Project Closeout Report

Presented to the IT Committee August 16, 2011

Project Name: Minimum Data Set

Agency: Department of Human Services (DHS)

Business Unit/Program Area: Human Resources/Department-wide

Project Sponsor: Cathy Forsch

Project Manager: Mark Kennedy(DHS)/Beverly Maitland (ITD)

Objectives								
	Measurements							
Project Objectives	Met/ Not Met	Description						
Receive & validate MDS 3.0 forms from nursing homes beginning October 1, 2010.	Met	Measurement: MDS forms are received from nursing home facilities in a daily batch through the Web File Transfer system where they are posted to an Oracle database.						
		Measurement: The daily MDS batch processes will pick up the records in Oracle and validate the fields against MDS 3.0 requirements.						
		Measurement: Forms that pass are stored in the DHS system in the proper format.						
		Measurement: Forms that are returned have noted which data did not pass validation and notice is given to the submitter's message queue within 24 hrs of submission						
Process the MDS records post validation in order to update the resident's classification.	Met	Measurement: Classifications are updated for RUG III & RUG IV correctly. This will be monitored by the DHS staff on a monthly basis for the first 6 months.						
**************************************		Measurement: Summary records are being added to and notices are being sent to the facility correctly. This will be monitored by the DHS staff on a monthly basis for the first 6 months.						
		Measurement: This process is working beginning Oct 1, 2010.						
Online system allows DHS staff to modify any information in an assessment or classification summary.	Met	Measurement: DHS staff with correct security access can access system and update any of the 1200+ data fields on an assessment & all data must pass validation.						
		Measurement: When a DHS staff modifies any of the fields in an assessment record that the classification algorithm uses, the classification is re-calculated after all field modifications for that record are made.						
The system transfers to the Nursing Home classification tables to the MMIS system and the MMIS system calculates correct payment.	Met	Claims payments are being paid correctly based on correct rates being calculated from resident's classification. All claims will be submitted in the test environment and payment classification changes and amounts will be confirmed.						
Current reports and submissions are duplicated in the new system.	Met	All reports and submissions are available by go-live.						

Schedule Objectives								
Met/ Not Met	Original Baseline Schedule (in Months)	Final Baseline Schedule (in Months)	Actual Schedule (in Months)	Variance to Original Baseline	Variance to Final Baseline			
Met	11 months	16 months	16 months	45%	-0.6%			

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Budget Objectives									
Met/ Not Met	Original Baseline Budget	Final Baseline Budget	Actual Costs	Variance to Original Baseline	Variance to Final Baseline				
Met	\$836,626	\$857,452	\$649,348	22%	24.2%				

Major Scope Changes

- Scope Increase on Conversion of MDS 2.0 into MDS 3.0: DHS requested Classification and summary
 information for residents contained in the MDS 2.0 Natural system will be converted into the MDS 3.0.
- Increase complexity for maintain classification: A confirmation page was added with this change in scope for
 the 'add' and 'update' processes along with the ability to manually select whether to send a notice. The resort
 process was added to the classification maintenance process which increased in complexity. DHS requested that
 manually added or updated classification spans become non-modifiable by automated processes.
- Add fields to Assessment Summary Table: After detail design was completed, it was determined that the
 Assessment Summary Table needed to be modified to hold several dates rather than one date. The multiple key
 dates on an assessment should be part of the summary information captures and displayed to the user. DHS
 identified a need for these new notices.
- Retaining MDS 2.0: CMS originally informed the States that after 10/01/2010, all MDS assessments should be sent using the 3.0 XML format. After reviewing recent CMS responses to State questions regarding updates to MDS 2.0 assessments and after the 10/01/2010 go live date, it was discovered that the States will need to retain the MDS 2.0 system and pass MDS 2.0 updates to the new MDS 3.0 system after 10/01/2010.
- Scope increase-new therapy notice and legacy edit: A new requirement was identified a new notice for 'Notice of Appealed Start of Therapy'. This required a modification to the design for legacy validation program to reject submitted assessments with dates after 9/30/2010.
- Effort to split program to Phase 1 and Phase 2 It was necessary to split the project into two phases due to increase in scope and additional requirements identified. Phase 1 was required to meet the CMS date of 10/1/2010 for critical functionality.
- New NPI requirement For the ND specific edits: -5010, -5015, and -5020 NPI was used to search for
 previously stored assessments. For the situation where 2 providers share the same NPI, this scenario will not work
 since the previous records will have been stored with Medicaid Number in the NPI field. The existence of providers
 with this configuration of IDs requires changes to several MDS 3.0 tables, changes to some design specs,
 including the legacy programs, recoding and retesting.

Lessons Learned

- For Phase 1 Implementation, ITD did not get the actual data from the providers.
 - XML files were received from implementation.
 - Format from provider didn't match what we were receiving.
 - We had requested test data in June 2010. Lesson learned is that ITD should have set a cutoff date to receive the data and if not received System Testing should have been pushed back on the schedule.
 - Result of not doing this was the application was not ready due to insufficient test files being received from a provider.
 - Some of our code did not handle exception testing for invalid XML files. This was due to not
 understanding what the format of the XML files were going to be.
 - After Phase 1 implementation, application was rejecting incorrect XML files from providers.

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- Each of the providers didn't follow the same structure.
- Lesson Learn: Have accurate test file before proceeding with System Testing.
- We should have pushed more functionality into Phase 2 to give us more float in the schedule to handle risk and issues found in testing Phase 1.
- We should have done more controlled change management.
- Lessons learned on push from Test to Phase 1 Implementation
 - Request to set up the environment in Production did not happen until 10/1. This should be done 1-2 weeks before implementation to do sufficient testing.
 - We do not wait for sign off on Acceptance Test to start Production set up.
 - We need a better method to capture what needs to be done in Production.
 - Implementation Plan add dates. Architecture team should review this plan in the future before implementation. Architecture group need to be treated as team members on the project. Same thought with DBAs. Project managers should be pulling Architecture, Hardware, DBA, etc. into our meetings approx. 6 weeks before implementation.
 - We should have been working on the Implementation Plan all through Development Phase. This would help identify pre-setup tasks ahead of time.
- Customer should take a more active role in notifying ITD when changes were released by CMS.
- Staffing model should we have a lead developer who will be dedicated to the project throughout the project.
 Developers should be brought into the project in a phase earlier than the development phase to help them understand the business side of the project.
- We should have dedicated more time having Business Analyst's work with Developers to explain the specs and business process as well as do a better job of handing off the phase to the customer
- DHS lost a staff member who has not been replaced. This did have an impact in time need to complete
 Acceptance testing.

Success Stories

- The Issue 10 and Phase 2 implementations were successfully installed in production without any of the problems encountered in Phase 1 implementation. Lessons learned from Phase 1 proved to be very helpful
- · Project was completed under budget and on time.
- The ITD and DHS team work well together with good/open communication between all team members.
- Design template The team developed a design specification template that enable a better transition of
 information from the design phase to the development phase. Design specifications help to assure the quality of
 information based on the customer requirements. Using a template also assured the consistency of
 documentation provided to the customer.
- Test case template A test case template was used throughout the project to develop System Test Cases. The
 test team was able to reuse the test cases for both Phase 1 and Phase 2 of the project. The test cases provided
 a test suite for baseline testing to be used for subsequent test / product release cycles between the phases.
 Reuse of the test cases from phase 1 was a cost-benefit to the project due to a shorter development cycle for test
 cases in phase 2.
- Traceability Matrix A Verification Matrix was used to track requirements through analysis, design and test. This
 matrix helped to ensure that all requirements were tested before deploying to production.