![UFMS HHS Unified Financial Management System logo]

UFMS Connection

ACF	AHRQ	AoA	CDC	CMS	FDA	HRSA	IHS	NIH	OS	PSC	SAMHSA

In this issue…

Congressional Subcommittee Holds Hearing on UFMS
An Interview with Kerry Weems, Principal Deputy Assistant Secretary for Budget, Technology and Finance

On Thursday, September 30, Kerry Weems, Principal Deputy Assistant Secretary for Budget, Technology and Finance, testified about UFMS before the House Government Reform Subcommittee on Efficiency and Financial Management. Mr. Weems was kind enough to share some of his thoughts and experiences with the Global Business Transformation team.

In an effort to make sure that the numerous consolidations of financial management systems across the government goes well, the committee and chairman Platts asked GAO to review and evaluate plans and ongoing efforts for implementing financial management systems at a number of agencies. UFMS was one of the systems they looked at. Weems indicated that the committee was interested in hearing about the different approaches GAO and HHS had towards managing the project. Those selected to speak for GAO and HHS appeared before the committee not as adversaries but as individuals with slightly different points of view on how to approach the implementation of UFMS. The chairman was interested in understanding those differences. Overall the hearing was quite friendly.

> "Our overseers in Congress have confidence that the UFMS project remains on track."
>
> **Kerry Weems**
> Principal Deputy Assistant Secretary for BTF

Weems indicated that he was able to use the hearing as an opportunity to report on the successes we've already had as well as those we soon will be able to achieve. He is very proud of the hard work and dedication displayed by all the federal and contract staff associated with the project. "We are doing a number of things extremely well. We've involved a large number of people across the Department, we have been testing in a very rigorous and disciplined manner, and we have had a great amount of managerial involvement." Weems believes that this project is going to help transform the Department.

Kerry Weems also addressed the GAO report, which stated that certain project management practices increased the risk of the UFMS

Kerry Weems

Business Process Changes for CDC

After new financial system implementation, a preview of changes folks can expect to see at CDC.

The following article has been shared with this newsletter by the UFMS Business Transformation Team at CDC. As CDC prepares for "Go Live" in October, they have identified some specific business process changes happening within their agency. These changes are only examples and may or may not be similar to changes in your organization. For further information about business process changes affecting you, stay tuned and involved with the UFMS implementation at your site.

"With the implementation of our new financial system, what's changing?" That's a question that the Unified Financial Management System (UFMS) project implementation team has been working hard to answer. For months now, we've been telling you about how the new system, once implemented in October, will bring accompanying modifications to certain CDC business processes. Put simply, "the way we do things" will, in some cases, change.

"But, aren't the changes the kinds of things that only our financial folks need to worry about," you ask? The short answer is, no. Business transformation activities associated with UFMS go well beyond the Financial Management Office (FMO). Many of the pending or already-announced changes will impact the Agency's program offices ("the CIOs"). According to Barbara Harris, CDC's Chief Financial Officer, "With the integration of an all-new financial system, processes and procedures for some of the organization's budget and financial activities are naturally changing." Harris emphasizes, "As the new business processes are known and finalized, we're working very hard to ensure that our communications and instructions around them are frequent and well understood by our programs. "

If you're looking for examples of how these business process changes may impact you, read on. We've already announced changes in policies and procedures to CIO budget and financial staff in the following five specific areas.

Travel Order and Voucher Submissions

The changes regarding travel orders and vouchers are simple. CDC's voucher submission process was modified on August 1st. What travelers and preparers need to know is that under the new travel processes, the financial system will not accept travel vouchers that exceed the travel order amount by more than ten percent or $100, whichever is less. If the voucher exceeds the order, an amendment to the travel order is required before the voucher can be submitted for authorization.

Training Vendor Identification and Payment Processing

Also effective August 1st are modifications to the Agency's training system procedures. The takeaway here is that training request submissions for which payment is to be made by training order require that the vendor be identified and selected in the Training System vendor file. This process applies to training requests for which payment is to be made by a training order. If the vendor is not on the list, they will have to be added by FMO before the training order can be completed. If the training request is being paid by credit card or convenience check, this requirement for vendor lookup in the Training System does not apply. And, don't forget about credit cards and convenience checks. Training requests for $2,500 or less can and should be paid with these.

Use of Miscellaneous Obligations Documents (6012s)

Remember the many uses of 6012s for miscellaneous obligations? Well, some policies regarding their use

are changing, too. Under already-announced procedures, 6012s will be accepted only for specific items and events. For those that can be procured with a Visa IMPAC card or through ICE, FMO will not approve the use of a 6012. These new procedures also eliminate the use of 6012s for local travel, maintenance of leased facilities, airline freight expenses, shipping expenses, and courier services.

Automation of Local Travel Processing

Just a few months ago, the CDC launched its new local travel system. What it means is that local travelers will complete, edit, and submit claims for mileage, parking, MARTA and local transportation expenses associated with traveling within a 50 mile radius of a CDC site through an automated system. The system also provides the ability to review, assign, audit, and assign or reject travel vouchers.

Retirement of SPPS

And finally, the Small Purchases and Procurement System (SPPS) is being retired. Going forward, ICE and the government Visa/IMPAC card (purchases under $2,500) will be used for purchasing. Related to this change, documents currently open in SPPS are being migrated to ICE to make them available to users in October 2005. SPPS menu selections will be deleted from the CDC/IS menu on September 30, 2004.

To ensure that CIOs are fully informed about details of these and other business process changes, the CDC UFMS project implementation team is currently holding CIO Workshops. At the Workshops, we present and discuss detailed information regarding specific business process changes.

PSC CRP 1 Participants Work to Validate UFMS

On Monday, August 16 the PSC kicked off the PSC Conference Room Pilot 1 (CRP1), which ran through August 27 in Washington, DC. During this two week period over 180 participants from the PSC and customer agencies observed demonstrations and engaged in discussions to validate the UFMS

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Deputy Assistant Secretary for Finance

design and system configurations which support both PSC and customer agency business processes. In preparation for the CRP, an orientation was held on August 10 & 12 for 55 first-time CRP participants.

HHS Executives who addressed the CRP audience with introductory comments included George Strader, Kathy Heuer, Evie White, Larry Bedker, Ann Speyer, and Tom Doherty. The speakers addressed both the need for active participation and the importance of UFMS in addition to thanking the UFMS team for their hard work. Tom Doherty, Director, UFMS PMO spoke to the need for active CRP participation when he stated "UFMS will only be successful when it meets your requirements. Your active participation is key as we move through implementation. " The importance of UFMS was emphasized by George Strader, Dep-

uty Assistant Secretary for Finance, when he stated "UFMS and financial management is a priority for HHS and its leadership……and UFMS is my number one priority."

The purpose of PSC CRP1 was to validate four aspects of UFMS. First, that the system, as configured, accommodates the PSC's integrated business processes. Second, that specific external systems using Global interface processes applicable to the PSC implementation are integrated. These processes include cross-module and cross-functional activities. Third, that the Global extensions applicable to the PSC implementation meet the requirements provided by HHS and the functional and technical designs. The last point of validation is that global federally mandated reports and standard Oracle operational reports, applicable to the PSC implementation, are generated according to the requirements.

PSC CRP 1 highlighted the "to-be" business processes determined during the Business Process Analysis. These "to-be" business proc-

esses were combined with one another to comprise integrated business processes involving multiple Oracle modules, (e.g. general ledger, budget execution, projects, accounts payable, accounts receivable) and demonstrate a realistic view of the business process to the PSC users. CRP participants were walked through each session by Federal UFMS staff and BearingPoint (UFMS system integrator) module leads. These interactive sessions allowed agency representatives to comment at the end of each script and provide written feedback at the end of each day. The comments will be reviewed and will be the basis for potential modifications which will be demonstrated in the second PSC CRP session (CRP2).

"UFMS will only be successful when it meets your requirements."

*Tom Doherty
Director, UFMS PMO*

Participants from PSC and all its customer agencies watch intently as presenters walk through scripted UFMS processes.

FDA Conducts Awareness Sessions at Field Offices and Centers

You should know…
FDA goes live with General Ledger and Accounting for Pay System in their Office of Financial Management in October.

From June through September, members of the FDA Unified Financial Management System (UFMS) Team are meeting with UFMS stakeholders at Regional Offices and Centers to make them aware of the new financial system being implemented next spring. Although FDA is implementing part of the new system at the Office of Financial Management (OFM) in the fall, most Office of Management employees will be interested in the larger part of the implementation which will affect the entire FDA in April 2005. This new financial system will replace several of the current financial systems currently in place. Furthermore, everyone who purchases items at FDA will need to know about UFMS because UFMS will include iProcurement, a new web-based purchasing system.

Regional liaisons came to the Office of Regulatory Affairs University (ORAU) in June to participate in the first Regional Awareness Session. Dave Petak, UFMS Project Co-Lead, addressed the group and gave them an overview of UFMS. These representatives of the Regional Offices from across the U.S. were introduced to Oracle Federal Financials and plans for implementation. The liaisons also heard about business transformation activities from Paula Searle, Business Transformation Team Lead. Business transformation includes workforce transition, leadership, training and communication activities.

In July, UFMS team members traveled to Stoneham, Massachusetts, to conduct an awareness session with staff at the Northeast Regional Office. Also, awareness sessions were conducted in Dallas (Southwest Region), Irvine (Pacific Region), Atlanta (Southeast Region) and Chicago (Central Region), during the months of July through September. Some of the awareness sessions were coordinated with Peregrine training for the Office of Shared Services.

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FDA Centers and Offices are beginning to participate in the awareness sessions activities, as well. The Center for Biologics Evaluation and Research (CBER) is the first and will be followed by the Center for Drug Evaluation

Special Delivery

Jennifer Greger (center), who has served as the UFMS Global Implementation Lead since the Fall of 2002 will be having a "Go Live" of her own in October with the expected arrival of her new baby. Members of the UFMS team surprised Jennifer with a stroller for her new arrival. After some difficulty opening the stroller, members of the Technical Analysis Team (TAT) came to the rescue. Kathryn Pirnia (L), Global TAT Lead and Sandi Aquino, Interface and Conversion Lead helped Jennifer with this minor technical challenge. We will miss Jennifer's leadership but wish her luck in this new adventure!

UFMS Hearing
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project. GAO made several recommendations to mitigate the risks and HHS has accepted and implemented a number of them. The area that the Committee seemed most interested in exploring was whether the project should be event driven (governed by achievement of objectively measured milestones) as recommended by GAO or whether it should be schedule driven as the UFMS leadership had been doing. Weems explained that by having a schedule driven agenda we were able to accomplish much more in a shorter period of time, at less cost, than we would have been able to do with an events driven agenda. He acknowledged that this increased the risk to the project, but that we have been diligent about managing and mitigating that risk. GAO agreed that it is mostly a matter of emphasis and a matter of degree rather than a real difference of opinion.

Unlike other systems develop-

ment efforts that concentrate mainly on software and requirements, the UFMS PMO has invested much energy on the people and institutions that will be affected by changes in the way financial management work is accomplished at HHS. As a result, our people are being readied for the new system at a faster pace than would otherwise be possible. "Employees want to be part of the tremendous metamorphosis we are undergoing at HHS. The challenge to UFMS leadership is to harness that enthusiasm and transfer it into real outcomes for HHS."

UFMS does have some challenges to overcome as we move through the next few months. Among them are meeting goals in preparation for the April release, assuring that we have sufficient staffing to meet the April release, and making sure that testing and training go well. He cautioned that our biggest vulnerability

now is the need to do a better job of recruiting people onto the UFMS project and retaining them.

Weems feels confident that the Committee and GAO now better understand what UFMS is really about. He thinks he was able to present the UFMS vision and the revolutionary way it will transform financial management at HHS. He believes that the most important thing to come out of the hearing is that UFMS is now viewed as a well-managed, well-governed program, that it is disciplined in its approach and that it still remains on schedule. "Our overseers in Congress have confidence that the UFMS project remains on track… Congratulations should go to the people who have worked so hard on UFMS and who will continue to carry this program through to a successful implementation."

FDA Awareness
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and Research (CDER), the Center for Devices and Radiological Health (CDRH), the Center for Food Safety and Applied Nutrition (CFSAN) and the Center for Veterinary Medicine (CVM).

The sessions have been very well-received. Attendee James Wiggins, Supervisory Accountant in the Pacific Regional Office, commented, "The project is doable. We will get it done. We don't see any problems. The UFMS team is addressing the questions that we have brought to their attention."

In Brief

- In September, Kerry Weems, George Strader and Tom Doherty briefed Claude Allen, the Deputy Secretary on UFMS. Mr. Allen, who has been involved with similar implementations in the Commonwealth of Virginia, supported the UFMS methodologies and encouraged everyone involved to continue the hard work.

- In July, representatives from CDC shared lessons learned from their Mock 1 conversion with team members from Global, FDA and PSC. Similar opportunities to share knowledge and experience in the future will help UFMS move forward with the best information available.

- Sandi Aquino, UFMS Interface and Conversion Lead made the transition to retirement beginning September 30. We thank her for her many contributions to UFMS and wish her the best of luck!