

# Independent Verification and Validation Report

## General Information

State	Project Name	Program Name	Progress Report Date	POC Name
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None	Test	HIT	3422	None
POC Email	Submitter Name	Submitter Role	Submitter Email	Submitter Phone
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None	None	None	None	None
Activity 1 Consult Date	RFP Release Date	IV&V Onboard Date	Next Progress Report Date	
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2340	908	980	980	

## Executive Summary

None

## Project Management Office Status

Total Budget	Earned Value(EV)	Budget Variance(%)	Schedule Variance(%)	Other
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## Life Cycle Status and Schedule

### Care Management (Status: )

Target App. Date	Target Dev. Start	Target R1	Target R2	Target Go Live	Target R3
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### Pharmacy (Status: )

Target App. Date	Target Dev. Start	Target R1	Target R2	Target Go Live	Target R3
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Risks

(ID: )

Description: None

Probability	Impact	Risk Score	Target Resolution Date	Status
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			lkjkkj	

Recommendations

Recommendation #: (Date of Recommendation: lkjk, Resolved?: )

Recommendation: None

Comments: None