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.

MAJOR SCOPE CHANGES

HIPPA X 12 Standards, Version 5010, ICD-10, User Acceptance Testing (UAT), Parallel Testing, Affordable Care Act (Modified Adjusted Gross Income/Fee- For- Service), 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 Centers for Medicare and Medicaid Services (CMS).	Met	CMS approved
New business model for processing claims.	Approval by CMS	Met	CMS approved
Development of Cost/Benefit report for all	Approval by CMS of the Detailed Implementation report.	Met	CMS and DHS Executive Office approved

alternatives to replacing the current MMIS.	Approval by DHS Executive Office of Business Case, Detailed 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	Periodic meetings were held with the provider groups. The Medicaid Medical Advisory committee was also used for providing updates.
Selection of a solution	Approval by CMS.	Met	CMS approved

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
The base system/ the Xerox 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

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iterations.
Take the time to revisit the requirements on a project this long.
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.