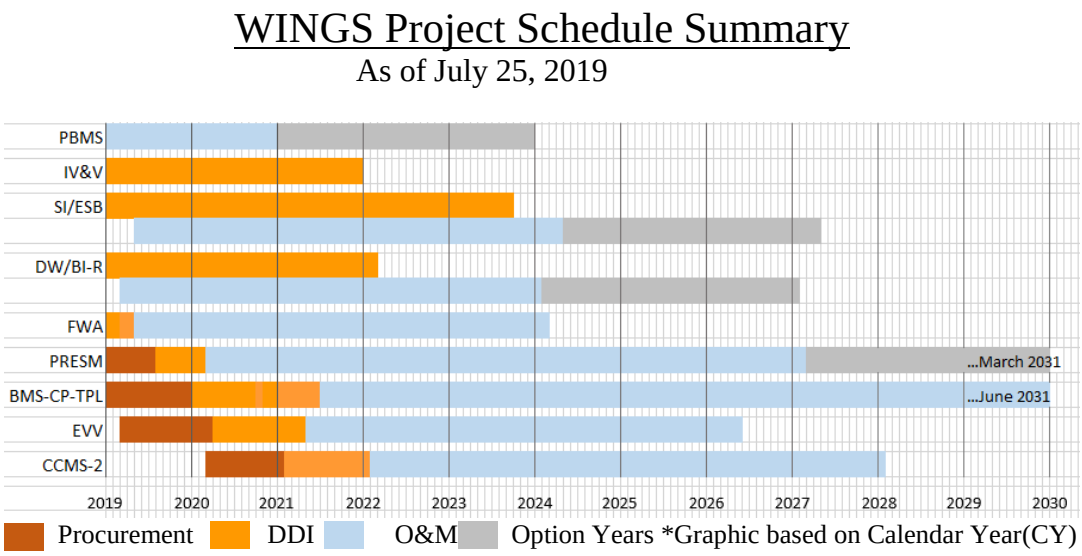
Analysis & Information Manager		Time committed to project = actual hours worked up to 15% during DW project @ 90% FFP 2A.
WDH – Technology and Business Operations Unit - Legacy MMIS System Manager	Debbie Paiz	Guidance, impact, validation, governance, MMIS subject matter expert (SME) and current MMIS Contract Manager. Time committed to project = actual hours worked up to 15% for entire WINGS enterprise @ 90% FFP 2A.
WDH – Benefits Management Unit - Pharmacy Services Manager	Cori Cooper, PharmD	Guidance, support, Pharmacy Benefits Management System and Services subject matter expert (SME) and PBMS/POS Contract Manager. Time committed to project = actual hours worked, approximately 50% during PBMS project @ 90% FFP 2A. Guidance, support, Pharmacy Benefits Management System and Services subject matter expert (SME) and PBMS/POS Contract Manager. Time committed to project = actual hours worked, approximately 35% during PBMS O&M @ 75% FFP 2A.
WDH – Program Integrity Unit Manager and WINGS FWA Contract Manager	Andrew Chapin	Day-to-day management of Fraud, Waste, Abuse activities and schedule timelines. Assistance from WINGS staff for Statement of Work and Contract activities for the procured WINGS project component. FWA Contract Manager. Time committed to project = actual hours worked, approximately 50% during FWA project @ 90% FFP 2A.
WDH – Program Integrity Unit and FWA SME	Susan Malm	Guidance, support, impact, validation, governance and FWA subject matter expert (SME). Time committed to project = actual hours worked up to 15% during FWA project @ 90% FFP 2A.
WDH – Program Integrity Unit and	John Benskin	Guidance, support, impact, validation, governance and FWA subject matter expert

FWA SME		(SME). Time committed to project = actual hours worked up to 15% during FWA projects @ 90% FFP 2A.
WDH – Home Care Services Waiver Unit – WINGS Care/Case Management System (CCMS) Contract Manager and EVV Contract Manager	Julie Lacey	Day-to-day management of CCMS activities and schedule timelines. Assistance from WINGS staff for Statement of Work and Contract activities for the procured WINGS project component. Time committed to project = actual hours worked, approximately 50% during CCMS and EVV projects @ 90% FFP 2A.
WDH – Fiscal Services Unit – WINGS IV&V Contract Manager	Eric McVicker	Management of Independent Verification & Validation contract related activities and schedule timelines. Assistance from WINGS staff for subject matter expertise and Statement of Work and Contract activities for the procured WINGS project component. Time committed to project = actual hours worked, approximately 35% during IV&V project @ 90% FFP 2A.
WDH – Benefits Management Unit – Provider Operations Administrator	Lindsey Schilling	Guidance, impact, validation, governance, Provider Operations subject matter expert (SME) and Benefits Management Administrator. Time committed to project = actual hours worked up to 15% during BMS project @ 90% FFP 2A.
WDH – Benefits Management Unit – BMS Contract Manager	Sara Rogers	Day-to-day management of Benefit Management System and Services activities and schedule timelines. Assistance from WINGS staff for Statement of Work and Contract activities for the procured WINGS project component. BMS Contract Manager. Time committed to project = actual hours worked, approximately 50% during BMS project @ 90% FFP 2A.
WDH – Eligibility and Client Services Unit – Eligibility Operations	Jan Stall	Guidance, impact, validation, governance, Eligibility subject matter expert (SME) and Eligibility and Client Services Operations Administrator. Time committed to project = actual hours

Administrator		worked up to 15% during BMS project @ 90% FFP 2A.
WDH – Eligibility and Client Services Unit – Third Party Liability & Estate Recovery Specialist	Sheila McInerney	Guidance, support, impact, validation, governance and TPL subject matter expert (SME). Time committed to project = actual hours worked up to 15% during BMS project @ 90% FFP 2A.
WDH – Eligibility and Client Services Unit – Benefits Coordination Manager	Theresa Manzanares	Guidance, support, impact, validation, governance and Medicaid benefits coordination subject matter expert (SME). Time committed to project = actual hours worked up to 15% during BMS project @ 90% FFP 2A.
WDH – Benefits Management Unit – PRESM Contract Manager	Sheree Nall	Day-to-day management of Provider Enrollment, Screening, and Monitoring activities and schedule timelines. Assistance from WINGS staff for Statement of Work and Contract activities for the procured WINGS project component. PRESM Contract Manager. Time committed to project = actual hours worked, approximately 50% during PRESM project @ 90% FFP 2A.
WDH – Benefits Management Unit Pharmacy Program Specialist	Melissa Eames	State side provider enrollment, PBMS contract management support. Time committed to project = actual hours worked, approximately 30% during PBMS O&M @ 75% FFP 2A.
WDH – Benefits Management Unit Lock-in Program Manager	Sandra Deaver	Manage program integrity program for pharmacy operated through PBMS system. Time committed to project = actual hours worked, approximately 30% during PBMS O&M @ 75% FFP 2A.

SECTION 9.0 PROPOSED ACTIVITY SCHEDULE

9.1 The WINGS Project overall schedule with proposed start and end dates for the main phases of the component module lifecycles are as follows:



Pharmacy Benefit Management System (PBMS)	**Dates**	**Duration**
Go-Live Date	Jul 23, 2017	N/A
System Acceptance Date	Oct 24, 2017	N/A
O&M Phase	Jan 1, 2017 – Dec 2021	5 years
Optional Contract Extension Years	Jan 2022 – Dec 2024	3 years
Independent Verification & Validation (IV&V)		
DDI Phase	Feb 10, 2017 – Dec 2021	5 years
Testing-Quality Assurance/Quality Control (Testing-QA/QC)		
DDI Phase	Dec 4, 2017 – Jan 2019	1 year
System Integrator-Enterprise Service Bus (SI/ESB)		
DDI Phase	Oct 11, 2017 – Sep 2023	5 years
O&M Phase	May 2019 – Apr 2024	5 years
Optional Years	May 2024 – Apr 2027	3 years

Data Warehouse-Business Intelligence Tools-Reporting (DW/BI-R)		
DDI Phase	Mar 19, 2018 - Feb 2022	4 years
O&M Phase	Mar 2019 – Jan 2024	5 years
Optional Years	Feb 2024 – Jan 2027	3 years
Fraud, Waste, & Abuse (FWA)		
DDI Phase	May 25, 2018 – May 2019	11 mons.
O&M Phase	May 2019 – April 2024	5 years
Care Case Management System (CCMS) 1		
DDI Phase	July 26, 2018 – Dec 2018	5 mons.
Care Case Management System (CCMS) 2		
DDI Phase	TBD	10 mons.
O&M Phase	TBD	6 years
Provider Enrollment, Screening, and Monitoring System (PRESM)		
DDI Phase	Aug 2019 – Apr 2020	9 mons.
O&M Phase	Apr 2020 – Mar 2027	7 years
Optional Years	Apr 2027 – Mar 2030	3 years
Benefit Management System and Services - Claims Processing, Financial, and Third Party Liability (BMS)		
DDI Phase	Dec 2019 – May 2021	1.5 years
O&M Phase	June 2021 – May 2031	10 years
Electronic Visit Verification (EVV)		
Estimated RFP Release Date	Sept 2019	N/A
Estimated DDI Phase	Apr 2020 – Mar 2021	1 year
Estimated O&M Phase	Apr 2021 – Mar 2026	5 years

9.2 The proposed WINGS module Medicaid Enterprise Certification Lifecycle (MECL) related activity schedule is referenced in the following table to indicate the estimated R1, R2, and R3 CMS milestone review schedule timelines by Calendar Year quarter, for the component modules. The State generally completes the Initiation Milestone review (R1) certification

checklists, evidence packets, and project artifacts, then sends to IV&V for review and assessment prior to the module Contractor's DDI begin date. The State compiles the Operational Milestone Review (R2) certification documents during the Contractor's DDI phases and submits the completed documents to IV&V prior to the anticipated go-live date. The State compiles the Final Certification (R3) documents after module system acceptance and submits completed documents to IV&V for review and assessment at least three months prior to the anticipated final CMS certification review date. Please note that Wyoming is still working with CMS and IV&V to clarify expectations around certification of the EVV module and will update the schedule to include this module once an understanding is reached.

Table 9.2 WINGS Estimated Quarterly Timeline for CMS Milestone Reviews

MMIS Functional Module	Contract Execution	R1- Initiation	R2- Operational	Go - Live	System Acceptance	R3- Final
Pharmacy *Pharmacy Benefits Mgmt. System (PBMS)*	3/31/2016	N/A	**Q3 2017**	7/24/2017	10/24/2017	**Q4 2018**
Decision Support System *Data Warehouse/Business Intelligence Tools and Reporting (DW/BI-R)*	3/8/2018	**Q2 2018**	**Q2 2019**	Est. 12/1/2019	TBD	**Q3 2020**
Program Integrity *Fraud Waste and Abuse (FWA)*	5/25/2018	**Q2 2018**	**Q3 2019**	5/10/2019	TBD	**Q1 2020**
Care Management *Care/Case Management System (CCMS)*	Est. 2021	**Q4 2020**	**Q2 2021**	Est. 2021	TBD	**Est. 2022**
Provider Management *Provider Enrollment, Screening, & Monitoring (PRESM)*	Est. Aug 2019	**N/A**	**Q2 2020**	Est. 4/1/2020	TBD	**Q1 2021**
FFS Claims & Adjudication, Reference Data Mgmt., Third Party Liability *Benefit Management Services - Claims Processing & Financial Management (BMS)*	Est. Dec 2019	**Q2 2019**	**Q2 2021**	Est. 6/1/2021	TBD	**Q1 2022**

SECTION 10.0 PROPOSED BUDGET

10.1 Overview

The WINGS Project proposed budget and federal financial participation and state share amounts are depicted in the following tables for the WINGS project staffing resources, internal and external contractor resources, facility and equipment, travel, state training, miscellaneous administrative costs, and the costs for the ten (10) consulting and component module procurements. The cost methodologies used for estimating budgets for the WINGS and EVV procurements are as follows:

1. Pay a fixed price for Planning/DDI/Transition/Implementation (90% FFP) on all procurements.
2. Pay a fixed price plus a three percent (3%) increase for each base contract year for PBMS, PRESM, and BMS Operations (50% FFP pre-certification, 75% FFP post-certification) and PBMS Pass-Through Fees/Training/Other Administrative costs (50% FFP).
3. Apply a three percent (3%) increase to each PBMS and PRESM optional contract extension year for Operations (50% FFP pre-certification, 75% FFP post-certification) and PBMS Pass-Through Fees/Training/Other Administrative costs (50% FFP), with the first optional contract extension year based on Year Five contract amounts.
4. Pay a fixed price for each base contract year for Operations (50% FFP pre-certification, 75% FFP post-certification) for DW/BI Tools, FWA, EVV, and CCMS procurements and for EVV self-directed vendor.
5. Pay a fixed price for each base contract year for Operations (75% FFP) for SI/ESB.
6. Pay a fixed price for Pass-Through Fees/Training/Other Administrative costs (50% FFP) for BMS procurement.
7. Pay a fixed price for each optional contract extension year for Operations (50% FFP pre-certification, 75% FFP post-certification) for DW/BI Tools and CCMS procurements and EVV self-directed vendor.
8. Pay a fixed price for each optional contract extension year for Operations (75% FFP) for SI/ESB.

Table 10.1 Overall Budget Totals for WINGS and EVV Projects - by Cost Category

Budget Totals **Cost Category**	**TOTAL**
TOTAL DDI - 90% (2A,2B)	**$79,345,882**
TOTAL M&O- 50% & 75% (4B,5B,4A,5A)	**$169,859,015**
TOTAL State General Admin. 50% (4A)	**$75,333**
TOTAL WINGS Project	**$249,280,231**

10.2 The overall total projected budget being requested in this IAPD-U v3.1 for the consolidated WINGS project and EVV projects totals two hundred forty-nine million, two hundred eighty thousand, two hundred thirty-one dollars ($249,281,031) for FFY 2016 through FFY 2031. This represents the combination of the WINGS implementation expenses, WINGS operations expenses, and EVV implementation and operations expenses. This is a total increase of $1,684,562 primarily related to adding one additional year of PMO staffing and expenses and $1,000,000 in enhancement pools. All changes are detailed below The increases were offset by cost-savings realized through a PRESM proposal that came in under budget and the termination of the Testing QA-QC contract and reassignment of the scope to independent external contractors

This IAPD-U 3.1 budget represents the consolidated items from WINGS IAPD-U v3.0, WINGS OAPD-U v1.0, and EVV IAPD v1.1 per CMS guidance to work towards consolidation of all MMIS expenses. The total overall project cost differences for 90%, 75%, and 50% budget amount totals from what had been approved in the three documents cited to what is being requested in this IAPD-U v3.1 are shown in the following table. The overall increased difference between the approved and requested budget totals one million, six hundred eighty-four thousand, five hundred sixty-one dollars ($1,684,561).

Table 10.2 WINGS and EVV Project Overall Cost Differences from Prior IAPD-U v3.0, OAPD-U v1.0 and EVV IAPD v1.1

The overall WINGS and EVV Project budget differences from WINGS IAPD-U v3.0, WINGS OAPD-U v1.0 and EVV IAPD-U v1.1 are as follows:	WINGS IAPD-U v3.0	WINGS OAPD-U v1.0	EVV IAPD-U v1.1	Total	v3.1	Difference
DDI Project Total 90% - increase	$68,503,573	$0	$1,682,500	$70,186,073	$74,179,055	$3,992,982
Base O&M Project Total 75%* - decrease	$0	$24,368,988	$0	$24,368,988	$24,355,373	($13,615)
Base O&M Project Total 50%* - decrease	$110,031,639	$0	$2,525,000	$112,556,639	$111,998,203	($558,436)
Base Pass-Thru Fees Total 50%* - decrease	$3,000,000	$127,141	$0	$3,127,141	$3,120,747	($6,394)
Optional O&M Total 75%* - increase	$0	$22,125,426	$0	$22,125,426	$22,322,580	$197,154
Optional O&M Total 50%* - decrease	$6,435,816	$0	$525,000	$6,960,816	$6,601,706	($359,110)
Optional Pass-Thru Fees Total* 50% - increase	$0	$39,000	$0	$39,000	$40,000	$1,000
Staffing, Facility, Equipment, & Travel Total 90% - decrease	$6,496,427	$0	$239,420	$6,735,847	$5,166,827	($1,569,020)
Staffing, Facility, Equipment, & Travel Total 75% - no change	$0	$865,417	$0	$865,417	$865,417	$0
Staffing, Facility, Equipment, & Travel Total 50% - no change	$0	$0	$554,990	$554,990	$554,990	$0
Training and Misc. Total 50%	$24,000	$51,333	$0	$75,334	$75,334	$0
Overall Total (Mixed)	**122,334,069**	**47,577,305**	**5,526,910**	**247,595,671**	**249,280,232**	**$1,684,561**

WINGS and EVV Project Overall Cost Differences from Prior IAPD-U v3.0, OAPD-U v1.0 and EVV IAPD v1.1 Federal and State Share

The overall **WINGS** and **EVV** Project budget differences from WINGS IAPD-U v3.0, WINGS OAPD-U v1.0 and EVV IAPD-U v1.1 are as follows:	Difference	Federal Share of Difference	State Share of Difference
DDI Project Total 90% - increase	$3,992,982	3,593,684	399,298
Base O&M Project Total 75%* - decrease	-$13,615	(10,211)	(3,404)
Base O&M Project Total 50%* - decrease	-$558,436	(279,218)	(279,218)
Base Pass-Thru Fees Total 50%* - decrease	-$6,394	(3,197)	(3,197)
Optional O&M Total 75%* - increase	$197,154	147,866	49,289
Optional O&M Total 50%* - decrease	-$359,110	(179,555)	(179,555)
Optional Pass-Thru Fees Total* 50% - increase	$1,000	500	500
Staffing, Facility, Equipment, & Travel Total 90% - decrease	-$1,569,020	(1,412,118)	(156,902)
Staffing, Facility, Equipment, & Travel Total 75% - no change	$0	0	0
Staffing, Facility, Equipment, & Travel Total 50% - no change	$0	0	0
Training and Misc. Total 50%	$0	0	0
Overall Total (Mixed)	**$1,684,562**	**$1,857,750**	**(173,189)**

10.2.1 Project costs for State Resources, Facility and Equipment, Travel (90% 2A), Contractor Resources and Contractor Resources External (90% 2B), and State Training and Miscellaneous costs (50% 4A) budget lines, which are 100% Title XIX Medicaid with no cost sharing allocation, had an overall decrease from WINGS IAPD-U v3.0. The State is requesting a move of $1,818,411 from the Testing QA/QC Contractor budget line item (2B 90% FFP) to cover an increase in funding for Internal Contractor Resources (2B 90% FFP). After the termination of the Testing QA/QC contract, the State has found competent external contractor resources for both UAT and security and penetration testing that are able to perform the scope of the Testing QA/QC contract and is thus requesting to shift the allocated budget for this purpose.

In addition, the state is requesting $1,463,359 in new total budget capacity to fund state staffing, facility, equipment and travel as well as internal contractor resources for one

additional year. In the WINGS IAPD-U v3.0, all resource funding was scheduled to end at the end of FFY 2020. Given that DDI for the project is scheduled to continue at full throttle through the end of FFY 2021, the State believed it would be prudent at this stage to plan for PMO resources through the end of FFY 2021 and is respectfully requesting funding approval for such resources.

The overall **State Resources, Contractor Resources Internal & External, Facility/Equipment, Travel, State Training/Misc.** budget differences from WINGS IAPD-U v3.0 and OAPD-U v1.0 and EVV IAPD-U v1.1 are as follows:	WINGS IAPD-U v3.0	WINGS OAPD-U v1.0	EVV IAPD-U v1.1	Total Previously Approved	v3.1	Difference
DDI (90%) State Resources - increase	$3,320,390	$0	$224,920	$3,545,310	$4,533,309	$987,999
Post-Cert O&M (75%) State Resources - no change	$0	$752,500	$0	$752,500	$752,500	$0
Pre-Cert O&M (50%) State Resources - no change	$0	$0	$535,990	$535,990	$535,990	$0
DDI (90%) Contractor Internal - increase	$1,789,538	$0	$7,500	$1,797,038	$2,130,880	$333,842
Post-Cert O&M (75%) Contractor Resources Internal - no change	$0	$83,157	$0	$83,157	$83,157	$0
DDI (90%) Contractor External - no change	$901,500	$0	$0	$901,500	$2,719,911	$1,818,411
DDI (90%) Facility/Equip - increase	$465,000	$0	$0	$465,000	$601,518	$136,518
Post-Cert O&M (75%) Facility/Equip - no change	$0	$76,250	$0	$76,250	$76,250	$0
Pre-Cert O&M (50%) Facility/Equip - no change	$0	$0	$13,000	$13,000	$13,000	$0
DDI (90%) State Travel - increase	$20,000	$0	$7,000	$27,000	$32,000	$5,000
Post-Cert O&M (75%) State Travel - no change	$0	$36,667	$0	$36,667	$36,667	$0
Pre-Cert O&M (50%) State Travel - no change	$0	$0	$6,000	$6,000	$6,000	$0
State Training (50%) - no change	$12,000	$14,667	$0	$26,667	$26,667	$0
State Misc. (50%) - no change	$12,000	$36,667	$0	$48,667	$48,667	$0
Overall Budget (mixed) - increase	$6,520,428	$999,908	$794,410	$8,314,746	$11,596,516	$3,281,770

10.2.2 Project costs for Pharmacy Benefits Management System and Point of Sale contract, which are to be allocated between Title XIX Medicaid and any non-Medicaid activities based on claim volume as detailed in Section 11 Cost Allocation Plan, have been updated in this IAPD-U v3.1 from WINGS OAPD-U v1.0, to reflect increased O&M costs totaling $178,145 for one month O&M longer than planned. It appears that previous estimates omitted projections the final month of O&M at $197,154. However the previous year's O&M has come in lower than expected, so the expected total cost increase is $177,145 at 75% FFP 4A for O&M option years and $1,000 at 50% FFP 4A for O&M option year pass through expenses. The State is requesting to increase funding to cover this difference based on the fall in overall projected O&M expenses.

The overall PBMS budget differences from WINGS IAPD-U v3.0 and WINGS OAPD-U v1.0 are as follows:	v3.0 and v1.0	v3.1	Difference
DDI (90%) - no change	1,300,000	1,300,000	$0
Base O&M (75%) - decrease	9,940,831	9,927,216	($13,615)
Base Pass-Thru Fees (50%) - decrease	127,141	120,747	($6,394)
Optional O&M (75%) - increase	8,125,426	8,322,580	$197,154
Optional Pass-Thru (50%) - increase	39,000	40,000	$1,000
Overall Budget (mixed) - increase	19,532,399	19,710,544	$178,145

10.2.3 Project costs for Independent Verification and Validation Services contract, which are 100% Title XIX Medicaid with no cost sharing allocation, have been updated in this IAPD-U v3.1 from WINGs IAPD-U v3.0 and EVV IAPD-U v1.1. The total projected expenditures shown for IV&V in IAPD-U v3.1 reflects both the WINGS and EVV expenditure portions. The outcome is cost neutral.

The overall **IV&V** budget differences from WINGS IAPD-U v3.0 and EVV IAPD-U v1.1 are as follows:	v3.0 and v1.1	v3.1	Difference
WINGS DDI (90%) - no change	2,344,449	2,344,449	$0
EVV DDI (90%) - no change	175,000	175,000	$0
DDI (90%) - no change	2,519,449	2,519,449	$0

10.2.4 Project costs for Testing – Quality Assurance/Quality Control contract, which are 100% Title XIX Medicaid with no cost sharing allocation, have been reduced in this IAPD-U v3.1 from WINGS IAPD-U v3.0 by $1,942,711. WINGS is requesting to move this funding to pay for external contractor testing services to cover the scope of the original Testing – QA/QC contract as well as to help defer the costs of data obfuscation services being provided by the SI/ESB., which also initially were part of this contract scope.

The overall **Testing-QA/QC** budget differences from WINGS IAPD-U v3.0 are as follows:	v3.0	v3.1	Difference
DDI (90%) - decrease	2,293,638	350,927	($1,942,711)

10.2.5 Project costs for System Integrator/Enterprise Service Bus contract, which are 100% Title XIX Medicaid with no cost sharing allocation, have increased in this IAPD-U v3.1 from WINGS IAPD-U v3.0 by $303,000. The State is requesting to move $103,000 from the Testing – QA/QC contract budget to help defer this increase as expenses as well as for $200,000 in additional funding for an enhancement pool to help cover requests from obfuscated data from other modules as described in Section 4.1.3.

The overall **SI/ESB** budget differences from WINGS IAPD-U v3.0 and OAPD-U v1.0 are as follows:	v3.0	v3.1	Difference
DDI (90%) - increase	20,800,000	21,103,000	$303,000
Base O&M (75%) - no change	14,345,000	14,345,000	$0
Optional O&M (75%) - no change	14,000,000	14,000,000	$0
Overall Budget (mixed) - increase	49,145,000	49,448,000	$303,000

10.2.6 Project costs for Data Warehouse/BI Tools and Reporting contract, which are 100% Title XIX Medicaid with no cost sharing allocation, have increased in this IAPD-U v3.1 from WINGS IAPD-U v3.0 by $500,000. The State is requesting $500,000 in additional funding for an enhancement pool as described in Section 4.1.3.

The overall **DW/BI-R** budget differences from WINGS IAPD-U v3.0 are as follows:	v3.0	v3.1	Difference
DDI (90%) - increase	14,450,000	14,950,000	$500,000
Base O&M (50%) - no change	5,225,000	5,225,000	$0
Optional O&M (50%) - no change	4,250,000	4,250,000	$0
Overall Budget (mixed) - increase	23,925,000	24,425,000	$500,000

10.2.7 Project costs for Fraud, Waste, Abuse Analytics and Case Tracking contract, which are 100% Title XIX Medicaid with no cost sharing allocation, have increased in this IAPD-U v3.1 from WINGS IAPD-U v3.0 by $359,000. The State is requesting is requesting to shift $59,000 from the PRESM budget, which has been lowered to reflect contracting costs, to cover to change orders that arose over the course of FWA DDI. In addition, the State is requesting an additional $300,000 in additional funding for an enhancement pool as described in Section 4.1.3.

The overall **FWA** budget differences from WINGS IAPD-U v3.0 are as follows:	v3.0	v3.1	Difference
DDI (90%) - increase	464,297	823,297	$359,000
Base O&M (50%) - no change	1,285,703	1,285,703	$0
Overall Budget (mixed) - increase	1,750,000	2,109,000	$359,000

10.2.8 Project costs for Care/Case Management System contract, which are 100% Title XIX Medicaid with no cost sharing allocation, have been updated in this IAPD-U v3.0 from WINGS IAPD-U v3.1, to reflect the fact that the original CCMS contract was terminated as described in Section 2.1.7. The CCMS table reflects all amounts paid out to the initial CCMS contractor for work performed prior to termination. The State is requesting to move the remaining CCMS budget from WINGS IAPD-U v3.0 to become the new budget for CCMS 2 in IAPD-U v3.1.

The overall **CCMS** budget differences from WINGS IAPD-U v3.0 are as follows:	v3.0	v3.1	Difference
DDI (90%) - decrease	1,987,030	97,600	($1,889,430)
Base O&M (50%) – decrease	1,403,986	0	($1,403,986)
Overall Budget (mixed) - decrease	3,391,016	97,600	($3,293,416)

The overall **CCMS 2** budget differences from WINGS IAPD-U v3.0 are as follows:	v3.0	v3.1	Difference
DDI (90%) - increase	0	1,889,430	$1,889,430
Base O&M (50%) - increase	0	1,403,986	$1,403,986
Overall Budget (mixed) - increase	0	3,293,416	$3,293,416

10.2.9 Project costs for Provider Enrollment, Screening, and Monitoring procurement, which are 100% Title XIX Medicaid with no cost sharing allocation, have decreased in this IAPD-U v3.1 from WINGS IAPD-U v3.0. DDI 90% FFP costs have decreased by $77,097 while Base O&M 50% 5B costs decreased by $558,436 and Optional O&M 50% 5B costs decreased by $994,642. The State is requesting to shift these funds as needed to cover shortfalls in other project budgets. In addition overall projected O&M from the project has come down due to the significantly lower number contracted for PRESM.

The overall **PRESM** budget differences from WINGS IAPD-U v3.0 are as follows:	v3.0	v3.1	Difference
DDI (90%) - decrease	2,000,000	1,922,903	($77,097)
Base O&M (50%) - decrease	4,405,916	$3,847,480	($558,436)
Optional O&M (50%) - decrease	2,185,815	$1,826,706	($359,109)
Overall Budget (mixed) - decrease	8,591,731	7,597,089	($994,642)

10.2.11 Project costs for the Benefit Management System and Services (BMS) module for claims processing, financial management, third party liability, and other administrative services, which are 100% Title XIX Medicaid with no cost sharing allocation, have remained cost neutral with no change in this IAPD-U v3.1 from WINGS IAPD-U v3.0.

The overall BMS including TPL budget differences from WINGS IAPD-U v3.0 are as follows:	v3.0	v3.1	Difference
DDI (90%) - increase	22,864,158	22,864,158	$0
Base O&M (50%) – increase	97,711,034	94,711,034	$0
Base Pass-Thru Fees (50%) – increase	3,000,000	3,000,000	$0
Overall Budget (mixed) - increase	123,575,192	123,575,192	$0

10.2.12 Project costs for Electronic Visit Verification (EVV) Statewide Vendor, which are 100% Title XIX Medicaid with no cost sharing allocation, have remained cost neutral with no change in this IAPD-U v3.1 from EVV IAPD-U v1.1.

The overall EVV Statewide Vendor budget differences from EVV IAPD-U v1.1 are as follows:	v1.1	v3.1	Difference
DDI (90%) - no change	1,357,500	1,357,500	$0
Base O&M (50%) – no change	2,000,000	2,000,000	$0
Overall Budget (mixed) - increase	3,357,500	3,357,500	$0

10.2.13 Project costs for Electronic Visit Verification (EVV) Self-directed Vendor, which are 100% Title XIX Medicaid with no cost sharing allocation, have remained cost neutral with no change in this IAPD-U v3.1 from EVV IAPD-U v1.1.

The overall EVV Self-directed Vendor budget differences from EVV IAPD-U v1.1 are as follows:	v1.1	v3.1	Difference
DDI (90%) - no change	150,000	150,000	$0
Base O&M (50%) – increase	525,000	525,000	$0
Base Pass-Thru Fees (50%) – increase	525,000	525,000	$0
Overall Budget (mixed) - increase	1,200,000	1,200,000	$0

10.3 The following Table 10.3 for Projected Costs by Federal Fiscal Year, specifies the estimated costs by type and Federal Fiscal Year timeframe for the WINGS and EVV project components for systems and services provided by the Contractors and staffing resources and related costs being requested in this IAPD-U v3.1. It includes both implementation and operational expenses for both projects. This same table is included as an appendix in Excel format in the file "WY IAPD-U v3.1_WINGS and EVV Implementation and Operations_Budget Tables by FFY_2019.07.33.xlsx". The majority of project costs in the tables are 100% Title XIX Medicaid with no cost sharing allocation. The exception is the operations of the PBMS. This is further explained in Section 11.

Table 10.3: Projected Costs by Federal Fiscal Year for WINGS and EVV Combined Implementation and Operations

Cost Category	FFY 2016 Costs Paid	FFY 2017 Costs Paid	FFY 2018 Projected	FFY 2019 Projected	FFY 2020 Projected	FFY 2021 Projected	FFY 2022 Projected	FFY 2023 Projected	FFY 2024 Projected	FFY 2025 Projected	FFY 2026 Projected	FFY 2027 Projected	FFY 2028 Projected	FFY 2029 Projected	FFY 2030 Projected	FFY 2031 Projected	TOTAL v3.1
Pharmacy Benefits Management System / Point of Sale Costs																0	
DDI / Transition 90% (2B)	375,700	655,540	266,760	0	0	0	0	0	0	0	0	0	0	0	0	0	1,300,000
5-Yr. Base Operations Post Certification 75% (4B)	0	1,056,321	2,064,958	2,190,296	2,273,426	2,342,215	0	0	0	0	0	0	0	0	0	0	9,927,216
Pass-Thru Fees/Other Admin. 50% (4B)	0	80,183	11,048	5,516	12,000	12,000	0	0	0	0	0	0	0	0	0	0	120,747
Sub-Total PBMS	*375,700*	*1,794,044*	*2,342,766*	*2,195,812*	*2,285,426*	*2,354,215*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*11,347,963*
Option Year Operations Post Certification 75% (4B)	0	0	0	0	0	0	2,413,074	2,486,066	2,561,253	862,187	0	0	0	0	0	0	8,322,580
Option Years Pass-Thru Fees/Other Admin 50% (4B)	0	0	0	0	0	0	12,000	12,000	12,000	4,000	0	0	0	0	0	0	40,000
Sub-Total Option Years	*0*	*0*	*0*	*0*	*0*	*0*	*2,425,074*	*2,498,066*	*2,573,253*	*866,187*	*0*	0	0	0	0	0	*8,362,580*
TOTAL PBMS Contractor Costs with Optional Years																	**$19,710,543**
Independent Verification&Validation Costs																	
Consultants – 90% (2B)	0	136,888	554,335	416,465	795,248	616,513	0	0	0	0	0	0	0	0	0	0	2,519,449
TOTAL IV&V Contractor Services																	**$2,519,449**
Testing-Quality Assurance/Quality Control Costs																	
Consultants – 90% (2B)	0	0	154,574	196,353	0	0	0	0	0	0	0	0	0	0	0	0	350,927
TOTAL QA/QC-TAC Contractor Services																	350,927
System Integrator/ Enterprise Service Bus Costs																	
DDI / Transition 90% (2B)	0	0	4,923,639	9,910,334	4,555,686	1,525,868	187,473	0	0	0	0	0	0	0	0	0	21,103,000
5-Yr. Base Operations 75% (4B)	0	0	0	665,016	2,471,605	3,008,544	3,099,072	3,679,531	1,421,232	0	0	0	0	0	0	0	14,345,000
Sub-Total SI/ESB	*0*	*0*	*4,923,639*	*10,575,350*	*7,027,291*	*4,534,412*	*3,286,545*	*3,679,531*	*1,421,232*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*35,448,000*
Option Year Operations 75% (4B)	0	0	0	0	0	0	0	0	2,237,533	4,601,933	4,728,636	2,431,898	0	0	0	0	14,000,000
TOTAL SI/ESB Contractor Costs with Optional Years																	**$49,448,000**
Data Warehouse/BI Tools-Reporting Costs																	
DDI / Transition 90% (2B)	0	0	4,968,003	4,686,191	3,125,816	1,903,438	252,186	10,000	4,366	0	0	0	0	0	0	0	14,950,000
5-Yr. Base Operations 50% (5B)	0	0	0	502,565	1,016,403	1,036,667	1,054,809	1,189,031	$425,525	0	0	0	0	0	0	0	5,225,000
Sub-Total DW	*0*	*0*	*4,968,003*	*5,188,756*	*4,142,219*	*2,940,105*	*1,306,995*	*1,199,031*	*429,891*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*20,175,000*
Option Year Operations 50% (5B)	0	0	0	0	0	0	0	0	801,549	1,387,328	1,451,382	609,741	0	0	0	0	4,250,000
TOTAL DW Contractor Costs with Optional Years																	**$24,425,001**
Fraud, Waste, Abuse Costs																	
DDI / Transition 90% (2B)	0	0	300	564,664	79,167	50,000	50,000	50,000	29,167	0	0	0	0	0	0	0	823,297
5-Yr. Base Operations 50% (5B)	0	0	0	193,629	249,938	255,523	261,248	267,113	58,252	0	0	0	0	0	0	0	1,285,703
TOTAL FWA Contractor Costs																	**$2,109,000**

Table 10.3: Projected Costs by Federal Fiscal Year for WINGS and EVV Combined Implementation and Operations, continued

Cost Category	FFY 2016 Costs Paid	FFY 2017 Costs Paid	FFY 2018 Projected	FFY 2019 Projected	FFY 2020 Projected	FFY 2021 Projected	FFY 2022 Projected	FFY 2023 Projected	FFY 2024 Projected	FFY 2025 Projected	FFY 2026 Projected	FFY 2027 Projected	FFY 2028 Projected	FFY 2029 Projected	FFY 2030 Projected	FFY 2031 Projected	TOTAL
Benefit Management System - Services Costs																	
DDI / Transition 90% (2B)	0	0	0	0	12,500,000	10,364,158	0	0	0	0	0	0	0	0	0		22,864,158
10-Yr. Base Operations 50% (5B)	0	0	0	0	0	2,866,667	8,680,000	8,922,400	9,172,072	9,429,234	9,694,111	$9,966,935	$10,247,942	$10,537,381	$10,835,502	$7,358,790	97,711,034
Pass-Thru Fees/Other Admin 50% (5B)	0	0	0	0	0	100,000	300,000	300,000	300,000	300,000	300,000	300,000	300,000	300,000	300,000	200,000	3,000,000
TOTAL BMS Contractor Costs																	**$123,575,192**
Provider Enrollment, Screening and Monitoring Costs																	
DDI / Transition 90% (2B)	0	0	0	480,726	1,442,177	0	0	0	0	0	0	0	0	0	0	0	1,922,903
7-Yr. Base Operations 50% (5B)	0	0	0	0	271,320	545,353	548,066	548,066	550,807	553,547	553,547	276,774	0	0	0	0	3,847,480
Sub-Total PRESM	*0*	*0*	*0*	*480,726*	*1,713,497*	*545,353*	*548,066*	*548,066*	*550,807*	*553,547*	*553,547*	*276,774*	*0*	*0*	*0*	*0*	*5,770,383*
Option Year Operations 50% (5B)	0	0	0	0	0	0	0	0	0	0	0	304,451	608,902	608,902	304,451	0	1,826,706
TOTAL PRESM Contractor Costs																	**$7,597,089**
EVV Statewide Vendor Costs																	
DDI / Transition 90% 2B	0	0	0	0	1,018,125	339,375	0	0	0	0	0	0	0	0	0	0	1,357,500
5-Yr. Base Operations 50% 5B	0	0	0	0	0	300,000	400,000	400,000	400,000	400,000	100,000	0	0	0	0	0	2,000,000
TOTAL EVV Statewide Vendor Costs																	**$3,357,500**
EVV Self-Directed Vendor Costs																	
DDI / Transition 90% 2B	0	0	0	75,000	75,000	0	0	0	0	0	0	0	0	0	0	0	150,000
3-Yr. Base Operations 50% 5B	0	0	0	0	175,000	175,000	175,000	0	0	0	0	0	0	0	0	0	525,000
Sub-Total Self-Directed EVV Vendor	*0*	*0*	*0*	*75,000*	*250,000*	*175,000*	*175,000*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	675,000
3-Yr. Optional Extension 50% 5B	0	0	0	0	0	0	0	175,000	175,000	175,000	0	0	0	0	0	0	525,000
TOTAL EVV Self-Directed Vendor Costs																	**$1,200,000**
Care/Case Management System Costs																	
DDI / Transition 90% (2B)	0	0	0	97,600	0	0	0	0	0	0	0	0	0	0	0	0	97,600
6-Yr. Base Operations 50% (5B)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL Care/Case Management Contractor Costs																	**$97,600**
Care/Case Management 2 System Costs																	
DDI / Transition 90% (2B)	0	0	0	0	472,379	1,417,051	0	0	0	0	0	0	0	0	0	0	1,889,430
6-Yr. Base Operations 50% (5B)	0	0	0	0	0	58,499	233,998	233,998	233,998	233,998	233,998	175,498	0	0	0	0	1,403,986
Total Care/Case Management 2 Contractor Costs																	**$3,293,416**

Table 10.3: Projected Costs by Federal Fiscal Year for WINGS and EVV Combined Implementation and Operations, continued

Cost Category	FFY 2016 Costs Paid	FFY 2017 Costs Paid	FFY 2018 Projected	FFY 2019 Projected	FFY 2020 Projected	FFY 2021 Projected	FFY 2022 Projected	FFY 2023 Projected	FFY 2024 Projected	FFY 2025 Projected	FFY 2026 Projected	FFY 2027 Projected	FFY 2028 Projected	FFY 2029 Projected	FFY 2030 Projected	FFY 2031 Projected	TOTAL
State Resources Costs DDI (Executive Sponsors, Project Steering Comm., WDH Lead, Subject Matter Experts) 90% 2A	0	586,056	758,333	1,048,000	1,111,690	1,029,230	0	0	0	0	0	0	0	0	0	0	4,533,309
State Resources Costs Post-Cert O&M (Executive Sponsors, Project Steering Comm., WDH Lead, Subject Matter Experts) 75% 4A	0	0	0	92,500	110,000	110,000	110,000	110,000	110,000	50,000	30,000	30,000	0	0	0	0	752,500
State Resources Costs Pre-Cert O&M (State Contract Manager, State Project Managers, State Staff, Subject Matter Experts) - EVV Operations and Maintenance 50% 5A	0	0	0	20,615	82,460	82,460	82,460	82,460	82,460	82,460	20,615	0	0	0	0	0	535,990
Contractor Resources Internal Costs DDI (Technical/Proj.Mgr. Contractors) 90% 2B	0	439,538	341,343	450,000	450,000	450,000	0	0	0	0	0	0	0	0	0		2,130,880
Contractor Resources Internal Costs Post-Cert O&M (Technical/Proj.Mgr. Contractors) 75% 4B	0	0	0	4,117	9,880	9,880	9,880	9,880	9,880	9,880	9,880	9,880	0	0	0	0	83,157
Contractor Resources External Costs (MMIS procure assist, governance facilitate, PMO&technical assist) 90% 2B	0	267,455	193,197	624,045	752,234	782,467	100,513	0	0	0	0	0	0	0	0	0	2,719,911
Facility/Equipment Costs DDI 90% 2A	0	101,963	95,000	140,519	133,018	131,018	0	0	0	0	0	0	0	0	0		601,518
Facility/Equipment Costs Post-Cert O&M 75% 4A	0	0	0	10,000	10,000	10,000	10,000	10,000	10,000	6,250	5,000	5,000	0	0	0	0	76,250
Facility/Equipment Costs Pre-Cert O&M 50% 5A	0	0	0	500	500	1,500	2,000	3,000	3,000	2,000	500	0	0	0	0	0	13,000
Travel (State) Costs DDI 90% 2A	0	3,486	6,514	6,000	9,000	7,000	0	0	0	0	0	0	0	0	0	0	32,000
Travel (State) Costs Post-Cert O&M 75% 4A	0	0	0	3,542	5,000	5,000	5,000	5,000	5,000	3,125	2,500	2,500	0	0	0	0	36,667
Travel (State) Costs Pre-Cert O&M 50% 5A	0	0	0	500	500	750	1,000	1,000	1,000	1,000	250	0	0	0	0	0	6,000
Gen.Admin. Training(State) Cost 50% 4A	0	0	0	5,417	6,000	6,000	2,000	2,000	2,000	1,250	1,000	1,000	0	0	0	0	26,667
Gen. Admin. Misc. Costs (State) 50% 4A	0	72	0	7,542	8,928	9,000	5,000	5,000	5,000	3,125	2,500	2,500	0	0	0	0	48,667
TOTAL All Staffing and Related Costs																	**$11,596,515**
DDI Project Total 90% (2B Contractor)	375,700	794,428	11,402,150	17,501,378	25,265,832	17,448,870	590,172	60,000	33,533	0	0	0	0	0	0	0	**$73,472,062**
O&M Project Total 75% (4B)	0	1,056,321	2,064,958	2,859,428	4,754,911	5,360,639	3,108,952	3,689,411	1,431,112	9,880	9,880	9,880	0	0	0	0	**$24,355,373**
O&M Project Total 50% (5B)	0	0	0	696,194	1,712,661	5,237,709	11,353,121	11,560,608	10,840,654	10,616,779	10,581,656	10,419,207	10,247,942	10,537,381	10,835,502	7,358,790	**$111,998,203**
Pass-Thru Fees/Other Admin Total 50% (5B)	0	80,183	11,048	5,516	12,000	112,000	300,000	300,000	300,000	300,000	300,000	300,000	300,000	300,000	300,000	200,000	**$3,120,747**
Optional O&M Total 75% (4B)	0	0	0	0	0	0	2,413,074	2,486,066	4,798,786	5,464,120	4,728,636	2,431,898	0	0	0	0	**$22,322,580**
Optional O&M Total 50% (5B)	0	0	0	0	0	0	0	175,000	976,549	1,562,328	1,451,382	914,192	608,902	608,902	304,451	0	**$6,601,706**
Optional Pass-Thru Fees/Other Admin. Total 50% (5B)	0	0	0	0	0	0	12,000	12,000	12,000	4,000	0	0	0	0	0	0	**$40,000**
Staffing, Facility, Equipment, & Travel Total DDI 90% (2A)	0	1,398,498	859,847	1,194,519	1,253,708	1,167,248	0	0	0	0	0	0	0	0	0	0	**$5,873,820**
Staffing, Facility, Equipment, & Travel Total 75% Post-Cert O&M (4A)	0	0	0	106,042	125,000	125,000	125,000	125,000	125,000	59,375	37,500	37,500	0	0	0	0	**$865,417**
Staffing, Facility, Equipment, & Travel Total 50% Pre-Cert O&M (5A)	0	0	0	21,615	83,460	84,710	85,460	86,460	86,460	85,460	21,365	0	0	0	0	0	**$554,990**
General Admin. State Training & Misc. Total 50% (4A)	0	72	0	12,958	14,928	15,000	7,000	7,000	7,000	4,375	3,500	3,500	0	0	0	0	**$75,333**
TOTAL ALL	$375,700	$3,329,502	$14,338,003	$22,397,650	$33,222,500	$29,551,176	$17,994,779	$18,501,545	$18,611,094	$18,106,317	$17,133,919	$14,116,177	$11,156,844	$11,446,283	$11,439,953	$7,558,790	**$249,280,231**

10.4 The following Table 10.4 for CMS Appendix A - Medicaid Detailed Budget Table (MDBT) information specifies the corresponding revisions to the 90% FFP 2A & 2B, 75% FFP 4A & 4B, and 50% FFP 5A & 5B funding category amounts contained in this IAPD-U v3.1. This covers all WINGS and EVV projects in both the implementation and operations stages. This table does not include costs related to the MMIS Conduent OAPD or MMIS Conduent Contract Amendment #1, which were submitted in the WY Legacy MMIS OAPD-U V1.5 on July 12, 2019. However the full MDBT tables, attached as an Excel, do include these costs exactly as submitted in the MMIS OAPD-U v1.5, in order to give a picture of the full Wyoming MMIS budget. In addition, EVV 2A, 4A and 5A costs have been consolidated into the PMO project tab to represent a unified picture of state staffing and facility costs for MMIS projects.

Table 10.4: Appendix A
Wyoming Medicaid Detailed Budget Table

Covers Federal Fiscal Years (FFY) 2020-2022 (ending September 30, 2022)

Funding amounts described below are summarized by FFY; however funding is only approved to be used in accordance with the approval dates described in this letter

	MMIS CMS Share (90% FFP) DDI	State Share (10%)	MMIS CMS Share (75% FFP) DDI	State Share (25%)	MMIS CMS Share (75% FFP) M&O	State Share (25%)	**MMIS ENHANCED FUNDING FFP Total**	State Share Total	MMIS ENHANCED FUNDING TOTAL COMPUTABLE
	2A† + 2B†	--	2A† + 2B†	--	4A† + 4B†	--			
FFY 2020	$23,944,985	$2,660,556	$0	$0	$3,659,934	$1,219,978	**$27,604,919**	$3,880,534	$31,485,453
FFY 2021	$16,754,507	$1,861,613	$0	$0	$4,114,229	$1,371,410	**$20,868,736**	$3,233,023	$24,101,759
FFY 2022	$531,155	$59,017	$0	$0	$4,235,270	$1,411,757	**$4,766,425**	$1,470,774	$6,237,199
Total	$41,230,647	$4,581,186	$0	$0	$12,009,433	$4,003,145	**$53,240,080**	$8,584,331	$61,824,411

	MMIS CMS Share (50% FFP) DDI	State Share (50%)	MMIS CMS Share (50% FFP) M&O	State Share (50%)	**MMIS NOT ENHANCED FUNDING FFP Total**	State Share Total	MMIS NOT ENHANCED FUNDING TOTAL COMPUTABLE
	2A† + 2B†	--	5A†+5B†+5C†	--			
FFY 2020	$0	$0	$1,048,061	$1,048,061	$1,048,061	$1,048,061	$2,096,122
FFY 2021	$0	$0	$2,711,211	$2,711,211	$2,711,211	$2,711,211	$5,422,422
FFY 2022	$0	$0	$5,719,291	$5,719,291	$5,719,291	$5,719,291	$11,438,582
Total	$0	$0	$9,478,563	$9,478,563	$9,478,563	$9,478,563	$18,957,126

	MMIS ENHANCED FUNDING FFP Total	**MMIS NOT ENHANCED FUNDING FFP Total**	**TOTAL FFP**	STATE SHARE TOTAL	APD TOTAL COMPUTABLE
FFY 2020	$27,604,919	$1,048,061	**$28,652,980**	$4,928,595	$33,581,575
FFY 2021	$20,868,736	$2,711,211	**$23,579,947**	$5,944,234	$29,524,181
FFY 2022	$4,766,425	$5,719,291	**$10,485,716**	$7,190,065	$17,675,781
Total	$53,240,080	$9,478,563	**$62,718,643**	$18,062,894	$80,781,537

10.5 The following table shows the breakdown of Federal and State share for each WINGS and EVV Contractors' systems and services for project DDI/Transition/Implementation, Operations and Maintenance and Pass-Through Fees/Other Administrative budgets, including WINGS staffing resources and related costs. These figures have been updated accordingly for IAPD-U v3.1.

The anticipated State costs include:

- The projected ten percent (10%) State share for the proposed services for DDI/Transition/Implementation work;
- The projected twenty-five percent (25%) State share for the proposed services for Operations and Maintenance work for the WINGS project component that is not CMS certifiable, and the modules that are post-certification approved;
- The projected fifty percent (50%) State share for the proposed services for pre-certification module O&M and Pass-Through Fees/Training/Other Administrative costs, and the State Training & Miscellaneous costs.

The Federal and State breakdown costs for this IAPD-U v3.1 are listed in the following Table 10.5. This same table is included as an appendix in Excel format in the file "WY IAPD-U v3.1_WINGS and EVV Implementation and Operations_Budget Tables by FFY_2019.07.33.xlsx".

Table 10.5 Federal and State Share Breakdown

Project Phase/FFY	Requested FFP % Rate	Federal Share	State Share	Total
Pharmacy Benefits Management System & Services Costs				
DDI and Transition 90%, Form CMS-64.10 Base, Line 2B	90%	1,170,000	130,000	1,300,000
Operations – 5-Year Base 50%, Form CMS-64.10 Base, Line 5B	50%	4,963,608	4,963,608	9,927,216
Pass-Thru Fees/Other Admin. 5-Year Base 50%, Form CMS-64.10 Base, Line 4B	50%	60,373	60,373	120,747
Optional Yrs. Operations 50%, Form CMS-64.10 Base, Line 5B	50%	4,161,290	4,161,290	8,322,580
Optional Yrs. Pass-Thru/Other Admin. 50% Form CMS-64.10 Base, Line 4B	50%	20,000	20,000	40,000
PBMS/POS TOTAL	Mixed	10,375,272	9,335,271	19,710,543
Independent Verification & Validation Services Costs				
Consultants – 90%, Form CMS-64.10 Base, Line 2B	90%	2,267,504	251,945	2,519,449
IV&V TOTAL	90%	2,267,504	251,945	2,519,449
Testing-Quality Assurance/Quality Control Services Costs				
Consultants – 90%, Form CMS-64.10 Base, Line 2B	90%	315,834	35,093	350,927
TESTING-QA/QC TOTAL	90%	315,834	35,093	350,927
System Integrator/ Enterprise Service Bus Costs				
DDI and Transition 90%, Form CMS-64.10 Base, Line 2B	90%	18,992,700	2,110,300	21,103,000
Operations – 5-Year Base 75%, Form CMS-64.10 Base, Line 4B	75%	10,758,750	3,586,250	14,345,000
Optional Yrs. Operations 75%, Form CMS-64.10 Base, Line 4B	75%	10,500,000	3,500,000	14,000,000
SI/ESB TOTAL	Mixed	40,251,450	9,196,550	49,448,000
Data Warehouse/BI Tools -Reporting Costs				
DDI and Transition 90%, Form CMS-64.10 Base, Line 2B	90%	13,455,000	1,495,000	14,950,000
Operations – 5-Year Base 50%, Form CMS-64.10 Base, Line 5B	50%	2,612,500	2,612,500	5,225,000
Optional Yrs. Operations 50%, Form CMS-64.10 Base, Line 5B	50%	2,125,000	2,125,000	4,250,000
DW/BI-R TOTAL	Mixed	18,192,500	6,232,500	24,425,001
Fraud, Waste, Abuse Analytics and Case Tracking Costs				
DDI and Transition 90%, Form CMS-64.10 Base, Line 2B	90%	740,967	82,330	823,297
Operations – 5-Year Base 50%, Form CMS-64.10 Base, Line 5B	50%	642,852	642,852	1,285,703
FWA TOTAL	Mixed	1,383,819	725,181	2,109,000
Benefit Management System - Services Costs				
DDI and Transition 90%, Form CMS-64.10 Base, Line 2B	90%	20,577,742	2,286,416	22,864,158
Operations – 10-Year Base 50%, Form CMS-64.10 Base, Line 5B	50%	48,855,517	48,855,517	97,711,034
Pass-Thru Fees/Other Admin. 10-Year Base 50%, Form CMS-64.10 Base, Line 5B	50%	1,500,000	1,500,000	3,000,000
BMS TOTAL	Mixed	70,933,259	52,641,933	123,575,192
Provider Enrollment, Screening and Monitoring Costs				
DDI and Transition 90%, Form CMS-64.10 Base, Line 2B	90%	1,730,613	192,290	1,922,903
Operations – 7-Year Base 50%, Form CMS-64.10 Base, Line 5B	50%	1,923,740	1,923,740	3,847,480
Optional Yrs. Operations 50%, Form CMS-64.10 Base, Line 5B	50%	913,353	913,353	1,826,706
PRESM TOTAL	Mixed	4,567,705	3,029,383	7,597,089
Care/Case Mgmt. Costs				
DDI and Transition 90%, Form CMS-64.10 Base, Line 2B	90%	87,840	9,760	97,600
Operations – 6-Year Base 50%, Form CMS-64.10 Base, Line 5B	50%	0	0	0
CCMS TOTAL	Mixed	87,840	9,760	97,600
Care/Case Mgmt. 2 Costs				
DDI and Transition 90%, Form CMS-64.10 Base, Line 2B	90%	1,700,487	188,943	1,889,430
Operations – 6-Year Base 50%, Form CMS-64.10 Base, Line 5B	50%	701,993	701,993	1,403,986
CCMS 2 TOTAL	Mixed	2,402,480	890,936	3,293,416

EVV Statewide Vendor Costs				
DDI and Transition 90%, Form CMS-64.10 Base, Line 2B	90%	1,221,750	135,750	1,357,500
Operations – 5-Year Base 50%, Form CMS-64.10 Base, Line 5B	50%	1,000,000	1,000,000	2,000,000
EVV Statewide Vendor Total TOTAL	Mixed	2,221,750	1,135,750	3,357,500
EVV Self-Directed Vendor Costs				
DDI and Transition 90%, Form CMS-64.10 Base, Line 2B	90%	135,000	15,000	150,000
Operations – 3-Year Base 50%, Form CMS-64.10 Base, Line 5B	50%	262,500	262,500	525,000
Optional Yrs. Operations 50%, Form CMS-64.10 Base, Line 5B	50%	262,500	262,500	525,000
EVV Statewide Vendor Total TOTAL	Mixed	660,000	540,000	1,200,000
Staffing Resources and Related Costs				
State Resources DDI (Executive Sponsors, Project Steering Comm., WDH Lead, SMEs) 90% Form CMS-64.10 Base, Line 2A	90%	4,079,978	453,331	4,533,309
State Resources Post-Cert O&M (Executive Sponsors, Project Steering Comm., WDH Lead, SMEs) 75% Form CMS-64.10 Base, Line 4A	75%	564,375	188,125	752,500
State Resources Pre-Cert O&M (Executive Sponsors, Project Steering Comm., WDH Lead, SMEs) 50% Form CMS-64.10 Base, Line 5A	50%	267,995	267,995	535,990
Contractor Resources Internal (Technical/Project Mgs Contractors) 90%, Form CMS-64.10 Base, Line 2B	90%	1,917,792	213,088	2,130,880
Contractor Resources Internal Post-Cert O&M (Technical/Project Mgs Contractors) 75%, Form CMS-64.10 Base, Line 4B	75%	74,841	8,316	83,157
Contractor Resources External (MMIS procurement assist Contractor) 90%, Form CMS-64.10 Base, Line 2B	90%	2,447,920	271,991	2,719,911
Facility/Equipment 90% Form CMS-64.10 Base, Line 2A	90%	541,366	60,152	601,518
Facility/Equipment Post-Cert 75% Form CMS-64.10 Base, Line 4A	75%	57,188	19,063	76,250
Facility/Equipment Pre-Cert 50% Form CMS-64.10 Base, Line 5A	50%	6,500	6,500	13,000
Travel (State) 90%, Form CMS-64.10 Base, Line 2A	90%	28,800	3,200	32,000
Travel (State) Post-Cert 75%, Form CMS-64.10 Base, Line 4A	75%	27,500	9,167	36,667
Travel (State) Pre-Cert 50%, Form CMS-64.10 Base, Line 5A	50%	3,000	3,000	6,000
Training (State) 50%, Form CMS-64.10 Base, Line 4A	50%	13,333	13,333	26,667
Misc. 50%, Form CMS-64.10 Base, Line 4A	50%	24,333	24,333	48,667
All Staffing and Related Costs Total	Mixed	10,054,922	1,541,593	11,596,515
SUMMARY TOTALS				
DDI Project Total 90%	90%	64,313,229	7,145,914	71,459,144
O&M Project Total 75%	75%	15,797,199	8,558,174	24,355,373
O&M Project Total 50%	50%	55,999,101	55,999,101	111,998,203
Pass-Thru Fees/ Other Admin. Total 50%	50%	1,560,373	1,560,373	3,120,747
Optional O&M Total 75%	75%	14,661,290	7,661,290	22,322,580
Optional O&M Total 50%	50%	3,300,853	3,300,853	6,601,706
Optional Pass-Thru Fees/Other Admin. Total 50%	50%	20,000	20,000	40,000
Staffing, Facility, Equipment, & Travel Total 90%	90%	7,098,065	788,674	7,886,739
O&M Post-Cert Staffing, Facility, Equipment, & Travel Total 75%	75%	649,063	216,354	865,417
O&M Pre-Cert Staffing, Facility, Equipment, & Travel Total 50%	50%	277,495	277,495	554,990
State Training, Misc. Total 50%	50%	37,667	37,667	75,333
GRAND TOTAL		**$163,714,335**	**$85,565,896**	**$249,280,231**

10.6 Update on the PAPD

The State continues to plan the procurement for the EVV Statewide Vendor module using funds approved in the EVV PAPD v1.0. This has included performing the necessary outreach to providers, developing requirements, and releasing a draft RFP. The State is utilizing external contractor assistance in addition to state staff with the approved funds. The final RFP is in progress and scheduled for release in September 2019 with a target contract start date for the project of March 2020. Table 10.6 below shows projected spend under the PAPD through the end of FFY 2019 and spend expected to fall in FFY 2020.

Table 10.6: Estimated Expenditures under the EVV PAPD

PAPD	FFY 2019 Projected	FFY 2020 Projected	Total
EVV Statewide Vendor Costs			
State Resources (State Contract Manager, State Staff, Subject Matter Experts) - EVV Implementation 90% 2A	16,000	24,000	40,000
Contractor Resources 2B 90%	88,000	62,000	150,000
Total EVV PAPD Costs	**104,000**	**86,000**	**190,000**

SECTION 11.0 COST ALLOCATION PLAN FOR IMPLEMENTATION ACTIVITIES

11.1 Overview

Note: All proposed budget costs for WINGS and EVV DDI are 100% Title XIX Medicaid with no cost sharing allocation with CHIP. Wyoming's CHIP program is cost allocated for Wyoming Eligibility System (WES) and Customer Service Center. The Wyoming CHIP program has a direct data feed with WES and currently does not utilize the MMIS for any activity. Currently, there is no CHIP data and no CHIP activity envisioned for the new WINGS enterprise system. If at any point there is a need to integrate any WINGS system with CHIP, Wyoming will alert CMS and update cost allocation accordingly. MMIS and CHIP do use the State's Wyoming Online Financial System (WOLFS) but WOLFS is not a Medicaid or CHIP funded system and is funded through State General Funds.

PBMS base contracts are to be allocated between Title XIX Medicaid and any non-Medicaid activities based on claim volume. Invoices will be charged directly to any outside areas based on applicable claim volume. For the six months September 2018 – February 2019 there were two types of non-Medicaid claims processed by the PBMS system: State only foster kids claims and Children's Special Health Claims. Together these accounted for 0.58% of claims volume processed by the Pharmacy Benefits Management System in this timeframe. For the purposes of this IAPD-U v3.1, the State is forecasting this trend will continue but plans to revisit annually and adjust as needed based on actual claim volumes for Medicaid versus other programs. The forecasted amount attributable to non-Medicaid claims is included in Table 11.1 below. Change orders for system changes are tracked by hour of work and billed to the applicable program, but no change orders for non-Medicaid claim types are planned at this time.

The PBMS system is currently not used for the CHIP program, but is being evaluated for potential use. If the MMIS and related enterprise modules are used for the CHIP program, the CHIP program will be charged directly on an actual per claim bases and tracked separately for system changes by hour of work.

The SI/ESB is currently only used for Medicaid purposes. If the system is used for other programs in the future, a cost allocation methodology will be developed.

State staff and internal contractor resources, facility, equipment, and travel are tracked and allocated according to the State's Cost Allocation Plan.

Table 11.1 WINGS and EVV Project Cost Allocation Plan (FFY 2020-2022)

Federal/State Program	Allocation %	Federal Share	State Share	Total Program Cost
Medicaid - State costs and all other Vendors	100.00%	$57,708,253	$16,566,861	$74,275,114
Medicaid - PBMS Vendor	99.42%	$5,271,536	$1,757,179	$7,028,715
CHIP	0.00%	$0	$0	$0
Other Human Services Programs - PBMS Vendor	0.58%	$0	$40,767	$40,767
Exchange Grant	0.00%	$0	$0	$0
TOTAL	Mixed	**$62,979,789**	**$18,364,807**	**$81,344,596**

SECTION 12.0 SECURITY, INTERFACE, DISASTER RECOVERY, AND BUSINESS CONTINUITY PLANNING

12.1 The Wyoming Department of Health (WDH) maintains numerous privacy and security policies and procedures, including HIPAA for Protected Health Information (PHI), for its Agency employees to be aware of and adhere to during their day-to-day activities. The Department of Enterprise Technology Services (ETS) requires and maintains numerous IT security policies and protocols for Wyoming State Agencies, and requires regular IT security awareness and training for state and contracted personnel. Business continuity and disaster recovery planning and preparedness have also been addressed in State Agency plans.

These privacy and IT security rules, regulations, and protocols are also contained in every WINGS project Request for Proposal (RFP), requiring winning bidders to indicate adherence to and compliance with the many state and federal privacy and security directives necessary to conduct business with the State of Wyoming and to allow the State to receive enhanced federal financial participation funding from CMS for WINGS project components. The WINGS project RFPs also require a core set of deliverables from each module Contractor that includes at a minimum:

- Project Management Plan
- Project Work Plan
- Resource Management and Staffing Plan
- Communication Plan
- Risk Management Plan
- Quality Management Plan
- Change Management Plan
- Concept of Operations Plan
- System Security Plan
- Hosting Plan
- Business Continuity of Operations and Disaster Recovery Plan

- Requirements Traceability Matrix
- Solution Architecture or Enterprise Architecture (for SI/ESB) Document
- Testing Plan
- Integration Plan (for SI/ESB Contractor)

To that point, the WINGS System Integrator Contractor, has delivered a Technical System Integration Plan that outlines the activities to be performed during module integration and documents expectations for the technical activities related to integration of solutions and components with the WINGS System Integrator/Enterprise Service Bus (SI/ESB) platform. This includes technical details around integration with the platform (software, hardware, and utilities), protocols, standards, security controls, processes, interfacing and integration activities, and support. The plan also contains roles and responsibilities for WDH, SI/ESB Contractor, and the module contractors including key personnel contacts and communications information.

The WINGS System Integrator (SI) Contractor also has delivered a System Security plan using the CMS MARS-E, Entity System Security Plan template for Volume IV of the MARS-E document suite, Version 2.0 that provides the System Security Plan for each Administering Entity (AE) responsible for implementing comprehensive security and privacy controls specified in ACA regulations. The SI Contractor's System Security Plan describes their IT security and privacy environment for the SI/ESB IT system platform and supporting applications, and documents the implementation of the security and privacy controls used for each WINGS component that is integrated with the SI platform. This plan is updated with each module as it is brought into the WINGS enterprise.

SECTION 13.0 CONDITIONS & STANDARDS FOR RECEIPT OF ENHANCED FFP

13.1 The WINGS project completed the MITA 3.0 State Self- Assessment in April 2015 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 been completed and were submitted to CMS in July 2015 for review and approval.

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

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:

Modularity Standard	➢ Use of Systems Development Lifecycle methodologies ➢ Identification and description of open interfaces

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

13.2 This section refers to MITA conditions and standards for receipt of enhanced FFP, for addressed or not addressed requirements, declarations and collaboration for the WINGS project activities contained in the IAPD-U v3.0. The APD sections aligned with the Conditions and Standards in 42 CFR Part 433, are indicated in the below chart describing how the WINGS proposed IT solutions meet each of the Conditions and Standards to ensure that the systems are integrated within the total Medicaid IT enterprise.

The State of Wyoming, Department of Health declares the following:

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): _1.0, 3.0, 4.0, 5.0, 6.0, 7.0, 12.0, 13.0__

2. ☑ Yes ☐ No **MITA Condition.** Align to and advance increasingly in MITA maturity for business, architecture, and data.
APD section(s): _1.0, 3.0, 4.0, 5.0, 6.0, 7.0, 12.0, 13.0__

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): _1.0, 3.0, 4.0, 5.0, 6.0, 7.0, 12.0, 13.0__

4. ☑ Yes ☐ No **Leverage Condition.** Promote sharing, leverage, and reuse of Medicaid technologies and systems within and among States.
APD section(s): _1.0, 3.0, 4.0, 5.0, 6.0, 7.0, 12.0, 13.0__

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): _1.0, 3.0, 4.0, 5.0, 6.0, 7.0, 12.0, 13.0__

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): _1.0, 3.0, 4.0, 5.0, 6.0, 7.0, 12.0, 13.0__

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): _1.0, 3.0, 4.0, 5.0, 6.0, 7.0, 12.0, 13.0__

SECTION 14.0 IAPD REQUIRED FEDERAL ASSURANCES

14.1 This section indicates required federal agreements and assures 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 Wyoming Department of Health, Division of Healthcare Financing, certifies that it has allocated

State General Funds to cover State funding shown in this IAPD-U document, required for the Implementation portion of the project in each of the federal fiscal years.

The State of Wyoming, Department of Health agrees to the following:

Table 14.1: Assurances

Submission of Advance Planning Documents:

45 CFR Part 95 §95.610	☑ Yes ☐ No
45 CFR Part 95 §95.611	☑ Yes ☐ No

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
42 CFR Part §433.112 (c)(2)	☑ Yes ☐ No
42 CFR Part §433.112(b)(18)	☑ Yes ☐ No
42 CFR Part §433.112(b)(19)	☑ Yes ☐ No
42 CFR Part §433.112(b)(20)	☑ Yes ☐ No

IV&V:

45 CFR Part 95.626	☑ Yes ☐ No

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

Provider Screening and Enrollment:

42 CFR Part 455 Subpart E – Provider Screening and Enrollment ☑ Yes ☐ No

SECTION 15.0 STATE CERTIFICATION

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

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(Signature)

Name: Teri Green

Title: State Medicaid Agent

State Department Name: Division of Health Care Financing