Form No. DTMB-3521 (Rev. 4/2012)
AUTHORITY: Act 431 of 1984
COMPLETION: Required
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STATE OF MICHIGAN
DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET
PROCUREMENT
P.O. BOX 30026, LANSING, MI 48909
OR
530 W. ALLEGAN, LANSING, MI 48933

CHANGE NOTICE NO. 15
to
CONTRACT NO. 071B6200168
between
THE STATE OF MICHIGAN
and

NAME & ADDRESS OF CONTRACTOR:	PRIMARY CONTACT	EMAIL
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BUYER:	DTMB	Steve Motz	(517) 241-3215	motzs@michigan.gov

CONTRACT SUMMARY:			
DESCRIPTION: **Medicaid Services Administration**			
INITIAL EFFECTIVE DATE	INITIAL EXPIRATION DATE	INITIAL OPTIONS INCLUDED	CURRENT EXPIRATION DATE
March 14, 2006	September 30, 2011	Two One-Year	September 30, 2013
PAYMENT TERMS	F.O.B	SHIPPED	SHIPPED FROM
N/A	N/A	N/A	N/A
ALTERNATE PAYMENT OPTIONS:			AVAILABLE TO MIDEAL PARTICIPANTS
☐ P-card	☐ Direct Voucher (DV)	☐ Other	☐ YES ☒ NO
MINIMUM DELIVERY REQUIREMENTS:			
N/A			

DESCRIPTION OF CHANGE NOTICE:		
OPTION EXERCISED: ☒ NO ☐ YES	EFFECTIVE DATE OF CHANGE: April 19, 2013	EXPIRATION DATE REMAINS: September 30, 2013

The following Community Health Administrative Management Payment System (CHAMPS) initiatives have been approved by the Michigan Department of Community Health and their Statements of Work are attached to this Change Notice and incorporated into this contract: 1) Early Provider Enrollment, 2) Electronic Medicaid Incentive Payment Program (eMIPP), 3) Service Implementation Assessment (SIA), 4) Claims Attachment and Medicaid Compliance (ACA) 5) Documentation Management Portal Implementation.

All other terms, conditions, pricing and specifications remain unchanged.

VALUE/COST OF CHANGE NOTICE:	$0.00
ESTIMATED AGGREGATE CONTRACT VALUE:	$227,154,724.00

Illinois Early Provider Enrollment
Statement of Work

Delivered To:

State of Michigan
Department of Community Health
400 South Pine Street
Lansing, Michigan 48909

Prepared For:
State of Illinois
Department of Healthcare and Family Services
2200 Churchill Road
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Prepared By:

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April 9, 2013

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Section 1: Introduction

The Michigan Department of Community Health (MDCH) is a recognized leader in advancing technology to support the business of Medicaid. Recent examples of MDCH's leadership include the implementation of the Community Health Automated Medicaid Processing System (CHAMPS), a state-of-the-art Medicaid management information system (MMIS) certified by the Centers for Medicare & Medicaid Services (CMS) and the Electronic Health Record (EHR) Medicaid Incentive Payment Program (eMIPP) system developed and implemented as the first of its kind in the nation.

This service implementation endeavor initiates a ground-breaking change in the way MMISs are developed, implemented, and delivered. MDCH has reached an agreement to provide services to the State of Illinois Healthcare and Family Services (HFS) by delivering the CHAMPS system through the cloud-based, Michigan as a service (MaaS) initiative. No other Medicaid program in the nation has attempted this type of service-based collaboration.

The early implementation of the Provider Enrollment subsystem is the first step toward the full implementation of MaaS for the State of Illinois. Implementing Provider Enrollment early will require careful analysis of the functional, technical, architectural, and data differences between the two states. The Early Provider Enrollment Implementation Project is the subject of this statement of work. This implementation will include three phases and be conducted over the course of 8 months.

The overarching goal of the collaboration between Michigan and Illinois is to reuse and apply MDCH business methods to the Illinois Medicaid program. The implementation will focus on the statutory and programmatic differences that require modification of the base CHAMPS Provider Enrollment subsystem to accommodate the work performed by both states' Medicaid programs.

1.1 Regulatory and Business Drivers for Change

MDCH will operate CHAMPS for HFS using the MDCH CHAMPS application software-base with separation of the underlying data. This will position MDCH to offer its services to other state Medicaid programs. This approach will greatly reduce the time and cost of the MaaS implementation for HFS. This is the essence of the cloud model. The successful implementation of MDCH's MMIS in the cloud model positions the State to consider operating CHAMPS as a service to other states.

This solution fully embraces the Leverage Condition described in CMS's Enhanced Funding Requirements: Seven Conditions and Standards[1]. The leverage conditions described in this CMS document emphasize:

- **Multi-state efforts** that are developed with the participation and contribution of more than one state. In this case, the solution pioneered by MDCH will be leveraged to support the needs of HFS and potentially other states in the future.
- **Availability for reuse** of components and solutions that can be reused by other states. In this case, the software application and business rules are components that will be reused by HFS.

[1] (Centers for Medicare & Medicaid Services 2011)

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- **Identification of open source, cloud-based, and commercial products** is proposed as a future state to be considered in the planning process. This effort positions MDCH and HFS to move forward with the MaaS cloud-based solution in the subsequent MaaS implementation project.
- **Customization** is noted as a consideration in the context of transfer solutions. MDCH is going far beyond the concept of a transfer solution. This service assessment effort will identify the extent to which customization may be considered. The intent is to limit customization to configurable items wherever possible. Through the assessment, MDCH will be able to evaluate and minimize changes through collaboration with HFS on a common application platform.
- **Transition and retirement plans** are noted in terms of reducing or eliminating duplicative systems. Through this multi-state collaboration, the HFS legacy provider system will be positioned for retirement in the in the subsequent MaaS implementation project.

There are two major advantages to the early implementation of the provider functionality. First, by the successful completion of the Early Provider Enrollment Implementation Project, MDCH and HFS will have an early victory setting the stage for the broader MaaS implementation effort in the future.

Second, early implementation of the Provider Enrollment functional area will allow the State of Illinois and its providers to become familiar with the operation of the new MMIS and its modern business-process wizard mode for enrolling providers. In essence, this trains providers to use the system well in advance of the implementation of the full MMIS.

1.2 CNSI Capabilities

CNSI's approach to conducting this project is based on extensive knowledge of CHAMPS design, implementation, and operation since the system became operational. As system developers and integrators, CNSI aligns clients' business processes and information systems to allow them to access the right information at the right time, enabling the achievement of their desired business results and creating enterprise value. CNSI has extensive technological experience in the industry and flexible tools and methodologies to deliver quality results on time and within budget. CNSI completes jobs for clients by delivering on commitments with speed and purpose in accordance with the client's specifications and expectations.

For the Illinois Early Provider Implementation Project, CNSI will use business, technical, and operational knowledge of the MDCH Medicaid program, CHAMPS system capabilities, and other state Medicaid programs to identify the differences between Michigan and Illinois provider enrollment processes and functions. CNSI will apply business and functional knowledge to develop a thorough analysis of the differences between MDCH and HFS and identify areas where the current implementation of the CHAMPS Provider Enrollment subsystem will not fully meet the requirements of both states. This project will deliver an independent provider enrollment solution for HFS housed and operated in the Michigan data center. The interim provider enrollment solution will seamlessly integrate with the cloud-based service strategy planned for the subsequent MaaS implementation project.

CNSI brings an experienced team of Medicaid and CHAMPS subject matter experts (SMEs), technical and architectural experts, and project management expertise to support this endeavor in the method CNSI

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has used in previous collaborative efforts for MDCH. CNSI's experience working with MDCH has led to incorporating the following factors in developing this statement of work:

- **CNSI's capability to conduct complex analysis of Medicaid system requirements**

  CHAMPS is a multifunctional MMIS-certified information system compliant with all federal mandates that integrates all Medicaid activities into one complete system. As such, the existing CHAMPS application (designed, developed and implemented by CNSI) is the baseline from which HFS' differences must be assessed. CNSI is positioned to take advantage of the extensive knowledge accumulated during the CHAMPS implementation, HIPAA 5010 migration, ICD-10 assessment project, ICD-10 remediation project, and our MMIS implementations in other states, and strategically apply it to the Illinois Early Provider Implementation Project.

- **CNSI's capability to identify and resolve major issues associated with CHAMPS and potential HFS remediation needs**

  The prompt identification of major issues are an essential component to a project of this scope and are particularly important in the functional analysis work needed in a project of this nature. CNSI's extensive knowledge of MDCH's current application architecture, infrastructure, and operations will allow it to quickly identify major issues affecting early implementation activity. By devoting careful attention to identifying and resolving issues, CNSI will ensure the successful implementation of Early Provider Enrollment as service to HFS.

- **CNSI's sensitivity to MDCH and HFS's needs and constraints**

  CNSI is uniquely qualified to remain sensitive to the states' needs in determining the material differences between MDCH's and HFS' Medicaid programs. Because of its multi-year history of collaboration with MDCH and understanding of CHAMPS, CNSI can provide business and technical expertise in presenting system capabilities to HFS while allowing MDCH and Michigan Department of Technology, Management and Budget (DTMB) SMEs to participate strategically during the review and validation processes. CNSI understands that MDCH, DTMB, and HFS staff members are involved in multiple implementation efforts in addition to their regular production workload. It is critical to the success of the project that state staff members are involved at the right time and in the right context.

- **CNSI's technical leadership to support MDCH's vision**

  CNSI has shown technical leadership from the beginning with the implementation of CHAMPS. Through CNSI's collaboration with the equally forward-thinking MDCH leadership, the partnership has achieved milestones that moved the Medicaid business to a modern state. The partnership continued to drive innovation through the implementation of eMIPP, HealthBeat, and myHealthButton. With the early implementation of the Provider Enrollment subsystem, MDCH, DTMB, HFS, and CNSI are positioned to repeat the success of the early Michigan Provider Enrollment subsystem implementation. This project is the next step in transforming Michigan and Illinois from single-state models to a cutting-edge, multi-state operation.

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1.3 Proposed Project Organization

CNSI believes that this statement of work represents the best possible combination of architecture, technology, support, and experience to complete this project. The proposed team members are each the best possible candidates of their respective disciplines. The underlying logic behind identifying each member of this group is that:

- They share the same philosophical approach for undertaking this project – **the customer comes first**.
- They understand the values that each member brings to successfully implementing the project.
- They are committed to understanding and incorporating the State's (IL &MI) requirements.
- They understand the necessary advanced technologies, business needs, and operational issues.

CNSI's primary objective is the successful implementation and completion of the project. We are confident in our team's ability to achieve that goal. CNSI has assembled a team with the best combination of business, technical, operational, and project implementation experience, and expertise. Our team is fully dedicated to Illinois Early Provider Implementation Project.

However, HFS, MDCH, and DTMB staffs are the most important members of the project team. An effective project management plan cannot work with participation only by CNSI. The customers must be actively engaged in the process at all levels.

Implementation is only as good as the partnership established and maintained between all involved parties. This includes, first and foremost, HFS', ,MDCH's, and DTMB's project teams.

The project's success depends on the full and active participation of the HFS', MDCH's, and DTMB's designated staff members from the initial planning and analysis activities, system configuration and testing activities, and user acceptance testing (UAT) through the final implementation.

Figure 1 shows the CNSI organization structure supporting the Early Provider Implementation project.

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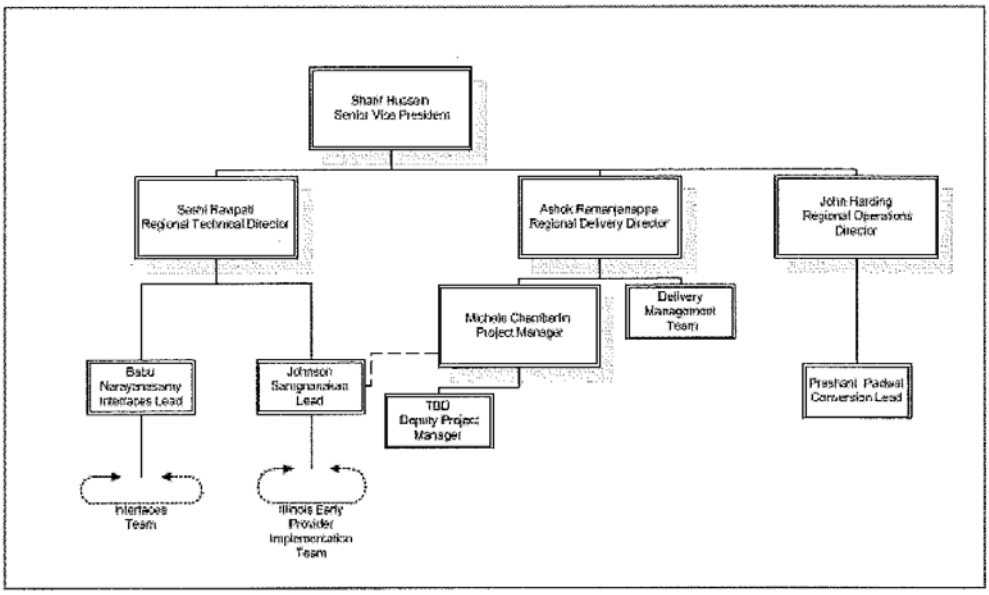

Figure 1. Provider Early Implementation Organization Chart

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Section 2: Project Management, Methodology, Tools, and Technical Approach

This section presents our project management and technical approaches, methodology, tools, and phased work plan for accomplishing all tasks required for the Illinois Early Provider Implementation Project. This section describes the scope of activities to be addressed throughout the project, from the initiation phase to the final implementation, and the techniques and methodologies the Illinois Early Provider Enrollment Project Team will use. The goal of this section is to demonstrate that CNSI understands how to identify the differences between Illinois' and Michigan's provider enrollment systems, bridge the gaps between the provider enrollment requirements of the two states, configure the system to cater to the needs of both the states, and implement the Provider Enrollment subsystem.

Each of the following subsections will contain a high-level description of the three phases we will use throughout the project. For each phase, the major activities and anticipated deliverables are presented. This is followed by a high-level description of the major milestones and approximate timelines.

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2.1 Project Management Approach

The project's successful implementation relies on the framework and environment provided by project and quality management. Figure 2 shows CNSI's project and quality management framework and how the related activities interact with other project tasks.

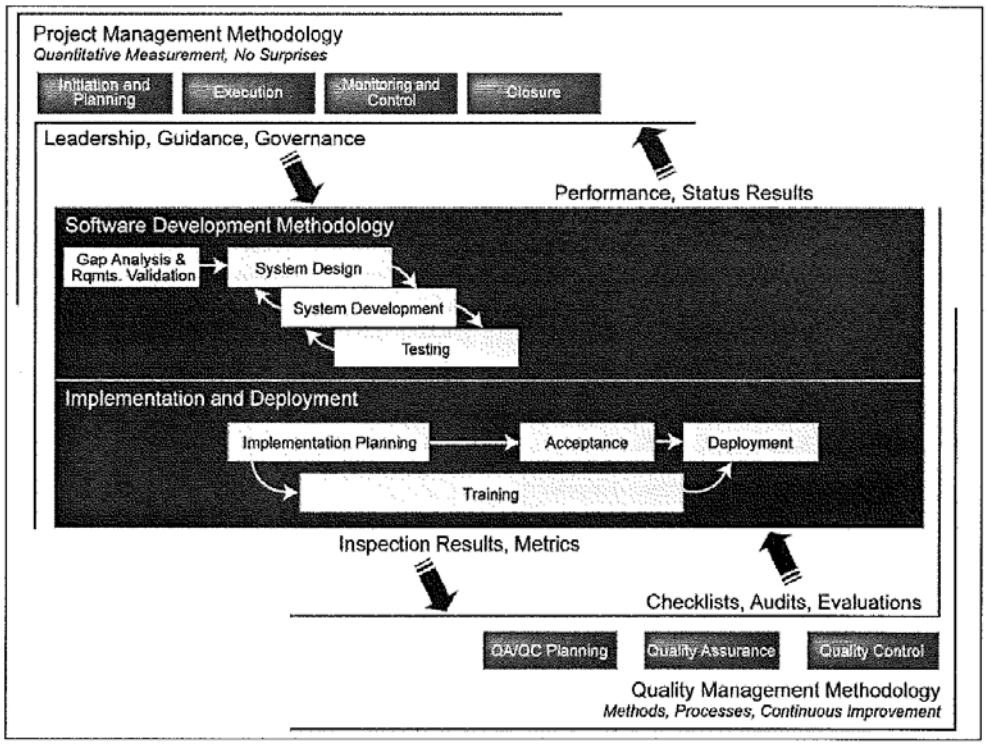

Figure 2. CNSI's Project Management and Quality Management Framework

Although all projects are unique, they share common components and processes. The generally accepted process groups defined by the Project Management Body of Knowledge (PMBOK), as incorporated into the CNSI project management process, are:

- **Initiating:** This process group defines the project objectives and grants authority to proceed. For CNSI, the initiating processes are largely incorporated into the proposal development process, during which required partners are identified. The request for proposal (RFP) or Statement of Work acts as a project charter and the proposal itself is the preliminary scope statement.
- **Planning:** This process group refines the project objectives and scope and plans the tasks, activities, and steps necessary to meet the project's objectives. The planning processes start during proposal development and proceed following contract award while CNSI works with the MaaS Project Control Office (PCO)to establish and baseline the project management plan (PMP).

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The PMP is modified and updated as necessary over the course of the project and is the culmination of the planning processes for scope definition and management, time (scheduling), staffing (human resources), communications, and risk management.

- **Executing:** This process group puts the project's plans into motion. This is where the bulk of the work for the project is performed.
- **Monitoring and Controlling:** This process group measures the performance of the project's executing activities and reports these performance results to project managers and stakeholders. Output is used to refine, improve, and/or change project management (including plans and schedules) as necessary to meet the project's objectives.
- **Closing:** This process group documents the formal acceptance and approval of the project's product and brings all aspects of the project to a close.

CNSI is confident it has the correct methodology and project framework in place to successfully complete the Illinois Early Provide Enrollment Project. CNSI continually improves its project management processes using lessons learned from previous projects and through the proficiency and continuous education of its program and project managers, senior technical and engineering staff, and senior and corporate management. This ensures a number of advantages:

- The project management philosophy is firmly entrenched within the entire project team, including CNSI, MDCH, DTMB, and HFS.
- Project management is a core competency.
- The project staff is focused on successfully implementing the project.
- Project management, quality management, and cost management processes are fully integrated and their infrastructure is in place.
- Effective project status reporting is established throughout the project life cycle.
- Project and software development methodologies are well documented.
- Project staff is provided comprehensive training.
- Project information is communicated continuously to the right people at the right time.
- The project is continuously monitored against performance.
- Excellence in quality and delivery are built in.
- Deliverable review and approval processes are in place.

Through developing the PMP, CNSI expects to collaborate with the HFS, MDCH, and DTMB project management teams and the MaaS PCO to further customize CNSI's project management system to successfully complete the project.

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2.2 Project Methodology

CNSI's holistic approach for this project will use its proven methodology as the overarching framework and bring an experienced team of program managers, SMEs, technical experts, and change management resources to support this effort.

The project methodology is a framework that facilitates the integration of CNSI's extensive system experience, which is rooted in application implementations, methodologies, and delivery tools. This framework allows CNSI to deliver services to its clients consistently across its footprint and gather continued enhancements for its supporting methodology, thereby providing continued value for its clients.

CNSI's methodology is an integrated methodology that combines its best delivery assets. The methodology:

- Provides a scalable, integrated collection of assets.
- Provides a consistent level of detail and presentation.
- Supports tailoring to scale, which provides a unique, but consistent, cost-effective delivery approach for HFS and MDCH.

CNSI's methodology provides a consistent and flexible approach to address the following:

- The **Manage** work approach provides a single, consistent approach to managing CNSI's engagements. Within the Manage Approach is the Quality Management sub-work activity, which verifies that deliverables and processes meet requirements. The Quality Management activity also supports continuous process improvement for HFS and MDCH, as well as the methodology.
- The **Life Cycle** work approach addresses unique expertise while providing overall integration across the full Illinois Early Provide Enrollment Implementation Project life cycle.

CNSI's methodology has the flexibility to be adapted to meet HFS' and MDCH's unique requirements while confirming that its experienced staff members follow its established practices.

While no two engagements are the same, HFS and MDCH expect CNSI to deliver in a consistent, systematic approach. The proposed project methodology incorporates CNSI's staff's delivery experience with CHAMPS into a single, integrated approach. It provides the structure for integrating CNSI's capabilities while allowing individual project teams the flexibility to use client-mandated tools. The right assembly of technologies, techniques, and deliverable processes requires the specific experience and expertise found with CNSI's staff.

Investing time to create an effective plan with clear objectives is integral to effective project execution. CNSI's methodology provides a structured approach to the planning process. While this may appear to require more initial effort than desirable, experience has shown that following these processes reduces the likelihood of planning mistakes and results in lower risk and a more cost-effective and rapid delivery.

CNSI's methodology incorporates a consistent approach for identifying, tracking, and measuring the value derived from ongoing projects. CNSI's experience developing and delivering various client projects are incorporated into the project strategy and planning activities.

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In undertaking this project, CNSI will employ its iVision360 system development life cycle (SDLC) methodology tailored for the Illinois Provider Early Implementation Project. This standardized approach is a unique blend of the waterfall methodology and iterative agile development. This offers the following benefits:

- **User is at the Center:** CNSI's primary motivation in developing iVision360 is to put the user at the center of the project life cycle. Software projects succeed or fail largely from the developer's understanding of the customer's business rules, requirements, and needs. The more insight the developing organization has, the greater the quality and likelihood of success for the project. Successful projects have high interaction with end users and place the user at the center of the development life cycle. Every phase and task of iVision360 focuses on interaction and collaboration with the user community. CNSI does this by implementing agile techniques and building working software in an iterative fashion with user validation at periodic intervals.
- **Common Goals:** Users actively participate in design configuration sessions with an integrated team of developers, analysts, and testers. This method avoids the pitfalls of waterfall development and test methods which leave, for example, test case refinement and execution until the completion of development. It also provides the team with a sense of purpose, a goal, and the drive to accomplish the end objective: software that meets the requirements.
- **Early and Often Testing:** iVision360 provides an opportunity to test early and often so formal system test phases and subsequent test phases are more likely to meet schedule expectations with a lower error-discovery rate.

The collaborative, and somewhat "free-form," nature of iterative, agile development is balanced with the structure and baseline management features of the waterfall methodology. By introducing the baseline management features of waterfall, CNSI minimizes the risk of scope creep that is sometimes associated with iterative development. Moreover, implementing and integrating with our project management processes will provide integrated change, issue, and risk management processes. Table 1 describes the key benefits of each of the industry-standard methodologies that are blended into iVision360.

Table 1. SDLC Methodology Comparison

Methodology	Key Benefits Blended into iVision360
Waterfall	Baseline approval of requirements Structured documents and customer approvals Formalized testing
Iterative/Agile	Frequent customer interaction Decomposing work into small meaningful features that are presented in working software Frequent course corrections Sense of real progress Early and frequent testing

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Methodology	Key Benefits Blended into iVision360
Extreme Programming	Teams formed between developing organization and customer Sense of common vision and goal

The iVision360 methodology uses a phased process to organize tasks associated with building, configuring, and testing software. These phases represent major bodies of work that must be accomplished to move systematically through the project life cycle. Table 2 describes the phases of iVision360.

Table 2. iVision360 Phases and Artifacts

Supporting Task	Major Activities	Artifacts
Configuration Management	Support change management Perform configuration identification, control, and status reporting Provide baseline management	Configuration Management Plan Configuration Status Reports Release Notes
Data Model Support	Develop scripts to maintain standard data in the system's databases Develop scripts to maintain the data structure for the system's databases	Data Modification Scripts Schema Modification Scripts Logical and Physical Data Model Data Dictionary
System and Data Administration	Maintain servers and configuration Establish and maintain connectivity between sites Manage database configurations Lead performance improvement initiatives	Performance Testing Plan Performance Test Results System Configuration Information Database Configuration Information

iVision 360 has been adapted for the purposes of this project. The customized version is presented in Section 2.4.1.

2.3 Project Management Tools

Tools, when properly applied within the methodology framework, will reduce the time to complete a project by providing predefined processes, templates, documents, and training materials. More importantly, use of the appropriate tools will help reduce risk and increase efficiency.

CNSI will continue to use the tools already proven effective during the previous undertakings to reduce the time to complete the project and mitigate risk.

Table 3 depicts the tools CNSI will utilize on the project.

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Table 3. CNSI Project Tools

Tool	Purpose
ReqTrace	CNSI's requirements database, used during requirements validation sessions and design and test phases
Microsoft Visio	Develop use case diagrams, technical architecture diagrams, and support process flows
Microsoft Office	Develop project deliverables as well as presentations and spreadsheet artifacts needed to support deliverables
As-One	Repository for deliverables, presentations, and artifacts

While Microsoft Visio and Microsoft Office are industry-standard tools, the following subsections provide additional information about ReqTrace and As-One.

2.3.1 ReqTrace

CNSI will use its ReqTrace® web application for requirements analysis and validation.

During project initiation and requirements planning, ReqTrace will be loaded with the functional, technical, and support requirements. ReqTrace is CNSI's requirements management tool of choice being used in MMIS projects. ReqTrace provides the ability to trace requirements to use cases, related test cases, and results. The application can store requirements-related attributes including revisions, notes, and comments.

CNSI began using ReqTrace with the CHAMPS project. The requirements validation processes used on the project, as well as the use of ReqTrace, resulted in the requirements validation phase being completed ahead of schedule.

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2.3.2 As-One

Believing that continuous collaboration and information-sharing are key factors to successful project execution, CNSI will use As-One, its web-based enterprise program management solution. Figure 3 illustrates how As-One is designed to support team collaboration, knowledge management, and process improvement. As-One will provide a convenient repository for all program data and will give MDCH and HFS oversight personnel direct visibility into project performance.

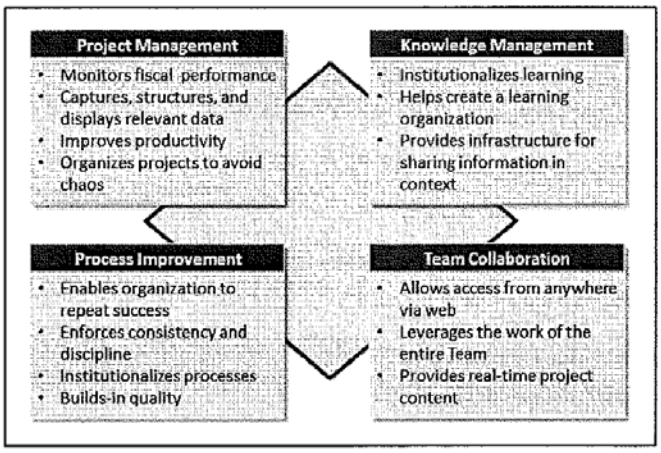

Figure 3. As-One Collaboration and Improvement

As-One is an "out-of-the-box" solution that supports CNSI's program management philosophy: experienced people, managed processes, and enabling technology.

As-One will allow CNSI, MDCH, and HFS users to share real-time data specific to the user's authority and association and is accessed via a standard web browser. Previous MDCH projects have used As-One. Training will be provided for team members new to the program.

2.4 Technical and Phased Approach Work Plan

CNSI has created an initial work plan and timeline for the Illinois Early Provider Enrollment Implementation Project. This work plan describes the expected activities for the proposed phases. This information is presented in Figure 4 below. A detailed description of the activities within each phase is presented in 2.4.2 Phased Approach Work Plan.

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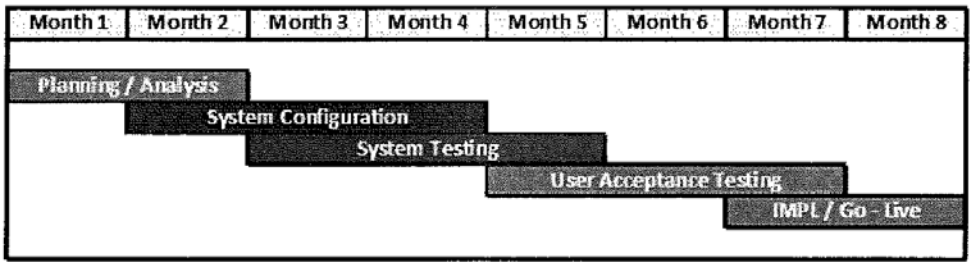

Figure 4. Initial Project Work Plan

CNSI structured this work plan to address the overall relationships of the numerous phases and activities required to complete the project. It effectively uses the professional resources required to accomplish these phases and produce high-quality products in a cost-conscious manner.

The following subsections further describe how CNSI intends to accomplish the goals of the work plan by employing its iVision360 methodology in the proposed approach for the Illinois Early Provider Implementation Project.

2.4.1 iVision360 Iterative Configuration, Testing, and Documentation Approach

In this section, CNSI provides an outline of its iVision 360 SDLC. The SDLC is a full-featured methodology that includes standard design and development processes. For the Illinois Provider Early Implementation Project, requirements validation, design and most development activities are not necessary. CNSI's SDLC processes have been adapted to address the specific needs of this system configuration effort. CNSI will produce deliverables during each phase of the project.

CNSI will engage in iterative analysis and design with the customer early on in order to begin iterative configuration. CNSI will provide an opportunity for the customer to review requirements analysis and design documents prior to the start of system-configuration activity. At the end of all iterations for a phase, an overall document will also be produced for final delivery and acceptance to the customer prior to the start of UAT.

The iterative/agile portion of the iVision360 methodology is visible in Phase II for the Illinois Early Provider Implementation Project. During this phase, technical design specifications for impacted functions and user stories are constructed in parallel by the developers and SMEs. As the impacted function's design is being completed, the team lead plans the iterations required to complete configuration.

Development work is planned based on a two-week iteration schedule. Developers build internal design documentation prior to, and during, the two-week iterations. The first day of each iteration is reserved for startup activities, including finalizing the iteration's internal design documentation. The developer meets with the Data Modeling Team on the first day of the iteration and conducts a walkthrough of any required

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data model changes. The Data Modeling Team makes the required changes to the database schema and approves the physical model for coding.

Configuration begins once the internal design and pre-coding work is completed for the iteration. The developer writes internal iteration test scripts in parallel to actual working code and updates screens and other system functions to fit the physical mode. The developer executes the iteration test scripts as they complete sections of code. The developer builds the code, tests incrementally, and coordinates and communicates with the team through daily stand-up meetings regarding any issues holding up the configuration work.

This approach ensures that the developers are not working in silos. It avoids the traditional approach of throwing design documentation "over the fence" to developers to begin coding, only to later discover that major rework is required halfway through the configuration process.

Developers then test the code against the internal auto-unit-code and manual internal iteration test scripts. As they reach the end of the iteration, they run the code against the functional scripts developed by the Test Team. Discrepancies are identified and corrected. The developer retests to ensure all discrepancies are corrected and closed before the iteration ends. The developer then conducts a peer review of the code of the impacted function on the last day of the iteration. The developer then updates the code based on the review. When developer iteration testing and software code reviews are successfully completed for the iteration, the code is then promoted to the integration test stream. The code is released to the Test Team for system testing when the coding and developer iteration testing is completed for all user stories for the impacted function.

During initial development iterations, the Test Team develops system test cases based on requirements specifications. During system testing, the Test Team executes system test cases to validate system results against requirements.

For the Illinois Early Provider Implementation Project, CNSI plans to engage the test and development teams early on to build the regression test suite for critical functions. This will speed up testing and improve the overall quality of implementation. CNSI understands the importance and sensitivity of the Illinois Early Provider Implementation Project on an environment that is already in production. During system testing, regression tests will be performed on impacted functions based on changes to a previously tested baseline. The intent of regression testing is to demonstrate that provider enrollment continues to function and meet all approved requirements after changes have been introduced to a previously tested baseline.

As soon as regression testing is completed for a function, CNSI will deliver the code to the UAT environment. CNSI plans to engage the customer as early as possible and well before the beginning of the planned UAT phase. This ensures that enough time is allowed for thorough UAT, which will also reduce the risk of schedule slippage for UAT completion. CNSI will deploy system- and regression-tested functions to the UAT environment as they are completed.

As presented in our initial work plan and timeline (Figure 4), UAT will have a three-month duration. Any delay in the completion of UAT will significantly impact the implementation date. CNSI will work with the HFS and MDCH to plan an early start to business to business (B2B) testing, which can be started

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halfway through UAT. CNSI will plan to develop critical functions first to allow more time for UAT and B2B testing.

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Figure 5 presents a graphical overview of the processes that are part of the iVision 360 methodology.

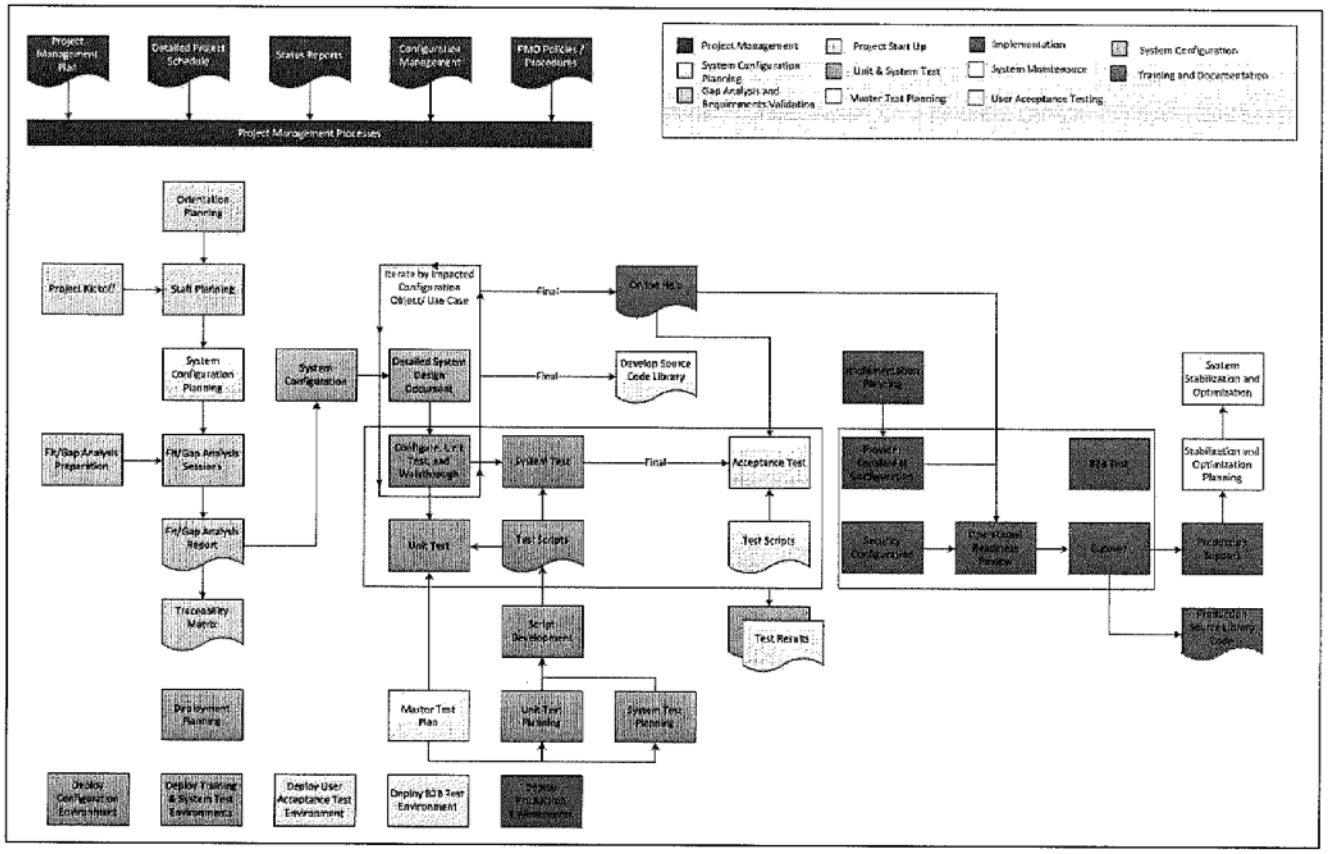

Figure 5. iVision360 Process Diagram

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2.4.2 Phased Approach Work Plan

CNSI proposes a three-phased approach to the implementation and rollout of the Illinois Early Provider Enrollment Implementation Project.

The three phases are as follows:

- **Phase I:** Planning and Analysis
- **Phase II:** System Configuration and System Testing
- **Phase III:** User Acceptance Testing, Implementation, and Go-Live

Figure 6 provides a high-level overview of the project phases with major activities and anticipated deliverables.

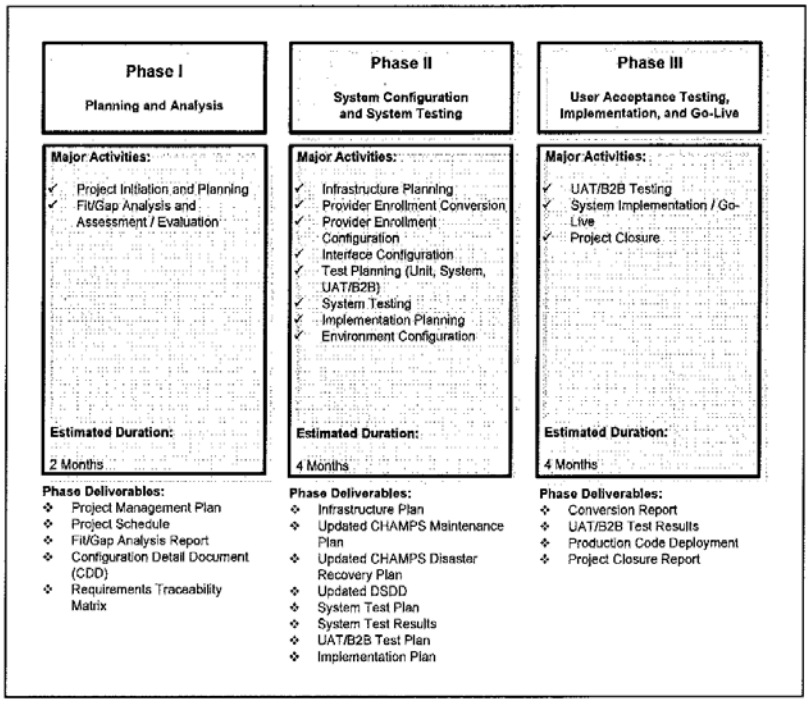

Figure 6. High-Level Project Phases and Activities

As presented in the initial work plan schedule (Figure 4), the tight implementation schedule will result in an overlap between Phase I and Phase II. This will allow configuration to begin early. There will also be an overlap between Phase II and Phase III, allowing UAT and B2B testing to begin early. A high-level overview of the overlap was presented in the previous paragraphs. The detail of these overlaps will be further elaborated and agreed upon in Phase I as the project plan and schedule are finalized.

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