

**Oakland County  
Department of Information Technology  
Project Scope and Approach**

**Project Name: Blue Cross/Blue Shield of Michigan Audit**

**Project ID:**

<b>Leadership Group: Financial/Admin</b>			
<b>Department: Human Resources</b>		<b>Division: General Administration</b>	
<b>Project Sponsor: Cathy Shallal</b>	<b>Date Requested: 5/20/2006</b>	<b>PM Customer No.</b>	
<b>Request Type: New Development</b>			
<b>IT Team Name:</b>		<b>IT Team No: Q</b>	
<b>Project Manager/Leader:</b>			
<b>Account Number:</b>	<b>Account Description:</b>	<b>Customer Name:</b>	<b>Dean Shackelford</b>
<b>Grant Funded?</b>	<b>No</b>	<b>Mandate?</b>	<b>No</b>
		<b>Mandate Source:</b>	

**Project Goal**

To develop an eligibility report, before October 2006, that covers a two year period January 04 through December 05. This report would show County employees, retirees and their dependents their related health coverage as contained in the PeopleSoft system.

**Business Objective**

This report will also be utilized by a consultant with whom we are in the process of finalizing a contract. The objective is to audit Blue Cross and Blue Shield of Michigan with respect to claims incurred and paid on behalf of Oakland County employees and retirees during a specified period. The report is required by the consultant as part of this task.

**Major Deliverables**

**Approach**

**Major Deliverables**

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**Approach**

**Business Objective**

**Major Deliverables**

**Approach**

**Business Objective**

**Major Deliverables**

**Approach**

**Benefits**

*See Return on Investment (ROI) Analysis Document*

**Impact**

**Number of Users      All County employees**

**Divisions              All**

**Leadership Groups**

**Risk**

**Business Environment**

**Technical Environment**

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**Assumptions**

**Staffing**

**Role:**

**Name**

**Hours per Day**

**Facilities**

**Technical**

**Funding**

- 

**Other**

- None

**Priority**

**Constraints**

- 
- 

**Exclusions**

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# Oakland County Department of Information Technology Project Scope and Approach

**Project Name:** Blue Cross/Blue Shield of Michigan Audit

**Project ID:**

## PROJECT PHASE AUTHORIZATION

<b>Phase(s):</b> Project Management, Requirements, Development & Implementation		
<b>Total Estimated Application Services</b>	<b>Hours:</b>	<b>Cost:</b>
<b>Total Estimated Technical Systems</b>	<b>Hours:</b>	<b>Cost:</b>
<b>Total Estimated eGovernment Services</b>	<b>Hours:</b>	<b>Cost:</b>
<b>Total Estimated CLEMIS</b>	<b>Hours:</b>	<b>Cost:</b>
<b>Total Estimated Internal Services</b>	<b>Hours:</b>	<b>Cost:</b>
<b>IT Application Services Division Manager Approval:</b>	<b>Date:</b>	
<b>IT Technical Systems Division Manager Approval:</b>	<b>Date:</b>	
<b>IT eGovernment Services Division Manager Approval:</b>	<b>Date:</b>	
<b>IT CLEMIS Division Manager Approval:</b>	<b>Date:</b>	
<b>IT Internal Services Division Manager Approval:</b>	<b>Date:</b>	
<b>IT Resource Manager Approval:</b>	<b>Date:</b>	
<b>IT Resource Manager Approval:</b>	<b>Date:</b>	
<b>IT Resource Manager Approval:</b>	<b>Date:</b>	
<b>IT Resource Manager Approval:</b>	<b>Date:</b>	
<b>IT Resource Manager Approval:</b>	<b>Date:</b>	
<b>IT Management Approval:</b>		
Approved:                      Yes                      No	<b>Date:</b>	
Reason:		
<b>Project Sponsor Approval:</b>		
Title:	<b>Date:</b>	

## PROJECT SUMMARY

<b>Authorized Development (see above)</b>	<b>Hours:</b>	<b>Cost:</b>
<b>Preliminary Estimated Development for Future Phases</b>	<b>Hours:</b>	<b>Cost:</b>
<b>Grand Total Estimated Development</b>	<b>Hours:</b>	<b>Cost:</b>

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**PROJECT COMPLETION AUTHORIZATION**

<b>Customer Acceptance of Product:</b>	
Title:	Date:
<b>Project Office Review:</b>	Date:

**Oakland County -- Wellness Challenge**  
Return on Investment Analysis

*Project Summary*

Description	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
<b>Benefits/Savings:</b>							
Tangible Benefits Subtotal:	0	0	0	0	0	0	0
Cost Avoidance Subtotal:	0	0	0	0	0	0	0
<b>Costs:</b>							
Development Services Subtotal:	0	0	0	0	0	0	0
Hardware Subtotal:	0	0	0	0	0	0	0
Software Subtotal:	0	0	0	0	0	0	0
Infrastructure Subtotal:	0	0	0	0	0	0	0
Training Subtotal:	0	0	0	0	0	0	0
Other Subtotal:	0	0	0	0	0	0	0
<b>Annual Statistics:</b>							
Annual Total Savings	0	0	0	0	0	0	0
Annual Total Costs	0	0	0	0	0	0	0
Annual Return on Investment							0
Annual Costs/Savings Ratio	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
<b>Project Cumulative Statistics:</b>							
Cumulative Total Savings	0	0	0	0	0	0	0
Cumulative Total Costs	0	0	0	0	0	0	0
Cumulative Return on Investment							
Cumulative Cost/Savings Ratio	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Year Positive Payback Achieved							NO PAYBACK
State or Federal Mandate?							
<b>Signatures:</b>							
Benefits Reviewed By Project Sponsor	Date: _____						
Costs (including IT Resources) Reviewed By Information Technology Project Manager	Date: _____						
Costs (including IT Resources) Reviewed By Technical Services Manager	Date: _____						



**Oakland County --**  
**BCBSM AUDIT**  
 Return on Investment Analysis

06/26/2006

<i>Savings Detail</i>							
Benefit/Savings Description	Project Savings Category	Budget Category/Funding Source	Unit Desc	Units	Rate per Unit	Total Savings	Annual Multiplier
						0	







**Oakland County -- Wellness Challenge**  
Return on Investment Analysis

*Cost Detail*

<b>Cost Description</b>	<b>Project Cost Category</b>	<b>Budget Category/Funding Source</b>	<b>Unit Desc</b>	<b>Units</b>	<b>Rate per Unit</b>	<b>Total Cost</b>	<b>Annual Multiplier</b>
IT Hours - New Development			HR			0	
IT Hours - System Maintenance			HR			0	
User Hours - New Development						0	
User Hours - PTNE/OT						0	
Contractor Professional Services						0	
						0	
						0	
						0	
						0	
						0	

**Oakland County -- Wellness Challenge**  
Return on Investment Analysis

*Cost Detail*

Cost Description	Project Cost Category	Affects Project ROI?						Potential Cost Extensions						
		Y1	Y2	Y3	Y4	Y5	Y6	Y1	Y2	Y3	Y4	Y5	Y6	
IT Hours - New Development		X						0						
IT Hours - System Maintenance			X	X	X	X	X		0	0	0	0	0	0
User Hours - New Development														
User Hours - PTNE/OT														
Contractor Professional Services														

**Oakland County -- Wellness Challenge**  
Return on Investment Analysis

*Cost Summary*

Cost Description	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
<b>Development Services:</b>							
IT Hours - New Development	0						
IT Hours - System Maintenance		0	0	0	0	0	
User Hours - New Development							
User Hours - PTNE/OT							
Contractor Professional Services							
<i>Development Services Subtotal:</i>							
<b>Hardware:</b>							
<i>Hardware Subtotal:</i>							
<b>Software:</b>							
<i>Software Subtotal:</i>							
<b>Infrastructure:</b>							
<i>Infrastructure Subtotal</i>							
<b>Training:</b>							
<i>Training Subtotal:</i>							
<b>Other:</b>							
<i>Other Subtotal:</i>							
<b>Costs Total:</b>							

