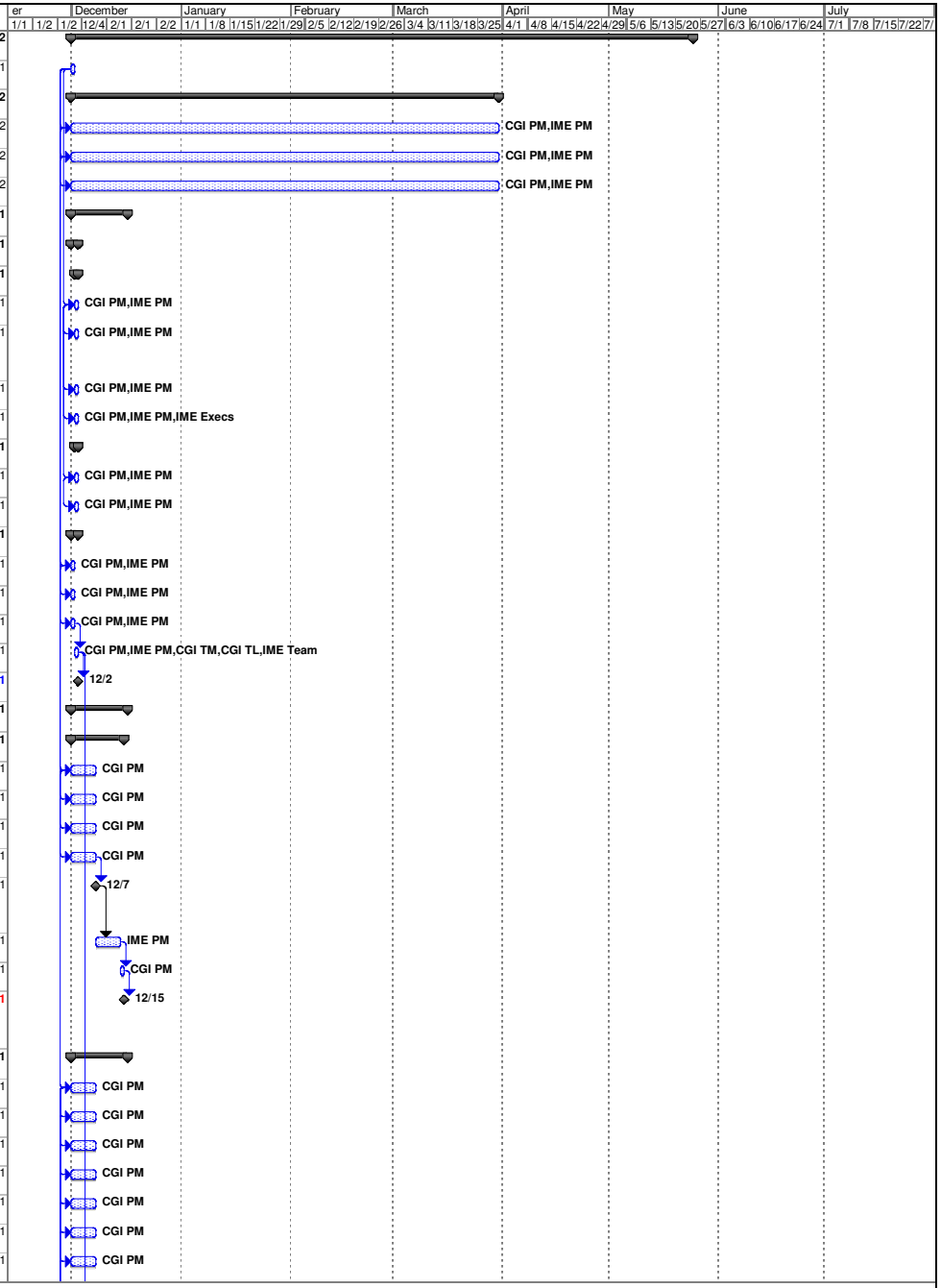
ID	WBS	Task Name	Duration	Start	Finish
1	1	**Iowa EHR Medicaid Incentive Program Administration Tool (EHR MIPAT) Implementation Plan**	**126 days**	**Thu 12/1/11**	**Thu 5/24/12**
2	1.1	IA EHR MIPAT Implementation Phase Start	1 day	Thu 12/1/11	Thu 12/1/11
3	**1.2**	**Ongoing Project Management and Control (Implementation Phase)**	**87 days**	**Thu 12/1/11**	**Fri 3/30/12**
4	1.2.1	Plan, Execute and Control Tasks	87 days	Thu 12/1/11	Fri 3/30/12
5	1.2.2	Prepare and Participate in Weekly Status Meetings	87 days	Thu 12/1/11	Fri 3/30/12
6	1.2.3	Produce Weekly Status Reports	87 days	Thu 12/1/11	Fri 3/30/12
7	**1.3**	**Project Initiation**	**12 days**	**Thu 12/1/11**	**Fri 12/16/11**
8	**1.3.1**	**Project Kickoff**	**2 days**	**Thu 12/1/11**	**Fri 12/2/11**
9	**1.3.1.1**	**Confirm Executive Commitment**	**1 day**	**Fri 12/2/11**	**Fri 12/2/11**
10	1.3.1.1.1	Confirm Project Objectives, Scope and Commitments	1 day	Fri 12/2/11	Fri 12/2/11
11	1.3.1.1.2	Confirm Project Team Members (Executive Steering Committee and Working Team)	1 day	Fri 12/2/11	Fri 12/2/11
12	1.3.1.1.3	Confirm Project Success Criteria	1 day	Fri 12/2/11	Fri 12/2/11
13	1.3.1.1.4	Confirm Project Mission and Vision With Executive Sponsors	1 day	Fri 12/2/11	Fri 12/2/11
14	**1.3.1.2**	**Confirm Project Governance**	**1 day**	**Fri 12/2/11**	**Fri 12/2/11**
15	1.3.1.2.1	Confirm Decision Making Roles and Responsibilities	1 day	Fri 12/2/11	Fri 12/2/11
16	1.3.1.2.2	Confirm Escalation Process	1 day	Fri 12/2/11	Fri 12/2/11
17	**1.3.1.3**	**Project Kickoff**	**2 days**	**Thu 12/1/11**	**Fri 12/2/11**
18	1.3.1.3.1	Identify Project Kickoff Participants	1 day	Thu 12/1/11	Thu 12/1/11
19	1.3.1.3.2	Prepare Project Kickoff Agenda	1 day	Thu 12/1/11	Thu 12/1/11
20	1.3.1.3.3	Develop Project Kickoff Presentation	1 day	Thu 12/1/11	Thu 12/1/11
21	1.3.1.3.4	Conduct EHR MIPAT Project Kickoff Meeting	1 day	Fri 12/2/11	Fri 12/2/11
22	1.3.1.3.5	**Milestone: EHR MIPAT Project Kickoff Meeting**	**0 days**	**Fri 12/2/11**	**Fri 12/2/11**
23	**1.3.2**	**Project Planning and Management - EHR MIPAT Project Management Plan**	**12 days**	**Thu 12/1/11**	**Fri 12/16/11**
24	**1.3.2.1**	**Update Project Schedule Plan**	**11 days**	**Thu 12/1/11**	**Thu 12/15/11**
25	1.3.2.1.1	Update Project Schedule Tasks and Dependencies	5 days	Thu 12/1/11	Wed 12/7/11
26	1.3.2.1.2	Update Project Deliverable Schedule	5 days	Thu 12/1/11	Wed 12/7/11
27	1.3.2.1.3	Update Task Resource Assignments	5 days	Thu 12/1/11	Wed 12/7/11
28	1.3.2.1.4	Update Project Schedule	5 days	Thu 12/1/11	Wed 12/7/11
29	1.3.2.1.5	Submit Project Schedule and WBS (MS Project) to IME for Review and Approval	0 days	Wed 12/7/11	Wed 12/7/11
30	1.3.2.1.6	IME Review and Provide Approval/Feedback	5 days	Thu 12/8/11	Wed 12/14/11
31	1.3.2.1.7	Revise with IME Feedback	1 day	Thu 12/15/11	Thu 12/15/11
32	1.3.2.1.8	**Deliverable FINAL: EHR MIPAT Project Schedule and WBS (MS Project)**	**0 days**	**Thu 12/15/11**	**Thu 12/15/11**
33	**1.3.2.2**	**Develop Project Implementation Management Plan**	**12 days**	**Thu 12/1/11**	**Fri 12/16/11**
34	1.3.2.2.1	Document Project Scope Parameters	5 days	Thu 12/1/11	Wed 12/7/11
35	1.3.2.2.2	Develop Project Management Plan	5 days	Thu 12/1/11	Wed 12/7/11
36	1.3.2.2.3	Develop Project Scope Management Plan	5 days	Thu 12/1/11	Wed 12/7/11
37	1.3.2.2.4	Develop Project Time Management Plan	5 days	Thu 12/1/11	Wed 12/7/11
38	1.3.2.2.5	Develop Cost Management Plan	5 days	Thu 12/1/11	Wed 12/7/11
39	1.3.2.2.6	Develop Quality Management Plan	5 days	Thu 12/1/11	Wed 12/7/11
40	1.3.2.2.7	Develop Resource Management Plan	5 days	Thu 12/1/11	Wed 12/7/11



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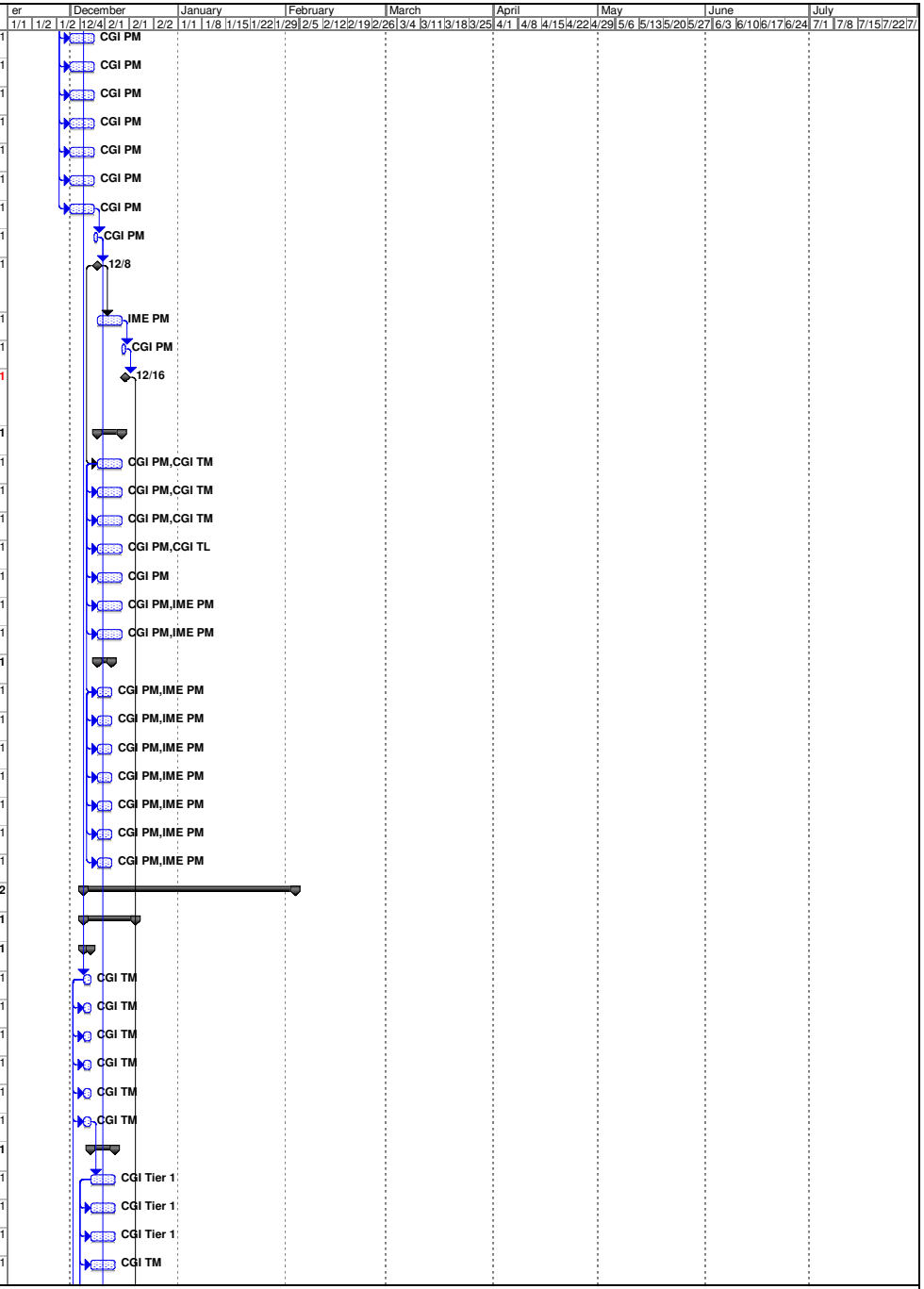
Task | Progress | Summary | External Tasks | Deadline
Split | Milestone | Project Summary | External Milestone

ID	WBS	Task Name	Duration	Start	Finish
41	1.3.2.2.8	Develop Project Communication Management Plan	5 days	Thu 12/1/11	Wed 12/7/11
42	1.3.2.2.9	Develop Risk Management Plan	5 days	Thu 12/1/11	Wed 12/7/11
43	1.3.2.2.10	Develop Procurement Management Plan	5 days	Thu 12/1/11	Wed 12/7/11
44	1.3.2.2.11	Develop Project Change Management Plan	5 days	Thu 12/1/11	Wed 12/7/11
45	1.3.2.2.12	Develop Project Issue Management Plan	5 days	Thu 12/1/11	Wed 12/7/11
46	1.3.2.2.13	Prepare Preliminary Deployment Plan	5 days	Thu 12/1/11	Wed 12/7/11
47	1.3.2.2.14	Develop Project Close-Out Process	5 days	Thu 12/1/11	Wed 12/7/11
48	1.3.2.2.15	Consolidate Project Implementation Management Plan Components	1 day	Thu 12/8/11	Thu 12/8/11
49	1.3.2.2.16	Submit Project Integration Management Plan to IME for Review and Approval	0 days	Thu 12/8/11	Thu 12/8/11
50	1.3.2.2.17	IME Review and Provide Approval/Feedback	5 days	Fri 12/9/11	Thu 12/15/11
51	1.3.2.2.18	Revise with IME Feedback	1 day	Fri 12/16/11	Fri 12/16/11
52	**1.3.2.2.19**	**Deliverable FINAL: EHR MIPAT Project Implementation Management Plan**	**0 days**	**Fri 12/16/11**	**Fri 12/16/11**
53	**1.3.2.3**	**Develop Preliminary EHR MIPAT Deployment Strategy**	**5 days**	**Fri 12/9/11**	**Thu 12/15/11**
54	1.3.2.3.1	Identify IA EHR MIPAT Operational Implementation Requirements	5 days	Fri 12/9/11	Thu 12/15/11
55	1.3.2.3.2	Identify IA EHR MIPAT Maintenance Implementation Requirements	5 days	Fri 12/9/11	Thu 12/15/11
56	1.3.2.3.3	Identify Administrator Training Requirements	5 days	Fri 12/9/11	Thu 12/15/11
57	1.3.2.3.4	Identify IA EHR MIPAT Training Requirements	5 days	Fri 12/9/11	Thu 12/15/11
58	1.3.2.3.5	Update IA EHR MIPAT Project Plan with Implementation Requirements	5 days	Fri 12/9/11	Thu 12/15/11
59	1.3.2.3.6	Develop Preliminary Go/No-Go Criteria	5 days	Fri 12/9/11	Thu 12/15/11
60	1.3.2.3.7	Develop Preliminary Readiness Assessment Checklist	5 days	Fri 12/9/11	Thu 12/15/11
61	**1.3.3**	**Establish Collaboration Infrastructure**	**2 days**	**Fri 12/9/11**	**Mon 12/12/11**
62	1.3.3.1	Establish Project Online Project Repository	2 days	Fri 12/9/11	Mon 12/12/11
63	1.3.3.2	Establish Project Calendar	2 days	Fri 12/9/11	Mon 12/12/11
64	1.3.3.3	Establish Status Report Templates	2 days	Fri 12/9/11	Mon 12/12/11
65	1.3.3.4	Establish Project Presentation Template	2 days	Fri 12/9/11	Mon 12/12/11
66	1.3.3.5	Establish Meeting Agenda Template	2 days	Fri 12/9/11	Mon 12/12/11
67	1.3.3.6	Establish Meeting Minutes and Action Items Template	2 days	Fri 12/9/11	Mon 12/12/11
68	1.3.3.7	Set up Collaboration Repository Access	2 days	Fri 12/9/11	Mon 12/12/11
69	**1.4**	**Envision Phase**	**45 days**	**Mon 12/5/11**	**Fri 2/3/12**
70	**1.4.1**	**Establish Hardware/Software for Requirements Validation**	**11 days**	**Mon 12/5/11**	**Mon 12/19/11**
71	**1.4.1.1**	**Confirm Baseline Environment**	**2 days**	**Mon 12/5/11**	**Tue 12/6/11**
72	1.4.1.1.1	Confirm Additional SaaS Hardware Requirements	2 days	Mon 12/5/11	Tue 12/6/11
73	1.4.1.1.2	Confirm Additional SaaS System Software Specifications	2 days	Mon 12/5/11	Tue 12/6/11
74	1.4.1.1.3	Confirm Additional SaaS Developer Workstation Software Specifications	2 days	Mon 12/5/11	Tue 12/6/11
75	1.4.1.1.4	Confirm Additional SaaS Test Software Requirements	2 days	Mon 12/5/11	Tue 12/6/11
76	1.4.1.1.5	Confirm Additional SaaS Storage Specifications	2 days	Mon 12/5/11	Tue 12/6/11
77	1.4.1.1.6	Confirm Additional SaaS Environment Network Requirement Specifications	2 days	Mon 12/5/11	Tue 12/6/11
78	**1.4.1.2**	**Procure Baseline Environment**	**5 days**	**Wed 12/7/11**	**Tue 12/13/11**
79	1.4.1.2.1	Procure Incremental Baseline Workstation Hardware	5 days	Wed 12/7/11	Tue 12/13/11
80	1.4.1.2.2	Procure Incremental Baseline Server Hardware	5 days	Wed 12/7/11	Tue 12/13/11
81	1.4.1.2.3	Procure Incremental Baseline System Software	5 days	Wed 12/7/11	Tue 12/13/11
82	1.4.1.2.4	Procure Incremental Baseline Application Developer Toolkits	5 days	Wed 12/7/11	Tue 12/13/11



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Task | Progress | Summary | External Tasks | Deadline
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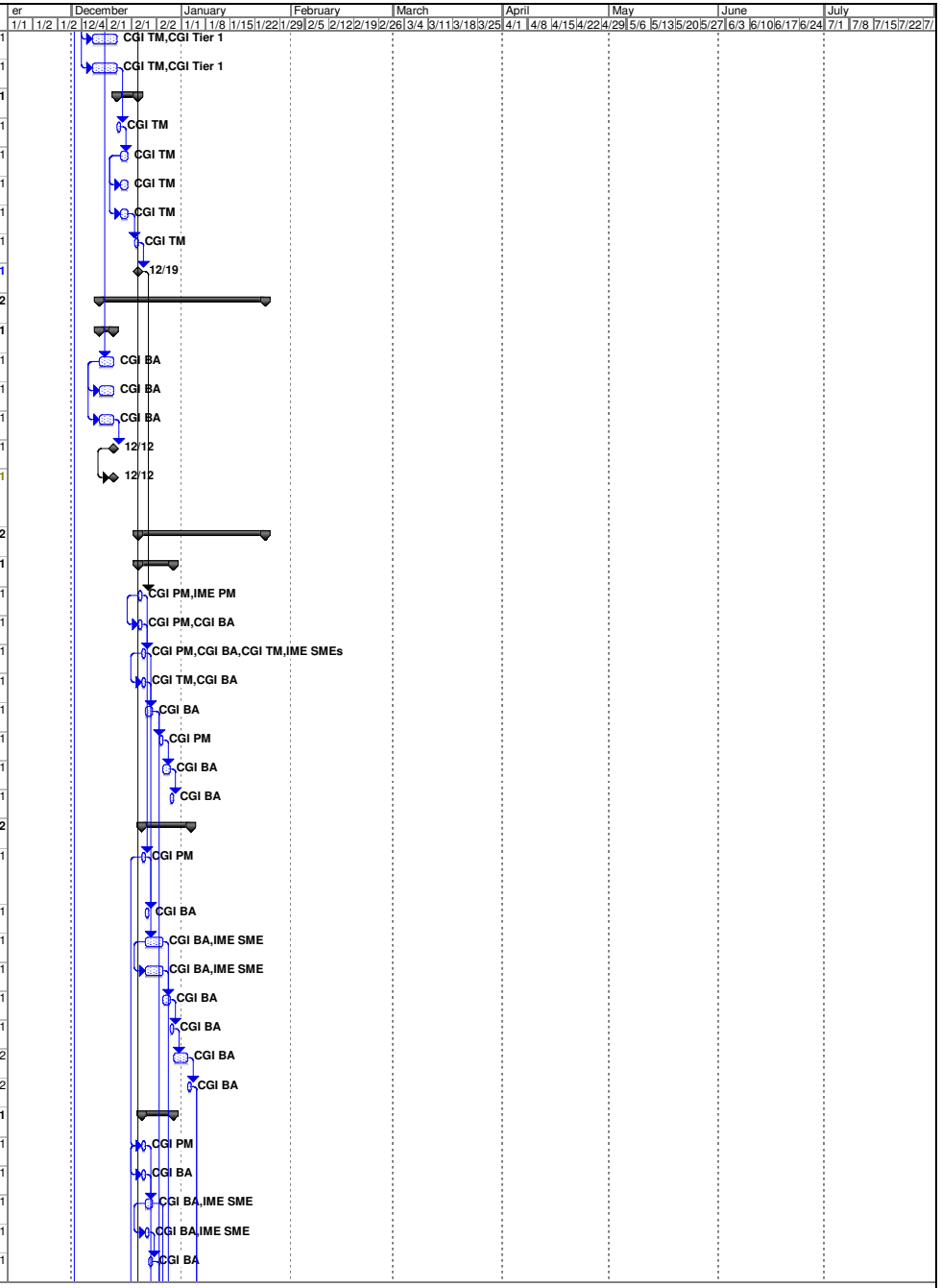
ID	WBS	Task Name	Duration	Start	Finish
83	1.4.1.2.5	Procure Incremental Baseline 3rd Party Software	5 days	Wed 12/7/11	Tue 12/13/11
84	1.4.1.2.6	Procure Incremental Baseline Software	5 days	Wed 12/7/11	Tue 12/13/11
85	**1.4.1.3**	**Deploy Medicaid Incentive 360 Baseline Application**	**4 days**	**Wed 12/14/11**	**Mon 12/19/11**
86	1.4.1.3.1	Confirm Baseline Environment Readiness	1 day	Wed 12/14/11	Wed 12/14/11
87	1.4.1.3.2	Deploy Baseline Medicaid Incentive 360 Software	2 days	Thu 12/15/11	Fri 12/16/11
88	1.4.1.3.3	Apply Standard Configurations	2 days	Thu 12/15/11	Fri 12/16/11
89	1.4.1.3.4	Apply Preliminary IA IA Agency Configurations	2 days	Thu 12/15/11	Fri 12/16/11
90	1.4.1.3.5	Verify Baseline Readiness	1 day	Mon 12/19/11	Mon 12/19/11
91	**1.4.1.3.6**	**Milestone: Medicaid Incentive 360 Baseline Application Deployed**	**0 days**	**Mon 12/19/11**	**Mon 12/19/11**
92	**1.4.2**	**IA Requirements Validation**	**33 days**	**Fri 12/9/11**	**Tue 1/24/12**
93	**1.4.2.1**	**Develop Baseline Requirements Traceability Matrix**	**2 days**	**Fri 12/9/11**	**Mon 12/12/11**
94	1.4.2.1.1	Document Traceability Approach	2 days	Fri 12/9/11	Mon 12/12/11
95	1.4.2.1.2	Consolidate Functional Requirements	2 days	Fri 12/9/11	Mon 12/12/11
96	1.4.2.1.3	Consolidate Non-Functional Requirements	2 days	Fri 12/9/11	Mon 12/12/11
97	1.4.2.1.4	Submit Baseline Requirements Traceability Matrix to IME for Review	0 days	Mon 12/12/11	Mon 12/12/11
98	**1.4.2.1.5**	**Deliverable (No Approval Required): EHR MIPAT Baseline Requirements Traceability Matrix**	**0 days**	**Mon 12/12/11**	**Mon 12/12/11**
99	**1.4.2.2**	**Conduct Requirement Validation JAD Sessions**	**26 days**	**Tue 12/20/11**	**Tue 1/24/12**
100	**1.4.2.2.1**	**General Requirements**	**8 days**	**Tue 12/20/11**	**Thu 12/29/11**
101	1.4.2.2.1.1	Schedule One (1) Half-Day General Requirements JAD Session	1 day	Tue 12/20/11	Tue 12/20/11
102	1.4.2.2.1.2	Prepare General Requirements Validation JAD Agenda	1 day	Tue 12/20/11	Tue 12/20/11
103	1.4.2.2.1.3	Conduct General Requirements JAD Session	1 day	Wed 12/21/11	Wed 12/21/11
104	1.4.2.2.1.4	Validate Requirements Against Baseline MI360 System	1 day	Wed 12/21/11	Wed 12/21/11
105	1.4.2.2.1.5	Document General Requirements JAD Session Results	2 days	Thu 12/22/11	Fri 12/23/11
106	1.4.2.2.1.6	Distribute JAD Session Minutes and Action Items to Participants	1 day	Mon 12/26/11	Mon 12/26/11
107	1.4.2.2.1.7	Revise General Requirements Session Minutes with Feedback	2 days	Tue 12/27/11	Wed 12/28/11
108	1.4.2.2.1.8	Update Requirements Traceability Matrix with Validated Requirements	1 day	Thu 12/29/11	Thu 12/29/11
109	**1.4.2.2.2**	**Provider Portal Requirements**	**10 days**	**Wed 12/21/11**	**Tue 1/3/12**
110	1.4.2.2.2.1	Schedule Three (3) Half-Day Provider Portal Requirements JAD Session	1 day	Wed 12/21/11	Wed 12/21/11
111	1.4.2.2.2.2	Prepare Provider Protal Requirements Validation JAD Agenda	1 day	Thu 12/22/11	Thu 12/22/11
112	1.4.2.2.2.3	Conduct Three (3) Provider Portal Requirements JAD Sessions	3 days	Thu 12/22/11	Mon 12/26/11
113	1.4.2.2.2.4	Validate Requirements Against Baseline MI360 System	3 days	Thu 12/22/11	Mon 12/26/11
114	1.4.2.2.2.5	Document Provider Portal Requirements JAD Session Results	2 days	Tue 12/27/11	Wed 12/28/11
115	1.4.2.2.2.6	Distribute JAD Session Minutes and Action Items to Participants	1 day	Thu 12/29/11	Thu 12/29/11
116	1.4.2.2.2.7	Revise Session Minutes with Feedback	2 days	Fri 12/30/11	Mon 1/2/12
117	1.4.2.2.2.8	Update Requirements Traceability Matrix with Validated Requirements	1 day	Tue 1/3/12	Tue 1/3/12
118	**1.4.2.2.3**	**Interfacing Requirements**	**7 days**	**Wed 12/21/11**	**Thu 12/29/11**
119	1.4.2.2.3.1	Schedule Two (2) Half-Day Interfacing Requirements JAD Sessions	1 day	Wed 12/21/11	Wed 12/21/11
120	1.4.2.2.3.2	Prepare Interfacing Requirements Validation JAD Agenda	1 day	Wed 12/21/11	Wed 12/21/11
121	1.4.2.2.3.3	Conduct Interfacing Requirements JAD Sessions	2 days	Thu 12/22/11	Fri 12/23/11
122	1.4.2.2.3.4	Validate Requirements Against Baseline MI360 System	1 day	Thu 12/22/11	Thu 12/22/11
123	1.4.2.2.3.5	Document Interfacing Requirements JAD Session Results	1 day	Fri 12/23/11	Fri 12/23/11



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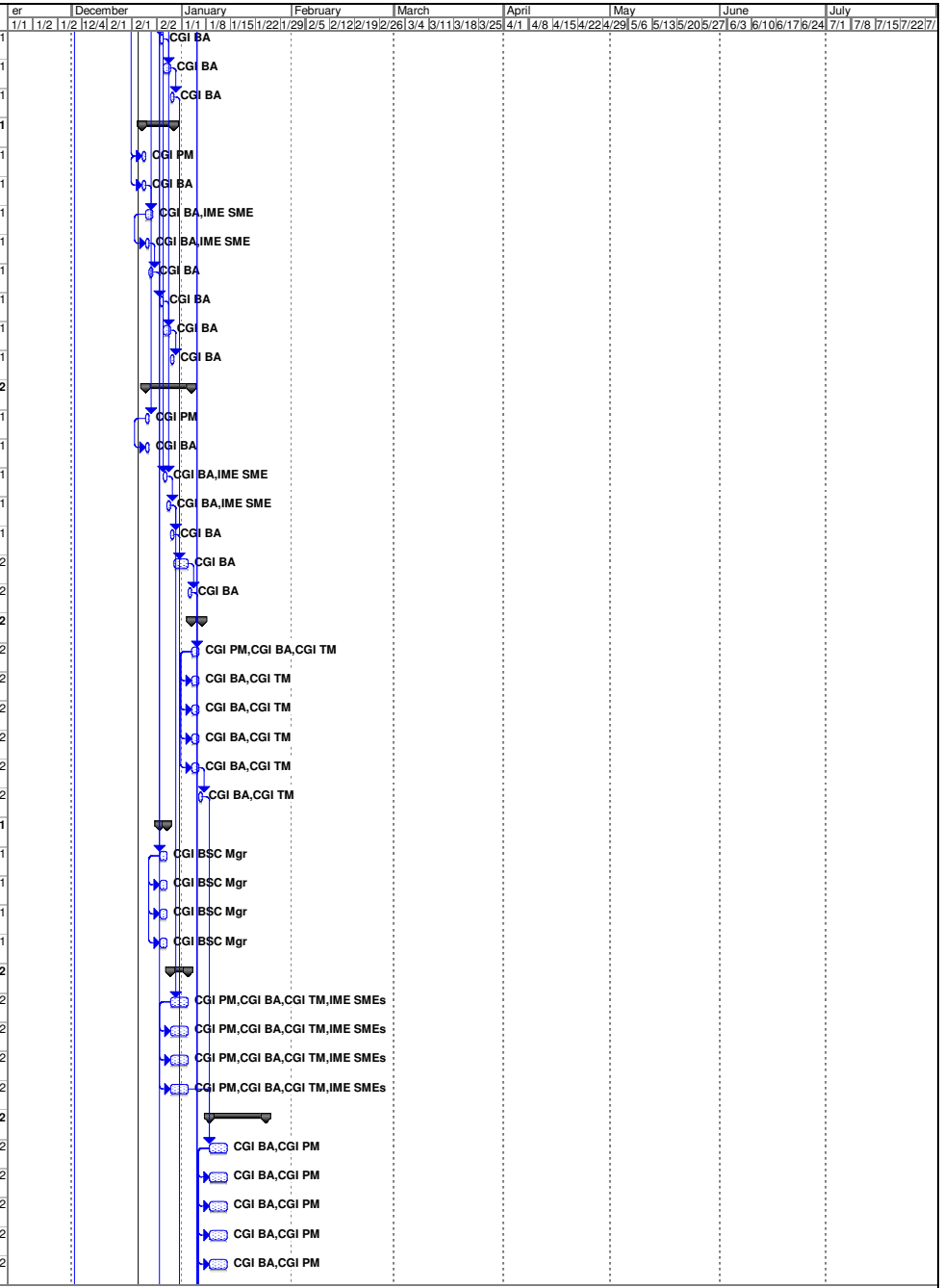
ID	WBS	Task Name	Duration	Start	Finish
124	1.4.2.2.3.6	Distribute JAD Session Minutes and Action Items to Participants	1 day	Mon 12/26/11	Mon 12/26/11
125	1.4.2.2.3.7	Revise Interfacing Requirements Session Minutes with Feedback	2 days	Tue 12/27/11	Wed 12/28/11
126	1.4.2.2.3.8	Update Requirements Traceability Matrix with Validated Requirements	1 day	Thu 12/29/11	Thu 12/29/11
127	**1.4.2.2.4**	**Data Conversion Requirements**	**7 days**	**Wed 12/21/11**	**Thu 12/29/11**
128	1.4.2.2.4.1	Schedule Two (2) Half-Day Data Conversion Requirements JAD Sessions	1 day	Wed 12/21/11	Wed 12/21/11
129	1.4.2.2.4.2	Prepare Data Conversion Requirements Validation JAD Agenda	1 day	Wed 12/21/11	Wed 12/21/11
130	1.4.2.2.4.3	Conduct Data Conversion Requirements JAD Sessions	2 days	Thu 12/22/11	Fri 12/23/11
131	1.4.2.2.4.4	Validate Requirements Against Baseline MI360 System	1 day	Thu 12/22/11	Thu 12/22/11
132	1.4.2.2.4.5	Document Data Conversion Requirements JAD Session Results	1 day	Fri 12/23/11	Fri 12/23/11
133	1.4.2.2.4.6	Distribute JAD Session Minutes and Action Items to Participants	1 day	Mon 12/26/11	Mon 12/26/11
134	1.4.2.2.4.7	Revise Data Conversion Requirements Session Minutes with Feedback	2 days	Tue 12/27/11	Wed 12/28/11
135	1.4.2.2.4.8	Update Requirements Traceability Matrix with Validated Requirements	1 day	Thu 12/29/11	Thu 12/29/11
136	**1.4.2.2.5**	**Reporting Requirements**	**9 days**	**Thu 12/22/11**	**Tue 1/3/12**
137	1.4.2.2.5.1	Schedule One (1) Half-Day Reporting Requirements JAD Session	1 day	Thu 12/22/11	Thu 12/22/11
138	1.4.2.2.5.2	Prepare Reporting Requirements Validation JAD Agenda	1 day	Thu 12/22/11	Thu 12/22/11
139	1.4.2.2.5.3	Conduct Reporting Requirements JAD Session	1 day	Tue 12/27/11	Tue 12/27/11
140	1.4.2.2.5.4	Document Reporting Requirements JAD Session Results	1 day	Wed 12/28/11	Wed 12/28/11
141	1.4.2.2.5.5	Distribute JAD Session Minutes and Action Items to Participants	1 day	Thu 12/29/11	Thu 12/29/11
142	1.4.2.2.5.6	Revise Reporting Requirements Session Minutes with Feedback	2 days	Fri 12/30/11	Mon 1/2/12
143	1.4.2.2.5.7	Update Requirements Traceability Matrix with Validated Requirements	1 day	Tue 1/3/12	Tue 1/3/12
144	**1.4.2.2.6**	**Prepare Fit/Gap Analysis Results**	**3 days**	**Wed 1/4/12**	**Fri 1/6/12**
145	1.4.2.2.6.1	Document Configuration Requirements	2 days	Wed 1/4/12	Thu 1/5/12
146	1.4.2.2.6.2	Identify Worflow Requirements	2 days	Wed 1/4/12	Thu 1/5/12
147	1.4.2.2.6.3	Document User Interface Configuration Requirements	2 days	Wed 1/4/12	Thu 1/5/12
148	1.4.2.2.6.4	Confirm System Interface Requirements	2 days	Wed 1/4/12	Thu 1/5/12
149	1.4.2.2.6.5	Confirm Reporting Requirements	2 days	Wed 1/4/12	Thu 1/5/12
150	1.4.2.2.6.6	Prepare Gap Analysis Document	1 day	Fri 1/6/12	Fri 1/6/12
151	**1.4.2.2.7**	**Post Implementation Call Center Requirements**	**2 days**	**Mon 12/26/11**	**Tue 12/27/11**
152	1.4.2.2.7.1	Confirm Post Implementation Call Center Support Requirements	2 days	Mon 12/26/11	Tue 12/27/11
153	1.4.2.2.7.2	Confirm Policy and Procedure Requirements	2 days	Mon 12/26/11	Tue 12/27/11
154	1.4.2.2.7.3	Confirm Call Center Infrastructure Requirements	2 days	Mon 12/26/11	Tue 12/27/11
155	1.4.2.2.7.4	Confirm Call Center Hours of Operation Requirements	2 days	Mon 12/26/11	Tue 12/27/11
156	**1.4.2.2.8**	**Requirement Traceability Matrix Elaboration**	**3 days**	**Thu 12/29/11**	**Mon 1/2/12**
157	1.4.2.2.8.1	Confirm Cross-Walk or Map for Each Requirement	3 days	Thu 12/29/11	Mon 1/2/12
158	1.4.2.2.8.2	Identify Open Change Order Requirements	3 days	Thu 12/29/11	Mon 1/2/12
159	1.4.2.2.8.3	Identify Post-RFP Requirements	3 days	Thu 12/29/11	Mon 1/2/12
160	1.4.2.2.8.4	Identify Requirement Measurement Method	3 days	Thu 12/29/11	Mon 1/2/12
161	**1.4.2.2.9**	**Consolidate Gap Analysis/Requirements SpecificationDocument**	**12 days**	**Mon 1/9/12**	**Tue 1/24/12**
162	1.4.2.2.9.1	Inventory Functional Requirements	5 days	Mon 1/9/12	Fri 1/13/12
163	1.4.2.2.9.2	Inventory Non-Functional Requirements	5 days	Mon 1/9/12	Fri 1/13/12
164	1.4.2.2.9.3	Document Quality Attributes	5 days	Mon 1/9/12	Fri 1/13/12
165	1.4.2.2.9.4	Document Legal and Regulatory Requirements	5 days	Mon 1/9/12	Fri 1/13/12
166	1.4.2.2.9.5	Document System Standards	5 days	Mon 1/9/12	Fri 1/13/12



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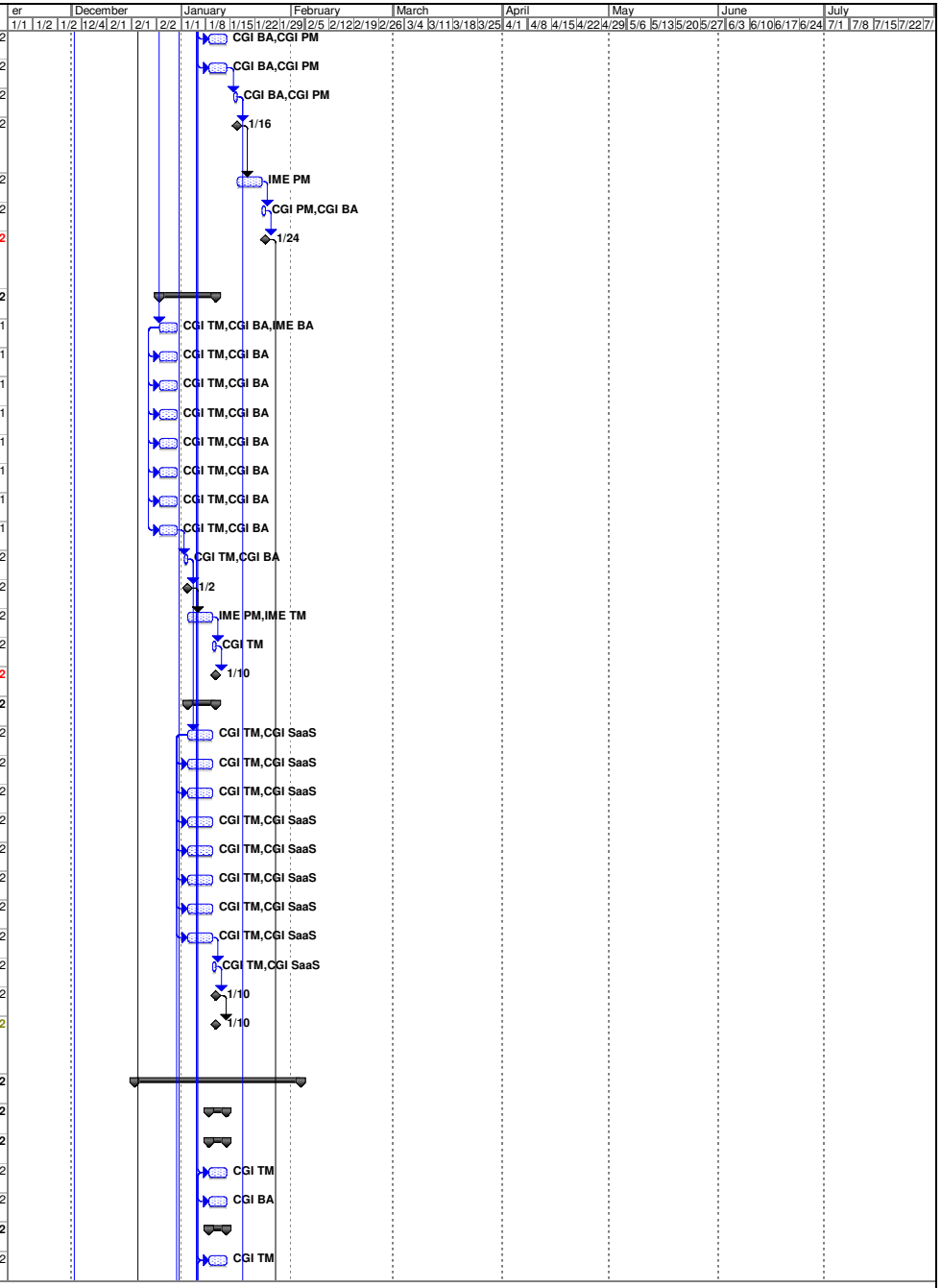
ID	WBS	Task Name	Duration	Start	Finish
167	1.4.2.2.9.6	Document Performance Requirements	5 days	Mon 1/9/12	Fri 1/13/12
168	1.4.2.2.9.7	Document Configuration Requirementts	5 days	Mon 1/9/12	Fri 1/13/12
169	1.4.2.2.9.8	Develop Gap Analysis/Requirements SpecificationDocument	1 day	Mon 1/16/12	Mon 1/16/12
170	1.4.2.2.9.9	Submit Gap Analysis/Requirements SpecificationDocument to IME for Review and Approval	0 days	Mon 1/16/12	Mon 1/16/12
171	1.4.2.2.9.10	IME Review and Provide Approval/Feedback	5 days	Tue 1/17/12	Mon 1/23/12
172	1.4.2.2.9.11	Revise with IME Feedback	1 day	Tue 1/24/12	Tue 1/24/12
173	**1.4.2.2.9.12**	**Deliverable FINAL: EHR MIPAT Gap Analysis/Requirements Specification Document**	**0 days**	**Tue 1/24/12**	**Tue 1/24/12**
174	**1.4.3**	**Develop Detailed Data Interface Document**	**12 days**	**Mon 12/26/11**	**Tue 1/10/12**
175	1.4.3.1	Confirm Required State Interfaces	5 days	Mon 12/26/11	Fri 12/30/11
176	1.4.3.2	Develop Inbound Interface Narrative Descriptions	5 days	Mon 12/26/11	Fri 12/30/11
177	1.4.3.3	Develop Outbound Interface Narrative Descriptions	5 days	Mon 12/26/11	Fri 12/30/11
178	1.4.3.4	Document Interface File/Data Mapping Requirements	5 days	Mon 12/26/11	Fri 12/30/11
179	1.4.3.5	Document Interface Resource Requirements	5 days	Mon 12/26/11	Fri 12/30/11
180	1.4.3.6	Develop Detailed Interface Design Architecture Description	5 days	Mon 12/26/11	Fri 12/30/11
181	1.4.3.7	Develop Detailed Interface Design Architecture Diagram	5 days	Mon 12/26/11	Fri 12/30/11
182	1.4.3.8	Develop Elaborated Interface Layout Descriptions	5 days	Mon 12/26/11	Fri 12/30/11
183	1.4.3.9	Develop Detalied Data Interface Design	1 day	Mon 1/2/12	Mon 1/2/12
184	1.4.3.10	Submit Detalied Data Interface Design to IME for Review and Approval	0 days	Mon 1/2/12	Mon 1/2/12
185	1.4.3.11	IME Review and Provide Approval/Feedback	5 days	Tue 1/3/12	Mon 1/9/12
186	1.4.3.12	Revise with IME Feedback	1 day	Tue 1/10/12	Tue 1/10/12
187	**1.4.3.13**	**Deliverable FINAL: EHR MIPAT Detailed Data Interface Design**	**0 days**	**Tue 1/10/12**	**Tue 1/10/12**
188	**1.4.4**	**Develop Information Security Plan**	**6 days**	**Tue 1/3/12**	**Tue 1/10/12**
189	1.4.4.1	Document IA Security Policy Compliance	5 days	Tue 1/3/12	Mon 1/9/12
190	1.4.4.2	Document MI360 Security Approach	5 days	Tue 1/3/12	Mon 1/9/12
191	1.4.4.3	Document User Access Security Policy	5 days	Tue 1/3/12	Mon 1/9/12
192	1.4.4.4	Document Infrastructure Physical Security Plan	5 days	Tue 1/3/12	Mon 1/9/12
193	1.4.4.5	Document Internet Data Security Plan	5 days	Tue 1/3/12	Mon 1/9/12
194	1.4.4.6	Document HIPAA Security Compliance Plan	5 days	Tue 1/3/12	Mon 1/9/12
195	1.4.4.7	Document COV ITRM Compliance Plan	5 days	Tue 1/3/12	Mon 1/9/12
196	1.4.4.8	Document Facility Security Compliance Plan	5 days	Tue 1/3/12	Mon 1/9/12
197	1.4.4.9	Develop Information Security Plan	1 day	Tue 1/10/12	Tue 1/10/12
198	1.4.4.10	Submit Information Security Plan to IME for Review	0 days	Tue 1/10/12	Tue 1/10/12
199	**1.4.4.11**	**Deliverable (No Approval Required): EHR MIPAT Information Security Plan**	**0 days**	**Tue 1/10/12**	**Tue 1/10/12**
200	**1.4.5**	**Develop EHR MIPAT Configuration Designs**	**35 days**	**Mon 12/19/11**	**Fri 2/3/12**
201	**1.4.5.1**	**General Design**	**5 days**	**Mon 1/9/12**	**Fri 1/13/12**
202	**1.4.5.1.1**	**Update System Security Design**	**5 days**	**Mon 1/9/12**	**Fri 1/13/12**
203	1.4.5.1.1.1	Update System Security Design	5 days	Mon 1/9/12	Fri 1/13/12
204	1.4.5.1.1.2	Update System Integration Test Scripts	5 days	Mon 1/9/12	Fri 1/13/12
205	**1.4.5.1.2**	**Update System Messaging Design**	**5 days**	**Mon 1/9/12**	**Fri 1/13/12**
206	1.4.5.1.2.1	Update System Messaging Design	5 days	Mon 1/9/12	Fri 1/13/12



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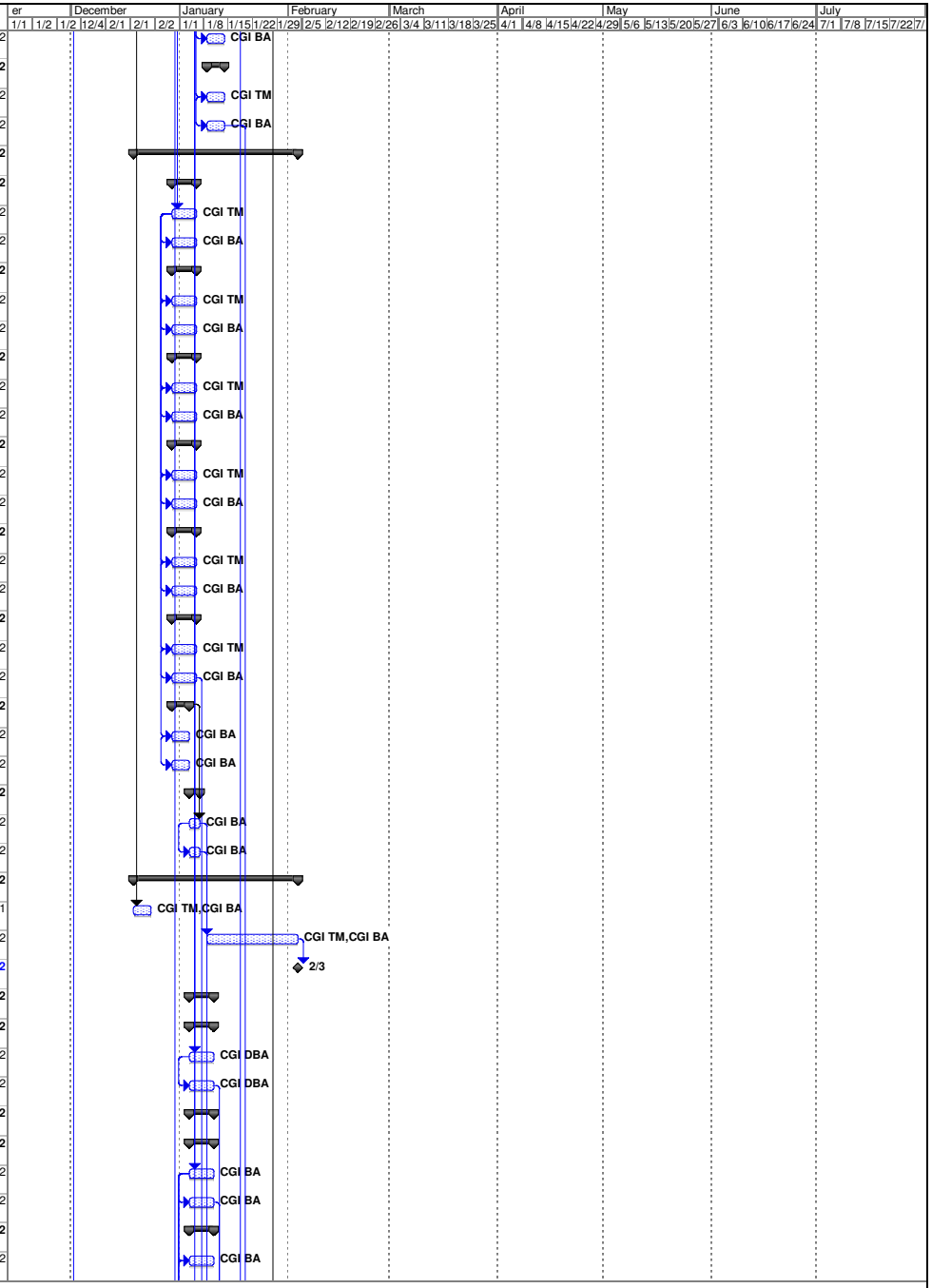
Task | Split | Progress | Milestone | Summary | Project Summary | External Tasks | External Milestone | Deadline

ID	WBS	Task Name	Duration	Start	Finish
207	1.4.5.1.2.2	Update System Integration Test Scripts	5 days	Mon 1/9/12	Fri 1/13/12
208	**1.4.5.1.3**	**Update IA Help Screens Updates**	**5 days**	**Mon 1/9/12**	**Fri 1/13/12**
209	1.4.5.1.3.1	Update Help Screens Design	5 days	Mon 1/9/12	Fri 1/13/12
210	1.4.5.1.3.2	Update System Integration Test Scripts	5 days	Mon 1/9/12	Fri 1/13/12
211	**1.4.5.2**	**Interfaces Designs**	**35 days**	**Mon 12/19/11**	**Fri 2/3/12**
212	**1.4.5.2.1**	**Update NLR B6 Interface Design**	**5 days**	**Fri 12/30/11**	**Thu 1/5/12**
213	1.4.5.2.1.1	Update NLR B6 Interface Configuration Design	5 days	Fri 12/30/11	Thu 1/5/12
214	1.4.5.2.1.2	Update System Integration Test Scripts	5 days	Fri 12/30/11	Thu 1/5/12
215	**1.4.5.2.2**	**Update NLR B7 Interface Design**	**5 days**	**Fri 12/30/11**	**Thu 1/5/12**
216	1.4.5.2.2.1	Update NLR B7 Interface Configuration Design	5 days	Fri 12/30/11	Thu 1/5/12
217	1.4.5.2.2.2	Update System Integration Test Scripts	5 days	Fri 12/30/11	Thu 1/5/12
218	**1.4.5.2.3**	**Update NLR D16 Interface Design**	**5 days**	**Fri 12/30/11**	**Thu 1/5/12**
219	1.4.5.2.3.1	Update NLR D16 Interface Configuration Design	5 days	Fri 12/30/11	Thu 1/5/12
220	1.4.5.2.3.2	Update System Integration Test Scripts	5 days	Fri 12/30/11	Thu 1/5/12
221	**1.4.5.2.4**	**Update NLR C5 Interface Design**	**5 days**	**Fri 12/30/11**	**Thu 1/5/12**
222	1.4.5.2.4.1	Update NLR C5 Interface Configuration Design	5 days	Fri 12/30/11	Thu 1/5/12
223	1.4.5.2.4.2	Update System Integration Test Scripts	5 days	Fri 12/30/11	Thu 1/5/12
224	**1.4.5.2.5**	**Update NLR D17 Interface Design**	**5 days**	**Fri 12/30/11**	**Thu 1/5/12**
225	1.4.5.2.5.1	Update NLR D17 Interface Configuration Design	5 days	Fri 12/30/11	Thu 1/5/12
226	1.4.5.2.5.2	Update System Integration Test Scripts	5 days	Fri 12/30/11	Thu 1/5/12
227	**1.4.5.2.6**	**Update NLR D18 Interface Design**	**5 days**	**Fri 12/30/11**	**Thu 1/5/12**
228	1.4.5.2.6.1	Update NLR D18 Interface Configuration Design	5 days	Fri 12/30/11	Thu 1/5/12
229	1.4.5.2.6.2	Update System Integration Test Scripts	5 days	Fri 12/30/11	Thu 1/5/12
230	**1.4.5.2.7**	**Develop IA DHS Data Warehouse Interface Designs**	**3 days**	**Fri 12/30/11**	**Tue 1/3/12**
231	1.4.5.2.7.1	Develop IA DHS Data Warehouse Interface Configuration Design	3 days	Fri 12/30/11	Tue 1/3/12
232	1.4.5.2.7.2	Develop System Integration Test Scripts	3 days	Fri 12/30/11	Tue 1/3/12
233	**1.4.5.2.8**	**Develop IA MMIS Interface Designs**	**3 days**	**Wed 1/4/12**	**Fri 1/6/12**
234	1.4.5.2.8.1	Develop IA EHR MIPAT Payment Interface Configuration Design	3 days	Wed 1/4/12	Fri 1/6/12
235	1.4.5.2.8.2	Develop System Integration Test Scripts	3 days	Wed 1/4/12	Fri 1/6/12
236	**1.4.5.2.9**	**CMS NLR Interface Certification**	**35 days**	**Mon 12/19/11**	**Fri 2/3/12**
237	1.4.5.2.9.1	Coordinate NLR Interface Testing Schedule with CMS	5 days	Mon 12/19/11	Fri 12/23/11
238	1.4.5.2.9.2	Conduct CMS NLR Interface Testing	20 days	Mon 1/9/12	Fri 2/3/12
239	**1.4.5.2.9.3**	**Milestone: Confirm IA CMS Interface Certification**	**0 days**	**Fri 2/3/12**	**Fri 2/3/12**
240	**1.4.5.3**	**Data Conversion ETL Design**	**5 days**	**Wed 1/4/12**	**Tue 1/10/12**
241	**1.4.5.3.1**	**Confirm EHR MIPAT Data Conversion ETL Design**	**5 days**	**Wed 1/4/12**	**Tue 1/10/12**
242	1.4.5.3.1.1	Confirm EHR MIPAT Registration Configuration Design	5 days	Wed 1/4/12	Tue 1/10/12
243	1.4.5.3.1.2	Confirm System Data Conversion Test Scripts	5 days	Wed 1/4/12	Tue 1/10/12
244	**1.4.5.4**	**Provider Portal Configuration Design**	**5 days**	**Wed 1/4/12**	**Tue 1/10/12**
245	**1.4.5.4.1**	**Confirm EHR MIPAT Registration Design**	**5 days**	**Wed 1/4/12**	**Tue 1/10/12**
246	1.4.5.4.1.1	Confirm EHR MIPAT Registration Configuration Design	5 days	Wed 1/4/12	Tue 1/10/12
247	1.4.5.4.1.2	Confirm System Integration Test Scripts	5 days	Wed 1/4/12	Tue 1/10/12
248	**1.4.5.4.2**	**Confirm Provider AIU/MU Attestation and Eligibility Design**	**5 days**	**Wed 1/4/12**	**Tue 1/10/12**
249	1.4.5.4.2.1	Confirm Provider AIU/MU Attestation and Eligibility Configuration Design	5 days	Wed 1/4/12	Tue 1/10/12



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Task | Progress | Summary | External Tasks | Deadline
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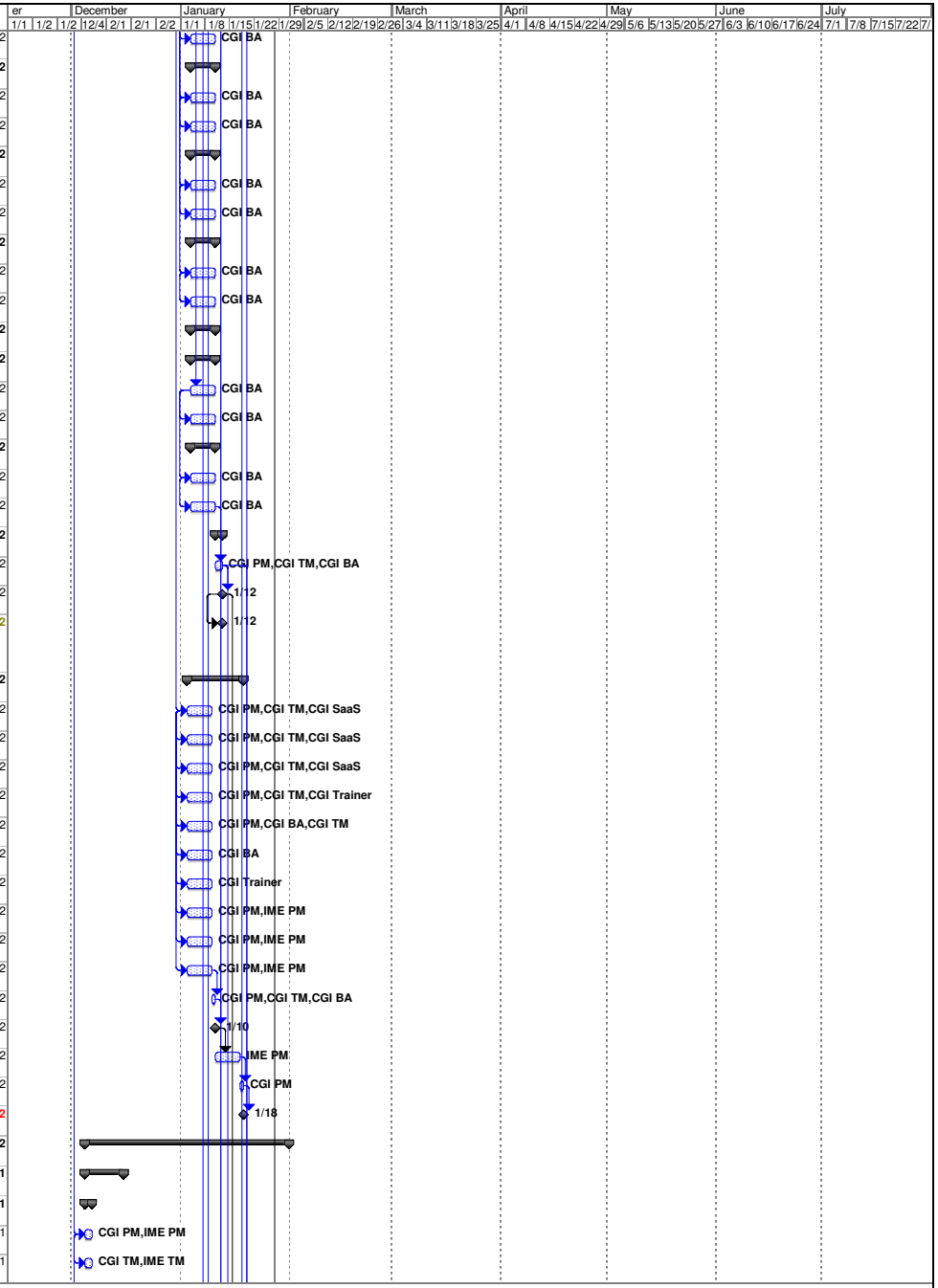
ID	WBS	Task Name	Duration	Start	Finish
250	1.4.5.4.2.2	Confirm System Integration Test Scripts	5 days	Wed 1/4/12	Tue 1/10/12
251	**1.4.5.4.3**	**Confirm Provider Incentive Payments Design**	**5 days**	**Wed 1/4/12**	**Tue 1/10/12**
252	1.4.5.4.3.1	Confirm Provider Incentive Payments Configuration Design	5 days	Wed 1/4/12	Tue 1/10/12
253	1.4.5.4.3.2	Confirm System Integration Test Scripts	5 days	Wed 1/4/12	Tue 1/10/12
254	**1.4.5.4.4**	**Confirm Audits Design**	**5 days**	**Wed 1/4/12**	**Tue 1/10/12**
255	1.4.5.4.4.1	Confirm Audits Configuration Design	5 days	Wed 1/4/12	Tue 1/10/12
256	1.4.5.4.4.2	Confirm System Integration Test Scripts	5 days	Wed 1/4/12	Tue 1/10/12
257	**1.4.5.4.5**	**Confirm Reconsiderations and Appeals Design**	**5 days**	**Wed 1/4/12**	**Tue 1/10/12**
258	1.4.5.4.5.1	Confirm Appeals Configuration Design	5 days	Wed 1/4/12	Tue 1/10/12
259	1.4.5.4.5.2	Confirm System Integration Test Scripts	5 days	Wed 1/4/12	Tue 1/10/12
260	**1.4.5.5**	**Reporting Configuration Designs**	**5 days**	**Wed 1/4/12**	**Tue 1/10/12**
261	**1.4.5.5.1**	**General Reports**	**5 days**	**Wed 1/4/12**	**Tue 1/10/12**
262	1.4.5.5.1.1	Confirm General Reports Configuration Design	5 days	Wed 1/4/12	Tue 1/10/12
263	1.4.5.5.1.2	Update System Integration Test Scripts	5 days	Wed 1/4/12	Tue 1/10/12
264	**1.4.5.5.2**	**Standard EHR MIPAT Reports**	**5 days**	**Wed 1/4/12**	**Tue 1/10/12**
265	1.4.5.5.2.1	Configure Standard EHR MIPAT Reports Configuration Design	5 days	Wed 1/4/12	Tue 1/10/12
266	1.4.5.5.2.2	Configure System Integration Test Scripts	5 days	Wed 1/4/12	Tue 1/10/12
267	**1.4.5.6**	**Prepare EHR MIPAT Configuration Design Document**	**2 days**	**Wed 1/11/12**	**Thu 1/12/12**
268	1.4.5.6.1	Consolidate EHR MIPAT Configuration Design Document	2 days	Wed 1/11/12	Thu 1/12/12
269	1.4.5.6.2	Submit EHR MIPAT Configuration Design Document to IME for Review	0 days	Thu 1/12/12	Thu 1/12/12
270	**1.4.5.6.3**	**Deliverable (No Approval Required): EHR MIPAT Configuration Design Document**	**0 days**	**Thu 1/12/12**	**Thu 1/12/12**
271	**1.4.6**	**Develop System Deployment Plan**	**12 days**	**Tue 1/3/12**	**Wed 1/18/12**
272	1.4.6.1	Develop Deployment Strategy	5 days	Tue 1/3/12	Mon 1/9/12
273	1.4.6.2	Identify Infrastructure Requirements	5 days	Tue 1/3/12	Mon 1/9/12
274	1.4.6.3	Define Technical Training Requirements	5 days	Tue 1/3/12	Mon 1/9/12
275	1.4.6.4	Define Provider Support Staff Training Requirements	5 days	Tue 1/3/12	Mon 1/9/12
276	1.4.6.5	Define Data Interface Integration Plan	5 days	Tue 1/3/12	Mon 1/9/12
277	1.4.6.6	Define User Documentation Requirements	5 days	Tue 1/3/12	Mon 1/9/12
278	1.4.6.7	Define State Business Staff Training Requirements	5 days	Tue 1/3/12	Mon 1/9/12
279	1.4.6.8	Finalize Go/No-Go Criteria	5 days	Tue 1/3/12	Mon 1/9/12
280	1.4.6.9	Finalize Readiness Assessment Checklist	5 days	Tue 1/3/12	Mon 1/9/12
281	1.4.6.10	Define System Deployment Approval Process	5 days	Tue 1/3/12	Mon 1/9/12
282	1.4.6.11	Consolidate System Deployment Plan	1 day	Tue 1/10/12	Tue 1/10/12
283	1.4.6.12	Submit System Deployment Plan to IME for Review and Approval	0 days	Tue 1/10/12	Tue 1/10/12
284	1.4.6.13	IME Review and Provide Approval/Feedback	5 days	Wed 1/11/12	Tue 1/17/12
285	1.4.6.14	Revise with IME Feedback	1 day	Wed 1/18/12	Wed 1/18/12
286	**1.4.6.15**	**Deliverable FINAL: EHR MIPAT System Deployment Plan**	**0 days**	**Wed 1/18/12**	**Wed 1/18/12**
287	**1.4.7**	**Infrastructure Component Configuration**	**42 days**	**Mon 12/5/11**	**Tue 1/31/12**
288	**1.4.7.1**	**Confirm Infrastructure Requirements**	**9 days**	**Mon 12/5/11**	**Thu 12/15/11**
289	**1.4.7.1.1**	**Confirm System Performance Requirements**	**2 days**	**Mon 12/5/11**	**Tue 12/6/11**
290	1.4.7.1.1.1	Confirm System Availability Requirements	2 days	Mon 12/5/11	Tue 12/6/11
291	1.4.7.1.1.2	Confirm Transaction Performance Requirements	2 days	Mon 12/5/11	Tue 12/6/11



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Task | Progress | Summary | External Tasks | Deadline
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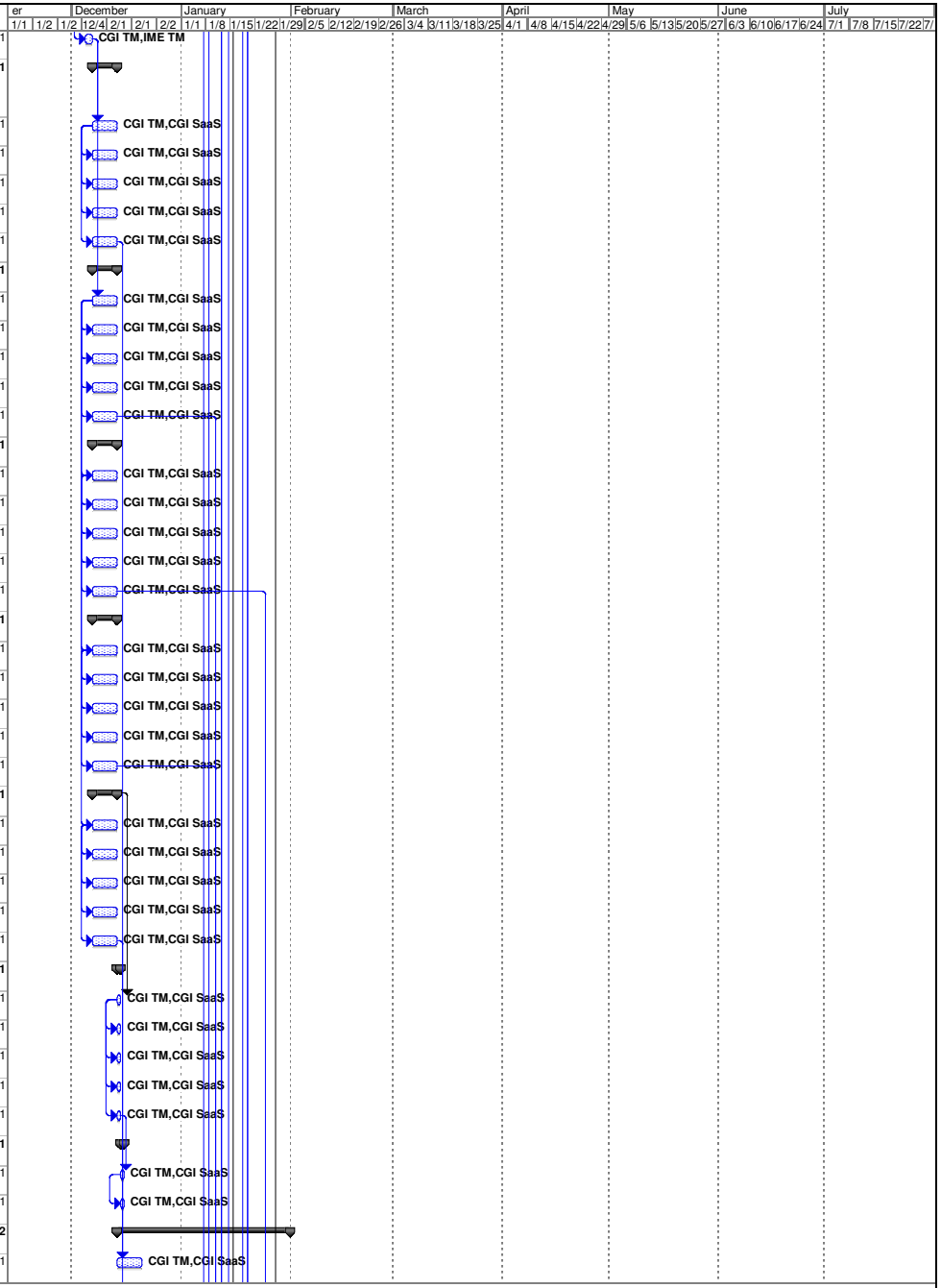
ID	WBS	Task Name	Duration	Start	Finish
292	1.4.7.1.1.3	Confirm System Performance Reporting Requirements	2 days	Mon 12/5/11	Tue 12/6/11
293	**1.4.7.1.2**	**Confirm MI360 Development/Configuration Environment Requirements**	**5 days**	**Wed 12/7/11**	**Tue 12/13/11**
294	1.4.7.1.2.1	Define Hardware Requirements	5 days	Wed 12/7/11	Tue 12/13/11
295	1.4.7.1.2.2	Define Software Requirements	5 days	Wed 12/7/11	Tue 12/13/11
296	1.4.7.1.2.3	Define Storage Requirements	5 days	Wed 12/7/11	Tue 12/13/11
297	1.4.7.1.2.4	Define Network Requirements	5 days	Wed 12/7/11	Tue 12/13/11
298	1.4.7.1.2.5	Identify Timing Requirements	5 days	Wed 12/7/11	Tue 12/13/11
299	**1.4.7.1.3**	**Confirm MI360 Integration Test Environment Requirements**	**5 days**	**Wed 12/7/11**	**Tue 12/13/11**
300	1.4.7.1.3.1	Define Hardware Requirements	5 days	Wed 12/7/11	Tue 12/13/11
301	1.4.7.1.3.2	Define Software Requirements	5 days	Wed 12/7/11	Tue 12/13/11
302	1.4.7.1.3.3	Define Storage Requirements	5 days	Wed 12/7/11	Tue 12/13/11
303	1.4.7.1.3.4	Define Network Requirements	5 days	Wed 12/7/11	Tue 12/13/11
304	1.4.7.1.3.5	Identify Timing Requirements	5 days	Wed 12/7/11	Tue 12/13/11
305	**1.4.7.1.4**	**Confirm MI360 User Acceptance Test Environment Requirements**	**5 days**	**Wed 12/7/11**	**Tue 12/13/11**
306	1.4.7.1.4.1	Define Hardware Requirements	5 days	Wed 12/7/11	Tue 12/13/11
307	1.4.7.1.4.2	Define Software Requirements	5 days	Wed 12/7/11	Tue 12/13/11
308	1.4.7.1.4.3	Define Storage Requirements	5 days	Wed 12/7/11	Tue 12/13/11
309	1.4.7.1.4.4	Define Network Requirements	5 days	Wed 12/7/11	Tue 12/13/11
310	1.4.7.1.4.5	Identify Timing Requirements	5 days	Wed 12/7/11	Tue 12/13/11
311	**1.4.7.1.5**	**Confirm MI360 Production Environment Requirements**	**5 days**	**Wed 12/7/11**	**Tue 12/13/11**
312	1.4.7.1.5.1	Define Hardware Requirements	5 days	Wed 12/7/11	Tue 12/13/11
313	1.4.7.1.5.2	Define Software Requirements	5 days	Wed 12/7/11	Tue 12/13/11
314	1.4.7.1.5.3	Define Storage Requirements	5 days	Wed 12/7/11	Tue 12/13/11
315	1.4.7.1.5.4	Define Network Requirements	5 days	Wed 12/7/11	Tue 12/13/11
316	1.4.7.1.5.5	Identify Timing Requirements	5 days	Wed 12/7/11	Tue 12/13/11
317	**1.4.7.1.6**	**Confirm Data File Interface Environment Requirements**	**5 days**	**Wed 12/7/11**	**Tue 12/13/11**
318	1.4.7.1.6.1	Define Hardware Requirements	5 days	Wed 12/7/11	Tue 12/13/11
319	1.4.7.1.6.2	Define File Transfer Software Requirements	5 days	Wed 12/7/11	Tue 12/13/11
320	1.4.7.1.6.3	Define Storage Requirements	5 days	Wed 12/7/11	Tue 12/13/11
321	1.4.7.1.6.4	Define Network Requirements	5 days	Wed 12/7/11	Tue 12/13/11
322	1.4.7.1.6.5	Identify Timing Requirements	5 days	Wed 12/7/11	Tue 12/13/11
323	**1.4.7.1.7**	**Confim Backup/Disaster Recovery Plan**	**1 day**	**Wed 12/14/11**	**Wed 12/14/11**
324	1.4.7.1.7.1	Document Backup Procedures	1 day	Wed 12/14/11	Wed 12/14/11
325	1.4.7.1.7.2	Document Recovery Procedures	1 day	Wed 12/14/11	Wed 12/14/11
326	1.4.7.1.7.3	Document Offsite Server Strategy	1 day	Wed 12/14/11	Wed 12/14/11
327	1.4.7.1.7.4	Document Server Synchronization Strategy	1 day	Wed 12/14/11	Wed 12/14/11
328	1.4.7.1.7.5	Document Data Quality Integrity Strategy	1 day	Wed 12/14/11	Wed 12/14/11
329	**1.4.7.1.8**	**Develop Archiving Strategy**	**1 day**	**Thu 12/15/11**	**Thu 12/15/11**
330	1.4.7.1.8.1	Define Archiving Requirements	1 day	Thu 12/15/11	Thu 12/15/11
331	1.4.7.1.8.2	Define Data Restore Requirements	1 day	Thu 12/15/11	Thu 12/15/11
332	**1.4.7.2**	**Provision Infrastructure**	**35 days**	**Wed 12/14/11**	**Tue 1/31/12**
333	1.4.7.2.1	Establish Interface Environment	5 days	Wed 12/14/11	Tue 12/20/11



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Task | Progress | Summary | External Tasks | Deadline
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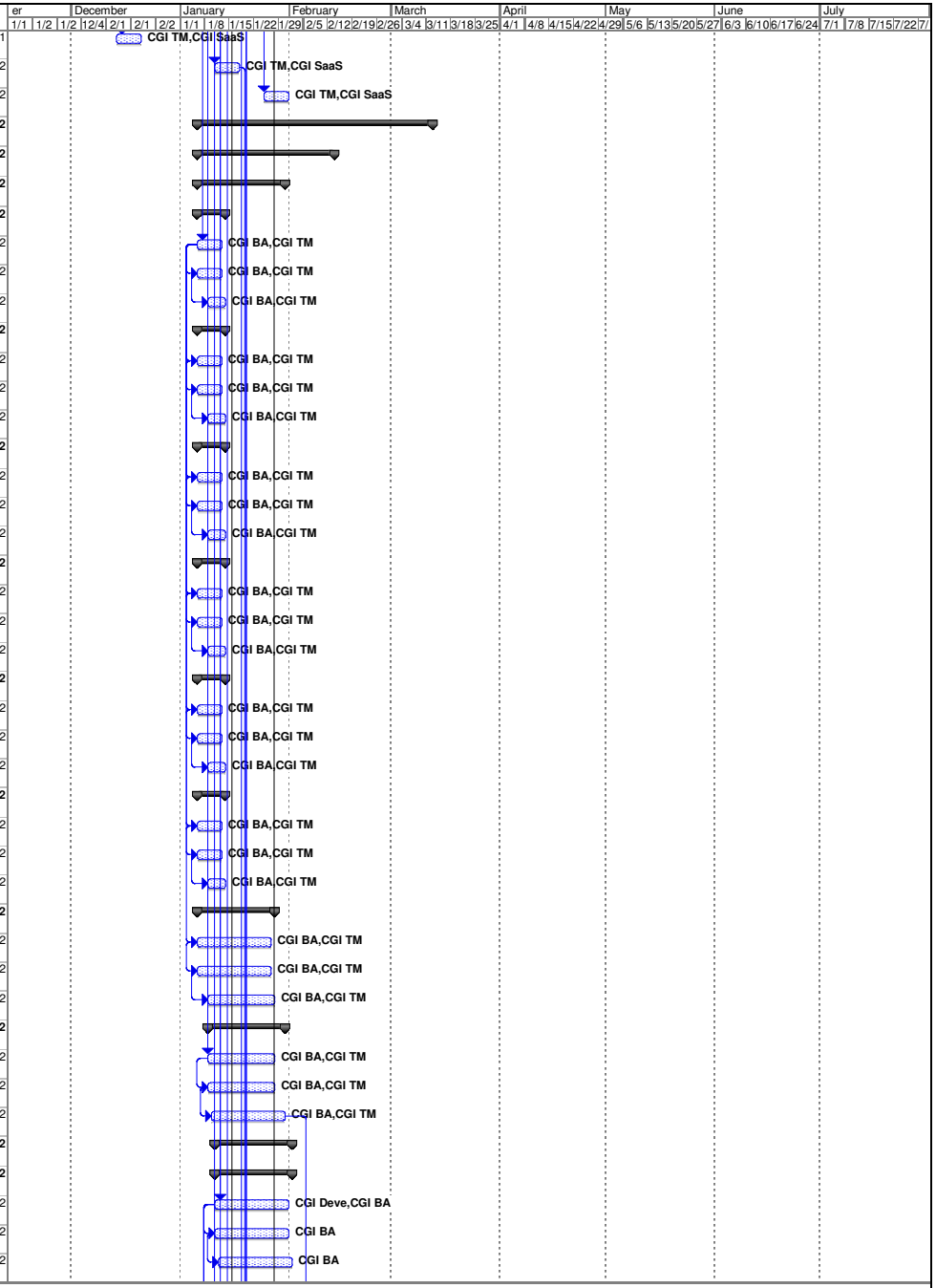
ID	WBS	Task Name	Duration	Start	Finish
334	1.4.7.2.2	Establish Development/Configuration Environment	5 days	Wed 12/14/11	Tue 12/20/11
335	1.4.7.2.3	Establish System Test Environment	5 days	Wed 1/11/12	Tue 1/17/12
336	1.4.7.2.4	Establish User Acceptance Test Environment	5 days	Wed 1/25/12	Tue 1/31/12
337	**1.5**	**Build Phase**	**47 days**	**Fri 1/6/12**	**Mon 3/12/12**
338	**1.5.1**	**Configure/Build and Unit Test EHR MIPAT Modules**	**27 days**	**Fri 1/6/12**	**Mon 2/13/12**
339	**1.5.1.1**	**Interfaces Configuration/Development**	**17 days**	**Fri 1/6/12**	**Mon 1/30/12**
340	**1.5.1.1.1**	**Configure/Build NLR B6 Interface**	**6 days**	**Fri 1/6/12**	**Fri 1/13/12**
341	1.5.1.1.1.1	Configure/Build NLR B6 Interface	5 days	Fri 1/6/12	Thu 1/12/12
342	1.5.1.1.1.2	Execute Unit Test Scripts	5 days	Fri 1/6/12	Thu 1/12/12
343	1.5.1.1.1.3	Document Unit Test Results	5 days	Mon 1/9/12	Fri 1/13/12
344	**1.5.1.1.2**	**Configure/Build NLR B7 Interface**	**6 days**	**Fri 1/6/12**	**Fri 1/13/12**
345	1.5.1.1.2.1	Configure/Build NLR B7 Interface Configuration	5 days	Fri 1/6/12	Thu 1/12/12
346	1.5.1.1.2.2	Execute Unit Test Scripts	5 days	Fri 1/6/12	Thu 1/12/12
347	1.5.1.1.2.3	Document Unit Test Results	5 days	Mon 1/9/12	Fri 1/13/12
348	**1.5.1.1.3**	**Configure/Build NLR D16 Interface**	**6 days**	**Fri 1/6/12**	**Fri 1/13/12**
349	1.5.1.1.3.1	Configure/Build NLR D16 Interface Configuration	5 days	Fri 1/6/12	Thu 1/12/12
350	1.5.1.1.3.2	Execute Unit Test Scripts	5 days	Fri 1/6/12	Thu 1/12/12
351	1.5.1.1.3.3	Document Unit Test Results	5 days	Mon 1/9/12	Fri 1/13/12
352	**1.5.1.1.4**	**Configure/Build NLR C5 Interface**	**6 days**	**Fri 1/6/12**	**Fri 1/13/12**
353	1.5.1.1.4.1	Configure/Build NLR C5 Interface Configuration	5 days	Fri 1/6/12	Thu 1/12/12
354	1.5.1.1.4.2	Execute Unit Test Scripts	5 days	Fri 1/6/12	Thu 1/12/12
355	1.5.1.1.4.3	Document Unit Test Results	5 days	Mon 1/9/12	Fri 1/13/12
356	**1.5.1.1.5**	**Configure/Build NLR D17 Interface**	**6 days**	**Fri 1/6/12**	**Fri 1/13/12**
357	1.5.1.1.5.1	Configure/Build NLR D17 Interface Configuration	5 days	Fri 1/6/12	Thu 1/12/12
358	1.5.1.1.5.2	Execute Unit Test Scripts	5 days	Fri 1/6/12	Thu 1/12/12
359	1.5.1.1.5.3	Document Unit Test Results	5 days	Mon 1/9/12	Fri 1/13/12
360	**1.5.1.1.6**	**Configure/Build NLR D18 Interface**	**6 days**	**Fri 1/6/12**	**Fri 1/13/12**
361	1.5.1.1.6.1	Configure/Build NLR D18 Interface Configuration	5 days	Fri 1/6/12	Thu 1/12/12
362	1.5.1.1.6.2	Execute Unit Test Scripts	5 days	Fri 1/6/12	Thu 1/12/12
363	1.5.1.1.6.3	Document Unit Test Results	5 days	Mon 1/9/12	Fri 1/13/12
364	**1.5.1.1.7**	**Configure/Build IA MMIS Interfaces**	**16 days**	**Fri 1/6/12**	**Fri 1/27/12**
365	1.5.1.1.7.1	Configure/Build IA Data MMIS Interface Configuration	15 days	Fri 1/6/12	Thu 1/26/12
366	1.5.1.1.7.2	Execute Unit Test Scripts	15 days	Fri 1/6/12	Thu 1/26/12
367	1.5.1.1.7.3	Document Unit Test Results	15 days	Mon 1/9/12	Fri 1/27/12
368	**1.5.1.1.8**	**Configure/Build IA DHS Data Warehouse Interfaces**	**16 days**	**Mon 1/9/12**	**Mon 1/30/12**
369	1.5.1.1.8.1	Configure/Build IA DHS Data Warehouse Interface Configuration	15 days	Mon 1/9/12	Fri 1/27/12
370	1.5.1.1.8.2	Execute Unit Test Scripts	15 days	Mon 1/9/12	Fri 1/27/12
371	1.5.1.1.8.3	Document Unit Test Results	15 days	Tue 1/10/12	Mon 1/30/12
372	**1.5.1.2**	**Provider Portal Configuration/Development**	**16 days**	**Wed 1/11/12**	**Wed 2/1/12**
373	**1.5.1.2.1**	**Configure EHR MIPAT Registration Functions**	**16 days**	**Wed 1/11/12**	**Wed 2/1/12**
374	1.5.1.2.1.1	Configure EHR MIPAT Registration	15 days	Wed 1/11/12	Tue 1/31/12
375	1.5.1.2.1.2	Execute Unit Test Scripts	15 days	Wed 1/11/12	Tue 1/31/12
376	1.5.1.2.1.3	Document Unit Test Results	15 days	Thu 1/12/12	Wed 2/1/12



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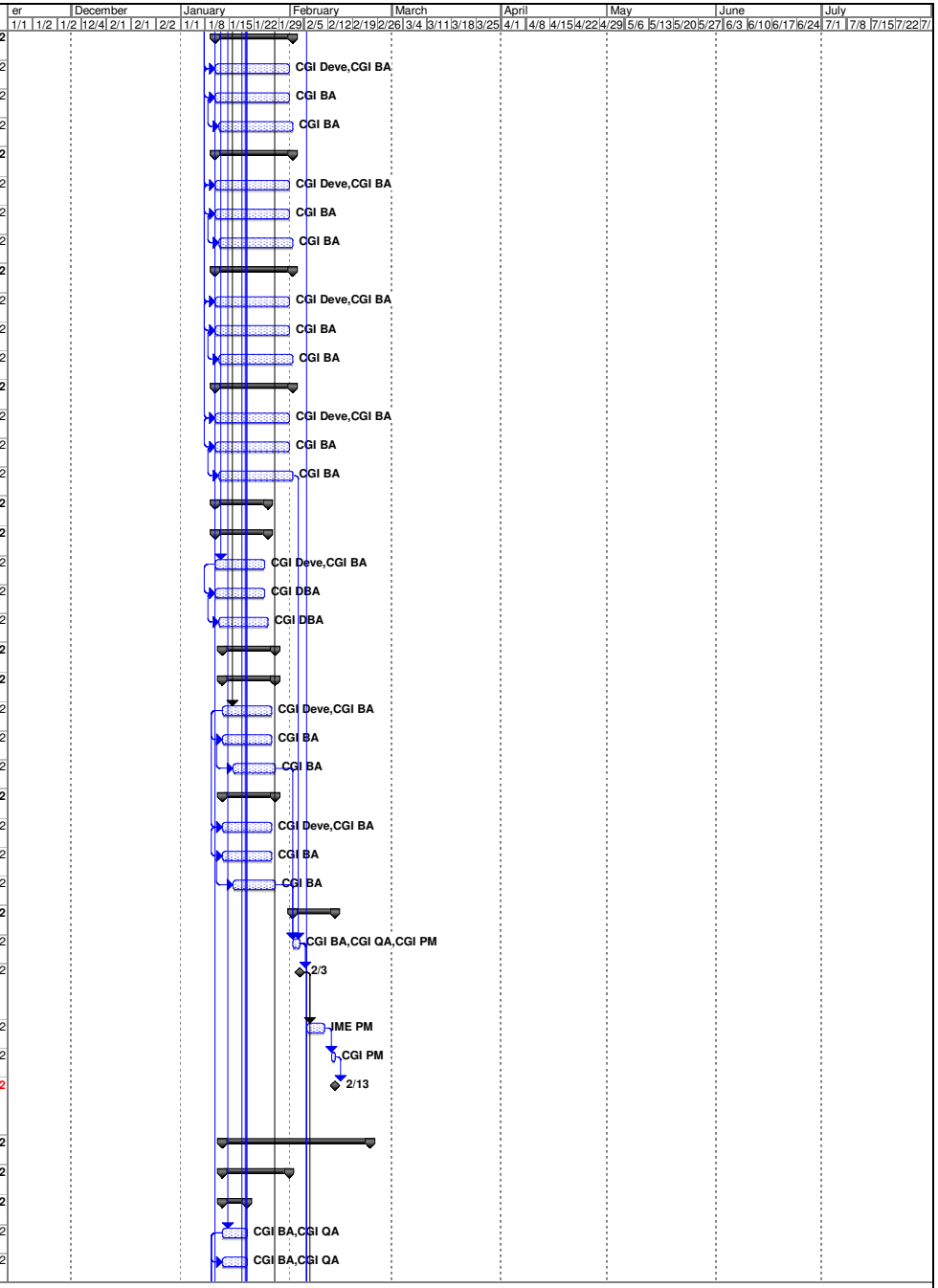
Task | Progress | Summary | External Tasks | Deadline
Split | Milestone | Project Summary | External Milestone

ID	WBS	Task Name	Duration	Start	Finish
377	**1.5.1.2.2**	**Configure Provider Attestation and Eligibility**	**16 days**	**Wed 1/11/12**	**Wed 2/1/12**
378	1.5.1.2.2.1	Configure Provider Attestation and Eligibility	15 days	Wed 1/11/12	Tue 1/31/12
379	1.5.1.2.2.2	Execute Unit Test Scripts	15 days	Wed 1/11/12	Tue 1/31/12
380	1.5.1.2.2.3	Document Unit Test Results	15 days	Thu 1/12/12	Wed 2/1/12
381	**1.5.1.2.3**	**Configure Provider Incentive Payments**	**16 days**	**Wed 1/11/12**	**Wed 2/1/12**
382	1.5.1.2.3.1	Configure Provider Incentive Payments	15 days	Wed 1/11/12	Tue 1/31/12
383	1.5.1.2.3.2	Execute Unit Test Scripts	15 days	Wed 1/11/12	Tue 1/31/12
384	1.5.1.2.3.3	Document Unit Test Results	15 days	Thu 1/12/12	Wed 2/1/12
385	**1.5.1.2.4**	**Configure Audits**	**16 days**	**Wed 1/11/12**	**Wed 2/1/12**
386	1.5.1.2.4.1	Configure Audits	15 days	Wed 1/11/12	Tue 1/31/12
387	1.5.1.2.4.2	Execute Unit Test Scripts	15 days	Wed 1/11/12	Tue 1/31/12
388	1.5.1.2.4.3	Document Unit Test Results	15 days	Thu 1/12/12	Wed 2/1/12
389	**1.5.1.2.5**	**Configure Appeals**	**16 days**	**Wed 1/11/12**	**Wed 2/1/12**
390	1.5.1.2.5.1	Configure Appeals	15 days	Wed 1/11/12	Tue 1/31/12
391	1.5.1.2.5.2	Execute Unit Test Scripts	15 days	Wed 1/11/12	Tue 1/31/12
392	1.5.1.2.5.3	Document Unit Test Results	15 days	Thu 1/12/12	Wed 2/1/12
393	**1.5.1.3**	**Data Conversion Configuration/Development**	**11 days**	**Wed 1/11/12**	**Wed 1/25/12**
394	**1.5.1.3.1**	**Configure/Build Data Conversion ETL Scripts**	**11 days**	**Wed 1/11/12**	**Wed 1/25/12**
395	1.5.1.3.1.1	Configure/Build Data Conversion ETL Scripts	10 days	Wed 1/11/12	Tue 1/24/12
396	1.5.1.3.1.2	Execute Unit Test Scripts	10 days	Wed 1/11/12	Tue 1/24/12
397	1.5.1.3.1.3	Document Unit Test Results	10 days	Thu 1/12/12	Wed 1/25/12
398	**1.5.1.4**	**Reporting Configuration/Development**	**11 days**	**Fri 1/13/12**	**Fri 1/27/12**
399	**1.5.1.4.1**	**Configure/Build General Reports**	**11 days**	**Fri 1/13/12**	**Fri 1/27/12**
400	1.5.1.4.1.1	Configure/Build General Reports	10 days	Fri 1/13/12	Thu 1/26/12
401	1.5.1.4.1.2	Execute Unit Test Scripts	10 days	Fri 1/13/12	Thu 1/26/12
402	1.5.1.4.1.3	Document Unit Test Results	10 days	Mon 1/16/12	Fri 1/27/12
403	**1.5.1.4.2**	**Configure/Build Standard EHR MIPAT Reports**	**11 days**	**Fri 1/13/12**	**Fri 1/27/12**
404	1.5.1.4.2.1	Configure/Build Standard EHR MIPAT Reports	10 days	Fri 1/13/12	Thu 1/26/12
405	1.5.1.4.2.2	Execute Unit Test Scripts	10 days	Fri 1/13/12	Thu 1/26/12
406	1.5.1.4.2.3	Document Unit Test Results	10 days	Mon 1/16/12	Fri 1/27/12
407	**1.5.1.5**	**Consolidated EHR MIPAT Unit Test Results**	**8 days**	**Thu 2/2/12**	**Mon 2/13/12**
408	1.5.1.5.1	Prepare Consolidated EHR MIPAT Unit Test Results Document	2 days	Thu 2/2/12	Fri 2/3/12
409	1.5.1.5.2	Submit Consolidated EHR MIPAT Unit Test Results Document to IME for Review and Approval	0 days	Fri 2/3/12	Fri 2/3/12
410	1.5.1.5.3	IME Review and Provide Approval/Feedback	5 days	Mon 2/6/12	Fri 2/10/12
411	1.5.1.5.4	Revise with IME Feedback	1 day	Mon 2/13/12	Mon 2/13/12
412	**1.5.1.5.5**	**Deliverable FINAL: EHR MIPAT Consolidated Unit Test Results Document**	**0 days**	**Mon 2/13/12**	**Mon 2/13/12**
413	**1.5.2**	**System Testing**	**30 days**	**Fri 1/13/12**	**Thu 2/23/12**
414	**1.5.2.1**	**System Test Plan**	**13 days**	**Fri 1/13/12**	**Tue 1/31/12**
415	**1.5.2.1.1**	**Prepare System Test Approach**	**5 days**	**Fri 1/13/12**	**Thu 1/19/12**
416	1.5.2.1.1.1	Confirm Test Methodology	5 days	Fri 1/13/12	Thu 1/19/12
417	1.5.2.1.1.2	Identify Staff Participation Requirements	5 days	Fri 1/13/12	Thu 1/19/12



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Task | Progress | Summary | External Tasks | Deadline
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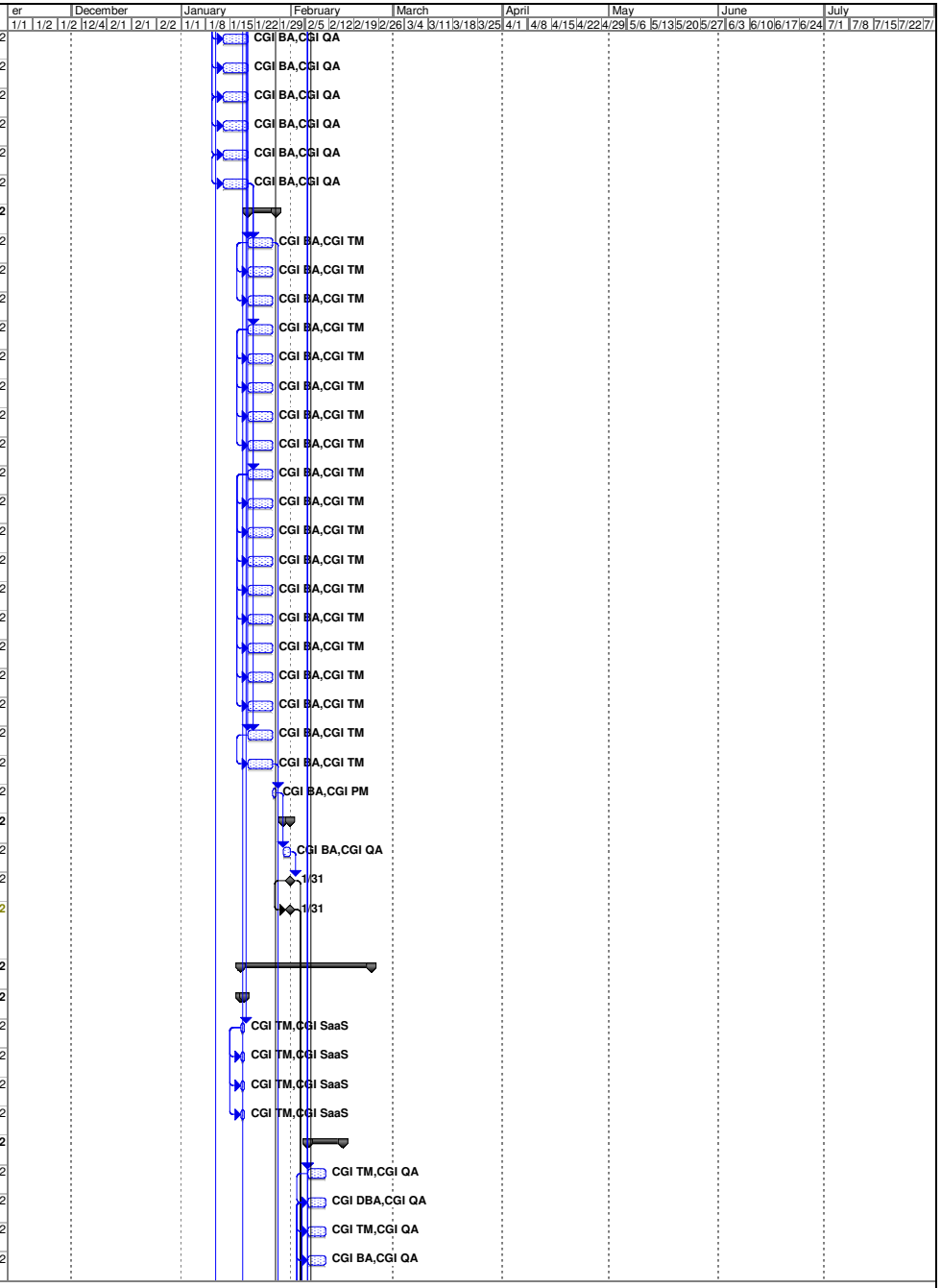
ID	WBS	Task Name	Duration	Start	Finish
418	1.5.2.1.1.3	Define Test Data Generation Approach	5 days	Fri 1/13/12	Thu 1/19/12
419	1.5.2.1.1.4	Confirm and Deploy Defect Tracking System	5 days	Fri 1/13/12	Thu 1/19/12
420	1.5.2.1.1.5	Finalize Test Plan Approach and Template	5 days	Fri 1/13/12	Thu 1/19/12
421	1.5.2.1.1.6	Define Regression Test Plan	5 days	Fri 1/13/12	Thu 1/19/12
422	1.5.2.1.1.7	Define Test Entry Criteria	5 days	Fri 1/13/12	Thu 1/19/12
423	1.5.2.1.1.8	Define Test Exit Criteria	5 days	Fri 1/13/12	Thu 1/19/12
424	**1.5.2.1.2**	**Consolidate System Test Scripts**	**6 days**	**Fri 1/20/12**	**Fri 1/27/12**
425	1.5.2.1.2.1	Compile System Security Test Scripts	5 days	Fri 1/20/12	Thu 1/26/12
426	1.5.2.1.2.2	Compile System Messaging Test Scripts	5 days	Fri 1/20/12	Thu 1/26/12
427	1.5.2.1.2.3	Compile Help Screen Test Scripts	5 days	Fri 1/20/12	Thu 1/26/12
428	1.5.2.1.2.4	Compile EHR MIPAT Registration Test Scripts	5 days	Fri 1/20/12	Thu 1/26/12
429	1.5.2.1.2.5	Compile Provider Attestation and Eligibility Test Scripts	5 days	Fri 1/20/12	Thu 1/26/12
430	1.5.2.1.2.6	Compile Provider Incentive Payments Test Scripts	5 days	Fri 1/20/12	Thu 1/26/12
431	1.5.2.1.2.7	Compile Audits Test Scripts	5 days	Fri 1/20/12	Thu 1/26/12
432	1.5.2.1.2.8	Compile Appeals Test Scripts	5 days	Fri 1/20/12	Thu 1/26/12
433	1.5.2.1.2.9	Compile NLR B6 Interface Test Scripts	5 days	Fri 1/20/12	Thu 1/26/12
434	1.5.2.1.2.10	Compile NLR B7 Interface Test Scripts	5 days	Fri 1/20/12	Thu 1/26/12
435	1.5.2.1.2.11	Compile NLR D16 Interface Test Scripts	5 days	Fri 1/20/12	Thu 1/26/12
436	1.5.2.1.2.12	Compile NLR C5 Interface Test Scripts	5 days	Fri 1/20/12	Thu 1/26/12
437	1.5.2.1.2.13	Compile NLR D17 Interface Test Scripts	5 days	Fri 1/20/12	Thu 1/26/12
438	1.5.2.1.2.14	Compile NLR D18 Interface Test Scripts	5 days	Fri 1/20/12	Thu 1/26/12
439	1.5.2.1.2.15	Compile IA MMIS Interface Test Scripts	5 days	Fri 1/20/12	Thu 1/26/12
440	1.5.2.1.2.16	Compile IA DHS Data Warehouse Interface Test Scripts	5 days	Fri 1/20/12	Thu 1/26/12
441	1.5.2.1.2.17	Compile IA EHR MIPAT Payment Interface Test Scripts	5 days	Fri 1/20/12	Thu 1/26/12
442	1.5.2.1.2.18	Compile General Reporting Test Scripts	5 days	Fri 1/20/12	Thu 1/26/12
443	1.5.2.1.2.19	Compile Standard EHR MIPAT Reporting Test Scripts	5 days	Fri 1/20/12	Thu 1/26/12
444	1.5.2.1.2.20	Confirm Traceability to All System Requirements	1 day	Fri 1/27/12	Fri 1/27/12
445	**1.5.2.1.3**	**Generate System Test Plan**	**2 days**	**Mon 1/30/12**	**Tue 1/31/12**
446	1.5.2.1.3.1	Create EHR MIPAT System Test Plan	2 days	Mon 1/30/12	Tue 1/31/12
447	1.5.2.1.3.2	Submit EHR MIPAT System Test Plan to IME for Review	0 days	Tue 1/31/12	Tue 1/31/12
448	**1.5.2.1.3.3**	**Deliverable (No Approval Required): EHR MIPAT System Test Plan**	**0 days**	**Tue 1/31/12**	**Tue 1/31/12**
449	**1.5.2.2**	**Execute System Test**	**27 days**	**Wed 1/18/12**	**Thu 2/23/12**
450	**1.5.2.2.1**	**Confirm System Test Environment**	**1 day**	**Wed 1/18/12**	**Wed 1/18/12**
451	1.5.2.2.1.1	Confirm User Access	1 day	Wed 1/18/12	Wed 1/18/12
452	1.5.2.2.1.2	Confirm Network Requirements	1 day	Wed 1/18/12	Wed 1/18/12
453	1.5.2.2.1.3	Confirm CMS Network Access	1 day	Wed 1/18/12	Wed 1/18/12
454	1.5.2.2.1.4	Confirm IA Network Access	1 day	Wed 1/18/12	Wed 1/18/12
455	**1.5.2.2.2**	**Execute System Test Plan**	**8 days**	**Mon 2/6/12**	**Wed 2/15/12**
456	1.5.2.2.2.1	Execute System Security Test Scripts	5 days	Mon 2/6/12	Fri 2/10/12
457	1.5.2.2.2.2	Execute Data Conversion Test Scripts	5 days	Mon 2/6/12	Fri 2/10/12
458	1.5.2.2.2.3	Execute System Messaging Test Scripts	5 days	Mon 2/6/12	Fri 2/10/12
459	1.5.2.2.2.4	Execute Help Screen Test Scripts	5 days	Mon 2/6/12	Fri 2/10/12



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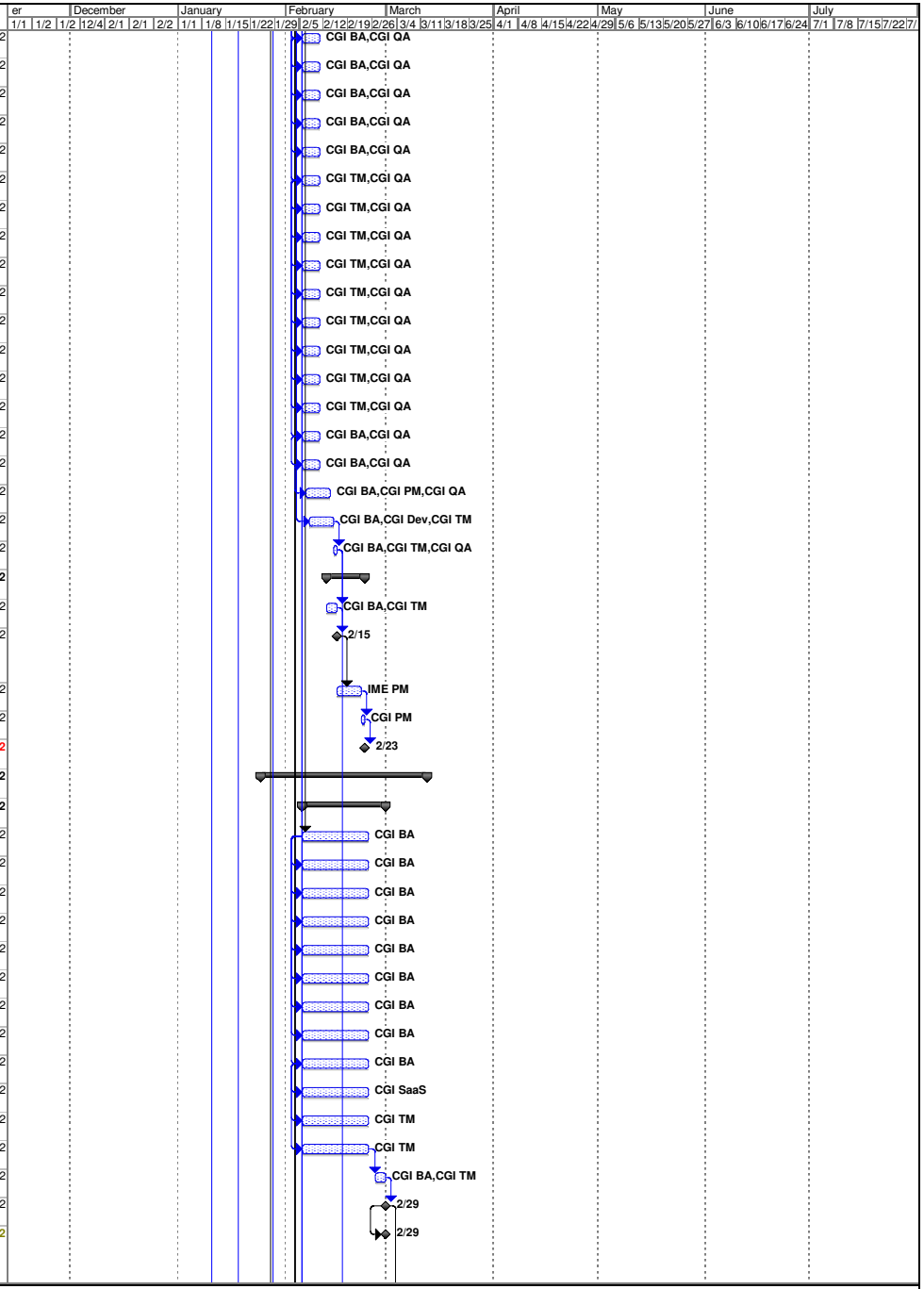
Task | Progress | Summary | External Tasks | Deadline
Split | Milestone | Project Summary | External Milestone

ID	WBS	Task Name	Duration	Start	Finish
460	1.5.2.2.2.5	Execute EHR MIPAT Registration Test Scripts	5 days	Mon 2/6/12	Fri 2/10/12
461	1.5.2.2.2.6	Execute Provider Attestation and Eligibility Test Scripts	5 days	Mon 2/6/12	Fri 2/10/12
462	1.5.2.2.2.7	Execute Provider Incentive Payments Test Scripts	5 days	Mon 2/6/12	Fri 2/10/12
463	1.5.2.2.2.8	Execute Audits Test Scripts	5 days	Mon 2/6/12	Fri 2/10/12
464	1.5.2.2.2.9	Execute Appeals Test Scripts	5 days	Mon 2/6/12	Fri 2/10/12
465	1.5.2.2.2.10	Execute NLR B6 Interface Test Scripts	5 days	Mon 2/6/12	Fri 2/10/12
466	1.5.2.2.2.11	Execute NLR B7 Interface Test Scripts	5 days	Mon 2/6/12	Fri 2/10/12
467	1.5.2.2.2.12	Execute NLR D16 Interface Test Scripts	5 days	Mon 2/6/12	Fri 2/10/12
468	1.5.2.2.2.13	Execute NLR C5 Interface Test Scripts	5 days	Mon 2/6/12	Fri 2/10/12
469	1.5.2.2.2.14	Execute NLR D17 Interface Test Scripts	5 days	Mon 2/6/12	Fri 2/10/12
470	1.5.2.2.2.15	Execute NLR D18 Interface Test Scripts	5 days	Mon 2/6/12	Fri 2/10/12
471	1.5.2.2.2.16	Execute IA MMIS Interface Test Scripts	5 days	Mon 2/6/12	Fri 2/10/12
472	1.5.2.2.2.17	Execute IA DHS Data Warehouse Interface Test Scripts	5 days	Mon 2/6/12	Fri 2/10/12
473	1.5.2.2.2.18	Execute IA EHR MIPAT Payment Interface Test Scripts	5 days	Mon 2/6/12	Fri 2/10/12
474	1.5.2.2.2.19	Execute General Reporting Test Scripts	5 days	Mon 2/6/12	Fri 2/10/12
475	1.5.2.2.2.20	Execute Standard EHR MIPAT Reporting Test Scripts	5 days	Mon 2/6/12	Fri 2/10/12
476	1.5.2.2.2.21	Document Test Results	5 days	Tue 2/7/12	Mon 2/13/12
477	1.5.2.2.2.22	Resolve Defects	5 days	Wed 2/8/12	Tue 2/14/12
478	1.5.2.2.2.23	Re-Run System Test Scripts	1 day	Wed 2/15/12	Wed 2/15/12
479	**1.5.2.2.3**	**System Test Results**	**9 days**	**Mon 2/13/12**	**Thu 2/23/12**
480	1.5.2.2.3.1	Prepare System Test Results Report	3 days	Mon 2/13/12	Wed 2/15/12
481	1.5.2.2.3.2	Submit EHR MIPAT System Test Results Report to IME for Review and Approval	0 days	Wed 2/15/12	Wed 2/15/12
482	1.5.2.2.3.3	IME Review and Provide Approval/Feedback	5 days	Thu 2/16/12	Wed 2/22/12
483	1.5.2.2.3.4	Revise with IME Feedback	1 day	Thu 2/23/12	Thu 2/23/12
484	**1.5.2.2.3.5**	**Deliverable FINAL: EHR MIPAT System Test Results Report**	**0 days**	**Thu 2/23/12**	**Thu 2/23/12**
485	**1.5.3**	**EHR MIPAT Documentation**	**34 days**	**Wed 1/25/12**	**Mon 3/12/12**
486	**1.5.3.1**	**Prepare EHR MIPAT Operations Documentation**	**18 days**	**Mon 2/6/12**	**Wed 2/29/12**
487	1.5.3.1.1	Develop Help Documentation	15 days	Mon 2/6/12	Fri 2/24/12
488	1.5.3.1.2	Develop User Documentation	15 days	Mon 2/6/12	Fri 2/24/12
489	1.5.3.1.3	Develop System Configuration Documentation	15 days	Mon 2/6/12	Fri 2/24/12
490	1.5.3.1.4	Develop System Administration Documentation	15 days	Mon 2/6/12	Fri 2/24/12
491	1.5.3.1.5	Develop System Architecture Documentation	15 days	Mon 2/6/12	Fri 2/24/12
492	1.5.3.1.6	Develop Reporting Documentation	15 days	Mon 2/6/12	Fri 2/24/12
493	1.5.3.1.7	Develop System Operations Documentation	15 days	Mon 2/6/12	Fri 2/24/12
494	1.5.3.1.8	Develop Batch Processing Operations Documentation	15 days	Mon 2/6/12	Fri 2/24/12
495	1.5.3.1.9	Develop Data Interface Operations Procedures	15 days	Mon 2/6/12	Fri 2/24/12
496	1.5.3.1.10	Develop Data Purge, Archiving, Backup and Restore Procedures	15 days	Mon 2/6/12	Fri 2/24/12
497	1.5.3.1.11	Document Trading Partner Communications Procedures	15 days	Mon 2/6/12	Fri 2/24/12
498	1.5.3.1.12	Document Interface Workflows	15 days	Mon 2/6/12	Fri 2/24/12
499	1.5.3.1.13	Consolidate EHR MIPAT Operations Documentation	3 days	Mon 2/27/12	Wed 2/29/12
500	1.5.3.1.14	Submit EHR MIPAT System Operations Documentation to IME for Review	0 days	Wed 2/29/12	Wed 2/29/12
501	**1.5.3.1.15**	**Deliverable (No Approval Required): EHR MIPAT System Operations Documentation**	**0 days**	**Wed 2/29/12**	**Wed 2/29/12**



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Task | Progress | Summary | External Tasks | Deadline
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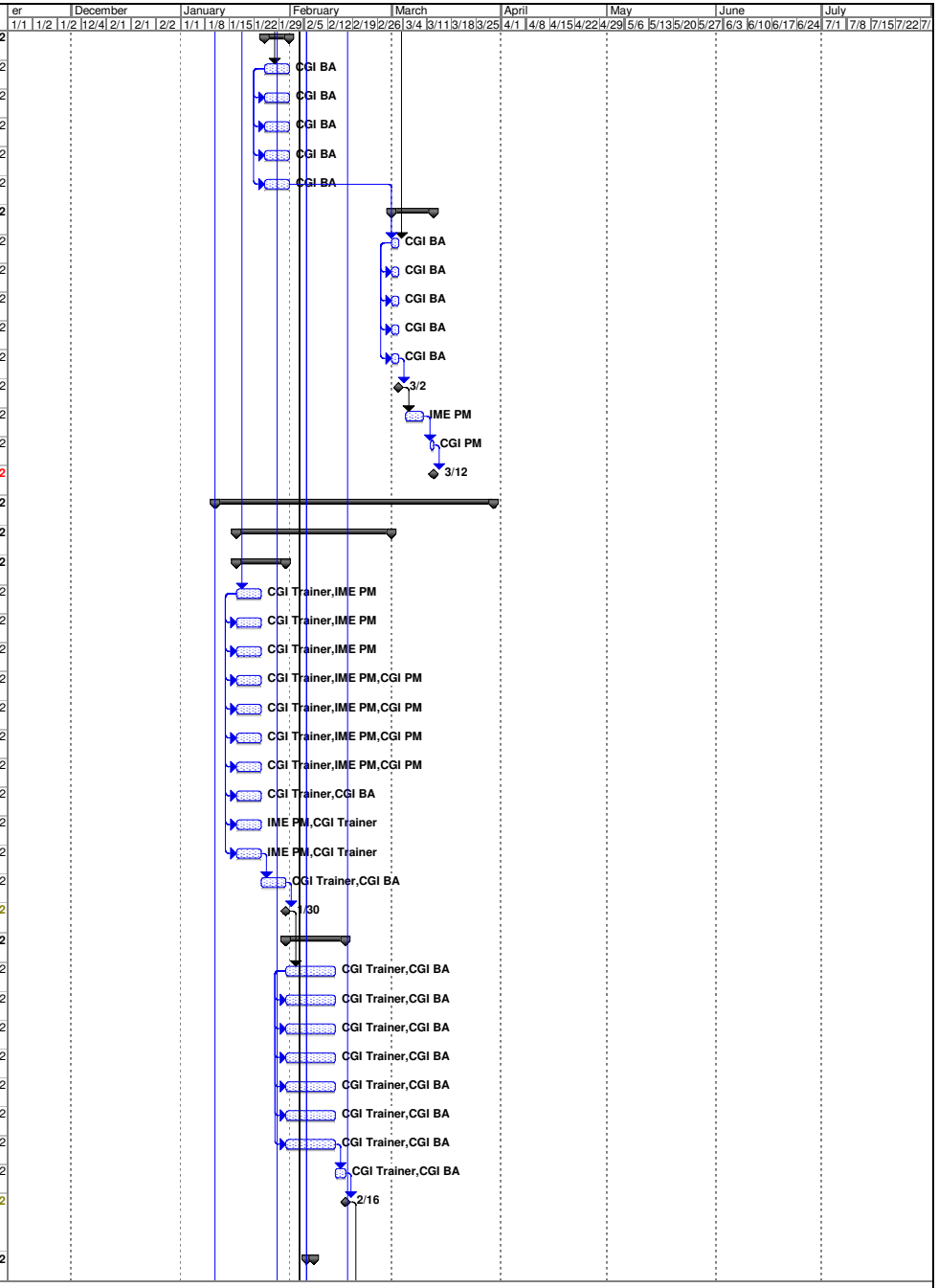
ID	WBS	Task Name	Duration	Start	Finish
502	**1.5.3.2**	**Provider Outreach Materials**	**5 days**	**Wed 1/25/12**	**Tue 1/31/12**
503	1.5.3.2.1	Update Provider Mailing Materials	5 days	Wed 1/25/12	Tue 1/31/12
504	1.5.3.2.2	Update Provider Email Materials	5 days	Wed 1/25/12	Tue 1/31/12
505	1.5.3.2.3	Update FAQ's	5 days	Wed 1/25/12	Tue 1/31/12
506	1.5.3.2.4	Update Execute Provider Communications	5 days	Wed 1/25/12	Tue 1/31/12
507	1.5.3.2.5	Distribute Email Communications	5 days	Wed 1/25/12	Tue 1/31/12
508	**1.5.3.3**	**Consolidate Documentation**	**8 days**	**Thu 3/1/12**	**Mon 3/12/12**
509	1.5.3.3.1	Consolidate Operations Documentation	2 days	Thu 3/1/12	Fri 3/2/12
510	1.5.3.3.2	Consolidate Interface Documentation	2 days	Thu 3/1/12	Fri 3/2/12
511	1.5.3.3.3	Consolidate Ooutreach Documentation	2 days	Thu 3/1/12	Fri 3/2/12
512	1.5.3.3.4	Consolidate Policies and Procedures Documentation	2 days	Thu 3/1/12	Fri 3/2/12
513	1.5.3.3.5	Consolidate Audit and Appeals Documentation	2 days	Thu 3/1/12	Fri 3/2/12
514	1.5.3.3.6	Submit Consolidated EHR MIPAT Consolidated Documentation to IME for Review	0 days	Fri 3/2/12	Fri 3/2/12
515	1.5.3.3.7	IME Review and Provide Approval/Feedback	5 days	Mon 3/5/12	Fri 3/9/12
516	1.5.3.3.8	Revise with IME Feedback	1 day	Mon 3/12/12	Mon 3/12/12
517	**1.5.3.3.9**	**Deliverable FINAL: EHR MIPAT Consolidated Documentation**	**0 days**	**Mon 3/12/12**	**Mon 3/12/12**
518	**1.6**	**Achieve Phase**	**57 days**	**Wed 1/11/12**	**Thu 3/29/12**
519	**1.6.1**	**EHR MIPAT Training**	**32 days**	**Tue 1/17/12**	**Wed 2/29/12**
520	**1.6.1.1**	**Training Plan**	**10 days**	**Tue 1/17/12**	**Mon 1/30/12**
521	1.6.1.1.1	Confirm IA State User Training Requirements	5 days	Tue 1/17/12	Mon 1/23/12
522	1.6.1.1.2	Confirm EP Training Requirements	5 days	Tue 1/17/12	Mon 1/23/12
523	1.6.1.1.3	Confirm EH Training Requirements	5 days	Tue 1/17/12	Mon 1/23/12
524	1.6.1.1.4	Confirm IA System Administration Training Requirements	5 days	Tue 1/17/12	Mon 1/23/12
525	1.6.1.1.5	Confirm IA Reporting Training Requirements	5 days	Tue 1/17/12	Mon 1/23/12
526	1.6.1.1.6	Confirm Training Methods	5 days	Tue 1/17/12	Mon 1/23/12
527	1.6.1.1.7	Prepare Training Schedule	5 days	Tue 1/17/12	Mon 1/23/12
528	1.6.1.1.8	Prepare Training Curriculum	5 days	Tue 1/17/12	Mon 1/23/12
529	1.6.1.1.9	Confirm IA Staff Training Participants	5 days	Tue 1/17/12	Mon 1/23/12
530	1.6.1.1.10	Schedule Training Facilities	5 days	Tue 1/17/12	Mon 1/23/12
531	1.6.1.1.11	Develop EHR MIPAT Training Plan	5 days	Tue 1/24/12	Mon 1/30/12
532	**1.6.1.1.12**	**Deliverable (No Approval Required): EHR MIPAT Training Plan**	**0 days**	**Mon 1/30/12**	**Mon 1/30/12**
533	**1.6.1.2**	**Training Curriculum Materials**	**13 days**	**Tue 1/31/12**	**Thu 2/16/12**
534	1.6.1.2.1	Update General Training Content	10 days	Tue 1/31/12	Mon 2/13/12
535	1.6.1.2.2	Update Printed Training Materials	10 days	Tue 1/31/12	Mon 2/13/12
536	1.6.1.2.3	Update Web-based Tutorials	10 days	Tue 1/31/12	Mon 2/13/12
537	1.6.1.2.4	Update E-Documentation	10 days	Tue 1/31/12	Mon 2/13/12
538	1.6.1.2.5	Update Online Help Content	10 days	Tue 1/31/12	Mon 2/13/12
539	1.6.1.2.6	Update Online Tutorials	10 days	Tue 1/31/12	Mon 2/13/12
540	1.6.1.2.7	Update Training Proficiency Evaluation Tools	10 days	Tue 1/31/12	Mon 2/13/12
541	1.6.1.2.8	Consolidate Training Curriculum Materials	3 days	Tue 2/14/12	Thu 2/16/12
542	**1.6.1.2.9**	**Deliverable (No Approval Required): EHR MIPAT Training Curriculum Materials**	**0 days**	**Thu 2/16/12**	**Thu 2/16/12**
543	**1.6.1.3**	**Confirm Training Environment**	**2 days**	**Mon 2/6/12**	**Tue 2/7/12**



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Task | Progress | Summary | External Tasks | Deadline
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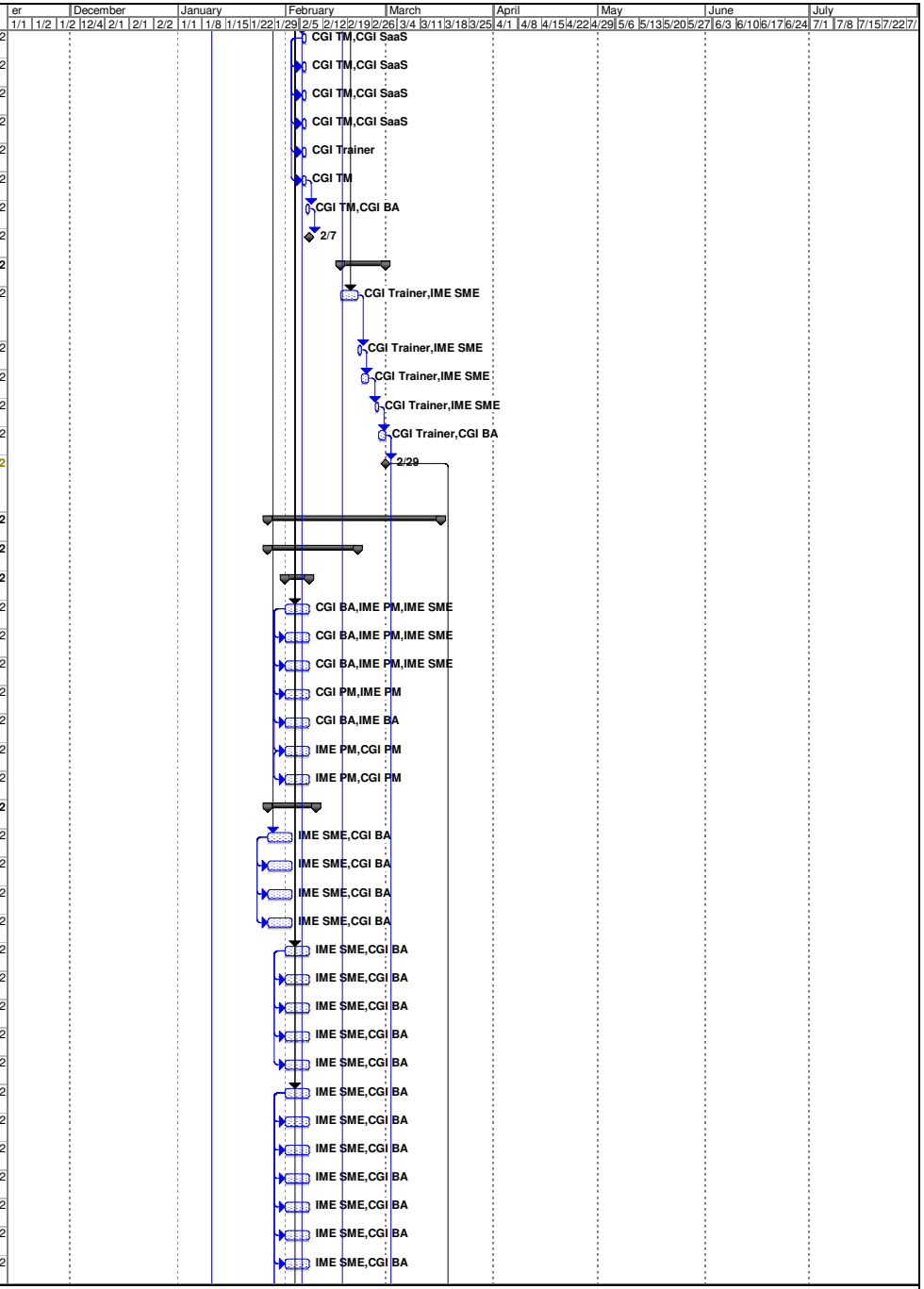
ID	WBS	Task Name	Duration	Start	Finish
544	1.6.1.3.1	Confirm User Access	1 day	Mon 2/6/12	Mon 2/6/12
545	1.6.1.3.2	Confirm Network Requirements	1 day	Mon 2/6/12	Mon 2/6/12
546	1.6.1.3.3	Confirm CMS Network Access	1 day	Mon 2/6/12	Mon 2/6/12
547	1.6.1.3.4	Confirm IA Network Access	1 day	Mon 2/6/12	Mon 2/6/12
548	1.6.1.3.5	Train State UAT Participants	1 day	Mon 2/6/12	Mon 2/6/12
549	1.6.1.3.6	Deploy Training Application Release to Training Environment	1 day	Mon 2/6/12	Mon 2/6/12
550	1.6.1.3.7	Conduct Environment Shakedown	1 day	Tue 2/7/12	Tue 2/7/12
551	1.6.1.3.8	Confirm Training Environment Readiness	0 days	Tue 2/7/12	Tue 2/7/12
552	**1.6.1.4**	**Conduct Training of IA Staff**	**9 days**	**Fri 2/17/12**	**Wed 2/29/12**
553	1.6.1.4.1	Conduct Four (4) Half-Day Training Sessions for IA Program Administrative Functions	3 days	Fri 2/17/12	Tue 2/21/12
554	1.6.1.4.2	Conduct One (1) Half-Day Training Session for MI360 System Administration	1 day	Wed 2/22/12	Wed 2/22/12
555	1.6.1.4.3	Conduct Two (2) Half-Day Training Sessions for MI360 Reporting Users	2 days	Thu 2/23/12	Fri 2/24/12
556	1.6.1.4.4	Conduct Training Proficiency Evaluations	1 day	Mon 2/27/12	Mon 2/27/12
557	1.6.1.4.5	Develop IA Training Execution Report	2 days	Tue 2/28/12	Wed 2/29/12
558	**1.6.1.4.6**	**Deliverable (No Approval Required): EHR MIPAT IA Training Execution Report**	**0 days**	**Wed 2/29/12**	**Wed 2/29/12**
559	**1.6.2**	**User Acceptance Test**	**36 days**	**Fri 1/27/12**	**Fri 3/16/12**
560	**1.6.2.1**	**User Acceptance Test Plan**	**18 days**	**Fri 1/27/12**	**Tue 2/21/12**
561	**1.6.2.1.1**	**Prepare User Acceptance Test Approach**	**5 days**	**Wed 2/1/12**	**Tue 2/7/12**
562	1.6.2.1.1.1	Confirm Test Methodology	5 days	Wed 2/1/12	Tue 2/7/12
563	1.6.2.1.1.2	Identify Staff Participation Requirements	5 days	Wed 2/1/12	Tue 2/7/12
564	1.6.2.1.1.3	Define Test Data Generation Approach	5 days	Wed 2/1/12	Tue 2/7/12
565	1.6.2.1.1.4	Confirm and Deploy Defect Tracking System	5 days	Wed 2/1/12	Tue 2/7/12
566	1.6.2.1.1.5	Finalize Test Plan Approach and Template	5 days	Wed 2/1/12	Tue 2/7/12
567	1.6.2.1.1.6	Define Test Entry Criteria	5 days	Wed 2/1/12	Tue 2/7/12
568	1.6.2.1.1.7	Define Test Exit Criteria	5 days	Wed 2/1/12	Tue 2/7/12
569	**1.6.2.1.2**	**Consolidate User Acceptance Test Scripts**	**10 days**	**Fri 1/27/12**	**Thu 2/9/12**
570	1.6.2.1.2.1	Compile System Security Test Scripts	5 days	Fri 1/27/12	Thu 2/2/12
571	1.6.2.1.2.2	Compile System Messaging Test Scripts	5 days	Fri 1/27/12	Thu 2/2/12
572	1.6.2.1.2.3	Compile Data Conversion Test Scripts	5 days	Fri 1/27/12	Thu 2/2/12
573	1.6.2.1.2.4	Compile Help Screen Test Scripts	5 days	Fri 1/27/12	Thu 2/2/12
574	1.6.2.1.2.5	Compile EHR MIPAT Registration Test Scripts	5 days	Wed 2/1/12	Tue 2/7/12
575	1.6.2.1.2.6	Compile Provider Attestation and Eligibility Test Scripts	5 days	Wed 2/1/12	Tue 2/7/12
576	1.6.2.1.2.7	Compile Provider Incentive Payments Test Scripts	5 days	Wed 2/1/12	Tue 2/7/12
577	1.6.2.1.2.8	Compile Audits Test Scripts	5 days	Wed 2/1/12	Tue 2/7/12
578	1.6.2.1.2.9	Compile Appeals Test Scripts	5 days	Wed 2/1/12	Tue 2/7/12
579	1.6.2.1.2.10	Compile NLR B6 Interface Test Scripts	5 days	Wed 2/1/12	Tue 2/7/12
580	1.6.2.1.2.11	Compile NLR B7 Interface Test Scripts	5 days	Wed 2/1/12	Tue 2/7/12
581	1.6.2.1.2.12	Compile NLR D16 Interface Test Scripts	5 days	Wed 2/1/12	Tue 2/7/12
582	1.6.2.1.2.13	Compile NLR C5 Interface Test Scripts	5 days	Wed 2/1/12	Tue 2/7/12
583	1.6.2.1.2.14	Compile NLR D17 Interface Test Scripts	5 days	Wed 2/1/12	Tue 2/7/12
584	1.6.2.1.2.15	Compile NLR D18 Interface Test Scripts	5 days	Wed 2/1/12	Tue 2/7/12
585	1.6.2.1.2.16	Compile IA MMIS Interface Test Scripts	5 days	Wed 2/1/12	Tue 2/7/12



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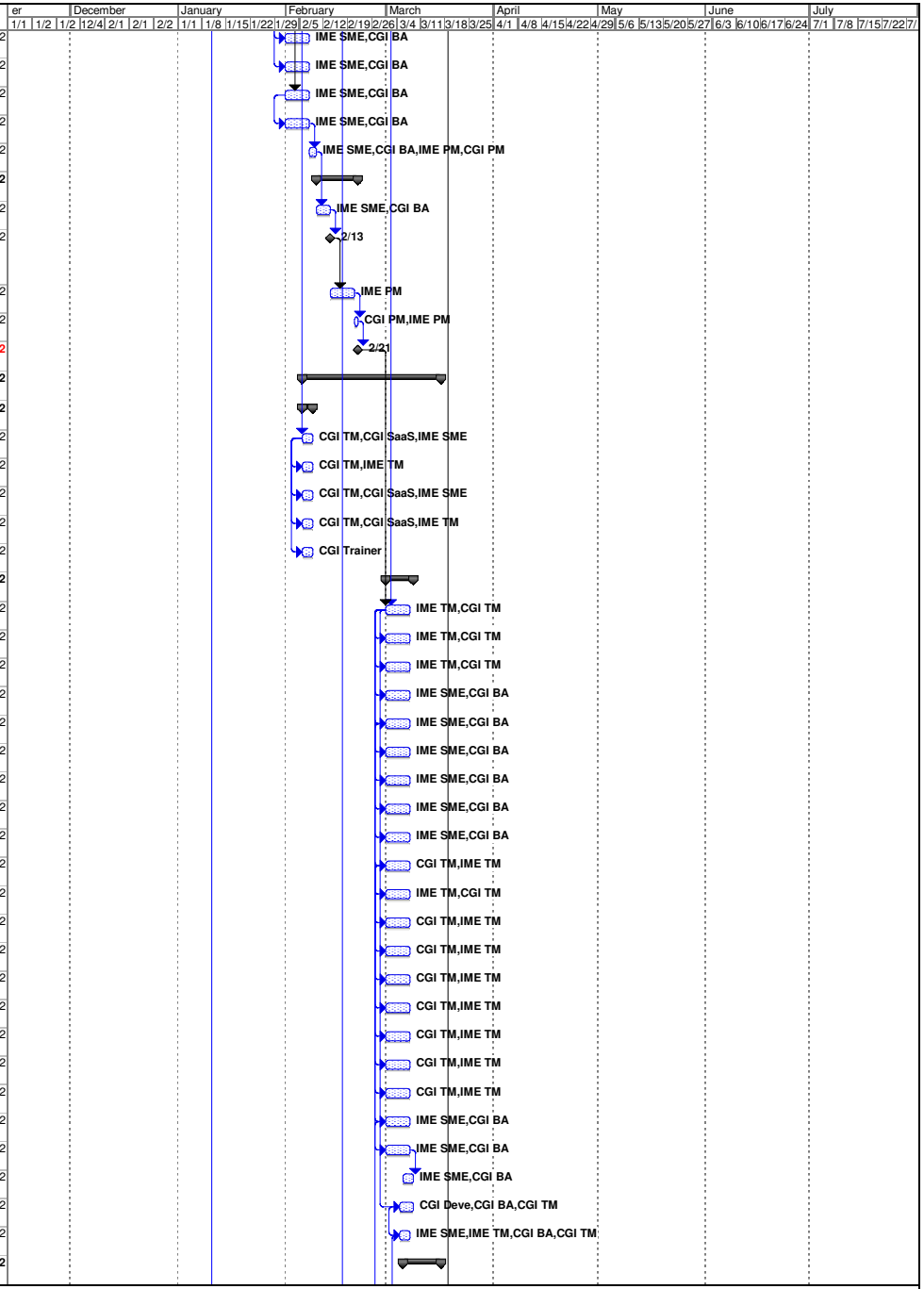
Task | Split | Progress | Milestone | Summary | Project Summary | External Tasks | External Milestone | Deadline

ID	WBS	Task Name	Duration	Start	Finish
586	1.6.2.1.2.17	Compile IA DHS Data Warehouse Interface Test Scripts	5 days	Wed 2/1/12	Tue 2/7/12
587	1.6.2.1.2.18	Compile IA EHR MIPAT Payment Interface Test Scripts	5 days	Wed 2/1/12	Tue 2/7/12
588	1.6.2.1.2.19	Compile General Reporting Test Scripts	5 days	Wed 2/1/12	Tue 2/7/12
589	1.6.2.1.2.20	Compile Standard EHR MIPAT Reporting Test Scripts	5 days	Wed 2/1/12	Tue 2/7/12
590	1.6.2.1.2.21	Confirm Traceability to All System Requirements	2 days	Wed 2/8/12	Thu 2/9/12
591	**1.6.2.1.3**	**Generate User Acceptance Test Plan**	**8 days**	**Fri 2/10/12**	**Tue 2/21/12**
592	1.6.2.1.3.1	Create EHR MIPAT User Acceptance Test Plan	2 days	Fri 2/10/12	Mon 2/13/12
593	1.6.2.1.3.2	Submit EHR MIPAT User Acceptance Test Plan to IME for Review and Approval	0 days	Mon 2/13/12	Mon 2/13/12
594	1.6.2.1.3.3	IME Review and Provide Approval/Feedback	5 days	Tue 2/14/12	Mon 2/20/12
595	1.6.2.1.3.4	Revise with IME Feedback	1 day	Tue 2/21/12	Tue 2/21/12
596	**1.6.2.1.3.5**	**Deliverable FINAL: EHR MIPAT User Acceptance Test Plan**	**0 days**	**Tue 2/21/12**	**Tue 2/21/12**
597	**1.6.2.2**	**Execute User Acceptance Test**	**30 days**	**Mon 2/6/12**	**Fri 3/16/12**
598	**1.6.2.2.1**	**Confirm User Acceptance Test Environment**	**3 days**	**Mon 2/6/12**	**Wed 2/8/12**
599	1.6.2.2.1.1	Confirm User Access	3 days	Mon 2/6/12	Wed 2/8/12
600	1.6.2.2.1.2	Confirm Network Requirements	3 days	Mon 2/6/12	Wed 2/8/12
601	1.6.2.2.1.3	Confirm CMS Network Access	3 days	Mon 2/6/12	Wed 2/8/12
602	1.6.2.2.1.4	Confirm IA Network Access	3 days	Mon 2/6/12	Wed 2/8/12
603	1.6.2.2.1.5	Train State UAT Participants	3 days	Mon 2/6/12	Wed 2/8/12
604	**1.6.2.2.2**	**Execute User Acceptance Test Plan**	**6 days**	**Thu 3/1/12**	**Thu 3/8/12**
605	1.6.2.2.2.1	Execute System Security Test Scripts	5 days	Thu 3/1/12	Wed 3/7/12
606	1.6.2.2.2.2	Execute Data Conversion Test Scripts	5 days	Thu 3/1/12	Wed 3/7/12
607	1.6.2.2.2.3	Execute System Messaging Test Scripts	5 days	Thu 3/1/12	Wed 3/7/12
608	1.6.2.2.2.4	Execute Help Screen Test Scripts	5 days	Thu 3/1/12	Wed 3/7/12
609	1.6.2.2.2.5	Execute EHR MIPAT Registration Test Scripts	5 days	Thu 3/1/12	Wed 3/7/12
610	1.6.2.2.2.6	Execute Provider Attestation and Eligibility Test Scripts	5 days	Thu 3/1/12	Wed 3/7/12
611	1.6.2.2.2.7	Execute Provider Incentive Payments Test Scripts	5 days	Thu 3/1/12	Wed 3/7/12
612	1.6.2.2.2.8	Execute Audits Test Scripts	5 days	Thu 3/1/12	Wed 3/7/12
613	1.6.2.2.2.9	Execute Appeals Test Scripts	5 days	Thu 3/1/12	Wed 3/7/12
614	1.6.2.2.2.10	Execute NLR B6 Interface Test Scripts	5 days	Thu 3/1/12	Wed 3/7/12
615	1.6.2.2.2.11	Execute NLR B7 Interface Test Scripts	5 days	Thu 3/1/12	Wed 3/7/12
616	1.6.2.2.2.12	Execute NLR D16 Interface Test Scripts	5 days	Thu 3/1/12	Wed 3/7/12
617	1.6.2.2.2.13	Execute NLR C5 Interface Test Scripts	5 days	Thu 3/1/12	Wed 3/7/12
618	1.6.2.2.2.14	Execute NLR D17 Interface Test Scripts	5 days	Thu 3/1/12	Wed 3/7/12
619	1.6.2.2.2.15	Execute NLR D18 Interface Test Scripts	5 days	Thu 3/1/12	Wed 3/7/12
620	1.6.2.2.2.16	Execute IA MMIS Interface Test Scripts	5 days	Thu 3/1/12	Wed 3/7/12
621	1.6.2.2.2.17	Execute IA DHS Data Warehouse Interface Test Scripts	5 days	Thu 3/1/12	Wed 3/7/12
622	1.6.2.2.2.18	Execute IA EHR MIPAT Payment Interface Test Scripts	5 days	Thu 3/1/12	Wed 3/7/12
623	1.6.2.2.2.19	Execute General Reporting Test Scripts	5 days	Thu 3/1/12	Wed 3/7/12
624	1.6.2.2.2.20	Execute Standard EHR MIPAT Reporting Test Scripts	5 days	Thu 3/1/12	Wed 3/7/12
625	1.6.2.2.2.21	Document Test Results	3 days	Tue 3/6/12	Thu 3/8/12
626	1.6.2.2.2.22	Resolve Defects	4 days	Mon 3/5/12	Thu 3/8/12
627	1.6.2.2.2.23	Re-Run User Acceptance Test Scripts	3 days	Mon 3/5/12	Wed 3/7/12
628	**1.6.2.2.3**	**User Acceptance Test Final Report**	**9 days**	**Tue 3/6/12**	**Fri 3/16/12**



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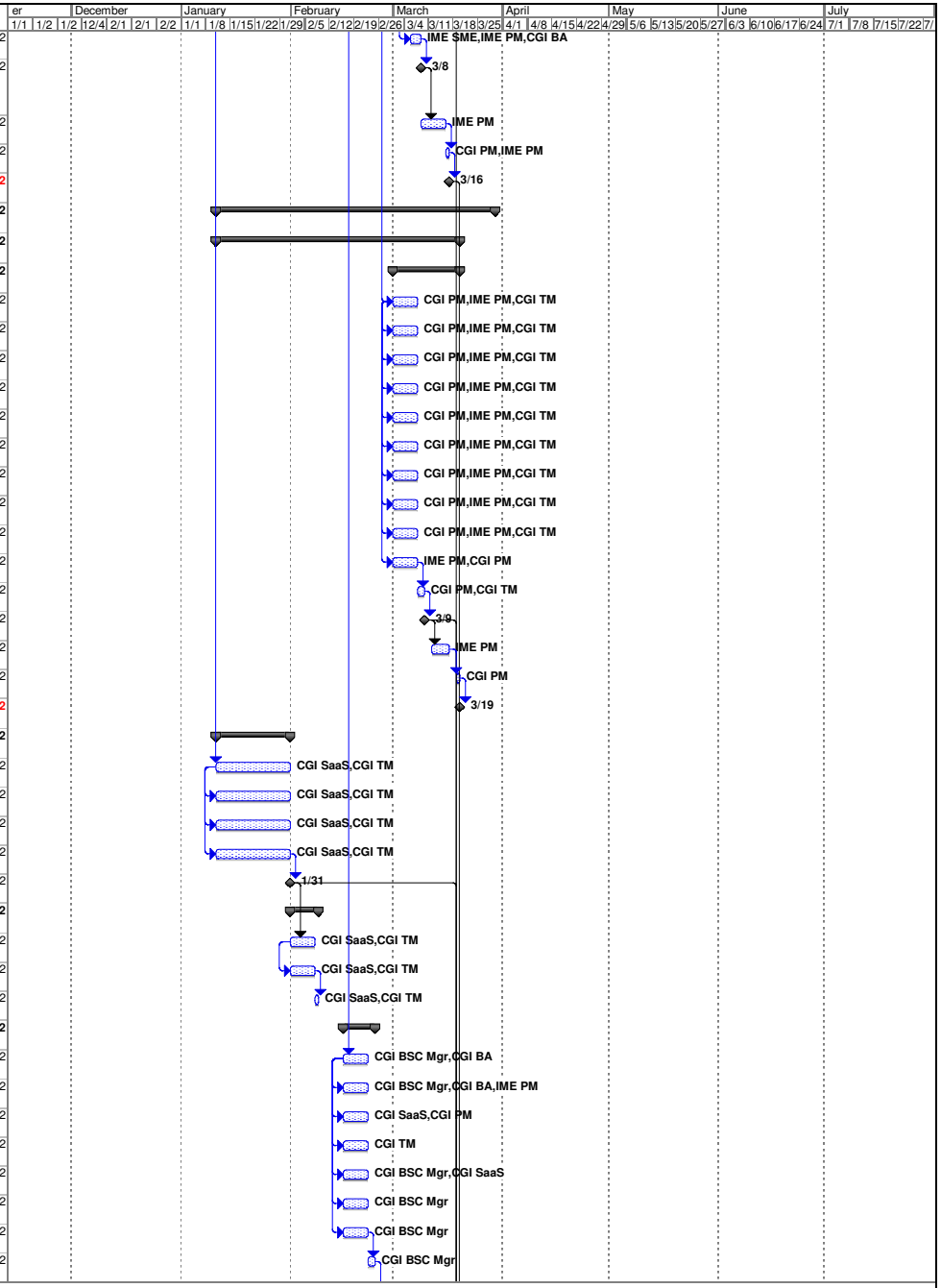
ID	WBS	Task Name	Duration	Start	Finish
629	1.6.2.2.3.1	Prepare User Acceptance Test Final Report	3 days	Tue 3/6/12	Thu 3/8/12
630	1.6.2.2.3.2	Submit EHR MIPAT User Acceptance Test Final Report to IME for Review and Approval	0 days	Thu 3/8/12	Thu 3/8/12
631	1.6.2.2.3.3	IME Review and Provide Approval/Feedback	5 days	Fri 3/9/12	Thu 3/15/12
632	1.6.2.2.3.4	Revise with IME Feedback	1 day	Fri 3/16/12	Fri 3/16/12
633	**1.6.2.2.3.5**	**Deliverable FINAL: EHR MIPAT User Acceptance Test Final Report**	**0 days**	**Fri 3/16/12**	**Fri 3/16/12**
634	**1.6.3**	**Implementation and Acceptance**	**57 days**	**Wed 1/11/12**	**Thu 3/29/12**
635	**1.6.3.1**	**Implementation Preparation and Planning**	**49 days**	**Wed 1/11/12**	**Mon 3/19/12**
636	**1.6.3.1.1**	**Develop Final EHR MIPAT Implementation Plan**	**13 days**	**Thu 3/1/12**	**Mon 3/19/12**
637	1.6.3.1.1.1	Confirm IA EHR MIPAT Operational Implementation Requirements	5 days	Thu 3/1/12	Wed 3/7/12
638	1.6.3.1.1.2	Confirm IA EHR MIPAT Maintenance Implementation Requirements	5 days	Thu 3/1/12	Wed 3/7/12
639	1.6.3.1.1.3	Confirm Administrator Training Proficiency	5 days	Thu 3/1/12	Wed 3/7/12
640	1.6.3.1.1.4	Confirm IA EHR MIPAT Training Proficiency	5 days	Thu 3/1/12	Wed 3/7/12
641	1.6.3.1.1.5	Finalize Implementation Approach	5 days	Thu 3/1/12	Wed 3/7/12
642	1.6.3.1.1.6	Finalize Data Conversion/Load Approach	5 days	Thu 3/1/12	Wed 3/7/12
643	1.6.3.1.1.7	Finalize Technical Readiness Validation	5 days	Thu 3/1/12	Wed 3/7/12
644	1.6.3.1.1.8	Finalize Implementation Activities Checklist	5 days	Thu 3/1/12	Wed 3/7/12
645	1.6.3.1.1.9	Finalize Implementation Schedule	5 days	Thu 3/1/12	Wed 3/7/12
646	1.6.3.1.1.10	Confirm Go/No-Go Criteria	5 days	Thu 3/1/12	Wed 3/7/12
647	1.6.3.1.1.11	Consolidate EHR MIPAT Implementation Plan	2 days	Thu 3/8/12	Fri 3/9/12
648	1.6.3.1.1.12	Submit Final Implementation Plan to IME for Review and Approval	0 days	Fri 3/9/12	Fri 3/9/12
649	1.6.3.1.1.13	IME Review and Provide Approval/Feedback	5 days	Mon 3/12/12	Fri 3/16/12
650	1.6.3.1.1.14	Revise with IME Feedback	1 day	Mon 3/19/12	Mon 3/19/12
651	**1.6.3.1.1.15**	**Deliverable FINAL: EHR MIPAT Final Implementation Plan**	**0 days**	**Mon 3/19/12**	**Mon 3/19/12**
652	**1.6.3.1.2**	**Production Environment**	**15 days**	**Wed 1/11/12**	**Tue 1/31/12**
653	1.6.3.1.2.1	Procure Necessary Production Hardware	15 days	Wed 1/11/12	Tue 1/31/12
654	1.6.3.1.2.2	Procure Necessary Production Software	15 days	Wed 1/11/12	Tue 1/31/12
655	1.6.3.1.2.3	Procure Necessary Production Storage	15 days	Wed 1/11/12	Tue 1/31/12
656	1.6.3.1.2.4	Configure Necessary Production Network Connectivity	15 days	Wed 1/11/12	Tue 1/31/12
657	1.6.3.1.2.5	Confirm Production Environment Readiness	0 days	Tue 1/31/12	Tue 1/31/12
658	**1.6.3.1.3**	**Disaster Recovery**	**6 days**	**Wed 2/1/12**	**Wed 2/8/12**
659	1.6.3.1.3.1	Configure Disaster Recovery Processes	5 days	Wed 2/1/12	Tue 2/7/12
660	1.6.3.1.3.2	Develop Disaster Recovery Test Plan	5 days	Wed 2/1/12	Tue 2/7/12
661	1.6.3.1.3.3	Confirm Business Continuity Plan	1 day	Wed 2/8/12	Wed 2/8/12
662	**1.6.3.1.4**	**Call Center Readiness - Technical Support**	**7 days**	**Thu 2/16/12**	**Fri 2/24/12**
663	1.6.3.1.4.1	Update Call Center Policies and Procedures	5 days	Thu 2/16/12	Wed 2/22/12
664	1.6.3.1.4.2	Update Escalation Processes	5 days	Thu 2/16/12	Wed 2/22/12
665	1.6.3.1.4.3	Confirm Tier 1 Infrastructure Support Processes	5 days	Thu 2/16/12	Wed 2/22/12
666	1.6.3.1.4.4	Procure IA EHR MIPAT Help Desk Phone Number	5 days	Thu 2/16/12	Wed 2/22/12
667	1.6.3.1.4.5	Configure Remedy Issue Management Tool	5 days	Thu 2/16/12	Wed 2/22/12
668	1.6.3.1.4.6	Update Customer Support Representative Training Materials	5 days	Thu 2/16/12	Wed 2/22/12
669	1.6.3.1.4.7	Update Call Center Go-Live Task List	5 days	Thu 2/16/12	Wed 2/22/12
670	1.6.3.1.4.8	Train Call Center Customer Support Representatives	2 days	Thu 2/23/12	Fri 2/24/12



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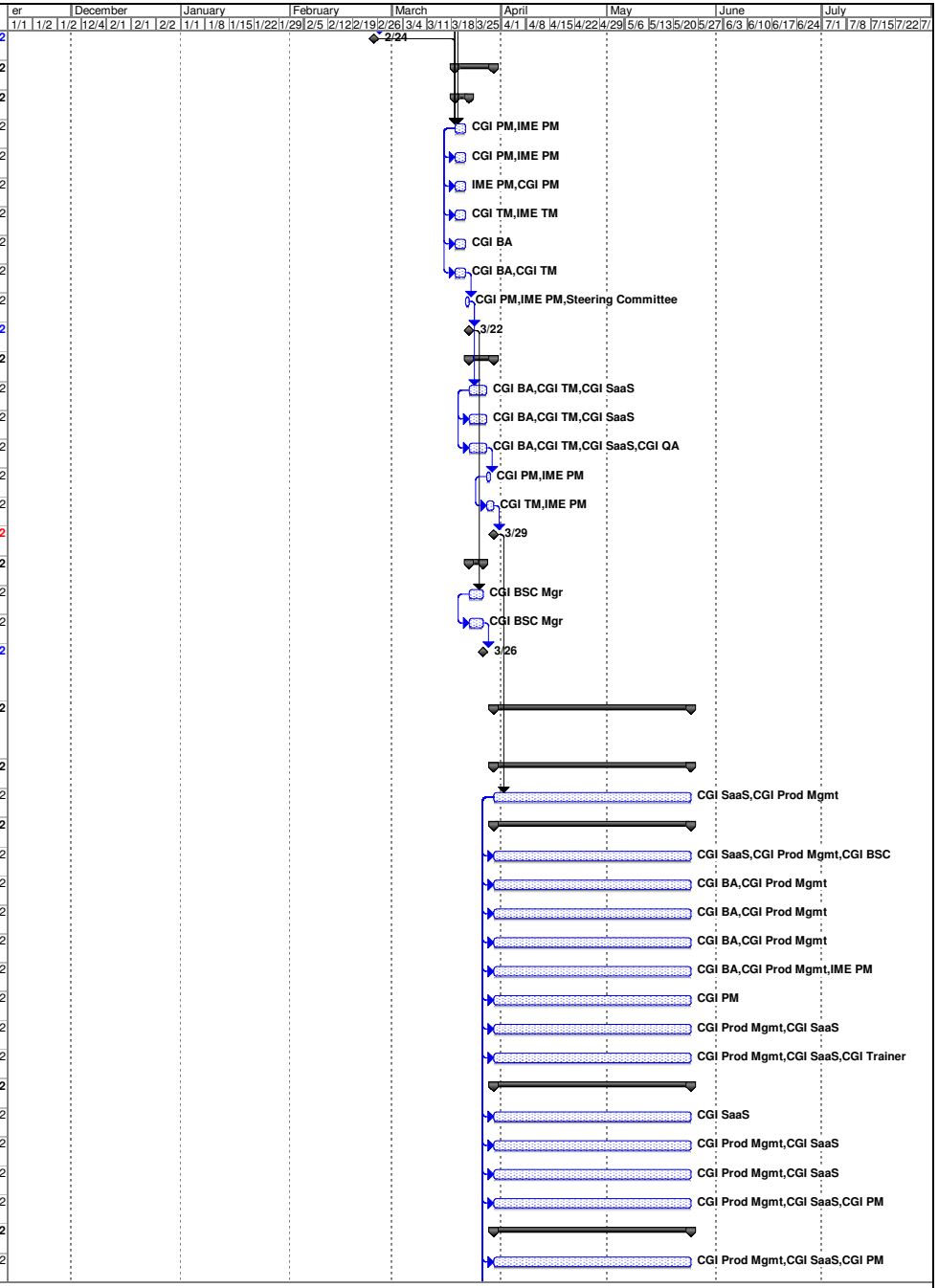
ID	WBS	Task Name	Duration	Start	Finish
671	1.6.3.1.4.9	Milestone: Confirm Call Center Readiness	0 days	Fri 2/24/12	Fri 2/24/12
672	1.6.3.2	EHR MIPAT Production Implementation	9 days	Mon 3/19/12	Thu 3/29/12
673	1.6.3.2.1	Readiness Confirmation	4 days	Mon 3/19/12	Thu 3/22/12
674	1.6.3.2.1.1	Review Readiness Checklist	3 days	Mon 3/19/12	Wed 3/21/12
675	1.6.3.2.1.2	Confirm Operational Readiness	3 days	Mon 3/19/12	Wed 3/21/12
676	1.6.3.2.1.3	Confirm Organizational Readiness	3 days	Mon 3/19/12	Wed 3/21/12
677	1.6.3.2.1.4	Confirm Technical Readiness	3 days	Mon 3/19/12	Wed 3/21/12
678	1.6.3.2.1.5	Confirm Data Readiness	3 days	Mon 3/19/12	Wed 3/21/12
679	1.6.3.2.1.6	Confirm Interface Readiness	3 days	Mon 3/19/12	Wed 3/21/12
680	1.6.3.2.1.7	Conduct Go-No Go Meeting	1 day	Thu 3/22/12	Thu 3/22/12
681	1.6.3.2.1.8	Milestone: Production Implementation Approval	0 days	Thu 3/22/12	Thu 3/22/12
682	1.6.3.2.2	Production Implementation	5 days	Fri 3/23/12	Thu 3/29/12
683	1.6.3.2.2.1	Execute Implementation Plan	3 days	Fri 3/23/12	Tue 3/27/12
684	1.6.3.2.2.2	Perform System Validation Scripts	3 days	Fri 3/23/12	Tue 3/27/12
685	1.6.3.2.2.3	Confirm Go-Live Checklist	3 days	Fri 3/23/12	Tue 3/27/12
686	1.6.3.2.2.4	Conduct Production Cutover Validation Meeting	1 day	Wed 3/28/12	Wed 3/28/12
687	1.6.3.2.2.5	Enable EHR MIPAT in Production	2 days	Wed 3/28/12	Thu 3/29/12
688	1.6.3.2.2.6	Deliverable FINAL: IA EHR MIPAT Live in Production	0 days	Thu 3/29/12	Thu 3/29/12
689	1.6.3.2.3	Call Center	2 days	Fri 3/23/12	Mon 3/26/12
690	1.6.3.2.3.1	Execute Call Center Go-Live Task List	2 days	Fri 3/23/12	Mon 3/26/12
691	1.6.3.2.3.2	Implement IA EHR MIPAT Support Processes	2 days	Fri 3/23/12	Mon 3/26/12
692	1.6.3.2.3.3	Milestone: IA EHR MIPAT Post-Implemention Call Center Support Commences	0 days	Mon 3/26/12	Mon 3/26/12
693	1.7	Post Implementation Phase (Presented as two months to represent activities for contract period, but maintain Gantt Chart)	40 days	Fri 3/30/12	Thu 5/24/12
694	1.7.1	Software Updates	40 days	Fri 3/30/12	Thu 5/24/12
695	1.7.1.1	Provide Software Updates, Patches and Repairs	40 days	Fri 3/30/12	Thu 5/24/12
696	1.7.2	Defect Resolution	40 days	Fri 3/30/12	Thu 5/24/12
697	1.7.2.1	Maintain Defect Log	40 days	Fri 3/30/12	Thu 5/24/12
698	1.7.2.2	Analyze Defect Reports	40 days	Fri 3/30/12	Thu 5/24/12
699	1.7.2.3	Validate Defect Reports	40 days	Fri 3/30/12	Thu 5/24/12
700	1.7.2.4	Develop Confirmed Defect Remediations	40 days	Fri 3/30/12	Thu 5/24/12
701	1.7.2.5	Test Defect Remediations	40 days	Fri 3/30/12	Thu 5/24/12
702	1.7.2.6	Submit Written Notification of Defect Resolution (Within 5 days)	40 days	Fri 3/30/12	Thu 5/24/12
703	1.7.2.7	Release Defect Patch and Release Notes	40 days	Fri 3/30/12	Thu 5/24/12
704	1.7.2.8	Provide Training/Documentation Updates, if Necessary	40 days	Fri 3/30/12	Thu 5/24/12
705	1.7.3	Software Upgrades	40 days	Fri 3/30/12	Thu 5/24/12
706	1.7.3.1	Provide MI360 Software Upgrades	40 days	Fri 3/30/12	Thu 5/24/12
707	1.7.3.2	Provide MI360 Upgrade Release Notes	40 days	Fri 3/30/12	Thu 5/24/12
708	1.7.3.3	Provide MI360 3rd Party Software Upgrades	40 days	Fri 3/30/12	Thu 5/24/12
709	1.7.3.4	Coordinate Software Upgrades with MN	40 days	Fri 3/30/12	Thu 5/24/12
710	1.7.4	Enhancements	40 days	Fri 3/30/12	Thu 5/24/12
711	1.7.4.1	Evaluate Enhancement Requests via Change Request Process	40 days	Fri 3/30/12	Thu 5/24/12



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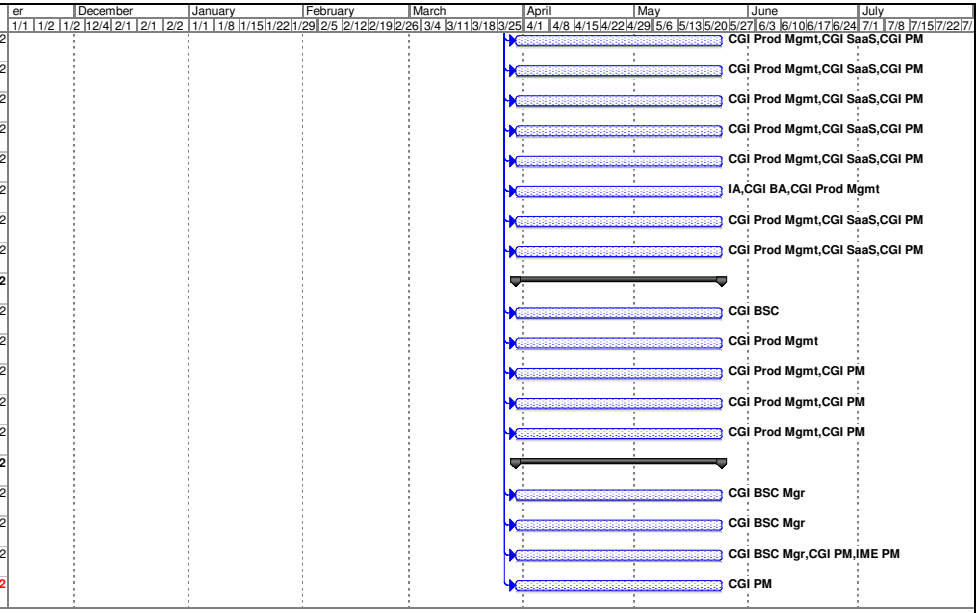
Task | Progress | Summary | External Tasks | Deadline
Split | Milestone | Project Summary | External Milestone

ID	WBS	Task Name	Duration	Start	Finish
712	1.7.4.2	Conduct Impact Analysis on Enhancement Requests	40 days	Fri 3/30/12	Thu 5/24/12
713	1.7.4.3	Perform Approved Enhancement Requests	40 days	Fri 3/30/12	Thu 5/24/12
714	1.7.4.4	Update System Documentation	40 days	Fri 3/30/12	Thu 5/24/12
715	1.7.4.5	Update Training Documentation	40 days	Fri 3/30/12	Thu 5/24/12
716	1.7.4.6	Conduct System Test	40 days	Fri 3/30/12	Thu 5/24/12
717	1.7.4.7	Conduct User Acceptance Test	40 days	Fri 3/30/12	Thu 5/24/12
718	1.7.4.8	Develop Release Strategy	40 days	Fri 3/30/12	Thu 5/24/12
719	1.7.4.9	Implement to Production	40 days	Fri 3/30/12	Thu 5/24/12
720	**1.7.5**	**System Incidents and Resolution**	**40 days**	**Fri 3/30/12**	**Thu 5/24/12**
721	1.7.5.1	Document IA Reported Incidents	40 days	Fri 3/30/12	Thu 5/24/12
722	1.7.5.2	Categorize/Prioritize Incidents	40 days	Fri 3/30/12	Thu 5/24/12
723	1.7.5.3	Review and Diagnose Incident According to SLA	40 days	Fri 3/30/12	Thu 5/24/12
724	1.7.5.4	Provide Incident Analysis Report to MN	40 days	Fri 3/30/12	Thu 5/24/12
725	1.7.5.5	Perform Remediation Per Contract and IA Approval	40 days	Fri 3/30/12	Thu 5/24/12
726	**1.7.6**	**SLA Reporting**	**40 days**	**Fri 3/30/12**	**Thu 5/24/12**
727	1.7.6.1	Maintain SLA Statistics	40 days	Fri 3/30/12	Thu 5/24/12
728	1.7.6.2	Prepare Monthly SLA Compliance Report	40 days	Fri 3/30/12	Thu 5/24/12
729	1.7.6.3	Review Monthly SLA Compliance Report with MN	40 days	Fri 3/30/12	Thu 5/24/12
730	**1.7.6.4**	**Deliverable FINAL: Monthly SLA Compliance Report**	**40 days**	**Fri 3/30/12**	**Thu 5/24/12**



Project: IA EHR Medicaid Incentive Ad
Date: Wed 9/21/11

Task | Progress | Summary | External Tasks | Deadline
Split | Milestone | Project Summary | External Milestone

EHR Medicaid Incentive Provider Administrative Tool Training Plan

Draft

September 26, 2011

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1 Training Plan

The purpose of this document is to act as a guide for training key stakeholders throughout the duration of the project, including some post-rollout activities.

A Training Plan guides the development of Iowa's EHR Medicaid Incentive Provider Adminsitration Tool Projec training (e.g., format, content and scheduling) for internal and external system users. This document is comprised of the following sections:

- **Strategy and Approach –** describes how the plan is designed to achieve defined goals.
- **Methodology and Objectives –** details the procedures or methods used to support delivery of the plan as well as high-level goals that will guide our delivery and assessment of our efforts.
- **Assumptions –** indicates underlying conditions and constraints that impact development and delivery of the plan.
- **Best Practices -** describes key industry benchmarks that will guide our development of the final deliverables.
- **Deliverables and Schedule –** provides an overview of agreed upon deliverables and associated schedule.
- **Roles and Responsibilities –** describes the roles and responsibilities required to support the delivery of the plans.
- **Templates/Required Forms –** includes any templates and/or tools that will be used to support the delivery of the plan.

All deliverables will conform to agreed upon content, delivery dates, and comply with CGI's scope of work for training plan development and execution.

1.1 Strategy and Approach

This section outlines the strategy and approach for training Iowa State and Provider user groups on use of the EHR Medicaid Incentive Provider Adminsitration Tool (MIPAT).

Strategically, the plan will support targeted audiences, using methods that best meet their learning needs and where appropriate, their staffing role. Training will provide the knowledge and the skills as they are needed to support the successful enrollment of providers in MIPAT.

Our priorities are to develop educational materials for the provider community, and then focus on Iowa staff to allow time for approval of programmatic changes to the basic solution. The following table provides an overview of key stakeholders groups.

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Exhibit 1: Scope of Training Summary by Key Stakeholder Group

Provider Community	Iowa Staff
Key Methods: Webinars and Web Content, In-person Presentations and Association Outreach	**Key Methods: Instructor led training courses (modular)**
• Eligible Providers (Mixed Audience) • Eligible Professionals Enrollment (Individual/Group) • Eligible Hospitals	• MIPAT Project Team • MIPAT State Users including Business Services Staff • MIPAT Executives

Note – This is a living document that will continue to be reviewed and updated, as needed to meet contractual and training requirements

2 Methodology and Objectives

CGI will promote training methods that engage attendees in learning how to use the MIPAT solution knowing that many of the them are already familiar with the current solution. The training will start with the concepts already familiar to the user group and translate how the concepts work in the new solution. In addition, scenario-based training will be broken down by functional module to enable tailoring the training content to specific user groups.

Through participation in this training, attendees should expect:

- To refresh the users on the fundamentals of the CMS Medicaid Electronic Health Records Incentive Program as well as Iowa' MIPAT policies and procedures.
- The training will be module based to ensure attendees receive the knowledge and skills needed to support MIPAT, while also being able to leverage modules across multiple user groups.
- To navigate components of the MIPAT solution with how-to scenarios based on the user group and functional module.

From a content perspective, training provides overview and detailed information about MIPAT and the software solution which is tailored for each audience. For example, providers receive an overview of the process and how to use the provider portal while state staff also receives in-depth solution training on the service delivery portal.

2.1 Overall Training Objectives

Where the methods demonstrate how we plan to deliver training, the following objectives serve to set the standards and processes for developing the supporting materials.

- **Align training with the overall implementation effort –** to create consistent messaging and deliver training just prior to its use to increase the chances that information is remembered.
- **Provide training in one of three core methods –** face-to-face, online (webinars), and printed materials (i.e., training modules, tip sheets, provider flyers) to refresh the users

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on the fundamentals of the Federal Medicaid Electronic Health Records Incentive Program and to teach them how to use and navigate the MIPAT solution.

- **Develop training materials** - that reflect the actions required for a particular stakeholder group as it relates to using the solution.
- **Draft the materials and create a review process -** that ensures the training meets the State's expectations:
  - CGI collaborates with Iowa to refine the draft training plan. The staff participating in the review of the plan will provide initial feedback on any necessary changes.
  - Iowa MIPAT leadership reviews plans and provides feedback to ensure the plan meets the end users needs and the stated training objectives.
  - CGI finalizes the plan for Iowa Approval with executive leadership.
  - CGI creates agreed upon MIPAT Solution training materials for Iowa.
  - Iowa leadership team reviews training materials and provides feedback to ensure the materials support the proper use of the MIPAT solution and meet the stated training objectives.
  - CGI finalizes the training materials for Iowa approval.
- **Provide convenient access to training –** all user groups are time-constrained and will require easy access to training materials and opportunities. Where appropriate, training sessions will be recorded for future employees and on boarding training plans. Note, as rules, regulations and the solution is updated, the team will need to keep these materials up-to-date.

2.2 Assumptions

This section indicates underlying conditions and constraints that impact development and delivery of the plan.

- CGI will facilitate the development of the training plan in cooperation with Iowa.
- CGI will develop training curriculum and materials.
- CGI and Iowa will collaboratively execute the training plan and conduct the training sessions.
- Iowa will facilitate the internal review and approval processes of the curriculum and materials.

2.3 Best Practices

This section describes key industry benchmarks that guide our development and delivery.

The MIPAT training effort aligns with the following industry best practices:

- For large or complex projects, a dedicated training leader and team is needed to create and carry out the plan.
- Training is tied to Program objectives.
- A stakeholder analysis is conducted to enable the creation of competency- based training.

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3 Eligible Providers Training Program

CGI will partner with Iowa to communicate, schedule, and deliver system demonstrations as well as webinars to its Eligible Provider community. Using a just-in-time rollout method, we will maximize outreach to Iowa providers based on Iowa's feedback on how to best reach their community. Training will highlight the CMS Registration and how to enroll in MIPAT to support and enable the effective use of the MIPAT Solution.

3.1 Eligible Providers Training Modules

Eligible Provider training modules will be delivered in either a presentation and/or webinar format depending on Iowa's feedback on how to best reach their Eligible Provider community. For detailed information, please see Exhibit 5 Summary of Training Modules which provides an overview of the training activities along with module description, affected user group(s), tools/portal(s), format and timing.

- Training Module 1: Eligible Providers Enrollment (Mixed Audience)
- Training Module 2: Eligible Professionals Enrollment (Individual/Group)
- Training Module 3: Eligible Hospitals Enrollment

Webinar Logistical Recommendations

A webinar blends teleconferencing, the web and presentation software (MS Office PowerPoint) to produce an interactive multimedia seminar.

Webinars will be used for Eligible Providers who may be spread out over a large geographical area. The process is to design the presentation and upload it an online service (LiveMeeting). The communications team will announce the event and provide a meeting invitation with a link to Eligible Providers. At the set time, the Eligible Provider logs on to LiveMeeting to view a live presentation.

- Develop content based on the training plan.
- During the webinar, provide a Question/Answer segment using the written question or "hand raising" features of the webinar tool:
  - Designate a question screener to review and clarify them before the panel announces and answers the question.
  - Agree to follow up on question that cannot be answered during the websinar by email.
  - Download all questions after the seminar to further review and see if any of the questions should be incorporated into the online FAQ.
- Record the presentation for future use.

Tools/Portals Summary

The following graphic displays the overall relationship between the tools/portals starting with the federal level programs and moving through components of the MIPAT solution, including

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background systems. Training will provide more detailed views and explanation of how each system interacts with the users and other systems.

Exhibit 2: Tools/Portals Overview Diagram

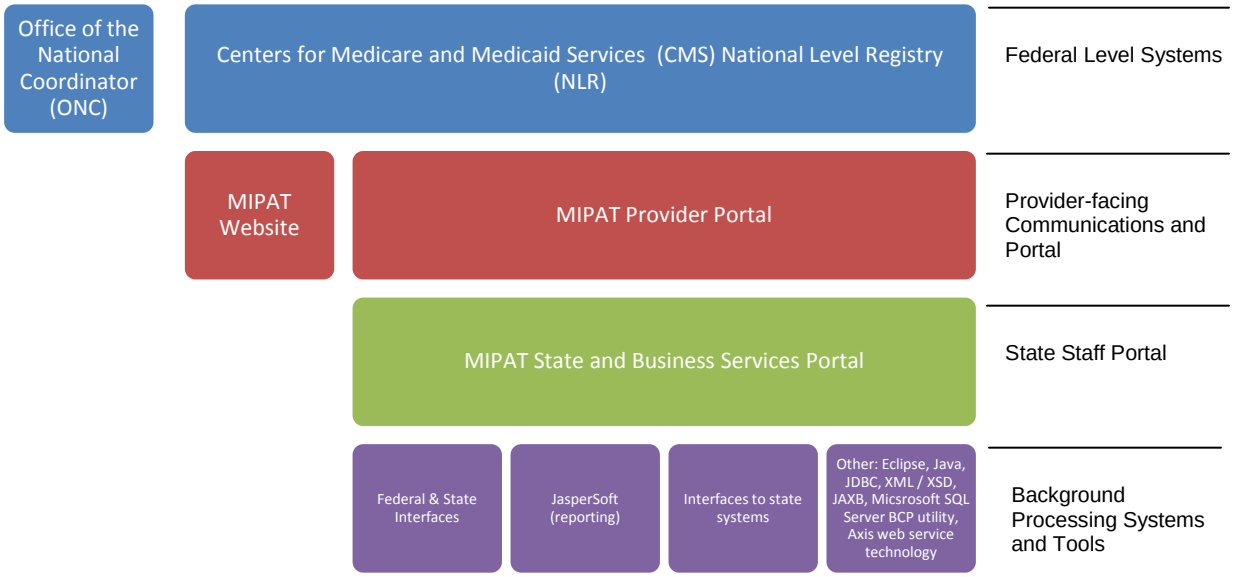

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Exhibit 3: Summary of Provider Community Training Webinars

User Groups	Training Activity	Description	Tools/Portals	Format	Timing
Eligible Providers (Mixed Audience)	Training Module 1: Eligible Provider Enrollment	• CMS Electronic Health Record Program Overview o Medicaid Context o Medicare Context o Federal programs and rules, such as HIPAA, ARRA, Incentive Payments, Health Information Exchange o Population o Program Requirements o State specific EHR Incentive Program • Registration Process Overview (Federal/State) • Exchange of Data/Attestation • Demonstration of Iowa EHR process, including: o Log On o Enrollment: registration verification, provider volumes, AIU /MU selection, and payment. Special attention will be paid to: • SCHIP • Out-of-State Encounters • Group Aggregation /Proxy high-level • FQHC/RHC high-level • Eligible Hospitals o Document Management o Account Management o Appeals o System Help/FAQ o Iowa Contacts	• CMS Website • MIPAT Website • ONC Website	• Webinar or Demonstration • Recorded content or presentation also available	Time: 1.5 hours
Eligible Professionals (EP) Individuals/ Groups	Training Module 2: Eligible Professionals Enrollment	• CMS Electronic Health Record Program Overview o Medicaid Context o Medicare Context o Federal programs and rules, such as HIPAA, ARRA, Incentive Payments, Health Information Exchange o Population	• CMS Website • MIPAT Website • ONC Website	• Webinar or Demonstration • Recorded content or presentation also available	Time: 1.5 hours

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User Groups	Training Activity	Description	Tools/Portals	Format	Timing
		o Program Requirements o State specific EHR Incentive Program • Registration Process Overview (Federal/State) • Exchange of Data/Attestation • Demonstration of Iowa EHR process, including: o Log On o Enrollment: registration verification, provider volumes, AIU/MU selection, and payment. Special attention will be paid to: • Individual/Group Enrollment Process (review of 'how to' designate a lead enroller, etc.) • SCHIP • Out-of-State Encounters o Document Management o Account Management o Appeals o System Help/FAQ o Iowa Contacts			
Eligible Hospitals (EH)	Training Module 3: EH Enrollment	• CMS Electronic Health Record Program Overview o Medicaid Context o Medicare Context o Federal programs and rules, such as HIPAA, ARRA, Incentive Payments, Health Information Exchange o Population o Program Requirements o State specific EHR Incentive Program • Registration Process Overview (Federal/State) • Exchange of Data/Attestation • Demonstration of Iowa EHR process, including: o Log On o EH Enrollment: registration verification, provider volumes, AIU/MU selection, and payment. Special attention will be paid to:	• CMS Website • MIPAT Website • ONC Website	• Webinar or Demonstration • Recorded content or presentation also available.	Time: 1.5 hours

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User Groups	Training Activity	Description	Tools/Portals	Format	Timing
		• SCHIP • Out-of-State Encounters • EH Data Sources o Document Management o Account Management o Appeals o System Help/FAQ o Iowa Contacts			

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4 Iowa Staff Training Program

For each user group, training will cover the program, system functionality, and operational procedures to meet the following goals:

- Support and enable the effective use of the MIPAT Solution.
- Enable State employees to serve eligible providers in their use of the MIPAT Solution.
- Establish consistent operations and maintenance processes, including reporting, functional administration, and interfaces. Note that staff will be able to attend training sessions based on their functional role in the organization (for example, not all staff members need to attend appeals, audit, or payment processing modules).

4.1 Iowa Staff Training Modules

Exhibit 8 Summary of Training Modules provides an overview of the training activities (listed below) along with module description, affected user group(s), tools/portal(s), format and timing.

- Module 1: CMS Electronic Health Record Program Overview
- Module 2: MIPAT Program: Provider Portal Overview, MIPAT State Portal Overview
- Module 3: Enrollment Management
- Module 4: Part I Payment Process Overview and Rejecting Payments
- Module 4: Part II Approving Payments & Medicaid Incentive Payment Adjustments
- Module 5: Appeals Process, Initiation, Adjudication, Escalation and Resolution
- Module 6: Audit Process, Initiation and Resolution
- Module 7: Part I Dashboards and Reports (standard)
- Module 7: Part II Dashboards and Reports (ad hoc)
- Module 8: System Maintenance (System Help/FAQs, Home Page Text, Provider Notifications)
- Module 9: CMS and State Interfaces Overview

Modular Training Delivery

To make the best use of time, we recommend grouping the training modules in the following manner:

- **Modules 1-6:** Conduct Half-Day Training Session(s) for Iowa Program Administrative Functions. All administrative functions will be covered during the half day session. Depending on staff availability and workloads, we can support up to four (4) training sessions.
- **Modules 7 Part 1, 8 and 9:** Conduct One (1) Half-Day Training Session for MIPAT System Administration
- **Module 7 Part II:** Conduct Half-Day Training Session(s) for MIPAT Reporting Users. All ad hoc features will be covered during the half day session. Depending on staff availability and workloads, we can support up to two (2) training sessions.

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Therefore, the training time per person could range from 4-10 hours based on their MIPAT role.

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Exhibit 4: Summary of Training Modules

User Groups	Training Activity	Description	Tools/Portals	Format	Timing
• MIPAT SMEs • MIPAT Operations MGR • HIT PM • MIPAT Comm. MGR • Reg. MGR	Module 1: CMS Electronic Health Record Program Overview	• Medicaid Context • Medicare Context • Federal programs and rules, such as HIPAA, ARRA, Incentive Payments, Health Information Exchange • Population • Program Requirements • State specific EHR Incentive Program	• CMS Website • MIPAT Website • ONC Website	Instructor led presentation	Time: 30 Min

• MIPAT SMEs
• MIPAT Operations MGR
• HIT PM
• MIPAT Comm. MGR
• Reg. MGR
	Module 2:
	MIPAT Program: Provider Portal and MIPAT State Portal Overview
		• Registration Process Overview (Federal/State)
		• Exchange of Data/Attestation
		• Demonstration of Iowa EHR process, including:
		  o Log On
		  o Enrollment: registration verification, provider volumes, AIU selection, and payment. Special attention will be paid to:
		  • SCHIP
		  • Group Aggregate/Proxy
		  • Out-of-State Encounters
		  • EH Data Sources
		  o Document Management
		  o Account Management
		  o Appeals
		  o System Help/FAQ
		  o Iowa Contacts
		• ODIowa System Overview
		  o Provider Status
		  • Log On
		  • Provider Status
		  o Account Management
			• Provider Portal
			• CMS Website
			• MIPAT Website
			• ONC Website
			• State Portal
			• Business Services Portal
				Instructor led presentation	Time: 1 hour

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User Groups	Training Activity	Description	Tools/Portals	Format	Timing
• MIPAT SMEs • MIPAT Operations MGR • HIT PM	Module 3: Enrollment Management	• Enrollment Management	State Portal Business Services Portal	Instructor led presentation	Time: 30 Min
• MIPAT SMEs • MIPAT Operations MGR • HIT PM • Reg. MGR	Module 4: Part I Payment Process Overview and Rejecting Payments	• Payment Process Overview • Payment Schedule Overview • View Payments • Adding a Comment • Reject Payments	Business Services Portal	Instructor led presentation.	Time: 30 Min
• MIPAT Operations MGR • HIT PM	Module 4: Part II Approving Payments & Medicaid Incentive Payment Adjustments	• Full Payment Approval (approve or reject) • Medicaid Incentive Payment Adjustments	= Business Services Portal	Instructor led presentation	Time: 30 Min
• MIPAT SMEs • MIPAT Operations MGR • HIT PM • Reg. MGR	Module 5: Appeals Process, Initiation Adjudication, Escalation and Resolution	• Appeal Process Overview • View Appeal • Accept Appeal • Adjudicate Appeal • View Escalated Appeal • Adjudicate Escalated Appeal	Business Services Portal	Instructor led presentation.	Time: 30 Min
• MIPAT SMEs • MIPAT Operations MGR • HIT PM • Reg. MGR (view only)	Module 6: Audit Process, Initiation and Resolution	• Audit Process Overview • View Audits • Accept Audits • Complete Audits	Business Services Portal	Instructor led presentation	Time: 30 Min
• MIPAT SMEs • MIPAT Operations	Module 7: Part I - Dashboards and Reports (standard)	• Select and View Dashboards • Select, View and Print Reports • Export Report Data to Excel	State Portal Business Services Portal Jasper server pro and	Instructor led presentation	Time: 30 Min

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User Groups	Training Activity	Description	Tools/Portals	Format	Timing
MGR • HIT PM • Reg. MGR			iReports for reports		
• MIPAT SMEs • MIPAT Operations MGR • HIT PM • Reg. MGR	Module 7: Part II: Dashboards and Reports (ad hoc)	• Developing Ad Hoc Reports	Jasper server pro and iReports for reports	Instructor led presentation	Time: Up to 2 hours
• MIPAT SMEs • MIPAT Operations MGR • HIT PM • Reg. MGR	Module 8: System Maintenance (System Help/FAQs, Home Page Text, Provider Notifications)	• View & Print System Help/FAQs • Download System Help/FAQs • Upload System Help/FAQs • Maintain Home Page Text Changes • Maintain Provider Notifications	Provider Portal State Portal Business Services Portal	Instructor led presentation.	Time: 30 Min
• MIPAT SMEs • MIPAT Operations MGR • HIT PM • Reg. MGR	Module 9: CMS and State Interfaces Overview	• Review incoming and outgoing interfaces Purpose and Process Overview o Operational Maintenance o Associated Report(s) and Communication Outputs o Error Handling	Tools for incoming / outgoing interface maintenance: • Eclipse • Java • JDBC • XML / XSD • JAXB • Microsoft SQL Server BCP utility • Axis web service technology	Instructor led presentation	Time: 1 hour

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5 Roles and Responsibilities

This section indicates describes the roles and responsibilities required to support the delivery of the plans.

The MIPAT Program includes individuals and groups from different areas of the organization. Project roles range from program executives to staff members. The following table defines the various roles and their responsibilities throughout the life cycle of the project. These roles may be modified after input from Iowa.

Exhibit 5: Summary of Training Roles and Responsibilities

Project Role	Responsibilities
Medicaid Executive Team	• Have ultimate authority and responsibility for the project • Approve changes to project scope and provide additional resources required by the change • Provide funds for the project • Provide high- level project direction • Resolve conflicts over policy and objectives • Resolve resource issues and make business decisions for the project
Project Managers	• Perform high- level project management • Approve and continuously monitor the project plan • Escalate and resolve project issues • Provide weekly and monthly reporting on the project status to the executive sponsors • Give final approval of project deliverables • Establish clear roles and responsibilities throughout the project • Provide high- level project direction • Confirm that the project objectives are met • Monitor to ensure that deliverables are consistent with the best practices • Monitor and execute the training plan
Training Leads	• Construct the training plan • Manage the execution of the training plan • Coordinate training sessions • Manage training content
Trainers	• Provide subject matter expertise to properly tailor training to the appropriate user groups • Provide in-person training and presentations • Facilitate and present webinars • Prepare training session materials
Subject Matter Experts	• Provide subject matter expertise to properly tailor training to the appropriate user groups • Assist in developing effective training processes • Help communicate training plans, as needed
Technical Support	• Ensure training environment is prepared and tested • Resolve technical support issues, as needed
Administration Support	• Assist with training material preparation and logistics planning

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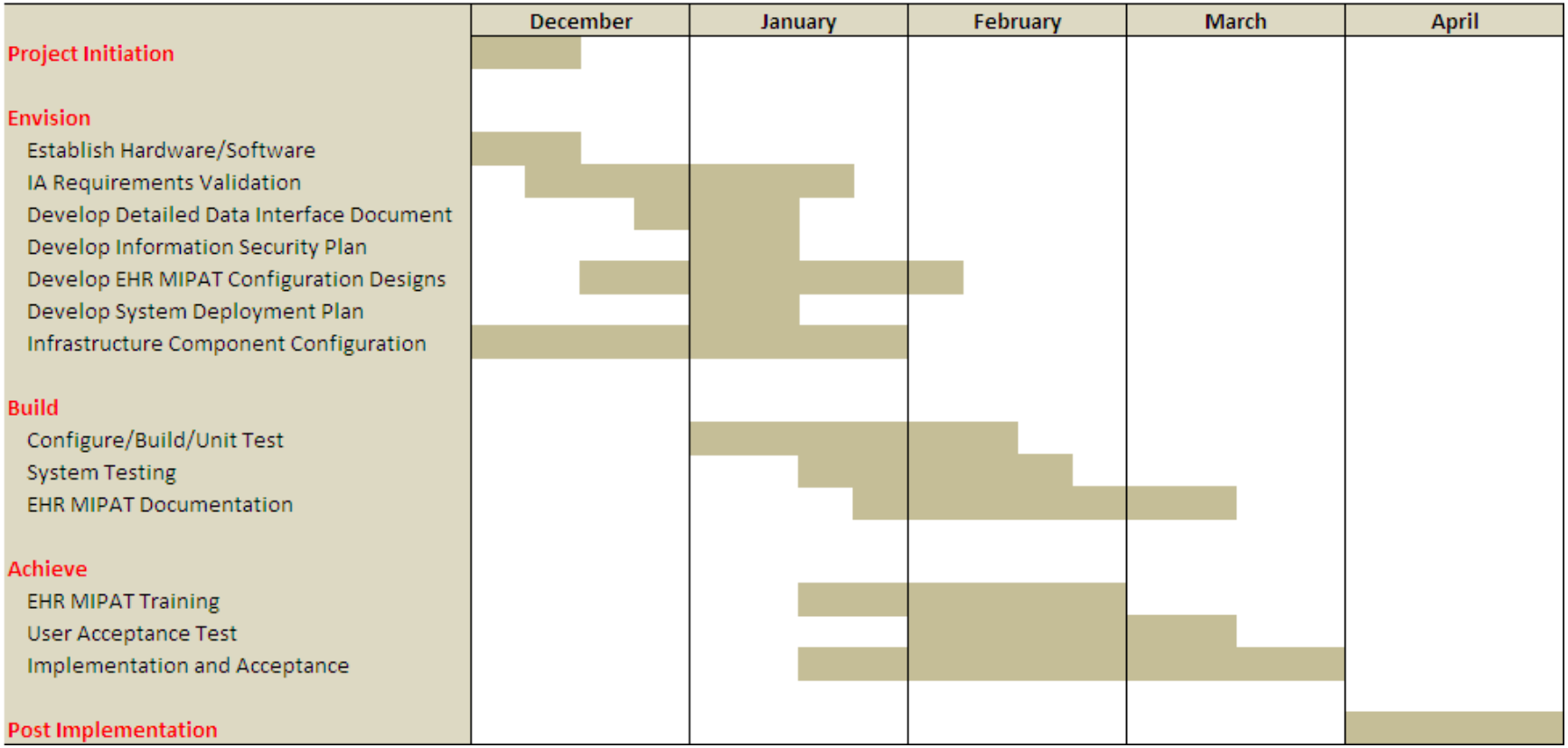
Iowa EHR Medicaid Incentive Program Administration Tool Project Timeline



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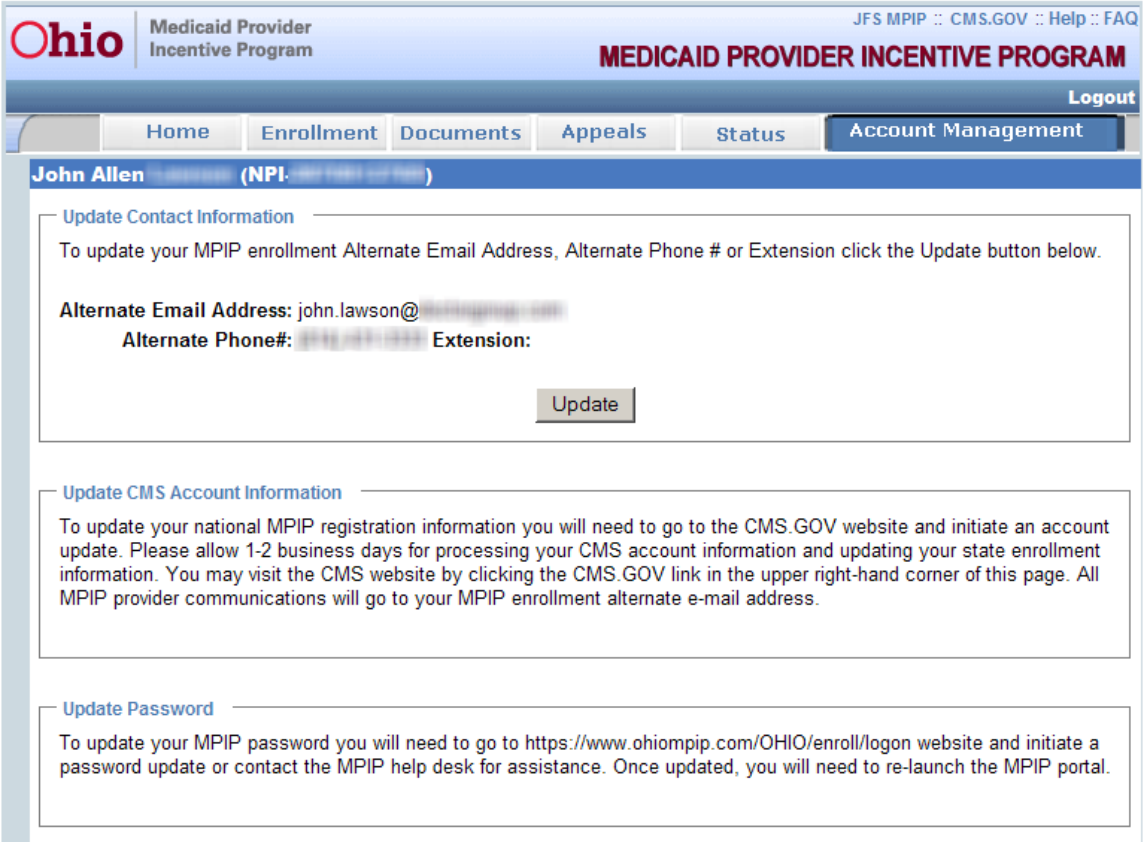
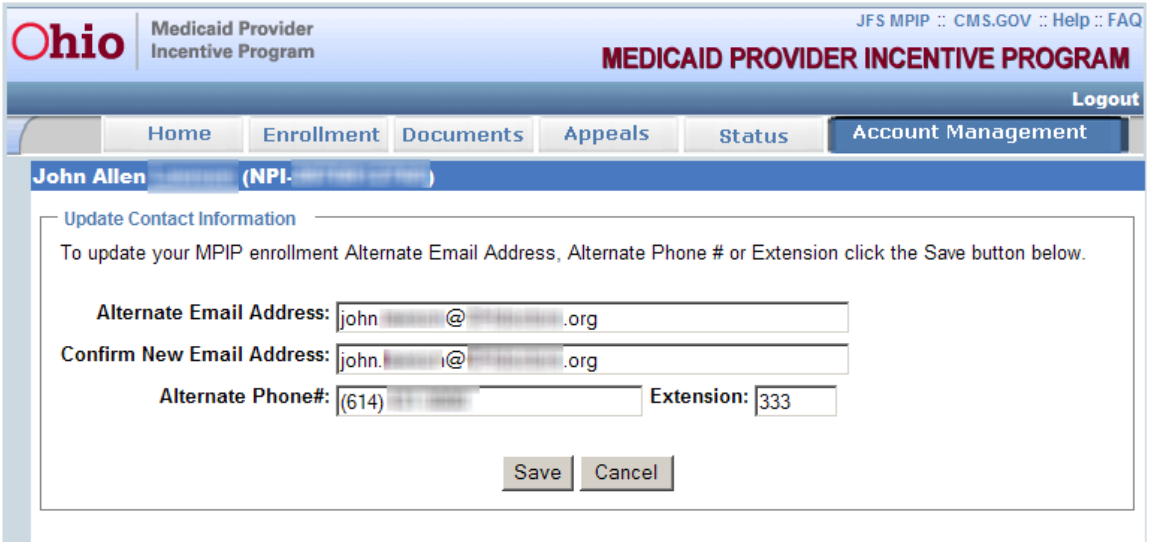
Account Management

Account Management Page



Update Contact Information Page



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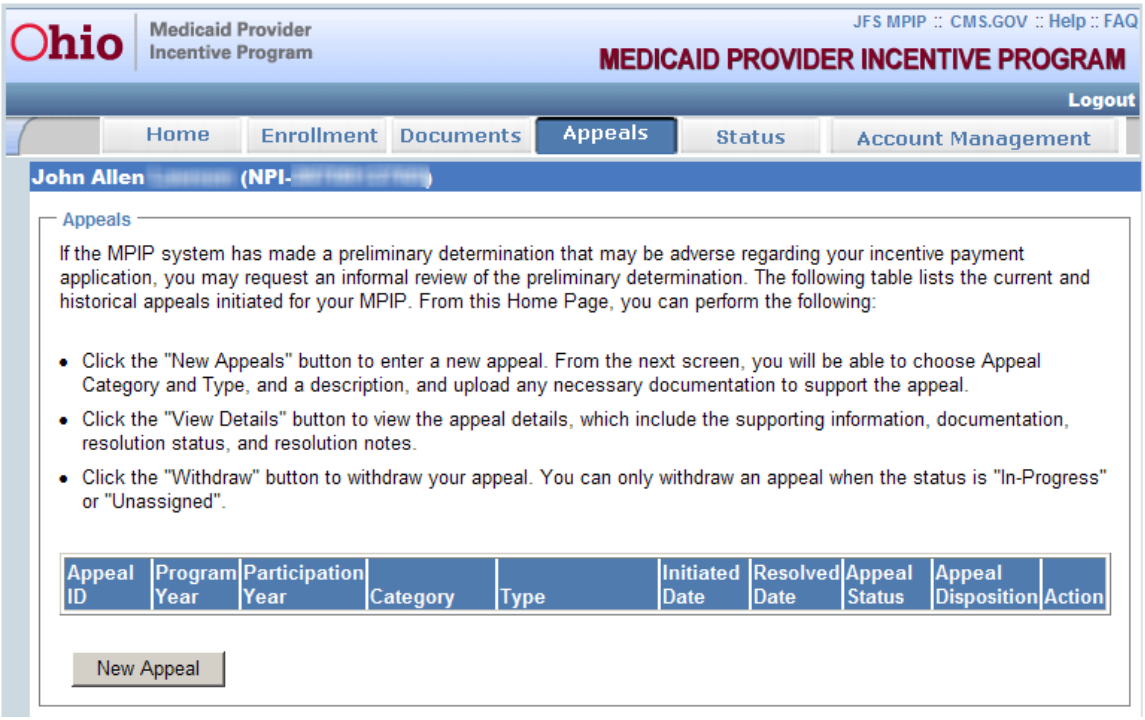
Appeals

Appeals Home Page



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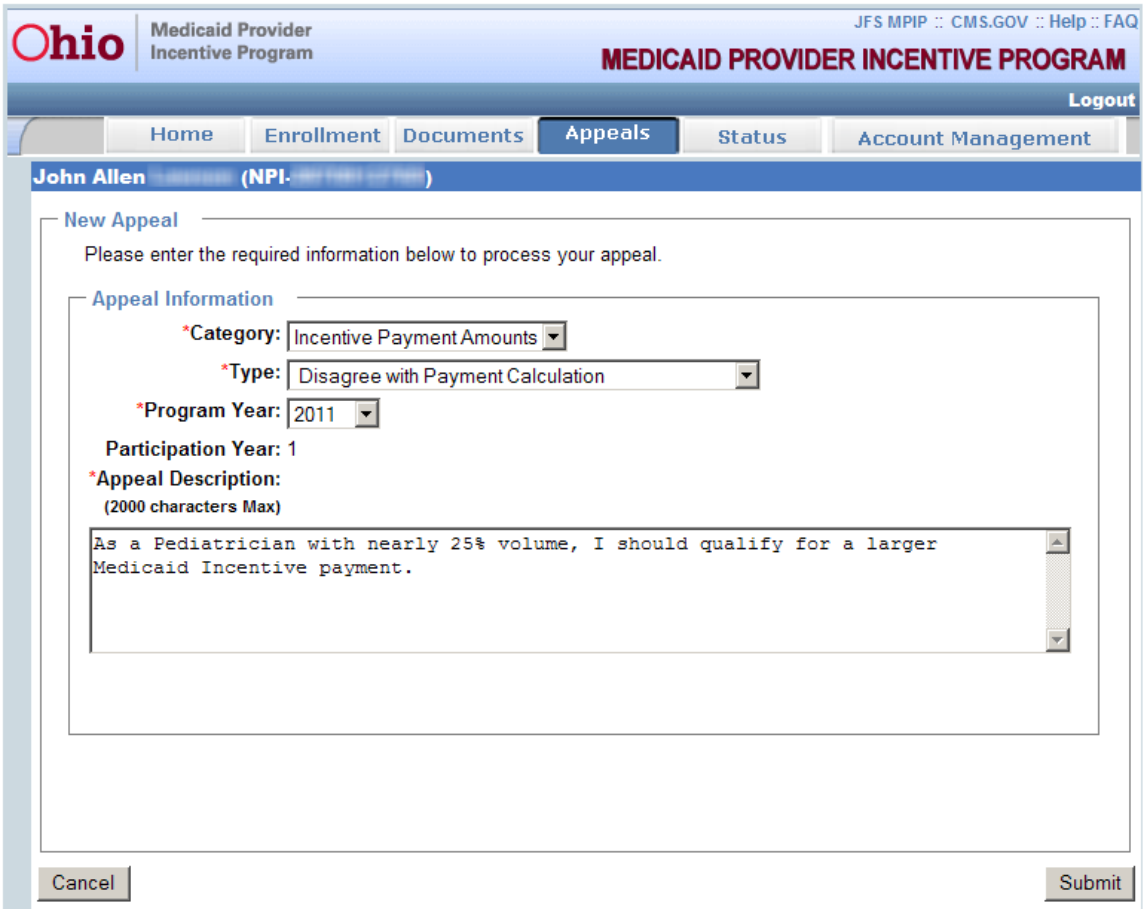
New Appeal Page



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View Appeal Page

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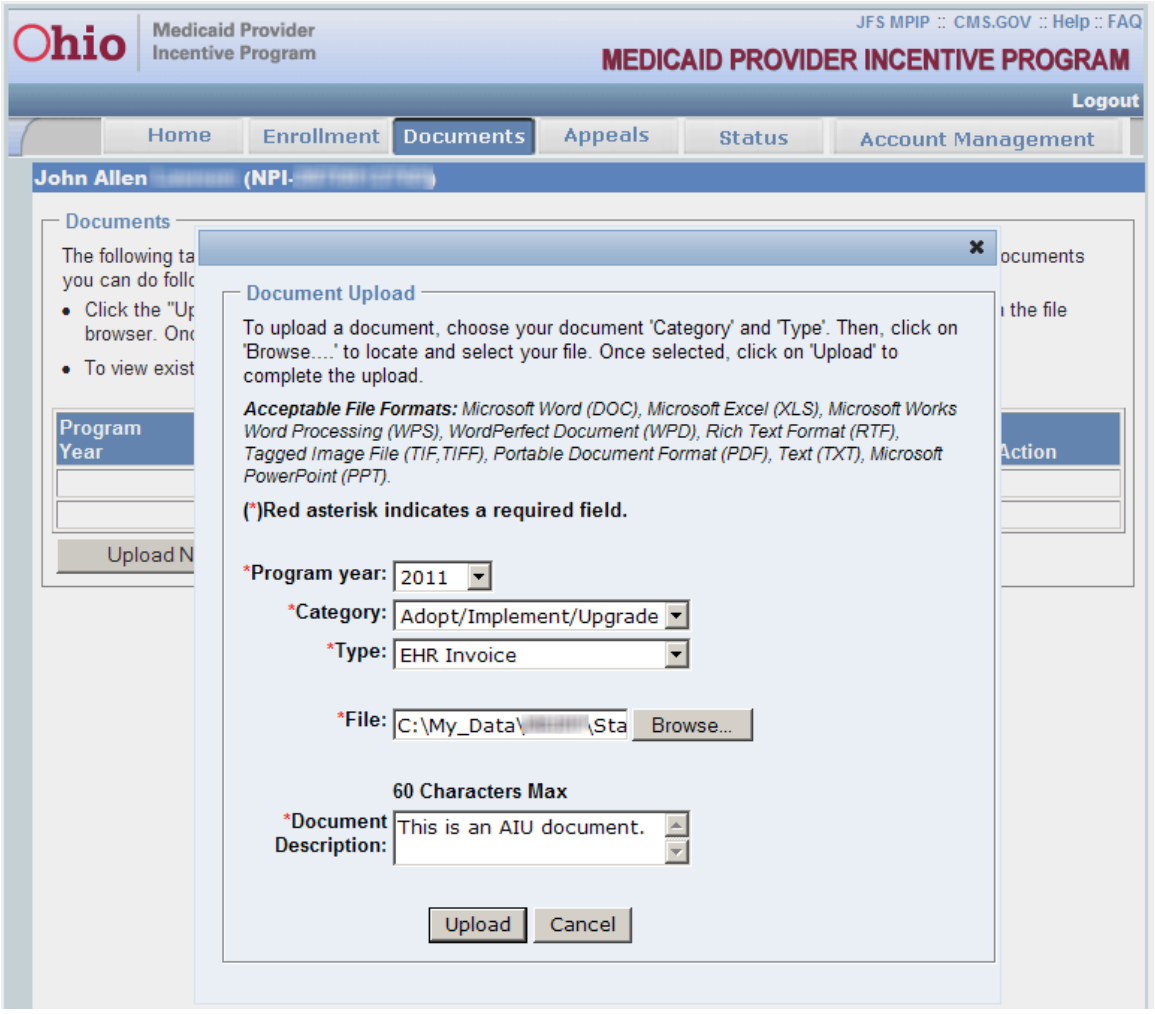
Document Management

Documents Upload



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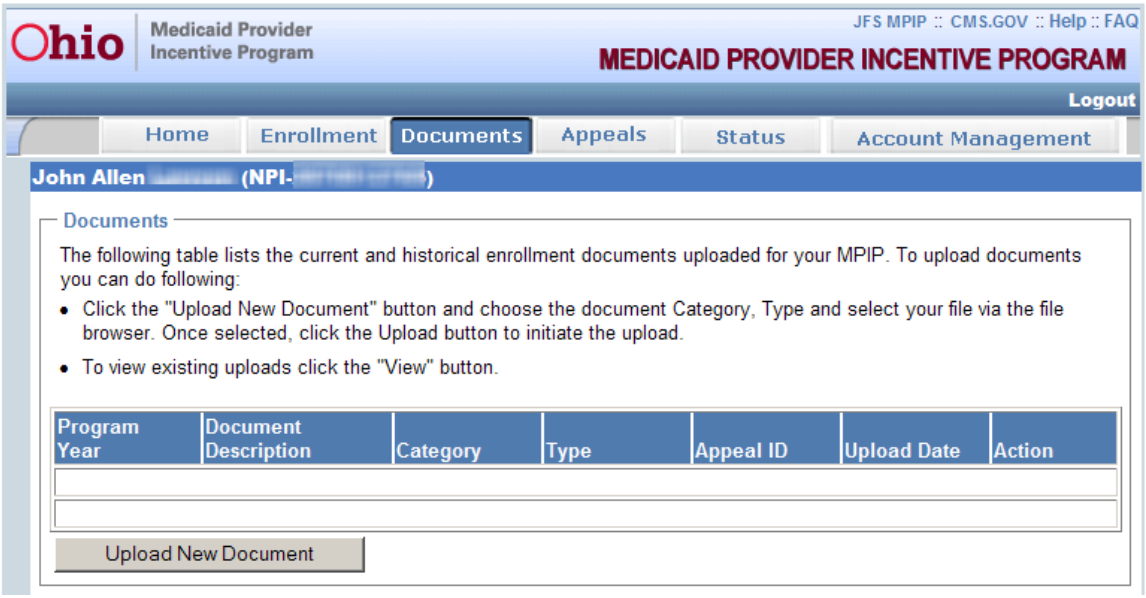
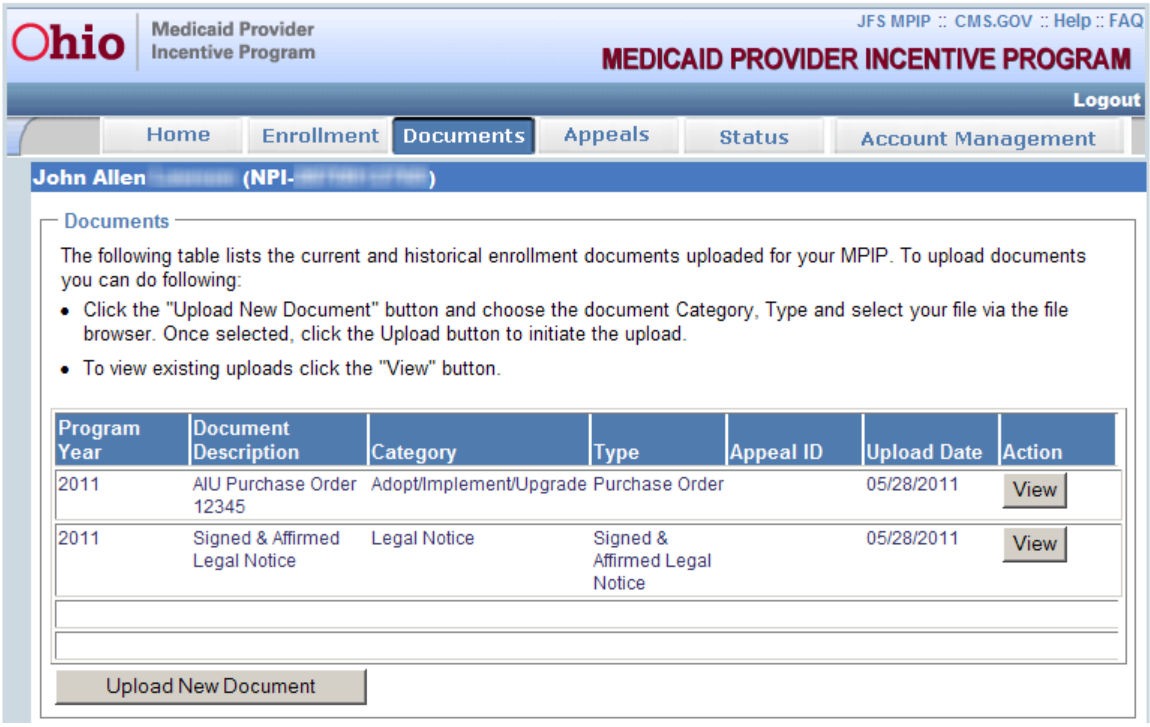
Documents Home Page



Documents Summary



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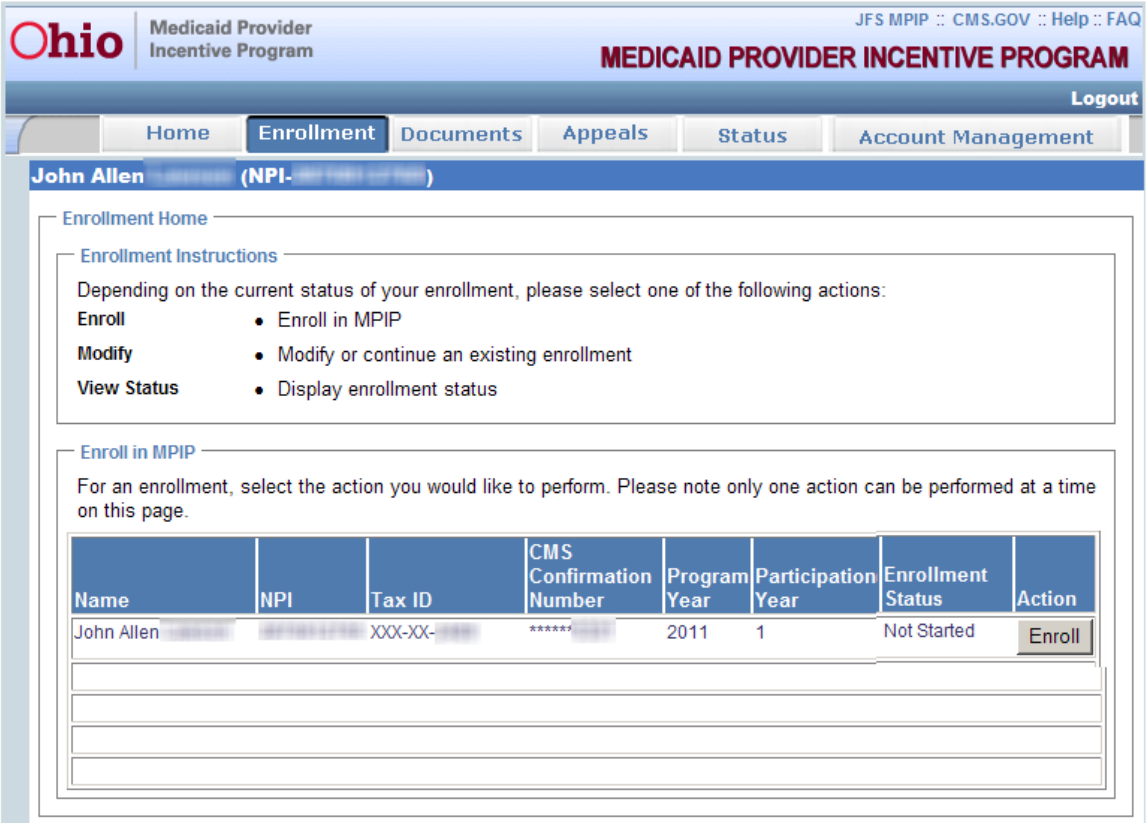
Eligible Provider Enrollment

Enrollment Home



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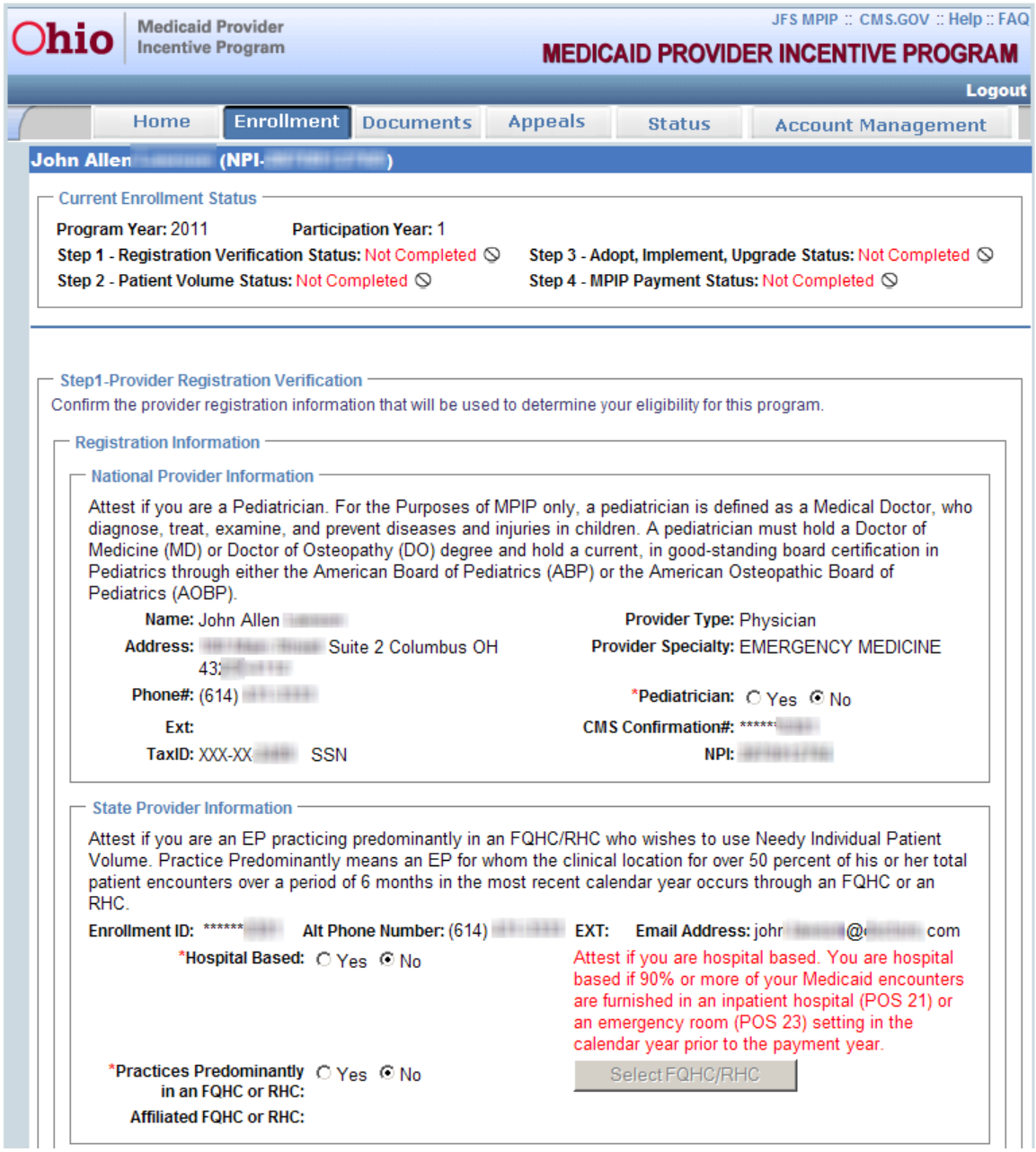
Enrollment Step 1 – Registration Page

Due to the length of this page, it will be depicted over multiple pages. This is the top portion of the page.



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Enrollment Step 1 – Registration Page (continued)

This is the continuation of, and middle portion of, the Enrollment Step 1 Registration Page.

Group Practice

If the designated Group Enroller (GE) has not already attested in MPIP, STOP! and contact your designated GE before proceeding. To attest as part of a group practice/clinic, the designated GE must be the first person to enroll in MPIP. A designated GE is defined as the eligible professional (EP) within the group that the group practice/clinic has appointed to select all EPs within that group practice/clinic that will participate in MPIP to receive an incentive payment.

GEs will determine if each member of the group identified meets the following two conditions:

- Has a valid, current Medicaid provider agreement, and
- Has rendered and billed Medicaid for at least one Medicaid covered service with a date of service in the 90 day period associated with the calculation of Patient Volume (PV), and has been reimbursed for that service.

If both of these conditions are not met for all members of the group practice/clinic, the group practice/clinic will be precluded from using the group proxy PV and the EPs within the group practice/clinic will need to apply for MPIP as individuals, or as members of another group practice/clinic.

If both conditions are met for all members of the group practice/clinic, **the GE will need to upload information to support the attested PV of all Medicaid practitioners used in the group proxy PV calculation. This will include the name and Medicaid ID of each Medicaid practitioner of the group practice/clinic.**

All EPs must determine individually if he/she will seek MPIP payment as a member of the eligible group practice/clinic or separately. EPs of an eligible group practice/clinic may apply individually or as a member of another eligible group practice/clinic.

The GE must confirm in writing from the EP that each EP in the group practice/clinic is consenting to apply as a member of that group practice/clinic. The GE must upload evidence of that consent.

If any EP member of the group practice/clinic does not consent to apply as a member of the group practice/clinic but will allow the group practice/clinic to use their encounters towards the group's proxy PV, the GE must upload evidence of that consent. In this instance, the non-participating EP member cannot use those encounters toward their individual PV or for any other group practice/clinic.

If any EP within the group practice/clinic does not provide the GE with written consent to use their encounters, the GE may not enroll the group practice/clinic. EPs remaining in the group practice/clinic will be precluded from using a group practice/clinic proxy PV and will need to apply for MPIP as individuals or as members of another group practice/clinic.

Select your group Medicaid ID by clicking the "Select Group ID and Members" button below.

***Reporting as Group:** ○ Yes ◉ No

***If reporting as a group practice you must select your Group Medicaid ID.** [ ] Select Group ID and Members

Group Name: **Group TIN:**

Group Address: **Group NPI:**

Group Enroller:

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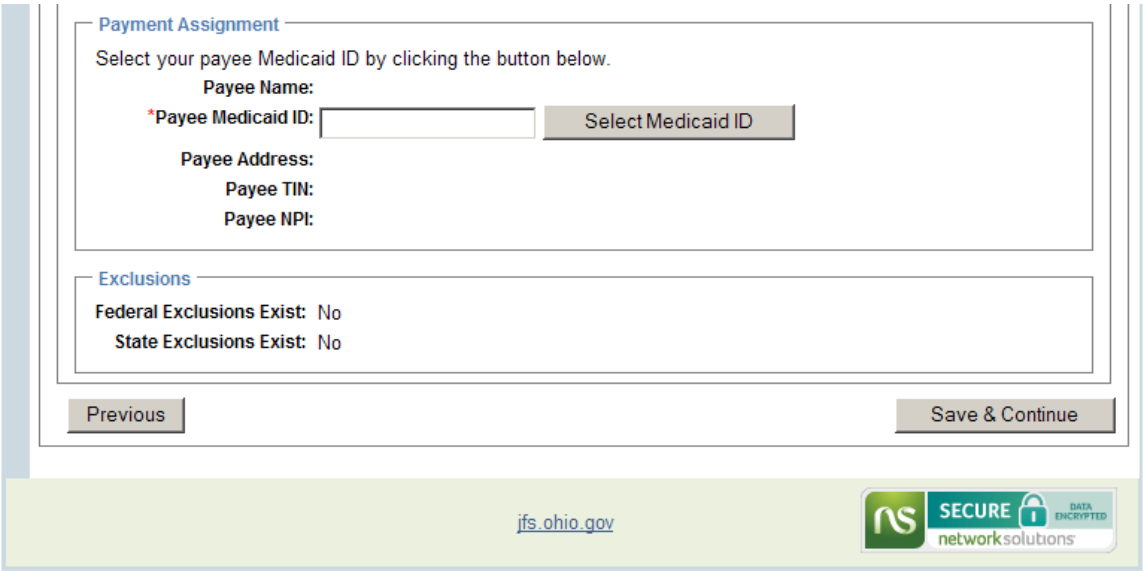
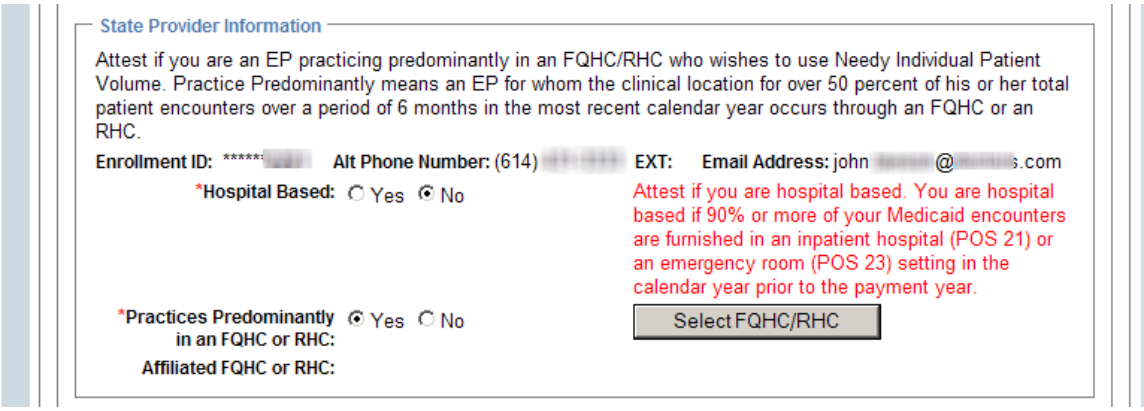
This is the bottom of the Enrollment Step 1 Registration Page.



State Provider Information



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Enrollment Step 2 – top portion:

Step 2-Needy Patient Volume Status

Please provide the Needy Patient Volume information in the fields below. The patient volume will be calculated based on any continuous three-month reporting period in the previous calendar year, beginning the first day of the month. As an Eligible Professional, you must meet 30% Needy Patient Volume.

Reporting Dates

Please choose your continuous three-month reporting period in the previous calendar year. The reporting period will include the entire month as partial months are not allowed for reporting.

Please select a Start Date: 03/01/2010

Three-Month Reporting Start Date: 03/01/2010

Three-Month Reporting End Date: 05/31/2010

Encounter Option

Enter you needy and total patient encounters below.

- Services rendered on any one day to an individual where Medicaid or CHIP paid for part or all of the service are defined as a single encounter.
- Services rendered on any one day to an individual for where Medicaid or CHIP paid all or part of their copayments, and/or cost-sharing are defined as a single encounter.
- Services furnished at no cost; and calculated as being uncompensated or charity care are defined as a single encounter. If you use uncompensated care instead of charity care, you must subtract bad debt.
- Services paid for at a reduced cost based on a sliding scale and determined by the individual's ability to pay are considered a single encounter.

Needy Patient Encounters: 100

Total Patient Encounters: 300

Needy Patient Volume: 33%

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Enrollment Step 2 – bottom portion:

Encounters

Please select the county in which your primary practice is located. Enter your Medicaid and Total patient encounters below. For potential EPs (except for EPs predominantly practicing in FQHC/RHC) in counties with children covered by virtue of Title XXI of the Social Security Act, an SCHIP adjustment to patient volume will be made in compliance with the federal requirement that only individuals covered by Title XIX of the Social Security Act be included in the calculation of the patient volumes for Medicaid EHR Incentive Payment Program. The adjustment to Patient Volume will be a reduction equal to the value of the lesser of the statewide average percent of children covered by virtue of Title XXI or the percent of children in the county represented by the potential EP.

Select County: Franklin

SCHIP percentage: 2

The Medicaid patient volume will be calculated based on the following formula:

$$\frac{\text{Medicaid Patient Encounters - (Medicaid Patient Encounters * County SCHIP Factor)}}{\text{Total Patient Encounters}} = \text{Medicaid Patient Volume}$$

The following are considered Medicaid encounters:

- Services rendered on any one day to an individual where Medicaid paid for part or all of the service are defined as a single encounter
- Services rendered on any one day to an individual for where Medicaid paid all or part of their copayments, and/or cost-sharing are defined as a single encounter

Medicaid Patient Encounters: 100

SCHIP Adjusted Patient Encounters: 98

Total Patient Encounters: 300

Medicaid Patient Volumes: 33%

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Group Affiliation

Group Practice

If the designated Group Enroller (GE) has not already attested in MPIP, STOP! and contact your designated GE before proceeding. To attest as part of a group practice/clinic, the designated GE must be the first person to enroll in MPIP. A designated GE is defined as the eligible professional (EP) within the group that the group practice/clinic has appointed to select all EPs within that group practice/clinic that will participate in MPIP to receive an incentive payment.

GEs will determine if each member of the group identified meets the following two conditions:

- Has a valid, current Medicaid provider agreement, and
- Has rendered and billed Medicaid for at least one Medicaid covered service with a date of service in the 90 day period associated with the calculation of Patient Volume (PV), and has been reimbursed for that service.

If both of these conditions are not met for all members of the group practice/clinic, the group practice/clinic will be precluded from using the group proxy PV and the EPs within the group practice/clinic will need to apply for MPIP as individuals, or as members of another group practice/clinic.

If both conditions are met for all members of the group practice/clinic, **the GE will need to upload information to support the attested PV of all Medicaid practitioners used in the group proxy PV calculation. This will include the name and Medicaid ID of each Medicaid practitioner of the group practice/clinic.**

All EPs must determine individually if he/she will seek MPIP payment as a member of the eligible group practice/clinic or separately. EPs of an eligible group practice/clinic may apply individually or as a member of another eligible group practice/clinic.

The GE must confirm in writing from the EP that each EP in the group practice/clinic is consenting to apply as a member of that group practice/clinic. The GE must upload evidence of that consent.

If any EP member of the group practice/clinic does not consent to apply as a member of the group practice/clinic but will allow the group practice/clinic to use their encounters towards the group's proxy PV, the GE must upload evidence of that consent. In this instance, the non-participating EP member cannot use those encounters toward their individual PV or for any other group practice/clinic.

If any EP within the group practice/clinic does not provide the GE with written consent to use their encounters, the GE may not enroll the group practice/clinic. EPs remaining in the group practice/clinic will be precluded from using a group practice/clinic proxy PV and will need to apply for MPIP as individuals or as members of another group practice/clinic.

Select your group Medicaid ID by clicking the "Select Group ID and Members" button below.

*Reporting as Group: ○ Yes ◉ No

*If reporting as a group practice you must select your Group Medicaid ID. [ ] Select Group ID and Members

Group Name: Group TIN:
Group Address: Group NPI:
Group Enroller:

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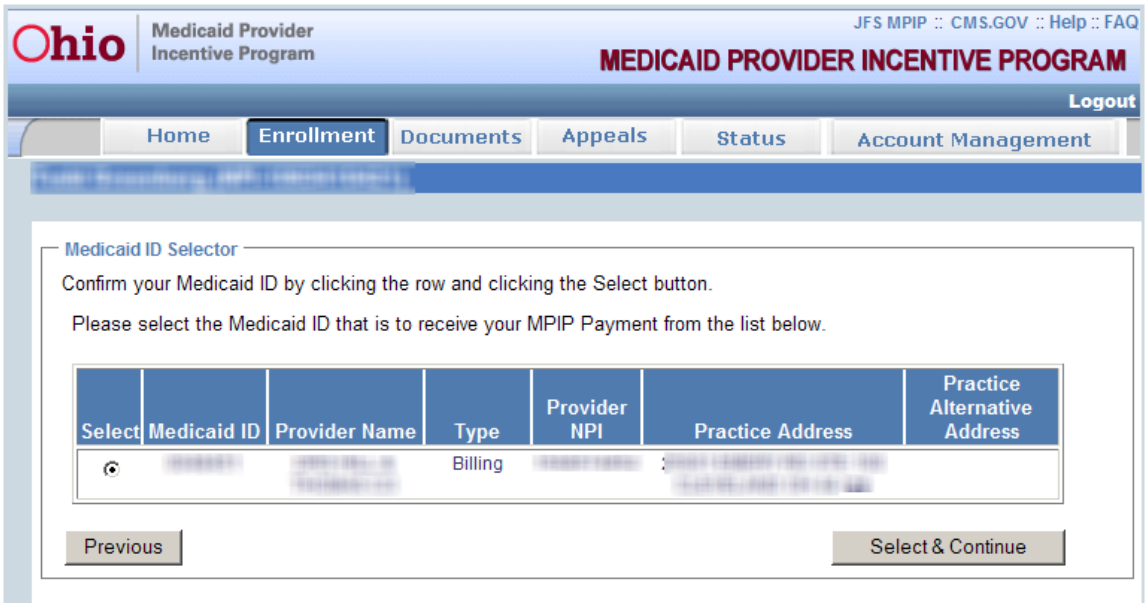
Medicaid ID Selector of group (data purposely blurred):



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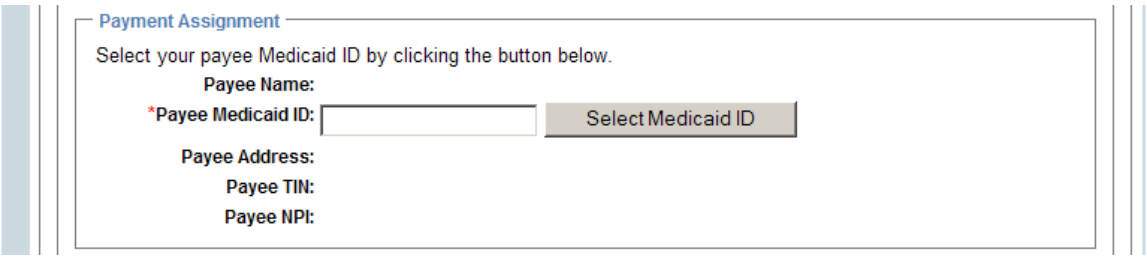
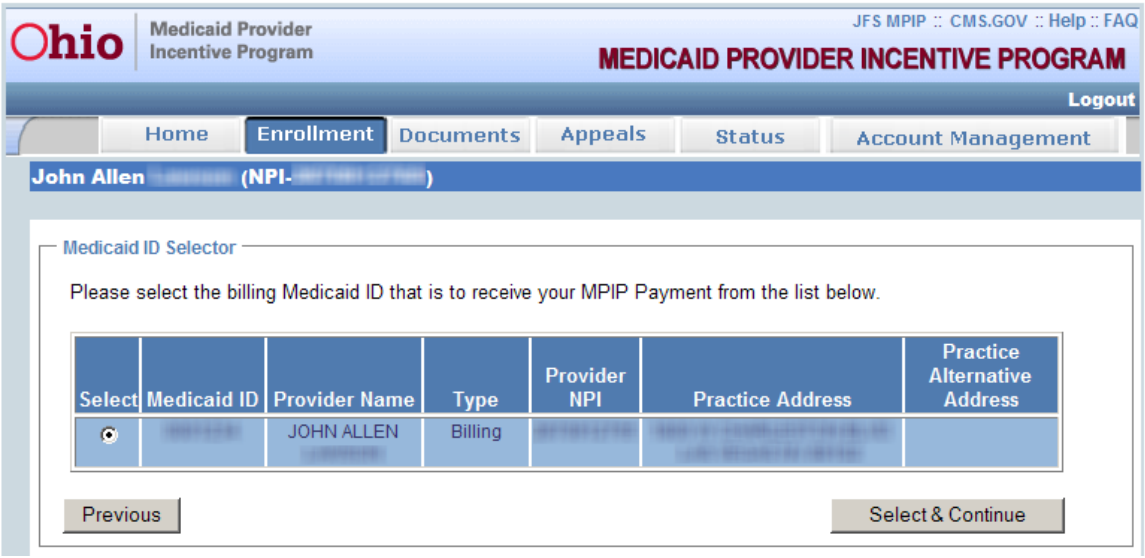
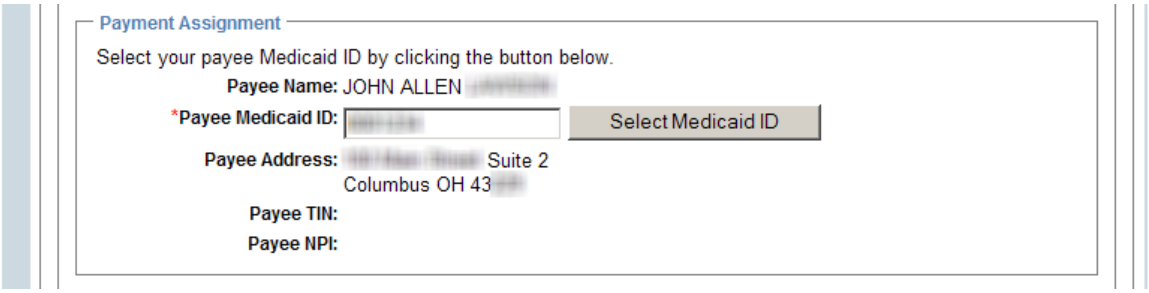
Payment Assignment



After clicking Select Medicaid ID, the provider selects the appropriate payee and clicks Select & Continue (purposefully blurred):



The result appears on the Enrollment Step 1 page thus:



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Enrollment Step 2 – Eligible Professional Medicaid Patient Volume Determination

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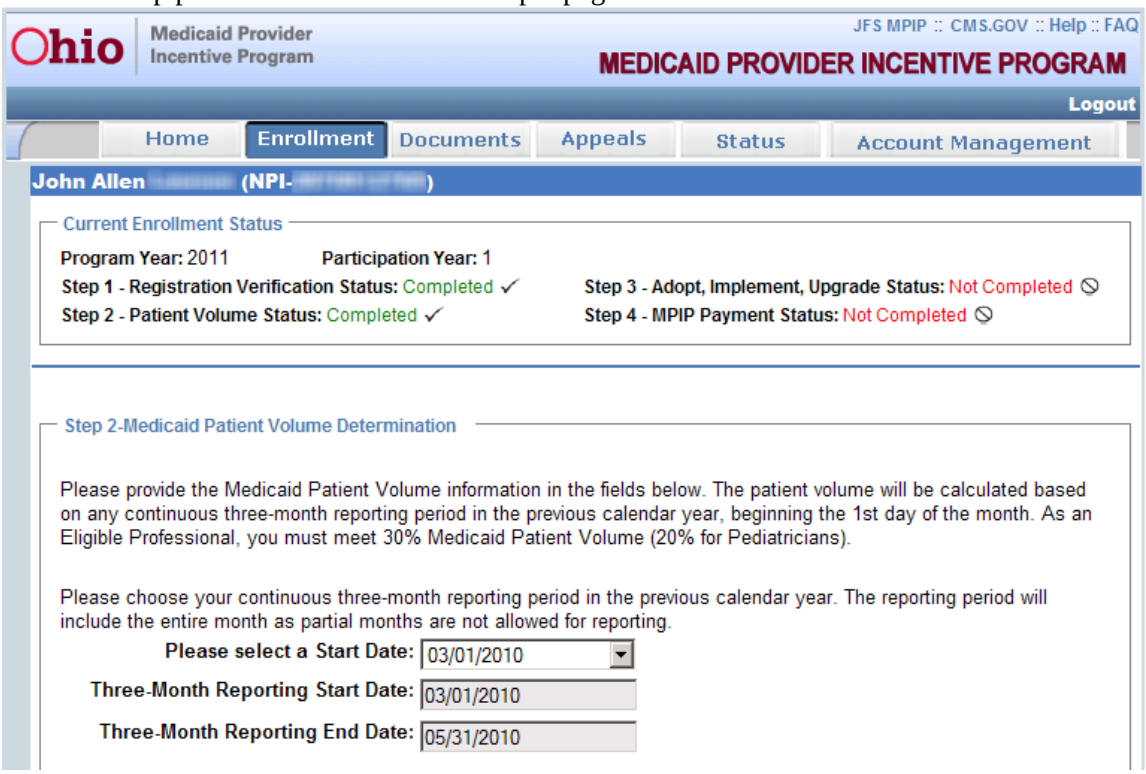

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Here is the bottom portion of the Enrollment Step 2 page:

Encounters

Please select the county in which your primary practice is located. Enter your Medicaid and Total patient encounters below. For potential EPs (except for EPs predominantly practicing in FQHC/RHC) in counties with children covered by virtue of Title XXI of the Social Security Act, an SCHIP adjustment to patient volume will be made in compliance with the federal requirement that only individuals covered by Title XIX of the Social Security Act be included in the calculation of the patient volumes for Medicaid EHR Incentive Payment Program. The adjustment to Patient Volume will be a reduction equal to the value of the lesser of the statewide average percent of children covered by virtue of Title XXI or the percent of children in the county represented by the potential EP.

Select County: Franklin

SCHIP percentage: 2

The Medicaid patient volume will be calculated based on the following formula:

$$\frac{\text{Medicaid Patient Encounters - (Medicaid Patient Encounters * County SCHIP Factor)}}{\text{Total Patient Encounters}} = \text{Medicaid Patient Volume}$$

The following are considered Medicaid encounters:

- Services rendered on any one day to an individual where Medicaid paid for part or all of the service are defined as a single encounter
- Services rendered on any one day to an individual for where Medicaid paid all or part of their copayments, and/or cost-sharing are defined as a single encounter

Medicaid Patient Encounters: 100

SCHIP Adjusted Patient Encounters: 98

Total Patient Encounters: 300

Medicaid Patient Volumes: 33%

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Eligible Professional Needy Individual Patient Volume Determination

Step 2-Needy Patient Volume Status

Please provide the Needy Patient Volume information in the fields below. The patient volume will be calculated based on any continuous three-month reporting period in the previous calendar year, beginning the first day of the month. As an Eligible Professional, you must meet 30% Needy Patient Volume.

Reporting Dates

Please choose your continuous three-month reporting period in the previous calendar year. The reporting period will include the entire month as partial months are not allowed for reporting.

Please select a Start Date: 03/01/2010

Three-Month Reporting Start Date: 03/01/2010

Three-Month Reporting End Date: 05/31/2010

Encounter Option

Enter you needy and total patient encounters below.

- Services rendered on any one day to an individual where Medicaid or CHIP paid for part or all of the service are defined as a single encounter.
- Services rendered on any one day to an individual for where Medicaid or CHIP paid all or part of their copayments, and/or cost-sharing are defined as a single encounter.
- Services furnished at no cost; and calculated as being uncompensated or charity care are defined as a single encounter. If you use uncompensated care instead of charity care, you must subtract bad debt.
- Services paid for at a reduced cost based on a sliding scale and determined by the individual's ability to pay are considered a single encounter.

Needy Patient Encounters: 100

Total Patient Encounters: 300

Needy Patient Volume: 33%

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Enrollment Step 3 – Eligible Professional Adopt, Implement, Upgrade Reporting

Ohio Medicaid Provider Incentive Program

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MEDICAID PROVIDER INCENTIVE PROGRAM

Logout

Home | Enrollment | Documents | Appeals | Status | Account Management

John Allen [redacted] (NPI-[redacted])

Current Enrollment Status

Program Year: 2011 **Participation Year:** 1

Step 1 - Registration Verification Status: Completed ✓

Step 2 - Patient Volume Status: Completed ✓

Step 3 - Adopt, Implement, Upgrade Status: Not Completed ⊘

Step 4 - MPIP Payment Status: Not Completed ⊘

Step 3 - Adopt, Implement, Upgrade Certified EHR Software

Providers must attest to the Adoption, Implementation of, or Upgrade to certified EHR technology to be eligible for MPIP. Adoption, Implementation, and Upgrade to Certified EHR technology is defined as:

Adoption: Means acquiring, purchasing or securing access to certified EHR technology.

Implementation: Installing or commencing utilization of certified EHR technology capable of meeting meaningful use requirements.

Upgrade: Expanding the available functionality of certified EHR technology capable of meeting meaningful use requirements at the practice site, including staffing, maintenance, and training, or upgrade from existing EHR technology to certified EHR technology per the EHR certification criteria published by the ONC.

Adopt, Implement, Upgrade Attestation

* **Adopt, Implement, Upgrade Certified EHR Designation:** ◉ Adopt ○ Implement ○ Upgrade

* **CMS EHR Certification Number:** 30000001[redacted]

Supporting Documentation:

☑ Purchase Order (e.g. Receipt)

☐ Contract (e.g. Letter from Vendor)

☐ EHR Software License

You may upload any/all of these documents now via the Upload Documents button below, or at any point in the process prior submitting your enrollment.

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Enrollment Step 4 – Eligible Professional MPIP Payment Determination

Eligible Professionals

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Eligible Professional – Pediatricians with a 20% Medicaid patient volume

Step 4 - MPIP Payment Status

Overview

For all Eligible Professionals, the MPIP amount is calculated based on the allowed cost for technology, patient volumes, funding from other sources, and provider cost responsibility. Any Eligible Professional meeting the 30% patient volumes threshold qualifies for 100% of the Net EHR Cost. A pediatrician meeting the 20% patient volumes threshold qualifies for two-thirds of the Net EHR Cost. Calculation of your EHR Payment Patient Volumes is shown below.

MPIP Payment Calculation

Total Allowed Cost of EHR Technology:	**$ 54,000.00**
Total Funding Allowed from Other Sources:	**$ -29,000.00**
Net EHR Cost:	**$ 25,000.00**
Volumes Reduction Percentage:	**x 66.67%**
Final Net EHR Cost:	**$ 16,667.00**
Provider Cost Responsibility (15% of Final Net EHR Cost):	**$ -2,500.00**
Your Medicaid EHR Incentive Amount:	**$ 14,167.00**

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Enrollment Step 1 – Eligible Hospital Registration Verification

Ohio Medicaid Provider Incentive Program

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MEDICAID PROVIDER INCENTIVE PROGRAM

Logout

Home | Enrollment | Documents | Appeals | Status | Account Management

General Hospital (EIN-)

Current Enrollment Status

Hospital: General Hospital(CCN)

Program Year: 2011 Participation Year: 1

Step 1 - Registration Verification Status: Not Completed

Step 3 - Adopt, Implement, Upgrade Status: Not Completed

Step 2 - Patient Volume Status: Not Completed

Step 4 - MPIP Payment Status: Not Completed

Step1-Provider Registration Verification

Confirm the provider registration information that will be used to determine your eligibility for this program.

Registration Information

National Provider Information

Legal Business Name: General Hospital

Tax ID: EIN

Hospital Type: Acute Care Hospitals

NPI:

CMS Certification Number(CCN):

CMS Confirmation#: ******

Business Address: Drive Building 1 OH

Medicare/Medicaid Dual Eligible Hospital: Yes

Phone#: (614) EXT:

Payment Assignment

Select your Payee Medicaid ID by clicking the button below.

Payee Name: GENERAL HOSPITAL

*Payee Medicaid ID: Select Medicaid ID

Payee Address: Drive Building 1 OH

Exclusions

Federal Exclusions Exist: No

State Exclusions Exist: No

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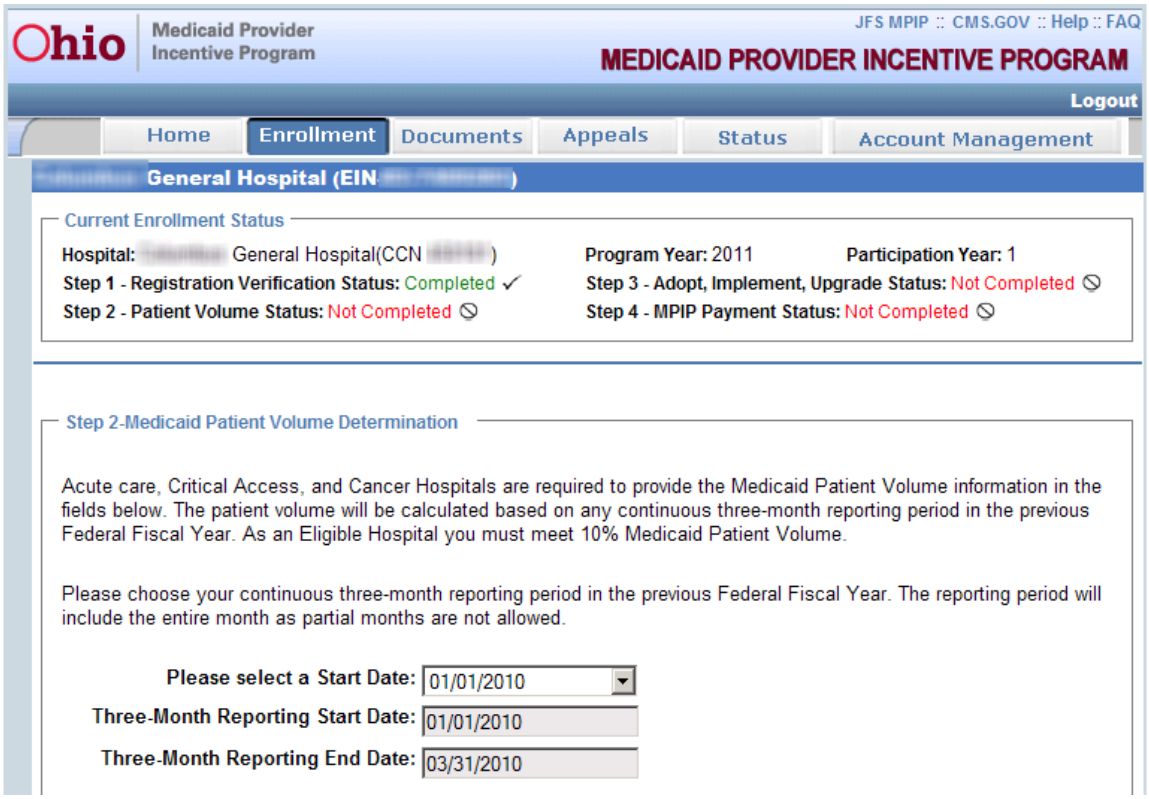
Enrollment Step 2 – Eligible Hospital Medicaid Patient Volume Determination



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Eligible Hospital Enrollment Step 2 page, bottom portion:

Encounters

Please select the county in which your hospital is located. Enter your Medicaid and Total patient encounters below. For potential EHs in counties with children covered by virtue of Title XXI of the Social Security Act, an SCHIP adjustment to patient volume will be made in compliance with the federal requirement that only individuals covered by Title XIX of the Social Security Act be included in the calculation of the patient volumes for Medicaid EHR Incentive Payment Program. The adjustment to Patient Volume will be a reduction equal to the value of the lesser of the statewide average percent of children covered by virtue of Title XXI or the percent of children in the county represented by the potential EH.

Select County: Franklin

SCHIP percentage: 2

The Medicaid patient volume will be calculated based on the following formula:

Medicaid Patient Encounters - (Medicaid Patient Encounters * County SCHIP Factor) = Medicaid Patient Volume
Total Patient Encounters

The following are considered Medicaid encounters:

- Services rendered to an individual per inpatient discharges where Medicaid paid for part or all of the service
- Services rendered to an individual per inpatient discharges where Medicaid paid part or all of the co-payments, and/or cost-sharing
- Services rendered to an individual in an emergency department on any one day where Medicaid paid for part or all of the service
- serviceServices rendered to an individual in an emergency department on any one day where Medicaid paid for part or all of the co-payments, and/or cost-sharing

Medicaid Patient Encounters: 1000

SCHIP Adjusted Patient Encounters: 980

Total Patient Encounters: 9000

Medicaid Patient Volumes: 11%

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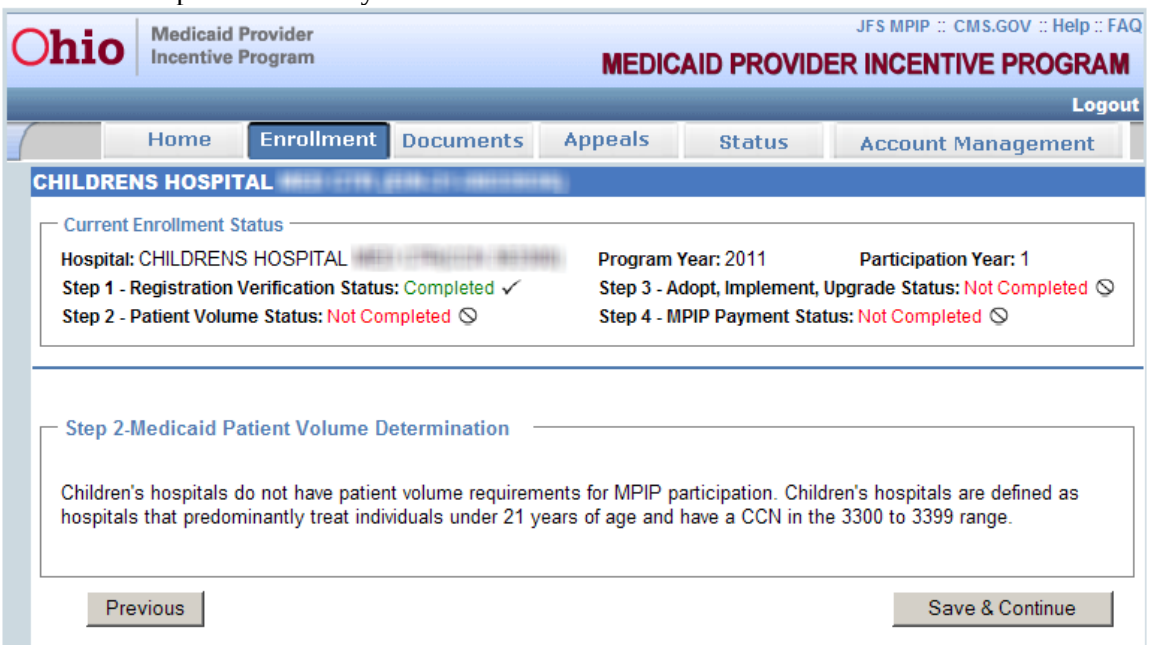
Children's Hospitals Data Entry



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Enrollment Step 3 – Eligible Hospital Adopt, Implement, Upgrade Reporting

Step 3 - Adopt, Implement, Upgrade Certified EHR Software

Providers must attest to the Adoption, Implementation of, or Upgrade to certified EHR technology to be eligible for MPIP. Adoption, Implementation, and Upgrade to Certified EHR technology is defined as:

Adoption: Means acquiring, purchasing or securing access to certified EHR technology.

Implementation: Installing or commencing utilization of certified EHR technology capable of meeting meaningful use requirements.

Upgrade: Expanding the available functionality of certified EHR technology capable of meeting meaningful use requirements at the practice site, including staffing, maintenance, and training, or upgrade from existing EHR technology to certified EHR technology per the EHR certification criteria published by the ONC.

Adopt, Implement, Upgrade Attestation

* **Adopt, Implement, Upgrade Certified EHR Designation:** ◉ Adopt ○ Implement ○ Upgrade

* **CMS EHR Certification Number:** 30000001

Supporting Documentation:
- ☑ Purchase Order (e.g. Receipt)
- ☐ Contract (e.g. Letter from Vendor)
- ☐ EHR Software License

You may upload any/all of these documents now via the Upload Documents button below, or at any point in the process prior submitting your enrollment.

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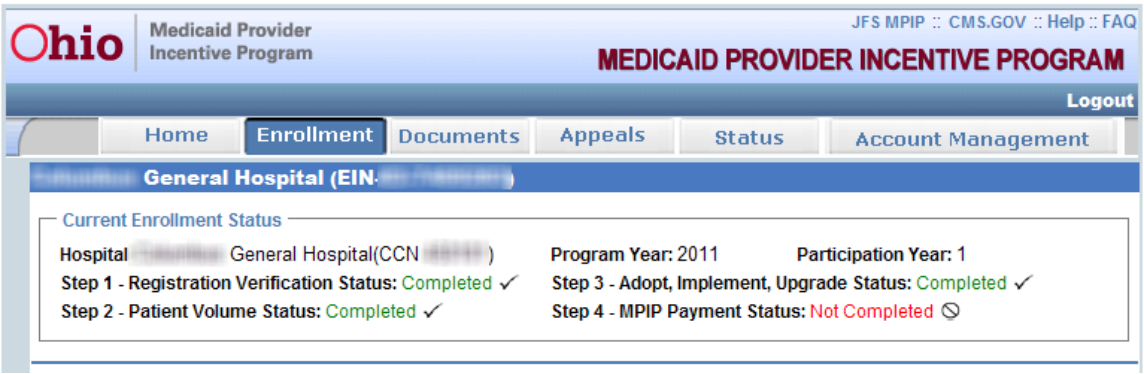
Enrollment Step 4 – Eligible Hospital MPIP Payment Determination



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EH Enrollment Step 4 page, bottom portion:

Step 4 - MPIP Payment Status Introduction

The system will perform the payment calculation of the MPIP incentive payment for you. To begin this calculation, you will be required to provide details for your participation in the Medicaid Program. Your aggregate MPIP payment will be distributed on the following payment schedule:

Year 1 - 40%

Year 2 - 30%

Year 3 - 20%

Year 4 - 10%

Aggregate EHR Incentive Payment Calculation

The aggregate EHR incentive payment amount is the total amount the EH could receive in Medicaid incentive payments and is based upon four theoretical years. The aggregate EHR amount is calculated as the product of two factors (NOTE: Allowable Discharges are discharges between 1,150 and 23,000):

1. Overall EHR Amount:

Sum of:

- Year 1 - (Base Amount of $2,000,000.00 + (Number of Allowable Discharges * $200.00) * Transition Factor(1.00)
- Year 2 - (Base Amount of $2,000,000.00 + (Number of Allowable Discharges [Year 1 Discharge * Annual Growth Rate] * $200.00) * Transition Factor(.75)
- Year 3 - (Base Amount of $2,000,000.00 + (Number of Allowable Discharges [Year 2 Discharge * Annual Growth Rate] * $200.00) * Transition Factor(.50)
- Year 4 - (Base Amount of $2,000,000.00 + (Number of Allowable Discharges [Year 3 Discharge * Annual Growth Rate] * $200.00) * Transition Factor(.25)

2. Medicaid Share:

Sum of:

- Estimated number of Medicaid inpatient-bed-days
- Estimated number of Medicaid managed care inpatient-bed-days

Divided by the product of:

- Estimated total number of inpatient-bed-days during the period
- Estimated total amount of charges during that period, not including any charges that are attributable to charity care, divided by the estimated total charges during the period. If you use uncompensated care instead of charity care, you must subtract bad-debt.

3. Aggregate EHR Incentive Amount = Overall EHR Amount * Medicaid Share

Calculation Example

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Following is the online calculation example.

Hospital MPIP Calculation Example

Hospital A, an acute care hospital, meets all necessary eligibility criteria and, is eligible for incentive payments beginning in FY 2011. Hospital A had 2,000 discharges in FY 2010. Assume that for the four-year period of participation Hospital A had 5,000 Medicaid inpatient-bed-days and 2,000 Medicaid managed care inpatient-bed-days. Its total inpatient-bed-days in FY 2010 were 21,000. Hospital A's total charges excluding charity care were $8,700,000, and its total charges for the period were $10,000,000. The annual growth data for the last three years of available data are:

FY 2007 - 1,558 discharges - for a 22.1% annual growth rate

FY 2006 - 1,158 discharges - for a 25.7% annual growth rate

FY 2005 - 970 discharges - for a 16.2% annual growth rate

This means that the average annual growth rate that will be applied to the subsequent three years is 21.33%. Based on this information, Hospital A's aggregate EHR amount would be $2,169,576.97. It was calculated as follows:

Initial Amount (with annual growth rate factored in to the number of discharges)*Transition Factor

Year 1- $2,170,200.00 = {$ 2,000,000 + [(2,000-1,149) * 200]} * 1.00

Year 2- $1,691,658.83 = {$ 2,000,000 + [(2,427-1,149) * 200]} * 0.75

Year 3- $1,179,549.84 = {$ 2,000,000 + [(2,944-1,149) * 200]} * 0.50

Year 4- $ 621,187.23 = {$ 2,000,000 + [(3,572-1,149) * 200]} * 0.25

Overall EHR Amount = $5,662,595.90

Medicaid Share - 0.38 = ([5,000 + 2,000] divided by [21,000 * ($ 8,700,000/10,000,000)])

Aggregate EHR Amount - $ 5,662,595.90 x 0.38 = $2,169,576.97

Payment Schedule:

Year 1 - 40% of Aggregate EHR Incentive Payment = $ 867,830.79

Year 2 - 30% of Aggregate EHR Incentive Payment = $ 650,873.09

Year 3 - 20% of Aggregate EHR Incentive Payment = $ 433,915.39

Year 4 - 10% of Aggregate EHR Incentive Payment = $ 216,957.70

Total Aggregate EHR Incentive Payment = $2,169,576.97

Close

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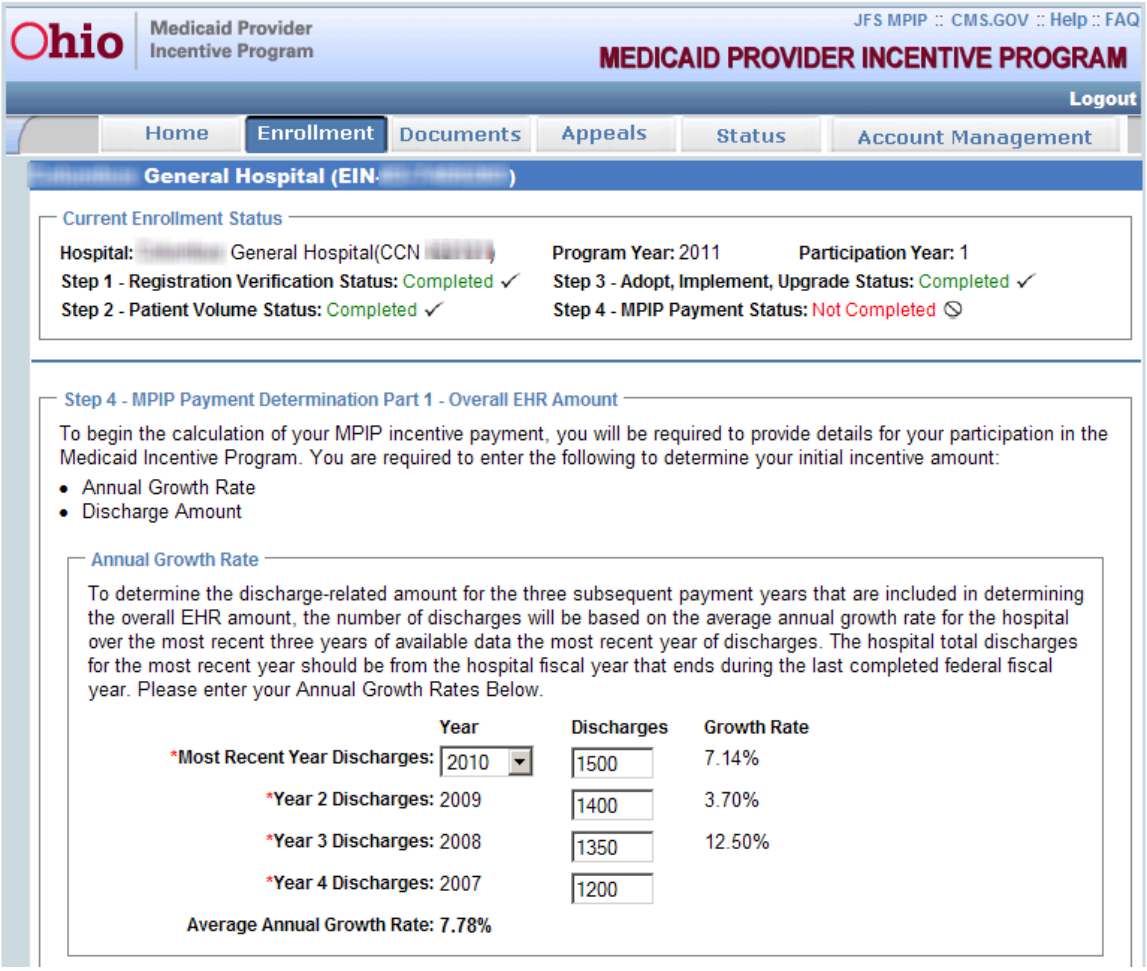
MPIP Payment Determination Part 1 – Determining the Overall EHR Amount

Enrollment Step 4 Payment Determination Part 1

EH Enrollment Step 4 Part 1 page, top portion:



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EH Enrollment Step 4 Part 1 page, bottom portion:

Medicaid Discharge Amount

For the first payment year, the total hospital discharges from the previous fiscal year serve as the basis for calculating the next three years' discharges, based on the Average Annual Growth Rate determined above. For your yearly allowable discharges (those between 1,150 and a maximum of 23,000), you will receive an additional $200 for each discharge towards your total amount (Maximum of 21,851). For example, if you enter 20,000 as your First Year Discharges, the First Year Allowable Discharges will be set to 18,851=(20,000-1,149). If 25,000 is entered, it will be set to 21,851=(23,000 max - 1,149).

*First Year Discharges:	1500	First Year Allowable Discharges:	351
Second Year Discharges:	1617	Second Year Allowable Discharges:	468
Third Year Discharges:	1743	Third Year Allowable Discharges:	594
Fourth Year Discharges:	1879	Fourth Year Allowable Discharges:	730

Overall EHR Amount Calculation

Year	Base Amount	+ Discharge Amount	* Transition Factor	= Total Amount
1	$2,000,000	(351 * $200.00) = $70,200.00	1.00	$2,070,200.00
2	$2,000,000	(468 * $200.00) = $93,600.00	0.75	$1,570,200.00
3	$2,000,000	(594 * $200.00) = $118,800.00	0.50	$1,059,400.00
4	$2,000,000	(730 * $200.00) = $146,000.00	0.25	$536,500.00

Overall EHR Amount: $5,236,300.00

Previous | Upload Payment Documentation | Save & Continue

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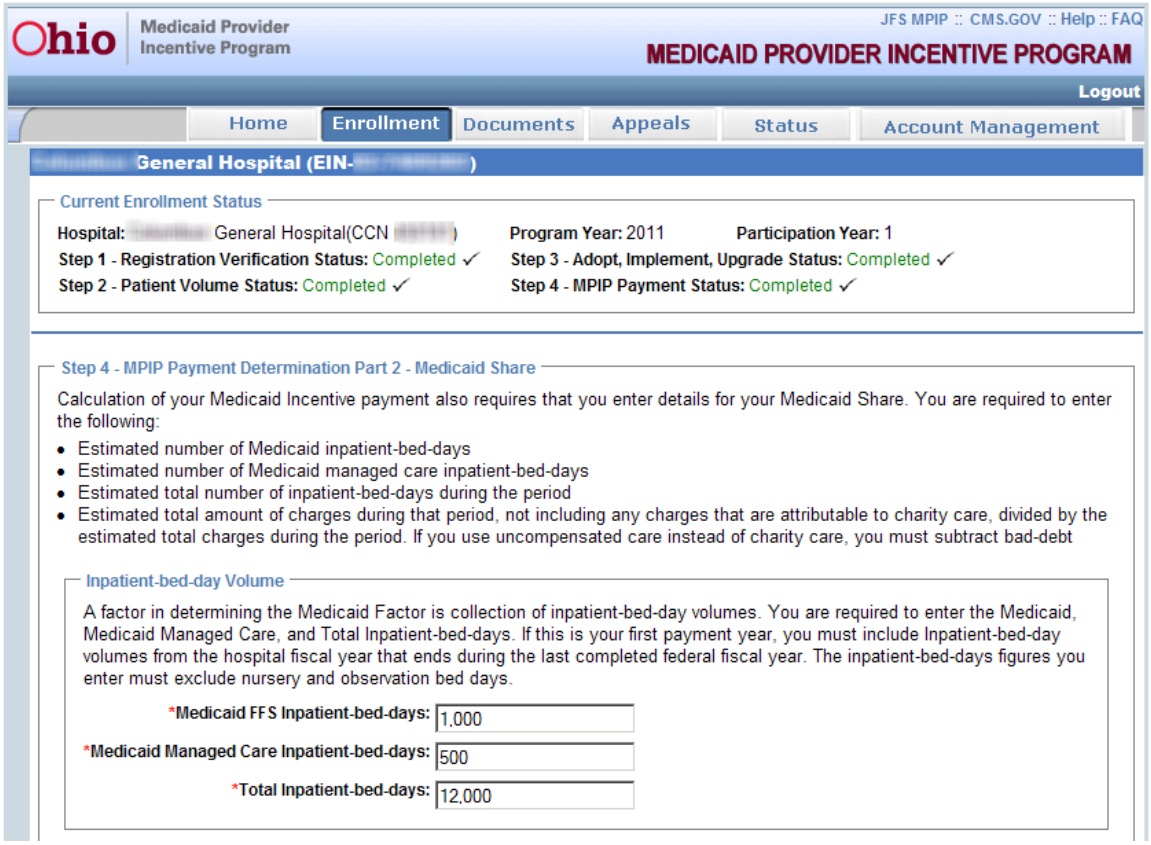
EHR Payment Determination Part 2 – Determining the Medicaid Share

Enrollment Step 4 Payment Determination Part 2

EH Enrollment Step 4 Part 2 page, bottom portion:



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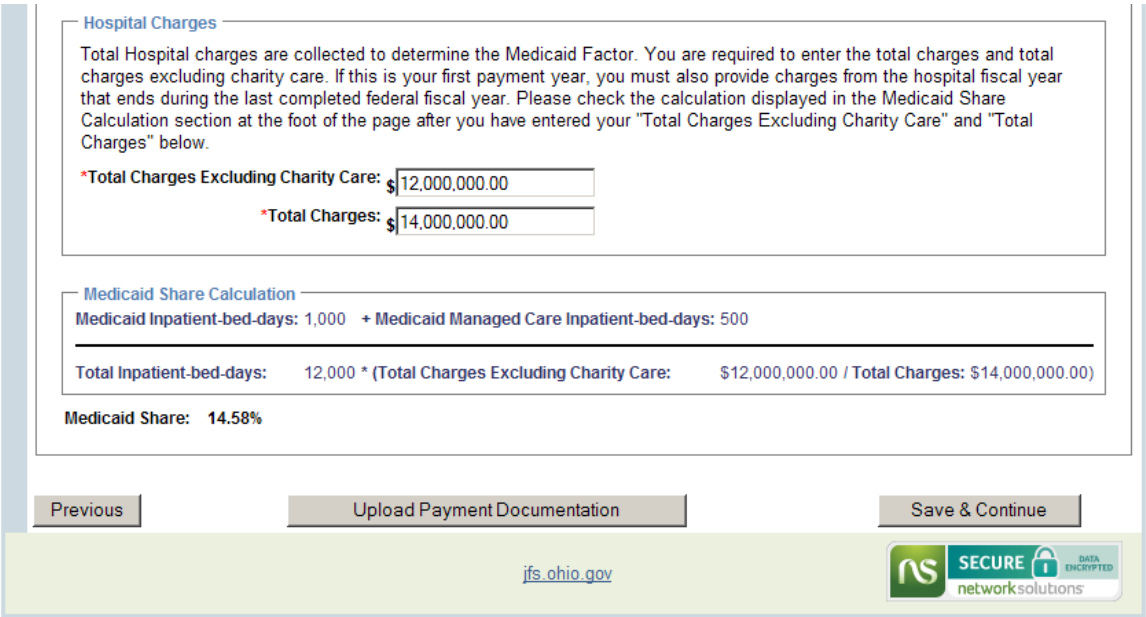
EH Enrollment Step 4 Part 2 page, bottom portion:



Hospital Charges

Total Hospital charges are collected to determine the Medicaid Factor. You are required to enter the total charges and total charges excluding charity care. If this is your first payment year, you must also provide charges from the hospital fiscal year that ends during the last completed federal fiscal year. Please check the calculation displayed in the Medicaid Share Calculation section at the foot of the page after you have entered your "Total Charges Excluding Charity Care" and "Total Charges" below.

*Total Charges Excluding Charity Care: $ 12,000,000.00

*Total Charges: $ 14,000,000.00

Medicaid Share Calculation

Medicaid Inpatient-bed-days: 1,000 + Medicaid Managed Care Inpatient-bed-days: 500

Total Inpatient-bed-days: 12,000 * (Total Charges Excluding Charity Care: $12,000,000.00 / Total Charges: $14,000,000.00)

Medicaid Share: 14.58%

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EHR Payment Determination Part 3 – Determining Payment Schedule

Ohio Medicaid Provider Incentive Program

JFS MPIP :: CMS.GOV :: Help :: FAQ

MEDICAID PROVIDER INCENTIVE PROGRAM

Logout

Home | Enrollment | Documents | Appeals | Status | Account Management

General Hospital (EIN-)

Current Enrollment Status

Hospital: General Hospital(CCN)
Program Year: 2011
Participation Year: 1
Step 1 - Registration Verification Status: Completed ✓
Step 3 - Adopt, Implement, Upgrade Status: Completed ✓
Step 2 - Patient Volume Status: Completed ✓
Step 4 - MPIP Payment Status: Completed ✓

Step 4 - MPIP Payment Determination Part 3 - Payment Schedule

Aggregate EHR Amount

Overall EHR Amount: $5,236,300.00
X Medicaid Share: 14.58%

Aggregate EHR Amount: $763,452.54

MPIP Payment schedule

Based on your Aggregate EHR Amount your payments will be disbursed based on the following payment schedule:

Year	Yearly Payment Percentage	Payment Amount
1	40%	$305,381.02
2	30%	$229,035.76
3	20%	$152,690.51
4	10%	$76,345.25

Previous | Upload Payment Documentation | Save & Continue

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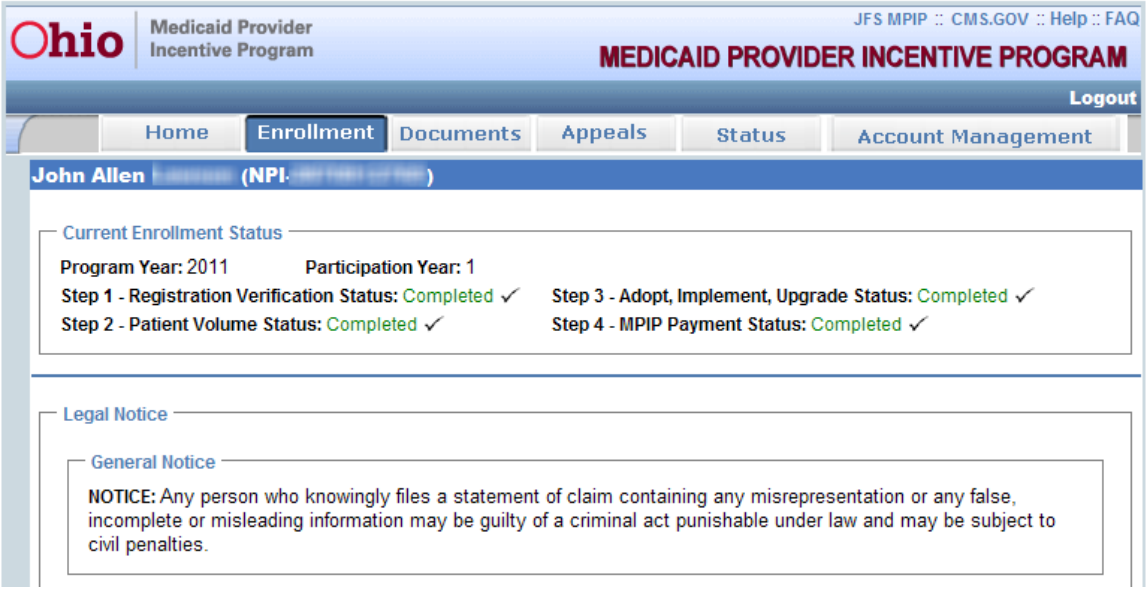
Legal Notice

Provider Legal Notice page, top portion:



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Provider Legal Notice page, middle portion:

Signature

This is to certify that the foregoing information is true, accurate, and complete. I understand that Medicaid EHR incentive payments submitted under this provider number will be from Federal funds, and that any falsification, or concealment of a material fact may be prosecuted under Federal and State laws. I certify that I have not requested or received additional Medicaid EHR Incentive Program payments from other states that would result in a duplicate payment.

I hereby agree to keep all records related to the purchase of my EHR system and all records that are necessary to demonstrate that I met the Medicaid EHR Incentive Program requirements, including federal requirements found at 42 CFR Part 495, for no less than 7 years following the last day of the calendar year in which payment related to the attestation has been received. In the event of an active audit, I will be required to maintain documentation until the audit and any appeal of the audit is resolved. I agree to furnish and otherwise make available, any and all documents and access to relevant staff as requested by the Medicaid State Agency, or other agents working on their behalf.

I hereby certify that I am an active Ohio Medicaid provider in good standing with an active Ohio Medicaid Provider agreement.

Eligible Professionals Only: I hereby agree that, if applicable, any assignment of payment, where permissible under law, must be made to an active Ohio Medicaid Provider in good standing with an active Ohio Medicaid Provider Agreement and who is an employer or entity with which I have a valid contractual arrangement allowing the employer or entity to bill and receive payment for my covered professional services.

No MPIP Payment may be paid unless this registration form is completed as required by existing law and regulations and authorized by the state, or an agent of the state.

I understand that my application is subject to audit and that the payment calculation amount shown to me in my application is subject to change based upon audit findings. I will comply with all audit recoveries within 30 days of written notification from the state of a final audit recovery.

NOTICE: Anyone who misrepresents or falsifies essential information to receive payment from Federal funds requested by this form may, upon conviction, be subject to fine and imprisonment under applicable Federal and State laws.

ROUTINE USE(S): Information from this MPIP registration form and subsequently submitted information and documents may be given to the Internal Revenue Service, private collection agencies, and consumer reporting agencies in connection with recoupment of any overpayment made and to Congressional Offices in response to inquiries made at the request of the person to whom a record pertains. Appropriate disclosures may be made under state law (for example, under a public records request) and to other federal, state, local, foreign government agencies, private business entities, and individual providers of care, on matters relating to entitlement, fraud, program abuse, program integrity, and civil and criminal litigation related to the operation of the MPIP.

DISCLOSURES: Failure to provide information will result in delay in payment or may result in denial of the MPIP payment. Failure to furnish information will prevent MPIP Payment from being issued. Failure to furnish information or documents after payment has been made will result in the issuance of an overpayment demand letter followed by recoupment procedures. Recipients of the MPIP payments indicate that by their completion of this application their understanding and agreement to report any suspected overpayments of an incentive payment to the Medicaid State Agency within 60 days of its discovery.

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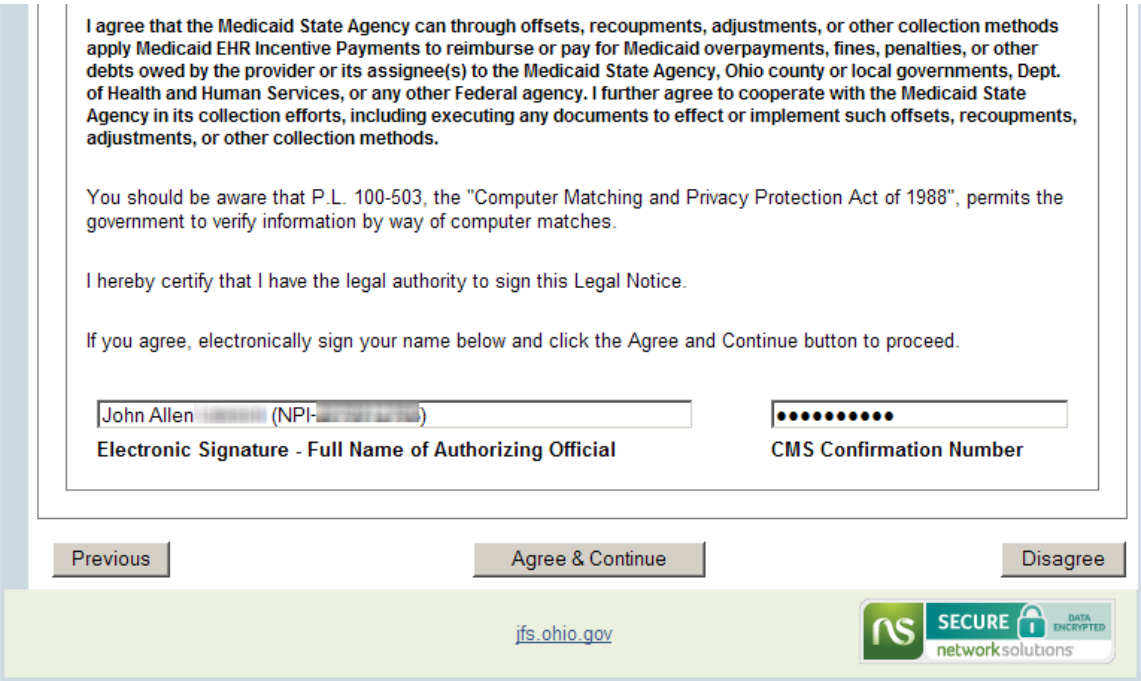
Provider Legal Notice page, bottom portion, showing Electronic Signature and CMS Confirmation Number):



I agree that the Medicaid State Agency can through offsets, recoupments, adjustments, or other collection methods apply Medicaid EHR Incentive Payments to reimburse or pay for Medicaid overpayments, fines, penalties, or other debts owed by the provider or its assignee(s) to the Medicaid State Agency, Ohio county or local governments, Dept. of Health and Human Services, or any other Federal agency. I further agree to cooperate with the Medicaid State Agency in its collection efforts, including executing any documents to effect or implement such offsets, recoupments, adjustments, or other collection methods.

You should be aware that P.L. 100-503, the "Computer Matching and Privacy Protection Act of 1988", permits the government to verify information by way of computer matches.

I hereby certify that I have the legal authority to sign this Legal Notice.

If you agree, electronically sign your name below and click the Agree and Continue button to proceed.

John Allen (NPI-)

Electronic Signature - Full Name of Authorizing Official

CMS Confirmation Number

Previous | Agree & Continue | Disagree

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Appendix – Glossary of Acronyms, Terms and Glossary

Below is a list of commonly used acronyms used in this document.

Acronym	Description
Bad Debt	Bad debts are amounts considered to be uncollectible from accounts and notes receivable that were created or acquired in providing services. ''Accounts receivable'' and ''notes receivable'' are designations for claims arising from the furnishing of services, and are collectible in money in the relatively near future. Providers should use cost reports, or other auditable records, to identify bad debts.
Charity Care	Charity care results from an entity's policy to provide all or a portion of services free of charge to patients who meet certain financial criteria.
CCN	CMS Certification Number
Certified EHR Technology	Certified EHR technology meets the standards, implementation specifications, and certification criteria for EHR technology established by the Secretary of the Department of Health and Human Services. EHR technology must be tested and certified by an Office of the National Coordinator (ONC) Authorized Testing and Certification Body (ATCB) in order for a provider to qualify for EHR incentive payments.
CMS	Centers for Medicare and Medicaid Services
EH	Eligible Hospital
EHR	Electronic Health Record
EIN	Employer Identification Number
FQHC	Federally Qualified Health Center
MPIP	Medicaid Provider Incentive Program
National Provider Identifier	The NPI is the standard unique health identifier for health care providers. The NPI was mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
NPI	National Provider Identifier
ONC	Office of the National Coordinator
Program Year	A payment year for which the EP/EH is attesting, (i.e., AIU Meaningful Use.) For EPs, the program year is January – December (CY – Calendar Year). For EHs, the program year is October – September (FFY –

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Acronym	Description
	Federal Fiscal Year).
RHC	Rural Health Clinic
SSN	Social Security Number
TIN	Tax Identification Number

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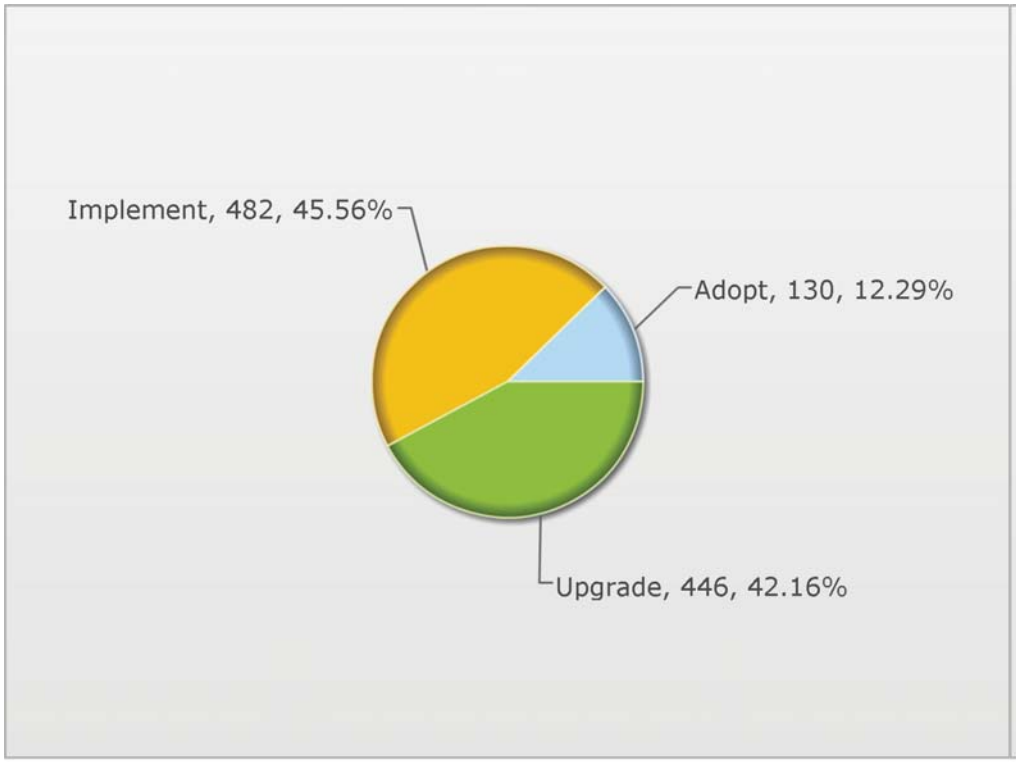
TEXAS Health and Human Services Commission

Connect for Quality Care

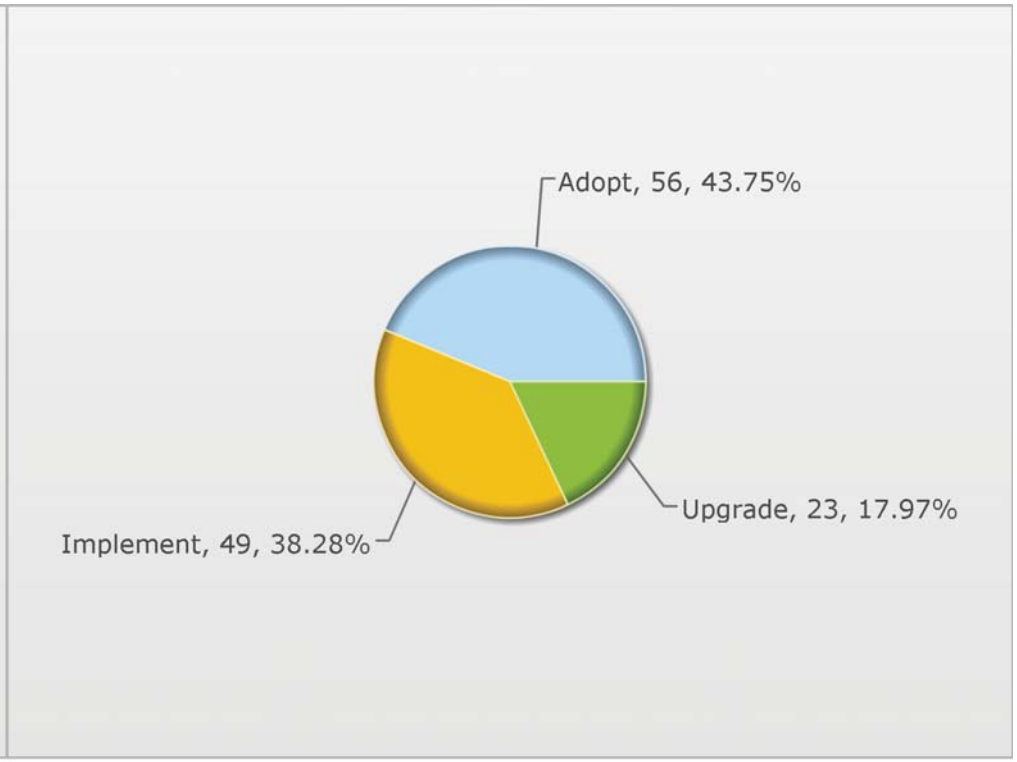
AIU Selection for Current Program Year

2011 Program Year-to-Date

Eligible Professionals



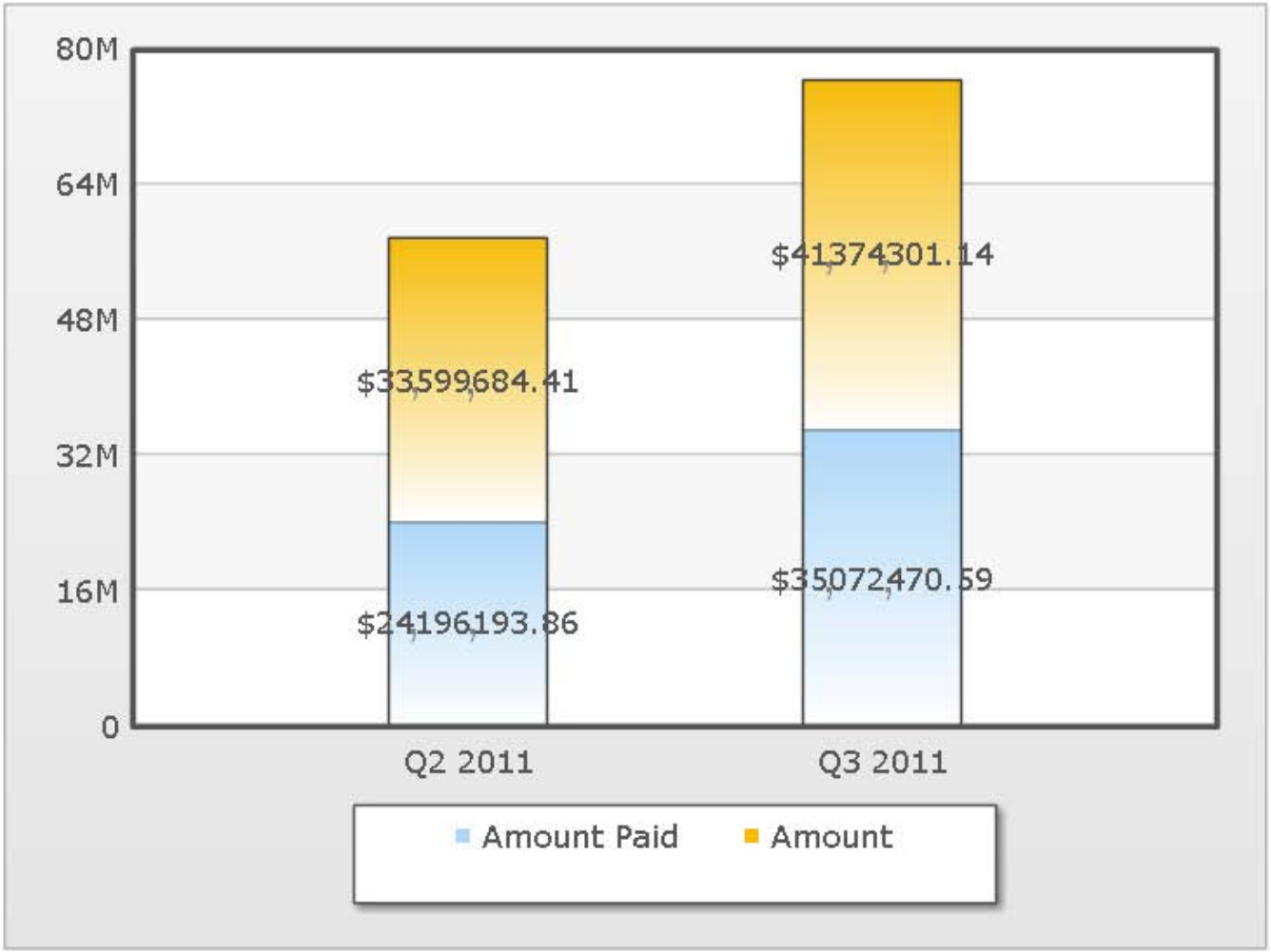
Eligible Hospitals



TEXAS Health and Human Services Commission

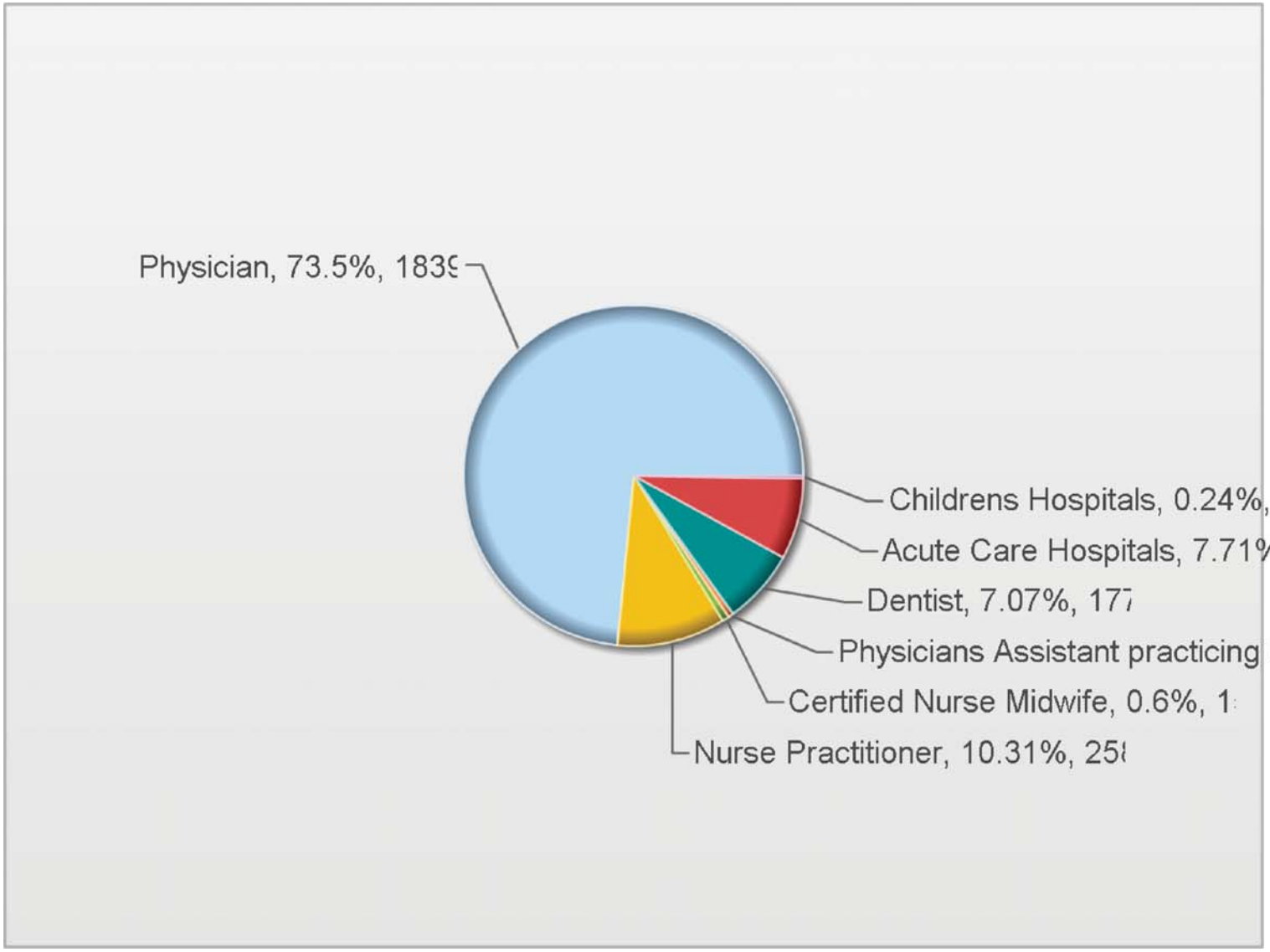
Connect for Quality Care

Eligible Hospitals
Amount Calculated vs. Amount Paid
2011 Program Year-to-Date



Enrollment by Provider Type

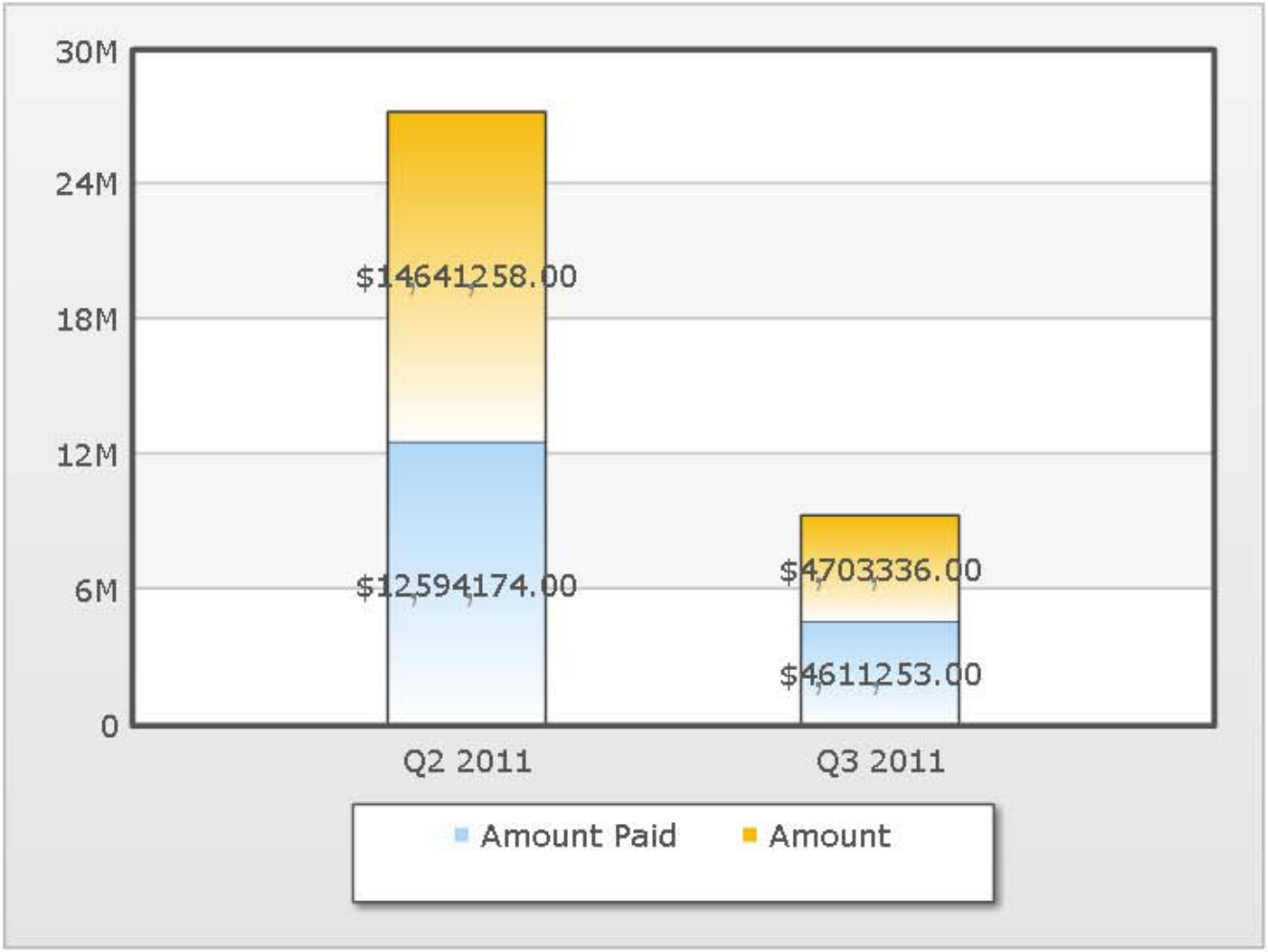
Program Year 2011



TEXAS Health and Human Services Commission

Connect for Quality Care

Eligible Professionals
Amount Calculated vs. Amount Paid
2011 Program Year-to-Date



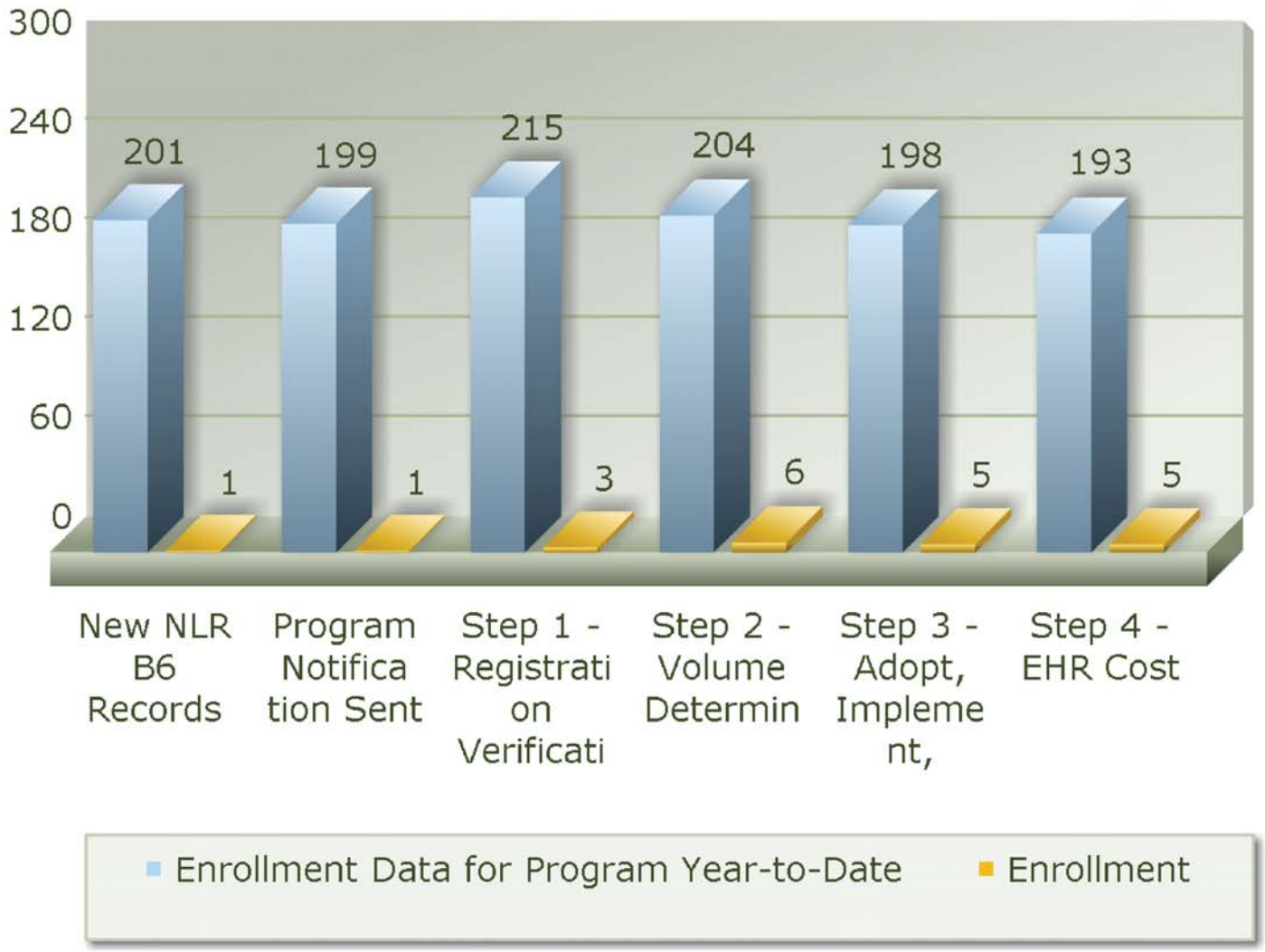
TEXAS Health and Human Services Commission

Connect for Quality Care

Summary of All Eligible Hospitals Enrollment Activity

2011 Program Year-to-Date

(Note: The Eligible Hospital Program Year is October - September)



AIU Selection for Current Program Year

2011 Program Year-to-Date

Eligible Professionals

Eligible Hospitals

Daily Batch Summary Report

Report Run Date: Aug 11, 2011

B6 Files Processed Today: 1

B6 Data

Following is the total count of B-6 transactions received today, by provider type and action:

Provider Type	Action	Count
EP	ADD	5
EP	UPDATE	13
EH	UPDATE	1

Correspondence

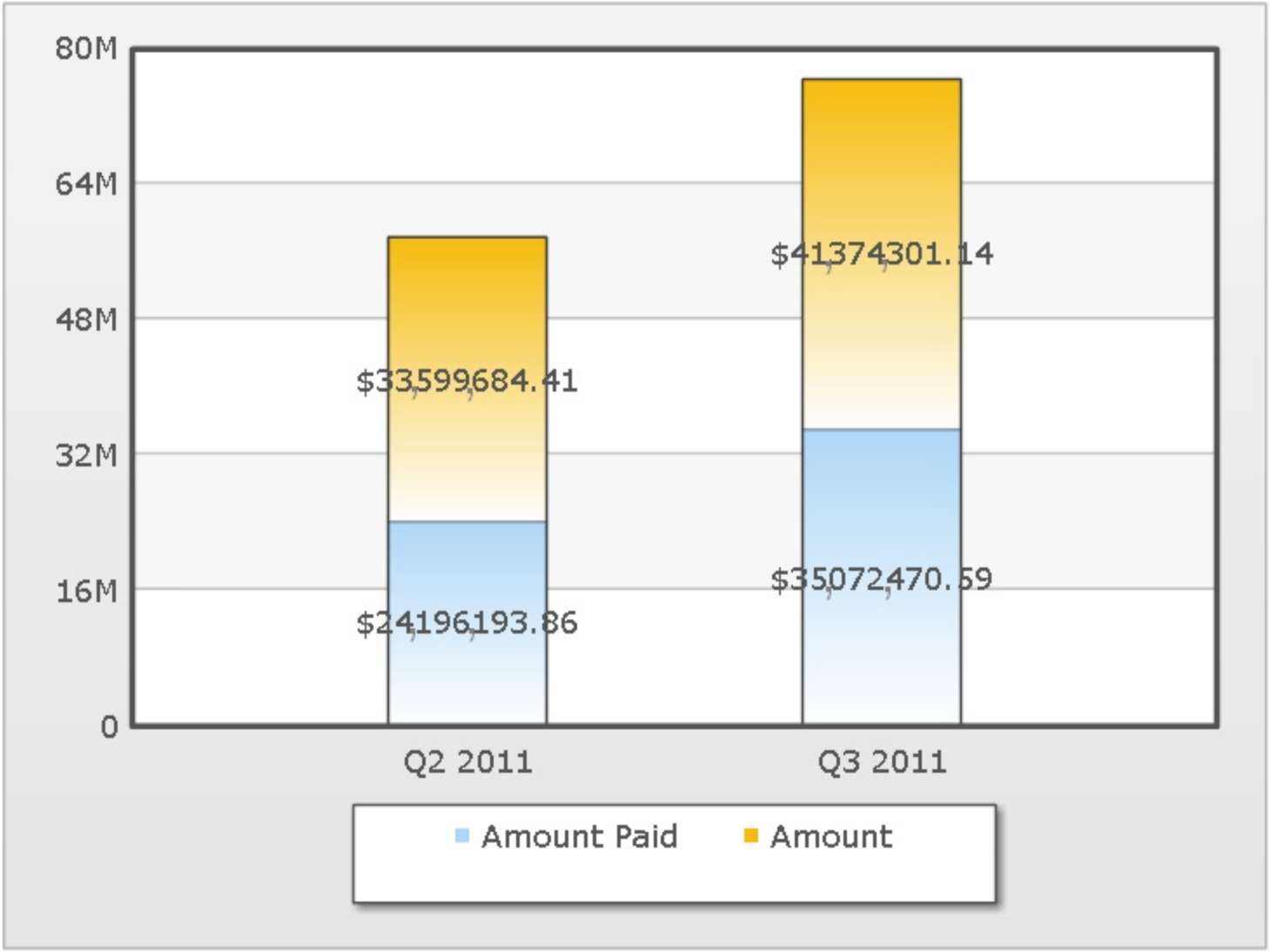
Following is the total correspondence generated for today, by provider type and correspondence type. Note that these totals may be greater than the B-6 processing totals; the totals may also include correspondence generated by online transactions, and by recycle processing (on days when the Provider Demographics data has been updated):

Provider Type	Correspondence Type	Count
EP	C1-NOT-FOUND	2
EP	C10-NLR-UPDATE	13
EP	C15-RETURN-IN-	1
EP	C2-WELCOME	3
EP	C3-ACCT-UPD	2
EP	C4-CONFIRM-ENROLL	4
EH	C10-NLR-UPDATE	1

TEXAS Health and Human Services Commission

Connect for Quality Care

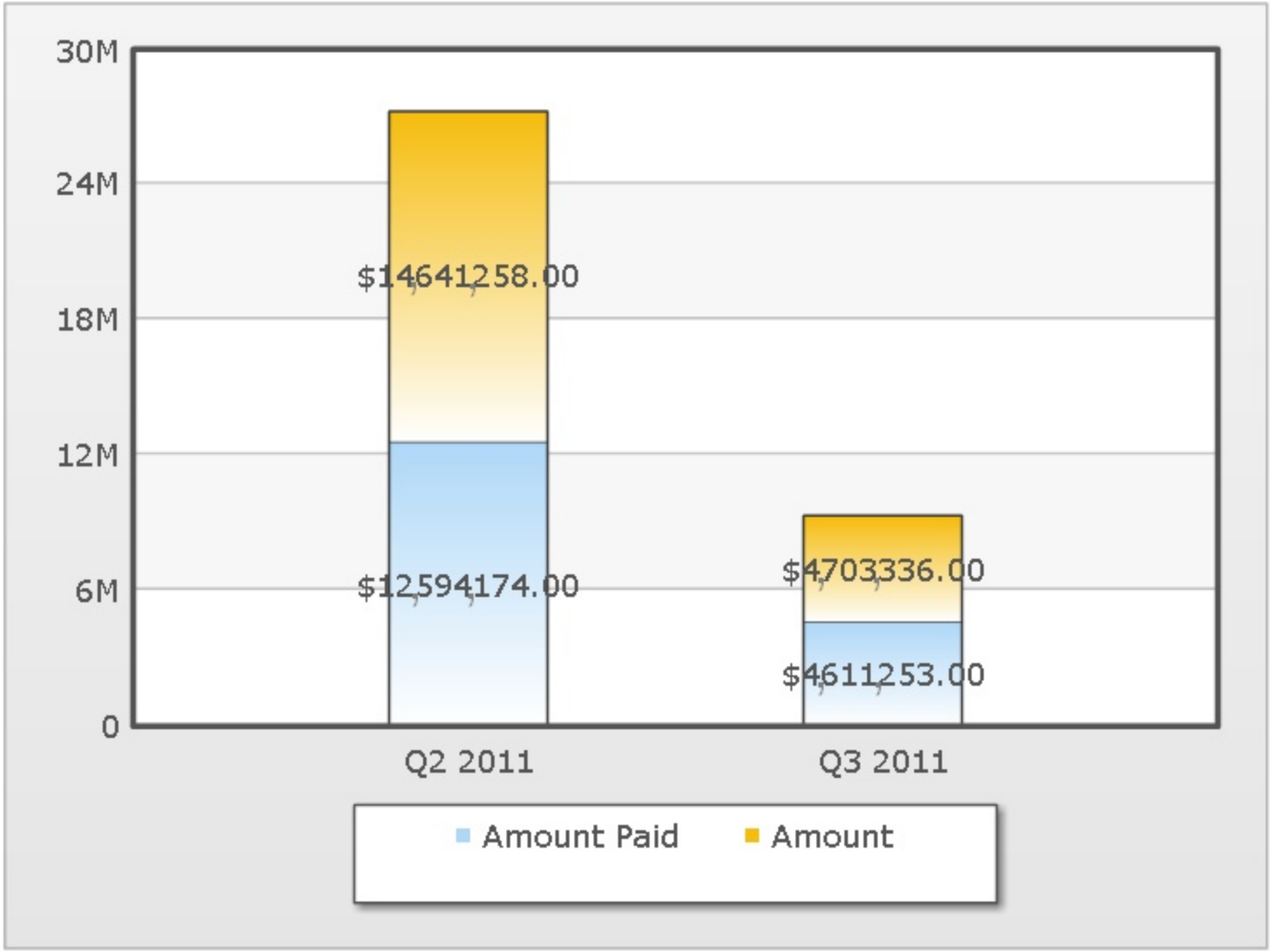
Eligible Hospitals
Amount Calculated vs. Amount Paid
2011 Program Year-to-Date



TEXAS Health and Human Services Commission

Connect for Quality Care

Eligible Professionals
Amount Calculated vs. Amount Paid
2011 Program Year-to-Date



TEXAS Health and Human Services Commission

Connect for Quality Care

Summary of All Eligible Hospitals Enrollment Activity

2011 Program Year-to-Date

(Note: The Eligible Hospital Program Year is October - September)

Provider Attestation Summary Report

Report Date: August 09, 2011

The Provider Attestation Summary Report details the attestation activity for a particular provider across all participation years.

Provider Name: Mora, Alexander
Provider Type: Physician
Provider TIN: xxx-xx-5209
Program Year: 2011

Attestation History

Provider NPI	Enrollment Step	Date of Attestation	Time of Attestation	Participation Year
1225111941	Step 4 - EHR Cost Reporting	March 01, 2011	3:13 PM MST	1
1225111941	Step 3 - Adopt, Implement, Upgrade	March 01, 2011	3:13 PM MST	1
1225111941	Step 2 - Volume Determination	March 01, 2011	3:12 PM MST	1
1225111941	Step 1 - Registration Verification	February 28, 2011	2:36 PM MST	1

Submitted by:

CGI Medicaid Incentive360 Product Management

Date: August, 2011

Medicaid Incentive360 Monthly SLA Report

Business Operations Monthly SLA Metrics

BSC Metrics Summary

Business Operations Contract Requirement #	Description	Target	Status
5	First Call Resolution	=> 75%	Achieved
18	Respond to provider correspondence	95% within 30 days	Achieved
18	Respond to provider correspondence	Remaining 5% within 45 days	Achieved
20	Answer calls by the fourth ring *(automated by the Noble IVR)*	99%	Achieved
21	Answer calls within two (2) minutes	90%	Achieved
22	Abandonment Rate	=<5%	Achieved
23	Call Blockage Rate	=<8%	Achieved

Call Statistics

Total Calls Offered	Total Calls Answered	Total Calls Abandoned	Abandonment Percent	Total Calls Answered <= 120 Seconds	Percent Answered <= 120 Seconds	Average Speed to Answer
538	535	3	0.56%	522	97%	00:00:12

IVR Statistics

Calls transferred by State IVR	Calls received by CGI Medicaid EHR Incentive Program Business Services (Noble IVR)	Percent of Calls Blocked
987	987	0 %

First Call Resolution Rate

Total Call Tickets Handled	Total Call Tickets subject to First Call Resolution*	Number of Call Tickets that met First Call Resolution	Percentage that met First Call Resolution
535	477	453	95%

*The First Call Resolution SLA excludes calls related to disputes, audits, and appeals.

Correspondence (email) Statistics

	Beginning Balance	Received	Responded to	Ending Balance	Date of oldest email
support@mi.com	3	23	22	4	7/19/2011
donotreply@mi.com (delivery failures)	1	6	7	0	N/A

Correspondence Aging

Percent Responded within 30 days	Percent Responded within 45 days	Percent Responded over 45 days
97%	100%	0

Desk Audit / Appeal Processing Complete

	July 2011	Year to Date
Desk Audits	197	340
Appeals	2	9

System Availability

Hours of Operation 7:00 am – 7:00 pm CST Monday – Friday

	Total Hours	Hours Available	Hours Unavailable	% Time available
Noble (Business Services)	240	240	0	100%
Noble IVR	504	504	0	100%

Program Operations Monthly SLA Report

Provider Portal Monthly SLA Summary

Business Operations Contract Requirement #	Description	Target	Status
15	MI360 Provider Portal Availability	=> 95.5%	Achieved

MI360 Release Information

Release Number	Description	Release Date	Type	Status
4.00	Release of the new Group Processing, Payment Adjustments functionality, and ADA compliance updates.	7/30/11	Major	Deployed
4.01	Release of the revised Payment Flow	8/20/11	Minor	Deployed

SLA Report Terminology:

- Total Calls Offered: Total Calls Answered + Total Calls Abandoned
- Total Calls Answered: Number of calls that were actually picked up by a Program Specialist
- Total Calls Abandoned: Total Calls Offered – Total Calls Answered
- Abandonment Percent: Total Abandoned Calls divided by Total Calls Offered
- Answered <= 120 Seconds: Total number of calls that were answered in 120 seconds or less
- Percent Answered <= 120 Seconds: Total Calls Answered <= 120 Seconds divided by Total Calls Answered
- Average Speed to Answer: Average number of seconds calls wait before being answered by a Program Specialist
- Call Blockage Rate: Percent of calls that were blocked and never made it into the IVR due to all lines in use (busy)
- Major Release: An MI360 Software deployment which includes substantial new or changed functionality.
- Minor Release: An MI360 Software deployment which includes minimally invasive functionality updates.

Summary of Appeal(s) for a Provider

Report Date: August 09, 2011

The Summary of Appeals for a Provider Report details the history of appeals activity for a particular provider.

Provider Name:	CANTU, MELISSA
Provider Type:	Physicians Assistant practicing in FQHC or RHC led by a PA
Provider NPI:	1750397816
Provider CCN:	N/A
Program Year:	2011

Appeal Case Number: 6

Appeal Description: Would like to know which is the active payment denial code that is in the state system to try to correct error to be able to be elegible for incentive payment. Also have a question or concern: I'm the clinical director of the practice but I am not the

Current Appeal Status	Participation Year	Age of Appeal (Days)	Date Initiated	Date Escalated	Date Closed	Assigned To	Level of Resolution	Appeal Resolution	Denial Reason
Resolved	1	89	05/12/2011	--	05/17/2011	bchurchwell	Business Services Worker	Resolved	State Sanction has been confirmed. Provider must submit valid evidence of

Appeals Comments

Date	Description	User Name
05/16/2011	Appeal accepted will begin review process	bchurchwell
05/17/2011	Provider failed PDC2 check. State Sanction has been confirmed. Provider must submit valid evidence of removal of sanction.	bchurchwell

Appeals Documents

Date	Document Name	Document Description	Document Category	Document Type

The Summary of Appeals for a Provider Report details the history of appeals activity for a particular provider.

Provider Name:	Rodriguez, Sergio
Provider Type:	Physician
Provider NPI:	1528279924
Provider CCN:	N/A
Program Year:	2011

Audit Case Number: 12

Audit Description: Provider entered Volumes are greater than the claims volumes bymore than the allowable threshold

Audit Number	Program Year	Participation Year	Age of Audit (Days)	Date Initiated	Date Resolved	Audit Type	Current Audit Status	Appeal Disposition	Resolved By
12	2011	1	108	04/02/2011	07/19/2011	EP - Entered Volumes greater than	Complete	Failed	mgarcia

Audit Comments

Date	Description	User Name
04/18/2011	Audit initiated.	mgarcia
04/18/2011	Accepted audit-will begin review of enrollment data today.	mgarcia
04/18/2011	AIU documentation uploaded is acceptable.	mgarcia
04/18/2011	Volume attested to by provider is greater than volume data on file with Texas Medicaid.	mgarcia
04/18/2011	Contacted provider's office and left message with Terry to have Carolina, office manager, return call.	mgarcia
04/19/2011	Contacted provider office and spoke with Terry. Carolina and provider were already gone for the day but will be available tomorrow	mgarcia
04/20/2011	Spoke with office manager, Carolina, and relayed what is needed for new volume documentation. Verified email address. Will reset	mgarcia
06/09/2011	Uploaded volume documentation was deemed unacceptable by TMHP. Curt contacted provider to advise him of new documentation	mgarcia
06/09/2011	Reminder email sent 5/11/11.	mgarcia
06/09/2011	No new patient volume documentation as of 5/23/11.	mgarcia
06/09/2011	No new patient volume documentation as of 6/9/11. Non-responsive.	mgarcia
07/18/2011	No new information uploaded as of 7/18/11.	mgarcia

Audit Documents

Date	Document Name	Document Description	Document Category	Document Type