



State of Wisconsin
Department of Health Services

Jim Doyle, Governor
Karen E. Timberlake, Secretary

December 22, 2010

Secretary Kathleen Sebelius
Department of Health and Human Services
200 Independence Ave., S.W.
Washington, D.C. 20201

Dear Secretary Sebelius:

On behalf of the Wisconsin Department of Health Services, I am pleased to submit this application for the Cooperative Agreements to Support Innovative Exchange Information Technology Systems Grant for the Affordable Care Act's Exchanges, CFDA: 93-525. The project, Wisconsin Early Innovator Project, provides an unprecedented opportunity for states to collaborate on the development of Health Insurance Exchanges that will reduce costs for taxpayers, states, and the federal government. Wisconsin has a very successful track record in transferring Medicaid/CHIP eligibility and enrollment systems and applications (CARES and ACCESS) to other states and has been aggressively working on a Health Insurance Exchange prototype that simulates the consumer shopping experience for individuals and small employers. Wisconsin is well positioned to take advantage of the Early Innovator Grant opportunity because we have the commitment, readiness, and plan to succeed.

The Wisconsin Department of Health Services will serve as the applicant and state's lead agency for this project. Wisconsin's Early Innovator Project will be lead by Jim Jones, Deputy Medicaid Director and Deputy Administrator of the Division of Health Care Access and Accountability within our Department. Mr. Jones can be contacted via e-mail—james.jones@wisconsin.gov—or by telephone—608.266.8922.

Wisconsin is committed to designing and implementing an innovative Health Insurance Exchange that serves as a model for other states. Thank you for this opportunity.

Sincerely,

A handwritten signature in black ink that reads "Karen E. Timberlake".

Karen E. Timberlake
Secretary

Application Title: Wisconsin Early Innovator Grant Application
Applicant Organization Name: Wisconsin Department of Health Services (DHS)
Program Applying Under: State Exchange Planning and Implementation
Funding Opportunity Number: 93.525
Project Director: Jim Jones, Deputy Medicaid Director
Project Director Phone Number: (608) 266-8922 Fax: (608) 266-6786
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Congressional District(s) Served: 1-8

The delivery of affordable, quality healthcare is a high priority for the State of Wisconsin. Wisconsin is recognized as a leader in providing access to quality care. According to the 2008 U.S. Census, the State of Wisconsin has the second lowest uninsured rate in the U.S. and, according to the Agency for Health Care Research and Quality, ranks first in quality. Wisconsin has also been recognized for its advances in developing and sharing web-based, consumer-centric public assistance systems. The Wisconsin Department of Health Services has implemented several innovative and foundational programs in recent years:

- **ACCESS**– The nation’s leading web-based, self-service portal that allows customers to screen for potential eligibility, complete an interactive application, report changes of circumstances, and check benefit status for Medicaid, CHIP, and other public assistance programs
- **Client Assistance for Re-employment and Economic Support (CARES)** – An automated, integrated eligibility determination and case management system that supports the administration of Medicaid, CHIP, and other assistance programs
- **BadgerCare Plus and Core Plan** – Expansion of the Medicaid program for children, pregnant women, families and adults without dependent children, ensuring access to health care for 98% of Wisconsin residents

Wisconsin anticipates that the health insurance exchange will help drive improvements in the delivery of affordable, quality care for up to 160,000 individuals in the non-group market, 1 million employees of small businesses, and 770,000 participants in the BadgerCare Plus and Medicaid programs, representing nearly 35 percent of the states population.

Wisconsin will incorporate an agile and iterative development methodology with a phased-in implementation approach so other states can quickly leverage solution documents, modules and components for their own implementation. In addition to the required functions, Wisconsin will incorporate a series of additional functions including exchange operations, health plan management, financial management, system administration, quality measurement, and reporting. Wisconsin’s exchange will leverage existing, modern infrastructure and systems to create a loosely coupled, transferable, service-based design. Wisconsin will continue to build on its strong tradition of engaging health care leaders and other stakeholders in the development of the exchange. This will include discussions with interested states through the establishment of a State Advisory Panel comprised of two to three staff from each state that represent the policy, functional, and technical aspects of the identified functions. Wisconsin is well-positioned to take advantage of the Early Innovator grant opportunity due to Wisconsin’s commitment, state of readiness, and plan to succeed.

Funding Opportunity

Cooperative Agreements to Support Innovative Exchange Information Technology Systems

Project Narrative

State of Wisconsin Grant Submission



**U.S. Department of Health and Human Services
Office of Consumer Information and Insurance Oversight
Funding Opportunity Announcement: TBA**

A. Wisconsin's Commitment

The State of Wisconsin has developed a vision for implementing a health insurance exchange as required by the Patient Protection and Affordable Care Act (PPACA) that is based on the principles of engaging health care stakeholders, promoting health care access, improving health outcomes, and reducing costs through market competition. The Early Innovator grants provide an unprecedented opportunity for states to collaborate on the development of health insurance exchanges that will reduce costs for taxpayers, states, and the federal government. Wisconsin is committed to developing an innovative and flexible solution that can be implemented using a phased approach. This will allow states to customize the proposed solution to meet their state-specific needs earlier and better mitigate the systems readiness risk for 2014.

Wisconsin is a recognized leader in providing quality health care. According to the 2008 U.S. Census, Wisconsin has the second lowest uninsured rate in the nation and, according to the Agency for Health Care Research and Quality (AHRQ), ranks first in quality. The State has been nationally recognized for web-based, consumer-centric systems innovation, its mature system development processes, and its history of transferring these system assets to other states. **Delaware, New Hampshire, Georgia, New York, Michigan, New Mexico, and Colorado are just a few states** that have used the technologies initially developed in Wisconsin to serve their own residents. This indicates that Wisconsin's technical solutions work in big and small states and in rural and urban areas. The selection of Wisconsin as an "Early Innovator" will enable Wisconsin to continue its impressive record of leadership and success in effectively developing and sharing technology that supports providing access to high quality, affordable health care.

Over recent years, Wisconsin has implemented a number of program, policy, and system initiatives in anticipation of the PPACA legislation.

- **ACCESS** – The nation's leading web-based, self-service portal (<http://access.wisconsin.gov>) that allows customers to screen for potential eligibility, complete an interactive application, and select an HMO, report changes of circumstances, and check benefit status for Medicaid, CHIP, and other assistance programs. ACCESS has been recognized by the Kaiser Family Foundation and received honorable mention at the Stockholm Challenge in the Public Administration category for its impact on quality, productivity and customer service
- **CARES** – An automated, web-based, integrated eligibility determination and case management system with significant outcomes reporting capabilities that supports the administration of Medicaid, CHIP, and other assistance programs
- **BadgerCare Plus and Core Plan** – A significant expansion of the Medicaid program for children, pregnant women, families and adults without dependent children, ensuring access to quality, affordable health care for 98% of Wisconsin residents

In early 2010, Wisconsin began assessing the policy implications, operational considerations, and technological requirements of implementing a health insurance exchange. These efforts have yielded a service-oriented, web-based health insurance exchange prototype that 1) has been shared with a number of states, 2) driven policy and option white papers, and 3) promoted partnerships with other recognized leaders to manage the design, development, implementation,



and operation of a new health insurance exchange. In addition, Wisconsin is in the process of establishing its health insurance exchange governance structure.

Wisconsin's successes and commitment to affordable care combined with a history of IT innovation and mature development processes uniquely position it to lead the design and development of an innovative and transferrable health insurance exchange.

Wisconsin's Vision

Wisconsin envisions a single, intuitive one-stop shop for consumers and small employers to access health insurance and state-based programs. While there will be a spectrum of possible options, an exchange that improves access to affordable care, supports market competition, reduces costs, improves quality, and employs reusable technology can serve as a model for other states to adopt.

Wisconsin will develop a health insurance exchange that will lower costs and drive improvements in the delivery of affordable, quality care for up to 160,000 individuals in the non-group market, 770,000 participants in the BadgerCare Plus Medicaid program, and 1 million employees of small employers. It is estimated that as many as 2 million of Wisconsin's 5.7 million residents (35 percent of the population), will participate in a health insurance exchange over time, significantly expanding affordable access to care.

Wisconsin is re-imagining the selection and enrollment experience. Wisconsin envisions a single, intuitive portal through which residents can access subsidized and non-subsidized health care and other state-based programs (e.g. Medicaid, CHIP, child care). With a consumer focus, this portal will streamline health plan selection, offer real-time eligibility determination, and automate enrollment processing while maintaining high participation rates and continuity with state and federal programs. Integration across programs will promote end-to-end efficiency and will result in lower overall administrative cost.

This model for the health insurance exchange will enable individuals and families, small businesses, brokers, and other health insurance navigators to rank and shop for available medical benefits and other ancillary products based on user-specified preferences, compare the associated costs for each, and review the tools that the exchange and each insurer offers to help manage health. Through the exchange individuals will be able to review participating health plan provider networks, identify a preferred primary care physician, and review relative health plan performance ratings. The health insurance exchange will have the capability to enable payment of monthly premiums and track premium rebates and federal tax credits. It will offer tools to calculate health costs and better manage health. Individuals, families, employers, employees, navigators, and brokers will be able to seek customer or technical support specific to their needs through the health insurance exchange.

Wisconsin Will Shape Its Vision Through Broad Input

Wisconsin will collaborate with stakeholders and federal agencies in the development of the health insurance exchange. In addition, the health care exchange development teams will be working closely with Medicaid leadership since the exchange will be designed to further facilitate access to Medicaid and other state assistance programs.



Wisconsin will employ a three-phase agile, iterative development methodology that will facilitate the review of system designs and gaining stakeholder/partnering states’ perspectives early and frequently. To date, Wisconsin has actively engaged and solicited feedback from over 40 Wisconsin health care leaders, including health systems, insurers and provider groups, and many other health care advocates and stakeholder groups across the state relating to the planning and development of a state-based health insurance exchange. This approach continues Wisconsin’s strong tradition of working with health care leaders and stakeholders, as is demonstrated by many of Wisconsin’s past efforts. For example, during the development of Wisconsin’s ACCESS self-service portal, Wisconsin sought the input from 60 local agencies, 5 tribes, 16 community action agencies and nutrition networks from several cities, and 120 low income residents from 20 counties through focus groups and one-on-one interviews. When implementing the BadgerCare Plus program, Wisconsin established an advisory committee of health care providers, legislators, business and tribal representatives, advocates, the University of Wisconsin, and the Wisconsin Hospital Association. Wisconsin’s approach to the health insurance exchange will have the same focus. Wisconsin will:

- Solicit input from individuals, families, employees, employers, brokers, navigators, community groups, and insurers
- Establish an Advisory Committee comprised of representatives from partnering states, health plans, federal agencies, other state agencies, and other industry experts

Wisconsin understands there are a number of considerations for health care stakeholders, and federal and state agencies that need to be addressed through the health insurance exchange.

Stakeholders	Key Considerations	Engagement Approach
Individuals / Employees & Family	<ul style="list-style-type: none"> • Intuitive process that guides the health plan comparison, selection, and payment experience • Single point of entry for qualification and enrollment into any program • Ability to access on-line support tools and manage benefits ongoing 	Focus groups and targeted interviews
Employers	<ul style="list-style-type: none"> • Simple, automated process to select health care options for employees • Intuitive process to qualify and enroll employees and get help when necessary • Feature that allows employers to pay monthly premiums net of tax credits and premium rebates • Reports to assist employers with managing employee enrolment status 	Focus groups and targeted interviews Representation in the Exchange Advisory Committee
Brokers, Navigators, and Community Partners	<ul style="list-style-type: none"> • Tools and information to help third parties guide employers and individuals/families to compare, select, and enroll in a health plan • Reports to manage enrollments and processes to support commission payments 	Focus groups and targeted interviews Representation in the Exchange Advisory Committee
Health Plans	<ul style="list-style-type: none"> • Process offer medical and other ancillary products to attract additional members through an open market place • Simple processes and reports to facilitate eligibility, enrollment, and payment data management 	Targeted interviews Representation in the Exchange Advisory Committee
Exchange Administrators and Medicaid Leadership	<ul style="list-style-type: none"> • Efficient processes that support normal and exception health plan and other program enrollment and premium payment processing • Tools and reports that help manage work load and track key processes of the exchange (e.g. performance, eligibility, enrollments, and quality) 	Representation in the Exchange Advisory Committee





State and Federal Agencies	<ul style="list-style-type: none"> • Work with state and federal agencies to determine the requirements, frequency and format for data exchanges • Processes/designs that can be transferred to other states • Consistent data standards and interoperability with agency data sources (e.g. income data) • Reports tracking use, tax credits, reduced cost-sharing, etc. 	Representation in the Exchange Advisory Committee
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This vision is comprised of the following eight foundational components.

Component	Processes
 Individual/ Employee/ Family Apply, Select, and Enroll	<ul style="list-style-type: none"> • Verify identity and determine plan/program eligibility and affordability • Determine eligibility for tax credit, reduced cost sharing, exemptions, Medicaid and BadgerCare Plus • Complete a health needs assessment • Rank and compare health plans, networks, and services based on member preferences • Calculate projected out of pocket costs and monthly premium • Enroll in the best health plan and identify a preferred primary care provider and clinic/hospital based on specified preferences • Process premium payments and rebates, tax credits, and cost share reductions • Enable customer service (e.g. help, email, web chat, voice) and exception management • Receive notices, and complete change reporting, account management, and renewals / open enrollment • Enroll in other state assistance programs (e.g. SNAP, TANF, Child Care)
 Employer & Broker / Navigator	<ul style="list-style-type: none"> • Set up accounts and select plan(s) by tier and apply contributions • Determine qualification as a small employer • Enable employer specific service (e.g. help, email, web chat, voice) • Receive correspondence and perform ongoing account maintenance such as change reporting, account management, and annual renewals / open enrollment • Facilitate enrollment for employees or enroll them directly • Pay premiums and track premium rebates, employer tax credits, and free vouchers
 Health Plan Management	<ul style="list-style-type: none"> • Enable plans to manage benefits and submission of products for certification/ selection and market themselves through the exchange • Enable plans to provide provider network, quality and pricing data • Enable plans to receive enrollment and network selection data and premium payments • Support reinsurance processing and customer service transfer to health plans when necessary
 State Agency Operations	<ul style="list-style-type: none"> • Process manual eligibility verification and enrollment into health plans and other state assistance programs on an exception basis • Enable work load, task management, and service inquiry/response • Support reporting and document management
 Financial Management	<ul style="list-style-type: none"> • Execute premium payment and minimum medical loss ratio rebate processing and tracking • Track currency/delinquency, tax credit administration, cost-sharing administration, and data exchanges with other state and federal systems • Support payments to navigators and brokers • Perform claims accounting / tracking for reinsurance purposes
 Quality	<ul style="list-style-type: none"> • Track the ratings and performance of the health plans participating in the exchange • Track the quality of the providers • Manage the quality of the user experience and the performance of the exchange itself • Track and enforce the resolution of member complaints, appeals, and grievances



Component	Processes
 Administrative Infrastructure	<ul style="list-style-type: none"> • Support security, protection of PHI and PII, audit, system performance monitoring • Support rules management for eligibility, enrollment, premium payment, tax credit tracking • Support other backend functions necessary to administer the exchange
 Reporting	<ul style="list-style-type: none"> • Perform all mandatory reporting for internal and external stakeholders, state agencies and federal agencies • Enable additional analytical reporting for stakeholders and agencies through the data warehouse, as appropriate

Wisconsin’s approach will modernize the way consumers obtain access to health insurance and will rely on a streamlined process to improve customer service and reduce back office operational costs.

In order to achieve this vision, the proposed exchange approach will leverage Wisconsin’s existing, effective suite of IT systems to create a loosely integrated, service-based design. This approach provides flexibility for other states to implement some or all of these modules, according to their situation and assessment of their current IT assets.

B. Opportunities to Share, Leverage, and Re-use Exchange IT Systems’ Components

The State of Wisconsin is proposing to work closely with interested states in the development of its health insurance exchange solution. The solution will be developed in components and processes to facilitate physical or conceptual transfer to other states.

Wisconsin understands the importance of building exchange IT components that can be adopted, modified, and implemented by other states. Building in components provides interested states with the assets and tools to quickly and effectively implement their health insurance exchanges, thereby reducing cost, time and risk. Recently recognized in the Stockholm Challenge for Public Administration, Wisconsin’s ACCESS self-service site demonstrates this approach in action. ACCESS is the most transferred and leveraged self-service, human services system in the nation because of its modern, table-driven, SOA-based open architecture, and capabilities for expansion. In addition, Wisconsin’s eligibility system, CARES, has an impressive record of physical and conceptual transfer. As highlighted in the figure below, Wisconsin has leveraged solutions (conceptual transfers) from other states and provided solutions to other states (both technology and conceptual transfers). Wisconsin has the experience and understanding of what these transfers require.

Wisconsin ACCESS has been successfully implemented in six states:

- Colorado
- Georgia
- Michigan
- New York
- Nevada
- New Mexico

ACCESS demonstrates Wisconsin’s ability to develop transferable solutions.



Wisconsin has a history of collaborating and transferring technology to other states

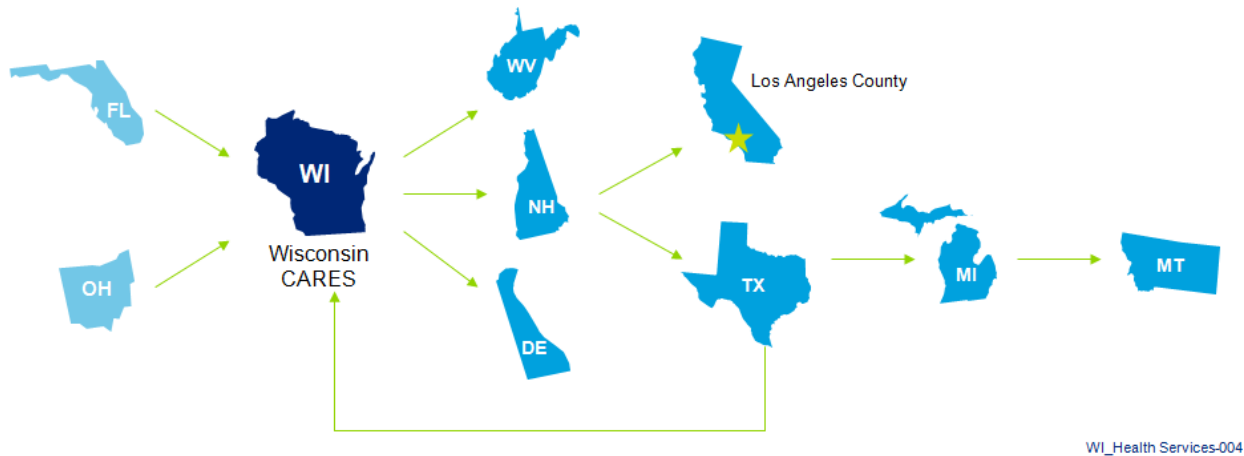


Figure 1- History of transfers with other states

In addition, Wisconsin has adopted a modern, common Medicaid Management Information System (MMIS), interChange, used in 12 states. The architectural flexibility of the MMIS has led to its implementation in other states including Oklahoma, Kansas, Massachusetts, Florida, Georgia, Oregon, Connecticut, Alabama, Kentucky, Pennsylvania, and Tennessee.

As an early innovator, Wisconsin is committed to engaging interested states as key stakeholders in the design and implementation of the health insurance exchange. Wisconsin has received letters of interest/support from California, Delaware, Illinois, Michigan, Oregon, and Washington and these are included in Section 2 Required Letters of Support of the grant response.

Wisconsin proposes to engage states by establishing a State Advisory Panel. This panel will be structured into eight workgroups to align with the eight foundational components previously introduced in Wisconsin's Vision on pages 4 and 5. Each state will have the opportunity to provide a State Liaison, Technical Lead, and Policy Lead to represent the states' unique interests. The State Advisory Panel workgroups will meet on a regular basis to review deliverables and provide guidance throughout the entire project's lifecycle. Through the Advisory Panel, Wisconsin will involve other states in the development of deliverables and provide access to them upon completion.

Wisconsin will diligently document the approach and design of its health insurance exchange. Key initial tasks include completing a proof of concept, alternatives analysis, risk analysis, and project plan. Wisconsin will document the vision, business and system requirements, and system design. The design will include detailed business process flows, screen mock-ups, and system logic. These planning, requirement, and design deliverables will be valuable building blocks that other states may use to quickly implement their health insurance exchanges in their technology environments and programming languages.

Given the timeframe to implement the exchange, Wisconsin proposes a three-phased, iterative development approach so that states can more quickly use documents, modules, and components. Wisconsin will maintain an online library/directory (e.g. SharePoint) to facilitate deliverable distribution and updates. Wisconsin will also provide direct access to the system during



acceptance testing to allow states to actively participate, and provide feedback on the end products.

Wisconsin's Solution Transferability

Wisconsin's proposed solution will be designed to be flexible and broadly applicable for other states. A state will be able to choose one of two paths described below depending on a state's program complexity, technology drivers, and strategic direction. Wisconsin will also consider the potential for hosting the exchange for its partnering states. The effort and budget required is beyond the scope of this narrative.

Technology Transfer – For those states that do not have significantly different technology standards than Wisconsin, a transfer of one or more components of Wisconsin's health insurance exchange could occur. Wisconsin's standards-based, modular solution is designed to provide loosely integrated application components that can be easily transferred to other states.

Wisconsin recognizes states have existing systems and technology in place. With this in mind, Wisconsin will design and build components using current standards, and standard interfaces (e.g., SDX, SOLQ, BENDEX, etc.) to enable other states to transfer one or all components.

Conceptual System Transfer – Wisconsin also understands that different states have different technology environments and standards that do not always allow for direct transfer of existing system applications "as-is". A state may then wish to use their existing legacy system and simply add an exchange "front end" or a state may choose to mix and match various components from several early innovators. In these situations, states can execute a conceptual transfer where they take the planning deliverables, requirements, process flows and screen mock-ups to develop a system that meets their technology standards.

C. Readiness to Establish an Exchange IT Systems Based on Readiness Assessment

Wisconsin is in an advanced state of readiness for the health insurance exchange. Wisconsin has made progress creating a vision for the exchange (though white papers, option papers, and a working prototype) and is positioned to realize the vision of a health insurance exchange by leveraging existing architecture, technology standards and an existing team of experienced resources.

With the Patient Protection and Affordable Care Act (PPACA), States are mandated to implement a health insurance exchange to offer healthcare coverage options to eligible citizens who currently do not have access to health coverage. Wisconsin has already made progress in defining its health insurance exchange. Wisconsin has developed white papers discussing its vision, policy, and operational issues associated with a health insurance exchange. Most notably, the State of Wisconsin has created a working health insurance exchange prototype (<http://exchange.wisconsin.gov>) to demonstrate its vision (Sample screens shown below).



Wisconsin's Implemented Health Insurance Exchange Prototype (Sample Screen Shots)



Figure 2 – Wisconsin Health Insurance Exchange Prototype

The Wisconsin prototype simulates eligibility determination and the process to enroll in health insurance, Medicaid, CHIP, and the federal subsidies programs. It also calculates tax credits and verifies eligibility for either the tax subsidy or reduced cost sharing offered through the health insurance exchange. Wisconsin is currently encouraging health care stakeholders and the general public to access the Wisconsin Office of Health Care Reform (OHCR) web site and provide feedback on the prototype.

In addition to the planning efforts, Wisconsin is well-positioned to develop the health insurance exchange due to the modern state of its existing systems, and the experience and knowledge of existing resources. Wisconsin's existing Medicaid and CHIP eligibility, enrollment, and management systems (e.g., CARES, ACCESS, and interChange) will provide the foundation for a successful health insurance exchange implementation.

Wisconsin has continually enhanced its eligibility, enrollment, and management systems to create a modern, feature-rich, web-based application that is able to shift with the needs of the state. For example, CARES has been incrementally moved from a mainframe/COBOL solution to a web-based, J2EE platform and moved from traditional face-to-face, caseworker model to a



multi-channelled, flexible solution that allows for customer interaction through the web, telephone, mail or in-person services.

Wisconsin has evolved its service delivery capabilities by implementing ACCESS, a customer self-service application which enables customers to screen for potential benefits, apply for benefits, report changes, and check benefits online.

The evolution of ACCESS and CARES is shown below.

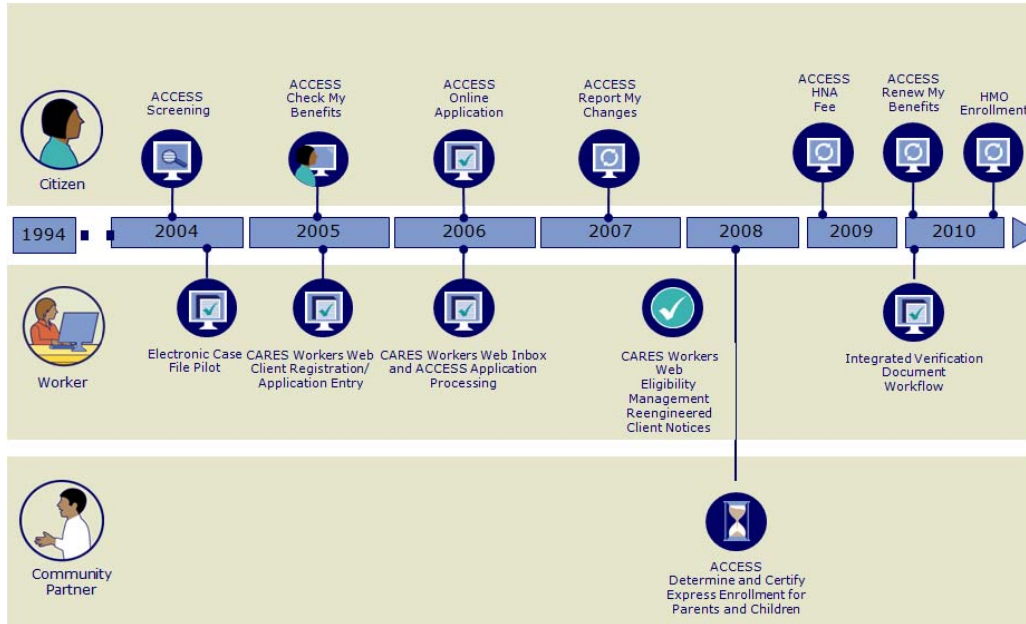


Figure 3 – The Evolution of CARES and ACCESS

Wisconsin’s experience, and technology approach is efficient, enables innovation, and facilitates risk management.

The following sections describe Wisconsin’s readiness on critical elements as requested in Appendix A of the grant: Technical Architecture, Applicable Standards, Stakeholder Engagement, Governance, Planning and Resource Capabilities, Collecting Data and Information, Meeting Customer Needs.

Technical Architecture

The technical architecture is critical to supporting the necessary business functions and features of the health insurance exchange. Wisconsin understands that the technical architecture must be:

- Flexible and utilize a services-based design capable of extending front-end services to stakeholders and back-end services to systems
- Based in open standards such as National Information Exchange Model (NIEM) and WS-I, to improve system interoperability and reduce maintenance
- Based on industry best practice design, facilitating the transfer of conceptual design and business rules thereby accelerating adoption by other states
- Secure and adhere to HIPAA guidelines in order to provide a safe, reliable, and private exchange of information



Wisconsin’s current technical architecture has evolved as stakeholder needs and the services required have evolved. Wisconsin has invested in the technical infrastructure required to host current applications and services and understands what it will take to create a technical architecture capable of supporting the health insurance exchange. The following sections describe Wisconsin’s current technical capabilities and outline the future technical architecture that can support the health insurance exchange.

Current Technical Architecture

Wisconsin’s current application-centric technical architecture supports critical business functions through applications such as its self-service application, ACCESS, the integrated eligibility and case management application, CARES Worker Web (CWW), and the Medicaid management information system, interChange. ACCESS helps Wisconsin’s citizens apply for benefits, screen for potential eligibility, check benefits, renew benefits, and report changes. It also serves as the primary tool for the State to provide services to individuals/families. CARES Worker Web provides workers with the tools and support needed for data intake, eligibility, post-eligibility and case management business functions. InterChange, processes enrollments and payments and serves as the primary gateway between the state and health care providers. Finally, Wisconsin maintains a data warehouse to generate operational and analytical reports, and its technology enables basic workload management.

Current/Legacy Software

The table below describes Wisconsin’s current/legacy software.

Component	Description
ACCESS	J2EE based application running on IBM Websphere Application Server. All data is stored in the IBM DB2 database. The application supports web services, messaging, and other data transfer and communication protocols. The application is enhanced through the use of 3rd party, open source products that provide additional features such as logging, presentation, and PDF processing.
CARES Worker Web	J2EE based application running on IBM Websphere Application Server. All data is stored in the IBM DB2 database. The application supports web services, messaging, and other data transfer and communication protocols. The application is enhanced through the use of 3rd party, open source products that provide additional features such as logging, presentation, and PDF processing.
interChange	The interChange web application is written in .NET and runs on virtual machines under the Windows operating system in a load balanced web farm. The interChange batch applications are written in C and run on the Unix operating system. The Decision Support System data warehouse stores data in an Oracle database and information is presented using Business Objects query tools.
Data Warehouse	The data warehouse stores data in Oracle and information is presented using Cognos.
Verification	Verification is received in the form of documents, which are converted to electronic documents using a scan infrastructure from Kofax and stored in a central content repository powered by IBM Content Manager.
Reporting	Report requirements are fulfilled through a number of custom and ad-hoc reports using SQL and other utilities.
Data Exchange	CWW data exchange provides a number of interfaces, data translation, and population capabilities.
Correspondence	Correspondence, generated by the EMC Document Sciences xPression product, is generated in batch and mailed to individuals using the postal service.
Payment	Online payments are made via web service through a common enterprise service provided to the US Bank.
Security	Security is provided by the Novell security software and an additional application, Wisconsin Integrated Security Application (WISA) for authorization.



Component	Description
Rules Engine	Rules are embedded within the applications and are typically created to match the technology or platform.
Content Management	IBM Content Manager provides content management services to store electronic documents such as verifications.

Current/Legacy Hardware

The hardware features IBM P-series physical servers running AIX supporting 5 environments. The z10 mainframe running the z/OS operating system hosts the DB2 database. The interChange web application runs under the Windows operating system on virtual machines that are hosted on Dell hardware in a load balanced web farm environment. The interChange batch applications run under the Unix operating system on Sun Fire enterprise-class servers. The network is highly capable of supporting the load of the existing systems. Storage is provided by EMC. The current technology standards support the Windows operating system and Linux operating systems. In some cases, functionality is hosted on virtualized servers but the majority of the functionality is hosted on physical servers.

Technical Architecture Vision

The technical architecture will support the business functions outlined in the Cooperative Agreement to Support Innovative Exchange Information Technology Systems. Wisconsin’s approach to building the technical architecture is business-centric. As such, the table below outlines the four core business functions of the health insurance exchange and maps these functions to the eight business components proposed by the State of Wisconsin. These business components are highlighted in the work plan and project plan presented in the latter sections of Wisconsin’s grant response.

Business Components	Eligibility	Enrollment	Premium Tax Credit Administration	Cost-Sharing Assistance Administration
Individual/ Employee/ Family Apply, Select, and Enroll	✓	✓	✓	✓
Employer / Broker / Navigator	✓	✓	✓	✓
Health Plan Management		✓	✓	
State Agency Operations	✓	✓	✓	✓
Financial Management		✓	✓	✓
Quality		✓		
Administrative Infrastructure	✓	✓	✓	✓
Reporting	✓	✓	✓	✓

The proposed business components of the exchange are made possible by a set of technical components, such as applications and business services. The applications and business services make up the technical architecture that supports the health insurance exchange. The table below outlines the proposed business components of the health insurance exchange and maps these functions to the proposed applications and business services.



Business Components	System Components																	
	Applications					Business Services												
	Exchange Portal	Workload Management Dashboard	Case Management	Enrollment and Payment Processing	Data Warehouse	Verification	Reporting	Data Exchange	Correspondence	Payment	Security	Rules Engine	Content Management	Member Index	Employer Index	Health Plan Index	Provider Index	Broker Index
Individual/ Employee/ Family Apply, Select, and Enroll	P				✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Employer / Broker / Navigator	P			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Health Plan Management	✓		✓	P	✓		✓	✓	✓	✓	✓	✓	✓			✓	✓	✓
State Agency Operations		P	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Financial Management	P		✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Quality	✓	P	✓	✓	✓		✓	✓		✓		✓	✓	✓	✓	✓	✓	
Administrative Infrastructure	✓	P	✓	✓			✓	✓		✓	✓	✓	✓					
Reporting	✓	✓	✓	✓	P	✓	✓	✓		✓	✓		✓					

The proposed business components are enabled through applications and business services

1. "P" indicates the primary system or application involved
2. Check mark indicates business component requires data from the listed system or application

Finally, once the proposed business components are mapped to the applications and business services, the proposed architecture becomes evident. The proposed technical architecture is illustrated in the diagram below.



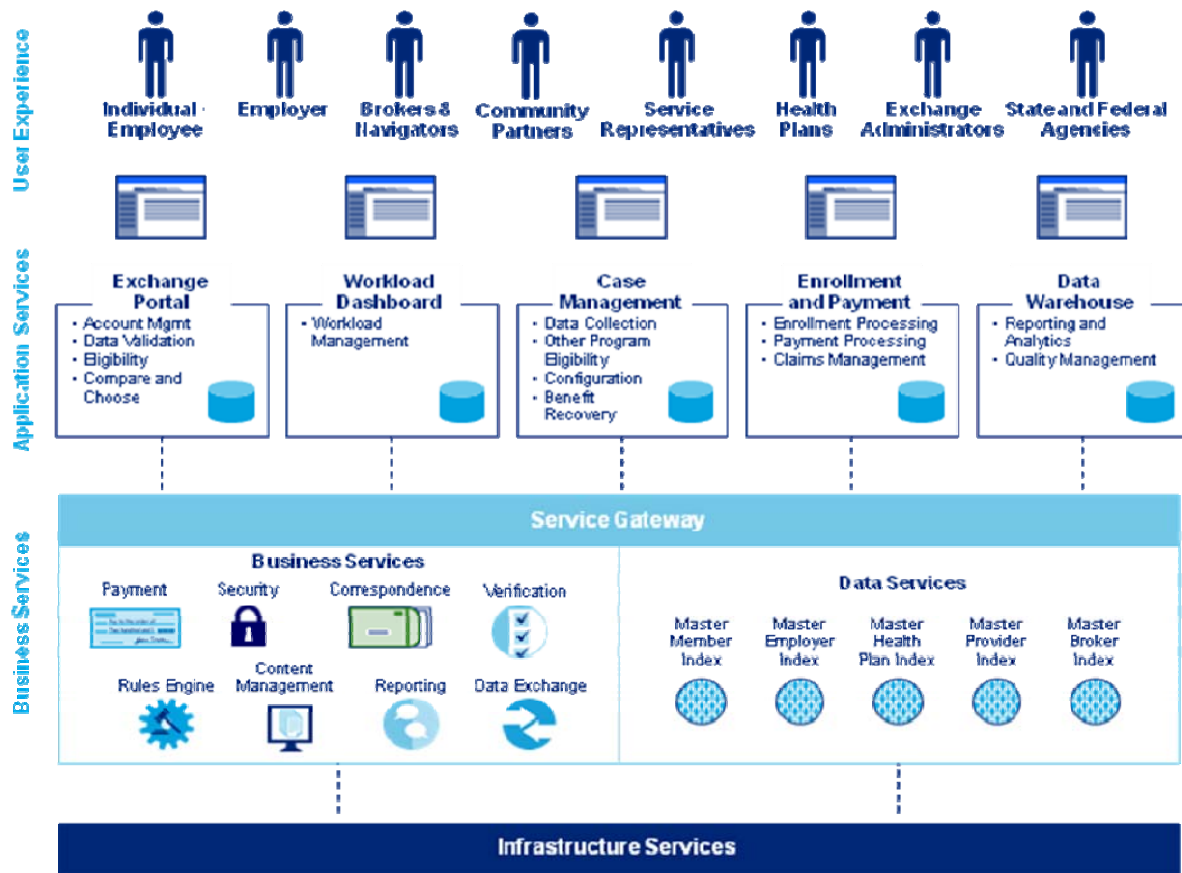


Figure 4 – Wisconsin Health Insurance Exchange Proposed Technical Architecture

The technical architecture features a services based architecture consisting of a set of loosely-integrated services, exchanging data among these services through open standards and industry leading protocols such as web services.

The technical architecture and business services is intended to provide a rich and easy to use experience for stakeholders. The exchange of data between these components relies on open standards across standard technology protocols such as SOAP web services. The services-based design improves flexibility, provides transferability to other states, and increases the ability for states to provide further enhanced services through the health insurance exchange.

Application Services - Serve as the “core” of the health insurance exchange and enable the key business functions and features. This tier of the health insurance exchange provides intuitive and rich user interfaces. In addition, application services connect to shared business and data services to provide enhanced user features and to store/retrieve health insurance exchange data. All interfaces among applications and tiers rely on standard interfaces, using XML and NIEM standards.

Wisconsin’s proposed technical architecture

- Proposed loosely integrated component based architecture provides flexibility and transferability
- Service oriented design features use of web services, standards based data interfaces, and use of common protocols such as XML
- Proposed hardware and software platform weaves industry leading COTS products supported by hardware featuring virtualization capabilities able to meet increased demand for services



Business Services – These services represent a series of reusable and shared services, designed to provide and/or enhance the user experience. These services are built using standards such as WS-I and NIEM data schemas. Data services are reusable and shared across the loosely integrated application and business services and provide a common set of data to the health insurance exchange. All services are made available through a service gateway.

Target Software

The table below describes Wisconsin’s target software for the health insurance exchange.

Component	Description
Exchange Portal	J2EE based application running on IBM Websphere Application Server. All data is stored in the IBM DB2 database. The application supports web services, messaging, and other data transfer and communication protocols. The application is enhanced through the use of 3rd party, open source products that provide additional features such as logging, presentation, and PDF processing.
Workload Dashboard	J2EE based application running on IBM Websphere Application Server. All data is stored in the IBM DB2 database. The dashboard features powerful workload and staff management tools, including graphical user interface (GUI) components such as graphs. Application supports web services, messaging, and other data transfer and communication protocols.
Case Management Application	J2EE based application running on IBM Websphere Application Server. All data is stored in the IBM DB2 database. The application supports web services, messaging, and other data transfer and communication protocols. The application is enhanced through the use of 3rd party, open source products that provide additional features such as logging, presentation, and PDF processing.
Enrollment and Payment	The interChange MMIS is architected with an n-tier .NET user interface that uses industry standards associated with C#.NET and makes heavy use of SOA methods. The backend processing is done on a UNIX server that runs ANSI standard C programs. Both components of interChange use the same Oracle 10g database.
Data Warehouse	The data warehouse stores data in Oracle and utilizes Business Objects query tools as the presentation layer.
Verification	Verification is received in the form of documents, which are converted to electronic documents using a scan infrastructure from Kofax and stored in a central content repository powered by IBM Content Manager. Verification data is delivered via the service gateway, enabled through a COTS enterprise service bus.
Reporting	Transaction reporting needs are fulfilled through Crystal Reports, a central repository and service providing information and reports in real time to users. Reports are delivered to users where and when they are needed through the use of web services.
Data Exchange	The service gateway, enabled by a COTS enterprise service bus product, provides a central location for all data flows in and out of the exchange. Common interfaces and translation services are created to route and send data based on business need.
Correspondence	Correspondence, generated by the EMC Document Sciences xPression product, are generated in batch and mailed to individuals using the postal service. In addition, correspondence is made available electronically, in a format selected by the end user. It relies on the service gateway to deliver the correspondence where and when it is required.
Payment	Online payments are made via web service through a common enterprise service provided to the US Bank.
Security	Security is provided by the Novell security software and an additional application, Wisconsin Integrated Security Application (WISA) for authorization.
Rules Engine	Rules are developed using an industry leading COTS rules engine. The rules engine is centrally hosted and access to rules is provided through web services.
Content Management	IBM Content Manager provides content management services to store electronic documents such as verifications.

Target Hardware

The hardware to support the exchange must be maintainable, scalable, and flexible. The proposed hardware will run on virtualized servers that will increase agility and improve the



ability to “dial up” as required. The target hardware platform is the IBM zSeries Integrated Facility for Linux running z/VM. This hardware platform supports consolidation of the existing applications and services as well as provides a platform upon which the health insurance exchange can expand and scale.

Wisconsin has a strong history of investing in technology components that support enhanced business functionality to end users. Wisconsin will resolve the gaps in the current architecture through the acquisition of industry-leading COTS products, and continue enhancements to the existing applications and services.

Technical Architecture Gap Summary

While Wisconsin’s existing technical architecture serves as a good foundation to build on, gaps have been identified and would need to be addressed to achieve Wisconsin’s health insurance exchange vision. The technical architecture gaps can be categorized as follows:

Gap	Description
Data Exchange	Wisconsin has many existing data exchanges in place. New data sources must be incorporated, the existing sources must be upgraded to “real time”, and all data exchanges will be modified to adhere to the newly defined standards.
Individual Eligibility Determination	Eligibility will be determined in “real time” through the portal. This is a shift from the current manual process that leverages COBOL-based protocols on the mainframe. The new capability requires additional data integration and the implementation of a rules engine. In addition, broker/navigator functionality will also need to be developed.
Health Plan Comparison and Ranking	Comparing and ranking plans based on user-selected preferences is new, rules based functionality that will be built into the health insurance exchange.
Health Plan Management	Health plans can currently submit files to Wisconsin; however, this function will need to be expanded to include online, real-time, interactive tools that enable health plans to maintain their information. This will provide health plans two methods of plan and data maintenance.
Communication and Customer Support	Wisconsin currently provides traditional methods of communication and customer support (phone, mail). Its systems and operational processes will need to be expanded to deliver modernized methods of service and communication (chat, messages, text, e-mail, call me, and other channels). Wisconsin will implement a new customer service model that supports all users (i.e. employers, brokers, community partners, health plans, etc.) In addition, Wisconsin will implement additional PII and PHI protocols to better ensure compliance.
SHOP Exchange	Wisconsin’s systems are individual, user oriented and do not consider employer functionality extensively. The SHOP exchange will be entirely new functionality. To support this, additional data exchanges will need to be developed, intelligent/intuitive data collection features must be created, and employer registration, employee enrollment, billing, and reporting must be built. In addition broker/navigator functionality must also be created.
Fiscal Premium Management	Improved customer features, tracking, and administration are required to coordinate the initial and ongoing customer premiums, employer payments, and transfer to health plans and state and federal agencies.
Master Data Indexes	Wisconsin has a Master Customer Index; however, additional indices must be built to maintain Employer, Health Plan, Provider, and Broker information.
Expanding Service Oriented Approach	Wisconsin’s technical architecture must be enhanced to support the reuse and transfer of the solution to other states. Additional privacy and security considerations will need to be addressed.
Reporting	New federal, state, public, operational, and analytical reporting must be built to accommodate the new health insurance exchange functions and requirements.



Applicable Standards

Wisconsin employs multiple technology and security standards in developing system solutions for its health care programs. These standards have been established to improve usability, accessibility, transparency, data security, customer privacy, and consistency in integrating with other systems. Wisconsin's approach to applicable standards is described below:

1561 Recommendations - Wisconsin is committed to continuing to implement the 1561 recommendations for human services eligibility and enrollment processes to:

- Create a transparent, understandable and user-friendly online process that enables consumers to make informed decisions about applying for and managing benefits
- Provide a range of user capabilities, languages and access considerations
- Offer seamless integration between private and public insurance options
- Enable a consistent and transparent exchange of data elements between multiple data users (e.g. NIEM standards)
- Connect consumers with not only health coverage, but also other human services such as the Supplemental Nutrition Assistance Program (SNAP) and the Temporary Assistance for Needy Families (TANF) program
- Maintain strong privacy and security protections

Wisconsin already follows 1561 recommended guidelines for its ACCESS, CARES, and interChange systems. Wisconsin will continue to identify gaps and adopt the new standards as systems are developed and existing applications are enhanced.

HIPAA - Maintaining application security is important to protect the sensitive information that is collected, processed, and stored in the health insurance exchange. Wisconsin systems are HIPAA compliant for Medicaid and state administered health care programs. Wisconsin ACCESS and interChange systems are HIPAA privacy, security, and 834, 820, 270/271 transaction compliant. While new systems are developed and existing systems are enhanced, Wisconsin will continue to work to ensure that its systems are HIPAA compliant.

Accessibility – It is a federal mandate that public-facing web sites must minimize technical and usability barriers for individuals with disabilities. Wisconsin's ACCESS system is ADA/Section 508/Section 504 compliant and follows the W3C Web Content Accessibility Guidelines (WCAG). Wisconsin has instituted a process that periodically assesses accessibility gaps in its system with respect to the standards and prioritizes enhancements to meet the requirements. Wisconsin will continue to ensure that its systems are accessibility compliant as new systems are added.

Security – Wisconsin understands that security is extremely important when dealing with confidential information related to health care programs. The State employs multiple layers of security in its systems for maintaining compliance and protecting data like personal health information (PHI) and personal identifying information (PII). Wisconsin understands the federal Fair Information Practices (FIP) guidelines for collecting data, maintaining data integrity and quality, and providing transparency regarding data access and use.

Wisconsin has extensive experience providing detailed security procedures on its systems. Wisconsin maintains secure systems and secure interfaces between ACCESS, CARES, and



interChange systems. While existing systems are enhanced, Wisconsin will give utmost priority to the security of consumer data and will adhere to the fair information practices.

Federal Information Processing Standards (FIPS) – Wisconsin understands the federal guidelines that help achieve secure information systems, these include:

- Facilitating a more consistent, comparable, and repeatable approach for selecting and specifying security controls for information systems
- Providing a recommendation for minimum security controls for information systems categorized in accordance with Federal Information Processing Standards (FIPS) 199, Standards for Security Categorization of Federal Information and Information Systems
- Promoting a dynamic, extensible catalog of security controls for information systems to meet the demands of changing requirements and technologies
- Creating a foundation for the development of assessment methods and procedures for determining security control effectiveness

Wisconsin systems information processing standards are consistent with the FIPS guidelines. Wisconsin will institute a process to identify gaps and prioritize enhancements to meet the standard requirements.

Stakeholder Engagement

Wisconsin recognizes that while the health insurance exchange provides an opportunity to transform the purchase and delivery of health care in America, it fundamentally changes how stakeholders will interact in the future. To be successful, Wisconsin will need to engage these stakeholders early and often.

The Office of Health Care Reform (OHCR) is co-chaired by the Wisconsin Department of Health Services Secretary, State Insurance Commissioner, and also includes the State Medicaid Director and a representative from the Governor’s Office. Key OHCR stakeholder engagement activities to date are detailed below:

In August 2010, the OHCR initiated this process through the development of the Health Insurance Exchange White Paper, a foundational vision for key elements of the exchange including a single “front door” for consumers seeking health insurance. The OHCR shared the White Paper with numerous stakeholders including:

- Wisconsin health care provider and insurance leaders, including 8 community advocate associations, 17 hospitals and clinics, 3 community health centers, 2 physician associations, 2 primary care and rural provider health associations, 20 regional/national insurers, 1 health plan association, 6 business associations, 2 broker associations, and 1 county association.
- Federal staff at HHS and the White House
- Nationally recognized industry leaders Dr. Jon Kingsdale, Patrick Holland, Bob Carey, Rick Curtis, and Dave Jackson

In September and October 2010, the OHCR began work on an Exchange Prototype and shared the initial concepts for the individual exchange with the previously mentioned stakeholders along with the following groups in Wisconsin:



- Group Health Cooperative of Wisconsin
- Health Underwriters
- Wisconsin County Health Services Association
- Co-Op Network of WI & MN
- Alliance for Health Care
- Rural Wisconsin Health Care Co-Op
- Milwaukee Healthwatch

In December 2010, the OHCR will launch the Exchange Prototype as an interactive web site that will allow consumers to test drive the exchange by selecting from one of five scenarios that match their specific household situation. The OHCR will also release a Marketing and Outreach Request for Information (RFI) in December 2010. The purpose of the RFI is to gather information to assist the exchange in formulating its needs for market research, education, and promotion of key elements including qualified health plans, federal tax credits, and quality.

In January 2011, the OHCR intends to post the exchange Prototype on the OHCR web site and organize state-wide focus groups to collect feedback. The Exchange Prototype also includes a survey tool to allow participants to provide feedback. While the initial launch of the Exchange Prototype targets individual consumers, future versions will include the Small Business Health Options Program (SHOP) for small employers, and features aimed at navigators, brokers, and insurers.

The OHCR is committed to engaging stakeholders at all levels throughout the design, development, and implementation phases of the health insurance exchange.

Governance

There are two distinct efforts in progress to establish governance for the Wisconsin health insurance exchange. Wisconsin's OHCR and Legislative Council's Special Committee on Health Care Reform Implementation are both working on draft legislation to be taken up in the next legislative session.

The OHCR drafted a health insurance exchange governance and organization options paper describing funding requirements, minimum duties, and powers and then engaged other states (e.g., MA, UT, and CA), national industry experts Dr. Jon Kingsdale and Patrick Holland, and Wisconsin health care leaders to review. Currently, there is strong support for an independent public agency that is modeled after the existing Wisconsin high risk pool insurance authority (HIRSP). The OHCR intends to provide this recommendation via draft legislation for consideration in the next legislative session.

The Legislative Council's Special Committee on Health Care Reform Implementation is directed to study and make recommendations on what changes should be made to Wisconsin's statutes and administrative rules in response to recently enacted federal health care reform legislation. The committee is directed to study all aspects of the federal legislation that affect Wisconsin including insurance market reforms, coverage for uninsured persons, preventive care, taxation, quality improvement, and health workforce issues. Their first order of business is Exchange Governance. The Committee has been meeting on a monthly basis since August and has taken a similar path as the OHCR in engaging other states and national industry leaders. The Committee



is also reviewing existing legislation in California and Massachusetts. At this time, the Committee has developed a list of options and guiding principles for the exchange. It is expected that its formal legislative recommendation effort will continue into 2011.

Planning and Resource Capabilities

Wisconsin applies a structured, proven approach to planning and managing projects. Its systems development methodology includes a comprehensive set of processes, tools, artifacts, collection of lessons learned and leading practices that allow it to deliver projects efficiently, on time and on budget. Wisconsin uses a defined risk management processes to identify, address and resolve issues and risks in an expedient and effective manner. The approach diligently manages the project work schedule, provides regular status reporting across all levels of the project, and provides timely reporting and resolution of issues. Wisconsin's reliable tools, templates, key checkpoints, and milestones enable a large project team to collaborate to support project success.

Project Plan

Wisconsin's Software Development Life Cycle (SDLC) methodology allows the health insurance exchange initiative to hit the ground running. Wisconsin has used its SDLC methodology to successfully deliver many software releases, including over 175 successful production deployments of Wisconsin eligibility and self service applications in the past three years. The core components of this methodology are highlighted below.

- **Key Phases:** Initiation, Planning, Requirements Gathering and Validation, High Level Design, Detailed Design, Construction and Unit Testing, System Regression Testing, User Acceptance Testing, and Implementation
- **Supporting Threads:** Project Management, Quality Management, Risk and Issue Management, Technical Management, Stakeholder Engagement

Given the complexity and timeframe to implement the exchange, Wisconsin will execute agile/iterative development in three distinct phases to allow states to more quickly leverage documentation, modules, and components. Wisconsin will establish and maintain an online library/directory (e.g. SharePoint) to facilitate deliverable distribution and updates.

Wisconsin's project management and team leads enable a systematic tracking of SDLC phases. As required, Wisconsin will provide deliverables to Office of Consumer Information and Insurance Oversight (OCIO) during each of the SDLC phases. Additional documentation will be provided to stakeholders and supporting states to keep them well informed of progress. Wisconsin will schedule regular briefings both with OCIO and supporting states to review status, issues, and documentation.

Resource Plan

During the Project Planning phase, the project management team will create and approve a formal resource plan. The resource plan identifies the resources and skills needed at each stage of the project and ensures that the resources necessary to execute the project are available when needed. The resource plan is a "living" document and it will be monitored and updated regularly to reflect the project's current and future staffing needs.

In Section 7 Budget Narrative, Wisconsin proposes a resource plan and budget that is detailed, thorough, and achievable. The proposed resources bring the right experience and qualifications



to hit the ground running and successfully plan for, design, and implement a state of the art, reusable, health insurance exchange solution.

Collecting Data and Information

Wisconsin maintains a number of well defined, standardized processes to capture and report data. The reporting infrastructure can be divided in terms of transactional versus analytical reporting. Transactional reporting is provided through the system of record for the transaction (e.g. enrollment). Analytical reporting is supported through the data warehouse overlaid with reporting tools that maintain drill-down capabilities. Wisconsin expects that the underlying data model and tool set will need to be expanded to support the additional data that the exchange will bring and that changes will be required to improve data timeliness. Discussion of some specific reporting follows.

Health Plan Reporting

Wisconsin currently manages health plan data for the Family Care (long-term managed care), BadgerCare Plus, and Medicaid health plans using ACCESS self service, CARES eligibility, and interChange claims processing systems. Wisconsin plans to use its existing assets, suite of systems, and enhance those to meet the requirements of health insurance exchange. These enhancements will be designed to keep the administrative cost low. Wisconsin health insurance exchange will work with the health plans to establish standardized information exchange processes that support the management of health plan data. Wisconsin expects to manage at a minimum: marketing information/web links, medical benefit (state and federally mandated essential benefits), ancillary product data (e.g. dental, vision), data to annually certify benefit actuarial values, pricing data (e.g. by benefit/product/geography), provider network data (e.g. by service area, provider type, and specialty type), preferred provider selection data, and quality data (e.g. HEDIS scores), membership/enrollment data, premium payments, premium rebates, premium tax credit information, cost share information, data required for reinsurance payments, and state and federal reporting (e.g. tax credit, cost sharing, and participation reports).

Federal Reporting

Wisconsin will prepare and transmit data through processes similar to those employed today for Medicaid through its MMIS. Wisconsin will also maintain the ability to execute adhoc analytical reporting through its data warehouse. This capability will be role-based and secured to protect PII and PHI.

Complaints Reporting

In conjunction with the capabilities being developed to support customer and employer service, Wisconsin will develop additional processes to manage complaints, appeals, and grievances. A level of service reporting is in place today for Medicaid, but this will be enhanced to meet the expanded requirements and overall vision.

Premium Management System

Wisconsin's current premium management system includes the functions necessary to capture the enrollment data, bill the appropriate party, receive payment, report past-due accounts and issue payments to the health plan administrators. Modifications are already underway to improve usability, enable multiple payment methods, and interface the new premium management capabilities with the enterprise financial system.



Enrollment Data Capture

During the enrollment process, the health insurance exchange will capture the necessary information for execution of the premium management process. Data elements such as the health plan administrator, type of plan, recurring premium amount and the method of payment will be captured by the health insurance exchange and made available to the enterprise financial system to facilitate weekly/monthly enrollment roster and billing reports.

Premium Billing

Wisconsin will enable monthly, quarterly, or annual premium bills/statements. The information needed will include elements such as member name, employer name, plan name, contact information, mailing address, email address and amount to bill. Individuals/employees, families, and employers will have the option of receiving either a monthly paper bill or a notification through e-mail. Payment will be able to be made by credit card or ACH transaction. Following each billing cycle, payment is reconciled with the enterprise financial system. Bills will be produced with a bar code that is imaged with the incoming payment to facilitate system-driven payment disposition.

Tracking Past-due Accounts

In some cases, payment for the premiums will not be received in a timely manner. A series of reports and user screens will be available from the enterprise financial system to allow for delinquency management. In certain cases, system-generated reporting / data exchange will inform the health plans to suspend or cancel coverage for the enrollees.

Payment to the Health Plans

On a schedule determined by the health exchange administrator, the premium payments received will be transferred to the health plans. In addition, HIPAA 820 transactions will be created to support posting of the payment in the health plan's system. These payments and supporting 820 file will be created from the enterprise financial system.

Other Analytical Reporting

While there a number of operational reports, Wisconsin will leverage its robust data warehouse and data analytics capabilities to provide both the required reporting and additional analytical reporting as the need arises.

Meeting Consumer Needs

The unprecedented level of customization, ease, and convenience that 21st century “on demand” consumers have grown accustomed to in the private sector now also drives standards in the public sector, setting consumers’ expectations of government to an all time high. Wisconsin’s vision of the exchange involves a single, simple-to-use portal that allows individuals and families, small business owners and their employees, and health insurance plans participating in the exchange to provide the information necessary to connect Wisconsin individuals/families with the health plans that best fits their expressed needs. A single “front door” will make it easy to communicate with consumers, small employers, and health plans that participate in the health insurance exchange.

System Usability

Wisconsin has experience implementing systems which strive to maximize usability, as determined by the degree of effectiveness, efficiency, and satisfaction of the users of the




particular system. The Wisconsin health insurance exchange will incorporate intelligent driver flow features already included in Wisconsin’s ACCESS system as well as intelligent data exchange and eligibility determination logic from its CARES system to create a user-centric system which is both easy to use and easy to understand. The intelligent driver flow will promote the choice of health plans that best meets the needs of the individuals and household. Real-time transactions will maximize the customer experience and program integrity, and reduce the manual workload of eligibility staff. The health insurance exchange will enable individuals/family members to move as appropriate between BadgerCare Plus eligibility, federal subsidy eligibility, and unsubsidized health insurance coverage with minimal disruption for the individual or family. The health insurance exchange will also use the same basic health insurance financial information to determine and certify eligibility for other human service programs offered by the State so that a single eligibility process is possible.








User Assistance

The anticipated diversity of the user base for the Wisconsin health insurance exchange will require that appropriate channels are made available to the different user groups as assistance is needed. Users will be able to interact with the health insurance exchange through: web-enabled services such as email, help, on-screen tools, and web chat; TTY; and direct, multilingual communication with a Customer Service Center representative (CSR) via telephone. The Division of Health Care Access and Accountability (DHCAA) currently operates several functioning centers that specialize in customer service and claim/case processing. Best practices derived from establishing and operating these existing centers will drive the approach to user assistance for the health insurance exchange.

Readiness Summary

This table provides a summary of Wisconsin’s Readiness:

 Full circle indicates the highest level of readiness

Readiness Section	Readiness Rating	State of Readiness
Technical Architecture		Wisconsin’s existing technical architecture serves as a good foundation to build on. However, considerable development is required to achieve Wisconsin’s health insurance exchange vision.
Applicable Standards		Wisconsin adheres to IT standards and guidelines and is committed to applying these standards to the exchange. Wisconsin will continue to follow these standards as existing assets are enhanced and new components are added.
Stakeholder Engagement		Wisconsin has a history of engaging stakeholders at all levels and will continue this commitment with the exchange.
Governance		Wisconsin is in progress of establishing its Exchange Governance structure.
Planning and Resource Capabilities		Wisconsin is positioned to realize the vision of the exchange by leveraging existing planning and SDLC processes and an existing team of experienced resources.
Collecting Data and Information		Wisconsin currently maintains a number of well defined, standardized processes to capture and report data. This will be expanded with the exchange.
Meeting Customer Needs		With the exchange, Wisconsin will introduce a new customer service model to support all users with enhanced system usability and user assistance.



D. Program Requirements

The State of Wisconsin team has the experience, resources, and capabilities to close the gaps identified in the readiness assessment. Wisconsin's successes and commitment to affordable care combined with a solid IT foundation and mature development processes, uniquely position Wisconsin to lead the design and development of an innovative and transferrable health insurance exchange.

IT Governance and Technical Competence

Wisconsin maintains clearly defined processes for IT and data governance. With any program there are a number of governance structures that are required to maintain the course of the initiative and to ensure proper scope and delivery management. Wisconsin will adhere to and develop IT and Data governance processes that have proven successful with other large-scale development efforts.

Wisconsin will create an IT governance structure that aligns with the program management structure. This group will be responsible for confirming that best practice standards are being followed and that the technical and data standards being implemented to ensure longer-term flexibility, ease of data exchange, and solution transferability to other states. This group will also be the highest level of oversight for technical change control. This structure will provide an additional layer of risk and scope management during the design and delivery of the health insurance exchange.

Wisconsin has a well defined issue management and escalation process. This will be critical to implementing on schedule. Issues, risks and required actions will be clearly documented and driven through the established governance structure. Wisconsin's experience with implementing and transferring large-scale technologies will facilitate early identification and immediate mitigation of risks and issues.

Wisconsin's IT governance will be complemented by repeatable project management and execution processes. The State's experience in developing and implementing systems such as ACCESS, CARES, and interChange have developed a foundation from which to launch the development of an exchange. Wisconsin will rely on its well defined SDLC and CMMI Level 3 competency to develop its vision of a technical architecture vision of set of loosely integrated applications and services that are standards based, flexible, and scalable. Wisconsin will load the services definitions/descriptions, interfaces, policies, business rules in a web services registry to support data requests and role-based access to the underlying data.

The following describes each SDLC phase and associated deliverables at a high level. These documents will be prepared in accordance with work plan and will support the required OCIIO reviews: Project Start Up Review, Architecture Review, Project Baseline Review, Preliminary Design Review, Detailed Design Review, Final Detailed Design Review, Pre-Operational Readiness Review, and Operational Readiness Review.



Phase	Description	Deliverables
Initiation	Complete a proof of concept, begin project planning, define the high-level vision, secure resources, identify key stakeholders, and complete the initial risk assessment	Concept of Operations, Alternative Analysis, Risk Analysis, Prototype
Planning	Work with identified stakeholders to confirm scope and timing, resources and budget; implement project management tools (issue logs, status tracking, performance metrics, etc.) and governance; develop the project charter; develop the detailed project and release plan; and create the initial high-level contingency plan and trigger points	Project Process Agreement (Charter), Project Plan, Project Schedule, Scope Definition, Performance Measures, Risk Analysis, Release Plan, Information Security Risk Assessment, Contingency Plan
Requirements Gathering and Validation	Conduct the project kickoff with the broader set of stakeholders, (i.e. Brokers, Health Plans, Community Partners, etc.); identify the key resources for inclusion in the requirements gathering process; maintain the detailed business requirements “matrix” document capturing the identified functional, non-functional (i.e. capacity, storage, infrastructure), and interface requirements; analyze the requirements for priority, complexity, and impact; translate the business requirements into technical requirements to develop a detailed application architecture plan; and identify and analyze opportunities to leverage Commercial Off the Shelf (COTS) products versus completing custom development	Detailed Requirements Document, Business Process Models, Architectural diagrams, Acquisition Strategy
High Level Design	Complete discussion documents containing assumptions, questions, statistics, page flows, storyboards, screenshots, and other supplemental guides to help uncover requirements that may have been previously hidden or misunderstood; define and escalate items that may impact other departments or systems across the enterprise; and produce the required business process and functional designs	System Security Plan, Test Plan, Traceability Matrix, Logical Data Model, Data Use Agreement(s), Technical Architecture Diagrams
Detailed Design	Create detailed documentation that describe a process at a technical enough level for a programmer to use; develop requirements traceability mapping to validate that the business and system requirements have been thoroughly translated into a detailed design; and conduct a walk-through of the detailed design with key stakeholders to ensure needs are met and input was considered	System Design Documents (i.e. Process Model Narratives, Business Logic Diagrams, Detailed User Views, Interface Control Documents), Database Design Documents, Physical Data Model, Data Management Plan, Data Conversion Plan
Construction and Unit Testing	<p>Pre-construction: create a productive work environment where analysts can focus on construction of the system (automatic code generation of standard components, object modeling, and workspace setup); and develop a custom framework and common components to reduce developer lead time and promote scalability and reusability</p> <p>Construction – Build the system adhering to strict standards and guidelines for component creation and modification</p> <p>Unit Testing and Source Code Quality- Assess source code objects for each of the built components to determine adherence to coding and programming standards that were approved for the project</p>	Automated Code Review Results
System and Regression	Validate business functionality as specified within the requirements; validate the successful integration of developed code changes and program enhancements; and complete system,	System Test Plan, System Test Results, Integration Testing, End-to-End Testing,



Phase	Description	Deliverables
Testing	regression testing, and end-to-end process testing	Test Summary Report, Defect Report, Security Testing Results
User Acceptance Test	Validate the solution and confirm the new business functions and requirements with key stakeholders (such as other States, brokers, and community partners)	User Acceptance Test Plan, User Acceptance Test Results, Test Summary Report, Defect Report
Implementation	<p>Pre-Launch- Meet with internal and external stakeholders, collaborate to identify users that will be affected by the implementation and conduct change management activities including communications, training, and contingency planning</p> <p>Post-Launch- Develop and distribute several key deliverables to all relevant stakeholders; provide post-implementation support; and identify, monitor, and address issues</p>	Communication Plan, Inter/Intra-agency Agreements, Implementation plan, Training Plan, User Manuals, Operations & Maintenance Manual, Pre-Deployment Checklist, Deployment Master Checklist, Deployment Test Scenario Checklist, Software Migration Meetings, Deployment Conference Call, Post Deployment Incident Tracker

IT Standards

Wisconsin employs SOA and open-standards based technology components, methodologies, tools and processes to provide robust, reliable and efficient system solutions. ACCESS, CARES, and interChange systems were developed on frameworks using design patterns that provide the most effective performance while confirming the security and reliability of the application. The architecture design supports scalability and provides easy integration with other systems. The infrastructure is efficient, reliable, secure, and capable of meeting hardware, software and network requirements for the health insurance exchange.

Wisconsin understands the importance of using IT standards and guidelines and is committed to its use in the exchange. Wisconsin will continue to follow these standards as existing assets are enhanced and new components are added to the suite of systems. Enforcing these standards in the proposed technology architecture will enhance the ability to transfer the technology or conceptual solution to other states.

Broadly Applicable/Replicable in Other States

Wisconsin understands the importance of building exchange system components that can be adopted, revised and implemented by other states. Leveraging components provides interested states with the assets and tools to quickly and effectively implement their exchanges, thereby reducing cost, time and risk. As an early innovator Wisconsin is committed to engaging supporting states as key stakeholders in the design and implementation of its health insurance exchange and looks forward to continuing collaboration and sharing with other states.

IT Guidance Compliance

Wisconsin will be leveraging components of its Medicaid and BadgerCare Plus platforms for the exchange. There are processes in place to update these systems as new Medicaid and BadgerCare Plus IT standards are released. This fact will help make sure that the exchange is compliant with IT guidance standards.



Advanced Planning Document

Wisconsin has submitted the following Advanced Planning Documents (APD) to the Centers for Medicare & Medicaid Services (CMS) for Medicaid systems funding in last three years:

APD	Description	Vendor	Time Period
MMIS/Fiscal Agent Contract	IAPD for the costs of Design, Development and Implementation of the new MMIS for WI	HP Enterprise Services, formerly EDS	CY2004-2009
MITA Project	APD for the costs for doing a MITA Current State Analysis of DHS and MITA State Self Assessment	Fox Systems, a Cognosante company	Nov 2009-Dec 2010
HIPAA 5010 Analysis	PAPD for planning and analysis to implement the new HIPAA 5010 and NCPDP transaction standards in the WI MMIS- ForwardHealth interchange	HP Enterprise Services	April 2010-September 2010
HIT Planning	PAPD for State and vendor costs for planning and development of the Medicaid HIT plan	Deloitte Consulting and HP Enterprise Services.	January 2010-August 2010
HIT Implementation	IAPD for State and Vendor costs to implement HIT Incentive payments and further development of Medicaid HIT Plan	Deloitte Consulting HP Enterprise Services	September 2010- August 2010
CARES Procurement	IAPD for implementation of new contract for maintenance and enhancement of the Statewide Eligibility Determination System CARES	Deloitte Consulting	TBD

E. Resources and Capabilities

Wisconsin’s proven, experienced team understands Wisconsin’s program policies and projects. The team understands the legislation, knows its systems, and has the capability to implement the technologies in a complex policy environment.

Wisconsin’s mix of staff is positioned to efficiently and thoroughly deliver a solution that achieves Wisconsin’s vision. With significant experience helping successfully implement Wisconsin’s vision, the proposed health insurance exchange team will hit the ground running by building off of a solid foundation of experience with Wisconsin’s processes, program policies, and technologies.

The Right Mix of Skills and Experience

The right team for designing and developing a successful health insurance exchange for Wisconsin requires a solid mix of public and private sector project knowledge, technical backgrounds, and federal and state health and human services and health plan experience. This mix of skills will provide the business and technical expertise to realize the vision on time and on budget.

Structuring the Right Resources to form the Health Insurance Exchange Team

Wisconsin will organize the staff so that teams will focus on specific tasks, yet be consistently present throughout the planning, design, development, and implementation phases of the health



insurance exchange. The organization chart in the figure below shows how Wisconsin will structure the right resources to effectively deliver the health insurance exchange project. This structure aligns with the defined eight components/work threads and the work plan. Additional staff will be added on each team to support the scope and timeline of the effort. As State Project Director, Jim Jones provides 30 years of civil service experience and authority to oversee the program and ensure collaboration among critical partners.

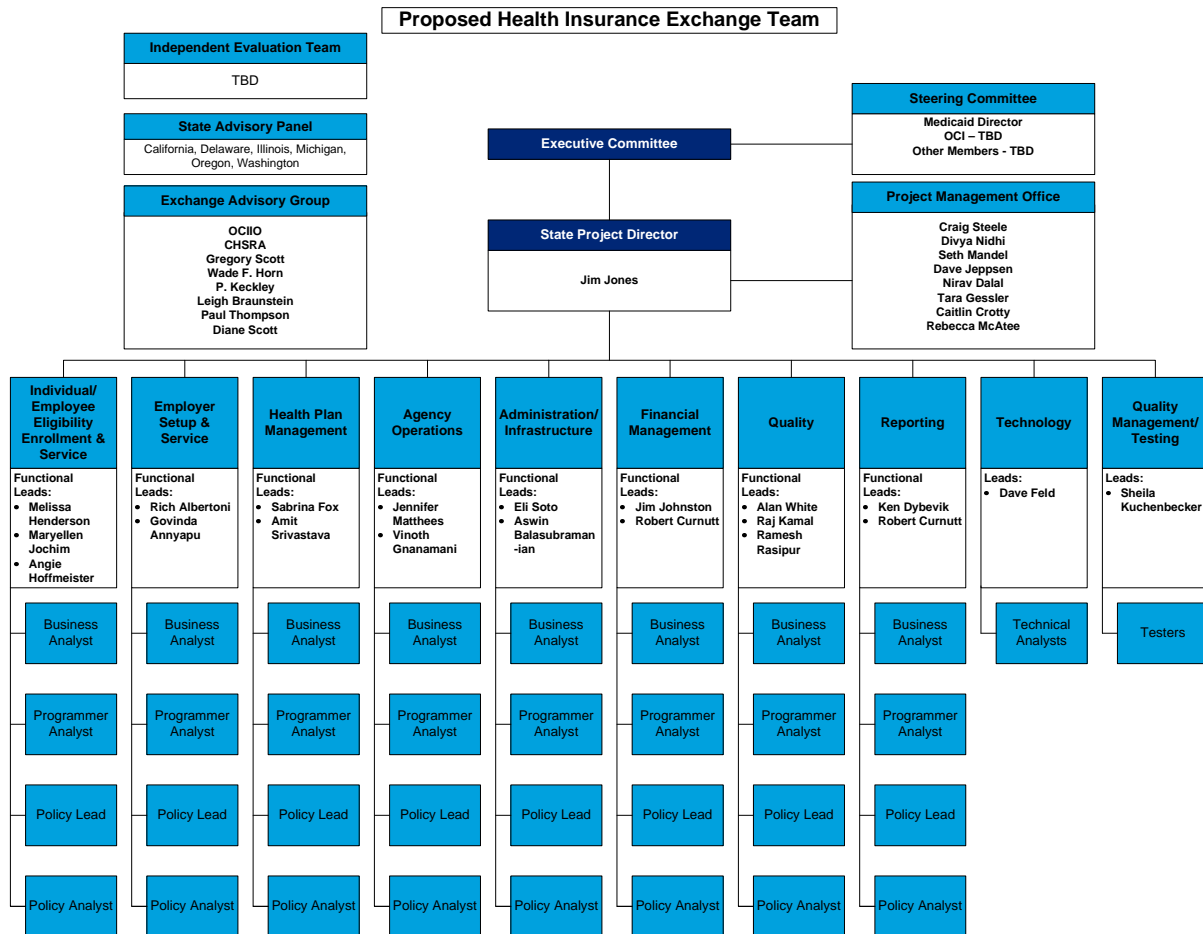


Figure 5 – Proposed Health Insurance Exchange Team

To achieve excellence Wisconsin will partner with Deloitte and HP. The consolidated team will provide the right resources with the right skills to successfully plan, design, and implement the health insurance exchange.

Wisconsin’s existing Medicaid and CHIP eligibility, enrollment, management systems and applications (CARES, ACCESS, and interChange) will provide the foundation for a successful exchange implementation. Wisconsin recently procured, through competitive bid, each of these systems and applications and has retained the necessary resources with the business and technical knowledge and experience to allow Wisconsin to proceed immediately upon notification of grant award.



Deloitte

Wisconsin has been recognized as a leader in delivering Income Maintenance programs to its individuals/families. Deloitte's joint stewardship of the CARES system with Wisconsin is a key contributor to this reputation. Deloitte has partnered with Wisconsin over the last 18 years to help the State meet its health and human services challenges. As one of the largest Public Sector and Health Care consulting firms, Deloitte understands the broad, multi-dimensional impacts that health care reform has on health care, health plans, and human services business processes and systems. In addition, Deloitte's insights based on its work with HHS on the Content Management Portal will prove invaluable. Deloitte's understanding of exchanges and the ability to innovate with Wisconsin, solve program challenges, and provide reliable and experienced technology practitioners will be instrumental to continuing Wisconsin's leadership position.

Hewlett Packard (HP)

HP is an industry leader in State and Local government as evidenced by its presence in 22 states and the commercial healthcare industry. HP has a national presence with CMS, key standard setting committees, and technology boards. HP successfully leverages its size and talent pool to implement systems worldwide. As a corporation, HP staff is recognized through a plethora of professional certifications and leads the IT industry in innovative thinking. Strategic partnerships with vendors worldwide simply build upon their strengths and abilities to produce superior solutions.

F. Evaluation Plan

Wisconsin proposes to form a program management office and an independent evaluation team to monitor progress towards achieving the project's stated objectives and required deliverables throughout the development and implementation of the health insurance exchange. This is an approach that has been effective for Wisconsin in the past. The program management office, will be chiefly responsible for day-to-day progress monitoring. The independent evaluation team, made up of health care stakeholders, industry experts, and external state and federal staff, will review program progress and performance against specific indicators. This group will have access to documentation throughout, but will be assembled bi-monthly to gauge progress and determine actions required.

Wisconsin will evaluate progress and success of the initiative based on key performance indicators (KPIs) in two categories:

- **Program Execution** - Ability to implement efficiently and effectively, achieve the vision, and meet anticipated enrollment targets
- **Solution Transferability** - Development of a solution that can be technically or conceptually transferred to another State

Program Execution

KPI: Achieves the vision, on time, on budget, within the designed scope (daily monitoring within the project management organization, monthly progress reviews with the Wisconsin Steering Committee and other stakeholders)

Wisconsin will conduct checkpoints throughout the design, development, and implementation process. There will be regular reviews of program status by both the day-to-day project team as



well as regular progress reviews with the Steering Committee. In addition, Wisconsin will review the design and developed solution with its Exchange Advisory Panel, comprised of representatives from OCIIO, an independent evaluation team, partnering states, and other key stakeholders and industry experts. This will better ensure that the design and developed solution achieves the articulated vision. Wisconsin will also perform extensive reviews and testing throughout the project lifecycle. Wisconsin will conduct detailed requirements to design traceability reviews, system testing, end-to-end integration testing, and detailed user acceptance testing using both the internal dedicated testing team and an external quality/testing team.

KPI: Successfully meets all program milestones (milestone/exit gate reviews according to the work plan)

In addition to the OCIIO mandated reviews, Wisconsin will establish stage-gate reviews at the end of each phase with the SDLC. Wisconsin expects to release the components of the exchange in an incremental fashion leading to the final January 1, 2013 delivery. Monitoring this KPI closely will enable Wisconsin to recognize if additional reviews or changes are required in order to meet the overall delivery objectives.

KPI: Meets enrollment targets – Approximately 18 percent (1 million) of Wisconsin’s residents enroll in health coverage through the exchange by 1/1/2015 and 35 percent (2 million) residents by 2016. In 2015, the targets can be further distilled to 75% of individual enrollees, 50% of employers associated with small groups, and 65% of Medicaid applicants. Formal reviews will coincide with enrollment periods monthly for individuals and at least January and July for small employers.

KPI: Efficient system performance – better than benchmark performance

There are a number of benchmarks available for system response time for “real-time” transactions. Wisconsin envisions using a number of data sources to verify eligibility/affordability in real-time for individuals/families/employees. Efficient response will be necessary to deliver a quality experience. This metric will be assessed during the testing phase within each of the three major releases.

KPI: Intuitive design – less than 5% of transactions require process assistance / intervention

One of the key objectives is to have an intuitive process for individuals and employers. Inquiries, support facilitated processing, and feedback will be monitored ongoing to continuously improve the end user experience. This metric will be monitored monthly post implementation.

Solution Transferability

KPI: A minimum of 5 states leverage the technology or the concepts developed by Wisconsin

Wisconsin expects that while a number of states may want to leverage the technology developed directly, other states may want to leverage legacy infrastructure or may wish to implement a module based “best of breed” approach. For these states, a conceptual transfer may be more appropriate and will be readily provided by the State of Wisconsin. This metric can be assessed based on formal inquiries and through the State Advisory Panel meetings where the technology and documentation will be shared and transferred.



6. Work Plan

Wisconsin is committed to developing an innovative and flexible health insurance exchange that can be implemented in phases. This will allow states to customize the proposed solution to meet their state-specific needs earlier and better mitigate the systems readiness risk for 2014.

Wisconsin's proven tools, methodologies, and experience will make the health insurance exchange implementation a success. Wisconsin's work planning tools and approach are intended to mitigate risk and keep the project on-track. These tools include a project charter, scope and project plan, and detailed work plan used to manage tasks and progress from the project's inception through project close. The detailed work plan includes notation of major milestones, deliverables, and status. The milestones are tied to the project phasing and major stakeholder review cycles. The project schedule is closely monitored to facilitate precise overall progress and quality management. Wisconsin assesses performance by continuously tracking progress, scope, risks, issues, and budget, comparing actual results to planned results, and evaluating final output. This level of management is paramount and particularly true for a program of this size, complexity, and level of stakeholder involvement. Wisconsin's work plan approach allows for:

- Breaking down the project scope into manageable work products and activities
- Estimating effort of the work product and activity level reconciling work against resource availability
- Developing the project schedule (including constraints and dependencies)
- Establishing project milestones and review / exit gates
- Managing the project tasks, schedule, and status
- Identifying issues and risks

Health Insurance Exchange Work Plan

Wisconsin's work plan was developed using its proven System Development Life Cycle (SDLC) methodologies and tools. More importantly, the estimates were based on the Wisconsin team's collective experience implementing comparable projects within the State. Wisconsin's existing Medicaid and S-CHIP eligibility, enrollment, and management systems (e.g., CARES, ACCESS, and interChange) provide the foundation for the health insurance exchange. The Wisconsin team has significant experience developing, enhancing, and maintaining these systems and this knowledge and project management experience was used to confirm that the timeline and estimates are realistic and achievable. This has resulted in a work plan that clearly defines a structured implementation timeline, key project tasks, deliverables and milestones, and the roles of the Wisconsin team.

Structured Timeline – A Phased Approach

Given the timeframe to implement the health insurance exchange, Wisconsin proposes a three-release, iterative development approach commencing on November 2010, with the final release being implemented November 2012, and post-implementation continuing through February 2013. The major milestones will be tied to the project phasing, key deliverables, as well as OCIO and major stakeholder reviews.



Wisconsin’s phased approach will reduce project risk and will help the team successfully complete the health insurance exchange system project on time, on budget, and in a way that provides for quality work products. This approach also helps with maximizing resource usage, recognizes dependencies, and facilitates the timely involvement of stakeholders so that other states can more quickly use documents, modules, and components.

To structure the releases and timeline, Wisconsin first defined the detailed business functions within each of the eight functional components of the health insurance exchange as follows:

Components	Business Functions	Associated Four Core Business Functions
Individual / Employee / Family	Screening	<ul style="list-style-type: none"> ✓ Eligibility ✓ Enrollment ✓ Premium Tax Credit Administration ✓ Cost-Sharing Assistance Administration
	Intelligent Data Collection	
	Data Exchanges	
	Integration with other programs	
	Change / renew Health Plan	
	IIED / Rules Engine / Inline Elig / Confirmation	
	MAGI	
	Correspondence	
	Automated and Personal support (FAQs / Help / IVR / chat / messages / call me)	
	Communication distribution (email, online) / privacy preferences	
Partner / Broker support		
Employer / Broker / Navigator	Employer registration and verification data exchanges	<ul style="list-style-type: none"> ✓ Eligibility ✓ Enrollment ✓ Premium Tax Credit Administration ✓ Cost-Sharing Assistance Administration
	Identify and maintain employees	
	Employee health plan selection / enrollment / change	
	Tax credit calculator	
Health Plan Management	Preferences (Providers, health needs)	<ul style="list-style-type: none"> ✓ Enrollment ✓ Premium Tax Credit Administration
	Comparison / ranking / Premium calculation	
	Cost / Network / Info Management	
	Certification	
	Enrollment Interface with Health Plan	
State Agency Operations	Case processing	<ul style="list-style-type: none"> ✓ Eligibility ✓ Enrollment ✓ Premium Tax Credit Administration ✓ Cost-Sharing Assistance Administration
	Agency workload management / Tracking / Alerts / User Account Management	
	Scheduling / Calendar management	
	Document management	
Fiscal Management		<ul style="list-style-type: none"> ✓ Enrollment ✓ Premium Tax Credit Administration ✓ Cost-Sharing Assistance Administration
	Fiscal / premium management	
Quality	Fraud detection / error prone profiling	<ul style="list-style-type: none"> ✓ Enrollment
	Grievance / appeal management	
	Ongoing data exchange monitoring	
	Individual exemption management	



Components	Business Functions	Associated Four Core Business Functions
Administrative Infrastructure	Business rules / reference data management	✓ Eligibility ✓ Enrollment
	Data warehouse / business intelligence for Management	✓ Premium Tax Credit Administration
	Master Customer Index	✓ Cost-Sharing Assistance Administration
	Other Indexes	
Reporting	Data warehouse / business intelligence for Operations	✓ Eligibility ✓ Enrollment ✓ Premium Tax Credit Administration ✓ Cost-Sharing Assistance Administration
Technical Infrastructure	Enhanced browser / device support	✓ Eligibility ✓ Enrollment
	Enhanced multi-lingual support	✓ Premium Tax Credit Administration
	Security Vulnerability Testing	✓ Cost-Sharing Assistance Administration
	Infrastructure and architecture / capacity assessment and coordination	
	Transferability Support and Coordination	

Wisconsin then aligned the business functions into three distinct releases, while considering dependencies, work effort, resource requirements, and risk:

Release	Business Functions	Components
Release 1 (July 2011)	Automated and Personal support (FAQs / Help / IVR / chat / messages / call me)	Individual / Employee / Family
	Communication distribution (email, online) / privacy preferences	
	Data Exchanges (Release 1)	
	Enhanced browser / device support	Technical Infrastructure
	Enhanced multi-lingual support	
	Infrastructure and architecture / capacity assessment and coordination (Release 1)	
	Transferability Support and Coordination (Release 1)	
Release 2 (April 2012)	Agency workload management / Tracking / Alerts / User Account Management	State Agency Operations
	Scheduling / Calendar management	
	Document management	
	Employer registration and verification data exchanges	Employer / Broker / Navigator
	Master Customer Index	Administrative Infrastructure
	Fraud detection / error prone profiling	Quality
	Ongoing data exchange monitoring	
	Grievance / appeal management	Technical Infrastructure
Transferability Support and Coordination (Release 2)		



Release	Business Functions	Components
Release 3 (December 2012)	Screening	Individual / Employee / Family
	Intelligent Data Collection	
	Integration with other programs	
	Change / renew Health Plan	
	IIED / Rules Engine / Inline Elig / Confirmation	
	MAGI	
	iCorrespondence	
	Data Exchanges (Release 3)	
	Partner / Broker support	
	Identify and maintain employees	
	Employee health plan selection / enrollment / change	
	Tax credit calculator	
	Preferences (Providers, health needs)	Health Plan Management
	Comparison / ranking / Premium calculation	
	Cost / Network / Info Management	
	Certification	
	Enrollment Interface with Health Plan	State Agency Operations
	Case processing	
	Fiscal / premium management	Fiscal Management
	Individual exemption management	Quality
	Business rules / reference data management	Administrative Infrastructure
	Data warehouse / business intelligence for Management	
	Other Indexes	
	Data warehouse / business intelligence for Operations	Reporting
	Security Vulnerability Testing	Technical Infrastructure
	Infrastructure and architecture / capacity assessment and coordination (Release 3)	
	Technical Infrastructure Enhancements	
	Transferability Support and Coordination (Release 3)	

Key Tasks and Activities

The attached high level work plan (Section 6 Work Plan) tracks the key tasks and activities across all SDLC phases. The timeline is based on a three-release schedule, with the planning and requirements phases shared across all releases. Once the requirements are further elaborated and vetted and the scope is finalized, the project work plan may be adjusted to address additional dependencies and defined details (e.g. realigning business functions within releases). In addition, the timeline is based on some key assumptions. For example, Wisconsin assumes that other external data exchange partners will be able to deliver their interface tasks/deliverables within the allotted timeframe. Changes in assumptions will impact the final work plan and timeline.



Key Milestones and Deliverables

As defined in the Project Narrative, Wisconsin will provide deliverables to Office of Consumer Information and Insurance Oversight (OCIIO) during each of the SDLC phases. Additional documentation will be provided to stakeholders and supporting states to keep well informed of progress. Wisconsin will schedule regular briefings both with OCIIO and supporting states to review status, issues, and documentation. All the required lifecycle reviews with OCIIO are clearly indicated by Review Milestones on the work plan and the corresponding deliverables requested by OCIIO will be completed prior to the milestone. Wisconsin will also employ an independent evaluation team to review key deliverables and work products, and monitor/measure progress towards project milestones.

Resources

The success of the delivery of the health insurance exchange in Wisconsin hinges on the collaborative effort of the following teams:

- Wisconsin Department of Health Services (DHS)
- Office of Commissioner of Insurance (OCI) (staff TBD)
- Deloitte Consulting
- Hewlett Packard (HP)

The tasks and activities on the work plan are assigned to one or more of these teams. As defined in the project narrative and organization chart, these teams will be divided into eight workgroups responsible for planning and coordinating the activities related to the following eight core components of the health insurance exchange:

- Individual / Employee
- Employer
- State Agency Operations
- Health Plan Management
- Financial Management
- Quality
- Administration
- Reporting

The names, titles, and biographies of the workgroup leads are provided in the Descriptions for Key Personnel and Organization Chart section of the grant response.

Summary

The proposed health insurance exchange work plan is detailed, thorough, achievable, and directly tied to the organization chart (named key resources for each core component) and proposed budget (which provides an allocation of costs between the health insurance exchange and other funding sources). The work plan clearly defines the project's timeline, key tasks, deliverables and milestones, and how resources will be balanced throughout the effort.



Wisconsin Health Insurance Exchange Work Plan

ID	Task Name	Resource Names	Plan Start
0	Wisconsin Health Insurance Exchange Work Plan		Mon 11/1/10
1	Project Management		Mon 11/1/10
2	Project Monitoring/Management	DHS[30%],Deloitte[60%],HP[10%]	Mon 11/1/10
3	Resource Management	HP[10%],Deloitte[60%],DHS[30%]	Mon 11/1/10
4	Issues/Risk Resolution	DHS[30%],Deloitte[60%],HP[10%]	Mon 11/1/10
5	Scope Management	DHS[30%],Deloitte[60%],HP[10%]	Mon 11/1/10
6	Status Reporting	DHS[30%],Deloitte[60%],HP[10%]	Mon 11/1/10
7	Meetings	DHS[30%],Deloitte[60%],HP[10%]	Mon 11/1/10
8	PROJECT REVIEW MILESTONE: Prepare and Review IT Project Dashboard Reports	DHS[30%],Deloitte[60%],HP[10%],OCIO	Mon 11/1/10
9	Project Initiation	DHS[30%],Deloitte[60%],HP[10%]	Mon 11/1/10
10	Conduct Visioning meeting with Stakeholders	DHS[30%],Deloitte[60%],HP[10%]	Mon 11/1/10
11	Collect, Prepare and Review Prototype Requirements	DHS[16%],Deloitte[146%]	Wed 11/3/10
12	Design, Implement and Release Prototype	DHS[10%],Deloitte[90%]	Mon 11/15/10
13	Prepare and Review Concept of Operations Deliverable	DHS[30%],Deloitte[60%],HP[10%]	Mon 12/20/10
14	Prepare and Review Risk Analysis Deliverable	DHS[30%],Deloitte[60%],HP[10%]	Fri 12/17/10
15	Prepare and Review Alternatives Analysis Deliverable	DHS[30%],Deloitte[60%],HP[10%]	Fri 12/17/10
16	Project Planning	DHS[30%],Deloitte[60%],HP[10%]	Mon 1/3/11
17	Work with Project Sponsor to create and review Project Charter	DHS[30%],Deloitte[60%],HP[10%]	Mon 1/3/11
18	Create and Review Project Plan	DHS[30%],Deloitte[60%],HP[10%]	Mon 1/31/11
19	Create and Review Project Schedule	DHS[30%],Deloitte[60%],HP[10%]	Mon 1/31/11
20	Create and Review Scope Definition	DHS[30%],Deloitte[60%],HP[10%]	Mon 1/31/11
21	Create and Review Performance Measures	DHS[30%],Deloitte[60%],HP[10%]	Mon 1/31/11
22	Create and Review Risk Analysis	DHS[30%],Deloitte[60%],HP[10%]	Mon 1/31/11
23	Create and Review Release Plan	DHS[30%],Deloitte[60%],HP[10%]	Mon 1/31/11
24	Create and Review Information Security Risk Assessment	DHS[30%],Deloitte[60%],HP[10%]	Mon 1/31/11
25	PROJECT REVIEW MILESTONE: Project Startup Review	DHS[30%],Deloitte[60%],HP[10%],OCIO	Mon 1/31/11
26	Create and Review Project Workplan	DHS[30%],Deloitte[60%],HP[10%]	Mon 1/31/11
27	Requirements	DHS[30%],Deloitte[60%],HP[10%]	Tue 2/1/11
28	Gather and Review Business Requirements	DHS[30%],Deloitte[60%],HP[10%]	Tue 2/1/11
29	Prepare and Review Detailed Requirements Documents	DHS[30%],Deloitte[60%],HP[10%]	Fri 3/4/11
30	Member Enrollment and Service	DHS[30%],Deloitte[60%],HP[10%]	Fri 3/4/11
31	Employer Set up and Service	DHS[20%],Deloitte[80%]	Wed 3/9/11
32	Agency Operations	DHS[20%],Deloitte[80%]	Mon 3/14/11
33	Health Plan Management	DHS[20%],Deloitte[80%]	Thu 3/17/11
34	Administration Module	DHS[30%],Deloitte[60%],HP[10%]	Tue 3/22/11
35	Quality Module	DHS[20%],Deloitte[80%]	Fri 3/25/11
36	Reporting Module	DHS[20%],Deloitte[20%],HP[60%]	Tue 3/29/11
37	Financial Management	DHS[20%],Deloitte[20%],HP[60%]	Thu 3/31/11
38	Prepare and Review Architecture Diagrams	DHS[30%],Deloitte[60%],HP[10%]	Thu 3/31/11
39	PROJECT REVIEW MILESTONE: Architecture Review	DHS[0%],Deloitte[0%],OCIO[1%],OCIO	Thu 3/31/11
40	Prepare and Review Acquisition Strategy	DHS[30%],Deloitte[60%],HP[10%]	Thu 3/31/11
41	PROJECT REVIEW MILESTONE: Project Baseline Review	DHS[30%],Deloitte[60%],HP[10%],OCIO	Thu 3/31/11
42	Release 1	DHS[10%],Deloitte[90%]	Mon 2/14/11
43	High Level Design	DHS[10%],Deloitte[90%]	Mon 2/14/11
44	Develop and review System Security Plan	DHS[10%],Deloitte[90%]	Mon 2/14/11
45	Develop and review Test Plan(s)	DHS[10%],Deloitte[90%]	Mon 2/14/11
46	Develop and review Traceability Matrix	DHS[10%],Deloitte[90%]	Fri 2/25/11
47	Develop and Review Logical Data Model	DHS[10%],Deloitte[90%]	Mon 2/14/11
48	Develop and Review Data Use Agreement(s)	DHS[10%],Deloitte[90%]	Mon 2/14/11
49	Develop and review Technical Architecture Diagrams	DHS[10%],Deloitte[90%]	Mon 2/14/11
50	PROJECT REVIEW MILESTONE: Preliminary Design Review	DHS[10%],Deloitte[90%],OCIO	Fri 2/25/11
51	Detailed Design	DHS[10%],Deloitte[90%]	Mon 2/28/11
52	Prepare and Review System Design Documents	DHS[10%],Deloitte[90%]	Mon 2/28/11
53	Automated and Personal support (FAQs / Help / IVR / chat / messages / call me)	DHS[10%],Deloitte[90%]	Mon 2/28/11
54	Communication distribution (email, online) / privacy preferences	DHS[10%],Deloitte[90%]	Mon 2/28/11
55	Data Exchanges	DHS[10%],Deloitte[90%]	Mon 2/28/11
56	Enhanced browser / device support	DHS[10%],Deloitte[90%]	Mon 2/28/11
57	Enhanced multi-lingual support	DHS[10%],Deloitte[90%]	Mon 2/28/11
58	Infrastructure and architecture / capacity assessment and coordination	DHS[10%],Deloitte[90%]	Mon 2/28/11
59	Transferability Support and Coordination	DHS[10%],Deloitte[90%]	Mon 2/28/11
60	PROJECT REVIEW MILESTONE: Detailed Design Review	DHS[10%],Deloitte[90%],OCIO	Fri 3/18/11
61	Prepare and Review Interface Control Documents	DHS[10%],Deloitte[90%]	Mon 2/28/11
62	Conduct Database Design	DHS[10%],Deloitte[90%]	Mon 2/28/11
63	Prepare and Review Database Design Document(s)	DHS[10%],Deloitte[90%]	Mon 2/28/11
64	Prepare and Review Data Management Plan	DHS[10%],Deloitte[90%]	Mon 2/28/11
65	Prepare and Review Data Conversion Plan	DHS[10%],Deloitte[90%]	Mon 2/28/11
66	Review System Design Documentation with other States	DHS[10%],Deloitte[90%]	Fri 3/18/11
67	Revise Design based on input / feedback from other States	DHS[10%],Deloitte[90%]	Mon 3/21/11
68	PROJECT REVIEW MILESTONE: Final Detailed Design Review	DHS[10%],Deloitte[90%],OCIO	Thu 3/31/11
69	Construction and Unit/Integration Testing	Deloitte	Fri 4/1/11
70	Set up Database	Deloitte	Fri 4/1/11
71	Set up Coding Workspace and Configuration Management	Deloitte	Fri 4/1/11
72	Complete Construction and Unit Testing	Deloitte	Mon 4/4/11
73	Automated and Personal support (FAQs / Help / IVR / chat / messages / call me)	Deloitte	Mon 4/4/11
74	Communication distribution (email, online) / privacy preferences	Deloitte	Mon 4/4/11
75	Data Exchanges	Deloitte	Mon 4/4/11
76	Enhanced browser / device support	Deloitte	Mon 4/4/11
77	Enhanced multi-lingual support	Deloitte	Mon 4/4/11
78	Infrastructure and architecture / capacity assessment and coordination	Deloitte	Mon 4/4/11
79	Transferability Support and Coordination	Deloitte	Mon 4/4/11
80	Conduct Builds and Perform Integration Testing	Deloitte	Mon 5/9/11
81	System Testing and Support	Deloitte	Mon 5/2/11
82	Prepare and Review System Test Plan	Deloitte	Mon 5/2/11
83	Prepare and Review System Test Scenarios	Deloitte	Mon 5/2/11
84	Perform System Testing of Scenarios	Deloitte	Mon 5/16/11
85	Automated and Personal support (FAQs / Help / IVR / chat / messages / call me)	Deloitte	Mon 5/16/11
86	Communication distribution (email, online) / privacy preferences	Deloitte	Mon 5/16/11
87	Data Exchanges	Deloitte	Mon 5/16/11
88	Enhanced browser / device support	Deloitte	Mon 5/16/11
89	Enhanced multi-lingual support	Deloitte	Mon 5/16/11
90	Infrastructure and architecture / capacity assessment and coordination	Deloitte	Mon 5/16/11
91	Transferability Support and Coordination	Deloitte	Mon 5/16/11
92	User Acceptance Testing (UAT) and Support	DHS[40%],Deloitte[60%]	Mon 6/13/11
93	Prepare and Review UAT Test Plan	DHS[40%],Deloitte[60%]	Mon 6/13/11
94	Prepare and Review UAT Test Scenarios	DHS[40%],Deloitte[60%]	Mon 6/13/11
95	Perform UAT Testing of Scenarios	DHS[40%],Deloitte[60%]	Mon 6/27/11
96	Automated and Personal support (FAQs / Help / IVR / chat / messages / call me)	DHS[40%],Deloitte[60%]	Mon 6/27/11
97	Communication distribution (email, online) / privacy preferences	DHS[40%],Deloitte[60%]	Mon 6/27/11
98	Data Exchanges	DHS[40%],Deloitte[60%]	Mon 6/27/11
99	Enhanced browser / device support	DHS[40%],Deloitte[60%]	Mon 6/27/11
100	Enhanced multi-lingual support	DHS[40%],Deloitte[60%]	Mon 6/27/11
101	Infrastructure and architecture / capacity assessment and coordination	DHS[40%],Deloitte[60%]	Mon 6/27/11
102	Transferability Support and Coordination	DHS[40%],Deloitte[60%]	Mon 6/27/11

Wisconsin Health Insurance Exchange Work Plan

ID	Task Name	Resource Names	Plan Start
103	Prepare and Review Test Case Specifications	DHS[40%],Deloitte[60%]	Mon 7/4/11
104	Prepare and Review Test Summary Report	DHS[40%],Deloitte[60%]	Mon 7/4/11
105	Prepare and Review Defects Report	DHS[40%],Deloitte[60%]	Mon 7/4/11
106	Prepare and Review Security Testing Results	DHS[40%],Deloitte[60%]	Mon 7/4/11
107	Implementation Support	DHS[10%],Deloitte[90%]	Mon 7/11/11
108	Prepare and Review Contingency Plan	DHS[10%],Deloitte[90%]	Mon 7/11/11
109	Prepare and Review Inter/Intra-agency Agreement(s)	DHS[10%],Deloitte[90%]	Mon 7/11/11
110	Prepare and Review Implementation Plan	DHS[10%],Deloitte[90%]	Mon 7/11/11
111	PROJECT GATE: Pre-Operational Readiness Review	DHS[10%],Deloitte[90%],OCIO	Mon 7/11/11
112	Prepare and Review User Manuals	DHS[10%],Deloitte[90%]	Mon 7/11/11
113	Prepare and Review Operations and Maintenance Manuals	DHS[10%],Deloitte[90%]	Mon 7/11/11
114	Prepare and Review Training Plan	DHS[10%],Deloitte[90%]	Mon 7/11/11
115	Prepare and Review Pre-Implementation and Implementation Checklist	DHS[10%],Deloitte[90%]	Mon 7/11/11
116	PROJECT GATE: Operational Readiness Review	DHS[10%],Deloitte[90%],OCIO	Fri 7/29/11
117	Go live	DHS[10%],Deloitte[90%]	Fri 7/29/11
118	Post-Implementation Support Activities	DHS[10%],Deloitte[90%]	Mon 8/1/11
119	Release 2	DHS[10%],Deloitte[90%]	Tue 3/1/11
120	High Level Design	DHS[10%],Deloitte[90%]	Tue 3/1/11
121	Develop and review System Security Plan	DHS[10%],Deloitte[90%]	Tue 3/1/11
122	Develop and review Test Plan(s)	DHS[10%],Deloitte[90%]	Tue 3/1/11
123	Develop and review Traceability Matrix	DHS[10%],Deloitte[90%]	Tue 3/1/11
124	Develop and Review Logical Data Model	DHS[10%],Deloitte[90%]	Tue 3/1/11
125	Develop and Review Data Use Agreement(s)	DHS[10%],Deloitte[90%]	Tue 3/1/11
126	Develop and review Technical Architecture Diagrams	DHS[10%],Deloitte[90%]	Tue 3/1/11
127	PROJECT REVIEW MILESTONE: Preliminary Design Review	DHS[10%],Deloitte[90%],OCIO	Fri 4/1/11
128	Detailed Design	DHS[10%],Deloitte[90%]	Mon 4/4/11
129	Prepare and Review System Design Documents	DHS[10%],Deloitte[90%]	Mon 4/4/11
130	Agency workload management / Tracking / Alerts / User Account Management	DHS[10%],Deloitte[90%]	Mon 4/4/11
131	Scheduling / Calendar management	DHS[10%],Deloitte[90%]	Mon 4/4/11
132	Document management	DHS[10%],Deloitte[90%]	Mon 4/4/11
133	Employer registration and verification data exchanges	DHS[10%],Deloitte[90%]	Mon 4/4/11
134	Master Customer Index	DHS[10%],Deloitte[90%]	Mon 4/4/11
135	Fraud detection / error prone profiling	DHS[10%],Deloitte[90%]	Mon 4/4/11
136	Ongoing data exchange monitoring	DHS[10%],Deloitte[90%]	Mon 4/4/11
137	Grievance / appeal management	DHS[10%],Deloitte[90%]	Mon 4/4/11
138	Transferability Support and Coordination	DHS[10%],Deloitte[90%]	Mon 4/4/11
139	PROJECT REVIEW MILESTONE: Detailed Design Review	DHS[10%],Deloitte[90%],OCIO	Fri 4/29/11
140	Prepare and Review Interface Control Documents	DHS[10%],Deloitte[90%]	Mon 4/18/11
141	Conduct Database Design	DHS[10%],Deloitte[90%]	Mon 4/18/11
142	Prepare and Review Database Design Document(s)	DHS[10%],Deloitte[90%]	Mon 4/18/11
143	Prepare and Review Data Management Plan	DHS[10%],Deloitte[90%]	Mon 4/18/11
144	Prepare and Review Data Conversion Plan	DHS[10%],Deloitte[90%]	Mon 4/18/11
145	Review System Design Documentation with other States	DHS[10%],Deloitte[90%]	Mon 4/18/11
146	Revise Design based on input / feedback from other States	DHS[10%],Deloitte[90%]	Mon 5/16/11
147	PROJECT REVIEW MILESTONE: Final Detailed Design Review	DHS[10%],Deloitte[90%],OCIO	Fri 5/27/11
148	Construction and Unit/Integration Testing	Deloitte	Mon 5/30/11
149	Set up Database	Deloitte	Mon 5/30/11
150	Set up Coding Workspace and Configuration Management	Deloitte	Mon 5/30/11
151	Complete Construction and Unit Testing	Deloitte	Mon 6/13/11
152	Agency workload management / Tracking / Alerts / User Account Management	Deloitte	Mon 6/13/11
153	Scheduling / Calendar management	Deloitte	Mon 6/13/11
154	Document management	Deloitte	Mon 6/13/11
155	Employer registration and verification data exchanges	Deloitte	Mon 6/13/11
156	Master Customer Index	Deloitte	Mon 6/13/11
157	Fraud detection / error prone profiling	Deloitte	Mon 6/13/11
158	Ongoing data exchange monitoring	Deloitte	Mon 6/13/11
159	Grievance / appeal management	Deloitte	Mon 6/13/11
160	Transferability Support and Coordination	Deloitte	Mon 6/13/11
161	Conduct Builds and Perform Integration Testing	Deloitte	Mon 8/22/11
162	System Testing and Support	Deloitte	Mon 8/15/11
163	Prepare and Review System Test Plan	Deloitte	Mon 8/15/11
164	Prepare and Review System Test Scenarios	Deloitte	Mon 8/15/11
165	Perform System Testing of Scenarios	Deloitte	Mon 8/29/11
166	Agency workload management / Tracking / Alerts / User Account Management	Deloitte	Mon 8/29/11
167	Scheduling / Calendar management	Deloitte	Mon 8/29/11
168	Document management	Deloitte	Mon 8/29/11
169	Employer registration and verification data exchanges	Deloitte	Mon 8/29/11
170	Master Customer Index	Deloitte	Mon 8/29/11
171	Fraud detection / error prone profiling	Deloitte	Mon 8/29/11
172	Ongoing data exchange monitoring	Deloitte	Mon 8/29/11
173	Grievance / appeal management	Deloitte	Mon 8/29/11
174	Transferability Support and Coordination	Deloitte	Mon 8/29/11
175	User Acceptance Testing (UAT) and Support	DHS[40%],Deloitte[60%]	Mon 10/31/11
176	Prepare and Review UAT Test Plan	DHS[40%],Deloitte[60%]	Mon 10/31/11
177	Prepare and Review UAT Test Scenarios	DHS[40%],Deloitte[60%]	Mon 10/31/11
178	Perform UAT Testing of Scenarios	DHS[40%],Deloitte[60%]	Mon 11/14/11
179	Agency workload management / Tracking / Alerts / User Account Management	DHS[40%],Deloitte[60%]	Mon 11/14/11
180	Scheduling / Calendar management	DHS[40%],Deloitte[60%]	Mon 11/14/11
181	Document management	DHS[40%],Deloitte[60%]	Mon 11/14/11
182	Employer registration and verification data exchanges	DHS[40%],Deloitte[60%]	Mon 11/14/11
183	Master Customer Index	DHS[40%],Deloitte[60%]	Mon 11/14/11
184	Fraud detection / error prone profiling	DHS[40%],Deloitte[60%]	Mon 11/14/11
185	Ongoing data exchange monitoring	DHS[40%],Deloitte[60%]	Mon 11/14/11
186	Grievance / appeal management	DHS[40%],Deloitte[60%]	Mon 11/14/11
187	Transferability Support and Coordination	DHS[40%],Deloitte[60%]	Mon 11/14/11
188	Prepare and Review Test Case Specifications	DHS[40%],Deloitte[60%]	Mon 11/14/11
189	Prepare and Review Test Summary Report	DHS[40%],Deloitte[60%]	Mon 11/14/11
190	Prepare and Review Defects Report	DHS[40%],Deloitte[60%]	Mon 11/14/11
191	Prepare and Review Security Testing Results	DHS[40%],Deloitte[60%]	Mon 11/14/11
192	Implementation Support	DHS[10%],Deloitte[90%]	Mon 1/2/12
193	Prepare and Review Contingency Plan	DHS[10%],Deloitte[90%]	Mon 1/2/12
194	Prepare and Review Inter/Intra-agency Agreement(s)	DHS[10%],Deloitte[90%]	Mon 1/2/12
195	Prepare and Review Implementation Plan	DHS[10%],Deloitte[90%]	Mon 1/2/12
196	PROJECT GATE: Pre-Operational Readiness Review	DHS[10%],Deloitte[90%],OCIO	Mon 1/2/12
197	Prepare and Review User Manuals	DHS[10%],Deloitte[90%]	Mon 1/2/12
198	Prepare and Review Operations and Maintenance Manuals	DHS[10%],Deloitte[90%]	Mon 1/2/12
199	Prepare and Review Training Plan	DHS[10%],Deloitte[90%]	Mon 1/2/12
200	Prepare and Review Pre-Implementation Checklist	DHS[10%],Deloitte[90%]	Mon 1/2/12
201	PROJECT GATE: Operational Readiness Review	DHS[10%],Deloitte[90%],OCIO	Fri 1/27/12
202	Go live	DHS[10%],Deloitte[90%]	Mon 1/30/12
203	Post-Implementation Support Activities	DHS[10%],Deloitte[90%]	Tue 1/31/12
204	Release 3	DHS[0%],Deloitte[0%],HP[1%]	Fri 4/1/11
205	High Level Design	DHS[0%],Deloitte[0%],HP[1%]	Fri 4/1/11

Wisconsin Health Insurance Exchange Work Plan

ID	Task Name	Resource Names	Plan Start
206	Develop and review System Security Plan		Tue 5/31/11
207	Develop and review Test Plan(s)		Fri 4/1/11
208	Develop and review Traceability Matrix		Tue 5/31/11
209	Develop and Review Logical Data Model		Mon 4/4/11
210	Develop and Review Data Use Agreement(s)		Tue 5/31/11
211	Develop and review Technical Architecture Diagrams		Fri 4/1/11
212	PROJECT REVIEW MILESTONE: Preliminary Design Review		Tue 5/31/11
213	Detailed Design	DHS[20%],Deloitte[75%],HP[5%]	Wed 6/1/11
214	Prepare and Review System Design Documents	DHS[20%],Deloitte[75%],HP[5%]	Wed 6/1/11
215	Screening	DHS[20%],Deloitte[75%],HP[5%]	Wed 6/1/11
216	Intelligent Data Collection	DHS[20%],Deloitte[75%],HP[5%]	Wed 6/1/11
217	Integration with other programs	DHS[20%],Deloitte[75%],HP[5%]	Wed 6/1/11
218	Change / renew Health Plan	DHS[20%],Deloitte[75%],HP[5%]	Wed 6/1/11
219	IIED / Rules Engine / Inline Elig / Confirmation	DHS[20%],Deloitte[75%],HP[5%]	Mon 6/20/11
220	MAGI	DHS[20%],Deloitte[75%],HP[5%]	Mon 6/20/11
221	Correspondence	DHS[20%],Deloitte[75%],HP[5%]	Mon 7/4/11
222	Data Exchanges	DHS[20%],Deloitte[75%],HP[5%]	Wed 6/1/11
223	Partner / Broker support	DHS[20%],Deloitte[75%],HP[5%]	Wed 6/1/11
224	Identify and maintain employees	DHS[20%],Deloitte[75%],HP[5%]	Wed 6/1/11
225	Employee health plan selection / enrollment / change	DHS[20%],Deloitte[75%],HP[5%]	Wed 6/1/11
226	Tax credit calculator	DHS[20%],Deloitte[75%],HP[5%]	Wed 6/1/11
227	Preferences (Providers, health needs)	DHS[20%],Deloitte[75%],HP[5%]	Mon 6/20/11
228	Comparison / ranking / Premium calculation	DHS[20%],Deloitte[75%],HP[5%]	Mon 6/20/11
229	Cost / Network / Info Management	DHS[20%],Deloitte[75%],HP[5%]	Mon 7/4/11
230	Certification	DHS[20%],Deloitte[75%],HP[5%]	Wed 6/1/11
231	Enrollment Interface with Health Plan	DHS[20%],Deloitte[75%],HP[5%]	Wed 6/1/11
232	Case processing	DHS[20%],Deloitte[75%],HP[5%]	Wed 6/1/11
233	Fiscal / premium management	DHS[20%],Deloitte[75%],HP[5%]	Wed 6/1/11
234	Individual exemption management	DHS[20%],Deloitte[75%],HP[5%]	Wed 6/1/11
235	Business rules / reference data management	DHS[20%],Deloitte[75%],HP[5%]	Mon 6/20/11
236	Data warehouse / business intelligence for Management	DHS[20%],Deloitte[75%],HP[5%]	Mon 6/20/11
237	Other Indexes	DHS[20%],Deloitte[75%],HP[5%]	Mon 7/4/11
238	Data warehouse / business intelligence for Operations	DHS[20%],Deloitte[75%],HP[5%]	Wed 6/1/11
239	Security Vulnerability Testing	DHS[20%],Deloitte[75%],HP[5%]	Mon 6/20/11
240	Infrastructure and architecture / capacity assessment and coordination	DHS[20%],Deloitte[75%],HP[5%]	Mon 7/4/11
241	Transferability Support and Coordination	DHS[20%],Deloitte[75%],HP[5%]	Wed 6/1/11
242	PROJECT REVIEW MILESTONE: Detailed Design Review	DHS[20%],Deloitte[75%],HP[5%],OCIO	Mon 7/18/11
243	Prepare and Review Interface Control Documents	DHS[20%],Deloitte[75%],HP[5%]	Mon 6/13/11
244	Conduct Database Design	DHS[20%],Deloitte[75%],HP[5%]	Mon 7/4/11
245	Prepare and Review Database Design Document(s)	DHS[20%],Deloitte[75%],HP[5%]	Fri 8/19/11
246	Prepare and Review Data Management Plan	DHS[20%],Deloitte[75%],HP[5%]	Wed 8/31/11
247	Prepare and Review Data Conversion Plan	DHS[20%],Deloitte[75%],HP[5%]	Wed 8/31/11
248	Review System Design Documentation with other States	DHS[20%],Deloitte[75%],HP[5%]	Mon 7/25/11
249	Revise Design based on input / feedback from other States	DHS[20%],Deloitte[75%],HP[5%]	Mon 8/22/11
250	PROJECT REVIEW MILESTONE: Final Detailed Design Review	DHS[20%],Deloitte[75%],HP[5%],OCIO	Wed 8/31/11
251	Construction and Unit/Integration Testing	Deloitte[95%],HP[5%]	Thu 9/1/11
252	Set up Database	Deloitte[95%],HP[5%]	Thu 9/1/11
253	Set up Coding Workspace and Configuration Management	Deloitte[95%],HP[5%]	Thu 9/1/11
254	Complete Construction and Unit Testing	Deloitte[95%],HP[5%]	Thu 9/1/11
255	Screening	Deloitte[95%],HP[5%]	Thu 9/1/11
256	Intelligent Data Collection	Deloitte[95%],HP[5%]	Thu 9/1/11
257	Integration with other programs	Deloitte[95%],HP[5%]	Thu 9/1/11
258	Change / renew Health Plan	Deloitte[95%],HP[5%]	Thu 9/1/11
259	IIED / Rules Engine / Inline Elig / Confirmation	Deloitte[95%],HP[5%]	Thu 9/1/11
260	MAGI	Deloitte[95%],HP[5%]	Thu 9/1/11
261	Correspondence	Deloitte[95%],HP[5%]	Thu 9/1/11
262	Data Exchanges	Deloitte[95%],HP[5%]	Thu 9/1/11
263	Partner / Broker support	Deloitte[95%],HP[5%]	Thu 9/1/11
264	Identify and maintain employees	Deloitte[95%],HP[5%]	Thu 9/1/11
265	Employee health plan selection / enrollment / change	Deloitte[95%],HP[5%]	Thu 9/1/11
266	Tax credit calculator	Deloitte[95%],HP[5%]	Thu 9/1/11
267	Preferences (Providers, health needs)	Deloitte[95%],HP[5%]	Thu 9/1/11
268	Comparison / ranking / Premium calculation	Deloitte[95%],HP[5%]	Thu 9/1/11
269	Cost / Network / Info Management	Deloitte[95%],HP[5%]	Thu 9/1/11
270	Certification	Deloitte[95%],HP[5%]	Thu 9/1/11
271	Enrollment Interface with Health Plan	Deloitte[95%],HP[5%]	Thu 9/1/11
272	Case processing	Deloitte[95%],HP[5%]	Thu 9/1/11
273	Fiscal / premium management	Deloitte[95%],HP[5%]	Thu 9/1/11
274	Individual exemption management	Deloitte[95%],HP[5%]	Thu 9/1/11
275	Business rules / reference data management	Deloitte[95%],HP[5%]	Thu 9/1/11
276	Data warehouse / business intelligence for Management	Deloitte[95%],HP[5%]	Thu 9/1/11
277	Other Indexes	Deloitte[95%],HP[5%]	Thu 9/1/11
278	Data warehouse / business intelligence for Operations	Deloitte[95%],HP[5%]	Thu 9/1/11
279	Security Vulnerability Testing	Deloitte[95%],HP[5%]	Thu 9/1/11
280	Infrastructure and architecture / capacity assessment and coordination	Deloitte[95%],HP[5%]	Thu 9/1/11
281	Transferability Support and Coordination	Deloitte[95%],HP[5%]	Thu 9/1/11
282	Conduct Builds and Perform Integration Testing	Deloitte[95%],HP[5%]	Mon 1/9/12
283	System Testing and Support	Deloitte[95%],HP[5%]	Mon 1/2/12
284	Prepare and Review System Test Plan	Deloitte[95%],HP[5%]	Mon 1/2/12
285	Prepare and Review System Test Scenarios	Deloitte[95%],HP[5%]	Mon 1/2/12
286	Perform System Testing of Scenarios	Deloitte[95%],HP[5%]	Thu 3/1/12
287	Screening	Deloitte[95%],HP[5%]	Thu 3/1/12
288	Intelligent Data Collection	Deloitte[95%],HP[5%]	Thu 3/1/12
289	Integration with other programs	Deloitte[95%],HP[5%]	Thu 3/1/12
290	Change / renew Health Plan	Deloitte[95%],HP[5%]	Thu 3/1/12
291	IIED / Rules Engine / Inline Elig / Confirmation	Deloitte[95%],HP[5%]	Thu 3/1/12
292	MAGI	Deloitte[95%],HP[5%]	Thu 3/1/12
293	Correspondence	Deloitte[95%],HP[5%]	Thu 3/1/12
294	Data Exchanges	Deloitte[95%],HP[5%]	Thu 3/1/12
295	Partner / Broker support	Deloitte[95%],HP[5%]	Thu 3/1/12
296	Identify and maintain employees	Deloitte[95%],HP[5%]	Thu 3/1/12
297	Employee health plan selection / enrollment / change	Deloitte[95%],HP[5%]	Thu 3/1/12
298	Tax credit calculator	Deloitte[95%],HP[5%]	Thu 3/1/12
299	Preferences (Providers, health needs)	Deloitte[95%],HP[5%]	Thu 3/1/12
300	Comparison / ranking / Premium calculation	Deloitte[95%],HP[5%]	Thu 3/1/12
301	Cost / Network / Info Management	Deloitte[95%],HP[5%]	Thu 3/1/12
302	Certification	Deloitte[95%],HP[5%]	Thu 3/1/12
303	Enrollment Interface with Health Plan	Deloitte[95%],HP[5%]	Thu 3/1/12
304	Case processing	Deloitte[95%],HP[5%]	Thu 3/1/12
305	Fiscal / premium management	Deloitte[95%],HP[5%]	Thu 3/1/12
306	Individual exemption management	Deloitte[95%],HP[5%]	Thu 3/1/12
307	Business rules / reference data management	Deloitte[95%],HP[5%]	Thu 3/1/12
308	Data warehouse / business intelligence for Management	Deloitte[95%],HP[5%]	Thu 3/1/12
309	Other Indexes	Deloitte[95%],HP[5%]	Thu 3/1/12

Wisconsin Health Insurance Exchange Work Plan

ID	Task Name	Resource Names	Plan Start
310	Data warehouse / business intelligence for Operations	Deloitte[95%],HP[5%]	Thu 3/1/12
311	Security Vulnerability Testing	Deloitte[95%],HP[5%]	Thu 3/1/12
312	Infrastructure and architecture / capacity assessment and coordination	Deloitte[95%],HP[5%]	Thu 3/1/12
313	Transferability Support and Coordination	Deloitte[95%],HP[5%]	Thu 3/1/12
314	User Acceptance Testing (UAT) and Support	DHS[35%],Deloitte[60%],HP[5%]	Mon 7/2/12
315	Prepare and Review UAT Test Plan	DHS[35%],Deloitte[60%],HP[5%]	Mon 7/2/12
316	Prepare and Review UAT Test Scenarios	DHS[35%],Deloitte[60%],HP[5%]	Mon 7/2/12
317	Perform UAT Testing of Scenarios	DHS[35%],Deloitte[60%],HP[5%]	Wed 8/1/12
318	Screening	DHS[35%],Deloitte[60%],HP[5%]	Wed 8/1/12
319	Intelligent Data Collection	DHS[35%],Deloitte[60%],HP[5%]	Wed 8/1/12
320	Integration with other programs	DHS[35%],Deloitte[60%],HP[5%]	Wed 8/1/12
321	Change / renew Health Plan	DHS[35%],Deloitte[60%],HP[5%]	Wed 8/1/12
322	IIED / Rules Engine / Inline Elig / Confirmation	DHS[35%],Deloitte[60%],HP[5%]	Wed 8/1/12
323	MAGI	DHS[35%],Deloitte[60%],HP[5%]	Wed 8/1/12
324	Correspondence	DHS[35%],Deloitte[60%],HP[5%]	Wed 8/1/12
325	Data Exchanges	DHS[35%],Deloitte[60%],HP[5%]	Wed 8/1/12
326	Partner / Broker support	DHS[35%],Deloitte[60%],HP[5%]	Wed 8/1/12
327	Identify and maintain employees	DHS[35%],Deloitte[60%],HP[5%]	Wed 8/1/12
328	Employee health plan selection / enrollment / change	DHS[35%],Deloitte[60%],HP[5%]	Wed 8/1/12
329	Tax credit calculator	DHS[35%],Deloitte[60%],HP[5%]	Wed 8/1/12
330	Preferences (Providers, health needs)	DHS[35%],Deloitte[60%],HP[5%]	Wed 8/1/12
331	Comparison / ranking / Premium calculation	DHS[35%],Deloitte[60%],HP[5%]	Wed 8/1/12
332	Cost / Network / Info Management	DHS[35%],Deloitte[60%],HP[5%]	Wed 8/1/12
333	Certification	DHS[35%],Deloitte[60%],HP[5%]	Wed 8/1/12
334	Enrollment Interface with Health Plan	DHS[35%],Deloitte[60%],HP[5%]	Wed 8/1/12
335	Case processing	DHS[35%],Deloitte[60%],HP[5%]	Wed 8/1/12
336	Fiscal / premium management	DHS[35%],Deloitte[60%],HP[5%]	Wed 8/1/12
337	Individual exemption management	DHS[35%],Deloitte[60%],HP[5%]	Wed 8/1/12
338	Business rules / reference data management	DHS[35%],Deloitte[60%],HP[5%]	Wed 8/1/12
339	Data warehouse / business intelligence for Management	DHS[35%],Deloitte[60%],HP[5%]	Wed 8/1/12
340	Other Indexes	DHS[35%],Deloitte[60%],HP[5%]	Wed 8/1/12
341	Data warehouse / business intelligence for Operations	DHS[35%],Deloitte[60%],HP[5%]	Wed 8/1/12
342	Security Vulnerability Testing	DHS[35%],Deloitte[60%],HP[5%]	Wed 8/1/12
343	Infrastructure and architecture / capacity assessment and coordination	DHS[35%],Deloitte[60%],HP[5%]	Wed 8/1/12
344	Transferability Support and Coordination	DHS[35%],Deloitte[60%],HP[5%]	Wed 8/1/12
345	Perform Load Testing	DHS[35%],Deloitte[60%],HP[5%]	Mon 8/20/12
346	Prepare and Review Test Case Specifications	DHS[35%],Deloitte[60%],HP[5%]	Wed 10/31/12
347	Prepare and Review Test Summary Report	DHS[35%],Deloitte[60%],HP[5%]	Wed 10/31/12
348	Prepare and Review Defects Report	DHS[35%],Deloitte[60%],HP[5%]	Wed 10/31/12
349	Prepare and Review Security Testing Results	DHS[35%],Deloitte[60%],HP[5%]	Wed 10/31/12
350	Implementation Support	DHS[20%],Deloitte[75%],HP[5%]	Mon 10/1/12
351	Prepare and Review Contingency Plan	DHS[20%],Deloitte[75%],HP[5%]	Thu 11/1/12
352	Prepare and Review Inter/Intra-agency Agreement(s)	DHS[20%],Deloitte[75%],HP[5%]	Thu 11/1/12
353	Prepare and Review Implementation Plan	DHS[20%],Deloitte[75%],HP[5%]	Thu 11/1/12
354	PROJECT GATE: Pre-Operational Readiness Review	DHS[20%],Deloitte[75%],HP[5%],OCIO	Thu 11/1/12
355	Prepare and Review User Manuals	DHS[20%],Deloitte[75%],HP[5%]	Mon 10/1/12
356	Prepare and Review Operations and Maintenance Manuals	DHS[20%],Deloitte[75%],HP[5%]	Mon 10/1/12
357	Prepare and Review Training Plan	DHS[20%],Deloitte[75%],HP[5%]	Mon 10/1/12
358	Prepare and Review Pre-Implementation Checklist	DHS[20%],Deloitte[75%],HP[5%]	Mon 10/1/12
359	Prepare and Review Implementation Checklist	DHS[20%],Deloitte[75%],HP[5%]	Mon 11/5/12
360	PROJECT GATE: Operational Readiness Review	DHS[20%],Deloitte[75%],HP[5%],OCIO	Fri 11/9/12
361	Go live	DHS[20%],Deloitte[75%],HP[5%]	Mon 11/12/12
362	Post-Implementation Support Activities	DHS[11%],Deloitte[40%],HP[3%]	Mon 11/12/12

State Personnel	OCIO					Non-OCIO					Total FTEs	Total	Personnel	OCIO Allocated Hours					Non-OCIO Allocated Hours					Total	Rate	Non-OCIO Percentage
	2010	2011	2012	2013	Total	2010	2011	2012	2013	Total				2010	2011	2012	2013	Total	2010	2011	2012	2013	Total			
	2010	2011	2012	2013	Total	2010	2011	2012	2013	Total				2010	2011	2012	2013	Total	2010	2011	2012	2013	Total			
\$19,583	\$44,480	\$20,493	\$5,519	\$90,074	\$3,211	\$6,955	\$3,238	\$830	\$14,235	0.43	\$104,309	State Project Director	391.65	889.61	409.85	110.38	1,801.49	64.23	139.10	64.77	16.61	284.70	2,086.19	\$50.00	Calculated	
\$91,059	\$179,724	\$76,233	\$20,530	\$367,545	\$14,932	\$28,018	\$12,047	\$3,089	\$58,086	1.88	\$425,631	Functional Lead (Manager)	1,958.25	3,865.03	1,639.41	441.50	7,904.19	321.13	602.54	259.08	66.42	1,249.16	9,153.35	\$46.50	Calculated	
\$42,698	\$443,851	\$74,470	\$20,055	\$561,074	\$7,002	\$70,044	\$11,768	\$3,017	\$91,832	3.80	\$672,906	Program Policy Analyst (State Policy Lead)	1,174.95	12,213.83	2,049.26	551.88	15,989.93	192.68	1,927.47	323.84	83.02	2,527.02	18,516.94	\$36.34	Calculated	
\$16,649	\$642,465	\$264,301	\$23,460	\$946,875	\$2,730	\$102,694	\$40,688	\$3,529	\$149,642	5.29	\$1,096,517	Information Systems Business Automation Analyst - Specialist (Business Analyst)	391.65	15,113.27	6,217.38	551.88	22,274.18	64.23	2,415.77	957.14	83.02	3,527.17	25,794.34	\$42.51	Calculated	
\$ -	\$176,003	\$528,577	\$140,387	\$844,968	\$ -	\$29,532	\$82,885	\$21,120	\$133,537	5.53	\$978,505	Information Systems Business Automation Analyst - Senior (Tester)	0.00	4,843.24	14,545.32	3,863.16	23,251.73	0.00	812.65	2,280.83	581.18	3,674.66	26,926.38	\$36.34	Calculated	
\$ -	\$33,438	\$144,183	\$ -	\$177,621	\$ -	\$5,563	\$22,508	\$ -	\$28,071	1.16	\$205,692	Human Services Program Coordinator (State Policy Analyst)	0.00	920.13	3,967.62	0.00	4,887.75	0.00	153.07	619.38	0.00	772.45	5,660.20	\$36.34	Calculated	
\$169,988	\$1,519,961	\$1,108,258	\$209,952	\$3,008,157	\$27,876	\$242,806	\$173,136	\$31,585	\$475,403	18.09	\$3,483,560	State Personnel, Total														

Fringe	OCIO					Non-OCIO					Comments	Total	Fringe	OCIO Allocated Hours					Non-OCIO Allocated Hours					Total	Rate	Non-OCIO Percentage
	2010	2011	2012	2013	Total	2010	2011	2012	2013	Total				2010	2011	2012	2013	Total	2010	2011	2012	2013	Total			
	2010	2011	2012	2013	Total	2010	2011	2012	2013	Total				2010	2011	2012	2013	Total	2010	2011	2012	2013	Total			
\$87,187	\$779,588	\$568,425	\$107,684	\$1,542,884	\$14,297	\$124,535	\$88,801	\$16,200	\$243,834		\$1,786,718	Fringe rate on State project staff is 51.29%.	\$169,988	\$1,519,961	\$1,108,258	\$209,952	\$3,008,157	\$27,876	\$242,806	\$173,136	\$31,585	\$475,403	\$3,483,560	51.29%	Calculated	
\$87,187	\$779,588	\$568,425	\$107,684	\$1,542,884	\$14,297	\$124,535	\$88,801	\$16,200	\$243,834		\$1,786,718	Fringe Benefits, Total														

Travel	OCIO					Non-OCIO					Comments	Total	Travel	OCIO Allocated Hours					Non-OCIO Allocated Hours					Total	Rate	Non-OCIO Percentage
	2010	2011	2012	2013	Total	2010	2011	2012	2013	Total				2010	2011	2012	2013	Total	2010	2011	2012	2013	Total			
	2010	2011	2012	2013	Total	2010	2011	2012	2013	Total				2010	2011	2012	2013	Total	2010	2011	2012	2013	Total			
\$ -	\$11,421	\$11,421	\$ -	\$22,843	\$ -	\$1,269	\$1,269	\$ -	\$2,538		\$25,381	In-State Stakeholder Meetings: State employee travel by auto estimated at 17 trips x 4 staff	\$ -	\$12,691	\$12,691	\$ -	0	0	17	17	0	\$ -	\$747	\$747	\$ -	10%
\$ -	\$22,506	\$22,506	\$ -	\$45,013	\$ -	\$2,501	\$2,501	\$ -	\$5,001		\$50,014	17 half day meetings x \$255 site rental x 19% service charge x \$10/pp (x40 attendees) catering x \$260 a/v (coffee, water, soda, breakfast and/or lunch, projector, screen, etc.)	\$ -	\$25,007	\$25,007	\$ -	0	0	17	17	0	\$ -	\$1,471	\$1,471	\$ -	10%
\$ -	\$9,267	\$9,267	\$ -	\$18,535	\$ -	\$1,030	\$1,030	\$ -	\$2,059		\$20,594	7 half day meetings in Madison x \$255 site rental x 19% service charge x \$10/pp catering (x40 attendees) x \$260 a/v (coffee, water, soda, breakfast and/or lunch, projector, screen, etc.)	\$ -	\$10,297	\$10,297	\$ -	0	0	7	7	0	\$ -	\$1,471	\$1,471	\$ -	10%
\$ -	\$19,440	\$19,440	\$ -	\$38,880	\$ -	\$2,160	\$2,160	\$ -	\$4,320		\$43,200	Out of State State Advisory Meetings. State employee travel by air estimated at 3 trips x 8 staff.	\$ -	\$21,600	\$21,600	\$ -	0	0	24	24	0	\$ -	\$900	\$900	\$ -	10%
\$ -	\$14,901	\$14,901	\$ -	\$29,802	\$ -	\$1,656	\$1,656	\$ -	\$3,311		\$33,113	3 meetings (2 days each) x \$350 site rental x \$20 parking (x28 traveling attendees) x \$45/pp catering (28 attendees) x \$350 a/v x 19% service charge (coffee, water, soda, breakfast and/or lunch, projector, screen, etc.)	\$ -	\$16,556	\$16,556	\$ -	0	0	3	3	0	\$ -	\$5,519	\$5,519	\$ -	10%
\$ -	\$3,626	\$3,626	\$ -	\$7,252	\$ -	\$403	\$403	\$ -	\$806		\$8,058	1 meeting in Madison, WI (2 days) x \$255 site rental x x \$ 25/pp catering (28 attendees) x \$260 a/v (coffee, water, soda, breakfast, and/or lunch, projector, screen, etc.)	\$ -	\$4,029	\$4,029	\$ -	0	0	1	1	0	\$ -	\$4,029	\$4,029	\$ -	10%
\$ -	\$6,480	\$6,480	\$ -	\$12,960	\$ -	\$720	\$720	\$ -	\$1,440		\$14,400	Out of State Grant Support Meetings - estimated 4 trips for 2 staff (including airfare, per diem, lodging, and transportation)	\$ -	\$7,200	\$7,200	\$ -	0	0	8	8	0	\$ -	\$900	\$900	\$ -	10%
\$ -	\$87,642	\$87,642	\$ -	\$175,283	\$ -	\$9,738	\$9,738	\$ -	\$19,476		\$194,759	Travel, Total														

Supplies	OCIO					Non-OCIO					Comments	Total	Supplies	OCIO Allocated Hours					Non-OCIO Allocated Hours					Total	Rate	Non-OCIO Percentage
	2010	2011	2012	2013	Total	2010	2011	2012	2013	Total				2010	2011	2012	2013	Total	2010	2011	2012	2013	Total			
	2010	2011	2012	2013	Total	2010	2011	2012	2013	Total				2010	2011	2012	2013	Total	2010	2011	2012	2013	Total			
\$ -	\$7,776	\$7,776	\$ -	\$15,552	\$ -	\$864	\$864	\$ -	\$1,728		\$17,280	General office supplies (pens, pencils, highlighters, post-it, file folders, hanging folders, etc.) 12 months x \$40/month x 18 staff	\$ -	\$8,640	\$8,640	\$ -	0	0	18	18	0	\$ -	\$480	\$480	\$ -	10%
\$ -	\$4,860	\$ -	\$ -	\$4,860	\$ -	\$540	\$ -	\$ -	\$540		\$5,400	Color Laser Printer	\$ -	\$5,400	\$ -	\$ -	0	0	1	0	0	\$ -	\$5,400	\$ -	\$ -	10%
\$ -	\$1,800	\$ -	\$ -	\$1,800	\$ -	\$200	\$ -	\$ -	\$200		\$2,000	Duplex Laser Printer	\$ -	\$2,000	\$ -	\$ -	0	0	1	0	0	\$ -	\$2,000	\$ -	\$ -	10%
\$ -	\$5,400	\$ -	\$ -	\$5,400	\$ -	\$600	\$ -	\$ -	\$600		\$6,000	Copier/Printer for larger printing projects	\$ -	\$6,000	\$ -	\$ -	0	0	1	0	0	\$ -	\$6,000	\$ -	\$ -	10%
\$ -	\$720	\$ -	\$ -	\$720	\$ -	\$80	\$ -	\$ -	\$80		\$800	Projector	\$ -	\$800	\$ -	\$ -	0	0	1	0	0	\$ -	\$800	\$ -	\$ -	10%
\$ -	\$12,960	\$ -	\$ -	\$12,960	\$ -	\$1,440	\$ -	\$ -	\$1,440		\$14,400	Desktop Computer with Monitor	\$ -	\$14,400	\$ -	\$ -	0	0	18	0	0	\$ -	\$800	\$ -	\$ -	10%
\$ -	\$2,700	\$ -	\$ -	\$2,700	\$ -	\$300	\$ -	\$ -	\$300		\$3,000	Laptop	\$ -	\$3,000	\$ -	\$ -	0	0	3	0	0	\$ -	\$1,000	\$ -	\$ -	10%
\$ -	\$630	\$ -	\$ -	\$630	\$ -	\$70	\$ -	\$ -	\$70		\$700	Scanner	\$ -	\$700	\$ -	\$ -	0	0	1	0	0	\$ -	\$700	\$ -	\$ -	10%
\$ -	\$405	\$ -	\$ -	\$405	\$ -	\$45	\$ -	\$ -	\$45		\$450	Fax Machine	\$ -	\$450	\$ -	\$ -	0	0	1	0	0	\$ -	\$450	\$ -	\$ -	10%
\$ -	\$405	\$ -	\$ -	\$405	\$ -	\$45	\$ -	\$ -	\$45		\$450	Conference Phone	\$ -	\$450	\$ -	\$ -	0	0	1	0	0	\$ -	\$450	\$ -	\$ -	10%
\$ -	\$180	\$ -	\$ -	\$180	\$ -	\$20	\$ -	\$ -	\$20		\$200	Projection Screen	\$ -	\$200	\$ -	\$ -	0	0	1	0	0	\$ -	\$200	\$ -	\$ -	10%
\$ -	\$37,836	\$7,776	\$ -	\$45,612	\$ -	\$4,204	\$864	\$ -	\$5,068		\$50,680	Supplies, Total														

Equipment	OCIO					Non-OCIO					Comments	Total	Equipment	OCIO Allocated Hours					Non-OCIO Allocated Hours					Total	Rate	Non-OCIO Percentage
	2010	2011	2012	2013	Total	2010	2011	2012	2013	Total				2010	2011	2012	2013	Total	2010	2011	2012	2013	Total			
	2010	2011	2012	2013	Total	2010	2011	2012	2013	Total				2010	2011	2012	2013	Total	2010	2011	2012	2013	Total			
\$261,648	\$33,048	\$ -	\$ -	\$294,696	\$29,072	\$3,672	\$ -	\$ -	\$32,744		\$327,440	Software - Rules Engine	\$290,720	\$36,720	\$ -	\$ -	0	0	0	0	0	\$ -	\$ -	\$ -	\$ -	10%
\$1,256,057	\$251,377	\$ -	\$ -	\$1,507,434	\$139,562	\$27,851	\$ -	\$ -	\$167,413		\$1,674,847	Software - SOA Infrastructure	\$1,395,619	\$279,308	\$ -	\$ -	0	0	0	0	0	\$ -	\$ -	\$ -	\$ -	10%
\$ -	\$456,221	\$407,696	\$ -	\$863,917	\$ -	\$50,891	\$55,300	\$ -	\$106,191		\$1,059,909	Software - Development Environment	\$ -	\$506,913	\$552,996	\$ -	0	0	0	0	0	\$ -	\$ -	\$ -	\$ -	10%
\$ -	\$132,408	\$1,543,539	\$60,750	\$1,736,697	\$ -	\$14,712	\$171,504	\$6,750	\$192,966		\$1,929,663	Hardware - Development and Test Environment	\$ -	\$147,120	\$1,715,043	\$67,500	0	0	0	0	0	\$ -	\$ -	\$ -	\$ -	10%
\$ -	\$ -	\$1,631,953	\$ -	\$1,631,953	\$ -	\$ -	\$181,328	\$ -	\$181,328		\$1,813,281	Hardware - Production Environment	\$ -	\$ -	\$1,813,281	\$ -	0	0	0	0	0	\$ -	\$ -	\$ -	\$ -	10%
\$1,517,705	\$873,055	\$3,673,188	\$60,750	\$6,124,698	\$168,634	\$97,006	\$408,132	\$6,750	\$680,522		\$6,805,220	Equipment, Total														

Consultants	OCIO					Non-OCIO					Comments	Total	Consultants	OCIO Allocated Hours					Non-OCIO Allocated Hours					Total	Rate	Non-OCIO Percentage
	2010	2011	2012	2013	Total	2010	2011	2012	2013	Total				2010	2011	2012	2013	Total	2010	2011	2012	2013	Total			
	2010	2011	2012	2013	Total	2010	2011	2012	2013	Total				2010	2011	2012	2013	Total	2010	2011	2012	2013	Total			
\$ -	\$52,920	\$63,504	\$5,292	\$121,716	\$ -	\$5,880	\$7,056	\$588	\$13,524		\$135,240	Independent Evaluation Team - TBD	\$ -	\$58,800	\$70,560	\$5,880	0	588	706	59	\$100	\$100	\$100	\$100	10%	
\$ -	\$52,920	\$63,504	\$5,292	\$121,716	\$ -	\$5,880	\$7,056	\$588	\$13,524		\$135,240	Consultants, Total														

Contractual	OCIO					Non-OCIO					Comments	Total	Contractual	OCIO Allocated Hours					Non-OCIO Allocated Hours					Total	Rate	Non-OCIO Percentage
	2010	2011	2012	2013	Total	2010	2011	2012	2013	Total				2010	2011	2012	2013	Total	2010	2011	2012	201				

Other	\$ -	\$48,060	\$48,060	\$ -	\$96,120	\$ -	\$5,340	\$5,340	\$ -	\$10,680	\$106,800	Device Charge per device to connect to network (18 workstations + 6 printers + 1 fax)	\$ -	\$53,400	\$53,400	\$ -	0	25	25	0	\$ -	\$2,136	\$2,136	\$ -	10%
	\$ -	\$496	\$496	\$ -	\$972	\$ -	\$54	\$54	\$ -	\$108	\$1,080	Postage (\$2.50 per month x 12 months x 18 staff)	\$ -	\$840	\$840	\$ -	0	18	18	0	\$ -	\$30	\$30	\$ -	10%
	\$ -	\$2,700	\$2,700	\$ -	\$5,400	\$ -	\$300	\$300	\$ -	\$600	\$6,000	Copier/printer paper	\$ -	\$3,000	\$3,000	\$ -	0	1	1	0	\$ -	\$3,000	\$3,000	\$ -	10%
	\$ -	\$530	\$530	\$ -	\$1,061	\$ -	\$59	\$59	\$ -	\$118	\$1,178	SharePoint site (\$150 one-time set up fee, \$34 per month)	\$ -	\$889	\$889	\$ -	0	1	1	0	\$ -	\$889	\$889	\$ -	10%
	\$ -	\$2,700	\$2,700	\$ -	\$5,400	\$ -	\$300	\$300	\$ -	\$600	\$6,000	Ink and toner	\$ -	\$3,000	\$3,000	\$ -	0	1	1	0	\$ -	\$3,000	\$3,000	\$ -	10%
	\$ -	\$758	\$758	\$ -	\$1,516	\$ -	\$84	\$84	\$ -	\$168	\$1,685	AT&T Conference Line (3 meetings per week x 60 minutes each)	\$ -	\$842	\$842	\$ -	0	1	1	0	\$ -	\$842	\$842	\$ -	10%
	\$ -	\$5,400	\$5,400	\$ -	\$10,800	\$ -	\$600	\$600	\$ -	\$1,200	\$12,000	Rental Fee/maintenance fee of copier/printer for large printing jobs	\$ -	\$6,000	\$6,000	\$ -	0	1	1	0	\$ -	\$6,000	\$6,000	\$ -	10%
	\$ -	\$1,296	\$ -	\$ -	\$1,296	\$ -	\$144	\$ -	\$ -	\$144	\$1,440	15 x Microsoft Office License for new computers	\$ -	\$1,440	\$ -	\$ -	0	18	0	0	\$ -	\$80	\$ -	\$ -	10%
	\$ -	\$729	\$ -	\$ -	\$729	\$ -	\$81	\$ -	\$ -	\$81	\$810	6 x Microsoft Visio licenses	\$ -	\$810	\$ -	\$ -	0	6	0	0	\$ -	\$135	\$ -	\$ -	10%
	\$ -	\$1,880	\$ -	\$ -	\$1,880	\$ -	\$210	\$ -	\$ -	\$210	\$2,100	6 x Microsoft Project licenses	\$ -	\$2,100	\$ -	\$ -	0	6	0	0	\$ -	\$350	\$ -	\$ -	10%
	\$ -	\$1,458	\$ -	\$ -	\$1,458	\$ -	\$162	\$ -	\$ -	\$162	\$1,620	6 x Adobe Acrobat Licenses	\$ -	\$1,620	\$ -	\$ -	0	6	0	0	\$ -	\$270	\$ -	\$ -	10%
	\$ -	\$4,468	\$4,468	\$ -	\$8,935	\$ -	\$496	\$496	\$ -	\$993	\$9,928	In-State Stakeholder Meeting Travel for Contractors - Estimated 17 trips for 2 contractors (includes per diem and lodging)	\$ -	\$4,964	\$4,964	\$ -	0	34	34	0	\$ -	\$146	\$146	\$ -	10%
	\$ -	\$14,580	\$14,580	\$ -	\$29,160	\$ -	\$1,620	\$1,620	\$ -	\$3,240	\$32,400	Out-of-State State Advisory Meetings. Estimated 3 trips for 6 contractors (includes airfare, per diem, lodging, and transportation)	\$ -	\$16,200	\$16,200	\$ -	0	18	18	0	\$ -	\$900	\$900	\$ -	10%
	\$ -	\$3,060	\$3,060	\$ -	\$6,120	\$ -	\$340	\$340	\$ -	\$680	\$6,800	Out-of-State Grant Support Meetings. Estimated 4 trips for 1 contractor (includes airfare, per diem, lodging, and transportation)	\$ -	\$3,400	\$3,400	\$ -	0	4	4	0	\$ -	\$850	\$850	\$ -	10%
	\$ -	\$5,994	\$5,994	\$ -	\$11,988	\$ -	\$666	\$666	\$ -	\$1,332	\$13,320	Evaluation Team Meetings. Assumes 6 SDLC Reviews for 20 people.	\$ -	\$6,660	\$6,660	\$ -	0	120	120	0	\$ -	\$56	\$56	\$1	10%
\$ -	\$193,053	\$187,680	\$ -	\$380,732	\$ -	\$21,450	\$20,853	\$ -	\$42,304	\$423,036	Other, Total														

Indirect	OCIO					Non-OCIO					Comments	Total	Indirect Charges					OCIO					Non-OCIO					Total	Rate	Non-OCIO Percentage
	2010	2011	2012	2013	Total	2010	2011	2012	2013	Total			2010	2011	2012	2013	Total	2010	2011	2012	2013	Total	2010	2011	2012	2013	Total			
	\$6,120	\$54,719	\$39,897	\$7,558	\$108,294	\$1,004	\$8,741	\$6,233	\$1,137	\$17,115		\$125,408	The most recent indirect cost rate negotiated agreement is dated June 10, 2010. The rate is 3.6% and is computed on the salary direct cost base. Calculation: Salary of \$3483560 x .036 = \$125408	\$169,988	\$1,519,961	\$1,108,256	\$209,952	\$3,008,157	\$27,876	\$242,806	\$173,136	\$31,585	\$475,403	\$3,483,560	3.60%	Calculated				
	\$6,120	\$54,719	\$39,897	\$7,558	\$108,294	\$1,004	\$8,741	\$6,233	\$1,137	\$17,115	\$125,408	Indirect Charges, Total																		

OCIO					Non-OCIO					Comments	Total
2010	2011	2012	2013	Total	2010	2011	2012	2013	Total		
\$2,175,857	\$20,057,597	\$18,255,135	\$2,355,784	\$42,844,374	\$282,704	\$3,428,968	\$2,720,714	\$356,173	\$6,788,560	\$49,632,934	

7. Budget Narrative

The detailed Budget accounts for the direct and indirect costs to implement the health insurance exchange over the next two years.

The proposed budget to implement the health insurance exchange in Wisconsin is based on our high-level understanding of the project's objectives and scope. The scope of work includes efforts consistent with the continued incremental renewal, modernization, and enhancement of Wisconsin's existing Medicaid and CHIP eligibility, enrollment, and management systems (e.g., CARES, ACCESS, and interChange). The total cost of the program through implementation is estimated to be \$49,632,934. Wisconsin anticipates that \$42,844,374 will support the health insurance exchange exclusively "OCIIO" and \$6,788,560 will support the health insurance exchange, Medicaid and other state assistance programs "non-OCIIO". Wisconsin currently spends between \$16MM - \$18MM on CARES, ACCESS, and other IT initiatives each year and is positioned to meet the non-OCIIO costs through other federal matching and Wisconsin's general purpose revenue share.

The budget accounts for activities related to the following items:

- Infrastructure and architecture upgrades to support the additional capacity and bandwidth needed for the efficient operation of the health insurance exchange as well as the ease of transferability of the solution to other states Implementing the eight core components of the health insurance exchange
- The continued incremental renewal of Wisconsin's existing systems such as enhanced document management and workload management features to provide a more mature and stable system for the health insurance exchange
- Assessment and coordination required to perform
- Enhancements to further streamline and simplify Wisconsin's comprehensive Medicaid program
- The 2010-2013 budget accounts for the effort to implement robust health insurance exchange functionality to meet Wisconsin's goals of improved customer service, reduced workload, and effective program policy compliance in Wisconsin

Key Budget Characteristics include:

- Predicated on a three-release schedule
- Spans for calendar years 2010-2013
- Includes both required and optional elements
- Directly tied to the scope and timeline which will be finalized through additional project planning meetings
- Subject to change based on further elaboration of requirements and/or scope changes
- Assumes that the health insurance exchange will leverage the current CARES, ACCESS, and interChange infrastructure and architecture
- Includes initial system development costs and does not account for ongoing maintenance and operation



- Based on similar prior initiatives with the foundational systems
- Based on currently available information and subject to change as changes in federal and/or state regulations drive additional requirements and scope

Health Insurance Exchange Budget

The proposed budget aligns with the work plan and resource requirements. In addition, the budget clearly identifies how the funds are spread between the health insurance exchange and other funding sources.

The Budget includes the following categories of direct and indirect costs.

- **Resource costs** – The time spent by Wisconsin staff as well as contractor/consultant staff throughout the course of development and implementation. The resource estimates are based on the following resource types:
 1. **Functional Leads** – Individuals responsible for overall management and execution of a component of the health insurance exchange.
 2. **Business Analysts** – Individuals responsible for collecting the business requirements and coordinating the effort to translate the requirements to a technical solution.
 3. **Technical Analysts** – Individuals responsible for infrastructure and production support: Production Support Analyst, Database Administrators, Technical Architects and Infrastructure support staff.
 4. **Programmer Analysts** – Individuals responsible for developing and unit testing the code for the system changes for the health insurance exchange.
 5. **Testers** – Individuals responsible to performs system and regression testing.
 6. **Project Advisors** – Senior members of the team responsible for providing guidance and assistance related to policy, functional and technical aspects of the health insurance exchange based on their specific area of expertise.
 7. **Policy Leads** – Individuals responsible for leading the implementation for a component of the health insurance exchange from the state policy perspective.
 8. **Policy Analysts** – Subject matter advisors responsible for providing requirements and approving the design.
 9. **Project Manager** - Individual responsible for day-to-day management of scope, progress, issues, and risk.
 10. **Project Administrator** – Individual that provides project management and administrative support for maintaining the work plan, budget, required progress reports, and general administrative duties.
 11. **Advisory Team** –Group of individuals selected for their domain expertise and will provide guidance throughout the initiative on policy, functionality, program management
 12. **Steering Committee** – Group of individuals responsible for setting strategic direction, addressing program-wide policy considerations and resolving escalated critical issues and risks.



The attached budget breaks down the overall costs into eight categories. A brief description of each category follows. Additional support information, including the detailed resource plan, will be provided upon request.

1. **State Personnel** – Indicates the salary and wages of the State of Wisconsin staff that will be spending time on the project. The 2010-2013 cost is estimated to be \$3MM (OCIIO) and \$0.44MM (non-OCIIO). A breakdown of the positions follows:

Position Title and Name	Annual Salary	FTEs (see budget for more detail)	Amount Requested per year
State Project Director, Jim Jones	\$96,000.00	.43	See budget
Functional Lead (Manager), See Org Chart for names	\$89,280.00	1.88	See budget
Program Policy Analyst (State Policy Lead)	\$69,772.80	3.80	See budget
Information Systems Business Automation Analyst – Specialist (Business Analyst)	\$81,619.20	5.29	See budget
Information Systems Business Automation Analyst – Senior (Tester)	\$69,772.80	5.53	See budget
Human Services Program Coordinator (State Policy Analyst)	\$69,772.80	1.16	See budget

2. **Fringe Benefits** – Identifies the fringe benefits rate for staff with direct salaries/wages. The Wisconsin fringe rate is 51.29 percent. The 2010-2013 costs are estimated to be \$1,542,884 (OCIIO) and \$243,834 (non-OCIIO).
3. **Travel** – These costs include in-state and out-of-state travel expenses incurred by state staff in support of key stakeholder and advisory meetings. The total costs are estimated to be \$194,759 (details see below). Of these, approximately 10 percent or \$19,476 is attributed to non-OCIIO activities.
4. **Supplies** – Wisconsin will need to augment office supplies and devices (printers and copiers, desktops, phones, work space, and general office supplies) to support the health insurance exchange development team. Assuming an addition of 18 FTEs the 2010-2013 costs are estimated to be \$50,680 (\$17,280 for general supplies and \$33,400 for additional devices). Approximately 10 percent or \$5,068 is attributed to non-OCIIO costs. A high-level breakdown is provided below.
5. **Equipment** – Wisconsin will need to build out its infrastructure in order to develop, test, and implement a health insurance exchange. These costs include changes to servers, storage, environments, etc. The 2010-2013 costs are estimated to be \$3,062,276 for software and \$3,742,944 for hardware. These costs do not include the additional changes required to host a solution for other states. Approximately 10 percent of the total software and hardware costs or \$680,522 will be attributable as non-OCIIO costs.



6. **Consultant Costs** – These costs include Wisconsin’s fees for establishing an independent evaluation team to review key deliverables and measure progress towards project milestones. The costs for this evaluation team from 2010-2013 are estimated to be \$135,240. Approximately 10 percent or \$13,524 of these costs are attributable as non-OCIIO costs.
7. **Contractual Costs** – These costs include Deloitte, HP, and other contractor professional fees. Wisconsin will use independent contractors to manage the program and will seek services from Deloitte and HP for design, development, testing, implementation, and post-implementation support. The estimated 2010-2013 costs for all contracted resources are \$36,628,313. The breakdown detailed in the attached budget components document is: Deloitte (\$35,183,200), HP (\$1,180,513), and UW CHSRA (\$264,600). The OCIIO breakdown for these costs in total are \$31,336,998 (OCIIO) and \$5,291,315 (non-OCIIO).
8. **Other Costs** – Other costs include fees, licences, on-going space costs, network costs, telephony costs, contract/consultant travel, etc. The 2010-2013 costs for these items are estimated to be \$423,036. Approximately 10 percent of these costs can be attributed to non-OCIIO activities.
 - Ongoing fees, including printer/copier paper, ink/toner, rent, phone lines, network connectivity, conference lines and device fees: \$354,618
 - One-time license costs for Microsoft Office and Adobe, Microsoft Project and Microsoft Visio: \$5,970.
 - Consultant travel to Stakeholder Meetings, State Advisory Meetings, Grant Support Meetings: \$49,128.
 - Evaluation Team Meetings (12 bi-monthly meetings, 20 attendees, \$13,320)
 - **Objective:** Conduct an independent review of key deliverables and evaluation of progress towards project milestones
 - **Attendees:** DHS program representatives and the evaluation team
 - **Location:** DHS will host all of these meetings in Madison (evaluation team members will be responsible for their own travel and lodging expenses)
 - **Expenses:** DHS will pay for meeting services, including room rental, catering, a/v, service fees, etc. for all meetings
- **Indirect Costs-** Wisconsin uses an indirect cost rate of 3.6 percent of the state salary costs. For the period of 2010-2013 this is estimated to be \$125,408. Approximately \$108,294 is attributed as OCIIO costs and \$17,115 is attributed as non-OCIIO costs.

Travel Costs (\$194,759)

Success will greatly depend on maintained communication and stakeholder input. To achieve this, Wisconsin will host or participate in a number of face-to-face meetings over the two year



grant period to review milestone progress, review deliverables, and receive input on approach, solutions, and documentation.

- 8 State Advisory Meetings (quarterly)
- 48 Stakeholder Meetings (semi-monthly)
- 12 Evaluation Team Meetings (bi-monthly)
- 8 Grant Support Meetings (quarterly)
- 3 one-hour status/brainstorming/review calls per week

State Advisory Group Meetings (8 quarterly meetings, 28 attendees, \$84,370)

- **Objective:** Ensure that interested states will be kept up to date as well as have input on the transferable design and technical assets
- **Location:** Meetings to be held in Madison, WI and in advisory states
- **Attendees:** 10 DHS and contractor staff and 18 staff from other states - estimate six states, with three staff per state (states will be required to pay for their own travel and lodging expenses)
- **Expenses:** Wisconsin will pay for meeting services, including room rental, catering, a/v, service fees, etc. for all meetings. The two-year costs are estimated below:
 - Meeting services/logistics: \$41,170
 - Travel for State Advisory Group Meetings DHS staff: \$43,200
 - Travel for Consultants and Contractors: See Other Costs

Stakeholder Meetings (48 semi-monthly meetings, 40 attendees, \$95,989)

- **Objective:** Review and discuss specific exchange functional topics (e.g. premium tax credits, eligibility, enrollments, etc.) through focus groups and meetings
- **Attendees:** Project Director and 5 DHS and contracted staff, up to 34 total across the stakeholder groups consumers, advocates/unions/associations, small businesses, insurers, and providers, brokers, navigators, and tribes per meeting (participants will cover their own transportation costs)
- **Location:** 7 meetings per year in Madison, WI and the rest throughout the state
- **Expenses:** DHS will pay for meeting services, including room rental, catering, a/v, service charges, etc. for all meetings. The two-year costs are estimated below:
 - Meeting services/logistics: \$70,608
 - Travel for DHS staff: \$25,381



- Travel for Contractors: See Other Costs

Grant Support Meetings (8 quarterly meetings with OCIO, 3 WI attendees, \$14,400)

- **Objective:** Provide status updates, share lessons learned, challenges, successes, and recommendations for other states
- **Attendees:** 2 DHS staff and 1 contractor
- **Location:** Washington, DC or regional locations
- **Expenses:** Travel \$14,400 (DHS), Contractor (See Other Costs)

Status/Brainstorming/Review Calls – costs accounted for in other budgets

Wisconsin will make any accommodations necessary to attendees with disabilities or long term illnesses and their families by hosting all events at ADA certified locations. Wisconsin will also work with the event location to facilitate the needs of those attendees.





Jim Doyle
Governor

Karen E. Timberlake
Secretary

State of Wisconsin

Department of Health Services

Telephone: 608-266-8922
FAX: 608-266-1096
TTY: 888-692-1402
dhs.wisconsin.gov

December 22, 2010

Secretary Kathleen Sebelius
Department of Health and Human Services
200 Independence Ave., S.W.
Washington, D.C. 20201

Dear Secretary Sebelius:

The Wisconsin Early Innovator Grant proposal includes leveraging existing systems and applications for the required grant functions, as well as additional functionality not required but inherent to the operations of the health insurance exchange.

The systems and applications that Wisconsin proposes to leverage include the existing CARES and ACCESS eligibility and enrollment systems developed by Deloitte Consulting LLP, and the interChange Medicaid Management Information System (MMIS) developed by HP Enterprise Services. Leveraging these existing systems and applications will reduce the design and development costs for the health insurance exchange, and mitigate the readiness risk for 2014. Both the Deloitte and HP contracts were competitively bid and will run concurrently with the grant's period of performance. Additionally, both contracts contain language that meets the Intellectual Property grant requirements and copies of these contracts will be made available upon request.

The Wisconsin Department of Health Services is committed to producing system design and software developed in a manner consistent with an open source model, and I attest that the existing contracts with Deloitte and HP will support the development of the health insurance exchange that allows for a royalty-free, nonexclusive, irrevocable license to reproduce, publish, or otherwise use and authorize others to use, for Federal Government purposes, the copyright in any work developed under the grant, or a subgrant or subcontract, and in any rights to a copyright purchased with grant support.

Sincerely,

A handwritten signature in black ink, appearing to read "James D. Jones".

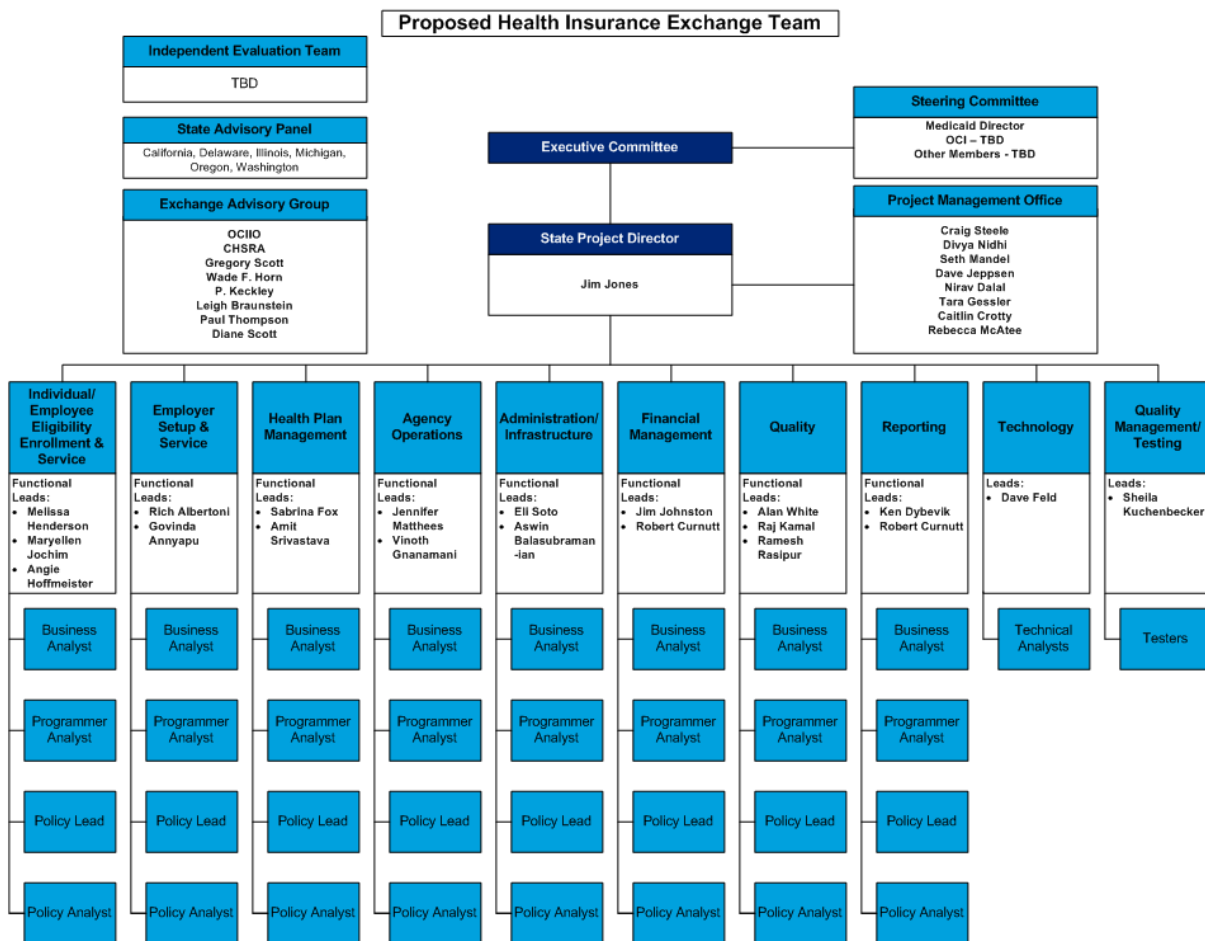
James D. Jones
Deputy Medicaid Director

9. Descriptions for Key Personnel & Organizational Chart

Wisconsin provides the right mix of skills and experience to successfully plan, design, and implement the health insurance exchange.

To plan, design, and implement the health insurance exchange, Wisconsin proposes a broad range of project experiences: public and private sector, federal and state health and human services, health plan operations, and technical implementation. This combination of skills and experience will enable Wisconsin to deliver the health insurance exchange on time and within budget.

The proposed team is strategically organized so that functional areas will focus on specific tasks but participate across the plan, design, development, and implementation phases. This structure will facilitate a more agile, iterative delivery approach. The proposed organization chart and role descriptions follow:



Roles and Responsibilities

Role	Role Description
Exchange Advisory Group	The Exchange Advisory Group are senior members of the team responsible for providing guidance and assistance related to policy, functional and technical aspects of the health insurance exchange based on their eminence in the area.
Steering Committee	The Steering Committee sets strategic direction for overall project, assesses progress across the project, resolves project-wide policy considerations and decisions, addresses escalated issues, risks and questions and establishes final course of action.
State Project Director	The State Project Director provides the experience and authority to oversee the program and ensure collaboration among critical partners.
Project Manager	The Project Manager serves as the primary point of contact for activities related to budget management, project management and scheduling, and correspondence. The Project Manager is responsible for ensuring quality and standards in all project deliverables, maintaining project budget and schedule, change management, and issue and risk management.
Functional Lead	The Functional Lead coordinates the activities within their component's workgroup. The Functional Lead provides overall direction and support to ensure the project meets their defined goals, are on time, and on budget to define requirements and scope, and schedule work. The Functional Lead ensures each project complies with project standards and procedures.
Business Analyst	The Business Analyst is responsible for the design, documentation, and creation of project documentation as well as agendas and minutes within their workgroup.
Programmer Analyst	The Programmer Analyst is responsible for development, unit testing, and integration testing their assigned components.
Technical Analyst	The Technical Analyst is responsible for technology and application architecture and all infrastructure related activities. In addition, the technical analyst is responsible for database design, database development, implementation planning, and load testing.
Tester	The Tester is responsible for preparing and executing test scenarios.
Policy Lead	The Policy Lead is responsible for managing Wisconsin's policy interests and involvement on the project.
Policy Analyst	The Policy Analyst is the subject matter advisor on health care reform and provides requirements to identify and support how a program must be designed or changed to support policy.
Project Administration	The Project Administrator supports the Project Manager in maintaining the project schedule and issues list, as well as performing project accounting duties, contract administration, and other administrative responsibilities.

Proposed Health Insurance Exchange Team Detailed Experience

State Project Director

Resource	Role	Biography
Jim Jones	State Project Director	Jim is the Deputy Administrator of the Division of Health Care Access and Accountability and Director of Wisconsin's SNAP Program. He represents Midwest States on the American Association of Food Stamp Directors' Board and served for five years on the Eligibility Technical Advisory Group for the Centers for Medicare and Medicaid Services. Jim has held a number of positions in the Department of Health Services since he began in 1980 and has worked on a number of different public assistance programs including BadgerCare Plus, Medicaid, SCHIP, Aid for Families with Dependent Children, Food Stamps and Low Income Energy Assistance Programs. Jim is a graduate of the University of Wisconsin-Madison.



Exchange Advisory Group

Resource	Role	Biography
Wade F. Horn, Ph.D.	Advisory Team Member Deloitte	Wade will serve on the Advisory Team for the health insurance exchange project. Wade is former assistant secretary for the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services (DHHS) where he oversaw more than 60 federal programs aimed at improving the well-being of children and helping families achieve self-sufficiency. Wade serves as a key adviser to Deloitte's Health and Human Services clients and is currently focused on developing and presenting health care reform insights to Deloitte clients. He brings the Wisconsin health insurance Exchange team insights and perspectives about PPACA policy and health insurance exchange trends from other states. Wade has a doctorate in clinical psychology from Southern Illinois University and has served as associate director of Michigan State University's Psychological Clinic.
Paul H. Keckley, P.h.D.	Advisory Team Member Deloitte	Paul will serve on the Advisory Team for the health insurance exchange project. Paul is Executive Director of the Deloitte Center for Health Solutions, bringing a distinguished 30 year career in health services research in the private sector and academic medicine. He is a health economist and policy expert, a regular contributor to CNN and Fox News health reform coverage, and has testified before Congress. As one of the country's leading experts on health reform, Paul will provide perspective and advise the Wisconsin health insurance exchange team on health care reform policy and implementation issues. Paul received a B.A. from Lipscomb University, his MA/PhD from Ohio State University, and completed a fellowship in economic policy at Oxford University.
Gregory Scott	Advisory Team Member Deloitte	Greg will serve on the Advisory Team for the health insurance exchange project. As National Leader of Government Programs within Deloitte's Life Sciences and Health Care practice, Greg brings more than 20 years of industry experience as a management consultant, health plan executive, and federal policy maker. His combination of both government and private health plan experience provides a valuable perspective on key success factors for delivering a health insurance exchange. Greg serves on Deloitte's national Health Care Reform leadership team, bringing Wisconsin national perspective and insights. Greg received a Master of Public Administration from the University of Pittsburgh, Graduate School of Public and International Affairs and a Bachelor of Arts from the University of Pittsburgh.
Leigh Braunstein	Advisory Team Member Deloitte	Leigh will serve on the Advisory Team for the health insurance exchange project. Leigh has over 16 years of health care experience with a focus in health plan service operations. His engagements include the implementation of recent Patient Protection and Affordable Care Act (PPACA) reforms, developing innovative member, group, and provider service models, enrollment and billing system implementations, call center implementations, and new product launch. His experience with a number of national, regional and Blues plans will provide well-rounded perspectives on building and delivering an insurance marketplace in Wisconsin. Leigh received a B.S. Molecular Genetics from the University of Rochester, Rochester, NY and a MBA from Simon School of Business, University of Rochester, Rochester, NY.
Diane Scott	Advisory Team Member HP	Diane is the Eligibility Practice Leader for US Healthcare Strategy at HP. Diane is currently the Practice Lead for Healthcare Eligibility Solutions. She promotes innovation in the development and marketing of healthcare eligibility solutions. Diane brings over 35 years professional experience that includes project management, business process reengineering, information strategy planning, legislative analysis, training, group facilitation, and health and human services business solution development. Diane has worked in both the private sector as an industry consultant and in health and human services in state and local government. In state and local government, she has served in a wide-range of positions and her experience includes eight years in direct delivery and supervision for children's services and over ten years in program management and administration. She holds a Master's Degree in Social Work from the University of Texas.



Resource	Role	Biography
Paul Thompson	Advisory Team Member HP	Paul will serve on the Advisory Team for the health insurance exchange project. Paul is the Director of Commercial Healthcare Strategy and Business Development. He is responsible for developing a cohesive strategy linking HP's software, business process outsourcing, and hardware capabilities into service offerings for commercial healthcare plans. This includes end-to end process redesigns, applications modernization, and new product capability. Paul graduated from Fairfield University with a BA in Economics and from the University of Connecticut with an MBA in Marketing/Finance.

Project Management Team

Resource	Role	Biography
Craig Steele	Project Manager UW CHSRA	As project manager for DHS and the Wisconsin Office of Health Care Reform (OHCR) Craig is responsible for managing and directing all health care reform and ACA related activities, including the Exchange. Craig will oversee and represent DHS project management interests for the design and implementation of the exchange functions related to this grant application. Craig has more than 20 years project management and business development experience in the health and property and casualty insurance industries. Craig has served as project manager on many of the state's largest health insurance projects including BadgerCare Plus, HIPAA, and SeniorCare. Craig holds the project management professional (PMP) certification and is a graduate of Mount Union College.
Divya Nidhi	Project Manager Deloitte	With over 12 years of CARES project management experience, Divya brings the knowledge and understanding of how to effectively lead a team and work within Wisconsin's environment to develop, operate, maintain, and enhance system projects similar in size and scope to the health insurance exchange. As a senior member of Deloitte's Health and Human Services practice, Divya connects Wisconsin with Deloitte's national strength to bring on the right resources and provide perspective about trends and best practices from other state health insurance exchange efforts. . Divya holds the project management professional (PMP) certification and a Bachelor of Technology (B. Tech.) in Computer Science & Engineering HBTI, Kanpur University, India.
Seth Mandel	Project Manager Deloitte	Seth has collaborated with Wisconsin on ACCESS, CARES Worker Web, and BadgerChoice since their inception. His business and technical perspective helps him identify innovative and practical designs for leveraging existing assets for the health insurance exchange. Seth has served as a key member of Deloitte's HHS Health Care Reform Point of View team since January 2010, developing and presenting thought leadership about the health insurance exchange. Having researched and analyzed issues related to health insurance exchange system design for six months, Seth can hit the ground running to collaborate with Wisconsin. Seth is a certified Project Management Professional (PMP) and has a Master of Science, Information Systems Management and Bachelor of Science, Information and Decision Systems from Carnegie Mellon University.
David Jeppsen	Project Manager HP	David Jeppsen is responsible for the Program Office of the Wisconsin Medicaid account. Dave's responsibilities include oversight of the project work on the account in addition to introducing leading/innovative practices and procedures to ensure successful project delivery. Dave is also responsible for the Wisconsin Rate Reform team. Prior to joining HP, Dave implemented and/or ran program offices for: Deloitte Consulting, Ernst & Young, Chiquita Brands, Blue Cross/Blue Shield (Ohio) and Procter & Gamble. He holds a BS in Computer Science from Northern Illinois University and an MBA in Finance from Loyola University of Chicago.



Resource	Role	Biography
Nirav Dalal	Project Manager HP	Nirav is the Systems Manager for the HP Wisconsin team responsible for the delivery of system changes to support the State of Wisconsin's policy. Nirav will provide leadership and oversight on all ACA related activities, including the Exchange for HP. Nirav ensures that HP is able to deliver solutions timely and with a high level of quality while bringing innovative program changes to the State as well. He brings over 15 years of experience that has been gained over managing the implementations in 5 different states to the State of Wisconsin. He completed his undergraduate degree in Management Science and Information Systems at Penn State University and has an MBA from Washington State University.
Tara Gessler	Project Administration HP	Tara provides administrative support for the Office of Health Care Reform. She assists the project manager in overseeing all ACA related activities, is part of the Exchange team, and oversees and maintains the OHCR website and Webmail box. For the past six years, she supported and managed numerous business-related projects. She has worked for one of the leading healthcare software IT companies, EPIC Systems, supporting their executives and brings years of experience maintaining project work plans, managing staff productivity and other supporting administrative functions. She holds a bachelors degree in Management from the University of Wisconsin-Stout.
Caitlin Crotty	Policy Analyst HP	As a policy analyst for the Wisconsin Office of Health Care Reform (OHCR), Caitlin analyzes current ACA legislation and its implementation in the State, with a particular emphasis on the development of the Exchange. In regards to this grant application, Caitlin will conduct research on and will assist in the exploration of Exchange functional options. Prior to joining OHCR, Caitlin worked with multiple DC-based nonprofits and non-governmental organizations, conducting research and legislative analysis. She has also worked for The Pennsylvania Governor's Office of Citizen Service. Caitlin holds two bachelor's degrees from the American University.
Rebecca McAtee	Policy Analyst HP	Rebecca is a policy analyst with the Wisconsin Office of Health Care Reform. She oversees all ACA related activities related to Public Health, Tribal Impacts and Academic Partners. She has assisted the Department of Public Health in writing grants, tracking provisions and national appointments related to the ACA and partners with academic stakeholders to inform them of health care reform changes. Rebecca has four years of professional experience in account and project management in the field of educational technology. Rebecca has additional experience working with State Licensing Boards in Wisconsin and health care reform research and analysis. In addition, Rebecca has an undergraduate degree from the College of Wooster and a master's degree in public affairs from the University of Wisconsin-Madison, where she focused on social and health policy.

Functional Component Workgroup

Resource	Role	Biography
Melissa Henderson	Individual/ Employee Eligibility Enrollment & Service Functional Lead, DHS	Melissa is the Deputy Director for the Bureau of Enrolment Policy and Systems. Melissa currently has responsibility for all development, operations, maintenance, and enhancements to the health and nutrition eligibility systems including ACCESS and CARES/CARES Worker Web. She was instrumental in the implementation of new systems including ACCESS and CARES Worker Web and innovative programs such as BadgerCare Plus. With over 13 years of experience in health services information technology, public assistance programs, private insurance and project management, Melissa brings the knowledge and understanding of how to work within Wisconsin's network of public and private stakeholders to successfully lead the implementation of innovative system projects similar in size and scope to the health insurance exchange. She is a certified Project Management Professional (PMI), with a bachelor degree in Computer Science.



Resource	Role	Biography
Maryellen Jochim	Individual/Employee Eligibility Enrollment & Service Functional Lead, Deloitte	Maryellen will serve as the Individual/Employee Eligibility Enrollment & Service Functional Lead. Maryellen has over eight years of experience providing consulting services to Health Plan and Health and Human Services agencies. In Wisconsin, Maryellen managed the PRISM application from initiation to implementation, working with Wisconsin to define requirements and design while also working with our internal team to streamline design and complete construction and testing phases. Maryellen also managed the Medicaid Forward Health Quality Report, another Web-based application working closely with a team of Wisconsin staff, external vendors and contracted staff to define requirements and design. She currently manages the integration voice response implementation for the HMO Selection project. Maryellen holds a Master of Business Administration and Bachelor of Business Administration, Management Information Systems from the University of Notre Dame, Indiana.
Angie Hofmeister	Individual/Employee Eligibility Enrollment & Service Functional Lead, HP	Angie will serve as the Individual/Employee Eligibility Enrollment & Service Member Subsystem and the Third Party Liability subsystem. Angie has used her subject matter expertise and knowledge to drive a number of high profile, State requested modifications as a project manager. Angie has used her expert level knowledge to develop a rapport with the HMO organizations participating in the State managed care programs. She has over 11 years of combined policy and system experience and is considered a subject matter expert.
Rich Albertoni	Employer Setup and Service Functional Lead, DHS	Rich brings 20 years of policy and budget experience in state government in his role as Director of the Bureau of Enrollment Policy and Systems for Wisconsin's Medicaid and BadgerCare Plus programs. Rich is also the State's CHIP Director. Rich recently coordinated implementation of BadgerCare Plus Basic, a self-funded public health plan for low income adults without dependent children. He has a Master of Public Administration degree from the University of Washington in Seattle.
Govinda Annyapu	Employer Setup and Service Functional Lead, Deloitte	Govinda will serve as the Employer Setup and Service Functional Lead. Govinda has over fifteen years of experience in management, design, development and implementation of large-scale systems that support the management of Medicaid, TANF, SNAP (Food Stamps) and other public assistance programs. In Wisconsin, Govinda has extensive experience as a lead for CWW, ACCESS, EVHI, MCI, WITS, ECF, and PPS, applications. Govinda has successfully managed the development and implementation of different system enhancements including: CWW, EBT Enhancements, ACCESS RMB, ACCESS RMC Enhancement, BadgerCare Plus Basic, BadgerCare Plus Core Plan, BadgerCare Plus Core Plan, SSI-MA letters automation and Client Correspondence re-engineering. Govinda also manages day-to-day operational activities for the CARES and EVHI applications. Govinda holds a Bachelor of Technology in Computer Science & Systems Engineering from Andhra University, India.
Sabrina Fox	Health Plan Management Functional Lead, DHS	Sabrina serves as the lead policy analyst for the Department of Health Services in all matters relating to health care reform and ACA related activities, including the health insurance exchange. Sabrina will help guide policy decisions related to the design and implementation of Wisconsin's state-based insurance exchange. Sabrina has over five years of experience working on health care policy initiatives both for State government and the private sector. Sabrina has served as a policy analyst for the implementation of BadgerCare Plus and the development of payment reform projects for the State's BadgerCare Plus and SSI programs, among other state initiatives. She has also worked in the Division of Executive Budget and Finance analyzing state agency budget requests for managed long term care initiatives. Sabrina is a graduate from the University of Wisconsin-Madison.



Resource	Role	Biography
Amit Srivastava	Health Plan Management Functional Lead, Deloitte	Amit will serve as the Health Plan Management Functional Lead. With 12 years of Wisconsin CARES experience, Amit's functional and technical knowledge of CARES and related systems allow him to provide thoughtful recommendations and innovative solutions for the health insurance exchange. He has focused on functionality relevant to the health insurance exchange including HMO Selection, Client Correspondence, ACCESS Check My Benefits, Data Exchange, MMIS interface, BadgerCare Plus Basic, and eligibility. Having delivered numerous large high priority initiatives, Amit brings Wisconsin the project management experience to deliver projects on time, on budget, and with desired features. Amit holds the project management professional (PMP) certification and a Bachelor of Engineering, Electronics and Communications from Birla Institute of Technology, India.
Jennifer Matthees	Agency Operations Functional Lead, DHS	As Director of the Enrollment Services Center (ESC), Jennifer Matthees is responsible for delivering FoodShare and BadgerCare benefits and customer service in a timely, accurate, and cost effective manner. Jennifer will direct and represent DHS' interests for the design and implementation of the customer service functions related to the Exchange. Since 1998, Jennifer has been using call center and system tools to meet the needs of Wisconsin BadgerCare and SeniorCare providers and member. Jennifer was instrumental in the implementation of the Milwaukee Enrollment Services and the Enrollment Services Center in 2009. It is through her leadership that the ESC has exceeded all Federal and State requirements related to timeliness and accuracy for the FoodShare and BadgerCare programs. Jennifer is a graduate of the University of Wisconsin-Madison.
Vinoth Gnanamani	Agency Operations Functional Lead, Deloitte	Vinoth will serve as the Agency Operations Functional Lead. Vinoth has 12 years of experience working on the CARES project where he has played a key role in the successful implementation of CARES incremental renewal efforts. Through this experience he has gained an in depth knowledge of Wisconsin state systems and programs. Vinoth currently serves as a Functional Manager for the Wisconsin CARES project where supervises project leads and is responsible for software changes/enhancements for his functional areas including: Electronic Case File/WISA, CARES Worker Web, Fiscal Functions and ACCESS. Vinoth holds the project management professional (PMP) certification and a Bachelor of Computer Science Engineering from Madurai Kamaraj University, Madurai, India.
Eli Soto	Administration/Infrastructure Functional Lead, DHS	As Associate Administrator for the Division of Health Care Access and Accountability, Eli is responsible for managing and directing three bureaus that are responsible for determining eligibility and on-going case maintenance for over 300,000 income maintenance and SSI disability cases annually. Additionally Eli is responsible for managing and directing the Bureau of Operational Coordination which provides IT, HR, budgeting and accounting, procurement and contract compliance and administrative program support to the Division. Eli has over 15 year experience in State government and has been responsible for implementing numerous program and infrastructure initiatives across the Division's 8 bureaus and major programs (MA, FoodShare, and SSI). Eli holds a Master's Degree in Public Administration and has his Master's Certificate in Project Management from the University Wisconsin's Executive Education.
Aswin Balasubramanian	Administration/Infrastructure Functional Lead, Deloitte	Aswin will serve as the Administration/Infrastructure Functional Lead. He currently serves as a manager for the Wisconsin CARES project where supervises managers responsible for software changes/enhancements for his functional areas including: Medicaid Eligibility, ACCESS Common Functions, Master Customer Index (MCI) and Productions Issues/Reporting. Aswin has 13 years of experience working on the CARES project. He has extensive knowledge of Medicaid eligibility and CARES and the related systems, including Master Customer Index. Through his quality of work and dedication to the CARES project he has developed relationships with State staff that are built on cooperation, integrity and trust. Aswin holds a Bachelor of Engineering (Electrical & Electronics) from Kumaraguru College of Technology, Coimbatore, Tamil Nadu, India.



Resource	Role	Biography
Jim Johnston	Financial Management Functional Lead, DHS	As director of the Bureau of Fiscal Management, James serves as the CFO for the Medicaid program: supervising fiscal monitoring and financial processing for Medicaid expenditures and receivables; coordinating cost containment and revenue maximization efforts, including the Department’s Rate Reform Initiatives; setting provider rates; and developing and monitoring the Medicaid budget. James has over 25 years of leadership experience in budget and policy development and implementation for Wisconsin state government. Prior to serving in the Department of Health Services, he has served as the Deputy State Budget Director and in other leadership roles in the Governor’s Budget Office. He has a Masters of Public Administration degree from the LaFollette Institute of Public Affairs at the University of Wisconsin.
Robert Curnutt	Financial Management and Reporting Functional Lead, HP	Robert joined the HP Wisconsin team in 2010 as the Technical Delivery Manager for Portal, Financial, Federal Reporting, MAR, SUR, Prior Authorization and EDI. With over a decade of experience leading staff in the delivery of Medicaid system changes, he is an excellent leader to guide Wisconsin through the development and deployment of the health insurance exchange. Robert has 12 years within the Medicaid realm as a developer, project manager, systems manager, and delivery manager at a number of different HP Medicaid and Medicaid support sites. Robert is a graduate of New Mexico Institute of Mining and Technology.
Alan White	Quality Functional Lead, DHS	Alan is the Director of the Bureau of Program Integrity and focuses on the prevention and detection of fraud, waste and abuse of state health care programs. This includes managing the Medicaid provider audit program, the decision support provider profiling system, the provider enrollment process, prior authorization, Estate and Casualty recovery, and serving as liaison with the state’s Medicaid Fraud Control Unit and other law enforcement and regulatory agencies. Alan is currently the Chair of the National Medicaid Fraud & Abuse Technical Advisory Group (TAG); he is also a member of the National Medicaid Fraud & Abuse Legislative Workgroup, and the National Advisory Council for Medicaid Integrity. He is also on the planning group and faculty of the Medicaid Integrity Institute at the University of South Carolina. Alan recently completed three terms as President of the National Association for Medicaid Program Integrity, the national organization representing state Medicaid fraud prevention and detection programs, and now serves on its Executive Committee. Prior to joining the Medicaid Program, Alan had been a Senior Budget and Policy Advisor for the Wisconsin Department of Health & Family Services. Alan is a graduate of the University of Wisconsin-Oshkosh.
Raj Kamal	Quality Functional Lead, DHS	As the Quality Lead for Division of Health Care Access and Accountability, Raj Kamal is responsible for overseeing initiatives related to health care quality for Wisconsin Medicaid, including setting targets, measuring and reporting performance for the Pay-For-Performance and other programs. Raj will be responsible for the quality-related activities within this grant application. Raj has over 20 years of experience in health care insurance, financial services, not-for-profit, government and other sectors, and holds two Masters degrees in business.
Ramesh Rasipur	Quality Functional Lead, Deloitte	Ramesh will serve as the Quality Functional Lead. Ramesh has 14 years of professional experience providing consulting services to Health and Human Service agencies in the Public Sector, with a specific focus on large-scale web applications that support the management of Medicaid, TANF, SNAP (Food Stamps), other public assistance programs. Further, Ramesh has an additional four years of private sector industry experience. In Wisconsin, Ramesh has extensive experience as an application lead for Mainframe, CWW, and ACCESS applications. Ramesh successfully managed the development and implementation of different system enhancements including: Six Month Reporting Form implementation for FoodShare and Child Care, ACCESS RMC 1.0 Release, CWW 3.0 BadgerCare Plus release and eligibility conversion, CWW 3.2 BadgerCare Plus Core Plan release and corresponding eligibility changes, Client Scheduling – Outlook integration and FamilyCare Expansion. Ramesh also manages day-to-day operational activities for the HealthCare eligibility modules. Ramesh holds a Bachelor of Science in Computer Sciences and Engineering, from Bharathidhasan University, TamilNadu India.



Resource	Role	Biography
Ken Dybevik	Reporting Functional Lead, DHS	Ken is Wisconsin's MMIS Director and is responsible for management of the Fiscal Agent/MMIS contract and is the Director of the Bureau of Operational Coordination including vendor and contract management, fiscal and administrative support. He is a member of the Medicaid Systems Technical Advisory Group (S-TAG), representing region V. Ken has over 25 years managerial and operations experience working in the Wisconsin Medicaid Program in policy, systems and operations. He plays a lead role on the project management team for the MITA assessment, 5010 project and ICD-10. He was also the project director for the implementation of Wisconsin's new MMIS implemented in 2008. Ken holds a bachelor degree in Business Administration from the University of Wisconsin-Madison.
Dave Feld	Technology Lead, Deloitte	Dave will serve as the Technology Lead for the health insurance exchange project. Dave brings over 5 years of Wisconsin technical architecture management experience, currently serving as the CARES Technical Architecture Manager. Dave's knowledge of Wisconsin's technical environment and understanding of how to collaborate with various State departments on technology issues will deliver Wisconsin the solid technology foundation required to support the State's desired health insurance exchange functional and performance requirements. Dave holds a Bachelor of Science, Computer Science, from the University of Illinois.
Sheila Kuchenbecker	Quality Management/Testing Lead, Deloitte	Sheila will serve as the Quality Management and Testing Lead. Sheila currently serves as the Quality Manager on Wisconsin CARES, overseeing a team of 18 staff responsible for developing quality improvement processes and performing system testing. As Quality Management/Testing Lead for the health insurance exchange project, Sheila brings Wisconsin valuable experience in managing testing of multiple concurrent initiatives, supporting the production of high quality deliverables, and monitoring compliance with the project management procedures that will be essential to the health insurance exchange project. Sheila holds the project management professional (PMP) certification and a Bachelor of Science in Industrial and Organizational Psychology from the University of Wisconsin- Stevens Point.

As described, Wisconsin provides the right mix of skills and experience to successfully plan, design, and implement the health insurance exchange. The proposed resources are planned for and included in the proposed work plan and budget narrative which describes the rationale for the amount of time being requested for each staff position.



STATE AND LOCAL RATE AGREEMENT

EIN #: 1396006469a1

DATE: May 12, 2010

DEPARTMENT/AGENCY:

Filing Ref: The preceding Agreement was dated: June 26, 2009

Wisconsin Department of Health & Family Services
1 West Wilson Street
P. O. Box 7850
Madison, WI 53702-7850

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section II

SECTION I: INDIRECT COST RATES

RATE TYPE: FIXED_FINAL - PROV./PROVISIONAL_PRED (PREDETERMINED)

EFFECTIVE PERIOD

Table with columns: Type, From, To, Rate, Location, Applicable To. Rows for FINAL and PROV under DIVISION OF PUBLIC HEALTH.

DIVISION OF HEALTH ACCESS AND ACCOUNTABILITY:

Table with columns: Type, From, To, Rate, Location, Applicable To. Rows for FINAL and PROV under DIVISION OF HEALTH ACCESS AND ACCOUNTABILITY.

DIVISION OF MENTAL HEALTH/SUBSTANCE ABUSE:

Table with columns: Type, From, To, Rate, Location, Applicable To. Rows for FINAL and PROV under DIVISION OF MENTAL HEALTH/SUBSTANCE ABUSE.

DIVISION OF QUALITY ASSURANCE

Table with columns: Type, From, To, Rate, Location, Applicable To. Rows for FINAL and PROV under DIVISION OF QUALITY ASSURANCE.

DEPT/AGENCY: Wisconsin Department of Health and Family Services

DATE: May 12, 2010

SPECIAL REMARKS:

The allocation/billing methodologies have been approved for the following Wisconsin Department of Health and Family Services operations:

- a. Bureau of Fiscal Service (BFS),
b. Bureau of Personnel and Employment Relations (BPER),
c. Fiscal Management System (FMS),
d. Automated Personnel Systems (APS)
e. Office of Legal Counsel (OLC)
f. Community Aids Reporting System (CARS)
g. Bureau of Information Systems (BIS).

2. FRINGE BENEFITS:

- FICA
Retirement
Group Insurance (Health, Life, Wage Continuation)
Unemployment Compensation
Worker's Compensation

Equipment means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit.

4. TREATMENT OF PAID ABSENCES:

Vacation, holiday, sick leave pay and other paid Absences are included in salaries and wages. Separate Claims for the costs of these paid absences are not made.

Effective as of July, 2004 payments for unused leave when an employee retires or terminates employment will be allocated as a general administrative expense as required by OMB Circular A-87, Attachment B, Section 8.d.(3). (26CFR Part 225, Appendix B.8.D (3) Effective 8/31/05)

BY THE ORGANIZATION: State of Wisconsin

BY THE COGNIZANT AGENCY ON BEHALF OF THE FEDERAL GOVERNMENT

Dept. of Health Services

DEPT. OF HEALTH AND HUMAN SERVICES

ORGANIZATION

ORGANIZATION

(SIGNATURE)

(SIGNATURE)

Cheryl Johnson

Henry Williams

(NAME)

(NAME)

Director, Bureau of Fiscal Serv

Director, Division of Cost Allocation

(TITLE)

(TITLE)

June 10, 2010

June 10, 2010

(DATE)

(DATE)

Rebecca Cantu

Rebecca Cantu

(214) 767-3454

(214) 767-3454

DHHS REPRESENTATIVE - telephone

DHHS REPRESENTATIVE - telephone



JIM DOYLE
GOVERNOR
STATE OF WISCONSIN

December 22, 2010

Secretary Kathleen Sebelius
Department of Health and Human Services
200 Independence Ave., S.W.
Washington, D.C. 20201

Dear Secretary Sebelius:

I write to offer my strong support for the Wisconsin Department of Health Services' application for a Cooperative Agreement for Innovative Exchange Information Technology Systems. Throughout my time as governor, one of my top priorities has been to ensure that every Wisconsin citizen has access to affordable health care coverage. With the expansion of BadgerCare Plus, our nationally recognized Medicaid reform initiative, we have reached our goal of 98% of Wisconsin citizens having access to affordable insurance.

I am pleased that Wisconsin is widely recognized as a national health care leader. We have the second lowest uninsured rate in the United States and rank very high in quality. Our internationally recognized eligibility portal, ACCESS, allows individuals to easily apply for and enroll in BadgerCare Plus, Medicaid and other public programs. We have also implemented cutting edge information technology which allows us to more efficiently and effectively manage our health care programs at lower cost.

I am especially proud of the work we have done to champion implementation of national health care reform in the area of the State Health Insurance Exchange. Wisconsin has worked hard in the development of our Exchange with the goals of providing easy access to affordable coverage, reducing health care costs, and serving as a change agent for the health care delivery system.

This week, we launched the prototype of our Wisconsin Health Insurance Exchange. We will use this prototype to gather feedback from other states, external stakeholders and health care leaders as part of designing an Exchange that is intuitive and consumer-friendly. These innovations form a solid foundation and position Wisconsin to continue to lead health care reform efforts at the national level.

I believe that the activities proposed in the Department of Health Services' application will generate an Exchange that will shape the future of health care in Wisconsin and a system to serve as a model for numerous other states. I urge your positive consideration of Wisconsin's application.

Sincerely,

A handwritten signature in black ink that reads "Jim Doyle".

Jim Doyle
Governor



Jim Doyle
Governor

Karen E. Timberlake
Secretary

State of Wisconsin
Department of Health Services

Telephone: 608-266-8922
FAX: 608-266-1096
TTY: 888-692-1402
dhs.wisconsin.gov

December 13, 2010

Secretary Kathleen Sebelius
Department of Health and Human Services
200 Independence Ave., S.W.
Washington, D.C. 20201

Dear Secretary Sebelius:

I write today to offer my strong support and commitment to the Wisconsin Department of Health Services' (DHS) application for a Cooperative Agreement to Support Innovative Exchange Information Technology Systems. As the Director of Wisconsin's Medicaid program, access to affordable health care coverage has long been a focus of my division. With this purpose came an emphasis on innovation. Wisconsin has expanded access to health insurance to 98% of Wisconsin residents through the implementation of our BadgerCare Plus program. DHS oversaw the creation of the BadgerCare Plus Core Plan, making affordable health insurance available to childless adults with incomes at or below 200% of the federal guidelines. And, through the Wisconsin Medicaid Rate Reform Project, Wisconsin was able to reduce spending while expanding coverage and improving health outcomes.

Now, in this time of national health care reform, Wisconsin is poised to build upon these successful health care initiatives and continue the tradition of excellence in innovation through the development of an advanced IT infrastructure for our Wisconsin Health Benefits Exchange. Building upon the current technology systems, Wisconsin can establish a cost-effective, consumer focused marketplace to provide consumers with access to affordable, quality health insurance.

Through strong collaboration between the Wisconsin Office of Health Care Reform, the Department of Health Services, the Office of the Commissioner of Insurance, and the State Medicaid Office, a transformative Exchange will be developed that avoids duplicative efforts and integrates both eligibility determination and enrollment processes for the Exchange, Medicaid, and other State benefits programs. The concept of a "single front door" for these programs will guide interagency efforts as the work to develop shared functionalities can be leveraged by other States.

Wisconsin has continuously driven "forward." As evidenced by the prior initiatives, Wisconsin has proven to be an innovative leader in extending access to health care coverage and has every intention to expand upon these efforts through the development of the Health Insurance Exchange. Through partnership and the action-oriented mindset that has defined Wisconsin's approach, I am confident that Wisconsin will develop an accessible, integrated, and transformative Exchange that can successfully serve as a model for other States.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Helgerson".

Jason A. Helgerson
Wisconsin Medicaid Director



Karen Timberlake, Co-chair
Department of Health Services

Sean Dilweg, Co-chair
Office of the Commissioner of Insurance

December 16, 2010

Secretary Kathleen Sebelius
Department of Health and Human Services
200 Independence Ave., S.W.
Washington, D.C. 20201

Dear Secretary Sebelius:

We write today to offer our strong support for the Wisconsin Department of Health Services's application for a Cooperative Agreement to Support Innovative Exchange Information Technology Systems. As the co-chairs of the Wisconsin Office of Health Care Reform, we have worked closely with an interagency team to oversee the development of Wisconsin's Health Insurance Exchange. While the majority of Wisconsin residents currently have access to health insurance, affordability and coverage of needed services remain critical issues. Development of the Exchange will expand access to affordable coverage while supporting and strengthening many of our current health care reform initiatives.

As indicated in the application, the Exchange builds on current technologies, thus allowing us to integrate eligibility determination and enrollment systems for both new and current benefit assistance programs via a single "front door." Our approach calls for a phased-in implementation of this information technology infrastructure to minimize disruptions for services for members, providers, and insurers. We believe this phased-in approach is beneficial to ensure that the roll-out of this model could be easily replicated in a progressive manner.

We are committed to improving access to health care, including supporting efforts to expand coverage with a strong, information technology infrastructure. Not only will this infrastructure bolster current programs and advance our goals of promoting health throughout the State for all of Wisconsin citizens, it can also serve as a model for other states, answering the national call for forward thinking on health care reform.

Sincerely,

A handwritten signature in black ink that reads "Karen E. Timberlake".

Karen E. Timberlake
Secretary, Department of Health Services

A handwritten signature in black ink that reads "Sean Dilweg".

Sean Dilweg
Commissioner of Insurance



State of California—Health and Human Services Agency
Department of Health Care Services



ARNOLD SCHWARZENEGGER
Governor

December 15, 2010

Mr. Jim Jones
Deputy Medicaid Director
Wisconsin Department of Health Services
One West Wilson Street, Room 350
Madison, WI 53701

Dear Mr. Jones:

The California Department of Health Care Services (DHCS) is pleased to provide a letter of support to the Wisconsin Department of Health Services' (WDHS) efforts under the Cooperative Agreement to Support Innovative Exchange Information Technology Systems, CFDA 93.525, being offered by the U.S. Department of Health and Human Services Office of Consumer Information and Insurance Oversight. DHCS, California's Single State Agency for Medi-Cal, our version of Medicaid, is very interested in Wisconsin's public facing website, ACCESS, which allows individuals to apply, renew their benefits, report changes, and manage their case for Medicaid, Children's Health Insurance Program, Supplemental Nutritional Assistance Program, and Child Care programs, to determine if it is something that could be transferred to California.

We are aware of WDHS' past efforts and current commitment and progress. In particular we have followed with interest the development and evolution of ACCESS, and my staff has reviewed your Exchange prototype. DHCS is interested in the key elements of your proposed approach, in particular the intent to leverage existing components and build upon a standards based, flexible, and scalable technical approach to achieve a service oriented architecture framework. These concepts will be key to providing component level transferability to other states. In particular, scalability will be of primary importance if the developed information technology assets are transferred to California.

DHCS would be pleased to be represented on your proposed State Advisory Panel and would consider this a very important part of our ability to assess deliverables from your efforts under the "Early Innovator Grant" that could be usable for California. DHCS welcomes the opportunity to provide assistance in other consultative roles as well, as we might mutually agree upon after your receipt of the grant award.

Director's Office
1501 Capitol Avenue, MS 0000, P.O. Box 997413, Sacramento, CA 95899-7413
(916) 440-7400 phone, (916) 440-7404 fax
Internet Address: www.dhcs.ca.gov

Mr. Jim Jones
Page 2
December 15, 2010

I wish you success with your grant application. Please feel free to contact Ms. René Mollow, MSN, RN, Chief, Medi-Cal Eligibility Division at 916-552-9430 or by email at rene.mollow@dhcs.ca.gov if you have any questions.

Sincerely,

Toby Douglas
Chief Deputy Director
Health Care Programs



Oregon

Theodore R. Kulmowski, Governor

Oregon Health Authority

Office of the Director

500 Summer St. NE E20

Salem, OR 97301

Voice: 503-947-2340

Fax: 503-947-2341

TTY: 503-947-5080

December 22, 2010

Secretary Kathleen Sebelius
Department of Health and Human Services
200 Independence Ave., S.W.
Washington, D.C. 20201

Dear Secretary Sebelius:

On behalf of the Oregon Health Authority, I offer this letter of support for the Wisconsin Department of Health Services' application for the Early Innovator program for the development of a health insurance exchange.

Oregon has a strong commitment to the establishment of a health insurance exchange and is very interested in and supportive of other states' efforts to develop technology solutions that will support streamlined medical eligibility and enrollment that works for people of all income levels.

Oregon supports Wisconsin's commitment, readiness and plan for implementation of an exchange. Wisconsin is committed to implementing a Health Insurance Exchange that serves as a one-stop shop for individual and small employer health insurance needs. Wisconsin's experience in the past planning efforts of a small employer exchange demonstrates insight and innovative thinking towards this commitment. In addition to these planning activities, Wisconsin is prepared to develop the exchange due to the current state of existing systems and applications, and the experience and knowledge of existing staff resources.

The development of the Wisconsin Health Insurance Exchange will leverage existing systems and applications for eligibility and enrollment as well as financial administration and report. Wisconsin's vision is that the exchange be built upon a technical architecture that is standards based, flexible, and scalable. Wisconsin's proposed solution and technical architecture consists of a set of loosely coupled applications and services intended to provide a

December 22, 2010
Page Two

rich and easy to use experience for stakeholders. The exchange of data between these components relies on open standards across standard technology protocols. Standards based, highly available business services and data services, made available through a services gateway, provide a consistent and cost effective way to enhance and support the desired functionality of the exchange. The proposed technology architecture represents a services oriented architecture that improves flexibility, provides transferability to other states, and increases the ability for states to provide enhanced services through the health insurance exchange.

As Oregon develops its own technology solution, we expect to continue to engage with Wisconsin and learn from one another's efforts to improve our process and system solution.

Sincerely,

Bruce Goldberg, M.D.
Director, Department of Human Services
Director-designee, Oregon Health Authority



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEWSKI
DIRECTOR

December 15, 2010

The Honorable Kathleen Sebelius, Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201

Re: Cooperative Agreements to Support Exchange Information Technology Systems Grants

Dear Secretary Sebelius:

The state of Michigan's Departments of Community Health, Human Services, and the Office of Financial and Insurance Regulation would like to offer our strong support for the state of Wisconsin's strategy regarding the Cooperative Agreements to Support Exchange Information Technology Systems (Early Innovator) grant to engage a wide and diverse range of collaboration from each state.

Michigan supports and plans to collaborate with Wisconsin as they move forward in developing a Health Insurance Exchange prototype that simulates the consumer shopping experience for individuals and small employers, and streamlines and integrates Medicaid eligibility and enrollment systems with the Exchange. Wisconsin's existing systems and applications: CARES, ACCESS, and interChange place the state in a prime position to take full advantage of the Early Innovators Grant.

The state of Michigan plans to work with Wisconsin by participating in Wisconsin's State Advisory Panel. By participating in this panel, Michigan will bring to the table our unique knowledge and resources to enhance and expand upon Wisconsin's Early Innovator project. Collaboration with Wisconsin's Early Innovator grant project will also allow Michigan to quickly leverage Exchange documents, modules, and components to swiftly and efficiently develop our own Exchange information technology systems in preparation for the upcoming certification, operation, and sustainability deadlines for the Health Benefits Exchanges.

We are grateful for the activities being conducted in Wisconsin to move forward with developing effective Exchange IT systems utilizing a multi-state collaboration model to develop the most efficient and consumer-friendly Exchange IT systems possible. Our state stands ready and willing to help support and collaborate with Wisconsin's Early Innovator Grant.

Sincerely,

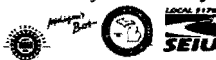
Janet Olszewski, Director
Michigan Department of
Community Health

Ismael Ahmed, Director
Michigan Department of
Human Services

Ken Ross, Commissioner
Office of Financial &
Insurance Regulation
Michigan Department of
Energy, Labor & Economic
Growth

CAPITOL VIEW BUILDING • 201 TOWNSEND STREET • LANSING, MICHIGAN 48913
www.michigan.gov • (517) 373-3740

Printed by members of:





STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Medicaid Purchasing Administration
626 8th Avenue, S.E. • P.O. Box 45502
Olympia, Washington 98504-5502

December 16, 2010

Secretary Kathleen Sebelius
Department of Health and Human Services
200 Independence Avenue SW
Washington, D.C. 20201

Dear Secretary Sebelius:

On behalf of Washington State, this letter expresses our interest and support of the Wisconsin Department of Health Services' application for the Early Innovator program for the development of a health insurance exchange.

Washington State is planning to establish a health insurance exchange and is very interested in and supportive of other states' efforts to develop technology solutions that will support streamlined medical eligibility and enrollment that works for people of all income levels. Washington State is beginning its information technology development with an infrastructure and architectural review that should be informed by Wisconsin's progress as an early innovator. Washington State will consider opportunities to leverage all or a portion of the components designed by Wisconsin in implementing our own health insurance exchange.

Washington State supports Wisconsin's commitment, readiness and plan for implementation of an exchange. Wisconsin is committed to implementing a Health Insurance Exchange that serves as a one-stop shop for individual and small employer health insurance needs. Wisconsin's experience in the past planning efforts of a small employer exchange demonstrates insight and innovative thinking towards this commitment. In addition to these planning activities, Wisconsin is prepared to develop the exchange due to the current state of existing systems and applications, and the experience and knowledge of existing staff resources.

The development of the Wisconsin Health Insurance Exchange will leverage existing systems and applications for eligibility and enrollment as well as financial administration and report. Wisconsin's vision is that the exchange be built upon a technical architecture that is standards based, flexible, and scalable. Wisconsin's proposed solution and technical architecture consists of a set of loosely coupled applications and services

Secretary Kathleen Sebelius
Department of Health and Human Services
December 16, 2010
Page 2

intended to provide a rich and easy to use experience for stakeholders. The exchange of data between these components relies on open standards across standard technology protocols. Standards based, highly available business services and data services, made available through a services gateway, provide a consistent and cost effective way to enhance and support the desired functionality of the exchange. The proposed technology architecture represents a services oriented architecture that improves flexibility, provides transferability to other states, and increases the ability for states to provide enhanced services through the health insurance exchange.

Sincerely,

Cathie Ott, Deputy Chief Information Officer
Washington Medicaid and Health Care Authority



Pat Quinn, Governor
Julie Hamos, Director

201 South Grand Avenue East
Springfield, Illinois 62763-0002

Telephone: (217) 782-1200
TTY: (800) 526-5812

December 22, 2010

Secretary Kathleen Sebelius
Department of Health and Human Services
200 Independence Ave., S.W.
Washington, D.C. 20201

Dear Secretary Sebelius:

On behalf of the Illinois Department of Healthcare and Family Services, the Medicaid agency for Illinois, we offer this letter of support for the Wisconsin Department of Health Services' application for the Early Innovator program for the development of a health insurance exchange.

Illinois is currently using a 30+ year-old system as the core of its eligibility determination system. This system was developed before widespread applications of relational data bases or the internet and is largely Cobol based. The system is operated by our sister agency, the Department of Human Services and is also used to determine eligibility for TANF, SNAP, and several other human service programs. The system demands an inordinate amount of manual intervention for many basic functions. In short, it is totally unsuited to serve as the primary platform for a major expansion of the Medicaid program, let alone as a basis for managing Exchange enrollment in private insurance plans.

Illinois anticipates working closely with one of the Early Innovator grant recipients. We do not believe that we can achieve the degree of functionality and integration necessary for a successful Exchange in the available time frame without partnering with a state or states that have already moved further in this direction than we have. We have been in conversation with Wisconsin over the last several months—even before the announcement of the Early Innovator Grants—and are favorably impressed with the substantial integration they have already achieved. We definitely consider this a promising direction. However, we are also talking with other states and may expand the number of states to whom we are talking. Without more technical information (and a better assessment of our own situation) we do not know who will be our best partner going forward and are reluctant to actually commit at this time. But Wisconsin is certainly a contender. Once we do commit to a partner, we will be extremely closely involved. We do not believe there is a successful trajectory for Illinois that does not involve partnership.

We know Wisconsin is committed to implementing a Health Insurance Exchange that will serve as a one-stop shop for individual and small employer health insurance needs. Wisconsin's experience in the past planning efforts of a small employer exchange demonstrates insight and innovative thinking towards this commitment. Their prototype also shows the advantages of their head start. Moreover, Wisconsin has a well developed system integrating enrollment and client case management for Medicaid, CHIP, other state health programs, SNAP, TANF, and other services, at least portions of which have already been imported to other states.

Kathleen Sebelius
December 22, 2010
Support for Wisconsin
Page 2

The development of the Wisconsin Health Insurance Exchange will leverage existing systems and applications for eligibility and enrollment as well as financial administration and report. Wisconsin's vision is that the exchange be built upon a technical architecture that is standards based, flexible, and scalable. Wisconsin's proposed solution and technical architecture consists of a set of loosely coupled applications and services intended to provide a rich and easy to use experience for stakeholders. The exchange of data between these components relies on open standards across standard technology protocols. Standards based, highly available business services and data services, made available through a services gateway, provide a consistent and cost effective way to enhance and support the desired functionality of the exchange. The proposed technology architecture represents a services oriented architecture that improves flexibility, provides transferability to other states, and increases the ability for states to provide enhanced services through the health insurance exchange. These are all aspects of the Wisconsin approach that appeal to us.

Illinois must borrow heavily from a state that is further down the road of integration around contemporary standards. If we eventually partner with Wisconsin, we will access all, or at least some, of the components of the Wisconsin system. Our ability to implement the ACA in a timely way is dependent on building on the shoulders of others. Accordingly, we are extremely supportive of their efforts.

Sincerely,

Mike Koetting
Deputy-Director for Planning and Reform Implementation

Copies:

Kate Gross, Assistant Director for Health Planning
Illinois Department of Insurance

Ivan Handler, CIO
Illinois Department of Healthcare and Family Services

Doug Kasamis, CIO
Illinois Department of Human Services

Greg Wass, CIO
State of Illinois



**DELAWARE HEALTH
AND SOCIAL SERVICES**

DIVISION OF
MEDICAID & MEDICAL ASSISTANCE

OFFICE OF THE DIRECTOR

December 22, 2010

Secretary Kathleen Sebelius
Department of Health and Human Services
200 Independence Ave., S.W.
Washington, D.C. 20201

Dear Secretary Sebelius:

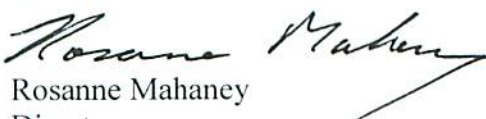
On behalf of the Delaware Division of Medicaid & Medical Assistance, we offer this letter of support for the Wisconsin Department of Health Services' application for the Early Innovator program for the development of a health insurance exchange.

Delaware supports Wisconsin's commitment, readiness and plan for implementation of an exchange.. Wisconsin's experience in the past planning efforts of a small employer exchange demonstrates insight and innovative thinking towards this commitment. In addition to these planning activities, Wisconsin is prepared to develop the exchange due to the current state of existing systems and applications, and the experience and knowledge of existing staff resources.

The development of the Wisconsin Health Insurance Exchange will leverage existing systems and applications for eligibility and enrollment as well as financial administration and report. Wisconsin's proposed solution and technical architecture consists of a set of loosely coupled applications and services intended to provide a rich and easy to use experience for stakeholders. The exchange of data between these components relies on open standards across standard technology protocols. The proposed technology architecture represents a services oriented architecture that improves flexibility, provides transferability to other states, and increases the ability for states to provide enhanced services through the health insurance exchange.

The ability to leverage all or a portion of the components designed by Wisconsin will greatly assist in our own health insurance exchange planning activities.

Sincerely,


Rosanne Mahaney
Director



MENOMINEE INDIAN TRIBE OF WISCONSIN

P.O. Box 910
Keshena, WI 54135-0910

December 9, 2010

Secretary Kathleen Sebelius
Department of Health and Human Services
200 Independence Ave., S.W.
Washington, D.C. 20201

Dear Secretary Sebelius:

Menominee Indian Tribe of Wisconsin writes to you today to respectfully support the Wisconsin Department of Health Services' application as an Early Innovator in the development of a health insurance exchange.

The Tribe has been an active partner with the Wisconsin Department of Health Services on looking at opportunities to collaborate in this area.

As you are aware, American Indians have historically had high un-insurance rates. While the majority of our tribal members are covered by tribal health services or IHS-provided services, several of our members may choose to purchase private insurance if it were affordable and provided broader access to services. We see the development of a Wisconsin-based health insurance exchange as a means to facilitate affordability for our community and expand access services. Both of these objectives have the potential to improve the overall health status of our tribal members.

The Department of Health Services has developed an excellent government-to-government relationship under the leadership of Secretary Timberlake and Governor Doyle. DHS meets with the Tribal Health Directors on a regular basis, has established a biannual Tribal Consultation Meeting and regularly communicates State initiatives through a consultative process. The Menominee Indian Tribe of Wisconsin looks forward to continued consultation with the State in developing an exchange that will be mutually beneficial for tribal members and the greater Wisconsin community.

Sincerely,

A handwritten signature in cursive script that reads "Laurie Boivin".

Laurie Boivin,
Tribal Chairwoman

WISCONSIN TRIBAL HEALTH DIRECTORS ASSOCIATION

Bad River Tribe * Forest County Potawatomi Tribe * Ho-Chunk Nation * Lac Courte Oreilles Tribe *
Lac du Flambeau Tribe * Menominee Nation * Oneida Nation * Red Cliff Tribe * Sokaogon Chippewa Tribe *
St. Croix Tribe * Stockbridge-Munsee Tribe

December 10, 2010

Secretary Kathleen Sebelius
Department of Health and Human Services
200 Independence Ave., S.W.
Washington, D.C. 20201

Dear Secretary Sebelius:

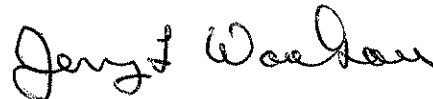
On behalf of the Wisconsin Tribal Health Director's Association we respectfully support the Wisconsin Department of Health Services' application as an Early Innovator in the development of a health insurance exchange.

The Health Directors have been engaged with the State on discussion in the development of a health exchange.

American Indians have historically had high un-insurance rates. While the majority of our tribal members are covered by tribal health services or IHS-provided services, several of our members may choose to purchase private insurance if it were affordable and provided broader access to services. We see the development of a Wisconsin-based health insurance exchange as a means to facilitate affordability for our community and expand access services. Both of these objectives have the potential to improve the overall health status of our tribal members.

The Department of Health Services has developed an excellent government-to-government relationship under the leadership of Secretary Timberlake and Governor Doyle. DHS meets with the Tribal Health Directors on a regular basis, has established a biannual Tribal Consultation Meeting and regularly communicates State initiatives through a consultative process. The Wisconsin Tribal Health Directors looks forward to continued consultation with the State in developing an exchange that will be mutually beneficial for tribal members and the greater Wisconsin community.

Sincerely,



Jerry L. Waukau,
Chairman - WTHDA



December 1, 2010

Secretary Kathleen Sebelius
Department of Health and Human Services
200 Independence Ave., S.W.
Washington, D.C. 20201

Dear Secretary Sebelius:

On behalf of the Wisconsin Primary Health Care Association (WPHCA), I am pleased to offer our support for the Wisconsin Department of Health Services' application for the Early Innovator program in order to further our development of a Wisconsin-specific health insurance purchasing exchange.

WPHCA is a private, non-profit member organization dedicated to advancing the efforts of Wisconsin's Community Health Centers (CHCs) in providing access to comprehensive, community oriented primary health care services to people who are left out of the health care system because of geographic, financial, linguistic or cultural barriers. Wisconsin's 17 CHCs served over 240,000 total patients in 2009. Nearly half of these patients are covered by Medicaid and an additional 30% are not insured. Furthermore, almost two-thirds of the patients that visit Wisconsin CHCs are under 200% of the federal poverty level.

Due to the characteristics of the patient-base that our members serve, WPHCA is pleased to support the Wisconsin Department of Health Services in their application for the exchange early innovator grant. The majority of the patients seen by our members will be eligible to receive assistance, either through Medicaid eligibility or a federal tax credit to purchase insurance, through the exchange starting in 2014 on the basis of their incomes. The provisions related to the exchange that are found within the health care reform legislation will help to ensure that health center patients will not be excluded from new insurance products. As these objectives clearly align with the goals of WPHCA and our member clinics, we support DHS in their application to develop a consumer-friendly exchange and welcome the opportunity to collaborate with the state and provide feedback as to how the exchange may best serve the communities with whom we work.

In addition, since WPHCA and many of our Health Centers are small businesses that will qualify to participate directly in the exchanges, we are eager to experience the cost benefits associated with broader community rating in providing health insurance to our own employees. The exchanges offer the opportunity for small businesses to compete much more effectively for top talent by making these benefits more affordable and congruent with bigger businesses.

We recognize that the Department of Health Services has positioned Wisconsin as a leader in streamlining online enrollment and believe that this experience situates Wisconsin extremely well as an Early Innovator. We thank you in advance for your thoughtful consideration of this application.

Sincerely,

Stephanie Harrison
Executive Director



Forest County Potawatomi Community

P.O. Box 340, Crandon, Wisconsin 54520

December 9, 2010

Secretary Kathleen Sebelius
Department of Health and Human Services
200 Independence Ave., S.W.
Washington, D.C. 20201

Dear Secretary Sebelius:

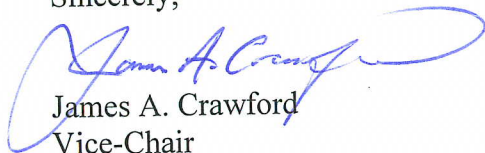
The Forest County Potawatomi Community writes to you today to respectfully support the Wisconsin Department of Health Services' application as an Early Innovator in the development of a health insurance exchange.

Forest County Potawatomi Community is both a provider and purchaser of health insurance. Given this unique vantage point we understand the importance of making health care affordable for all. We have worked closely with the Wisconsin Department of Health Services team on a variety of aspects of health care reform and feel that this agency is a leader in the country due to the progressive programs it has developed.

As you are aware, American Indians have historically had high un-insurance rates. While the majority of our tribal members are covered by tribal health services or IHS-provided services, several of our members may choose to purchase private insurance if it were affordable and provided broader access to services. We see the development of a Wisconsin-based health insurance exchange as a means to facilitate affordability for our community and expand access services. Both of these objectives have the potential to improve the overall health status of our tribal members.

The Department of Health Services has developed an excellent government-to-government relationship under the leadership of Secretary Timberlake and Governor Doyle. DHS meets with the Tribal Health Directors on a regular basis, has established a biannual Tribal Consultation Meeting and regularly communicates State initiatives through a consultative process. Forest County Potawatomi Community looks forward to continued consultation with the State in developing an exchange that will be mutually beneficial for tribal members and the greater Wisconsin community.

Sincerely,



James A. Crawford
Vice-Chair

Copy: Executive Council
Tribal Administrator
Linda Helmick
file



November 29th, 2010

Secretary Kathleen Sebelius
Department of Health and Human Services (DHHS)
200 Independence Ave., S.W.
Washington, D.C. 20201

Dear Secretary Sebelius:

Having twice served on the DHHS National Advisory Committee on Rural Health and Human Services, I appreciate the opportunity to again provide our input. The Rural Wisconsin Health Cooperative (RWHC) is owned and operated by thirty-five, rural acute, general medical-surgical hospitals; the Cooperative's emphasis on developing an integrated network among freestanding entities distinguishes it from alternative approaches. Incorporated in 1979, RWHC provides a wide range of programs and services to members and non-members alike, including: advocacy, education, professional roundtables, financial consulting, legal services, coding consultation, quality programs, workforce development, health information technology resources, and various clinical services.

The RWHC Mission is that we are a strong and innovative cooperative of diversified rural hospitals; it is the "rural advocate of choice" for its members as well as developing and managing a variety of programs and services. The Vision of RWHC is that rural Wisconsin communities will be the healthiest in America. We believe that rural hospitals can help make healthy lifestyles a trademark of their communities—improving health status, reducing avoidable health care utilization and helping to attract and retain jobs. We believe that hospitals, clinics, public health agencies and employers working together in rural communities can help employees, their families and their communities become healthier.

With this vision in mind, **RWHC supports the Wisconsin Department of Health Services in their application for the exchange early innovator grant. Studies show that rural residents (both individuals and families) are more likely to be uninsured or underinsured and more dependent upon individual and small group insurance. The creation of an exchange in Wisconsin will help to provide more opportunities for rural residents to purchase affordable insurance as well as ensure that providers within their communities are included in plans offered through the exchange.**

In addition, potential consumer-friendly tools that could be developed as a part of this grant, such as a provider database, could also be leveraged to gather information on the health care workforce in rural communities. This information could be further used in making health professional shortage area designations, which will further benefit rural communities.

RWHC has a long history of developing and maintaining partnerships, one of our longest standing being with DHS, with whom we have worked since we were founded in 1979.

Sincerely,

Tim Size
Executive Director

1000 North Oak Avenue
Marshfield, WI 54449-5777
(715) 387-5511
(800) 762-8581
Fax (715) 387-5240



December 16, 2010

Secretary Kathleen Sebelius
Department of Health and Human Services
200 Independence Ave., S.W.
Washington, D.C. 20201

Dear Secretary Sebelius:

On behalf of Board of Directors, physicians and staff of the Marshfield Clinic, I am pleased to offer this letter of support for the Wisconsin Department of Health Services' application for the Early Innovator Grant Application for the development of the Wisconsin Health Insurance Exchange.

Marshfield Clinic (the "Clinic") is a large private group medical practice in Wisconsin. It is one of only a few large independent not-for-profit, tax-exempt medical clinics in the United States. The Clinic is engaged in providing quality health care, health care education, and medical research. The Clinic owns a small critical access hospital and a small rural hospital and operates outpatient clinical, educational, and research facilities with its main clinical facilities and administrative offices located in Marshfield, Wisconsin. The Clinic currently employs more than 779 physicians and 6500 additional staff. The Clinic has 55 regional centers in addition to the Marshfield location and operates in 37 Wisconsin communities throughout Central, Western, and Northern Wisconsin, which is a predominantly rural area. Marshfield Clinic has developed and acquired sophisticated tools, technology, and other resources that complement and support the population health management mission and strategy of the Clinic. These include an electronic medical record, a data warehouse, an immunization registry, and an epidemiological database that enable enhanced definitions of disease states, diagnoses or conditions, and cost analysis of CPT level interventions. Marshfield Clinic's 56 regional centers are linked by common information systems. With this infrastructure, the Clinic is presently publicly reporting clinical outcomes, and providing physicians and staff quality improvement tools to analyze their clinical and business processes, eliminate waste and unnecessary redundancies, and improve consistency while simultaneously reducing unnecessary costs. Marshfield Clinic is unique in that it has developed its own electronic health records and ancillary reporting systems over the last thirty years. The system, called CattaillsMD, was the first internally-developed system to gain CCHIT certification.

Marshfield Clinic supports Wisconsin's innovative technical approach for implementation of the Health Insurance Exchange. Wisconsin is committed to implementing a Health Insurance Exchange that serves as a one-stop shop for individual and small employer health insurance needs. Wisconsin's experience in the past planning efforts of a small employer exchange demonstrates insight and innovative thinking towards this commitment. In addition to these planning activities, Wisconsin is prepared to develop the Health Insurance Exchange based on the current state of existing systems and applications.

We have high expectations for the leadership and guidance stemming from the Health Insurance Exchange "Early Innovator" grants to develop new technologies for the facilitation of consumer engagement in the health insurance marketplace. The state of Wisconsin has long been recognized as a national model of high quality and efficiency in the large group commercial market for health insurance. We believe that the application of innovative eligibility and enrollment technologies will substantially enhance market competition in the individual and small group insurance markets which will be managed by the Exchanges.

The vendor community in Wisconsin has demonstrated leadership in the development and implementation of the state's existing eligibility management systems. This grant will enable the Wisconsin vendor community to further develop and provide leadership on the technical architecture and standards that will be used to operate the Exchange. We believe that a phased-in implementation of the information technology infrastructure would allow Wisconsin to test elements of the exchange before full implementation, enhancing likelihood of success and minimizing disruptions for participants, health plans and providers.

We believe that innovative and robust information systems must be the backbone of effective markets. We look forward to the opportunity to work closely with the state in the successful development of the Exchange in Wisconsin.

Sincerely,

A handwritten signature in black ink that reads "Karl J. Ulrich, MD".

Karl J. Ulrich, MD, MMM
President/CEO



December 22, 2010

Secretary Kathleen Sebelius
Department of Health and Human Services
200 Independence Ave., S.W.
Washington, D.C. 20201

Dear Secretary Sebelius:

ThedaCare is pleased to offer this letter of support for the Wisconsin Department of Health Services' application for the Early Innovator Grant Application for the development of the Wisconsin Health Insurance Exchange.

As one of the "100 Most Wired" hospitals and health systems in the nation for the eighth consecutive year, according to *Hospitals & Health Networks* annual survey, ThedaCare has a strong appreciation and understanding for the need for robust information technology that allows consumers to make informed health care decisions—including insurance decisions. ThedaCare was an early pioneer in implementing electronic health records, an effort we began in 1999. A decade later, nearly 1 million of our patients benefit from our digital system, which gives their health care providers instant access to their medical information, regardless of location.

We also understand the value of providing consumer access to comparative information about health care insurance. For many years we offered our own health plan, TouchPoint, which was rated number one in the country for overall quality by the NCQA in two consecutive years. Giving consumers easy, reliable access to information that allows them to select insurance coverage that provides quality care and meets their small business, individual and family needs is an important innovation for our industry.

ThedaCare supports Wisconsin's innovative approach for implementation of the Health Insurance Exchange. Wisconsin is committed to implementing a Health Insurance Exchange that serves as a one-stop shop for individual and small employer health insurance needs. Wisconsin's experience in the past planning efforts of a small employer exchange demonstrates insight and innovative thinking towards this commitment. In addition to these planning activities, Wisconsin is prepared to develop the Health Insurance Exchange based on the current state of existing systems and applications.

ThedaCare has made a significant investment and long-term commitment to leverage the best technology to better serve our patients, and we have supported state initiatives that improve the quality of health care while containing costs. The Health Insurance Exchange is another good step in that direction. We support Wisconsin's application for an Early Innovator Grant to develop the Wisconsin Health Insurance Exchange.

Sincerely,

Dean Gruner, M.D.
CEO

Gundersen LutheranSM

December 17, 2010

The Honorable Kathleen Sebelius
Secretary
United States Department of Health and Human Services
200 Independence Ave., S.W.
Washington, D.C. 20201

Dear Secretary Sebelius:

The purpose of this letter is to support the Wisconsin Department of Health Services' application for the Early Innovator Grant application, which would be used to develop new and enhance the current state information technology infrastructure.

Gundersen Lutheran is an integrated, multi-specialty health system headquartered in La Crosse, Wisconsin. The system's service territory encompasses rural, and often times medically underserved areas, along the Mississippi River in Wisconsin, Minnesota and Iowa. We are the largest employer in the region and have continuously been committed to providing low cost and high value healthcare to the patients in the region.

As Wisconsin investigates the most appropriate model for developing and implementing a statewide health insurance exchange, it will be important to ensure there is a useful information technology backbone. We understand by taking part in this grant that it does not dictate the type of health insurance exchange the state will adopt. Instead, this grant will put in place the necessary infrastructure to ensure whichever type of exchange the state develops will be at the cutting edge.

Thank you for taking the time to consider this request. Please do not hesitate to contact me should you have any questions, comments or concerns. We would also welcome you back to Gundersen Lutheran to see the innovation we continue to embark upon.

Sincerely,



Michael Richards
Executive Director Government Relations & External Affairs