

Closeout Reports

ND Veteran's Home Electronic Health/Medical Records

... upgrade its medical records program to a new electronic health records (EHR) program. The EHR system includes point of care, electronic medication, electronic treatments, minimum data set process, care planning, assessments, charting, reports, physician orders, electronic lab requests / results, resident census, accounts receivable, trust accounts and electronic insurance claims. ... would comply with federal electronic health records requirements, state health information exchange and auditor's requirements.

- All business objectives met
- Finished 8.9% under budget, with an actual cost \$330,295
- Finished 280% behind schedule

<https://www.nd.gov/itd/sites/itd/files/2016-April-NDVHEMR-Closeout-Report-Regular.pdf>

Closeout Report

Dept. of Health, WIC Management Information System

The North Dakota and Iowa Women, Infants and Children (WIC) Programs ... upgrade their jointly developed management information systems. The streamlined upgrade will better position the states for Electronic Benefits Transfer (EBT) and for a long term MIS solution ...

- All business objectives met
- Finished 5.9% under budget, with an actual cost of \$424,070
- Finished 10.7% behind schedule

[https://www.nd.gov/itd/sites/itd/files/legacy/services/pm/2016-06-21-LITC-DoH WIC MIS Upgrade Closeout Report.docx](https://www.nd.gov/itd/sites/itd/files/legacy/services/pm/2016-06-21-LITC-DoH%20WIC%20MIS%20Upgrade%20Closeout%20Report.docx)

Closeout Report

Dept. of Human Services, Medicaid Mgmt. Info. System

To procure and implement a certifiable Medicaid Management Information System (MMIS), a Pharmacy Point-of-Sale (POS) system, and a Decision Support System / Data Warehouse (DSS/DW) ... that meet the objectives of the Medicaid Information Technology Architecture (MITA) ... and be compliant with all applicable Federal mandates.

- All business objectives met
- Against original baseline:
 - Finished 187% over budget, with an actual cost of \$102,326,059
 - Finished 487 % behind schedule
- Against final baseline:
 - Finished 3.5% under budget, with an actual cost of \$102,326,059
 - Finished 4.5 % behind schedule

<https://www.nd.gov/itd/sites/itd/files/legacy/services/pm/2016-06-21-LITC-MMIS%20Closeout-Report.docx>

PROJECT CLOSEOUT REPORT

Submitted to Large Project Oversight on April 19,2016

GENERAL INFORMATION

Program/Project Name: NDVH – Electronic Medical Records

Agency Name: NDVH

Project Sponsor: Mark Johnson

Project Manager: Kari Nishek

PROJECT BASELINES

Original/ Final	Baseline Start Date	Baseline End Date	Baseline Budget	Actual Finish Date	Schedule Variance	Actual Cost	Cost Variance
Originally Baselined Information	8/1/13	4/14/14	\$427,101.00	3/17/16	280% Behind	\$330,295.36	8.9% Under
Final Baseline Information	8/1/13	4/14/14	\$427,101.00	3/17/16	280% Behind	\$330,295.36	8.9% Under

MAJOR SCOPE CHANGES

None.

PROJECT OBJECTIVES

Business Objective	Measurement Description	Met/ Not Met	Measurement Outcome
1.1 MDS Submission	1.1.1 Federal and State accepted NDVH MDS submissions	Met	NDVH can submit acceptable MDS submissions to Federal and State agency.
2.2 The new EHR system should comply with Federal and State requirements	2.1.1 Upon first production use, the new EHR system meets HIPAA, HITECT and HIE standards	Met	The EHR System meets the HIPAA, HITECT and HIE standards required for NDVH.
2.2.1 The new EHR system will be a federal Certified system	2.2.1 Upon first production use, the new EHR certified by Certification Commission for Health Information Technology (CCHIT) and meaning full use by Office National Coordinator for Health Information Technology (ONC) for Long Term and Post Acute care (LTPAC).	Met	The EHR system is a certified system for the CCHIT and ONC and LTPAC.
3.1 The accounting module must meet State Auditor's requirements	3.1.1 Upon first production use, the accounting module must provide audit trails and sequential transaction numbers for all accounting transactions.	Met	The Accounting module produces an audit report which provides an audit trail of sequential accounting transactions by number.

PROJECT CLOSEOUT REPORT

Submitted to Large Project Oversight on April 19,2016

POST-IMPLEMENTATION REPORT

Post-Implementation Reports are performed after a project is completed. A “PIR” is a process that utilizes surveys and meetings to determine what happened in the project and identifies actions for improvement going forward. Typical PIR findings include, “What did we do well?” “What did we learn?” “What should we do differently next time?” Notable findings are presented in this closeout report.

Lesson learned, success story, ideas for future projects, etc.
Lessons learned from this project were Healthmedx committed to providing the audit report needed by NDVH to meet the State requirements which was documented in the Request for Proposal and the deliverables. Healthmedx stated that they could provide this report but in reality, the report did not exist and it took over a year to provide. Looking back, the contract could have been more detailed in order to hold them accountable.
Another lesson learned is that NDVH was not aware of how much time it would take working in the Vision program in regards to tickets logged, upgrades, set up, etc. It is requiring an additional employee.

PROJECT CLOSEOUT REPORT

Submitted to Large Project Oversight on 03/17/2016

GENERAL INFORMATION

Program/Project Name: Management Information System (MIS) Upgrade

Agency Name: Department of Health (DoH) - Women Infant and Children (WIC)

Project Sponsor: Kristi Miller

Project Manager: Brandi Fagerland

PROJECT BASELINES

Original/ Final	Baseline Start Date	Baseline End Date	Baseline Budget	Actual Finish Date	Schedule Variance	Actual Cost	Cost Variance
Originally Baselined Information	02/23/2015	01/14/2016	\$450,675.00	02/19/2016	10.7% Behind	\$424,070.76	5.9% Under
Final Baseline Information	02/23/2015	01/14/2016	\$450,675.00	02/19/2016	10.7% Behind	\$424,070.76	5.9% Under

Notes:

MAJOR SCOPE CHANGES

There were no major scope changes in the post-planning phases.

PROJECT OBJECTIVES

Business Objective	Measurement Description	Met/ Not Met	Measurement Outcome
<p><u>Business Need/Problem 1:</u> USDA/FNS has mandated the implementation of EBT as the delivery method of food benefits for WIC by October 1, 2020. Before North Dakota WIC can move to EBT, the MIS needs to be upgraded or modified.</p> <p><u>Objective 1.1:</u> North Dakota WIC will release an RFP to hire an Upgrade and Implementation Contractor to upgrade to the MPSC system</p>	<p><u>Measurement 1.1.1:</u> The proposals will be evaluated to select an Upgrade and Implementation Contractor.</p> <p><u>Measurement 1.1.2:</u> North Dakota WIC will negotiate and sign a contract with the selected contractor to start the project.</p>	Met	<p><u>Result 1.1.1:</u> On April 15, 2014, an RFP was released. Two proposals were received by the May 19, 2014 RFP deadline. The proposals were evaluated and the notice of intent to award was issued to Ciber, Inc.</p> <p><u>Result 1.1.2:</u> A contract was signed with Ciber, Inc. on December 23, 2014.</p>

PROJECT CLOSEOUT REPORT

Submitted to Large Project Oversight on 03/17/2016

<p><u>Business Need/Problem 1:</u> USDA/FNS has mandated the implementation of EBT as the delivery method of food benefits for WIC by October 1, 2020. Before North Dakota WIC can move to EBT, the MIS needs to be upgraded or modified.</p> <p><u>Objective 1.2:</u> The selected Contractor will upgrade and implement the MPSC system for North Dakota WIC</p>	<p><u>Measurement 1.2.1:</u> During UAT, the selected Contractor will deliver a data element mapping document to North Dakota WIC to confirm that the data conversion process is completed and the data is verified for quality.</p> <p><u>Measurement 1.2.2:</u> UAT training and testing is scheduled and completed and there are no remaining critical issues open.</p> <p><u>Measurement 1.2.3:</u> The contractor will provide the state and local staff with training on the use and navigation of the MPSC system. After training, attendees will be given homework scenarios to complete upon return to their offices. The state office will check in with agencies on their completion of the homework scenarios and will identify further needs for training.</p> <p><u>Measurement 1.2.4:</u> The contractor will assist ITD in installing the system on North Dakota's environment and the system will be rolled out statewide.</p>	<p>Met</p>	<p><u>Result 1.2.1:</u> Deliverable 4A – Data Conversion – Plan and Data Map Deliverable was approved on April 6, 2015. Deliverable 4B – Data Conversion – Construction and System Testing was approved on July 23, 2015.</p> <p><u>Result 1.2.2:</u> Deliverable 5B – User Acceptance Test – Training was approved on July 2, 2015. Deliverable 5C – User Acceptance Test – Initial 6 weeks was approved on September 3, 2015. Deliverable 5D – User Acceptance Test – Regression Test was approved on October 8 with no remaining critical issues open.</p> <p><u>Result 1.2.3:</u> Deliverable 6B – Statewide Training was approved on November 24, 2015.</p> <p><u>Result 1.2.4:</u> Deliverable 9 – Statewide Rollout was approved on October 27, 2015.</p>
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<p><u>Business Need/Problem 2:</u> North Dakota WIC needs an upgraded MIS system. The current MIS is 7 years old and may be reaching end of life in the next few years. The platform of the system may eventually not be supported any further causing the system to be unusable or having to update to newer platforms.</p> <p><u>Objective 2.1:</u> Upgrade the North Dakota WIC system to the MPSC system</p>	<p><u>Measurement 2.1.1:</u> On the scheduled go-live weekend, the old system is shut down and the new system is brought up and determined to be working properly.</p> <p><u>Measurement 2.1.2:</u> It is anticipated that the WICnet help desk calls will be reduced by half upon implementation of the MPSC system. On average, currently the help desk gets fifty to seventy-five help desk calls per month. 3 months after implementation of the new system, help desk staff will be surveyed to determine if the number of help desk calls has reduced by half.</p>	<p>Met</p>	<p><u>Result 2.1.1: Deliverable 9 – Statewide Rollout</u> was approved on October 27, 2015 on schedule as planned. The old system was turned off to external users at that time.</p> <p><u>Result 2.1.2:</u> The first couple of months the help desk volume was high, as expected, receiving more than 100-150 calls/emails a month. Now, after 3 months of being live, those calls/emails have drastically reduced to a more manageable level.</p>
<p><u>Business Need/Problem 3:</u> Costs for a maintenance and operations contractor for their MIS system must be affordable for North Dakota WIC. Paying a maintenance and operations contractor takes up a considerable amount of the North Dakota WIC Nutrition Services and Administration budget. North Dakota WIC is required to go out for bid every 5 years for this contract, and had to re-release an RFP because all the proposals came back unaffordable. After re-releasing the RFP, North Dakota WIC was able to secure a maintenance and operations contractor that was affordable but the contract expires in 2017.</p> <p><u>Objective 3.1:</u> Join the MPSC Users Group</p>	<p><u>Measurement 3.1.1:</u> North Dakota WIC will apply to become part of the Users Group and sign the charter.</p>	<p>Met</p>	<p><u>Result 3.1.1:</u> North Dakota WIC became a part of the MPSC Users Group by signing the charter on January 9, 2014.</p>

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<p><u>Business Need/Problem 4:</u> North Dakota WIC would like to move to a completely paperless environment. North Dakota WIC was hoping to be completely paperless when WICnet was implemented in 2006, however, there are still some forms, including check registers that staff need to keep on file.</p> <p><u>Objective 4.1:</u> By upgrading to MPSC, North Dakota WIC will eliminate all paper forms</p>	<p><u>Measurement 4.1.1:</u> Scanners will be purchased for each local agency to scan medical forms, court documents, etc. and 100% of local agencies will be using the scanners after system implementation.</p> <p><u>Measurement 4.1.2:</u> Electronic signature pads will be purchased by each local agency to allow the participants to sign for their checks, and sign all other needed forms and 100% of local agencies will be using the pads after system implementation.</p>	<p>Met</p>	<p><u>Result 4.1.1:</u> Scanners were purchased prior to system rollout and with the rollout of the MPSC system, 100% of local agencies are now paperless.</p> <p><u>Result 4.1.2:</u> Electronic signature pads were purchased prior to system rollout and with the rollout of the MPSC system, 100% of local agencies are now using the signature pads.</p>
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POST-IMPLEMENTATION REPORT

Post-Implementation Reports are performed after a project is completed. A “PIR” is a process that utilizes surveys and meetings to determine what happened in the project and identifies actions for improvement going forward. Typical PIR findings include, “What did we do well?” “What did we learn?” “What should we do differently next time?” Notable findings are presented in this closeout report.

<p>Lesson learned, success story, ideas for future projects, etc.</p> <ul style="list-style-type: none"> • Total project length should have been extended 2-3 months • Mini pilot should have been included (not necessarily a full fledge pilot, but at least 1-2 weeks, which would have led us to discover some of the data conversion issues that did not come out through UAT) • UAT should have had 3 rounds instead of 2. There just wasn’t enough time to close up some of the issues from Round 2 as they had to be sent back several times. • An extra month for policy and procedure work would have been helpful as the time between end of UAT, statewide training, and rollout didn’t allow for enough time to get staff prepared for the policy and procedures changes. • The WIC Director feels she should have figured out a way to provide more support for Kristi- she took on too much. She did a masterful job but with too much time and stress for one person. • From my perspective the lessons learned were that you cannot assume that just because something is "similar" that it will equate to "faster". I think that was an assumption that was made that definitely did not hold true. • The warranty should probably be for longer than 60 days. Based on issuance cycles, it may be better to have a 90 or 120 day warranty. • Having a vendor who has created the product being upgraded and has implemented the product multiple times is very beneficial. • Having two very knowledgeable resources in Carol and Kristi dedicated and committed to configuring the system to meeting ND's needs was very important to the success of the project. • Conducting joint project status meetings and separate state implementation meetings was a good use of everyone's time
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PROJECT CLOSEOUT REPORT

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- We discovered late in the game that reports were not working for all local agency users. We were aware that Ciber staff were unable to access reports, but this was never looked into as they did not really need access to reports. In hindsight, if we would have pressed more into why they did not have access, it would have most likely uncovered the issue that we are now dealing with, with some agencies unable to access reports.
- The use of an implementation checklist made the success of the implementation possible.
- There is an added feature of breastfeeding peer counselors, so that chart notes can be directly entered into LegeNDS by BFPC's instead of captured on paper, and then entered by WIC staff. Participants that are assigned to a peer counselor can also be tracked.
- Signatures are captured electronically, so there is less paper to keep track of. Documents can be scanned and saved to LegeNDS and attached to a family.
- Security is more granular so roles can be created to give staff more access to part of the system.
- Implementing LegeNDS has positioned us to be able to better accommodate the move to electronic benefit transfer by the required federal deadline of 2020.
- I have been pleased to see that the formula rebate and the food dollars which had to be manually manipulated in WICnet are capable of being automated in LegeNDS.
- From an outsiders' point of view, the big bang implementation of a new system was a success story in itself. The WIC staff and the technical staff were patient with each other and worked well together. You can see that there is a lot of pride for both sides and they really want to achieve success. Having competent technical staff was such a blessing too. On cutover day, the North Dakota technical staff were well prepared. They worked through a couple of conversion issues with Ciber staff and were willing to re-do tasks as needed. They knew and understood how important it was to have everything up and going within the same day. The technical staff were viewing logs and checking things without being asked. All of this led to a successful implementation day.
- We knew during planning that we were aggressive with the amount of time allocated to the ND implementation. Having a dedicated project team that was committed to the timelines and to the success of the implementation made the project a great success.
- By implementing LegeNDS and being part of the User's Group, there is a benefit of asking other states when questions arise and being able to share common resources, etc. It is beneficial to have another set of resources to draw upon when problems or questions come up.
- I would like to say just how much I enjoy working with the State of ND WIC program. They have always made me feel a part of the state team as opposed to the contractor. I am proud of what we have accomplished and thankful for the opportunity to work once again with the staff.
- I worked as a state partner with the North Dakota WIC staff prior to 2006. I haven't worked with them much in the last 10 years, but it was wonderful jumping in beside them near their implementation date. North Dakota WIC is in good hands with this group of staff.

PROJECT CLOSEOUT REPORT

Submitted to Large Project Oversight on 3/3/2016

GENERAL INFORMATION

Program/Project Name: MMIS Project

Agency Name: Department of Human Services

Project Sponsor: Jenny Witham and Maggie Anderson

Project Manager: Linda Praus

PROJECT BASELINES

Original/ Final	Baseline Start Date	Baseline End Date	Baseline Budget	Actual Finish Date	Schedule Variance	Actual Cost	Cost Variance
Originally Baselined Information	6/2006	4/2008	60,202,453	10/2015	487%	*102,326,059	187%
Final Baseline Information	6/2006	10/2015	113,062,140	10/2015	4.5%	*102,326,059	3.5%

Notes: The following are the revised go-live dates throughout the project timeline

April 2008

July 2009

May 2010

April 2011

June 2012

October 2013

September 2014

June 2015

October 2015

* There are still 5 outstanding payment sequences to be billed from Xerox which will

MAJOR SCOPE CHANGES

5010, ICD-10, UAT, Parallel Testing, Affordable Care Act, Pre-Production Support

PROJECT OBJECTIVES

Business Objective	Measurement Description	Met/ Not Met	Measurement Outcome
90% federal funding for planning activities.	Approval of initial Advanced Planning document by CMS.	Met	CMS approved
New business model for processing claims.	Approval by CMS	Met	CMS approved
Development of Cost/Benefit report for all alternatives to replacing the current MMIS.	Approval by CMS of the Detailed Implementation report. Approval by DHS Executive Office of Business Case, Detailed	Met	CMS and DHS Executive Office approved

PROJECT CLOSEOUT REPORT

Submitted to Large Project Oversight on 3/3/2016

	Implementation report and budget.		
State Legislature grants approval to proceed with procurement and implementation.	Adequate appropriation of funds by State Legislature.	Met	State Legislature grants approval to proceed.
90% federal funding for procurement and implementation activities.	Approval of the Advanced Planning document by CMS.	Met	CMS approved
Involvement from the payer and provider communities	Status updates to Payers/Providers identified in project plan. Establishment of Payer/Provider group. Payer/Provider opportunities to provide input	Met	A Medicaid Medical Advisory committee was established and periodic meetings were held with the provider groups
Selection of a solution	Approval by CMS.	Met	CMS approved

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Lesson learned, success story, ideas for future projects, etc.
Lessons Learned
The system should have been developed prior to detail system design. This made it difficult to fully understand how the entire system worked.
The schedule didn't seem realistic and timeframes for design, conversion, testing were under estimated.
Operational readiness and procedures need to be done earlier in the project.
It is critical to have an overall SME from the vendor through all phases of the project and involved in all functional areas.
Use issue and problem analysis techniques to find root causes.
In a project this size, iterations/agile should have been used. This would have allowed the planning of a certain timeframe versus trying to plan several years as well as having something to show the team after each iteration.
Project managers have to have a direct line to decision makers. There were too many levels to go through to just get a decision and then have that decision changed several more times.
Too much was expected from functional approvers. Having to do their regular jobs and also the project work was difficult. Some approvers were working 60 + hours a week for several years.
Using the silo affect to gather requirements did not work. We need to understand how one area may affect another area; example member and TPL. All the functional areas need to come together to review the requirements from a whole system.
You can never do too much provider outreach and training.
Delaying acknowledging issues with go live dates caused project to lose credibility within the team.
Project started too early - Enterprise Product did not have a solid foundation for the project to begin.
Solid joint PMO throughout the project lifecycle is key. PMO processes became less structured later in the project.
Scope increased because of continual implementation delays. If the project had been done in iterations the original scope could have been completed and then planning for the additional scope would be picked up in the following iterations.
Take the time to revisit the requirements on a project this long.

PROJECT CLOSEOUT REPORT

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If there are too many changes, assume the requirements are not well-defined and halt the project or revisit the requirements.
Poor code causing additional infrastructure.
Too many modifications to the core product. Needed a better understanding of how the product differed from ND business process. Doing business process modeling may have improved this.
Back-fill staff so that key people could be on the project full-time.
Remove any arbitrary date expectations when scheduling and be realistic about the amount of time that staff can work on any given activity.
Set defect expectations up front and allow plenty of risk time in the schedule for testing on a system of this size.
Testing needed to be more detailed to look at what the product was producing against what the ND business process was expecting. A better agreement between the state and the vendor on what "good" means.
We managed the project by issue instead of by risk. Rather than trying to anticipate and plan for risks, we let them occur before worrying about them.
Success Stories
Individual staff from ITD and DHS worked above and beyond the call of duty and it was their efforts that made the delivery possible.
The vendor and the state pulled together for a successful implementation.
We did not accept a 60% solution that would not meet our needs. We knew what had to work to go live and waited until we had what we needed. We maintained our standards and did not accept an inferior or non-working product.
The final planning for the various implementations was very detailed and very important to the success of the project. Persistence, wrapping up with clear definition on road to implementation.
The people were usually very knowledgeable and willing to work together to get the requirements right.
The project was a success at go live. Providers are being paid.