

STATEWIDE HEALTHCARE INNOVATION PLAN

OPERATIONAL PLAN – AWARD YEAR 4



IDAHO DEPARTMENT OF HEALTH AND WELFARE
OFFICE OF HEALTHCARE POLICY INITIATIVES
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A. Executive Summary

A.1. Summary of Idaho's Model Test

Idaho continues to make strides in realizing its vision of transforming the State's healthcare system to one that delivers patient-centered, effective, and coordinated primary care services through a patient-centered medical home (PCMH) model, supported and rewarded by payment models that emphasize outcomes and value. As this operational plan details, our model continues to be refined in order to be responsive to Idaho's needs while always maintaining the patient at the center of our model.

Idaho's achievements thus far are due to the partnership and commitment of healthcare professionals across the State, commercial and public payers, State leadership, and other stakeholders who bring their collective knowledge and experience together with the goal of achieving better care and improved health outcomes for all Idahoans. Through this partnership, the State and healthcare system stakeholders continue to oversee and refine activities across Idaho's seven goals:

Goal 1: Transform primary care practices across the State into patient-centered medical homes (PCMHs).

Goal 2: Improve care coordination through the use of electronic health records (EHRs) and health data connections among PCMHs and across the medical neighborhood.

Goal 3: Establish seven Regional Collaboratives to support the integration of each PCMH with the broader medical neighborhood.

Goal 4: Improve rural patient access to PCMHs by developing virtual PCMHs.

Goal 5: Build a statewide data analytics system that tracks progress on selected quality measures at the individual patient level, regional level and statewide.

Goal 6: Align payment mechanisms across payers to transform payment methodology from volume to value.

Goal 7: Reduce overall healthcare costs.

Embedded in these seven goals are the core tenets of our State's vision and values. The first is that a patient-centered focus must be the driving force behind all our planning, decisions, and activities. Secondly, quality healthcare is not possible without a dedicated, skilled healthcare workforce. Our goals include: a) incorporate supports at every level for clinics as they transform to the PCMH model; b) adopt new HIT technology systems and processes to support data analytics and expand telehealth; c) enhance their understanding and use of Community Health Workers (CHW) and Community Health EMS (CHEMS); and d) work with the Regional Collaboratives (RCs), Public Health Districts (PHDs), the SHIP Team and its PCMH Transformation vendor to share best practices and expand care coordination across the Medical – Health Neighborhood to improve clinical outcomes and regional population health. The seven RCs and PHDs represent another key component of Idaho's vision as it reflects the value we place on local expertise to lead identification of community and regional health needs and solutions.

Another fundamental aspect of Idaho's vision is moving to payment models that incentivize and reward quality care and improved health outcomes, and in doing so ultimately contribute to a reduction in overall healthcare costs. Idaho's public and private payers are partners in implementing payment reform. Our partnership is based on an appreciation that "one size does not fit all" when it comes to payment models that work best for diverse organizations, and that a number of alternative payment approaches can be effective in moving the State's healthcare system from rewarding volume to rewarding value. Idaho's four largest commercial payers, Medicaid, and Medicare support the State's vision of payment reform, and annually submit data to report on their respective organizations' advancement of alternative payment models (APMs).

Lastly, the advancement of health information technology and data exchange and reporting are critical to the success of our SHIP model. Idaho understands that the shift to value-based payment models, expansion of care coordination within the PCMH model, and statewide tracking and reporting of a multi-payer shared set of clinical quality measures cannot be fully realized without HIT. Like many states however, Idaho has encountered challenges in creating the necessary HIT infrastructure at the pace needed to match Idaho's readiness to implement delivery and payment reform. While building the needed HIT infrastructure has caused some delays to full implementation of certain aspects of our model, Idaho will continue to push forward HIT development as our vision for statewide healthcare delivery and payment reform is dependent upon success in this area.

Today, the IHC continues in its pivotal role of overseeing Idaho's transformation and will continue to do so throughout AY4. In addition to the IHC's role in monitoring the progress toward our seven goals, the IHC will lead the continuation of our sustainability planning and implementation in AY4.

A summary of our success to date is best understood by examining the progress of each goal.

A.2. Award Year 3 (AY3) Progress and AY4 Objectives by Goal

Goal 1: Transform primary care practices across the State into PCMHs.

Fifty-six new clinics were enrolled in SHIP Cohort Two in AY3. Of the 110 clinics total enrolled in SHIP Cohorts One and Two, 50 clinics have achieved national PCMH recognition – 49 through National Committee for Quality Assurance (NCQA) and 1 through the Accreditation Association for Ambulatory Health Care (AAAHC).

Recruitment for SHIP Cohort Three was completed in AY3. IDHW launched the final application in September 2017 and the application submission period closed mid-October. During the application period, IDHW hosted webinars and provided assistance to clinics in completing the application. PHD SHIP Staff played an integral role in encouraging clinics to complete their applications. The application period closed with 58 completed applications, and the selected 54 SHIP Cohort Three clinics will be announced at the December IHC meeting.

Technical assistance and support of SHIP Cohort clinics continued in AY3. IDHW's PCMH Transformation vendor (Briljent and Health Management Associated (HMA)) worked alongside PHD staff to help clinics develop and implement practice-level transformation plans. Technical assistance was offered through a variety of venues, including webinars, site visits, and regularly scheduled phone calls. In AY4, IDHW will continue working with PCMH transformation team to enhance the PCMH portal. Enhancements will include the addition of a calendar feature to track appointments with PHD staff, PCMH team coaches,

State Evaluation Team, IHDE, or other SHIP contractors, and the addition of an online forum to encourage discussions about PCMH transformation topics and direct questions and feedback to appropriate resources.

In AY4, a series of toolkits tailored to different clinic needs will be developed and posted on the PCMH portal for clinics. The toolkits will include both “small clinic” and “large clinic” sustainability toolkits. See Goal 1 for further information on toolkits to be developed and implemented in AY4.

Planning for the sustainability of practice-level transformation will be a key focus of Goal 1 activities in AY4. Plans thus far include a full-day sustainability planning session to review the results of research, discuss implications, and select high-priority strategies to ensure long-term, continuous improvement for clinics. A final Sustainability Plan will be developed to document output from the session. IDHW and its partners will work through the end of AY4 to implement recommendations from the resulting Sustainability Plan to encourage ongoing practice transformation after the end of the Model Test period.

Recognizing the varying level of technical assistance needed by clinics within and across the SHIP cohorts, Idaho worked in AY3 to expand clinic-to-clinic mentorship opportunities to leverage the knowledge of more experienced clinics in support of less experienced clinics. The Idaho PCMH Mentorship Subcommittee was formed and charged with developing a framework to promote clinic-to-clinic peer mentorship activities in Idaho. The Subcommittee recommended four major activities.

1. Development of a mentorship webinar series for SHIP cohort clinics, facilitated by a subject matter expert, to follow an “Ask & Give” format for a clinic-to-clinic learning.
2. Creation of a Resource Guide of tools/materials/other resources that will support PCMH mentorship.
3. Facilitation of a provider champion mentor panel to prioritize the basics of mentorship and operationalize a framework to which the state can commit.
4. Survey of clinics to create an inventory to be utilized by Primary Care Practitioners (PCP)s, PHDs, RCs, and others in order to understand who is doing what and how to build relationships between clinics, providers and clinical teams.

Following receipt of the Subcommittee’s recommendations, Idaho began implementing the following activities in AY3.

1. The mentorship webinar series with SHIP Cohort One and SHIP Cohort Two clinics began with high participation from clinics.
 - a. During AY4, all three SHIP Cohorts will be invited to participate in continued mentorship webinars.
2. By the end of AY3, the development of the Resource Guide will be completed and shared with clinics, Medicaid Healthy Connections staff, and the RCs, posted on the PCMH portal, and published on the SHIP website so that clinics outside of SHIP Cohort clinics can also access it.
 - a. During AY4, IDHW will continue to encourage clinics to use the Resource Guide and identify opportunities to share the document more broadly.
3. Development of recommendations around a provider champion mentor panel also occurred in AY3.
 - a. Implementation of the forthcoming recommendation will occur in AY4.

4. Lastly, the creation of a clinic inventory will be completed by the end of AY3 with information from SHIP Cohort One and Cohort Two clinics.

In AY4, technical assistance to SHIP Cohort clinics will be expanded to include educating, planning, and implementing activities related to the launch of Medicaid's new payment reform models in July 2018, described later in this Operational Plan. Both SHIP Cohort and non-SHIP clinics will have an opportunity to participate in these new models that include establishment of regional care organizations and PCMH Shared Savings program.

Goal 2: Improve care coordination through the use of electronic health records (EHRs) and health data connections among PCMHs and across the medical neighborhood. AND

Goal 5: Build a statewide data analytics system that tracks progress on selected quality measures at the individual patient level, regional level, and statewide.

The progress and objectives of Goals 2 and 5 are both discussed in this section as their activities are intertwined through their common objective of expanding Idaho's HIT infrastructure. Goal 2 seeks to improve care coordination through the use of EHRs and health data connections among SHIP cohort clinics and across the Medical-Health Neighborhood. Goal 5 is to build a statewide data analytics system that tracks progress on selected quality measures at the individual patient level, clinic level, regional level, and statewide.

In AY4, Idaho will create a statewide leadership group responsible for guiding HIT policy for the state. This cross-agency group will be responsible for reviewing, editing, and adopting the statewide HIT plan, a responsibility currently held by IDHW. The leadership group will include an independent neutral convener and be broadly representative of the key HIT stakeholders in the state. Through the statewide HIT plan development process, stakeholders will determine how governance will be organized, coordinate with the SHIP and IHC to monitor infrastructure progress, and provide feedback on the alignment with the state HIT plan.

Idaho's Health Information Exchange (HIE), the Idaho Health Data Exchange (IHDE), is the critical "hub" among SHIP clinics, hospitals, and specialists that provides the data exchange functionality needed for providers to better coordinate and improve care. In AY3, IHDE experienced challenges due to having limited capacities and resources needed to sustain its infrastructure as the state's HIE. As a result, there were delays in the State's progress in building the HIT infrastructure needed to support clinic connections, resolve clinic data quality issues, and produce reports. Idaho responded to these issues in AY3 by identifying several steps to maintain a functional HIE. Some activities were implemented in AY3 and others are planned for AY4.

1. IDHW will reallocate funding and resources in the IHDE contract in AY4 to reinforce IHDE's infrastructure.
2. IHDE has developed a corrective action plan that includes activities and milestones to address its challenges. The highest priority is recruiting effective and experienced resources and addressing existing staff resource issues. The plan was developed in AY3 and activities identified in the plan will continue into AY4.

3. IHDE will move the data exchange platform from the existing Orion platform to a new platform provided by Verinovum. With the new platform, IHDE will be able to accept claims data from payers, an important element of Idaho's data analytics. IHDE will begin transition to the Verinovum platform in AY3 and continue to work on it in AY4. The shift to the new platform will occur toward the end of AY4 (projected).

Progress was made during AY3 in establishing bi-directional connections between clinics and IHDE needed to support clinical quality measure data reporting. By the end of AY3, a total of 74 clinics will be bi-directionally connected. Activities in AY4 will be aimed at finalizing bi-directional connections between SHIP Cohort One and Two clinics and IHDE, and establishing bi-directional connections between SHIP Cohort Three clinics and IHDE.

Barriers at the EHR and clinical level, such as clinics' reluctance to participate due to disagreements in legal agreements or high EHR maintenance fees, have also been contributing factors to the delay in establishing connections between clinics and the IHDE. In AY4, Idaho will continue to help clinics eliminate these barriers. IHDE will conduct onsite visits to all connected clinics in AY4 to evaluate the quality of the connections and the adequacy of the training provided. On a clinic-by-clinic basis, IHDE will troubleshoot any connection issues and provide additional training as needed.

During AY4, Idaho plans to continue leveraging Model Test grant funds for SHIP Cohort Three to help reduce any barriers that fees may pose to clinic connection to IHDE. Additionally, the IDHW SHIP team is working with Medicaid to leverage HITECH funding to help cover connection costs.

Under Goal 5, Idaho will utilize new and current HIT to support the integration of population health into the state's SHIP activities. During AY3, Idaho selected an additional eight Clinical Quality Measures (CQMs), bringing the total number of selected CQMs to 16. The HIT Workgroup and the CQM Workgroup were combined in AY3 to create the SHIP Data Governance Workgroup. This workgroup will be responsible for activities related to operationalizing Idaho's CQMs and advise on topics related to data governance standards that impact CQM calculations, data quality, and data privacy and security policies. In AY4, Idaho will follow the schedule developed in AY2 for CQMs reporting during the three years of the Model Test.

In AY4, IDHW will continue working with IHDE, its subcontractors, and the data analytics contractor to operationalize the infrastructure and data pathways for CQM production. During AY3, a Data Quality Specialist from IDHE was co-located with the IDHW team. The Data Quality Specialist implements the clinical quality data verification process which tracks the lifecycle of the data from workflow to metric production.

While IDHW, IHDE, and clinics have worked during AY3 to identify and resolve data quality issues, the data analytics contractor continued to build the CQM data analytics and reporting infrastructure to support the use of data by stakeholders (e.g., RCs, clinics, the state, payers, etc.). Progress was made in this area during AY3, with the data analytics and reporting infrastructure now in place for measures 1–9. As a result, the analytics and reporting models are ready to receive data from clinics once clinics have completed the data improvement process, and share this data with end-users.

A primary focus of activity for AY4 will be the establishment of baselines for CQM as data quality improves and the data transmission is established. It is anticipated that baselines will be established one clinic, or health system, at a time as the clinical data quality validation process is completed and metrics

are successfully generated. Additionally, in AY4 IDHW will engage with Office of the National Coordinator (ONC) to explore a virtual baseline based on similar population characteristics and available data sets from public domain resources.

Continued technical assistance will be an important part of HIT activities under Goals 2 and 5 in AY4. All HIT vendor contracts include a Technical Assistance (TA) component in which the vendor provides expertise and support to the various customers including PCMHs, RCs, PHDs, and other identified users of the HIT infrastructure.

Goal 3: Establish seven Regional Collaboratives to support the integration of each PCMH with the broader medical-neighborhood.

RCs and the PHD SHIP staff continue to play an important role in supporting SHIP cohort clinics in the PCMH transformation process at the local level. In AY3, RCs provided a forum for the clinics to share best practices and lessons learned, and to offer peer support to each other through the transformation process. At the regional level, PHD SHIP Quality Improvement (QI) Specialists played an integral part in providing support to Cohort One and Cohort Two clinics during AY3.

Supplemental grants were awarded to four RCs during AY3 for activities that support the RC's strategic plans, including sustainability, collaboration with partners, and advancement of the Medical-Health Neighborhood. RC strategic plans target four main areas:

1. PCMH transformation support,
2. Medical-Health Neighborhood development and connections
3. Population health initiatives, and
4. RC sustainability

In AY4, SHIP activities will continue to focus on providing support and oversight to RCs and PHD SHIP staff in implementing goals outlined in their strategic plans. While implementing their strategic plans, RCs and PHD SHIP Staff will also be engaged in planning efforts linked to Medicaid payment reform models (described in Goal 6) scheduled to begin in July 2018. The Regional Care Model (RCO) includes community advisory groups, Community Health Outcome Improvement Coalitions (CHOICe), that will be established to advise each RCO. In the first six months of AY4, RCs and PHD SHIP staff will participate in discussions about the CHOICe functions and roles within the RCO Model and help to identify communication materials needed to educate regional healthcare practitioners regarding new payment models.

Goal 4: Improve rural patient access to PCMHs by developing virtual PCMHs.

In AY3, the virtual PCMH application was released twice, with an increased interest generated with the second release of the application. Twenty-seven clinics were designated as virtual PCMHs in AY3, and a third application release occurred in December 2017. It is anticipated that by the end of AY3, Idaho will have established 30 virtual PCMHs.

In AY4, Idaho plans to release an opportunity for Cohort Three clinics to establish virtual PCMHs. During the initial months of AY4, IDHW will target education and marketing efforts to Cohort Three clinics to encourage participation in obtaining Virtual PCMH designation.

As of August 2017, 32 individuals have been trained as CHWs, a component of the virtual PCMH model. A third training launched in AY3 includes 17 students and a fourth training is scheduled to begin in January 2018. Also in AY3, two videos were widely distributed to promote clinic engagement of CHWs as a component of their clinics. This video was developed through a separate grant and used to help primary care clinics identify ways to integrate CHWs in their workflows.

In AY4 Idaho will continue to recruit and train CHWs and continue marketing and educational activities for CHW roles.

Idaho also made progress in AY3 in establishing CHEMS, another important component of the PCMH Virtual PCMH Model. IDHW has established six CHEMS programs and trained nine community paramedics. In AY3, IDHW expanded CHEMS training to include Basic Life Support (BLS) and Intermediate Life Support (ILS) training for EMTs. Community Paramedic (CP) Cohort Two is currently underway, expected to end on December 31, 2017 with 12 newly trained CHEMS personnel.

Plans are also underway to execute a contract between EMS Bureau and a vendor to begin training development. The first EMT cohort is expected to begin training in February 2018 and end at the end of May with at least 17 participants expected.

While progress has been made in training CHEMS personnel, Idaho has faced challenges in integrating trained personnel in the delivery system. A focus of Goal 4 activities in AY4 will be working with community partners to help educate SHIP clinics on how to utilize trained CHEMS personnel in their specific healthcare delivery models. As several new CHEMS personnel will complete required training between December and January 2018, the timing of the introduction of new CHEMS resources in the community is aligned with IDHW's efforts to conduct educational and marketing activities to Cohort One and Two clinics following the end of the cohort year.

The telehealth grant application was released in early AY3 and three grants were awarded. An additional nine grants were later awarded in AY3, bringing the total count of telehealth grant awards to 12.

In the second quarter of AY3, Idaho made a decision to shift from further advancement of the telehealth grant program to establishment of an Extension for Community Healthcare Outcomes (ECHO) site in Idaho. Known as "Project ECHO", this practice model uses multi-point videoconferencing to conduct virtual clinics with community providers. In AY4, Idaho will begin implementing Project ECHO. SHIP Cohort clinics will be given priority to enroll as ECHO "spokes." At the initial phase, the planned focus of the associated TeleECHO learning collaborative (a.k.a. learning clinic) will be on Opioid/Heroin Treatment. The learning clinic will have a medical expert team consisting of physician expert, nurse practitioner, physician assistant, pharmacist, psychiatrist, and social worker. The pivot in model test was initiated in AY3 with SHIP assisting with infrastructure development with activities continuing into AY4.

Goal 6: Align payment mechanisms across payers to transform payment methodology from volume to value.

In AY3, Idaho continued to make significant progress across commercial and public payers in moving payments for healthcare services from those that incentivize volume of care to models that incentivize the value of care. In AY4, commercial payers will continue to implement a variety of different APMs as

they select models that they deem to be most effective for their patients and providers and that fit within their organizations' goals. APMs being implemented by commercial payers include:

1. Pay-for-Performance (P4P)
2. Enhanced P4P
3. Shared Savings
4. Shared Risk
5. Full Risk
6. Quality Bonuses
7. Population-Based Payments
8. Episode-Based Payments

An important activity for AY4 will be the launching of three new value-based Medicaid payment models. Building on SHIP-supported efforts, Idaho Medicaid will be implementing these models in mid AY4:

- Regional Care Organizations, (ACO-like systems that add regional planning and collaboration requirements);
- PCMH shared savings program; and
- Bundled payment programs for specialty providers.

Embedded within the new Medicaid payment models are foundational aspects of the Idaho SHIP, including the PCMH model, multi-payer quality metrics (Idaho's Core Performance Measure Catalog), regional population health management, care coordination across the Medical-Health Neighborhood, and expansion of Idaho's healthcare workforce through utilization of CHWs, CHEMS, and telehealth. The new models are designed to sustain efforts initiated through SHIP. The expansion of Medicaid's payment strategy to these new models provides an additional opportunity for Idaho to create a framework of delivery transformation in which providers and health systems collaborate within their region and commercial payers collaborate with public payers to advance Idaho toward robust multi-payer APMs that result in cost savings and improved health of Idahoans.

In AY3, Idaho's payers again submitted data to IDHW's financial analysis vendor, Mercer, to independently analyze payers' progress in moving from payment methodologies that reward volume to those that reward value. Idaho engages Mercer to collect data from payers in part to ensure the privacy of payer data and in part to aggregate and report commercial data as a single combined entity, thereby protecting the privacy of each commercial payer

Using the same reporting template previously developed in collaboration with payers, payers submitted the following data for CY2016 across all lines of business:

- Percentage of beneficiaries per payment structure, i.e., Fee-For-Service (FFS), FFS with link to quality and value, APMs built on FFS architecture, population based payments.
- Total percentage of payments (paid or accrued) to providers per payment structure.
- Total payments paid to providers.

The results of the AY3 financial analysis were presented to the Multi-Payer Workgroup (MPW) and to the Idaho Healthcare Coalition (IHC) for their review and to monitor the progress of payment reform across the State.

In AY4, the data will be submitted in the second half of CY 2018 for the period of January 1–December 31, 2017. As in AY3, payers will submit summarized data to Mercer who will then aggregate data across the payers for reporting to IHC. Financial data reported in AY4 will be compared to financial data in AY3 to measure the progress of statewide payment transformation.

Goal 7: Reduce overall healthcare costs.

In AY3, Idaho’s financial analysis vendor used CY 2016 data to complete calculations of the overall cost avoidance and return on investment of the Center for Medicare and Medicaid Innovation’s (CMMI) support of Idaho’s health system transformation through the SIM grant. The resulting report was presented to the MPW and the IHC.

In AY4, the collection and analysis of payer data will be consistent with the analysis performed in AY3. Specifically, payers will report membership and expense data for CY 2017 across their lines of business using the financial reporting template developed in 2015. The reporting template asks payers to report data for population groups identified by payer type and classify and report their expense data within each group by identified categories of service (see Goal 7 for further description of the analysis). Idaho anticipates that the financial analysis of CY 2017 data in AY4 will be completed by July 2018.

For the final round of financial analysis showing AY4 cost avoidance and return on investment the analysis will include three quarters of data. In October 2018, Mercer will start data collection for the period of January 1, 2018 – September 2018. The analysis will be conducted and final report will be issued in mid-January 2019.

Sustainability Planning

Sustainability planning will be a critical activity in AY4. The IHC will oversee sustainability planning and implementation as it continues in its role at the helm of Idaho’s SHIP model, working with IDHW to explore various options to support sustainability of the SHIP. Furthering payment reform beyond the SIM grant will be one of the key focuses of sustainability planning. Idaho will be examining ways to synergize efforts with Medicaid and commercial payers to continue to support the providers as the Model Test period concludes.

While payment reform is critical to sustain the efforts made to date, Idaho understands that the technical assistance and coordination that the SHIP has provided is integral to success in the future. The IHC will work with IDHW to determine how to sustain the needed infrastructure to support ongoing efforts, including the future role of the IHC to continue to guide the transformation of the delivery system and ensure continued stakeholder participation as progress continues.

A focus of the work in AY4 will be looking at other states’ models, in particular the Community Care of North Carolina (CCNC) network to examine how they have sustained their model that lowered costs and improved quality care. Idaho intends to focus on options that are consistent with the vision and values of SHIP. For example, one area of interest may be Clinically Integrated Networks (CINs) as this concept is consistent with Idaho’s goal of increasing quality healthcare by positioning PCPs to take on increased levels of accountability to manage population health and reduce costs through effective utilization management. Another example is Idaho’s interest in examining the infrastructure other communities and states have established that would help cement and sustain Idaho’s efforts to enhance care coordination across PCMHs and Medical-Health Neighborhoods.

The framework for the sustainability plan provided by CMMI in its “Operational Plan – Award Year 4 Update Awardee Guidance” will be used by Idaho in its planning. Idaho is proud and excited about the progress it has made in realizing its vision for the State’s healthcare system, and is committed to continuing and sustaining the State’s efforts.

A.3. End State Vision

In 2013, Idaho’s diverse group of statewide stakeholders and the IDHW set forth the vision for the state’s healthcare system. The vision statement was drafted by the IHC. As you will see throughout the Operational Plan, there has been a lot of progress on these goals, bringing us closer to our end state vision.

“An innovative, ambitious, forward-thinking plan for the State of Idaho — will be centered on building a robust primary care system statewide through the delivery of services in a patient-centered medical home (PCMH) model of patient-centered, team-based, coordinated care. Care will be integrated and coordinated across all healthcare services in the state, yielding cost efficiencies and improved population health. Idaho will achieve its vision of system-wide reform that, with the commitment of commercial payers and Medicaid, will move Idaho from a system that rewards the volume of services (through predominantly fee for service (FFS) arrangements) to a system that rewards the value of services (through quality incentives, shared savings, etc.). Payment methods will incentivize providers to spread best practices of clinical care and achieve improved health outcomes for patients and communities. Key to the success of the model is the development of the Idaho Healthcare Coalition (IHC) and its Regional Collaboratives (RCs) which will support clinics at every level throughout and after the transformation to a PCMH. The newly formed IHC will oversee the development of this performance-driven model. Together, the IHC and RCs will support the PCMHs in activities to transform and improve the system, including collecting data required to monitor and establish performance targets, providing regional and PCMH-level performance feedback, identifying and spreading evidence-based clinical practice, and providing on-going resources and support to achieve the Triple Aim of improved health outcomes, improved quality and patient experience of care, and lower costs of care for all Idahoans.”

Since 2013, Idaho has been making steady progress toward achieving this vision for the State’s healthcare system.

At the end of the Model Test period in 2019:

1. A minimum of 165 primary care clinics around the state will be providing patient-centered, team-based, coordinated care through the PCMH model. Care will be integrated and coordinated across all medical and health services in the Medical-Health Neighborhood and physical and behavioral health, in particular, will be better integrated at the local level; both of which will contribute significantly to community and statewide improved population health.
2. The RCs and Public Health Districts (PHDs) will be providing on-the-ground support for transformation and improved population health initiatives as described in the PHDs’ mission and goals and each RC’s strategic plan.

3. The IHC will continue to guide, oversee, and monitor the expansion and impact of Idaho's performance-driven model after the SIM Test is completed. Working with the RCs, PHDs, and IDHW, the IHC will continue to offer support of PCMHs in activities that will expand and cement Idaho's system transformation.
4. The advancement of alternatives to FFS arrangements will continue to reflect the same steady progress that will have been demonstrated during the Model Test grant period. Medicaid and the State's four largest commercial payers will continue shifting from FFS payments models to those that reward the value of care. The IHC will work with payers through the MPW and other avenues to continue to accelerate the transition to alternatives to FFS payment; this will include the introduction of CQMs available at the clinic, county, region and state level as well as user stories (i.e., patient vignettes) illustrating the effectiveness and return on investment that the PCMH and other value-based payment models can have. A process for monitoring progress will have been developed in collaboration with payers to replace the independent data collection and financial analysis available during the Model Test Period.
5. At least 165 clinics will be reporting on a core group of clinic-based CQMs that span across multiple payers. This information will be used by payers to inform value-based payment approaches and reward quality care. Information will be used to identify regional opportunities for clinical care best practice and local and statewide health areas needing targeted population health improvements. As part of Goal 1, Idaho will be exploring with healthcare professionals and other stakeholders ways to share this information to empower patient choice and spread the highest quality healthcare as the standard of care. In addition, clinics will be using EHRs as care coordination tools, and will be sharing and receiving information from the IHDE, as will numerous hospitals around the State.

The coordination of all these activities will be challenging with the loss of SIM grant funds to support key positions at IDHW, provide technical assistance for the clinics and RCs, and plan and implement expansion of the regional care organization (RCO) model and potentially further clinically CIN development. In award year 4 (AY4), a key activity will be finalizing a sustainability plan that includes resources directed at managing and monitoring system change both through State resources and continued stakeholder support. IDHW and the IHC will explore several options for sustainment, including leveraging the IDHW Office of Healthcare Policy Initiatives' (OHPI) role at IDHW regarding health system reform, a possible request to the State legislature for funds to support continuation of key positions, and/or other mechanisms identified by IDHW in partnership with the IHC.

A.4. Updated Driver Diagram

Figure 1 shows Idaho's updated master driver diagram. Idaho's goal is to achieve the Triple Aim of (1) improving health outcomes, (2) improving quality and patient experience of care, and (3) reducing the cost of healthcare in the state. The primary drivers of system transformation are the seven goals of Idaho's SHIP Model, discussed in greater detail in Section B of this Operational Plan. The secondary drivers of system transformation are the outcomes associated with each goal, which will be the areas of focused activity on the part of payers, providers, patients, and others.

Figures 2–5 show the breakdown of each of the four primary drivers, and have been updated to include the revised metrics for each driver that will be monitored and reported to track the model's progress. Accountability targets for each metric are also shown, which will serve as guideposts for evaluating the

Model's performance during implementation. HIT activities are integral to success in achieving SHIP metrics and additional details can be found in the master timeline and Section B of this Operational Plan.

The Driver Diagram has been updated as follows:

- New metric for new SIM initiative.
- Annual targets updated to align with approved changes to SHIP success measures.
- Updated measurement language consistent with approved changes to SHIP success measures.
- Updated secondary driver language for consistency with updated success measures.
- Percent targets for secondary drivers reflect progress towards project goal value.

Figure 1 – Driver Diagram

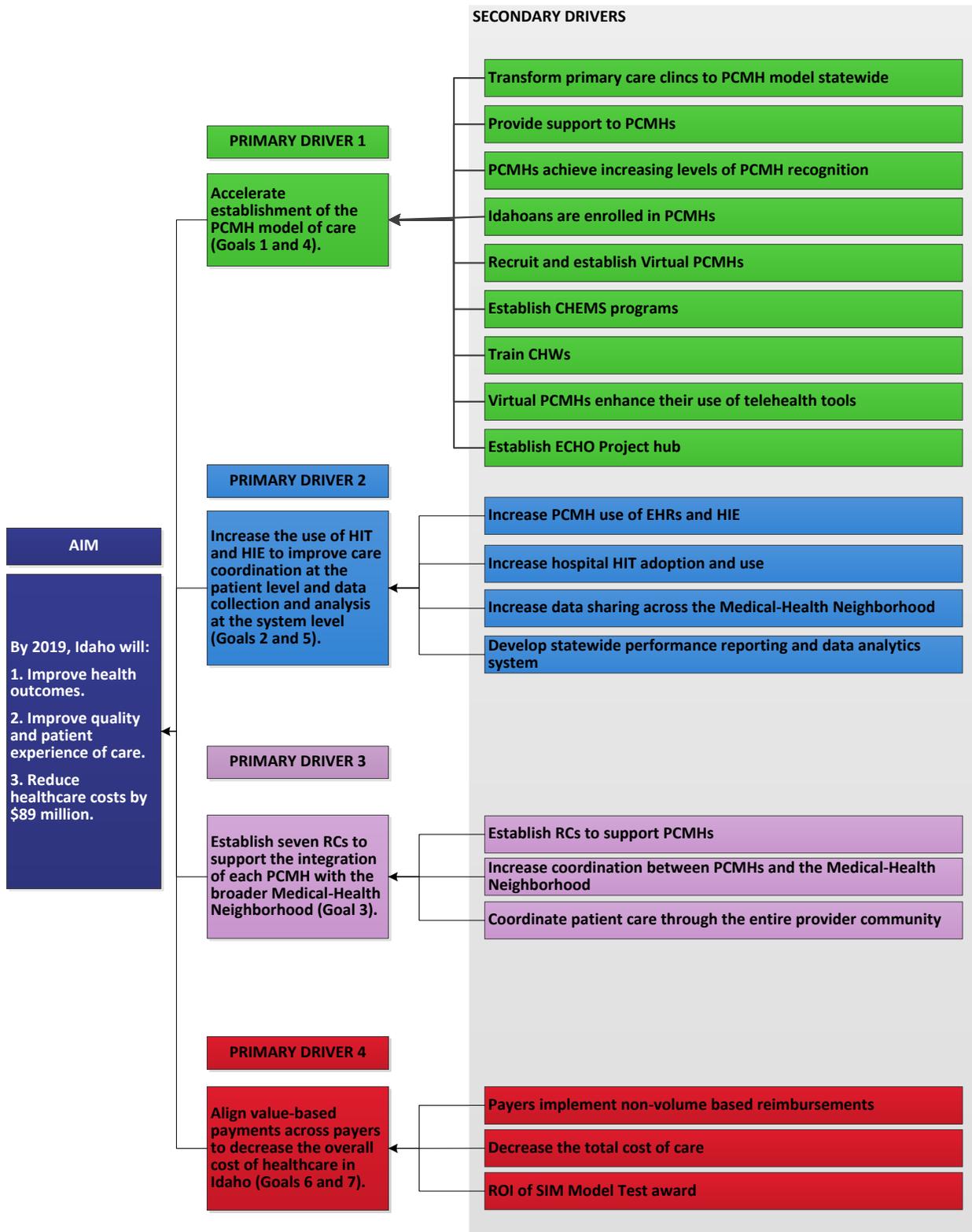


Figure 2 – Metrics for Primary Driver 1

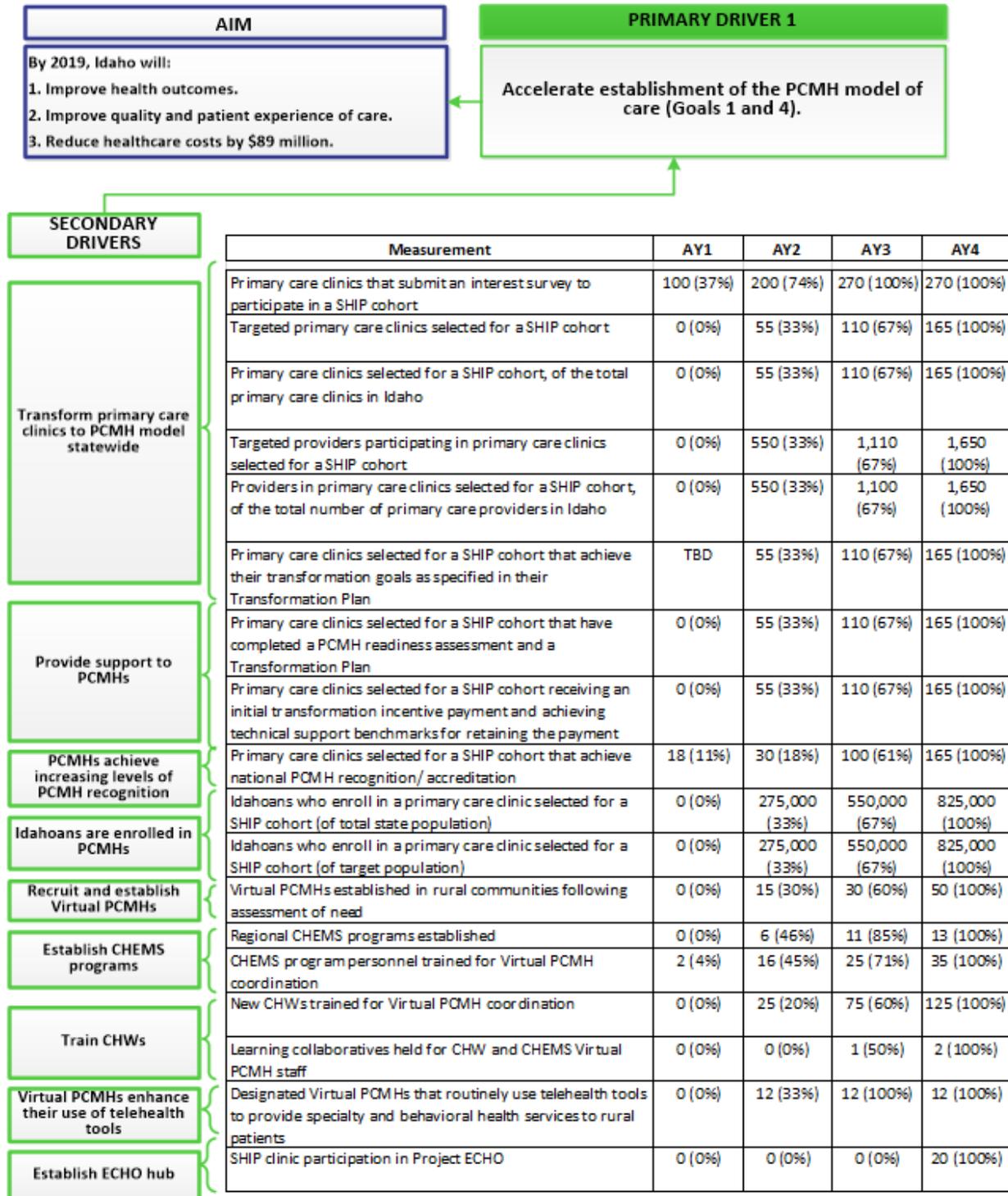


Figure 3 – Metrics for Primary Driver 2

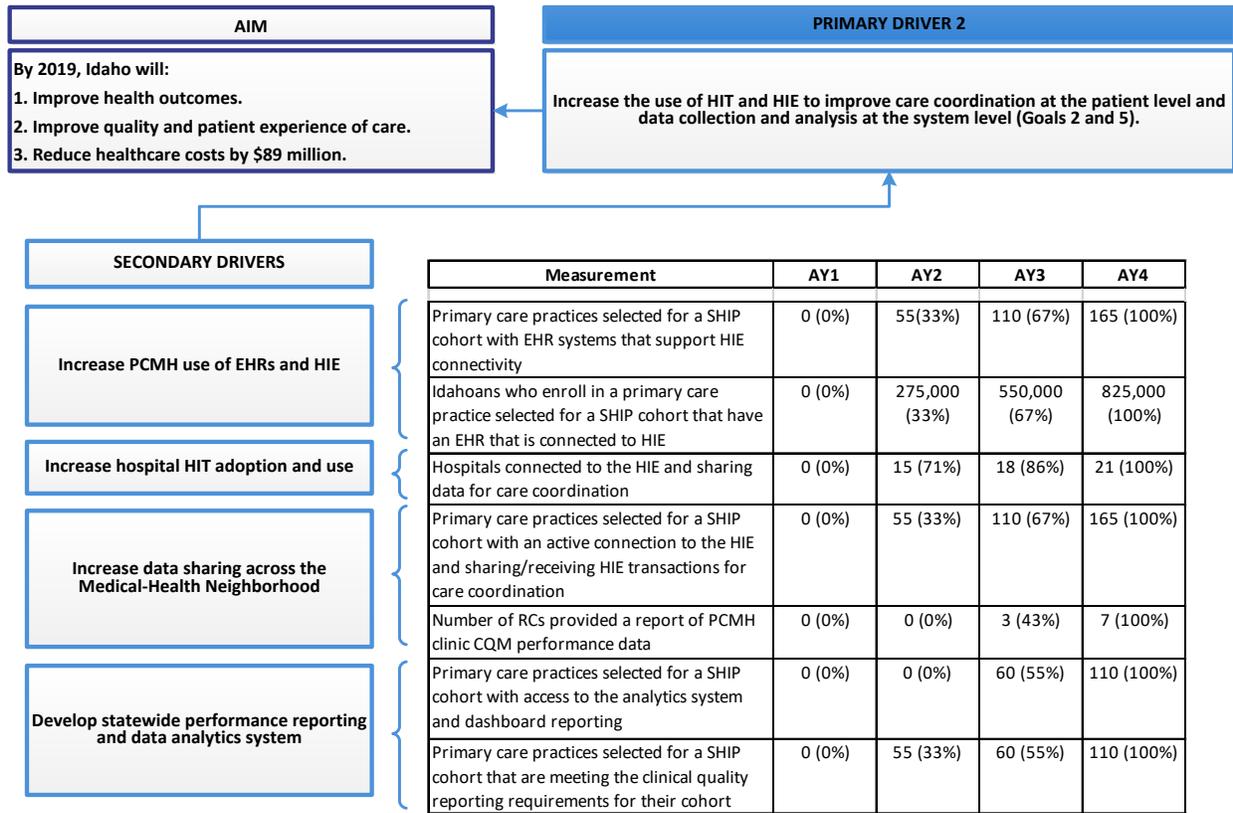


Figure 4 – Metrics for Primary Driver 3

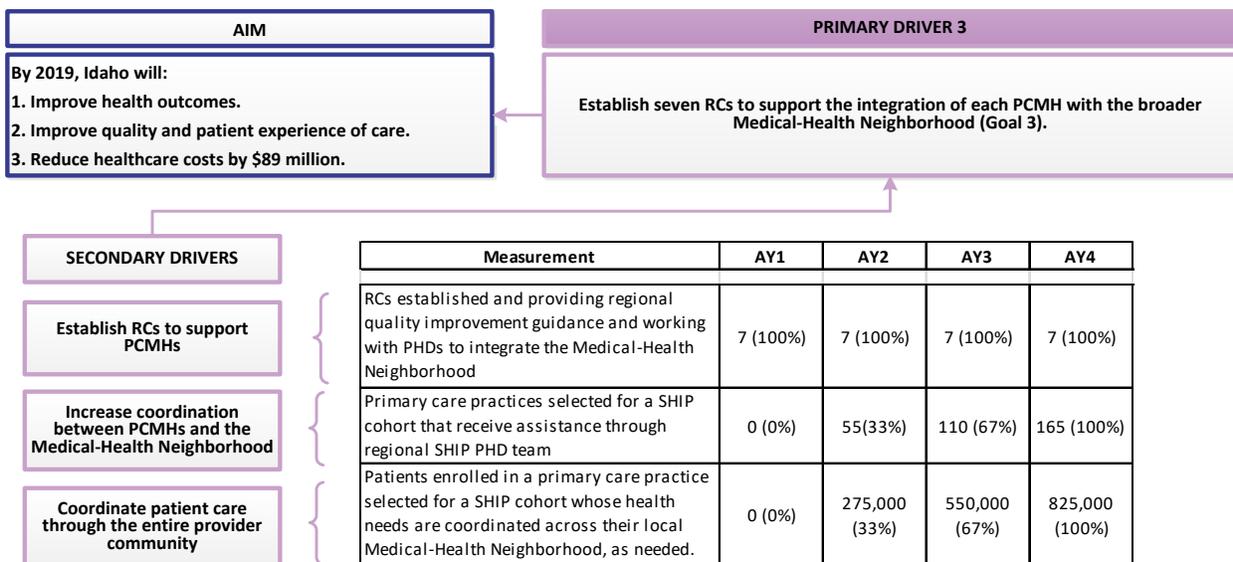
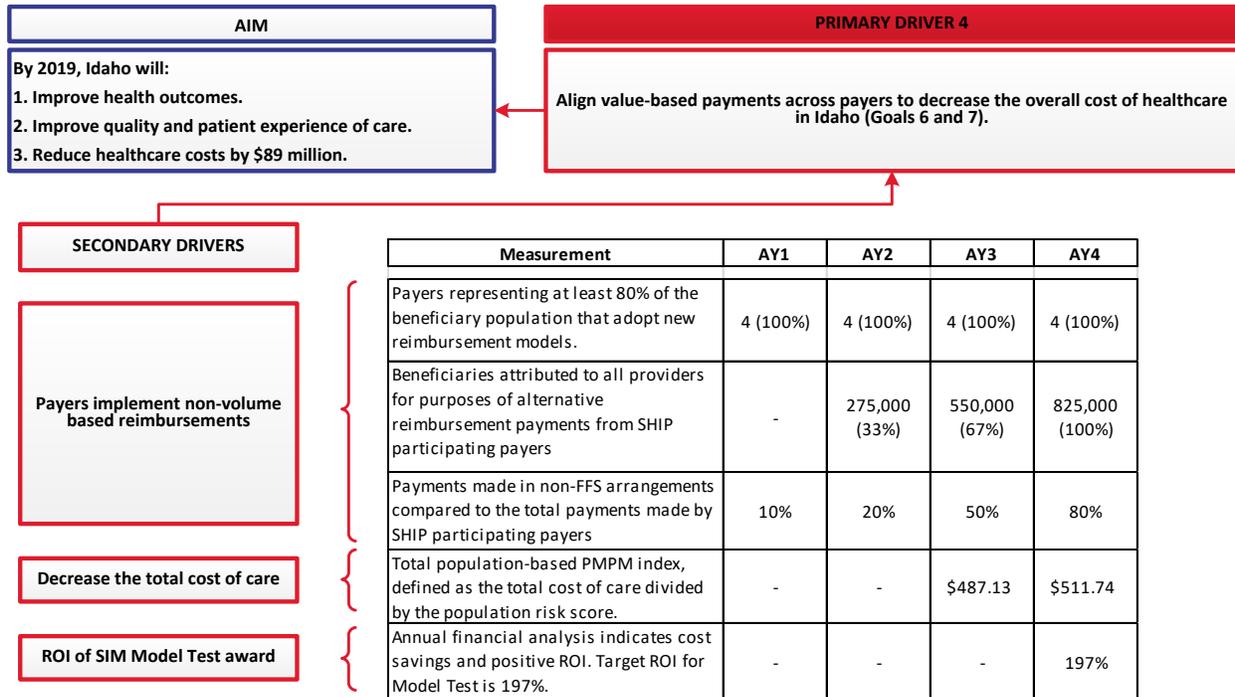


Figure 5 – Metrics for Primary Driver 4



A.5. Master Timeline

Figure 6 – AY4 Master Timeline¹

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter					
1	Goal 1	71%	Tue 4/7/15	Thu 1/31/19												
2	Establish Goal 1 Project Management	99%	Thu 2/11/16	Wed 10/12/16												
3	Develop Goal 1 Project Management Plan	100%	Thu 2/11/16	Wed 6/22/16												
4	Develop draft goal 1 project management plan	100%	Thu 2/11/16	Mon 4/11/16												
5	Approve goal 1 project management plan	100%	Fri 4/8/16	Wed 6/22/16												
6	Develop Briljent Project Plan, Schedule and Quality Assurance Plan	100%	Thu 3/24/16	Tue 5/31/16												
7	Develop project plan and schedule, quality assurance plan, and submit to IDHW	100%	Thu 3/24/16	Thu 3/24/16												
8	Approve project plan and schedule, and quality assurance plan	100%	Tue 5/31/16	Tue 5/31/16												
9	Develop Transformation Team Portal	99%	Sun 2/28/16	Wed 10/12/16												
10	Create transformation team portal	100%	Tue 4/7/15	Tue 4/7/15												
11	Test transformation team portal	100%	Tue 4/7/15	Tue 4/7/15												
12	Implement transformation team portal	100%	Sun 2/28/16	Sun 2/28/16												
13	Evaluate transformation team portal	100%	Tue 4/7/15	Tue 4/7/15												
14	Develop survey	100%	Fri 7/1/16	Thu 8/18/16												
15	IDHW review/approval	100%	Fri 7/1/16	Mon 8/29/16												
16	Distribute survey to portal users	100%	Fri 8/12/16	Fri 9/9/16												
17	Collect results	100%	Fri 8/12/16	Tue 9/20/16												
18	Analyze results	100%	Mon 9/12/16	Thu 9/15/16												
19	Present results to IDHW	100%	Mon 9/19/16	Thu 9/22/16												
20	Implement portal improvements	100%	Mon 9/26/16	Mon 9/26/16												
21	Present results to IHC	0%	Wed 10/12/16	Wed 10/12/16												
22	Develop Briljent Weekly and Monthly Reports	100%	Thu 4/7/16	Thu 4/7/16												
23	Develop weekly and monthly report template	100%	Tue 4/7/15	Tue 4/7/15												
24	Approve weekly and monthly report template	100%	Thu 4/7/16	Thu 4/7/16												
25	Develop Goal 1 Reporting	100%	Tue 4/7/15	Thu 6/9/16												
26	Planning for Goal 1 Reporting	100%	Tue 4/7/15	Thu 6/9/16												
27	Develop templates for CMMI Quarterly/Annual Reports	100%	Tue 4/7/15	Tue 4/7/15												
28	Determine data sources for Goal 1 measures	100%	Tue 4/7/15	Tue 4/7/15												

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
29	Develop quarterly/annual report process for Goal 1, including roles and timelines	100%	Fri 4/15/16	Thu 5/26/16								
30	Communicate quarterly/annual report process to stakeholders, provide education/assistance as needed	100%	Sun 5/1/16	Thu 6/9/16								
31	Cohort One PCMH Training/Technical Assistance	94%	Mon 2/1/16	Thu 1/31/17								
32	PCMH Transformation Plan	100%	Thu 3/3/16	Thu 5/26/16								
33	Develop process and tools to help each clinic develop a transformation plan	100%	Tue 4/7/15	Tue 4/7/15								
34	Clinics develop a transformation plan along with PHD and HMA staff	100%	Thu 3/3/16	Wed 3/23/16								
35	Upload transformation plans to transformation portal	100%	Tue 4/26/16	Tue 4/26/16								
36	Develop portal version requirements	100%	Thu 3/24/16	Thu 3/24/16								
37	Test/finalize	100%	Fri 5/6/16	Fri 5/6/16								
38	Walk through with clinics	100%	Wed 5/4/16	Wed 5/4/16								
39	Upload transformation plans to transformation portal	100%	Thu 5/26/16	Thu 5/26/16								
40	Develop dashboard and landing pages	100%	Thu 4/28/16	Thu 4/28/16								
41	Cohort 1 PCMH Training Plan	100%	Thu 3/24/16	Fri 4/28/17								
42	Develop Model Test Year 1 PCMH training plan to help clinics implement their transformation plan and progressively meet requirements for PCMH recognition/accreditation. Should include processes, schedules, plans and tools.	100%	Thu 3/24/16	Thu 3/24/16								
43	Approve Model Test Year 1 PCMH training plan	100%	Mon 5/9/16	Mon 5/9/16								
44	IDHW initial review	100%	Thu 6/2/16	Thu 6/2/16								
45	Briljent second draft	100%	Fri 6/10/16	Fri 6/10/16								
46	IDHW sends revised second draft to Briljent	100%	Fri 6/17/16	Fri 6/17/16								
47	Develop training and technical assistance processes, schedules, plans and tools	100%	Mon 6/20/16	Fri 4/28/17								
48	Approve processes, schedules, plans and tools	100%	Mon 6/20/16	Fri 4/28/17								
49	Training and Technical Assistance for Cohort 1 Clinics	99%	Mon 2/1/16	Fri 6/23/17								
50	Conduct February 2016 learning collaborative	100%	Wed 3/2/16	Wed 3/2/16								
51	Conduct clinic evaluation of learning collaborative	100%	Fri 3/4/16	Fri 4/8/16								
52	Provide 6 webinars for PCMHs	100%	Tue 2/16/16	Mon 6/19/17								
53	#1 - February 16, 2016	0%	Tue 2/16/16	Tue 2/16/16								

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
54	#2 - April 19, 2016 (population health)	0%	Tue 4/19/16	Tue 4/19/16					I			
55	#3 - June 21, 2016 (BH integration)	0%	Tue 6/21/16	Tue 6/21/16					I			
56	Develop materials (slides, etc.)	0%	Thu 5/26/16	Thu 5/26/16					I			
57	IDHW review/approval	100%	Thu 5/26/16	Mon 6/6/16					I			
58	#4 - August 17, 2016 (care management)	0%	Wed 8/17/16	Wed 8/17/16					I			
59	Develop materials (slides, etc.)	100%	Tue 4/7/15	Tue 4/7/15			I					
60	IDHW review/approval	100%	Tue 4/7/15	Tue 4/7/15			I					
61	#5 – November 17, 2016	0%	Thu 11/17/16	Thu 11/17/16						I		
62	Develop materials (slides, etc.)	100%	Tue 4/7/15	Tue 4/7/15			I					
63	IDHW review/approval	100%	Tue 4/7/15	Tue 4/7/15			I					
64	#6 – January 17, 2017	0%	Tue 1/31/17	Tue 1/31/17						I		
65	Develop materials (slides, etc.)	100%	Tue 4/7/15	Tue 4/7/15			I					
66	IDHW review/approval	100%	Tue 4/7/15	Tue 4/7/15			I					
67	Implement options to conduct site visit with clinics	100%	Mon 2/1/16	Fri 6/23/17								
68	Briljent will send IDHW a report with the findings of the site visit	100%	Tue 4/7/15	Tue 4/7/15			I					
69	Group coaching webinar	0%	Tue 3/29/16	Tue 3/29/16					I			
70	Conduct monthly coaching visits to clinics	100%	Mon 2/1/16	Fri 6/23/17								
71	Conduct Fall 2016 learning collaborative	100%	Tue 5/24/16	Fri 12/23/16								
72	Focus group session with clinic champions re: agenda topics for learning collaborative	0%	Tue 5/24/16	Tue 5/24/16					I			
73	Location	100%	Tue 4/7/15	Tue 4/7/15			I					
74	Food	100%	Tue 4/7/15	Tue 4/7/15			I					
75	Invitations	100%	Tue 4/7/15	Tue 4/7/15			I					
76	Materials	100%	Tue 4/7/15	Tue 4/7/15			I					
77	Agenda/outline of topics (curriculum)	100%	Tue 4/7/15	Tue 4/7/15			I					
78	Stakeholder feedback	100%	Tue 4/7/15	Tue 4/7/15			I					
79	Create affinity groups of practices with similar capacities/gaps/interests/etc.	100%	Mon 2/1/16	Fri 6/23/17								
80	Coordinate clinic training re: EHRs and data reporting with other training provided under Goals 2 and 5	100%	Mon 3/28/16	Wed 4/20/16								

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
81	As needed, train and prepare clinics to report performance on identified quality and outcome measures, including:	100%	Tue 4/7/15	Tue 4/7/15								
82	Provide HIT education	100%	Tue 4/7/15	Tue 4/7/15								
83	Workflow redesign	100%	Tue 4/7/15	Tue 4/7/15								
84	Optimizing the use of EHRs	100%	Tue 4/7/15	Tue 4/7/15								
85	Collecting clinical quality data for performance reporting	100%	Tue 4/7/15	Tue 4/7/15								
86	Train clinics in behavioral health integration methods	100%	Tue 4/7/15	Tue 4/7/15								
87	Train clinics to align performance reporting technical assistance with the SHIP Model Test annual reporting schedule	100%	Tue 4/7/15	Tue 4/7/15								
88	Evaluate clinic progress with transformation plan	98%	Fri 4/15/16	Tue 2/7/17								
89	Conduct baseline evaluation	0%	Fri 4/15/16	Fri 4/15/16								
90	Conduct final evaluation	100%	Fri 11/18/16	Tue 2/7/17								
91	Evaluate PCMH coaching	99%	Fri 11/18/16	Thu 3/9/17								
92	Develop survey	100%	Tue 4/7/15	Tue 4/7/15								
93	IDHW review/approval	0%	Fri 11/18/16	Fri 11/18/16								
94	Send to clinics and QI staff	100%	Thu 12/1/16	Wed 1/11/17								
95	Analyze results	99%	Fri 11/18/16	Fri 11/18/16								
96	Clinic evaluation of PHD staff	100%	Tue 4/7/15	Tue 4/7/15								
97	Clinic and PHD evaluation of HMA coach	100%	Tue 4/7/15	Tue 4/7/15								
98	Discuss results with IDHW; identify areas for improvement	100%	Sun 1/1/17	Wed 1/18/17								
99	Updated contract, training plan and project plan based on results	100%	Sun 1/1/17	Wed 1/18/17								
100	Communicate results to IHC	100%	Wed 2/1/17	Thu 3/9/17								
101	Develop Model Test Years 2 and 3 Training and Technical Assistance Plan for Cohort One clinics	100%	Thu 10/13/16	Mon 1/30/17								
102	Discuss internally then review with Brilljont/HMA	100%	Tue 4/7/15	Tue 4/7/15								
103	Develop Model Test Year 2 Brilljont contract, to include training and technical assistance responsibilities for cohort 1 clinics	100%	Thu 10/13/16	Thu 10/13/16								
104	IDHW and Brilljont sign contract for Model Test Year 2	100%	Mon 1/30/17	Mon 1/30/17								
105	Clinics re-complete an assessment to establish a new baseline then create next year plan	100%	Tue 4/7/15	Tue 4/7/15								

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
106	Provide ongoing support to SHIP Cohort One clinics	47%	Wed 2/1/17	Thu 1/31/19												
107	PHD staff monitor ongoing progress, with support from HMA, during AY3	94%	Wed 2/1/17	Wed 1/31/18												
108	PHD staff monitor ongoing progress, with support from HMA, during AY4	0%	Wed 2/1/17	Wed 1/31/18												
109	Cohort One PCMH Incentives	98%	Mon 2/1/16	Thu 1/31/19												
110	Develop PCMH Incentive Qualifying and Distribution System	100%	Tue 4/7/15	Tue 4/7/15	I											
111	Finalize qualifications for incentive payments (initial PCMH practice transformation payment, PCMH transformation recognition or accreditation payment, virtual PCMH payment)	100%	Tue 4/7/15	Tue 4/7/15	I											
112	Develop a tracking tool for clinics to determine when they have reached tiered requirements for PCMH transformation incentives	100%	Tue 4/7/15	Tue 4/7/15	I											
113	Establish financial accounting system (IPAS)	100%	Fri 2/26/16	Fri 2/26/16			I									
114	Approve financial accounting system	100%	Tue 4/7/15	Tue 4/7/15	I											
115	Distribute incentives to qualifying PCMHs	0%	Sat 4/30/16	Sat 4/30/16												
116	Incentive payment #1	99%	Sat 4/30/16	Sat 4/30/16												
117	Graphs/dashboard reporting	100%	Sat 4/30/16	Sat 4/30/16												
118	Development/testing - incentive payment #2	0%	Mon 4/25/16	Mon 4/25/16												
119	Implementation - incentive payment #2	0%	Mon 4/25/16	Mon 4/25/16												
120	Development/testing - incentive payment #3	0%	Mon 6/20/16	Mon 6/20/16												
121	Implementation - incentive payment #3	0%	Tue 6/28/16	Tue 6/28/16												
122	Help Desk Capacity/Frequently Asked Questions (FAQs)	100%	Tue 1/31/17	Thu 3/30/17												
123	IPM recoupment process	99%	Mon 2/1/16	Mon 2/1/16												
124	Identify possible recoupment	100%	Tue 4/7/15	Tue 4/7/15	I											
125	Implement recoupments if needed	100%	Tue 4/7/15	Tue 4/7/15	I											
126	IPM - develop recoupment reporting	100%	Thu 6/30/16	Thu 6/30/16												
127	Maintain financial accounting system	98%	Mon 2/1/16	Thu 1/31/19												
128	Monitor and track the use of incentive funds and each clinic's incentive payment status	98%	Mon 2/1/16	Thu 1/31/19												
129	Implement recoupments if needed	100%	Mon 2/1/16	Thu 1/31/19												
130	Model Test Year 1 PHD SHIP Staff Training	99%	Mon 2/1/16	Fri 6/23/17												

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
131	Conduct 2 pre-learning webinars	99%	Mon 2/1/16	Mon 2/1/16								
132	Approve Brijjent/HMA contract amendment	100%	Tue 4/7/15	Tue 4/7/15								
133	Conduct a 2 day kickoff training for PHD staff in Boise	100%	Mon 2/29/16	Mon 2/29/16								
134	Develop change request to provide more intensive training for PHD staff	99%	Mon 2/1/16	Mon 2/1/16								
135	Approve change request	100%	Tue 4/7/15	Tue 4/7/15								
136	Develop and implement a system for monitoring and reporting on PHD SHIP staff attainment of PCMH mastery:	100%	Tue 4/7/15	Tue 4/7/15								
137	Conduct a fall learning collaborative for PHD staff	100%	Mon 10/24/16	Mon 10/24/16								
138	Provide coordinated training and technical assistance for PHD SHIP staff	100%	Mon 2/1/16	Fri 6/23/17								
139	Train PHD staff on care coordination protocols	100%	Mon 2/1/16	Fri 6/23/17								
140	PHD Staff Evaluation	100%	Mon 2/1/16	Wed 2/8/17								
141	Conduct baseline survey	100%	Mon 2/1/16	Wed 3/9/16								
142	Conduct final survey	100%	Sun 1/1/17	Wed 2/8/17								
143	Cohort 2 Recruitment and Enrollment	59%	Fri 4/15/16	Mon 11/20/16								
144	Cohort 2 Recruitment Plan	13%	Fri 4/15/16	Thu 6/30/16								
145	Evaluate Model Test Year 1 PCMH recruitment plan	100%	Fri 4/15/16	Fri 5/13/16								
146	Create Model Test Year 2 PCMH recruitment plan	100%	Mon 5/9/16	Fri 6/10/16								
147	Obtain feedback from stakeholders (IMHC)	100%	Wed 6/29/16	Wed 6/29/16								
148	Finalize Model Test Year 2 PCMH recruitment plan	100%	Tue 4/7/15	Tue 4/7/15								
149	Implement Model Test Year 2 PCMH recruitment plan	0%	Tue 4/7/15	Thu 6/30/16								
150	Cohort 2 Enrollment Planning	98%	Fri 7/1/16	Mon 12/19/16								
151	Develop Model Test Year 2 clinic enrollment schedule and process	100%	Fri 7/1/16	Fri 7/1/16								
152	Revise selection criteria as needed	99%	Fri 7/1/16	Fri 7/1/16								
153	Stakeholder feedback	100%	Tue 4/7/15	Tue 4/7/15								
154	Revise interest application/final application tools	0%	Wed 9/14/16	Wed 9/14/16								
155	Stakeholder feedback	0%	Wed 9/14/16	Wed 9/14/16								
156	Revise readiness assessment process and tools	100%	Mon 10/17/16	Mon 12/19/16								
157	Evaluate Model Test Year 1 readiness assessment process and tools	100%	Tue 4/7/15	Tue 4/7/15								

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
158	Update readiness assessment process and tools as needed	100%	Tue 4/7/15	Tue 4/7/15								
159	Stakeholder feedback	100%	Tue 4/7/15	Tue 4/7/15								
160	Approve Model Test Year 2 readiness assessment process and tools	100%	Tue 4/7/15	Tue 4/7/15								
161	Review Briljent/clinic contract and IDHW/clinic MOU templates and revise as needed	100%	Mon 10/17/16	Mon 12/19/16								
162	Cohort 2 Enrollment	99%	Wed 6/1/16	Thu 2/9/17								
163	Post interest applications	0%	Wed 6/1/16	Wed 6/1/16								
164	Host webinars for potentially interested clinics	100%	Thu 9/1/16	Fri 10/14/16								
165	Clinics submit interest applications	100%	Wed 6/1/16	Mon 11/21/16								
166	Review interest surveys	100%	Mon 10/3/16	Thu 10/20/16								
167	Post final application	0%	Mon 10/3/16	Mon 10/3/16								
168	Host webinar for interested clinics re: final application instructions	0%	Wed 10/5/16	Wed 10/5/16								
169	Clinics submit final application and readiness assessment	100%	Mon 10/3/16	Fri 11/4/16								
170	Form selection committee	100%	Tue 4/7/15	Tue 4/7/15								
171	Selection committee reviews final applications and select Model Test Year 2 cohort, ensuring representation from all 7 PHDs	100%	Mon 10/31/16	Tue 12/27/16								
172	Develop welcome packet for selected clinics	100%	Thu 9/15/16	Mon 1/2/17								
173	Inform all applicants of selection status, send welcome packet	100%	Mon 12/5/16	Thu 12/8/16								
174	Announce selected clinics for Model Test Year 2 cohort	0%	Wed 12/14/16	Wed 12/14/16								
175	Clinics receive copy of Briljent contract and MOU	100%	Tue 1/31/17	Tue 1/31/17								
176	Briljent signs contract with selected clinics	100%	Sun 1/1/17	Thu 2/9/17								
177	Sign MOU with selected clinics	100%	Sun 1/1/17	Wed 1/25/17								
178	Model Test Year 2 PCMH Readiness Assessments (as part of Final Application)	100%	Mon 11/28/16	Mon 11/20/17								
179	Clinics complete readiness assessment questions as part of final application	100%	Tue 4/7/15	Tue 4/7/15								
180	IDHW sends copies of final application for proposed selected clinics, including readiness assessment questions, to Briljent/HMA	100%	Mon 11/20/17	Mon 11/20/17								
181	HMA reviews responses to readiness assessment questions and sends report to IDHW	100%	Tue 4/7/15	Tue 4/7/15								

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
182	HMA follows up with selected clinics as needed with additional readiness assessment questions	100%	Mon 11/28/16	Mon 11/28/16								
183	Cohort Two Training and Technical Assistance	74%	Wed 2/1/17	Thu 1/31/19								
184	Cohort 2 Training Plan, PMP	100%	Wed 3/1/17	Thu 4/20/17								
185	Evaluate cohort 1 PCMH training plan	100%	Tue 4/7/15	Tue 4/7/15								
186	Update training plan, including processes, schedules, plans and tools. Submit to IDHW.	100%	Wed 3/1/17	Wed 3/1/17								
187	Approve cohort 2 training plan	100%	Thu 4/20/17	Thu 4/20/17								
188	Approve cohort 2 PMP	100%	Thu 3/30/17	Thu 3/30/17								
189	Training and Technical Assistance	100%	Wed 6/14/17	Fri 7/20/18								
190	Evaluate impact of updated NCQA changes on AY3 training and technical assistance	100%	Wed 6/14/17	Fri 7/20/18								
191	Implement PCMH training and technical assistance according to Cohort Two training plan	98%	Wed 2/1/17	Wed 1/17/18								
192	Webinar #1	0%	Wed 2/15/17	Wed 2/15/17								
193	Webinar #2	0%	Wed 4/19/17	Wed 4/19/17								
194	Webinar #3	0%	Wed 7/19/17	Wed 7/19/17								
195	Webinar #4	0%	Mon 9/25/17	Mon 9/25/17								
196	Webinar #5	0%	Wed 11/15/17	Wed 11/15/17								
197	Webinar #6	0%	Wed 1/17/18	Wed 1/17/18								
198	HMA coaches and PHD staff work with clinics to complete PCMH assessment	100%	Wed 2/1/17	Mon 7/17/17								
199	HMA coaches and PHD staff work with clinics to complete their transformation plans	99%	Wed 2/1/17	Mon 1/1/18								
200	Onsite visits	100%	Sat 4/1/17	Thu 8/3/17								
201	Conduct one learning collaborative	100%	Tue 6/27/17	Tue 6/27/17								
202	Complete learning collaborative evaluation	100%	Tue 6/27/17	Fri 7/14/17								
203	Complete mid-way PHD SHIP staff, HMA staff evaluation	100%	Tue 6/27/17	Tue 6/27/17								
204	Complete final PHD SHIP staff, HMA staff evaluation	75%	Fri 12/1/17	Wed 1/31/18								
205	Provide ongoing technical assistance to SHIP Cohort Two clinics after their cohort year	0%	Thu 2/1/18	Thu 1/31/19								
206	HMA coaches and PHD staff work with clinics to provide technical assistance	0%	Thu 2/1/18	Thu 1/31/19								
207	Cohort Two PCMH Payments	89%	Wed 2/1/17	Thu 1/31/19								

ID	Task Name	% Complete	Start	Finish	3rd Quarter				1st Quarter					
208	Evaluate Model Test Year 1 PCMH Incentive Qualifying and Distribution System, incentive criteria and financial accounting system	100%	Tue 4/7/15	Tue 4/7/15										
209	Adjust as needed for Model Test Year 2	100%	Tue 4/7/15	Tue 4/7/15										
210	Clinics submit budget	100%	Wed 3/29/17	Wed 3/29/17										
211	Distribute initial reimbursement payments to qualifying PCMHs	100%	Wed 2/1/17	Wed 5/31/17										
212	Maintain financial accounting system	88%	Wed 2/1/17	Thu 1/31/19										
213	Monitor and track each clinic's participation in technical assistance and determine need to recoup PCMH incentive payment	88%	Wed 2/1/17	Thu 1/31/19										
214	Implement recoupments if needed	88%	Wed 2/1/17	Thu 1/31/19										
215	Develop Clinic-to-Clinic Mentorship Framework	79%	Mon 4/10/17	Wed 6/7/17										
216	Develop PCMH Mentorship Subcommittee Workgroup Charter	100%	Mon 4/10/17	Tue 4/11/17										
217	Invite PCMH Mentorship Workgroup Members (via phone)	0%	Thu 4/13/17	Thu 4/13/17										
218	Convene PCMH Mentorship Workgroup	100%	Tue 4/7/15	Tue 4/7/15										
219	Draft Product	100%	Tue 4/7/15	Tue 4/7/15										
220	Final Product Complete	100%	Tue 5/23/17	Wed 5/31/17										
221	Presentation to the IMHC	0%	Wed 5/31/17	Wed 5/31/17										
222	Presentation to the IHC	0%	Wed 6/7/17	Wed 6/7/17										
223	Model Test Year 2 PHD SHIP Staff Training	50%	Wed 3/1/17	Thu 7/13/17										
224	Develop Model Test Year 2 PHD SHIP staff training plan (part of HMA training plan)	100%	Wed 3/1/17	Wed 3/1/17										
225	Approve PHD SHIP staff training plan	100%	Thu 4/13/17	Thu 4/13/17										
226	Implement PHD SHIP staff training plan	25%	Wed 3/15/17	Thu 7/13/17										
227	Webinar #1	0%	Wed 3/15/17	Wed 3/15/17										
228	Webinar #2	0%	Wed 5/17/17	Wed 5/17/17										
229	Onsite training at learning collaborative	100%	Tue 6/27/17	Tue 6/27/17										
230	Webinar #3	0%	Thu 7/13/17	Thu 7/13/17										
231	Cohort Three Recruitment and Enrollment	91%	Sat 4/1/17	Tue 1/16/18										
232	Cohort 3 Interest Survey	100%	Tue 4/7/15	Tue 4/7/15										
233	Develop cohort 3 interest survey	100%	Fri 5/26/17	Fri 5/26/17										
234	Obtain IMHC feedback on interest survey	0%	Wed 5/31/17	Wed 5/31/17										

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
235	Obtain IHC approval of interest survey	0%	Wed 6/7/17	Wed 6/7/17				I				
236	Post interest survey online	0%	Fri 6/9/17	Fri 6/9/17				I				
237	Cohort Three Recruitment Plan	99%	Sat 4/1/17	Thu 8/10/17								
238	Evaluate cohort 2 recruitment plan	100%	Sat 4/1/17	Fri 7/14/17								
239	Create cohort 3 recruitment plan	100%	Thu 6/29/17	Thu 6/29/17				I				
240	Obtain feedback from IMHC	100%	Wed 7/12/17	Wed 8/2/17				●				
241	Obtain approval from IHC	100%	Wed 8/2/17	Wed 8/9/17				↓				
242	Finalize cohort 3 recruitment plan	100%	Thu 8/10/17	Thu 8/10/17				I				
243	Cohort Three Selection Criteria	100%	Wed 5/31/17	Wed 8/9/17								
244	Revise selection criteria as needed	100%	Wed 5/31/17	Tue 7/11/17								
245	Obtain IMHC approval	100%	Wed 7/12/17	Wed 8/2/17				●				
246	Obtain IHC approval	100%	Wed 7/12/17	Wed 8/9/17				●				
247	Cohort Three Enrollment	86%	Thu 6/8/17	Tue 1/16/18								
248	Clinics submit interest surveys	100%	Thu 6/8/17	Fri 9/22/17								
249	Host webinar for interested clinics	100%	Wed 9/6/17	Wed 9/6/17				I				
250	Host webinar for interested clinics	100%	Tue 9/12/17	Tue 9/12/17				I				
251	Post final application	100%	Mon 9/18/17	Mon 9/18/17				I				
252	Host webinar for interested clinics re: final application instructions	100%	Mon 9/18/17	Mon 9/18/17				I				
253	Clinics submit final application	100%	Mon 9/18/17	Fri 10/20/17				●				
254	Form selection committee (send invitation letter)	100%	Tue 9/19/17	Fri 9/29/17				↓				
255	Hold meeting of selection committee	100%	Tue 10/17/17	Tue 10/17/17				I				
256	Compile final applications	100%	Mon 10/16/17	Fri 10/20/17				I				
257	Selection committee reviews final applications and select Model Test Year 3 cohort, ensuring representation from all 7 PHDs, to generate projected list of selected clinics	100%	Wed 10/25/17	Fri 11/3/17				↓				
258	Develop welcome packet for selected clinics	99%	Mon 8/21/17	Fri 12/22/17								
259	HMA reviews readiness assessment portion of final application for projected list of selected clinics	100%	Mon 11/6/17	Fri 12/1/17				●				

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
260	Resolve all open issues to complete review of readiness assessment portion of final application	100%	Mon 11/20/17	Fri 12/1/17												
261	Inform all applicants of selection status, send welcome packet	100%	Mon 12/4/17	Fri 12/8/17												
262	Announce selected clinics for Model Test Year 3 cohort at IHC meeting	0%	Wed 12/13/17	Wed 12/13/17												
263	Sign MOU with selected clinics	0%	Thu 6/8/17	Thu 6/29/17												
264	Sign contract with selected clinics	0%	Thu 6/8/17	Mon 7/10/17												
265	Cohort Three Training and Technical Assistance	13%	Wed 11/1/17	Thu 1/31/19												
266	Cohort Three Training Plan	40%	Wed 11/1/17	Tue 5/1/18												
267	Evaluate Cohort Three training plan	0%	Wed 11/1/17	Thu 11/16/17												
268	Update training plan, processes, schedules, and tools to reflect NCCQA 2017 standards	0%	Wed 11/1/17	Mon 1/1/18												
269	Enhance PCMH portal in preparation for Cohort Three	75%	Wed 11/1/17	Wed 1/31/18												
270	Approve Cohort Three training plan	0%	Wed 11/1/17	Wed 11/1/17												
271	Training and Technical Assistance	0%	Thu 2/1/18	Thu 1/31/19												
272	Implement PCMH training and technical assistance according to Cohort Three training plan	0%	Thu 2/1/18	Thu 1/31/19												
273	Cohort Three PCMH Incentives	1%	Wed 11/1/17	Thu 1/31/19												
274	Evaluate Cohort Two PCMH Incentive Qualifying and Distribution System, incentive criteria and financial accounting system	100%	Wed 11/1/17	Tue 11/14/17												
275	Adjust as needed for Cohort Three	100%	Wed 11/15/17	Tue 11/21/17												
276	Distribute incentives to qualifying PCMHs	0%	Wed 11/1/17	Wed 10/31/18												
277	Maintain financial accounting system	0%	Wed 11/1/17	Wed 10/31/18												
278	Monitor and track the use of incentive funds and each clinic's incentive payment status	0%	Wed 11/1/17	Wed 10/31/18												
279	Implement recoupments if needed	0%	Wed 11/1/17	Wed 10/31/18												
280	Post SHIP Transition Planning	0%	Fri 12/1/17	Thu 1/31/19												
281	Discussion with Brilljent, Medicaid Healthy Connections Staff and PHDs about transitioning clinic TA support from HMA/PHD Staff to Healthy Connections	0%	Fri 12/1/17	Wed 1/2/19												
282	Develop clinic transformation sustainability materials	0%	Fri 12/1/17	Thu 1/31/19												
283	PCMH Sustainability Workshop	93%	Wed 10/25/17	Fri 1/12/18												
284	Identify stakeholders	100%	Wed 10/25/17	Wed 10/25/17												

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
285	Develop "save the date"	100%	Thu 10/26/17	Fri 11/17/17												
286	Prepare intro/request to participate in workshop	100%	Fri 11/17/17	Fri 11/17/17												
287	Send "save the date" email	0%	Mon 11/20/17	Mon 11/20/17												
288	Secure location	100%	Thu 11/30/17	Thu 11/30/17												
289	Finalize agenda	99%	Thu 11/30/17	Mon 1/1/18												
290	Facilitate PCMH Sustainability Workshop	0%	Wed 10/25/17	Thu 10/26/17												
291	Mentorship Resource Guide	58%	Fri 6/23/17	Thu 2/1/18												
292	Review recommendations from PCMH Mentorship Subcommittee	100%	Fri 6/23/17	Fri 6/23/17												
293	Compile Resources	100%	Fri 6/23/17	Wed 7/19/17												
294	Format and Finalize Document	100%	Fri 6/23/17	Tue 8/15/17												
295	Redistribute to HMA, PHD staff, BH workgroup, population health workgroup	100%	Fri 9/8/17	Fri 10/27/17												
296	Revise and edit, if needed	100%	Mon 9/11/17	Thu 11/9/17												
297	Add resource guide to website	0%	Fri 11/10/17	Tue 12/19/17												
298	Brilljent uploads resource guide to portal	0%	Wed 12/20/17	Thu 12/28/17												
299	Direct clinics to resource guide (mention on webinars, add to SHIP blog/newsletter, email clinics, email RC chairs, Cohort Three welcome packet, etc.)	0%	Fri 6/23/17	Tue 9/19/17												
300	Mentorship Master List	8%	Mon 7/24/17	Thu 1/31/18												
301	Review recommendations from PCMH Mentorship Subcommittee	100%	Tue 7/25/17	Tue 7/25/17												
302	Develop survey questions and Topics List	100%	Mon 7/24/17	Tue 8/15/17												
303	Build survey	100%	Mon 10/16/17	Thu 11/30/17												
304	Distribute survey to all SHIP clinics	0%	Fri 12/1/17	Fri 12/15/17												
305	Clinics respond to survey	0%	Mon 12/18/17	Wed 1/10/18												
306	Compile data from survey and any additional information gathered from state evaluation team in clinic interviews to develop master list	0%	Thu 1/11/18	Wed 1/24/18												
307	Send draft master list to 2 PHD QI Staff and clinics to review/provide feedback	0%	Thu 1/25/18	Wed 1/31/18												
308	Update master list as needed based on feedback	0%	Thu 2/1/18	Wed 2/7/18												
309	Distribute master list to Cohort One and Cohort Two Clinics	0%	Wed 2/7/18	Wed 2/7/18												
310	Distribute master list to Cohort Three clinics	0%	Mon 7/24/17	Mon 7/23/18												

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
311	Update master list with information for Cohort Three clinics	0%	Mon 7/24/17	Mon 7/23/18												
312	Mentorship webinars	97%	Mon 7/31/17	Thu 2/1/18												
313	Host mentorship webinars with SHIP cohort clinics	98%	Mon 7/31/17	Wed 1/31/18												
314	Amend Brijlent contract to include webinars through end of Model Test	0%	Mon 7/31/17	Mon 7/31/17												
315	Mentorship provider panel	98%	Wed 11/1/17	Wed 1/31/18												
316	Finalize plans related to offering a mentorship provider panel	98%	Wed 11/1/17	Wed 1/31/18												
317	Goal 2	40%	Mon 2/1/16	Thu 1/31/19												
318	IDHW - WBS - AY2 and AY3	100%	Mon 2/1/16	Mon 7/30/18												
319	Project Management & Contract Activities	100%	Mon 2/1/16	Fri 12/16/16												
320	Project Work Plan	100%	Mon 8/1/16	Mon 8/1/16												
321	Complete IHDE/SHIP Contracting (current year)	100%	Mon 2/1/16	Thu 4/28/16												
322	Conduct contracting preparation for subsequent year	100%	Mon 10/3/16	Fri 12/16/16												
323	Establish a functioning SHIP Data Governance Workgroup	100%	Tue 1/3/17	Wed 7/12/17												
324	Develop structure and Membership for SHIP DGW	100%	Tue 1/3/17	Fri 2/17/17												
325	Identify members for the SHIP DGW	100%	Tue 2/21/17	Tue 5/2/17												
326	Begin Regularly scheduled meetings	100%	Tue 1/31/17	Fri 6/30/17												
327	Develop workgroup charter	100%	Wed 2/1/17	Wed 3/15/17												
328	Receive IHC approval of workgroup charter	100%	Wed 7/12/17	Wed 7/12/17												
329	Requirements Phase Clinical Quality Measure (CQM) Specs	100%	Sun 5/1/16	Mon 7/30/18												
330	Develop CQM Specs AY2	100%	Sun 5/1/16	Wed 8/31/16												
331	Develop CQM Specs AY3	100%	Fri 7/1/16	Thu 11/30/17												
332	Complete AY3 - CQM tasks	100%	Thu 11/30/17	Thu 11/30/17												
333	Develop CQM Specs AY4	100%	Thu 2/1/18	Mon 7/30/18												
334	Complete AY4 - CQM tasks	100%	Mon 7/30/18	Mon 7/30/18												
335	IHDE WBS - AY3	64%	Fri 2/24/17	Wed 1/31/18												
336	Planning Phase	100%	Fri 2/24/17	Mon 2/27/17												
337	Secure Project Resources	100%	Fri 2/24/17	Fri 2/24/17												
338	Project Kickoff	100%	Mon 2/27/17	Mon 2/27/17												

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
339	Project Management Deliverables Group 1	100%	Mon 9/11/17	Thu 10/26/17								
340	First Draft PMP	100%	Mon 9/11/17	Wed 10/11/17								
341	IHDE ED Review and Approval	100%	Thu 10/12/17	Thu 10/12/17								
342	IDHW Review and Comment	100%	Fri 10/13/17	Thu 10/19/17								
343	Final Draft PMP	100%	Fri 10/20/17	Tue 10/24/17								
344	IHDE ED Review and Approval	100%	Wed 10/25/17	Wed 10/25/17								
345	IDHW Review and Approval	100%	Thu 10/26/17	Thu 10/26/17								
346	Project Management Deliverables Group 2	15%	Mon 9/11/17	Fri 1/26/18								
347	Develop Quality Assurance Post Connect Follow-up Plan	68%	Fri 9/29/17	Thu 11/2/17								
348	Develop Draft QA Post Connect Follow-up Plan	100%	Fri 9/29/17	Mon 10/23/17								
349	IHDE ED Review and Approval	0%	Tue 10/24/17	Tue 10/24/17								
350	IDHW Review and Comment	0%	Wed 10/25/17	Fri 10/27/17								
351	Final Draft QA Post Connect Follow-up Plan	0%	Mon 10/30/17	Mon 10/30/17								
352	IDHW Review and Approval	0%	Tue 10/31/17	Thu 11/2/17								
353	Develop Work Breakdown Structure	100%	Mon 9/11/17	Fri 11/3/17								
354	Develop Draft WBS	100%	Mon 9/11/17	Fri 10/13/17								
355	IHDE ED Review and Approval	100%	Mon 10/16/17	Mon 10/16/17								
356	IDHW Review and Comment	100%	Tue 10/17/17	Mon 10/23/17								
357	Final Draft WBS	100%	Tue 10/24/17	Fri 10/27/17								
358	IHDE ED Review and Approval	100%	Mon 10/30/17	Mon 10/30/17								
359	IDHW Review and Approval	100%	Mon 10/30/17	Fri 11/3/17								
360	Develop Change Management Plan	0%	Mon 10/16/17	Tue 12/5/17								
361	Develop Draft Change Management Plan	0%	Mon 10/16/17	Thu 11/16/17								
362	IHDE ED Review and Approval	0%	Fri 11/17/17	Fri 11/17/17								
363	IDHW Review and Comment	0%	Mon 11/20/17	Fri 11/24/17								
364	Final Draft Change Management Plan	0%	Mon 11/27/17	Mon 11/27/17								
365	IHDE Review and Approval	0%	Tue 11/28/17	Tue 11/28/17								
366	IDHW Review and Approval	0%	Wed 11/29/17	Tue 12/5/17								

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
367	Develop Solution Configuration Management Plan	0%	Wed 11/15/17	Thu 1/11/18												
368	Develop Draft Solution Configuration Management Plan (CN contract execution +21 days)	0%	Wed 11/15/17	Thu 1/11/18												
369	IHDE ED Review and Approval	0%	Fri 12/15/17	Fri 12/15/17												
370	IDHW Review and Comment	0%	Mon 12/18/17	Wed 12/20/17												
371	Final Draft Solution Configuration Management Plan	0%	Thu 12/21/17	Mon 12/25/17												
372	IHDE ED Review and Approval	0%	Tue 12/26/17	Tue 12/26/17												
373	IDHW Review and Approval	0%	Wed 12/27/17	Tue 1/2/18												
374	Develop / Establish Risk/Issue Repository	0%	Wed 11/15/17	Thu 1/11/18												
375	Develop Risk Issue / Repository	0%	Mon 10/16/17	Fri 1/19/18												
376	IHDE ED Review and Approval	0%	Mon 1/8/18	Mon 1/8/18												
377	IDHW Review and Approval	0%	Tue 1/9/18	Thu 1/11/18												
378	Develop Quality Assurance Plan	0%	Mon 10/16/17	Fri 1/19/18												
379	Develop Draft Quality Assurance Plan	0%	Mon 1/1/18	Fri 1/19/18												
380	IHDE ED Review and Approval	0%	Mon 1/1/18	Mon 1/1/18												
381	IDHW Review and Comment	0%	Tue 1/2/18	Mon 1/8/18												
382	Final Draft Quality Assurance Plan	0%	Tue 1/9/18	Thu 1/11/18												
383	IHDE ED Review and Approval	0%	Fri 1/12/18	Fri 1/12/18												
384	IDHW Review and Approval	0%	Mon 1/15/18	Fri 1/19/18												
385	Develop Communications Plan	0%	Tue 10/31/17	Fri 1/26/18												
386	Develop Draft Communications Plan	0%	Tue 10/31/17	Fri 1/5/18												
387	IHDE ED Review and Approval	0%	Mon 1/8/18	Mon 1/8/18												
388	IDHW Review and Comment	0%	Tue 1/9/18	Mon 1/15/18												
389	Final Draft Communications Plan	0%	Tue 1/16/18	Thu 1/18/18												
390	IHDE ED Review and Approval	0%	Fri 1/19/18	Fri 1/19/18												
391	IDHW Review and Approval	0%	Mon 1/22/18	Fri 1/26/18												
392	Develop Risk Management Plan	0%	Tue 10/31/17	Fri 1/26/18												
393	Develop Draft Risk Management Plan	0%	Tue 10/31/17	Fri 1/5/18												

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
394	IHDE ED Review and Approval	0%	Mon 1/8/18	Mon 1/8/18												
395	IDHW Review and Comment	0%	Tue 1/9/18	Mon 1/15/18												
396	Final Draft Risk Management Plan	0%	Tue 1/16/18	Thu 1/18/18												
397	IHDE ED Review and Approval	0%	Fri 1/19/18	Fri 1/19/18												
398	IDHW Review and Approval	0%	Mon 1/22/18	Fri 1/26/18												
399	Project Management Deliverables	80%	Fri 2/24/17	Wed 1/31/18												
400	Provide PM Support	80%	Fri 2/24/17	Wed 1/31/18												
401	Monitor and Control Project	80%	Fri 2/24/17	Wed 1/31/18												
402	Support Management	80%	Fri 2/24/17	Wed 1/31/18												
403	Provide Training Support	80%	Fri 2/24/17	Wed 1/31/18												
404	Provide Quality Assurance Support	80%	Fri 2/24/17	Wed 1/31/18												
405	Provide Help Desk Support	80%	Fri 2/24/17	Wed 1/31/18												
406	Provide Operations Support	80%	Fri 2/24/17	Wed 1/31/18												
407	Provide Data Analytics Support	80%	Fri 2/24/17	Wed 1/31/18												
408	AY3 Connection Builds	63%	Fri 2/24/17	Wed 1/31/18												
409	Clinic Organization Readiness Assessments (Covered in cohort 1 & 2 project plans)	63%	Fri 2/24/17	Wed 1/31/18												
410	IHDE Participation and Portal Agreements (Covered in cohort 1 & 2 project plans)	63%	Fri 2/24/17	Wed 1/31/18												
411	Bidirectional Exchange (Covered in cohort 1 & 2 project plans)	63%	Fri 2/24/17	Wed 1/31/18												
412	SHIP Cohorts and Non-Medicaid Clinic Connections (Covered in cohort 1 & 2 project plans)	63%	Fri 2/24/17	Wed 1/31/18												
413	Initial Clinical Portal Connection and First Year Licenses (Covered in cohort 1 & 2 project plans)	63%	Fri 2/24/17	Wed 1/31/18												
414	Contract Deliverables	62%	Fri 2/24/17	Mon 3/12/18												
415	Develop Procedures, Manuals, and Processes	100%	Fri 2/24/17	Thu 5/18/17												
416	Develop Clinic Onboarding Procedures	100%	Fri 2/24/17	Fri 2/24/17												
417	Develop, Maintain, and Monitor a Notification System During Service Interruptions	100%	Fri 2/24/17	Thu 5/18/17												
418	Staffing	67%	Fri 9/8/17	Tue 10/31/17												
419	Sustainability Plan (CAP #7)	75%	Fri 9/8/17	Tue 10/31/17												

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
420	Develop Comprehensive Budget	50%	Fri 9/8/17	Tue 10/31/17												
421	Draft Staff Skills Assessment, Gap Analysis (CAP #3)	75%	Fri 9/8/17	Tue 10/31/17												
422	Customer Service Satisfaction Survey	63%	Fri 2/24/17	Wed 1/31/18												
423	Complete Customer Service Satisfaction Survey (CSSS)	63%	Fri 2/24/17	Wed 1/31/18												
424	Submit to IDHW Within 30 Days of Contract Effective Date	63%	Fri 2/24/17	Wed 1/31/18												
425	Obtain IDHW Written Approval of the CSSS Prior to Deployment and Onboarding	63%	Fri 2/24/17	Wed 1/31/18												
426	Provide IDHW and SHIP With Clinic Survey Results Within 30 Calendar Days of Completed Connection	63%	Fri 2/24/17	Wed 1/31/18												
427	Complaint Resolution and Tracking System	55%	Fri 2/24/17	Mon 3/12/18												
428	Establish a Complaint Resolution and Tracking System	100%	Fri 2/24/17	Mon 4/24/17												
429	New Electronic Ticketing System	31%	Mon 9/11/17	Mon 3/12/18												
430	Decision on CRTS Replacement	100%	Mon 9/11/17	Tue 10/10/17												
431	Acquiring CRTS Replacement	25%	Wed 10/11/17	Wed 10/25/17												
432	Internal IHDE Familiarity Training on New System	0%	Wed 11/29/17	Mon 3/12/18												
433	Training Materials	0%	Wed 11/29/17	Mon 1/22/18												
434	Development of Training Materials	0%	Wed 11/29/17	Tue 1/2/18												
435	Dissemination of Training Materials	0%	Wed 1/3/18	Wed 1/3/18												
436	Communication With Stakeholders on New System Procedures and Timeline	0%	Thu 1/4/18	Mon 1/22/18												
437	Transition from CRTS to New System	0%	Tue 1/23/18	Mon 3/12/18												
438	Post Notification of New Ticketing System Cutover on IHDE Website	0%	Tue 1/23/18	Tue 1/23/18												
439	Transition from CRTS to New Ticketing System	0%	Wed 1/24/18	Tue 1/30/18												
440	Inclusion of Ticketing System Overview in Associated IHDE Plans, Procedures, Training Aids	0%	Wed 1/31/18	Wed 1/31/18												
441	Data Quality Improvement Facilitation	63%	Mon 3/27/17	Wed 1/31/18												
442	Provide Qualified Person to Work Within IDHW	100%	Mon 3/27/17	Mon 3/27/17												
443	Conduct Clinic Site Visits	63%	Mon 3/27/17	Wed 1/31/18												
444	Create and Maintain Project Planning and Monitoring Documentation	63%	Mon 3/27/17	Wed 1/31/18												

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
445	Facilitate Data Quality Improvement Process	63%	Mon 3/27/17	Wed 1/31/18								
446	Conduct Clinical Quality Gap Analysis	63%	Mon 3/27/17	Wed 1/31/18								
447	Organize, Facilitate and Document Multidisciplinary Meetings With Clinics	63%	Mon 3/27/17	Wed 1/31/18								
448	Contract Amendment #3 Deliverable	23%	Fri 9/29/17	Tue 3/6/18								
449	EMR Comparison	69%	Mon 10/16/17	Wed 11/1/17								
450	Draft EMR Comparison Chart	100%	Mon 10/16/17	Fri 10/20/17								
451	IHDE ED Review and Approval	100%	Mon 10/23/17	Mon 10/23/17								
452	IDHW Review and Comment	100%	Tue 10/24/17	Wed 10/25/17								
453	Final Draft EMR Comparison Chart	95%	Thu 10/26/17	Thu 10/26/17								
454	IHDE ED Review and Approval	0%	Fri 10/27/17	Fri 10/27/17								
455	IDHW Review and Approval	0%	Mon 10/30/17	Wed 11/1/17								
456	Verinovum Licensing Policy	65%	Fri 9/29/17	Fri 10/20/17								
457	Develop Draft Verinovum Licensing Policy	100%	Fri 9/29/17	Thu 10/12/17								
458	IHDE ED Review and Approval	100%	Fri 10/13/17	Fri 10/13/17								
459	IDHW Review and Comment	0%	Mon 10/16/17	Wed 10/18/17								
460	Final Draft Verinovum Licensing Policy	0%	Thu 10/19/17	Thu 10/19/17								
461	IHDE ED Review and Approval	0%	Fri 10/20/17	Fri 10/20/17								
462	IDHW Review and Approval	0%	Fri 9/29/17	Fri 9/29/17								
463	Develop Verinovum System Architecture Roadmap (Amendment #3 Deliverable)	100%	Tue 10/10/17	Fri 11/10/17								
464	Develop System Architecture Roadmap	100%	Tue 10/10/17	Tue 10/24/17								
465	IHDE ED Review and Approval	100%	Wed 10/25/17	Wed 10/25/17								
466	IDHW Review and Comment	100%	Thu 10/26/17	Fri 10/27/17								
467	Final Draft System Architecture Roadmap	100%	Mon 10/30/17	Mon 11/6/17								
468	IHDE ED Review and Approval	100%	Tue 11/7/17	Tue 11/7/17								
469	IDHW Review and Approval	100%	Wed 11/8/17	Fri 11/10/17								
470	Behavioral Health Policy	78%	Mon 10/16/17	Tue 11/21/17								
471	Develop Draft Behavioral Health Policy	100%	Mon 10/16/17	Thu 11/2/17								
472	IHDE ED Review and Approval	100%	Fri 11/3/17	Fri 11/3/17								

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
473	IDHW Review and Comment	100%	Mon 11/6/17	Fri 11/10/17								
474	Final Draft Behavioral Health Policy	100%	Mon 11/13/17	Mon 11/13/17								
475	IHDE ED Review and Approval	0%	Mon 10/16/17	Mon 10/16/17								
476	IDHW Review and Approval	0%	Mon 10/16/17	Fri 10/20/17								
477	EMPI Resolution Process	100%	Mon 10/16/17	Wed 11/22/17								
478	Develop Draft EMPI Resolution Process	100%	Mon 10/16/17	Fri 11/3/17								
479	IHDE ED Review and Approval	100%	Mon 11/6/17	Mon 11/6/17								
480	IDHW Review and Comment	100%	Tue 11/7/17	Thu 11/9/17								
481	Final Draft EMPI Resolution Process	100%	Fri 11/10/17	Tue 11/14/17								
482	IHDE ED Review and Approval	100%	Wed 11/15/17	Wed 11/15/17								
483	IDHW Review and Approval	100%	Thu 11/16/17	Wed 11/22/17								
484	IDHW Verinovum License	29%	Mon 10/16/17	Thu 12/7/17								
485	Develop Draft Verinovum License	50%	Mon 10/16/17	Wed 11/15/17								
486	IHDE ED Review and Approval	0%	Mon 10/16/17	Mon 10/16/17								
487	IDHW Review and Comment	0%	Mon 10/16/17	Fri 10/20/17								
488	Final Draft Verinovum License	0%	Mon 10/16/17	Thu 10/19/17								
489	IHDE ED Review and Approval	0%	Mon 10/16/17	Mon 10/16/17								
490	IDHW Review and Approval	0%	Mon 10/16/17	Fri 10/20/17								
491	Hospital Engagement Plan	100%	Mon 10/16/17	Thu 12/7/17								
492	Develop Draft Hospital Engagement Plan	100%	Mon 10/16/17	Mon 11/20/17								
493	IHDE ED Review and Approval	100%	Tue 11/21/17	Tue 11/21/17								
494	IDHW Review and Comment	100%	Wed 11/22/17	Tue 11/28/17								
495	Final Draft Change Management Plan	100%	Wed 11/29/17	Wed 11/29/17								
496	IHDE ED Review and Approval	100%	Thu 11/30/17	Thu 11/30/17								
497	IDHW Review and Approval	100%	Fri 12/1/17	Thu 12/7/17								
498	Orion to Verinovum Transition Plan	20%	Mon 10/16/17	Thu 1/11/18								
499	Develop Draft Verinovum Transition Plan	25%	Mon 10/16/17	Mon 12/25/17								
500	IHDE ED Review and Approval	0%	Mon 10/16/17	Mon 10/16/17								

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
501	IDHW Review and Comment	0%	Mon 10/16/17	Fri 10/20/17								
502	Final Draft Verinovum Transition Plan	0%	Mon 10/16/17	Mon 10/16/17								
503	IHDE ED Review and Approval	0%	Mon 10/16/17	Mon 10/16/17								
504	IDHW Review and Approval	0%	Mon 10/16/17	Fri 10/20/17								
505	Verinovum High Level Design	0%	Wed 10/18/17	Mon 2/5/18								
506	Develop Draft Verinovum High Level Design	0%	Wed 10/18/17	Tue 1/9/18								
507	IHDE ED Review and Approval	0%	Wed 10/18/17	Wed 10/18/17								
508	IDHW Review and Comment	0%	Wed 10/18/17	Tue 10/24/17								
509	Final Draft Verinovum High Level Design	0%	Wed 10/18/17	Thu 10/26/17								
510	IHDE ED Review and Approval	0%	Wed 10/18/17	Wed 10/18/17								
511	IDHW Review and Approval	0%	Wed 10/18/17	Tue 10/24/17								
512	ECW Extraction Plan	15%	Mon 10/16/17	Mon 2/5/18								
513	Develop Draft ECW Extraction Plan	20%	Mon 10/16/17	Fri 1/5/18								
514	IHDE ED Review and Approval	0%	Mon 10/16/17	Mon 10/16/17								
515	IDHW Review and Comment	0%	Mon 10/16/17	Fri 10/20/17								
516	Final Draft ECW Extraction Plan	0%	Mon 10/16/17	Thu 10/26/17								
517	IHDE ED Review and Approval	0%	Mon 10/16/17	Mon 10/16/17								
518	IDHW Review and Approval	0%	Mon 10/16/17	Fri 10/20/17								
519	Fiscal Policies and Processes to Distribute Incentive Dollars	0%	Mon 10/23/17	Wed 1/31/18								
520	Develop Draft Fiscal Policies and Processes to Distribute Incentive Dollars	0%	Mon 10/23/17	Tue 1/9/18								
521	IDHW Review and Comment	0%	Mon 10/23/17	Fri 10/27/17								
522	Final Draft Fiscal Policies and Processes to Distribute Incentive Dollars	0%	Mon 10/23/17	Fri 11/3/17								
523	IDHW Review and Approval	0%	Mon 10/23/17	Fri 10/27/17								
524	Verinovum Transition Plan to Other Platform (Contract Execution + 60D)	0%	Mon 10/16/17	Wed 2/7/18								
525	Develop Draft Verinovum Transition Plan to Other Platform	0%	Mon 10/16/17	Wed 1/17/18								
526	IHDE ED Review and Approval	0%	Mon 10/16/17	Mon 10/16/17								
527	IDHW Review and Comment	0%	Mon 10/16/17	Fri 10/20/17								

ID	Task Name	% Complete	Start	Finish	3rd Quarter				1st Quarter				
528	Final Draft Verinovum Transition Plan to Other Platform	0%	Mon 10/16/17	Wed 10/18/17									
529	IHDE ED Review and Approval	0%	Mon 10/16/17	Mon 10/16/17									
530	IDHW Review and Approval	0%	Mon 10/16/17	Fri 10/20/17									
531	Verinovum Production Testing Plan	0%	Wed 11/1/17	Wed 2/21/18									
532	Develop Draft Verinovum Production Testing Plan	0%	Wed 11/1/17	Mon 1/22/18									
533	IHDE ED Review and Approval	0%	Wed 11/1/17	Wed 11/1/17									
534	IDHW Review and Comment	0%	Wed 11/1/17	Tue 11/7/17									
535	Final Draft Verinovum Production Testing Plan	0%	Wed 11/1/17	Tue 11/14/17									
536	IHDE ED Review and Approval	0%	Wed 11/1/17	Wed 11/1/17									
537	IDHW Review and Approval	0%	Wed 11/1/17	Tue 11/7/17									
538	Verinovum Detailed Design	0%	Mon 11/20/17	Tue 3/6/18									
539	Develop Draft Verinovum Detailed Design	0%	Mon 11/20/17	Fri 2/9/18									
540	IHDE ED Review and Approval	0%	Mon 11/20/17	Mon 11/20/17									
541	IDHW Review and Comment	0%	Mon 11/20/17	Fri 11/24/17									
542	Final Draft Verinovum Detailed Design	0%	Mon 11/20/17	Fri 11/24/17									
543	IHDE ED Review and Approval	0%	Mon 11/20/17	Mon 11/20/17									
544	IDHW Review and Approval	0%	Mon 11/20/17	Fri 11/24/17									
545	Customer Service System	91%	Fri 2/24/17	Wed 1/31/18									
546	Internal Staff Training on Customer Service Training (Documented)	100%	Tue 10/10/17	Tue 10/31/17									
547	Develop External and Internal Complaint Flowchart	94%	Tue 10/10/17	Tue 10/31/17									
548	Develop Flowcharts	100%	Tue 10/10/17	Tue 10/24/17									
549	IHDE ED Review and Approval	100%	Wed 10/25/17	Wed 10/25/17									
550	IDHW Review and Approval	100%	Thu 10/26/17	Mon 10/30/17									
551	Post External Complaint Flowchart on IHDE Website	0%	Tue 10/10/17	Tue 10/10/17									
552	Establish Help Desk	90%	Fri 2/24/17	Wed 1/31/18									
553	Implement and Maintain a Toll-free Customer Service Telephone System	100%	Fri 2/24/17	Wed 1/31/18									
554	Maintain Email Capabilities	80%	Fri 2/24/17	Wed 1/31/18									
555	Formal Reevaluation of Customer Service Plan	99%	Tue 9/26/17	Thu 12/21/17									

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
556	Contract Amendment #3 Review of Customer Service Plan	100%	Tue 9/26/17	Fri 10/27/17								
557	IHDE ED Review and Approval	100%	Mon 10/30/17	Mon 10/30/17								
558	IDHW Review and Approval	100%	Tue 10/31/17	Thu 11/2/17								
559	Annual Review of Customer Service Plan	100%	Sun 12/3/17	Thu 12/21/17								
560	Develop a Training Plan	96%	Fri 2/24/17	Thu 11/9/17								
561	Develop Training Plan	100%	Fri 2/24/17	Tue 6/20/17								
562	IHDE ED Review and Approval	100%	Wed 6/21/17	Mon 6/26/17								
563	IDHW Review and Approval	100%	Tue 6/27/17	Tue 7/4/17								
564	Evaluate Training Plan & Improve Process Based on Participant Responses (CAP #2)	100%	Fri 9/22/17	Fri 9/29/17								
565	Develop Revised Training Plan (Amendment #3 criteria)	100%	Tue 10/24/17	Thu 11/9/17								
566	IHDE ED Review and Approval	100%	Tue 10/24/17	Tue 10/24/17								
567	Evaluate Participant Responses and Provide Summary to the Department (CAP #2)	100%	Thu 10/26/17	Mon 10/30/17								
568	IDHW Review and Approval	0%	Fri 2/24/17	Thu 3/2/17								
569	Data Analytics	80%	Fri 2/24/17	Wed 1/31/18								
570	Support Data Quality Improvement Efforts	80%	Fri 2/24/17	Wed 1/31/18								
571	Technical Assessments and Feasibility Study	100%	Fri 2/24/17	Fri 2/24/17								
572	Provide 2 Technical Assessment and Feasibility Studies	100%	Fri 2/24/17	Fri 2/24/17								
573	Provide IDHW Payer Database	100%	Fri 2/24/17	Fri 2/24/17								
574	Provide IDHW Out-of-State HIE Assessments	100%	Fri 2/24/17	Fri 2/24/17								
575	Notify IDHW of Changes	100%	Fri 2/24/17	Fri 2/24/17								
576	IDHW Approval of Changes Prior to Implementation	100%	Fri 2/24/17	Fri 2/24/17								
577	AY3 - Project Close Out	0%	Wed 1/31/18	Thu 3/22/18								
578	Project Lessons Learned and Project Archives	0%	Wed 1/31/18	Tue 2/13/18								
579	Assess Stakeholder Satisfaction	0%	Wed 1/31/18	Tue 2/6/18								
580	Summarize Project Results and Lessons Learned	0%	Wed 1/31/18	Tue 2/6/18								
581	Review Project Performance Summary	0%	Wed 1/31/18	Fri 2/2/18								
582	Close Out the Project Records	0%	Wed 1/31/18	Fri 2/2/18								

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
583	Review and Reconcile Financial Performance	0%	Wed 1/31/18	Tue 2/6/18								
584	Obtain Final Project Acceptance	0%	Wed 1/31/18	Tue 2/6/18								
585	Project Completion	0%	Wed 1/31/18	Wed 1/31/18								
586	IHDE WBS - AY4	0%	Tue 1/2/18	Tue 1/29/19								
587	Project Management	0%	Tue 1/2/18	Tue 1/1/19								
588	Support Management	0%	Tue 1/2/18	Tue 1/1/19								
589	Customer Service Management	0%	Thu 2/1/18	Tue 1/1/19								
590	Provide Help Desk Services	0%	Thu 2/1/18	Tue 1/1/19								
591	Maintain Email Capabilities	0%	Thu 2/1/18	Tue 1/1/19								
592	Annual Review of Customer Service Plan	0%	Thu 2/1/18	Wed 2/21/18								
593	AY4 Connection Builds	0%	Thu 2/1/18	Fri 12/28/18								
594	Clinic Organization Readiness Assessments	0%	Thu 2/1/18	Fri 12/28/18								
595	IHDE Participation and Portal Agreements	0%	Thu 2/1/18	Fri 12/28/18								
596	Bidirectional Exchange	0%	Thu 2/1/18	Fri 12/28/18								
597	SHIP Cohorts and Non-Medicaid Clinic Connections	0%	Thu 2/1/18	Fri 12/28/18								
598	Initial Clinical Portal Connection and First Year Licenses	0%	Thu 2/1/18	Fri 12/28/18								
599	Training	0%	Tue 1/2/18	Thu 1/17/19								
600	Conduct Training	0%	Tue 1/2/18	Tue 12/18/18								
601	Conduct Annual Review and Update of Training Plan	0%	Tue 1/2/18	Wed 1/31/18								
602	Data Analytics	0%	Sat 2/24/18	Wed 1/30/19								
603	Support Data Quality Improvement Process	0%	Fri 2/23/18	Wed 1/30/19								
604	Project Close Out - AY4	0%	Tue 1/2/18	Mon 2/5/18								
605	IHDE Migration to Verinovum HIT Platform	5%	Tue 9/12/17	Mon 1/28/19								
606	Contracting	79%	Tue 9/12/17	Wed 11/29/18								
607	Phase 1: Business Terms	96%	Tue 9/12/17	Tue 11/28/17								
608	Parties finalize scope issues	100%	Tue 9/12/17	Mon 9/18/17								
609	Parties consensus on contractual VN SasS Platform functionality	100%	Tue 9/12/17	Fri 10/6/17								

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
610	Parties agree on acceptable description of VN SaaS Platform functionality	100%	Tue 9/12/17	Fri 9/22/17								
611	IHDE provides Platform Comparison analysis to VN	100%	Wed 9/13/17	Fri 10/6/17								
612	VN response to IHDE Platform Comparison Analysis	100%	Wed 9/13/17	Mon 9/18/17								
613	Platform Comparison Analysis Review Cycle	100%	Tue 9/19/17	Mon 9/25/17								
614	IHDE finalizes acceptance of platform comparison study	100%	Mon 9/18/17	Fri 10/6/17								
615	IHDE develop Requirements Document	100%	Mon 9/18/17	Fri 10/6/17								
616	Input of VN response to RFP Technical section	100%	Mon 9/18/17	Fri 10/6/17								
617	Input of IHDE Platform Comparison Analysis	100%	Mon 9/18/17	Fri 10/6/17								
618	IHDE finalizes Requirements Document	100%	Fri 10/6/17	Fri 10/6/17								
619	Parties consensus on pricing schedules	100%	Mon 9/18/17	Fri 9/29/17								
620	Parties consensus on Terms and Conditions	100%	Tue 9/12/17	Fri 9/29/17								
621	Parties consensus on SLA structure and terms	100%	Tue 9/12/17	Fri 9/29/17								
622	Milestone: Phase 1: Parties final consensus Business Terms	100%	Fri 10/6/17	Fri 10/6/17								
623	Parties begin working on implementation timelines	50%	Mon 11/13/17	Tue 11/28/17								
624	Phase 2: Pre-Work Document Collection	100%	Wed 9/27/17	Fri 10/13/17								
625	VN prepares Initial Draft of VN Master SaaS Agreement delivered to IHDE	100%	Mon 10/9/17	Fri 10/13/17								
626	Milestone: VN delivers initial Draft of Master SaaS Agreement to IHDE	100%	Fri 10/13/17	Fri 10/13/17								
627	IHDE delivers initial draft of BAA, other supporting docs	100%	Wed 9/27/17	Wed 9/27/17								
628	Phase 3: Legal Review	100%	Mon 10/16/17	Tue 10/31/17								
629	IHDE completes first legal review of Master SaaS Agreement	100%	Mon 10/16/17	Fri 10/27/17								
630	IHDE returns first redline with comments and reservations, as necessary	100%	Mon 10/30/17	Tue 10/31/17								
631	Milestone: IHDE returns first redline to Verinovum	100%	Tue 10/31/17	Tue 10/31/17								
632	Contract Review Cycle 1	0%	Wed 11/1/17	Mon 11/27/17								
633	VN reviews contract	0%	Wed 11/1/17	Mon 11/13/17								
634	VN Counsel reviews IHDE redlines	0%	Wed 11/1/17	Fri 11/3/17								
635	VN Counsel prepares Issues Tracker	0%	Wed 11/1/17	Wed 11/1/17								
636	VN Counsel-IHDE conf. to document LEGAL interests, priorities, options, alternatives	0%	Wed 11/1/17	Thu 11/2/17								

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
637	VN Counsel-IHDE conf. to document IHDE BUSINESS interests, priorities, options, alternatives	0%	Wed 11/1/17	Thu 11/2/17												
638	VN Counsel update Issues Tracker per joint conferences; prepares int./ext. versions; distribute draft to IHDE	0%	Wed 11/1/17	Fri 11/3/17												
639	First cycle conference 1	0%	Wed 11/1/17	Wed 11/1/17												
640	Milestone: First cycle conference 1 completed	0%	Wed 11/1/17	Wed 11/1/17												
641	First cycle conference 2 [NOTE: if needed]	0%	Wed 11/1/17	Wed 11/1/17												
642	VN Counsel makes revisions to agreement per prior conference(s), update Issue Tracker; distribute draft to IHDE	0%	Wed 11/1/17	Fri 11/3/17												
643	IHDE reviews contract	0%	Wed 11/15/17	Thu 11/16/17												
644	IHDE Counsel reviews updated contract and Issue Tracker	0%	Wed 11/15/17	Thu 11/16/17												
645	IHDE Business team reviews updated contract and Issue Tracker	0%	Wed 11/15/17	Thu 11/16/17												
646	VN Counsel-IHDE conference to discuss questions, concerns	0%	Wed 11/1/17	Wed 11/1/17												
647	VN Counsel makes add'l revisions as result of prior conference	0%	Wed 11/1/17	Wed 11/1/17												
648	IHDE Counsel reviews updated contract prior to authorizing VN Counsel to distribute	0%	Wed 11/1/17	Thu 11/2/17												
649	VN Counsel distributes updated Issues Tracker and Final Draft contract	0%	Wed 11/1/17	Wed 11/1/17												
650	Milestone: Completion of Contract Review Cycle 1	0%	Wed 11/1/17	Wed 11/1/17												
651	Contract Review Cycle 2 - IHDE internal [NOTE: IF NEEDED]	0%	Tue 9/12/17	Wed 9/13/17												
652	Phase 4: Execution of SaaS Agreement	0%	Tue 11/28/17	Wed 11/29/17												
653	VN loads documents into e-signature program	0%	Tue 11/28/17	Tue 11/28/17												
654	VN delivers document to IHDE for execution	0%	Tue 11/28/17	Tue 11/28/17												
655	IHDE executes SaaS Agreement	0%	Tue 11/28/17	Tue 11/28/17												
656	Milestone: VN executes SaaS Agreement; contractual "Effective Date"	0%	Tue 9/12/17	Tue 9/12/17												
657	VN distributes final SaaS Agreement, document(s) to IHDE	0%	Tue 9/12/17	Tue 9/12/17												
658	VN Environment Provisioning	0%	Wed 11/29/17	Fri 1/16/18												
659	VN deployment of Clinical Tools environment	0%	Wed 11/29/17	Fri 1/26/18												
660	Provision VN Consolidate (Dir Mgr; Data Mgr; Gov Mgr; Identity Mgr)	0%	Wed 11/29/17	Fri 1/26/18												
661	Provision VN DE (Data Enrichment) Suite	0%	Wed 11/29/17	Fri 1/26/18												

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
662	Provision VN Deliver (Information Delivery & Notification Suite)	0%	Wed 11/29/17	Fri 1/26/18												
663	Provision VN Exchange (Transport config; Hub functionality/admin)	0%	Wed 11/29/17	Fri 1/26/18												
664	VN provision one IHDE admin account and provided credentials	0%	Wed 11/29/17	Fri 12/1/17												
665	Milestone: Completed deployment of VN Clinical Tools	0%	Wed 11/29/17	Wed 11/29/17												
666	IHDE Validation of VN Clinical Tools Provisioning	0%	Mon 1/29/18	Wed 2/14/18												
667	Confirm Requirements set/ready: EMR customer (Nextgen or Athena), HL7 data feed	0%	Mon 1/29/18	Fri 2/2/18												
668	Set up Software Services and at one admin account, provision credentials	0%	Mon 1/29/18	Tue 1/30/18												
669	IHDE execute Validation Process	0%	Wed 2/7/18	Tue 2/13/18												
670	Set up data feed	0%	Wed 2/7/18	Fri 2/9/18												
671	IHDE configures master organization directory for the selected data source	0%	Wed 2/7/18	Thu 2/8/18												
672	IHDE configures organization identifier in the integration engine	0%	Wed 2/7/18	Thu 2/8/18												
673	IHDE configures MRN pool in the integration engine	0%	Wed 2/7/18	Thu 2/8/18												
674	Confirm data appears in browse inbound messages in integration engine	0%	Wed 2/7/18	Thu 2/8/18												
675	IHDE creates message map	0%	Wed 2/7/18	Thu 2/8/18												
676	IHDE confirms successful execution of all steps in Validation Process	0%	Mon 1/29/18	Mon 1/29/18												
677	Milestone: Completion of VN Clinical Tools Provisioning	0%	Wed 11/29/17	Wed 11/29/17												
678	VN Training on Clinical Tools	0%	Wed 11/29/17	Thu 1/4/18												
679	VN provides Minimum Training Services; Train the Trainer Services	0%	Wed 11/29/17	Thu 1/4/18												
680	VN provides Minimum Training Content	0%	Wed 11/29/17	Tue 12/5/17												
681	Milestone: Training completed or 30 days; per Training Services Addendum	0%	Wed 11/29/17	Wed 11/29/17												
682	VN eCW Hub	0%	Wed 11/29/17	Fri 2/16/18												
683	VN standup of eCW Hub	0%	Wed 11/29/17	Fri 2/2/18												
684	VN IHDE test and validate eCW Hub	0%	Wed 11/29/17	Tue 12/12/17												
685	Milestone: VN eCW Hub operational go-live	0%	Wed 11/29/17	Wed 11/29/17												
686	Milestone: VN Environment provisioned per all SaaS contractual requirements	0%	Wed 11/29/17	Wed 11/29/17												
687	Transition Plan development and execution	1%	Thu 10/19/17	Wed 1/9/18												
688	Phase 1: Plan for IHDE OH-to-VN Transition	3%	Thu 10/19/17	Tue 1/30/18												

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
689	Determine Resources and High-level Scope	0%	Mon 11/6/17	Tue 11/14/17								
690	Operational plan; dates, costs, milestones, dependencies, assumptions, risks, etc.	0%	Mon 11/6/17	Tue 11/14/17								
691	Staffing plan; dates, costs, milestones, dependencies, assumptions, risks, etc.	0%	Mon 11/6/17	Tue 11/14/17								
692	Communications plan; dates, costs, milestones, dependencies, assumptions, risks, etc.	0%	Mon 11/6/17	Tue 11/14/17								
693	Position Orion data; establish OH DB replicate processes; EMPI	3%	Thu 10/19/17	Tue 1/30/18								
694	Develop Plan for OH EMPI DB remediation	0%	Mon 11/6/17	Tue 12/5/17								
695	Determine requirements	0%	Mon 11/6/17	Fri 11/17/17								
696	Review vendor and other solutions	0%	Mon 11/6/17	Tue 11/21/17								
697	Select Vendor solution (NG, Verato, VN?)	0%	Mon 11/6/17	Tue 11/7/17								
698	Determine draft plan, resource(s), schedule	0%	Mon 11/6/17	Tue 11/14/17								
699	Develop Migration Plan for Participant connections OH>VN	3%	Mon 11/20/17	Tue 12/12/17								
700	Determine funding of Participant builds to VN	0%	Mon 11/20/17	Tue 12/5/17								
701	Obtain OH mappings from OH to all existing connections	5%	Mon 11/20/17	Tue 12/12/17								
702	Develop Plan for OH CDR historical data move to VN	0%	Mon 10/30/17	Tue 1/30/18								
703	IHDE and OH agree on DB replication mechanism, and periodic refresh	0%	Mon 10/30/17	Thu 11/16/17								
704	IHDE finalize data requirements and process	0%	Mon 10/30/17	Tue 11/14/17								
705	IHDE establish resourcing and workplan	0%	Mon 10/30/17	Wed 11/1/17								
706	IHDE VN agree on OH DB replicate schedule and refresh timing	0%	Mon 10/30/17	Fri 11/10/17								
707	Obtain Orion data schema; data structure descriptions	0%	Mon 10/30/17	Wed 11/22/17								
708	Determine Historical data load process and VN destination data container	0%	Mon 10/30/17	Fri 11/10/17								
709	Determine 1x/week data refresh methodology	0%	Mon 10/30/17	Fri 11/3/17								
710	Milestone: Finalize and approve Plan for OH CDR historical data move to VN	0%	Mon 10/30/17	Mon 10/30/17								
711	Determine IHDE interim Data Container (VN facility)	0%	Mon 11/6/17	Tue 12/19/17								
712	Determine requirements	0%	Mon 11/6/17	Fri 11/17/17								
713	IHDE proposal to VN	0%	Mon 11/6/17	Tue 11/14/17								
714	Draft Addendum to SaaS contract	0%	Mon 11/6/17	Fri 11/17/17								

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
715	Obtain IHDE VN respective approvals	0%	Mon 11/6/17	Fri 11/10/17								
716	Execute Addendum to SaaS contract	0%	Mon 11/6/17	Mon 11/6/17								
717	Determine Participant Feeds bifurcation methodology	0%	Mon 11/20/17	Thu 12/28/17								
718	Determine Schedule	0%	Mon 11/20/17	Tue 11/28/17								
719	Determine Scope and Level of Effort	0%	Mon 11/20/17	Tue 11/28/17								
720	Assign resources, responsibilities of bifurcation work	0%	Mon 11/20/17	Tue 12/5/17								
721	Establish Communication Plan for OH>VN transition	5%	Thu 10/19/17	Wed 11/1/17								
722	Draft messaging and talking points for DHW, Participants, other Stakeholders	10%	Thu 10/19/17	Wed 10/25/17								
723	Finalize Phase 1, Phase 2 Schedule of OH>VN Communication Plan	0%	Thu 10/19/17	Wed 10/25/17								
724	IHDE review and refine Transition Plan with VN, as appropriate	20%	Tue 10/24/17	Tue 11/28/17								
725	Milestone: Planning completed for OH-to-VN Transition	0%	Thu 10/19/17	Thu 10/19/17								
726	Phase 2: Execute IHDE OH-to-VN Transition Plan	1%	Wed 9/27/17	Fri 10/13/17								
727	Transition Orion data; Replicate OH DB; Remediate EMPI	2%	Mon 11/20/17	Fri 1/11/18								
728	Remediate OH EMPI DB	0%	Fri 12/1/17	Thu 2/22/18								
729	Perform EMPI health check w/vendor	0%	Fri 12/1/17	Thu 12/14/17								
730	Review EMPI health check findings w/vendor	0%	Fri 12/1/17	Wed 12/13/17								
731	Execute EMPI remediation tunings (est. 1-3 iterations) w/vendor	0%	Fri 12/1/17	Fri 1/26/18								
732	Migrate Participant connections fom OH to VN	3%	Mon 11/20/17	Fri 12/1/17								
733	Phase 1: Migrate Participant connections fom OH to VN	0%	Mon 4/16/18	Mon 12/17/18								
734	Map Participant builds to VN	1%	Mon 4/16/18	Mon 6/18/18								
735	Bifurcate Participant EMR feeds to VN	0%	Mon 4/16/18	Mon 10/15/18								
736	Phase 2: VN send migrated Participant feeds to OH	3%	Mon 11/20/17	Fri 1/11/18								
737	Send from VN migrated Participant feeds to OH	3%	Mon 6/18/18	Thu 1/31/19								
738	Phase out VN send of Participant feeds to OH	3%	Mon 11/20/17	Thu 1/31/19								
739	Replicate OH CDR historical data to VN; refresh	0%	Wed 12/20/17	Tue 1/15/18								
740	Standup IHDE interim Data Container (VN facility)	0%	Wed 12/20/17	Mon 1/29/18								
741	VN deploy Data Container	0%	Wed 12/20/17	Fri 1/12/18								

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
742	IHDE test and validate data routes	0%	Wed 12/20/17	Tue 1/2/18								
743	IHDE VN approve Data Container deployment readiness	0%	Wed 12/20/17	Wed 12/20/17								
744	Milestone: Go-live IHDE interim Data Container (VN facility)	0%	Wed 12/20/17	Wed 12/20/17								
745	Download OH CDR historical data; Load to VN; refreshes	0%	Tue 1/30/18	Mon 12/10/18								
746	Initial load ETL of OH DB Replica historical data	0%	Tue 1/30/18	Mon 2/19/18								
747	Ongoing management maintenance of database; intake of refreshes	0%	Tue 1/30/18	Mon 11/19/18								
748	Phase out of interim data container (VN facility)	0%	Wed 12/20/17	Tue 2/20/18								
749	Communications to Participants and Stakeholders OH>VN transition	0%	Thu 10/19/17	Tue 12/25/18								
750	Revise, update FAQs; messaging as needed	0%	Thu 10/19/17	Wed 11/1/17								
751	Initial communication publish to channels (web, newsletter, etc.)	0%	Thu 10/19/17	Fri 11/10/17								
752	Phase 1 Communications to Participants and Stakeholders OH>VN transition	1%	Thu 10/19/17	Wed 4/18/18								
753	Execute Phase 1 ongoing messaging campaign to Participants	1%	Thu 10/19/17	Wed 4/18/18								
754	Execute Phase 1 ongoing messaging campaign to Stakeholders; Others	1%	Thu 10/19/17	Wed 4/18/18								
755	Phase 2 Communications to Participants and Stakeholders OH>VN transition	0%	Thu 10/19/17	Tue 12/25/18								
756	Execute Phase 2 ongoing messaging campaign to Participants	0%	Thu 10/19/17	Tue 12/25/18								
757	Execute Phase 2 ongoing messaging campaign to Stakeholders; Others	0%	Thu 10/19/17	Tue 12/25/18								
758	Configuration of VN Clinical Tools and Platform	0%	Thu 2/15/18	Wed 4/18/18								
759	Configure VN Consolidate (Dir Mgr; Data Mgr; Gov Mgr; Identity Mgr)	0%	Thu 2/15/18	Wed 4/18/18								
760	IHDE configures Master Organization Directory	0%	Thu 2/15/18	Wed 4/18/18								
761	IHDE configures Provider Directory	0%	Thu 2/15/18	Wed 4/18/18								
762	IHDE configures User Directory	0%	Thu 2/15/18	Wed 4/18/18								
763	IHDE configures MRN pools	0%	Thu 2/15/18	Wed 4/18/18								
764	IHDE configures messages in integration engine	0%	Thu 2/15/18	Wed 4/18/18								
765	IHDE creates data routes and message map	0%	Thu 2/15/18	Wed 4/18/18								
766	Configure VN DE (Data Enrichment) Suite	0%	Thu 2/15/18	Wed 4/18/18								
767	Configure VN Deliver (Information Delivery & Notification Suite)	0%	Thu 2/15/18	Wed 4/18/18								

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
768	Configure VN Exchange (Transport config; Hub functionality/admin)	0%	Thu 2/15/18	Wed 4/18/18								
769	Milestone: Completion of configuration VN Clinical Tools	0%	Thu 2/15/18	Thu 2/15/18								
770	Implement and Operationalize VN Clinical Tools and Platform	0%	Thu 4/19/18	Wed 1/23/19								
771	Integration of OH data housed in Interim Data Container	0%	Thu 4/19/18	Wed 1/23/19								
772	(Q2 2018) Clinical data integration activity	0%	Thu 4/19/18	Mon 7/16/18								
773	(Q2 2018) Verification validation of integration activity	0%	Thu 4/19/18	Wed 5/2/18								
774	(Q3 2018) Clinical data integration activity	0%	Thu 4/19/18	Mon 7/16/18								
775	(Q3 2018) Verification validation of integration activity	0%	Thu 4/19/18	Wed 5/2/18								
776	(Q4 2018) Clinical data integration activity	0%	Thu 4/19/18	Wed 6/20/18								
777	(Q4 2018) Verification validation of integration activity	0%	Thu 4/19/18	Wed 5/2/18								
778	(Q1 2019) Clinical data integration activity	0%	Thu 4/19/18	Wed 5/30/18								
779	(Q1 2018) Verification validation of integration activity	0%	Thu 4/19/18	Wed 5/2/18								
780	Milestone: Completion of Clinical data integration activity	0%	Thu 4/19/18	Thu 4/19/18								
781	Cutover to VN Platform	0%	Fri 11/23/18	Thu 1/31/19								
782	(Q2 2019) HIT Platform cutover quarter early	0%	Fri 11/23/18	Thu 1/24/19								
783	Milestone: IHDE completes cutover to VN HIT platform	0%	Thu 1/31/19	Thu 1/31/19								
784	Milestone: OH-to-VN Transition completed	0%	Thu 1/31/19	Thu 1/31/19								
785	VN Claims Database integration (more detail TBD)	0%	Mon 9/10/18	Fri 1/25/19								
786	(Q3-Q4 2018) Claims Database deployment (task detail TBD)	0%	Mon 9/10/18	Fri 1/25/19								
787	Requirements	0%	Mon 9/10/18	Fri 10/19/18								
788	Mapping	0%	Mon 9/10/18	Fri 10/19/18								
789	Integration	0%	Mon 9/10/18	Fri 10/19/18								
790	Validation	0%	Mon 9/10/18	Fri 10/5/18								
791	Go-live	0%	Mon 9/10/18	Mon 9/10/18								
792	(Q3-Q4 2018) Medicaid Claims data loading (task detail TBD)	0%	Mon 9/10/18	Fri 1/25/19								
793	Requirements	0%	Mon 9/10/18	Fri 10/19/18								
794	Mapping	0%	Mon 9/10/18	Fri 10/19/18								
795	Integration	0%	Mon 9/10/18	Fri 10/19/18								
796	Validation	0%	Mon 9/10/18	Fri 10/5/18								

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
797	Go-live	0%	Mon 9/10/18	Mon 9/10/18												
798	Goal 3	82%	Fri 5/1/15	Thu 1/31/19												
799	Establish Regional Health Collaboratives	99%	Fri 5/1/15	Wed 3/1/17												
800	Negotiate initial contracts with Public Health Districts (PHDs) (2015-2016)	100%	Fri 5/1/15	Wed 7/1/15												
801	Execute contract with 7 PHDs	100%	Wed 7/1/15	Mon 8/3/15												
802	Hire SHIP PHD staff (SHIP Manager, Quality Improvement (QI) Specialist)	100%	Mon 8/3/15	Tue 11/3/15												
803	Identify RC Executive Leadership Team (RCE)	100%	Tue 11/3/15	Wed 12/2/15												
804	Convene RCE	100%	Tue 11/3/15	Wed 12/2/15												
805	Establish RC general membership	100%	Wed 12/2/15	Wed 4/6/16												
806	Develop and implement grant program to support RCs	100%	Thu 12/1/16	Wed 3/1/17												
807	RC Strategic Plans	100%	Thu 9/1/16	Wed 1/31/18												
808	Develop a strategic plan for AY3 for each RC	100%	Thu 9/1/16	Wed 11/2/16												
809	IDHW/IHC review strategic plans	100%	Wed 11/2/16	Fri 12/2/16												
810	Present RC strategic plans to IHC	100%	Wed 11/9/16	Wed 11/9/16												
811	Approve RC strategic plans	100%	Wed 12/14/16	Wed 2/1/17												
812	Begin implementing RC strategic plans	100%	Wed 2/1/17	Thu 2/2/17												
813	Strategic plan update for AY4	100%	Wed 1/31/18	Wed 1/31/18												
814	Communication to SHIP Clinics Regarding Availability of Transformation Support	84%	Thu 9/1/16	Tue 1/30/18												
815	Develop communication	100%	Thu 9/1/16	Tue 10/4/16												
816	Review/revise communication	100%	Thu 9/1/16	Tue 10/4/16												
817	Finalize communication	100%	Tue 10/4/16	Thu 11/3/16												
818	Initial communication with SHIP Clinics - 2016	100%	Thu 11/3/16	Fri 12/2/16												
819	Annual communication with SHIP Clinics - 2017	100%	Mon 1/2/17	Tue 1/31/17												
820	Annual communication with SHIP Clinics - 2018	0%	Tue 1/2/18	Tue 1/30/18												
821	Renew Contracts with PHDs	96%	Fri 7/15/16	Fri 2/23/18												
822	Discuss anticipated scope (including roles and responsibilities) language in PHD contract	100%	Fri 7/15/16	Tue 11/1/16												
823	Negotiate contracts with PHDs (February 2017)	100%	Tue 11/1/16	Thu 2/2/17												
824	Negotiate contracts with PHDs (February 2018)	89%	Wed 11/1/17	Fri 2/23/18												

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
825	Integrate Medical-Health Neighborhoods	99%	Thu 9/1/16	Wed 11/14/17								
826	Define Local Medical-Health Neighborhood	99%	Thu 9/1/16	Wed 3/29/17								
827	Develop plan to integrate Medical-Health Neighborhood	100%	Thu 9/1/16	Wed 11/23/16								
828	Attend NCQA Congress in Chicago (Medical-Health Neighborhood topics)	100%	Thu 10/6/16	Tue 10/11/16								
829	Implement plan to integrate Medical-Health Neighborhood	100%	Wed 3/1/17	Wed 3/29/17								
830	Develop communication plan for integration efforts	100%	Wed 9/7/16	Tue 4/4/17								
831	Report to the IHC the status of integrating Medical-Health Neighborhoods	67%	Wed 11/9/16	Wed 11/14/18								
832	Initial Report	100%	Wed 11/9/16	Thu 11/10/16								
833	2nd Report to IHC	100%	Wed 12/13/16	Thu 12/14/17								
834	Final Report to IHC	0%	Wed 11/14/16	Wed 11/14/17								
835	Monitoring Plan to Ensure RCs Provide Regional QI Guidance	99%	Thu 9/1/16	Thu 2/2/17								
836	Develop plan	100%	Thu 9/1/16	Wed 1/4/17								
837	Review/revise plan	100%	Thu 9/1/16	Wed 1/4/17								
838	Finalize plan	100%	Wed 1/4/17	Thu 2/2/17								
839	Implement plan	100%	Wed 2/1/17	Wed 2/1/17								
840	RC Supplemental Grant Program	63%	Mon 11/7/16	Thu 1/31/19								
841	Round I Supplemental Grant	88%	Mon 11/7/16	Thu 1/31/19								
842	Planning	100%	Mon 11/7/16	Mon 11/14/16								
843	Kick-off webinar	100%	Mon 11/14/16	Tue 11/15/16								
844	Application Period	100%	Tue 11/15/16	Mon 12/12/16								
845	Scoring	100%	Mon 12/12/16	Mon 12/19/16								
846	Funding Request to CMMI and OAGM	100%	Wed 12/21/16	Wed 4/26/17								
847	Award to RCs	100%	Wed 3/8/17	Wed 5/31/17								
848	Monitoring	100%	Wed 4/19/17	Thu 1/31/19								
849	Closeout	0%	Fri 9/28/18	Thu 1/31/19								
850	Round II Supplemental Grant	0%	Wed 1/31/18	Thu 1/31/19								
851	Planning	0%	Wed 1/31/18	Tue 2/20/18								
852	Kick-off webinar	99%	Tue 2/20/18	Tue 2/20/18								

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
853	Application Period	0%	Wed 2/21/18	Mon 3/19/18								
854	Scoring	0%	Tue 3/20/18	Mon 4/2/18								
855	Funding Request to CMMI and OAGM	0%	Tue 4/3/18	Fri 6/29/18								
856	Award to RCs	0%	Mon 7/2/18	Fri 8/10/18								
857	Monitoring	0%	Mon 7/2/18	Thu 1/31/19								
858	Closeout	0%	Thu 1/31/19	Thu 1/31/19								
859	Goal 4	60%	Tue 12/1/15	Thu 1/31/19								
860	SHIP Virtual PCMH Program Design and Evaluation	64%	Wed 7/20/16	Fri 10/12/18								
861	Designation of Virtual PCMHs	64%	Wed 7/20/16	Fri 10/12/18								
862	Develop Virtual PCMH Requirements, Standards, and Designation Process	99%	Wed 7/20/16	Thu 2/9/17								
863	Develop Requirements and Standards	99%	Thu 12/1/16	Thu 1/5/17								
864	Community Health Workers (CHWs)	99%	Thu 12/1/16	Thu 1/5/17								
865	Meet with CHW planning group to discuss requirements for CHW component of Virtual PCMHs	100%	Thu 12/1/16	Thu 12/8/16								
866	Document requirements for CHW component of Virtual PCMHs and send for review	100%	Thu 12/8/16	Thu 12/15/16								
867	CHW planning group reviews requirements documentation for CHW component of Virtual PCMHs	100%	Thu 12/15/16	Thu 12/22/16								
868	Finalize requirements documentation for CHW component of Virtual PCMHs	100%	Thu 12/22/16	Thu 12/29/16								
869	Approve requirements for CHW component of Virtual PCMHs	100%	Thu 12/29/16	Thu 1/5/17								
870	Community Health Emergency Medical Services (CHEMS)	99%	Thu 12/1/16	Thu 1/5/17								
871	Meet with CHEMS WG to discuss requirements for CHEMS component of Virtual PCMHs	100%	Thu 12/1/16	Thu 12/8/16								
872	Document requirements for CHEMS component of Virtual PCMHs and send for review	100%	Thu 12/8/16	Thu 12/15/16								
873	CHEMS WG reviews requirements documentation for CHEMS component of Virtual PCMHs	100%	Thu 12/15/16	Thu 12/22/16								
874	Finalize requirements documentation for CHEMS component of Virtual PCMHs	100%	Thu 12/22/16	Thu 12/29/16								
875	Approve requirements for CHEMS component of Virtual PCMHs	100%	Thu 12/29/16	Thu 1/5/17								
876	Telehealth	99%	Thu 12/1/16	Thu 1/5/17								

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
877	Meet to discuss requirements for telehealth component of Virtual PCMHs	100%	Thu 12/1/16	Thu 12/8/16								
878	Document requirements for telehealth component of Virtual PCMHs and send for review	100%	Thu 12/8/16	Thu 12/15/16								
879	Telehealth Subcommittee reviews requirements documentation for telehealth component of Virtual PCMHs	100%	Thu 12/15/16	Thu 12/22/16								
880	Finalize requirements documentation for telehealth component of Virtual PCMHs	100%	Thu 12/22/16	Thu 12/29/16								
881	Approve requirements for telehealth component of Virtual PCMHs	100%	Thu 12/29/16	Thu 1/5/17								
882	Develop Designation Process	99%	Thu 12/1/16	Thu 2/9/17								
883	CHW	100%	Thu 12/1/16	Thu 2/9/17								
884	Design designation process for CHW component of Virtual PCMHs	100%	Thu 12/1/16	Thu 12/15/16								
885	Review designation process for CHW component of Virtual PCMHs	100%	Thu 12/15/16	Thu 12/22/16								
886	Approve designation process for CHW component of Virtual PCMHs	100%	Thu 12/22/16	Thu 2/9/17								
887	CHEMS	99%	Thu 12/1/16	Thu 12/29/16								
888	Design designation process for CHEMS component of Virtual PCMHs	100%	Thu 12/1/16	Thu 12/15/16								
889	Review designation process for CHEMS component of Virtual PCMHs	100%	Thu 12/15/16	Thu 12/22/16								
890	Approve designation process for CHEMS component of Virtual PCMHs	100%	Thu 12/22/16	Thu 12/29/16								
891	Telehealth	99%	Thu 12/1/16	Thu 12/29/16								
892	Design designation process for telehealth component of Virtual PCMHs	100%	Thu 12/1/16	Thu 12/15/16								
893	Review designation process for telehealth component of Virtual PCMHs	100%	Thu 12/15/16	Thu 12/22/16								
894	Approve designation process for telehealth component of Virtual PCMHs	100%	Thu 12/22/16	Thu 12/29/16								
895	Establish Incentives for Virtual PCMHs	100%	Wed 7/20/16	Fri 7/29/16								
896	Develop financial incentive distribution process, including criteria for practices to receive the incentive and fraud/abuse protections	100%	Wed 7/20/16	Fri 7/29/16								
897	Develop and Implement Virtual PCMH Recruitment Plan for Round 1	99%	Tue 11/1/16	Tue 5/2/17								
898	Draft Virtual PCMH Recruitment Plan	100%	Tue 11/1/16	Tue 11/8/16								

ID	Task Name	% Complete	Start	Finish	3rd Quarter				1st Quarter			
899	CHW component of recruitment plan	100%	Tue 11/1/16	Tue 11/8/16								
900	CHEMS component of recruitment plan	100%	Tue 11/1/16	Tue 11/8/16								
901	Telehealth component of recruitment plan	100%	Tue 11/1/16	Tue 11/8/16								
902	Draft Outreach Materials for Round 1	100%	Tue 11/8/16	Tue 11/15/16								
903	CHW outreach materials	100%	Tue 11/8/16	Tue 11/15/16								
904	CHEMS outreach materials	100%	Tue 11/8/16	Tue 11/15/16								
905	Telehealth outreach materials	100%	Tue 11/8/16	Tue 11/15/16								
906	Implement Virtual PCMH Recruitment Plan for Round 1	99%	Tue 11/15/16	Tue 5/2/17								
907	Training for PHD SHIP Staff on Round 1 Virtual PCMH Recruitment Plan	100%	Tue 11/15/16	Tue 11/29/16								
908	Recruit Virtual PCMHs for Round 1	100%	Tue 2/28/17	Tue 5/2/17								
909	Review/Revise and Implement Virtual PCMH Recruitment Plan for Round 2	96%	Thu 7/6/17	Mon 1/15/18								
910	Revise Virtual PCMH Recruitment Plan for Round 2	100%	Thu 7/6/17	Tue 8/8/17								
911	Develop/Revise Outreach Materials for Round 2	100%	Thu 7/6/17	Tue 8/8/17								
912	Implement Virtual PCMH Recruitment Plan for Round 2	0%	Mon 1/15/18	Mon 1/15/18								
913	Training for PHD SHIP Staff on Round 2 Virtual PCMH Recruitment Plan	0%	Mon 1/15/18	Mon 1/15/18								
914	Recruit Virtual PCMHs for Round 2	0%	Mon 1/15/18	Mon 1/15/18								
915	Review/Revise and Implement Virtual PCMH Recruitment Plan for Round 3	59%	Mon 10/2/17	Mon 1/15/18								
916	Revise Virtual PCMH Recruitment Plan for Round 3	100%	Mon 10/2/17	Fri 11/3/17								
917	Develop/Revise Outreach Materials for Round 3	100%	Mon 10/2/17	Fri 11/3/17								
918	Implement Virtual PCMH Recruitment Plan for Round 3	20%	Mon 11/6/17	Mon 1/15/18								
919	Training for PHD SHIP Staff on Round 3 Virtual PCMH Recruitment Plan	100%	Mon 11/6/17	Mon 11/20/17								
920	Recruit Virtual PCMHs for Round 3	0%	Mon 11/20/17	Mon 1/15/18								
921	Review/Revise and Implement Virtual PCMH Recruitment Plan for Round 4	10%	Fri 11/3/17	Mon 7/2/18								
922	Revise Virtual PCMH Recruitment Plan for Round 4	0%	Thu 3/1/18	Tue 4/3/18								
923	Develop/Revise Outreach Materials for Round 4	0%	Thu 3/1/18	Tue 4/3/18								
924	Implement Virtual PCMH Recruitment Plan for Round 4	18%	Fri 11/3/17	Mon 7/2/18								
925	Training for PHD SHIP Staff on Round 4 Virtual PCMH Recruitment Plan	100%	Fri 11/3/17	Fri 11/17/17								
926	Recruit Virtual PCMHs for Round 4	0%	Tue 5/1/18	Mon 7/2/18								

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
927	Designate SHIP Clinics as Virtual PCMHs	47%	Tue 2/28/17	Fri 10/12/18												
928	Round 1 Clinics	99%	Tue 2/28/17	Thu 6/1/17												
929	Application submission and review	100%	Tue 2/28/17	Tue 5/2/17												
930	Complete distribution of financial incentives	100%	Tue 5/2/17	Thu 6/1/17												
931	Round 2 Clinics	100%	Fri 8/18/17	Tue 11/21/17												
932	Application submission and review	100%	Fri 8/18/17	Thu 9/21/17												
933	Complete distribution of financial incentives	100%	Thu 9/21/17	Tue 11/21/17												
934	Round 3 Clinics	0%	Mon 12/4/17	Wed 3/21/18												
935	Application submission and review	0%	Mon 12/4/17	Thu 1/18/18												
936	Complete distribution of financial incentives	0%	Fri 1/19/18	Wed 3/21/18												
937	Round 4 Clinics	0%	Mon 7/2/18	Fri 10/12/18												
938	Application submission and review	0%	Mon 7/2/18	Mon 8/13/18												
939	Complete distribution of financial incentives	0%	Tue 8/14/18	Fri 10/12/18												
940	CHEMS	57%	Tue 12/1/15	Thu 1/31/19												
941	Establish In-State Training Programs for CHEMS	43%	Tue 12/1/15	Thu 1/31/19												
942	Initial CHEMS Training Program	98%	Tue 12/1/15	Tue 12/12/17												
943	Establish CHEMS Workgroup and identify CHEMS sub-committee leads	100%	Tue 12/1/15	Wed 12/2/15												
944	Identify CHEMS standards and certification requirements	100%	Tue 12/1/15	Wed 12/2/15												
945	Develop "how-to" guide or coaching manual to address educational needs (ALS)	100%	Tue 12/1/15	Thu 5/5/16												
946	Develop "how-to" guide or coaching manual to address educational needs (BLS and ILS)	100%	Fri 9/1/17	Wed 11/1/17												
947	Contract for Community Paramedics (CP)	99%	Tue 12/1/15	Mon 1/4/16												
948	Collect best practice resources and policies for program implementation	100%	Tue 12/1/15	Tue 12/29/15												
949	Identify required training metrics and reporting process for ALS	100%	Fri 1/1/16	Mon 1/4/16												
950	Execute contract with training vendor to provide CHEMS trainings for community paramedics (ALS)	100%	Fri 1/1/16	Fri 1/1/16												
951	Contract for Emergency Medical Technicians (EMTs)	96%	Tue 1/3/17	Tue 12/12/17												
952	Review best practices and resources	100%	Tue 1/3/17	Tue 1/17/17												

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
953	Identify required training metrics and reporting process for BLS and ILS	100%	Tue 8/15/17	Fri 12/1/17												
954	Execute letter of notation with CWI to provide CEMS trainings for EMTs (BLS and ILS)	93%	Tue 8/15/17	Tue 12/12/17												
955	Develop training evaluation process and metrics	0%	Mon 1/1/18	Mon 1/29/18												
956	Learning Collaborative for CEMS Program	32%	Wed 2/1/17	Thu 1/31/19												
957	CEMS Learning Collaborative 1	82%	Wed 2/1/17	Wed 5/2/18												
958	Secure funding	88%	Wed 2/1/17	Wed 5/2/18												
959	Schedule webinars and in person meeting	100%	Mon 5/1/17	Mon 5/15/17												
960	Secure presenters and develop content	100%	Wed 11/1/17	Mon 12/4/17												
961	Facilitate CEMS learning collaborative	0%	Wed 1/17/18	Wed 1/17/18												
962	Evaluate outcomes and share highlights	0%	Thu 1/18/18	Wed 2/28/18												
963	CEMS Learning Collaborative 2	0%	Thu 2/1/18	Thu 1/31/19												
964	Secure funding	0%	Thu 2/1/18	Mon 4/30/18												
965	Schedule webinars and in person meeting	0%	Sun 7/1/18	Fri 7/13/18												
966	Secure presenters and develop content	0%	Sun 7/1/18	Thu 1/31/19												
967	Evaluate outcomes	0%	Fri 12/21/18	Thu 1/31/19												
968	CEMS Peer Mentoring Program	21%	Mon 3/20/17	Thu 1/31/19												
969	Review best practices and resources	100%	Mon 3/20/17	Mon 4/3/17												
970	Develop peer mentoring program support	100%	Mon 4/3/17	Mon 5/1/17												
971	Develop coaching material	100%	Thu 4/20/17	Thu 6/1/17												
972	CEMS Peer Mentoring for AY3	22%	Thu 5/4/17	Fri 12/28/18												
973	Identify potential mentors and mentees	100%	Thu 5/4/17	Thu 6/1/17												
974	Develop contract with Ada County Paramedics	88%	Sun 10/1/17	Mon 1/15/18												
975	Secure funding	0%	Mon 5/22/17	Thu 12/21/17												
976	Negotiate and execute contract with Ada County Paramedics	88%	Mon 10/2/17	Tue 1/16/18												
977	Implement peer mentoring program	0%	Tue 8/1/17	Fri 12/28/18												
978	CEMS Peer Mentoring for AY4	0%	Mon 1/1/18	Thu 1/31/19												
979	Identify potential mentors and mentees	0%	Mon 1/1/18	Fri 1/26/18												

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
980	Secure funding	0%	Mon 1/29/18	Fri 3/9/18								
981	Develop contract(s)	0%	Mon 3/12/18	Fri 4/20/18								
982	Negotiate and execute contracts with mentors	0%	Mon 4/23/18	Fri 6/1/18								
983	Implement peer mentoring program	0%	Mon 6/4/18	Thu 1/31/19								
984	Implement CEMS Program	72%	Fri 1/1/16	Thu 1/31/19								
985	Recruit CEMS Agencies and Train CEMS Personnel	55%	Fri 1/1/16	Mon 12/31/18								
986	CP Cohort 1	100%	Fri 1/1/16	Wed 1/4/17								
987	CP Cohort 2	100%	Mon 1/2/17	Wed 1/3/18								
988	CP Cohort 3	0%	Mon 1/1/18	Mon 12/31/18								
989	EMT Cohort 1	0%	Thu 2/1/18	Thu 5/31/18								
990	EMT Cohort 2	0%	Sun 7/1/18	Thu 11/1/18								
991	Establish agreements with CEMS agencies	100%	Thu 12/1/16	Wed 2/15/17								
992	Establish agreements with EMT CEMS agencies	0%	Thu 2/1/18	Wed 8/1/18								
993	Develop toolkit for CEMS agencies for internal and external stakeholder engagement	100%	Wed 6/1/16	Tue 1/3/17								
994	CEMS Agencies engage stakeholders	100%	Wed 6/1/16	Thu 1/31/19								
995	Tasks related to CEMS data collection	0%	Mon 1/15/18	Mon 1/15/18								
996	Telehealth	73%	Fri 4/1/16	Wed 1/30/19								
997	Establish Subcommittee of Telehealth Council	100%	Fri 4/1/16	Mon 4/4/16								
998	Develop telehealth expansion and implementation plan	100%	Fri 4/1/16	Wed 6/1/16								
999	Educate SHIP Clinics about the Telehealth Program	100%	Fri 7/1/16	Wed 1/11/17								
1000	Secure Telehealth Consultant Contractor	100%	Fri 7/1/16	Mon 8/15/16								
1001	Develop RFQ for telehealth consultant	100%	Fri 7/1/16	Mon 7/11/16								
1002	Release RFQ for telehealth consultant	100%	Mon 7/11/16	Tue 7/12/16								
1003	Procure telehealth consultant	100%	Tue 7/12/16	Mon 8/15/16								
1004	Deliver webinars for primary care clinics	100%	Wed 9/28/16	Wed 1/11/17								
1005	Implement PCMH Telehealth Program	75%	Tue 11/1/16	Wed 1/30/19								
1006	Develop Program Design for PCMH Telehealth	99%	Tue 11/1/16	Mon 4/3/17								

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
1007	Design Application Process	99%	Tue 11/1/16	Tue 3/7/17								
1008	Establish criteria for submission of telehealth projects for consideration	100%	Tue 11/1/16	Tue 11/29/16								
1009	Create application and establish evaluation criteria and process	100%	Tue 11/29/16	Tue 2/21/17								
1010	Identify evaluation committee members to review applications	100%	Tue 2/21/17	Tue 3/7/17								
1011	Publish PCMH telehealth grant application	100%	Mon 3/13/17	Mon 3/13/17								
1012	Develop communication strategy	100%	Tue 11/29/16	Tue 12/27/16								
1013	Develop evaluation plan for PCMH telehealth grant recipients	100%	Mon 2/20/17	Mon 4/3/17								
1014	Implement PCMH Telehealth Program	70%	Mon 3/13/17	Wed 1/30/19								
1015	Round I PCMH Telehealth Program grant	90%	Mon 3/13/17	Wed 1/30/19								
1016	PCMH Telehealth Program grant application period	100%	Mon 3/13/17	Fri 4/28/17								
1017	Application review period	100%	Fri 4/28/17	Wed 5/24/17								
1018	Secure funding from CMMI	100%	Wed 5/24/17	Mon 6/19/17								
1019	Distribute PCMH telehealth grants	100%	Fri 6/16/17	Fri 6/16/17								
1020	Monitor and manage awarded PCMH telehealth grants	88%	Tue 8/1/17	Wed 1/30/19								
1021	Round II PCMH Telehealth Program grant	34%	Tue 8/1/17	Tue 7/31/18								
1022	PCMH Telehealth Program grant application period	100%	Tue 8/1/17	Mon 9/18/17								
1023	Application review period	100%	Mon 9/18/17	Thu 10/12/17								
1024	Secure funding from CMMI	100%	Thu 10/12/17	Fri 12/1/17								
1025	Distribute PCMH telehealth grants	100%	Thu 11/30/17	Thu 11/30/17								
1026	Monitor and manage awarded PCMH telehealth grants	0%	Fri 12/1/17	Tue 7/31/18								
1027	Implement CEMS Telehealth Program	61%	Tue 11/1/16	Tue 7/31/18								
1028	Develop Program Design for CEMS Telehealth	99%	Tue 11/1/16	Tue 3/7/17								
1029	Design Application Process	99%	Tue 11/1/16	Tue 3/7/17								
1030	Establish criteria for submission of telehealth projects for consideration	100%	Tue 11/1/16	Tue 11/29/16								
1031	Create application and establish evaluation criteria and process	100%	Tue 11/29/16	Tue 2/21/17								
1032	Identify evaluation committee members to review applications	100%	Tue 2/21/17	Tue 3/7/17								
1033	Publish CEMS telehealth grant application	100%	Mon 2/20/17	Mon 2/20/17								
1034	Develop communication strategy	100%	Tue 11/29/16	Tue 12/27/16								

ID	Task Name	% Complete	Start	Finish	3rd Quarter				1st Quarter				
1035	Develop evaluation plan for CEMS telehealth grant recipients	100%	Tue 1/31/17	Tue 3/14/17									
1036	Implement CEMS Telehealth Program	44%	Tue 2/21/17	Tue 7/31/18									
1037	Round I CEMS Telehealth Program grant	100%	Tue 2/21/17	Tue 4/25/17									
1038	CEMS Telehealth Program grant application period	100%	Tue 2/21/17	Tue 4/25/17									
1039	Round II CEMS Telehealth Program grant	34%	Tue 8/1/17	Tue 7/31/18									
1040	CEMS Telehealth Program grant application period	100%	Tue 8/1/17	Mon 9/18/17									
1041	Application review period	100%	Mon 9/18/17	Mon 10/16/17									
1042	Secure funding from CMMI	100%	Mon 10/16/17	Fri 12/1/17									
1043	Distribute CEMS telehealth grants	100%	Thu 11/30/17	Thu 11/30/17									
1044	Begin monitoring and managing awarded CEMS telehealth grants	0%	Fri 12/1/17	Tue 7/31/18									
1045	Community Health Workers (CHWs)	55%	Mon 2/1/16	Fri 12/14/18									
1046	Establish In-State Training Programs for CHW	82%	Mon 2/1/16	Fri 3/30/18									
1047	Initial CHW Training Program	99%	Mon 2/1/16	Fri 12/1/17									
1048	Establish CHW team and identify CHW sub committee leads	100%	Fri 2/26/16	Mon 2/29/16									
1049	Collect best practice resources and policies for program implementation	100%	Mon 2/1/16	Tue 3/1/16									
1050	Identify CHW training standards	100%	Tue 3/1/16	Wed 3/30/16									
1051	Contract with training vendor to provide CHW trainings	100%	Mon 5/2/16	Mon 5/2/16									
1052	Identify required training metrics and reporting process	100%	Mon 5/2/16	Tue 5/3/16									
1053	Recruit instructors	100%	Fri 7/8/16	Fri 7/8/16									
1054	Develop training evaluation process and metrics.	100%	Wed 11/1/17	Fri 12/1/17									
1055	CHW Learning Opportunities for CHWs	58%	Wed 7/5/17	Fri 3/30/18									
1056	Explore options for learning opportunities	100%	Wed 7/5/17	Wed 7/26/17									
1057	Determine approach	100%	Wed 7/26/17	Wed 8/16/17									
1058	Implement approach	100%	Tue 8/15/17	Tue 8/15/17									
1059	Facilitate learning collaborative	0%	Thu 3/1/18	Fri 3/30/18									
1060	Implement CHW Program	49%	Mon 8/22/16	Fri 12/14/18									
1061	Recruit, Enroll, and Train CHWs	49%	Mon 8/22/16	Fri 12/14/18									
1062	Cohort 1	100%	Mon 8/22/16	Mon 12/19/16									

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
1063	Cohort 2	100%	Wed 1/18/17	Thu 6/1/17								
1064	Cohort 3	100%	Tue 8/22/17	Tue 11/21/17								
1065	Cohort 4	0%	Thu 1/11/18	Thu 5/24/18								
1066	Cohort 5	0%	Wed 8/22/18	Fri 12/14/18								
1067	Cohort 6	0%	Wed 8/22/18	Fri 12/14/18								
1068	Meet with at least one commercial payer by 10/31/2017 to discuss reimbursement for CHWs	100%	Wed 9/13/17	Thu 9/14/17								
1069	Project ECHO	39%	Fri 9/1/17	Fri 9/7/18								
1070	Establish Contract with University of Idaho	100%	Fri 9/1/17	Mon 9/4/17								
1071	Secure ECHO project team at U of I	88%	Mon 9/4/17	Wed 2/28/18								
1072	ECHO Hub established	88%	Wed 3/7/18	Thu 3/8/18								
1073	Clinics can begin enrolling as spokes in Cohort 1	0%	Tue 1/23/18	Wed 3/7/18								
1074	ECHO Cohort 1 weekly meeting	0%	Wed 3/7/18	Fri 9/7/18								
1075	IHC to provide feedback on ECHO and how it can best serve Idaho and align with the SHIP	0%	Wed 8/8/18	Wed 8/8/18								
1076	Goal 5 Overall	27%	Mon 2/22/16	Fri 4/5/19								
1077	Project Initiation / Obtain Contract Approval	100%	Mon 2/22/16	Mon 2/22/16								
1078	Project Management	64%	Mon 2/22/16	Mon 1/21/19								
1079	Provide PM Support	60%	Mon 2/22/16	Mon 1/21/19								
1080	Monitor and Control Project	92%	Mon 3/7/16	Tue 1/1/19								
1081	Conduct Weekly Team Meetings	92%	Mon 3/7/16	Tue 1/1/19								
1082	Weekly Team Meetings 1	100%	Mon 3/7/16	Mon 3/7/16								
1083	Weekly Team Meetings 2	100%	Mon 3/14/16	Mon 3/14/16								
1084	Weekly Team Meetings 3	100%	Mon 3/21/16	Mon 3/21/16								
1085	Weekly Team Meetings 4	100%	Mon 3/28/16	Mon 3/28/16								
1086	Weekly Team Meetings 5	100%	Tue 3/29/16	Tue 3/29/16								
1087	Weekly Team Meetings 6	100%	Tue 4/5/16	Tue 4/5/16								
1088	Weekly Team Meetings 7	100%	Tue 4/12/16	Tue 4/12/16								
1089	Weekly Team Meetings 8	100%	Tue 4/19/16	Tue 4/19/16								
1090	Weekly Team Meetings 9	100%	Tue 4/26/16	Tue 4/26/16								
1091	Weekly Team Meetings 10	100%	Tue 5/3/16	Tue 5/3/16								
1092	Weekly Team Meetings 11	100%	Tue 5/10/16	Tue 5/10/16								
1093	Weekly Team Meetings 12	100%	Tue 5/17/16	Tue 5/17/16								
1094	Weekly Team Meetings 13	100%	Tue 5/24/16	Tue 5/24/16								
1095	Weekly Team Meetings 14	100%	Tue 5/31/16	Tue 5/31/16								
1096	Weekly Team Meetings 15	100%	Tue 6/7/16	Tue 6/7/16								
1097	Weekly Team Meetings 16	100%	Tue 6/14/16	Tue 6/14/16								
1098	Weekly Team Meetings 17	100%	Tue 6/21/16	Tue 6/21/16								
1099	Weekly Team Meetings 18	100%	Tue 6/28/16	Tue 6/28/16								
1100	Weekly Team Meetings 19	100%	Tue 7/5/16	Tue 7/5/16								
1101	Weekly Team Meetings 20	100%	Tue 7/12/16	Tue 7/12/16								
1102	Weekly Team Meetings 21	100%	Tue 7/19/16	Tue 7/19/16								
1103	Weekly Team Meetings 22	100%	Tue 7/26/16	Tue 7/26/16								

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
1104	Weekly Team Meetings 23	100%	Tue 8/2/16	Tue 8/2/16												
1105	Weekly Team Meetings 24	100%	Tue 8/9/16	Tue 8/9/16												
1106	Weekly Team Meetings 25	100%	Tue 8/16/16	Tue 8/16/16												
1107	Weekly Team Meetings 26	100%	Tue 8/23/16	Tue 8/23/16												
1108	Weekly Team Meetings 27	100%	Tue 8/30/16	Tue 8/30/16												
1109	Weekly Team Meetings 28	100%	Tue 9/6/16	Tue 9/6/16												
1110	Weekly Team Meetings 29	100%	Tue 9/13/16	Tue 9/13/16												
1111	Weekly Team Meetings 30	100%	Tue 9/20/16	Tue 9/20/16												
1112	Weekly Team Meetings 31	100%	Tue 9/27/16	Tue 9/27/16												
1113	Weekly Team Meetings 32	100%	Tue 10/4/16	Tue 10/4/16												
1114	Weekly Team Meetings 33	100%	Tue 10/11/16	Tue 10/11/16												
1115	Weekly Team Meetings 34	100%	Tue 10/18/16	Tue 10/18/16												
1116	Weekly Team Meetings 35	100%	Tue 10/25/16	Tue 10/25/16												
1117	Weekly Team Meetings 36	100%	Tue 11/1/16	Tue 11/1/16												
1118	Weekly Team Meetings 37	100%	Tue 11/8/16	Tue 11/8/16												
1119	Weekly Team Meetings 38	100%	Tue 11/15/16	Tue 11/15/16												
1120	Weekly Team Meetings 39	100%	Tue 11/22/16	Tue 11/22/16												
1121	Weekly Team Meetings 40	100%	Tue 11/29/16	Tue 11/29/16												
1122	Weekly Team Meetings 41	100%	Tue 12/6/16	Tue 12/6/16												
1123	Weekly Team Meetings 42	100%	Tue 12/13/16	Tue 12/13/16												
1124	Weekly Team Meetings 43	100%	Tue 12/20/16	Tue 12/20/16												
1125	Weekly Team Meetings 44	100%	Tue 12/27/16	Tue 12/27/16												
1126	Weekly Team Meetings 45	100%	Tue 1/3/17	Tue 1/3/17												
1127	Weekly Team Meetings 46	100%	Tue 1/10/17	Tue 1/10/17												
1128	Weekly Team Meetings 47	100%	Tue 1/17/17	Tue 1/17/17												
1129	Weekly Team Meetings 48	100%	Tue 1/24/17	Tue 1/24/17												
1130	Weekly Team Meetings 49	100%	Tue 1/31/17	Tue 1/31/17												
1131	Weekly Team Meetings 50	100%	Tue 2/7/17	Tue 2/7/17												
1132	Weekly Team Meetings 51	100%	Tue 2/14/17	Tue 2/14/17												
1133	Weekly Team Meetings 52	100%	Tue 2/21/17	Tue 2/21/17												
1134	Weekly Team Meetings 53	100%	Tue 2/28/17	Tue 2/28/17												
1135	Weekly Team Meetings 54	100%	Tue 3/7/17	Tue 3/7/17												
1136	Weekly Team Meetings 55	100%	Tue 3/14/17	Tue 3/14/17												
1137	Weekly Team Meetings 56	100%	Tue 3/21/17	Tue 3/21/17												
1138	Weekly Team Meetings 57	100%	Tue 3/28/17	Tue 3/28/17												
1139	Weekly Team Meetings 58	100%	Tue 4/4/17	Tue 4/4/17												
1140	Weekly Team Meetings 59	100%	Tue 4/11/17	Tue 4/11/17												
1141	Weekly Team Meetings 60	100%	Tue 4/18/17	Tue 4/18/17												
1142	Weekly Team Meetings 61	100%	Tue 4/25/17	Tue 4/25/17												
1143	Weekly Team Meetings 62	100%	Tue 5/2/17	Tue 5/2/17												
1144	Weekly Team Meetings 63	100%	Tue 5/9/17	Tue 5/9/17												
1145	Weekly Team Meetings 64	100%	Tue 5/16/17	Tue 5/16/17												
1146	Weekly Team Meetings 65	100%	Tue 5/23/17	Tue 5/23/17												
1147	Weekly Team Meetings 66	100%	Tue 5/30/17	Tue 5/30/17												
1148	Weekly Team Meetings 67	100%	Tue 6/6/17	Tue 6/6/17												
1149	Weekly Team Meetings 68	100%	Tue 6/13/17	Tue 6/13/17												
1150	Weekly Team Meetings 69	100%	Tue 6/20/17	Tue 6/20/17												
1151	Weekly Team Meetings 70	100%	Tue 6/27/17	Tue 6/27/17												
1152	Weekly Team Meetings 71	100%	Tue 7/4/17	Tue 7/4/17												
1153	Weekly Team Meetings 72	100%	Tue 7/11/17	Tue 7/11/17												
1154	Weekly Team Meetings 73	100%	Tue 7/18/17	Tue 7/18/17												
1155	Weekly Team Meetings 74	100%	Tue 7/25/17	Tue 7/25/17												
1156	Weekly Team Meetings 75	100%	Tue 8/1/17	Tue 8/1/17												

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
1157	Weekly Team Meetings 76	100%	Tue 8/8/17	Tue 8/8/17												
1158	Weekly Team Meetings 77	100%	Tue 8/15/17	Tue 8/15/17												
1159	Weekly Team Meetings 78	100%	Tue 8/22/17	Tue 8/22/17												
1160	Weekly Team Meetings 79	100%	Tue 8/29/17	Tue 8/29/17												
1161	Weekly Team Meetings 80	100%	Tue 9/5/17	Tue 9/5/17												
1162	Weekly Team Meetings 81	100%	Tue 9/12/17	Tue 9/12/17												
1163	Weekly Team Meetings 82	100%	Tue 9/19/17	Tue 9/19/17												
1164	Weekly Team Meetings 83	100%	Tue 9/26/17	Tue 9/26/17												
1165	Weekly Team Meetings 84	100%	Tue 10/3/17	Tue 10/3/17												
1166	Weekly Team Meetings 85	100%	Tue 10/10/17	Tue 10/10/17												
1167	Weekly Team Meetings 86	100%	Tue 10/17/17	Tue 10/17/17												
1168	Weekly Team Meetings 87	100%	Tue 10/24/17	Tue 10/24/17												
1169	Weekly Team Meetings 88	100%	Tue 10/31/17	Tue 10/31/17												
1170	Weekly Team Meetings 89	100%	Tue 11/7/17	Tue 11/7/17												
1171	Weekly Team Meetings 90	100%	Tue 11/14/17	Tue 11/14/17												
1172	Weekly Team Meetings 91	0%	Tue 11/21/17	Tue 11/21/17												
1173	Weekly Team Meetings 92	0%	Tue 11/28/17	Tue 11/28/17												
1174	Weekly Team Meetings 93	0%	Tue 12/5/17	Tue 12/5/17												
1175	Weekly Team Meetings 94	0%	Tue 12/12/17	Tue 12/12/17												
1176	Weekly Team Meetings 95	0%	Tue 12/19/17	Tue 12/19/17												
1177	Weekly Team Meetings 96	0%	Tue 12/26/17	Tue 12/26/17												
1178	Weekly Team Meetings 97	0%	Tue 1/2/18	Tue 1/2/18												
1179	Weekly Team Meetings 98	0%	Tue 1/9/18	Tue 1/9/18												
1180	Weekly Team Meetings 99	0%	Tue 1/16/18	Tue 1/16/18												
1181	Weekly Team Meetings 100	0%	Tue 1/23/18	Tue 1/23/18												
1182	Weekly Team Meetings 101	0%	Tue 1/30/18	Tue 1/30/18												
1183	Weekly Team Meetings 102	0%	Tue 2/6/18	Tue 2/6/18												
1184	Weekly Team Meetings 103	0%	Tue 2/13/18	Tue 2/13/18												
1185	Weekly Team Meetings 104	0%	Tue 2/20/18	Tue 2/20/18												
1186	Weekly Team Meetings 105	0%	Tue 2/27/18	Tue 2/27/18												
1187	Weekly Team Meetings 106	0%	Tue 3/6/18	Tue 3/6/18												
1188	Weekly Team Meetings 107	0%	Tue 3/13/18	Tue 3/13/18												
1189	Weekly Team Meetings 108	0%	Tue 3/20/18	Tue 3/20/18												
1190	Weekly Team Meetings 109	0%	Tue 3/27/18	Tue 3/27/18												
1191	Weekly Team Meetings 110	0%	Tue 4/3/18	Tue 4/3/18												
1192	Weekly Team Meetings 111	0%	Tue 4/10/18	Tue 4/10/18												
1193	Weekly Team Meetings 112	0%	Tue 4/17/18	Tue 4/17/18												
1194	Weekly Team Meetings 113	0%	Tue 4/24/18	Tue 4/24/18												
1195	Weekly Team Meetings 114	0%	Tue 5/1/18	Tue 5/1/18												
1196	Weekly Team Meetings 115	0%	Tue 5/8/18	Tue 5/8/18												
1197	Weekly Team Meetings 116	0%	Tue 5/15/18	Tue 5/15/18												
1198	Weekly Team Meetings 117	0%	Tue 5/22/18	Tue 5/22/18												
1199	Weekly Team Meetings 118	0%	Tue 5/29/18	Tue 5/29/18												
1200	Weekly Team Meetings 119	0%	Tue 6/5/18	Tue 6/5/18												
1201	Weekly Team Meetings 120	0%	Tue 6/12/18	Tue 6/12/18												
1202	Weekly Team Meetings 121	0%	Tue 6/19/18	Tue 6/19/18												
1203	Weekly Team Meetings 122	0%	Tue 6/26/18	Tue 6/26/18												
1204	Weekly Team Meetings 123	0%	Tue 7/3/18	Tue 7/3/18												
1205	Weekly Team Meetings 124	0%	Tue 7/10/18	Tue 7/10/18												
1206	Weekly Team Meetings 125	0%	Tue 7/17/18	Tue 7/17/18												
1207	Weekly Team Meetings 126	0%	Tue 7/24/18	Tue 7/24/18												
1208	Weekly Team Meetings 127	0%	Tue 7/31/18	Tue 7/31/18												
1209	Weekly Team Meetings 128	0%	Tue 8/7/18	Tue 8/7/18												

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
1210	Weekly Team Meetings 129	0%	Tue 8/14/18	Tue 8/14/18								
1211	Weekly Team Meetings 130	0%	Tue 8/21/18	Tue 8/21/18								
1212	Weekly Team Meetings 131	0%	Tue 8/28/18	Tue 8/28/18								
1213	Weekly Team Meetings 132	0%	Tue 9/4/18	Tue 9/4/18								
1214	Weekly Team Meetings 133	0%	Tue 9/11/18	Tue 9/11/18								
1215	Weekly Team Meetings 134	0%	Tue 9/18/18	Tue 9/18/18								
1216	Weekly Team Meetings 135	0%	Tue 9/25/18	Tue 9/25/18								
1217	Weekly Team Meetings 136	0%	Tue 10/2/18	Tue 10/2/18								
1218	Weekly Team Meetings 137	0%	Tue 10/9/18	Tue 10/9/18								
1219	Weekly Team Meetings 138	0%	Tue 10/16/18	Tue 10/16/18								
1220	Weekly Team Meetings 139	0%	Tue 10/23/18	Tue 10/23/18								
1221	Weekly Team Meetings 140	0%	Tue 10/30/18	Tue 10/30/18								
1222	Weekly Team Meetings 141	0%	Tue 11/6/18	Tue 11/6/18								
1223	Weekly Team Meetings 142	0%	Tue 11/13/18	Tue 11/13/18								
1224	Weekly Team Meetings 143	0%	Tue 11/20/18	Tue 11/20/18								
1225	Weekly Team Meetings 144	0%	Tue 11/27/18	Tue 11/27/18								
1226	Weekly Team Meetings 145	0%	Tue 12/4/18	Tue 12/4/18								
1227	Weekly Team Meetings 146	0%	Tue 12/11/18	Tue 12/11/18								
1228	Weekly Team Meetings 147	0%	Tue 12/18/18	Tue 12/18/18								
1229	Weekly Team Meetings 148	0%	Tue 12/25/18	Tue 12/25/18								
1230	Weekly Team Meetings 149	0%	Tue 1/1/19	Tue 1/1/19								
1231	Conduct Quarterly Executive Meeting	92%	Wed 7/13/16	Wed 10/10/1								
1232	Quarterly Meeting 1	100%	Wed 7/13/16	Wed 7/13/16								
1233	Quarterly Meeting 2	100%	Wed 10/12/1	Wed 10/12/1								
1234	Quarterly Meeting 3	100%	Wed 1/11/17	Wed 1/11/17								
1235	Quarterly Meeting 4	100%	Wed 4/12/17	Wed 4/12/17								
1236	Quarterly Meeting 5	100%	Wed 7/12/17	Wed 7/12/17								
1237	Quarterly Meeting 6	100%	Wed 10/11/1	Wed 10/11/1								
1238	Quarterly Meeting 7	0%	Wed 1/10/18	Wed 1/10/18								
1239	Quarterly Meeting 8	0%	Wed 4/11/18	Wed 4/11/18								
1240	Quarterly Meeting 9	0%	Wed 7/11/18	Wed 7/11/18								
1241	Quarterly Meeting 10	0%	Wed 10/10/1	Wed 10/10/1								
1242	Status Reporting	63%	Mon 2/22/16	Fri 4/5/19								
1243	Project Management Reporting	51%	Mon 2/22/16	Mon 1/21/19								
1244	Develop Weekly Project Status Report	51%	Mon 2/22/16	Thu 8/1/19								
1245	Develop/Deliver Monthly Project Summary Report	58%	Tue 5/10/16	Fri 1/4/19								
1246	Develop/Deliver Monthly Project Summary Report 1	100%	Tue 5/10/16	Tue 5/10/16								
1247	Develop/Deliver Monthly Project Summary Report 2	100%	Fri 6/10/16	Fri 6/10/16								
1248	Develop/Deliver Monthly Project Summary Report 3	100%	Fri 7/8/16	Fri 7/8/16								
1249	Develop/Deliver Monthly Project Summary Report 4	100%	Wed 8/10/16	Wed 8/10/16								
1250	Develop/Deliver Monthly Project Summary Report 5	100%	Fri 9/9/16	Fri 9/9/16								
1251	Develop/Deliver Monthly Project Summary Report 6	100%	Mon 10/10/16	Mon 10/10/16								
1252	Develop/Deliver Monthly Project Summary Report 7	100%	Thu 11/10/16	Thu 11/10/16								
1253	Develop/Deliver Monthly Project Summary Report 8	100%	Fri 12/9/16	Fri 12/9/16								

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
1254	Develop/Deliver Monthly Project Summary Report 9	100%	Tue 1/10/17	Tue 1/10/17								
1255	Develop/Deliver Monthly Project Summary Report 10	100%	Fri 2/10/17	Fri 2/10/17								
1256	Develop/Deliver Monthly Project Summary Report 11	100%	Fri 3/10/17	Fri 3/10/17								
1257	Develop/Deliver Monthly Project Summary Report 12	100%	Mon 4/10/17	Mon 4/10/17								
1258	Develop/Deliver Monthly Project Summary Report 13	100%	Wed 5/10/17	Wed 5/10/17								
1259	Develop/Deliver Monthly Project Summary Report 14	100%	Fri 6/9/17	Fri 6/9/17								
1260	Develop/Deliver Monthly Project Summary Report 15	100%	Mon 7/10/17	Mon 7/10/17								
1261	Develop/Deliver Monthly Project Summary Report 16	100%	Thu 8/10/17	Thu 8/10/17								
1262	Develop/Deliver Monthly Project Summary Report 17	100%	Mon 9/11/17	Mon 9/11/17								
1263	Develop/Deliver Monthly Project Summary Report 18	100%	Tue 10/10/17	Tue 10/10/17								
1264	Develop/Deliver Monthly Project Summary Report 19	100%	Fri 11/10/17	Fri 11/10/17								
1265	Develop/Deliver Monthly Project Summary Report 20	0%	Fri 12/8/17	Fri 12/8/17								
1266	Develop/Deliver Monthly Project Summary Report 21	0%	Wed 1/10/18	Wed 1/10/18								
1267	Develop/Deliver Monthly Project Summary Report 22	0%	Fri 2/9/18	Fri 2/9/18								
1268	Develop/Deliver Monthly Project Summary Report 23	0%	Fri 3/9/18	Fri 3/9/18								
1269	Develop/Deliver Monthly Project Summary Report 24	0%	Tue 4/10/18	Tue 4/10/18								
1270	Develop/Deliver Monthly Project Summary Report 25	0%	Thu 5/10/18	Thu 5/10/18								
1271	Develop/Deliver Monthly Project Summary Report 26	0%	Fri 6/8/18	Fri 6/8/18								
1272	Develop/Deliver Monthly Project Summary Report 27	0%	Tue 7/10/18	Tue 7/10/18								
1273	Develop/Deliver Monthly Project Summary Report 28	0%	Fri 8/10/18	Fri 8/10/18								
1274	Develop/Deliver Monthly Project Summary Report 29	0%	Mon 9/10/18	Mon 9/10/18								
1275	Develop/Deliver Monthly Project Summary Report 30	0%	Wed 10/10/18	Wed 10/10/18								
1276	Develop/Deliver Monthly Project Summary Report 31	0%	Fri 11/9/18	Fri 11/9/18								
1277	Develop/Deliver Monthly Project Summary Report 32	0%	Fri 12/7/18	Fri 12/7/18								
1278	Develop/Deliver Monthly Project Summary Report 32	0%	Fri 1/4/19	Fri 1/4/19								
1279	Training Report	76%	Fri 4/28/17	Thu 11/8/18								
1280	Develop Monthly Training Report	76%	Fri 4/28/17	Thu 11/8/18								
1281	Support Services Report	60%	Mon 3/13/17	Mon 1/21/19								
1282	Develop Monthly Support Services Report	60%	Mon 3/13/17	Mon 1/21/19								
1283	System Usage Report	60%	Mon 4/3/17	Fri 1/18/19								
1284	Develop Quarterly System Usage Report	60%	Mon 4/3/17	Fri 1/18/19								

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
1285	Develop Quarterly System Security Report	60%	Mon 4/3/17	Fri 1/18/19												
1286	System Audit Report	60%	Mon 1/30/17	Mon 1/21/19												
1287	Develop System Audit Report, as requested	60%	Mon 1/30/17	Mon 1/21/19												
1288	Conduct SSAE Annual Audit	68%	Mon 8/1/16	Tue 12/18/18												
1289	Secure CPA Resource/Firm	100%	Mon 8/1/16	Wed 8/3/16												
1290	Perform SSAE Certification Year 1	0%	Thu 8/4/16	Tue 9/6/16												
1291	Confirm use of Industry Best Practices	0%	Tue 11/21/17	Wed 12/20/18												
1292	Produce Attestation & Audit Report	0%	Fri 1/19/18	Tue 2/6/18												
1293	Confirm use of Internet Security Functionality	0%	Thu 12/21/17	Fri 1/19/18												
1294	Review Results with HTS	0%	Tue 2/6/18	Fri 2/9/18												
1295	Submit Copy of Audit Report to the Department	0%	Fri 2/9/18	Fri 3/2/18												
1296	D: SSAE Audit Report Year 1	0%	Tue 12/18/18	Tue 12/18/18												
1297	Perform SSAE Certification Year 2	68%	Wed 11/28/17	Tue 12/4/18												
1298	Produce Attestation & Audit Report	0%	Wed 12/5/18	Tue 12/11/18												
1299	Review Results with HTS	0%	Wed 12/12/17	Tue 12/18/18												
1300	Submit Copy of Audit Report to the Department	0%	Wed 12/19/18	Tue 12/25/18												
1301	D: SSAE Audit Report Year 2	70%	Mon 1/30/17	Fri 1/11/19												
1302	Perform SSAE Certification Year 3	70%	Mon 1/30/17	Fri 1/11/19												
1303	Produce Attestation & Audit Report	70%	Mon 1/30/17	Fri 1/11/19												
1304	Review Results with HTS	70%	Mon 1/30/17	Fri 1/11/19												
1305	Submit Copy of Audit Report to the Department	70%	Mon 1/30/17	Fri 1/11/19												
1306	D: SSAE Audit Report Year 3	70%	Mon 1/30/17	Fri 1/11/19												
1307	Support Management	83%	Mon 1/30/17	Fri 1/11/19												
1308	Provide Training Support	70%	Mon 1/30/17	Fri 1/11/19												
1309	Provide Quality Assurance Support	100%	Mon 2/22/16	Mon 5/23/16												
1310	Provide Data Analytics Support	100%	Fri 4/22/16	Wed 8/31/16												
1311	Provide Business Analyst Support	89%	Mon 10/17/17	Fri 11/9/18												
1312	Provide Security Support	100%	Wed 10/19/17	Tue 11/1/16												
1313	Provide Help Desk Support	100%	Wed 10/19/17	Tue 10/25/16												
1314	Provide Operational Support	100%	Wed 10/26/17	Tue 11/1/16												
1315	Planning Phase	78%	Wed 10/26/17	Fri 10/28/16												
1316	Secure Project Resources	100%	Mon 10/17/17	Thu 5/4/17												
1317	Conduct Project Kickoff	100%	Mon 10/17/17	Tue 10/18/16												
1318	Project Management Plan (30 days)	99%	Fri 1/6/17	Thu 3/30/17												
1319	Develop Project Management Plan (PMP)	100%	Fri 1/6/17	Fri 3/17/17												
1320	Develop Communications Plan	100%	Fri 3/17/17	Tue 3/21/17												
1321	Develop Stakeholder Register	100%	Tue 3/21/17	Tue 3/28/17												
1322	Establish Risk/Issue Register Log (JIRA)	100%	Tue 3/28/17	Thu 3/30/17												
1323	V&V PMP	100%	Tue 3/21/17	Tue 3/28/17												
1324	Obtain Approval - PMP	100%	Thu 3/30/17	Wed 4/5/17												
1325	Deliverable - PMP	100%	Fri 3/17/17	Wed 3/22/17												
1326	Project Work Plan (30 days)	100%	Wed 4/5/17	Mon 4/10/17												
1327	Develop Project Work Plan	100%	Fri 3/17/17	Thu 5/4/17												
1328	V&V Project Work Plan	100%	Fri 3/17/17	Thu 4/27/17												
1329	Obtain Approval - Project Work Plan	100%	Thu 4/27/17	Thu 5/4/17												
1330	Deliverable - Project Work Plan	100%	Tue 3/21/17	Tue 3/28/17												
1331	Disaster Recovery Plan (30 days)	85%	Tue 3/21/17	Wed 3/22/17												
1332	Determine DR Procedures	100%	Wed 3/22/17	Thu 3/23/17												
1333	Define Failover Strategy	100%	Thu 3/23/17	Mon 3/27/17												
1334	Document Promotion & Rollback Plans	100%	Thu 3/23/17	Mon 3/27/17												

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
1335	Develop Business Continuity/Disaster Recovery Plan (BCDR)	85%	Mon 3/27/17	Tue 3/28/17												
1336	Define Backup Strategy & System	85%	Thu 4/27/17	Fri 11/9/18												
1337	Obtain Approval - BCDR	100%	Thu 4/27/17	Thu 4/27/17												
1338	Deliverable - BCDR	70%	Fri 11/10/17	Fri 11/10/17												
1339	Architectural Design Model (60 days)	61%	Fri 11/10/17	Fri 11/10/17												
1340	Develop Infrastructure, Application, and Database Data Model Arch Diagrams	0%	Thu 5/24/18	Fri 11/9/18												
1341	Develop Data Flows and Transformations Architecture Diagram	0%	Fri 8/17/18	Fri 11/9/18												
1342	Deliverable - Architectural Design Data Models	100%	Mon 2/22/16	Fri 3/31/17												
1343	Requirements Traceability (60 days)	87%	Mon 2/22/16	Fri 3/17/17												
1344	Develop Requirements Traceability Matrix (RTM)	100%	Fri 4/8/16	Fri 3/31/17												
1345	Obtain Approval - RTM	100%	Fri 3/31/17	Fri 3/31/17												
1346	Deliverable - RTM	75%	Wed 2/1/17	Mon 3/12/18												
1347	Training Plan (60 days)	72%	Mon 2/20/17	Tue 6/27/17												
1348	Develop Training Plan & Curriculum	63%	Mon 2/6/17	Wed 2/14/18												
1349	Develop Training Evaluation Survey	100%	Mon 2/6/17	Tue 3/21/17												
1350	Obtain Approval - Training Plan	100%	Wed 3/22/17	Tue 4/18/17												
1351	Deliverable - Training Plan	100%	Wed 4/19/17	Mon 6/5/17												
1352	System Security Plan (30 days)	79%	Wed 4/19/17	Wed 1/31/18												
1353	Confirm compliance with NIST 800-53 Security Compliance	100%	Wed 4/19/17	Tue 5/9/17												
1354	Develop System Security Plan (SSP)	100%	Tue 6/6/17	Mon 6/19/17												
1355	Develop Incident Reporting Plan (IRP)	100%	Tue 6/6/17	Mon 6/19/17												
1356	Deliverable - System Security Plan	75%	Tue 6/20/17	Wed 1/31/18												
1357	Transition Plan (90 days)	0%	Mon 10/2/17	Wed 1/31/18												
1358	Develop Transition Plan	0%	Tue 11/14/17	Wed 2/14/18												
1359	Deliverable - Transition Plan	0%	Wed 2/14/18	Wed 2/14/18												
1360	Support Plans	0%	Thu 2/1/18	Wed 2/14/18												
1361	Develop Support/Service Management Plan	0%	Wed 1/31/18	Wed 1/31/18												
1362	Define Operations/Support/Maintenance Strategy	0%	Mon 1/29/18	Mon 3/12/18												
1363	Define and Document Support Model	0%	Tue 3/13/18	Tue 4/24/18												
1364	Develop Operation & Maintenance Plan	0%	Tue 4/24/18	Mon 5/7/18												
1365	Establish User Request Form Procedures	0%	Mon 2/5/18	Fri 2/16/18												
1366	Determine Service Level Agreement (SLAs)	0%	Mon 5/7/18	Mon 5/28/18												
1367	Establish Disaster Recovery SLA's	0%	Mon 5/28/18	Tue 6/5/18												
1368	Develop Quality Assurance Plan	0%	Thu 2/1/18	Thu 3/8/18												
1369	Develop Acceptance Test Plan	0%	Wed 12/6/17	Wed 2/7/18												
1370	Develop Test Plan/Strategy	0%	Thu 2/8/18	Thu 3/22/18												
1371	Plan Help Desk Support	0%	Tue 2/27/18	Mon 3/5/18												
1372	Establish guidelines for help desk support	0%	Mon 6/18/18	Mon 7/9/18												
1373	Setup phone support line	0%	Mon 7/9/18	Mon 7/30/18												
1374	Document and distribute protocols, procedures, SLA's	0%	Mon 7/30/18	Mon 8/20/18												
1375	End User Training	79%	Fri 3/9/18	Fri 3/9/18												
1376	Plan Training	0%	Fri 3/9/18	Fri 3/9/18												
1377	Determine Training Sites	0%	Mon 2/19/18	Mon 3/12/18												
1378	Determine Training per User Roles	0%	Tue 3/13/18	Tue 4/3/18												
1379	Complete Training Logistics (rooms, location, types, etc)	0%	Tue 3/13/18	Mon 3/26/18												

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
1380	Develop Training Materials (manual, e-learning modules)	83%	Fri 3/9/18	Fri 3/9/18												
1381	Develop Training Manual Outline - Clinic and State	87%	Wed 2/1/17	Wed 1/17/18												
1382	Training Manual	82%	Wed 2/1/17	Wed 1/17/18												
1383	Develop Draft Training Manual - Clinic	80%	Wed 2/1/17	Wed 1/17/18												
1384	Review and Revise Training Manual - Clinic	80%	Wed 2/1/17	Wed 1/17/18												
1385	Develop Draft Training Manual	0%	Fri 9/7/18	Fri 9/28/18												
1386	Review and Revise Training Manual - State	100%	Mon 2/27/17	Mon 8/28/17												
1387	Develop Training PowerPoint Presentation - Clinic	78%	Mon 2/6/17	Wed 1/3/18												
1388	Develop Training PowerPoint Presentation - State	100%	Mon 2/6/17	Tue 4/18/17												
1389	Script Training Videos - Clinic	100%	Tue 4/4/17	Mon 5/8/17												
1390	Script Training Videos - State	100%	Mon 5/8/17	Mon 6/26/17												
1391	Develop Camtasia Videos	58%	Mon 6/26/17	Mon 7/31/17												
1392	Produce Training Videos - Clinic	100%	Mon 10/2/17	Mon 10/30/17												
1393	Produce Training Videos - State	0%	Mon 11/13/17	Mon 12/4/17												
1394	Prepare TRAIN Environment	0%	Tue 10/31/17	Wed 11/22/17												
1395	Load Data in TRAIN	0%	Thu 9/20/18	Tue 9/25/18												
1396	Execute Deidentification Process on CQM Data for TRAIN	0%	Tue 9/25/18	Fri 9/28/18												
1397	Create Users in TRAIN	0%	Tue 10/31/17	Wed 11/22/17												
1398	Create & Test User Security/Access in TRAIN	0%	Fri 9/28/18	Mon 10/8/18												
1399	Deploy Year 1 Reports to TRAIN	0%	Mon 10/8/18	Thu 10/11/18												
1400	User Training	0%	Fri 12/1/17	Mon 12/4/17												
1401	Conduct Training per Training Plan (Year 1)	0%	Tue 11/28/17	Fri 12/1/17												
1402	Conduct Training per Training Plan (Year 2)	0%	Mon 12/4/17	Mon 12/4/17												
1403	Year 2 Training Milestone	0%	Wed 11/29/17	Mon 12/4/17												
1404	Conduct Training per Training Plan (Year 3)	0%	Tue 12/5/17	Wed 1/3/18												
1405	Deliverable Complete - Training	0%	Thu 12/21/17	Thu 12/21/17												
1406	Year 1 (4 minimum measures, 55 minimum clinics)	3%	Tue 12/5/17	Thu 12/21/17												
1407	Environment Setup & Config (Dev, Test, Prod, Train)	39%	Tue 12/5/17	Thu 12/21/17												
1408	Procure AWS HW & SW	0%	Thu 8/17/17	Thu 12/21/17												
1409	Configure Application and Web Servers	0%	Tue 12/5/17	Thu 12/21/17												
1410	Application Server Setup/Config	0%	Fri 12/22/17	Thu 1/4/18												
1411	Web Servers Setup/Config	0%	Fri 12/22/17	Thu 1/4/18												
1412	Sub Milestone 1: Infrastructure and Configuration set up for the Test	0%	Thu 1/4/18	Thu 1/4/18												
1413	Configure Database Servers (Dev, Test, Prod, Train)	0%	Wed 1/3/18	Wed 1/3/18												
1414	Database & DB Server Setup/Configure	0%	Fri 12/22/17	Thu 1/4/18												
1415	Configure Software	99%	Mon 2/22/16	Fri 12/22/17												
1416	Install SAP Software & Configure	100%	Mon 1/30/17	Mon 5/15/17												
1417	Iteration 1-4 (Measure 1-4)	2%	Fri 5/5/17	Thu 6/15/17												
1418	Requirements Phase	34%	Tue 6/20/17	Tue 9/5/17												
1419	Develop CQM Specs/Use Cases Year 1, Measure 1-4	100%	Tue 8/22/17	Mon 11/6/17												
1420	M: Receive approval on Year 1 CQM Specifications	27%	Mon 2/22/16	Fri 12/22/17												

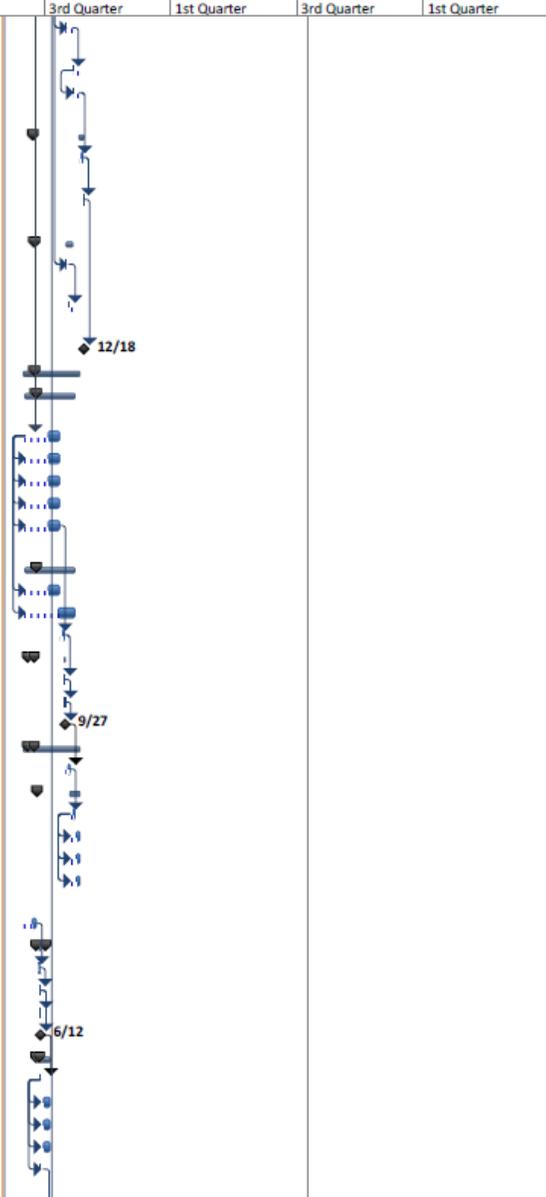
ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
1421	Update Requirements Traceability Matrix	8%	Tue 10/24/17	Fri 10/27/17												
1422	Design & Develop Phase	0%	Tue 10/24/17	Thu 10/26/17												
1423	Design & Develop ETL Process & Reports	0%	Fri 10/27/17	Fri 10/27/17												
1424	Design & Develop Logical Data Model	22%	Fri 10/27/17	Thu 11/30/17												
1425	Design & Develop Physical Data Model	100%	Fri 10/27/17	Tue 11/7/17												
1426	Design & Develop ETL Star Schema & Transformations	0%	Wed 11/8/17	Tue 8/17/21												
1427	CQM Proof of Concept Data	0%	Wed 11/8/17	Tue 11/14/17												
1428	M: Determine File Format (QRDA1, CCD, HL7, XLS)	0%	Thu 11/30/17	Tue 2/18/20												
1429	M: Receive POC CQM data from Clinic	0%	Thu 4/30/15	Wed 11/22/17												
1430	Conduct Data Gap Analysis	0%	Wed 11/8/17	Wed 11/22/17												
1431	Profile CQM POC Data from Clinics	0%	Fri 12/12/14	Wed 11/22/17												
1432	Produce/Deliver Gap Analysis report(s)	0%	Fri 12/19/14	Wed 11/29/17												
1433	Provide Gap Feedback	0%	Mon 12/22/17	Thu 11/30/17												
1434	Scrub CQM Clinic POC Data & Resend	0%	Fri 12/19/14	Wed 11/29/17												
1435	M: Finalize Data Transfer Method (sftp, web service, etc)	0%	Thu 11/30/17	Thu 10/11/18												
1436	Receive additional CQM data from clinics	0%	Fri 11/24/17	Thu 11/30/17												
1437	Conduct Data Gap Analysis	0%	Thu 11/30/17	Wed 4/18/18												
1438	Profile CQM POC Data from Clinics	0%	Thu 11/30/17	Wed 4/18/18												
1439	Produce/Deliver Gap Analysis report(s)	0%	Thu 11/30/17	Wed 4/18/18												
1440	Provide Gap Feedback	0%	Thu 11/30/17	Wed 4/18/18												
1441	Scrub CQM Clinic POC Data & Resend	0%	Thu 11/30/17	Wed 4/18/18												
1442	Configure ETL Process for CQM Data	0%	Thu 11/30/17	Fri 7/27/18												
1443	Load Dimensions with CQM POC Data	0%	Thu 11/30/17	Thu 8/9/18												
1444	Establish DW Universe with POC Data	0%	Thu 11/30/17	Thu 8/9/18												
1445	Determine Standard, Ad-Hoc, Custom Report Reqs	0%	Thu 8/9/18	Thu 10/11/18												
1446	Develop Analytics Reports for Year 1 Measure 1-4	0%	Wed 11/8/17	Tue 11/21/17												
1447	Develop Clinic CQM Reports	0%	Wed 7/27/16	Wed 11/22/17												
1448	Clinic Workspace/Dashboard	0%	Thu 11/23/17	Fri 3/16/18												
1449	Develop State CQM Reports	0%	Thu 11/30/17	Fri 9/7/18												
1450	Configure Mobile App for Reports	0%	Fri 9/7/18	Fri 9/7/18												
1451	Peer Test ETL & Analytics Reports	0%	Wed 11/8/17	Tue 11/14/17												
1452	Conduct Peer Test - Clinic and State	0%	Tue 9/15/15	Mon 12/4/17												
1453	Conduct Mobile Peer Test	0%	Fri 9/7/18	Fri 9/7/18												
1454	Peer Test Defect Corrections	0%	Mon 11/30/17	Fri 12/15/17												
1455	Design & Develop Self-Service Portal	0%	Wed 12/6/17	Fri 12/15/17												
1456	Design Self-Service Portal	0%	Fri 9/7/18	Fri 9/28/18												
1457	Develop Self-Service Portal	0%	Fri 9/28/18	Wed 10/3/18												
1458	Develop BOE Application & Server Access via Self-Service Portal	0%	Wed 10/3/18	Mon 10/8/18												
1459	Test Self-Service Portal	0%	Mon 10/8/18	Thu 10/11/18												
1460	QA Develop ETL and Reports Test Case Activities	0%	Mon 12/18/17	Fri 12/22/17												
1461	Develop Testing Scenarios/Test Cases	0%	Fri 2/5/16	Thu 12/21/17												

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
1462	Review & Revise Test Cases	0%	Wed 2/3/16	Tue 12/19/17												
1463	Document Defect Tracking Procedures	0%	Wed 11/29/1	Wed 12/20/1												
1464	Establish Defect Tracking Tool (JIRA)	0%	Wed 11/29/1	Wed 12/20/1												
1465	Third Party Dev	13%	Wed 12/20/1	Wed 12/20/1												
1466	Attribution Model	0%	Thu 12/21/17	Thu 12/21/17												
1467	Receive Attribution Model Test Samples	0%	Fri 9/7/18	Fri 11/9/18												
1468	Code Attribution Model and Production ready	0%	Thu 11/30/17	Thu 1/24/19												
1469	EMPI Model	36%	Fri 12/22/17	Fri 12/22/17												
1470	EMPI Test Samples Received from Orion	80%	Mon 2/22/16	Fri 3/18/16												
1471	EMPI Model Coded and Production Ready	0%	Fri 9/7/18	Thu 10/11/18												
1472	Lab Data Model - TBD - HOLD	99%	Mon 2/22/16	Fri 3/18/16												
1473	A1C Lab Data Received from Orion	100%	Mon 2/22/16	Fri 3/18/16												
1474	A1C Lab Data Coded and Production Ready	100%	Mon 2/22/16	Fri 3/18/16												
1475	Merge Data Model - TBD - HOLD	0%	Mon 2/22/16	Fri 3/18/16												
1476	Merge Data Received from Orion	0%	Mon 12/31/1	Mon 12/31/1												
1477	Merge Data Coded and Production Ready	0%	Mon 12/31/18	Mon 12/31/18												
1478	Testing - Iteration 1	0%	Wed 1/17/18	Thu 2/1/18												
1479	User Security Setup & Administration	0%	Wed 1/17/18	Mon 1/29/18												
1480	Develop User Security Form	0%	Fri 8/12/16	Mon 1/29/18												
1481	Have Clinic users complete User Security form/get approval	0%	Tue 1/30/18	Tue 10/9/18												
1482	M: Receive State User ID List	0%	Thu 4/5/18	Thu 4/5/18												
1483	Establish State User Access	0%	Fri 4/6/18	Fri 4/27/18												
1484	Sub Milestone 2: Complete State access to the UAT environment	0%	Thu 3/15/18	Thu 3/15/18												
1485	M: Receive Final Clinic User ID List	0%	Tue 10/9/18	Tue 10/9/18												
1486	Establish Clinic User Access	0%	Tue 10/9/18	Tue 10/30/18												
1487	Conduct UAT	0%	Tue 1/16/18	Thu 3/15/18												
1488	Develop UAT Manual	0%	Tue 10/30/18	Tue 12/11/18												
1489	Conduct UAT & Regression Testing for Yr 1 - Clinics	0%	Tue 12/11/18	Tue 3/19/19												
1490	Conduct UAT & Regression Testing for Yr 1 - State	0%	Thu 12/21/17	Thu 2/1/18												
1491	UAT Corrective Action/Defect Corrections	0%	Tue 12/11/18	Mon 3/11/19												
1492	Sub Milestone 3: Initial UAT Approval	0%	Mon 3/11/19	Mon 3/11/19												
1493	Deployment - Year 1	0%	Fri 2/2/18	Thu 3/15/18												
1494	Prepare & Rollout PROD	0%	Fri 2/2/18	Thu 3/15/18												
1495	Receive Final Supporting 3rd Party & Clinic Files	0%	Fri 2/2/18	Thu 3/15/18												
1496	Final Attribution File	0%	Wed 3/14/18	Thu 3/15/18												
1497	Historical Load from Clinics/Starting CCD(s)	0%	Wed 3/14/18	Thu 3/15/18												
1498	Final Lab Data - TBD	0%	Wed 4/4/18	Wed 4/4/18												
1499	Finalize Install of PROD	0%	Tue 4/3/18	Wed 4/4/18												
1500	Sub Milestone 4: Completion of initial load of prod data	0%	Wed 4/4/18	Wed 4/4/18												
1501	Configure Users in PROD	0%	Fri 3/16/18	Thu 3/29/18												
1502	Establish PROD User access	0%	Thu 4/5/18	Fri 4/6/18												

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
1503	Create & Test User Security/Access	0%	Thu 4/5/18	Fri 4/6/18												
1504	Deidentify Data, Load Historical Data	0%	Fri 4/6/18	Mon 4/9/18												
1505	Deploy Year 1 Measure Reports to PROD	0%	Mon 4/9/18	Tue 4/10/18												
1506	Conduct PROD Smoke Test	0%	Tue 4/10/18	Wed 4/11/18												
1507	Go Live Year 1 Measure Reports	0%	Tue 4/3/18	Wed 4/4/18												
1508	D: Year 1 Measure Reports	0%	Wed 4/4/18	Wed 4/4/18												
1509	Technical Documentation	0%	Fri 3/16/18	Thu 4/5/18												
1510	Design/Doc Data Dictionary	0%	Thu 4/5/18	Thu 4/26/18												
1511	Design/Doc Data Mapping (source-target)	0%	Thu 4/5/18	Thu 4/26/18												
1512	Document Data Sources Supported and Connectivity Method	0%	Thu 4/5/18	Thu 4/26/18												
1513	Revise Technical Architecture Docs	0%	Thu 4/5/18	Thu 4/26/18												
1514	Develop Reporting Catalog	0%	Thu 4/5/18	Thu 4/26/18												
1515	Iteration Close Out	0%	Fri 3/16/18	Thu 4/12/18												
1516	Conduct Lessons Learned - Year 1, Iteration 1	0%	Wed 3/21/18	Thu 3/22/18												
1517	Year 1 Measures - Milestone	0%	Mon 4/9/18	Thu 4/12/18												
1518	Year 1 Post Production Enhancements	0%	Fri 3/23/18	Fri 3/23/18												
1519	Merge File Support	0%	Fri 3/23/18	Thu 4/12/18												
1520	Merge File Requirements	0%	Fri 4/6/18	Fri 4/6/18												
1521	Develop Merge File Requirements Doc	0%	Fri 4/20/18	Tue 5/22/18												
1522	Merge File Design and Construction	0%	Fri 3/23/18	Tue 4/3/18												
1523	Develop Merge Data Model & Document	0%	Tue 5/22/18	Fri 6/15/18												
1524	Merge Process Coding	0%	Fri 6/15/18	Mon 10/22/18												
1525	Unit Test Merge Process with test data from Orion	0%	Mon 10/22/18	Mon 11/12/18												
1526	Merge File Error Reporting	0%	Fri 3/23/18	Tue 4/3/18												
1527	Design Merge Error Reporting	0%	Mon 11/12/18	Wed 12/12/18												
1528	Merge Error Reporting Process Coding	0%	Wed 12/12/18	Wed 1/23/19												
1529	Unit Test Merge Error Reporting Process	0%	Wed 1/23/19	Fri 1/25/19												
1530	Merge File Testing	0%	Fri 3/23/18	Tue 4/10/18												
1531	Develop Merge File Test Cases	0%	Wed 12/12/18	Thu 12/13/18												
1532	QA Test Merge File Process	0%	Fri 1/25/19	Mon 1/28/19												
1533	Merge File QA Test Defect Corrections	0%	Fri 1/25/19	Mon 1/28/19												
1534	Conduct Merge File UAT	0%	Mon 1/28/19	Tue 1/29/19												
1535	Merge File UAT Defect Corrections	0%	Mon 1/28/19	Tue 1/29/19												
1536	Merge File Deployment	0%	Fri 4/13/18	Fri 4/13/18												
1537	Migrate Merge Process to Production	0%	Tue 1/29/19	Wed 1/30/19												
1538	Conduct Smoke Test on Merge File Process	0%	Tue 1/29/19	Wed 1/30/19												
1539	D: Merge File Support	0%	Wed 1/30/19	Wed 1/30/19												
1540	Mobile Application Support	0%	Mon 4/16/18	Mon 4/16/18												
1541	Configure Mobile App for Reports	0%	Fri 4/6/18	Tue 8/21/18												
1542	Design Dev High Level Mobile Report	0%	Tue 8/21/18	Wed 11/14/18												
1543	Develop High Level Mobile Report	0%	Wed 11/14/18	Wed 11/28/18												
1544	Mobile Application Support Testing	0%	Fri 3/16/18	Thu 4/12/18												
1545	Develop Mobile Support Test Cases	0%	Wed 11/14/18	Wed 1/16/19												
1546	Conduct Mobile QA Test	0%	Wed 11/28/18	Wed 1/9/19												
1547	Mobile QA Test Defect Corrections	0%	Wed 11/28/18	Wed 1/9/19												
1548	Conduct Mobile UAT	0%	Wed 1/16/19	Wed 1/23/19												
1549	Mobile UAT Defect Corrections	0%	Wed 1/23/19	Thu 1/24/19												
1550	Mobile Training Materials	0%	Tue 4/17/18	Tue 4/17/18												

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
1551	Update Training Manual for Mobile Support	0%	Thu 1/25/18	Mon 5/28/18								
1552	Create Training Video for Mobile Support	0%	Tue 5/29/18	Mon 6/11/18								
1553	D: Mobile Support	0%	Wed 1/23/19	Wed 1/23/19								
1554	Lumira Support	0%	Fri 3/30/18	Mon 4/2/18								
1555	Lumira Visualization Reports Support	0%	Fri 3/30/18	Tue 5/8/18								
1556	Design & Develop Base Geo-maps at State level	0%	Wed 4/11/18	Wed 4/18/18								
1557	Design & Develop Base Geo-maps at County level	0%	Thu 4/19/18	Thu 4/26/18								
1558	Design & Develop Base Geo-maps at Region(zip) level	0%	Fri 4/27/18	Fri 5/4/18								
1559	Configure Reports to Feed Mobile	0%	Mon 5/7/18	Mon 5/7/18								
1560	Lumira Reports Testing	0%	Mon 4/2/18	Tue 4/17/18								
1561	Develop Lumira Test Cases	0%	Tue 3/27/18	Mon 4/2/18								
1562	Conduct Lumira Reports QA Test	0%	Mon 5/7/18	Fri 5/11/18								
1563	Lumira Reports QA Test Defect Corrections	0%	Mon 5/7/18	Fri 5/11/18								
1564	Conduct Lumira Reports UAT	0%	Mon 5/14/18	Wed 5/16/18								
1565	Lumira Reports UAT Defect Corrections	0%	Mon 5/14/18	Wed 5/16/18								
1566	Lumira Reports Deployment	0%	Tue 4/3/18	Tue 4/17/18								
1567	Migrate Lumira Reports to Production	0%	Thu 5/17/18	Thu 5/17/18								
1568	Conduct Smoke Test on Lumira Reports	0%	Tue 4/17/18	Tue 4/17/18								
1569	Lumira Training Materials	0%	Thu 4/19/18	Mon 4/23/18								
1570	Update Training Manual for Lumira Reports	0%	Mon 5/7/18	Fri 5/18/18								
1571	Create Training Video for Lumira Reports	0%	Tue 4/10/18	Mon 4/23/18								
1572	D: Lumira Reports	0%	Wed 5/2/18	Wed 5/2/18								
1573	Contract Amendment	0%	Thu 4/19/18	Wed 5/2/18								
1574	Data Gap Analysis (ongoing)	0%	Thu 4/19/18	Wed 5/2/18								
1575	Provide CQM and Raw Data Gap Analysis Reporting	0%	Tue 1/6/15	Wed 5/2/18								
1576	Provide Results & Support for Data Gap Analysis for Clinics	0%	Fri 1/9/15	Mon 5/7/18								
1577	D: Data Gap Analysis (ongoing)	0%	Mon 5/7/18	Mon 5/7/18								
1578	Provide Health System View	0%	Thu 5/3/18	Mon 5/7/18								
1579	Health System View Requirements	0%	Thu 5/3/18	Mon 5/7/18								
1580	Develop Health System View Requirements	0%	Mon 12/11/17	Tue 5/8/18								
1581	Health System View Design and Construction - ETL	0%	Wed 4/18/18	Tue 5/8/18								
1582	Design Health System View Reports - ETL	0%	Wed 5/9/18	Thu 6/28/18								
1583	Develop Health System View ETL	0%	Thu 6/28/18	Fri 8/17/18								
1584	Unit Test Health System View Reports - ETL	0%	Fri 8/17/18	Tue 9/4/18								
1585	Health System View Design and Construction	0%	Thu 4/19/18	Fri 5/18/18								
1586	Design Health System View Reports	0%	Tue 9/4/18	Tue 9/18/18								
1587	Develop Health System View Reports	0%	Tue 9/18/18	Tue 9/25/18								
1588	Unit Test Health System View Reports	0%	Tue 9/25/18	Tue 10/2/18								
1589	Health System View Testing	0%	Thu 4/19/18	Wed 5/2/18								
1590	Develop Health System Test Cases	0%	Tue 9/18/18	Tue 10/16/18								
1591	QA Test Health System View Reports	0%	Tue 10/2/18	Tue 10/30/18								

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
1592	Health System View PT Defect Corrections	0%	Tue 10/2/18	Tue 10/30/18								
1593	Conduct Health System View UAT	0%	Tue 10/30/18	Tue 11/27/18								
1594	Health System View UAT Defect Corrections	0%	Tue 10/30/18	Tue 11/27/18								
1595	Health System View Deployment	0%	Wed 5/9/18	Fri 5/11/18								
1596	Move Health System View Reports to Production	0%	Tue 11/27/18	Thu 12/13/18								
1597	Conduct Smoke Test on Health System View	0%	Thu 12/13/18	Tue 12/18/18								
1598	Health System Training Materials	0%	Mon 5/14/18	Fri 5/18/18								
1599	Update Training Manual for Health Systems View	0%	Tue 10/2/18	Tue 10/16/18								
1600	Create Training Video for Health Systems View	0%	Tue 10/16/18	Tue 10/30/18								
1601	D: Health System View	0%	Tue 12/18/18	Tue 12/18/18								
1602	Change Order Iterations	0%	Mon 5/14/18	Fri 5/18/18								
1603	Change Order Release 1 Iteration (ID 224, 265, 309, 310, 314, 317)	0%	Mon 5/21/18	Fri 5/25/18								
1604	Develop Requirements Doc - CO R1	0%	Fri 4/6/18	Mon 9/3/18								
1605	Design, Code, & Unit Test - CO R1	0%	Fri 4/6/18	Mon 9/3/18								
1606	QA Test - CO R1	0%	Fri 4/6/18	Mon 9/3/18								
1607	Develop Release Notes - CO R1	0%	Fri 4/6/18	Mon 9/3/18								
1608	Develop Testing Scenarios/Test Cases - CO R1	0%	Fri 4/6/18	Mon 9/3/18								
1609	Training Materials - CO R1	0%	Thu 5/24/18	Thu 5/24/18								
1610	Revise Training Manual - CO R1	0%	Fri 4/6/18	Mon 9/3/18								
1611	Revise Training Videos - CO R1	0%	Fri 4/6/18	Fri 11/9/18								
1612	Conduct UAT - CO R1	0%	Mon 9/3/18	Mon 9/24/18								
1613	Deployment - CO R1	0%	Wed 4/18/18	Tue 5/15/18								
1614	Deploy to Production - CO R1	0%	Mon 9/24/18	Wed 9/26/18								
1615	Smoke Test - CO R1	0%	Wed 9/26/18	Thu 9/27/18								
1616	D: CO R1	0%	Thu 9/27/18	Thu 9/27/18								
1617	Change Order Release 2 Iteration (ID 316, 319)	0%	Wed 4/18/18	Tue 5/15/18								
1618	Develop Requirements Doc - CO R2	0%	Thu 9/27/18	Thu 10/18/18								
1619	Design, Code, & Unit Test - CO R2	0%	Mon 5/28/18	Mon 5/28/18								
1620	ETL Process for CO R2	0%	Thu 10/18/18	Fri 11/9/18								
1621	Reports Process for CO R2	0%	Thu 10/18/18	Fri 11/30/18								
1622	QA Test - CO R2	0%	Thu 10/18/18	Fri 11/30/18								
1623	Develop Testing Scenarios/Test Cases - CO R2	0%	Thu 10/18/18	Fri 11/30/18								
1624	Conduct UAT - CO R1	0%	Fri 3/30/18	Thu 5/24/18								
1625	Deployment - CO R2	0%	Thu 5/24/18	Wed 7/4/18								
1626	Deploy to Production - CO R2	0%	Tue 6/5/18	Fri 6/8/18								
1627	Smoke Test - CO R2	0%	Mon 6/11/18	Tue 6/12/18								
1628	Develop Release Notes - CO R2	0%	Tue 6/12/18	Thu 6/14/18								
1629	D: CO R2	0%	Tue 6/12/18	Tue 6/12/18								
1630	Change Order Release 3 Iteration	0%	Thu 5/24/18	Thu 6/7/18								
1631	Develop Requirements Doc - CO R3	0%	Tue 6/12/18	Tue 6/26/18								
1632	Design, Code, & Unit Test - CO R3	0%	Tue 6/12/18	Tue 7/24/18								
1633	QA Test - CO R3	0%	Tue 6/12/18	Tue 7/24/18								
1634	Develop Release Notes - CO R3	0%	Tue 6/12/18	Tue 7/24/18								
1635	Develop Testing Scenarios/Test Cases - CO R3	0%	Tue 6/12/18	Tue 6/26/18								



ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
1636	Conduct UAT - CO R3	0%	Tue 6/26/18	Tue 7/10/18								
1637	Deployment - CO R3	0%	Fri 5/25/18	Thu 6/7/18								
1638	Deploy to Production - CO R3	0%	Tue 7/10/18	Fri 7/13/18								
1639	Smoke Test - CO R3	0%	Fri 7/13/18	Wed 7/18/18								
1640	D: CO R3	0%	Wed 7/18/18	Wed 7/18/18								
1641	Change Order Release 4 Iteration	0%	Mon 6/11/18	Fri 6/15/18								
1642	Develop Requirements Doc - CO R4	0%	Wed 7/18/18	Wed 8/1/18								
1643	Design, Code, & Unit Test - CO R4	0%	Wed 7/18/18	Wed 8/29/18								
1644	QA Test - CO R4	0%	Wed 7/18/18	Wed 8/29/18								
1645	Develop Release Notes - CO R4	0%	Wed 7/18/18	Wed 8/29/18								
1646	Develop Testing Scenarios/Test Cases - CO R4	0%	Wed 7/18/18	Wed 8/29/18								
1647	Conduct UAT - CO R4	0%	Wed 8/29/18	Wed 9/12/18								
1648	Deployment - CO R4	0%	Mon 7/2/18	Wed 7/4/18								
1649	Deploy to Production - CO R4	0%	Wed 9/12/18	Mon 9/17/18								
1650	Smoke Test - CO R4	0%	Mon 9/17/18	Thu 9/20/18								
1651	D: CO R4	0%	Thu 9/20/18	Thu 9/20/18								
1652	Change Order Release 5 Iteration	0%	Fri 6/8/18	Thu 6/21/18								
1653	Develop Requirements Doc - CO R5	0%	Tue 4/24/18	Thu 6/21/18								
1654	Design, Code, & Unit Test - CO R5	0%	Tue 4/24/18	Thu 6/21/18								
1655	QA Test - CO R5	0%	Thu 5/24/18	Mon 7/23/18								
1656	Develop Release Notes - CO R5	0%	Fri 4/27/18	Tue 6/26/18								
1657	Develop Testing Scenarios/Test Cases - CO R5	0%	Wed 4/25/18	Fri 6/22/18								
1658	Conduct UAT - CO R5	0%	Wed 5/16/18	Mon 6/11/18								
1659	Deployment - CO R5	0%	Mon 6/11/18	Fri 6/22/18								
1660	Deploy to Production - CO R5	0%	Fri 6/15/18	Mon 6/25/18								
1661	Smoke Test - CO R5	0%	Tue 6/26/18	Fri 6/29/18								
1662	D: CO R5	0%	Wed 7/11/18	Wed 7/11/18								
1663	Change Order Release 6 Iteration	0%	Mon 6/11/18	Fri 6/15/18								
1664	Develop Requirements Doc - CO R6	0%	Thu 7/12/18	Fri 8/3/18								
1665	Design, Code, & Unit Test - CO R6	0%	Thu 7/12/18	Fri 8/3/18								
1666	QA Test - CO R6	0%	Thu 7/12/18	Fri 8/3/18								
1667	Develop Release Notes - CO R6	0%	Thu 7/12/18	Fri 8/3/18								
1668	Develop Testing Scenarios/Test Cases - CO R6	0%	Thu 7/12/18	Fri 8/3/18								
1669	Conduct UAT - CO R6	0%	Mon 8/6/18	Fri 8/10/18								
1670	Deployment - CO R6	0%	Thu 7/12/18	Mon 7/23/18								
1671	Deploy to Production - CO R6	0%	Mon 8/13/18	Mon 8/13/18								
1672	Smoke Test - CO R6	0%	Tue 8/14/18	Tue 8/14/18								
1673	D: CO R6	0%	Tue 8/14/18	Tue 8/14/18								
1674	Change Order Release 7 Iteration	0%	Tue 7/24/18	Fri 7/27/18								
1675	Develop Requirements Doc - CO R7	0%	Wed 8/15/18	Fri 8/31/18								
1676	Design, Code, & Unit Test - CO R7	0%	Wed 8/15/18	Fri 8/31/18								
1677	QA Test - CO R7	0%	Wed 8/15/18	Fri 8/31/18								
1678	Develop Release Notes - CO R7	0%	Wed 8/15/18	Fri 8/31/18								
1679	Develop Testing Scenarios/Test Cases - CO R7	0%	Wed 8/15/18	Fri 8/31/18								
1680	Conduct UAT - CO R7	0%	Mon 9/3/18	Tue 9/11/18								
1681	Deployment - CO R7	0%	Mon 7/30/18	Mon 7/30/18								
1682	Deploy to Production - CO R7	0%	Tue 9/11/18	Wed 9/12/18								
1683	Smoke Test - CO R7	0%	Wed 9/12/18	Thu 9/13/18								
1684	D: CO R7	0%	Thu 9/13/18	Thu 9/13/18								



ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
1685	Year 2 (6 minimum additional measures, 55 minimum additional clinics)	8%	Fri 6/8/18	Thu 7/5/18												
1686	Iteration 5 Measure 5 (CMS 126 - Asthma) - CO323	0%	Fri 6/8/18	Thu 7/5/18												
1687	Requirements Phase	0%	Fri 6/8/18	Thu 7/5/18												
1688	Develop CQM Specs Year 2, Measure 5	0%	Wed 6/6/18	Thu 7/5/18												
1689	M: Receive approval on Year 2 Measure 5	0%	Mon 7/30/18	Mon 7/30/18												
1690	Update Requirements Traceability Matrix	0%	Tue 7/31/18	Fri 8/3/18												
1691	Design & Develop Phase	0%	Tue 7/24/18	Fri 9/28/18												
1692	Design & Develop ETL Process	0%	Tue 7/24/18	Fri 7/27/18												
1693	Design & Develop Logical Data Model	0%	Fri 8/3/18	Fri 2/1/19												
1694	Design & Develop Physical Data Model	0%	Fri 8/3/18	Fri 2/1/19												
1695	Design & Develop ETL Star Schema & Transformations	0%	Fri 8/3/18	Thu 11/29/18												
1696	QA Test ETL Process	0%	Fri 7/27/18	Tue 8/14/18												
1697	Conduct ETL QA Test	0%	Thu 11/29/18	Thu 12/20/18												
1698	ETL QA Test Defect Corrections	0%	Thu 11/29/18	Thu 12/20/18												
1699	Design & Develop Analytics Reports	0%	Fri 7/27/18	Tue 8/14/18												
1700	Determine Standard, Ad-Hoc, Custom Report Reqs	0%	Thu 11/29/18	Tue 12/4/18												
1701	Develop Analytics Reports for Year 2 Measure 5	0%	Thu 11/29/18	Fri 12/7/18												
1702	QA Test Analytics Reports	0%	Mon 7/30/18	Tue 8/14/18												
1703	Conduct Reporting QA Test	0%	Thu 12/20/18	Thu 1/10/19												
1704	Reports QA Test Defect Corrections	0%	Thu 12/20/18	Thu 1/10/19												
1705	QA Develop Test Case Activities	0%	Mon 7/30/18	Tue 8/14/18												
1706	Develop Testing Scenarios/Test Cases	0%	Thu 7/19/18	Tue 8/14/18												
1707	Review & Revise Test Cases	0%	Thu 7/19/18	Tue 8/14/18												
1708	Document Defect Tracking Procedures	0%	Thu 7/19/18	Tue 8/14/18												
1709	Testing - Measure 5	0%	Wed 8/15/18	Tue 8/21/18												
1710	User Security Setup & Administration	0%	Wed 8/15/18	Tue 8/21/18												
1711	Develop User Security Form	0%	Tue 7/31/18	Tue 8/21/18												
1712	Have users complete User Security forms/get approval	0%	Wed 8/22/18	Wed 10/3/18												
1713	M: Receive State User ID List for UAT (Continuous)	0%	Wed 10/3/18	Wed 10/3/18												
1714	Establish State User Access in UAT	0%	Wed 8/22/18	Wed 10/3/18												
1715	M: Receive Clinic User ID List for UAT (Continuous)	0%	Wed 10/3/18	Wed 10/3/18												
1716	Establish Clinic User Access in UAT	0%	Wed 10/3/18	Mon 10/8/18												
1717	Prepare UAT for Testing	0%	Wed 8/29/18	Tue 9/4/18												
1718	Develop PHI Deidentification Process	0%	Thu 7/19/18	Tue 9/4/18												
1719	Execute Deidentification Process on CQM Data for UAT	0%	Thu 7/19/18	Tue 9/4/18												
1720	Load CQM Data in UAT	0%	Thu 7/19/18	Tue 9/4/18												
1721	Create Users in UAT via Self-Service Portal	0%	Thu 7/19/18	Tue 9/4/18												
1722	Conduct UAT	0%	Wed 8/15/18	Fri 8/24/18												
1723	Conduct UAT & Regression Testing for Yr 2 Measure 5	0%	Mon 7/23/18	Fri 8/24/18												
1724	UAT Corrective Action/Defect Corrections	0%	Mon 8/27/18	Mon 9/17/18												
1725	Conduct Performance Testing	0%	Fri 8/31/18	Fri 9/21/18												
1726	Performance Testing Corrective Action	0%	Mon 8/27/18	Mon 9/17/18												

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
1727	M: Obtain UAT Completion Approval - Measure 5	0%	Mon 9/17/18	Mon 9/17/18								
1728	Develop Measure 5 Training Materials (manual, e-learning modules)	0%	Wed 8/15/18	Wed 8/15/18								
1729	Training Manual	0%	Wed 8/15/18	Tue 8/28/18								
1730	Develop Draft Training Manual - Clinic	0%	Fri 7/6/18	Fri 9/7/18								
1731	Review and Revise Training Manual - Clinic	0%	Fri 9/7/18	Wed 9/12/18								
1732	Develop Draft Training Manual - State	0%	Wed 9/12/18	Mon 9/17/18								
1733	Review and Revise Training Manual - State	0%	Mon 9/17/18	Thu 9/20/18								
1734	Revise Training PowerPoint Presentation - Clinic	0%	Thu 9/20/18	Tue 9/25/18								
1735	Revise Training PowerPoint Presentation - State	0%	Tue 9/25/18	Fri 9/28/18								
1736	Script Training Videos - Clinic	0%	Mon 9/17/18	Thu 9/20/18								
1737	Script Training Videos - State	0%	Tue 9/18/18	Fri 9/21/18								
1738	Develop Camtasia Videos	0%	Wed 9/12/18	Fri 9/21/18								
1739	Produce Training Videos - Clinic	0%	Tue 9/18/18	Fri 10/26/18								
1740	Produce Training Videos - State	0%	Tue 9/18/18	Mon 11/5/18								
1741	Deployment - Iteration 5	0%	Wed 9/12/18	Fri 9/21/18								
1742	Prepare & Rollout PROD	0%	Wed 9/12/18	Fri 9/21/18								
1743	Load CQM Data in PROD	0%	Thu 9/27/18	Fri 9/28/18								
1744	Create Users in PROD	0%	Mon 9/24/18	Thu 9/27/18								
1745	Establish PROD User access	0%	Tue 9/25/18	Tue 9/25/18								
1746	Create & Test User Security/Access	0%	Wed 9/26/18	Wed 9/26/18								
1747	Deploy Year 2 Measure 5 Reports to PROD	0%	Fri 9/28/18	Fri 9/28/18								
1748	Conduct PROD Smoke Test	0%	Fri 9/28/18	Mon 10/1/18								
1749	Go Live Year 2 Measure 5	0%	Mon 10/1/18	Tue 10/2/18								
1750	D: Measure 5	0%	Tue 10/2/18	Tue 10/2/18								
1751	Technical Documentation	0%	Fri 9/28/18	Fri 9/28/18								
1752	Revise Data Dictionary	0%	Tue 10/2/18	Tue 10/23/18								
1753	Revise Data Mapping (source-target)	0%	Tue 10/2/18	Tue 10/23/18								
1754	Revise Data Sources Supported and Connectivity Method	0%	Tue 10/2/18	Tue 10/23/18								
1755	Revise Technical Architecture Docs	0%	Tue 10/2/18	Tue 10/23/18								
1756	Revise Reporting Catalog	0%	Tue 10/2/18	Tue 10/23/18								
1757	Iteration 6 (Measure 6 - CMS2 Clinical Depression Screening)	0%	Wed 8/15/18	Tue 9/11/18								
1758	Requirements Phase	0%	Wed 8/15/18	Tue 9/11/18								
1759	Develop CQM Specs Year 2, Measure 6	0%	Tue 9/25/18	Fri 9/28/18								
1760	Update Requirements Traceability Matrix	0%	Mon 10/1/18	Thu 10/4/18								
1761	Design & Develop Phase	0%	Mon 9/24/18	Fri 11/30/18								
1762	Design & Develop ETL Process	0%	Mon 9/24/18	Thu 9/27/18								
1763	Design & Develop Logical Data Model	0%	Mon 10/1/18	Mon 10/22/18								
1764	Design & Develop Physical Data Model	0%	Mon 10/1/18	Mon 10/22/18								
1765	Design & Develop ETL Star Schema & Transformations	0%	Tue 10/16/18	Tue 11/6/18								
1766	QA Test ETL Process	0%	Thu 9/27/18	Mon 10/15/18								
1767	Conduct ETL QA Test	0%	Wed 11/7/18	Tue 11/20/18								
1768	QA Test Defect Corrections	0%	Wed 11/7/18	Tue 11/20/18								

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
1769	Design & Develop Analytics Reports	0%	Thu 9/27/18	Mon 10/15/18												
1770	Determine Standard, Ad-Hoc, Custom Report Reqs	0%	Wed 11/7/18	Wed 11/28/18												
1771	Develop Analytics Reports for Year 2 Measure 6	0%	Wed 11/7/18	Wed 11/28/18												
1772	Configure Mobile App for Reports	0%	Wed 11/7/18	Wed 11/28/18												
1773	QA Test Analytics Reports	0%	Fri 9/28/18	Mon 10/15/18												
1774	Conduct Reporting QA Test	0%	Wed 11/28/18	Tue 12/11/18												
1775	Conduct Mobile QA Test	0%	Wed 11/28/18	Tue 12/11/18												
1776	QA Test Defect Corrections	0%	Wed 11/28/18	Tue 12/11/18												
1777	QA Develop Test Case Activities	0%	Fri 9/28/18	Mon 10/15/18												
1778	Develop Testing Scenarios/Test Cases	0%	Wed 11/7/18	Tue 12/11/18												
1779	Review & Revise Test Cases	0%	Wed 11/7/18	Tue 12/11/18												
1780	Document Defect Tracking Procedures	0%	Wed 11/7/18	Tue 12/11/18												
1781	Establish Defect Tracking Tool (JIRA)	0%	Wed 11/7/18	Tue 12/11/18												
1782	Testing - Measure 6	0%	Tue 10/16/18	Tue 10/30/18												
1783	User Security Setup & Administration	0%	Tue 10/16/18	Tue 10/30/18												
1784	Have users complete User Security forms/get approval	0%	Thu 10/4/18	Tue 10/30/18												
1785	M: Receive State User ID List for UAT (Continuous)	0%	Tue 10/30/18	Tue 10/30/18												
1786	Establish State User Access in UAT	0%	Wed 10/31/18	Mon 11/26/18												
1787	M: Receive Clinic User ID List for UAT (Continuous)	0%	Tue 11/13/18	Tue 11/13/18												
1788	Establish Clinic User Access in UAT	0%	Wed 11/14/18	Tue 11/27/18												
1789	Prepare UAT for Testing	0%	Wed 10/31/18	Tue 11/6/18												
1790	Develop PHI Deidentification Process	0%	Wed 10/31/18	Thu 11/8/18												
1791	Execute Deidentification Process on CQM Data for UAT	0%	Wed 10/31/18	Thu 11/8/18												
1792	Load CQM Data in UAT	0%	Mon 12/3/18	Tue 12/11/18												
1793	Create Users in UAT via Self-Service Portal	0%	Mon 12/3/18	Tue 12/11/18												
1794	Conduct UAT	0%	Tue 10/16/18	Thu 10/25/18												
1795	Conduct UAT & Regression Testing for Yr 2 Measure 6	0%	Tue 12/11/18	Mon 12/24/18												
1796	UAT Corrective Action/Defect Corrections	0%	Tue 12/11/18	Mon 12/24/18												
1797	Conduct Performance Testing	0%	Tue 12/11/18	Mon 12/24/18												
1798	Performance Testing Corrective Action	0%	Tue 12/11/18	Mon 12/24/18												
1799	M: Obtain UAT Completion Approval - Measure 6	0%	Mon 12/24/18	Mon 12/24/18												
1800	Deployment - Iteration 6	0%	Tue 10/30/18	Tue 10/30/18												
1801	Prepare & Rollout PROD	0%	Tue 10/30/18	Mon 11/12/18												
1802	Load CQM Data in PROD	0%	Mon 11/5/18	Tue 11/13/18												
1803	Create Users in PROD	0%	Tue 10/16/18	Mon 10/22/18												
1804	Establish PROD User access	0%	Wed 11/14/18	Thu 11/15/18												
1805	Create & Test User Security/Access	0%	Thu 11/15/18	Mon 11/19/18												
1806	Deploy Year 2 Measure 6 Reports to PROD	0%	Mon 11/12/18	Tue 11/13/18												
1807	Conduct PROD Smoke Test	0%	Thu 11/22/18	Fri 11/23/18												
1808	Go Live Year 2 Measure 6	0%	Mon 11/26/18	Tue 11/27/18												
1809	D: Measure 6	0%	Tue 11/27/18	Tue 11/27/18												
1810	Technical Documentation	0%	Wed 11/14/18	Fri 11/23/18												
1811	Revise Data Dictionary	0%	Tue 11/27/18	Tue 12/18/18												

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
1812	Revise Data Mapping (source-target)	0%	Tue 11/27/18	Tue 12/18/18								
1813	Revise Data Sources Supported and Connectivity Method	0%	Tue 11/27/18	Tue 12/18/18								
1814	Revise Technical Architecture Docs	0%	Tue 11/27/18	Tue 12/18/18								
1815	Revise Reporting Catalog	0%	Tue 11/27/18	Tue 12/18/18								
1816	Iteration 7 (Measure 7 - CMS 82v4 Maternal Depression Screening)	0%	Wed 11/28/18	Wed 11/28/18								
1817	Requirements Phase	0%	Wed 11/28/18	Wed 11/28/18								
1818	Develop CQM Specs Year 2, Measure 7	0%	Thu 11/15/18	Wed 11/28/18								
1819	Update Requirements Traceability Matrix	0%	Thu 11/29/18	Tue 12/4/18								
1820	Design & Develop Phase	0%	Thu 11/29/18	Thu 11/29/18								
1821	Design & Develop ETL Process	0%	Fri 11/30/18	Fri 11/30/18								
1822	Design & Develop Logical Data Model	0%	Wed 11/28/18	Wed 12/12/18								
1823	Design & Develop Physical Data Model	0%	Wed 11/28/18	Wed 12/12/18								
1824	Design & Develop ETL Star Schema & Transformations	0%	Wed 11/28/18	Wed 12/12/18								
1825	QA Test ETL Process	0%	Tue 10/16/18	Mon 11/12/18								
1826	Conduct ETL QA Test	0%	Wed 12/12/18	Wed 12/26/18								
1827	QA Test Defect Corrections	0%	Wed 12/12/18	Wed 12/26/18								
1828	Design & Develop Analytics Reports	0%	Tue 10/16/18	Mon 11/12/18								
1829	Determine Standard, Ad-Hoc, Custom Report Reqs	0%	Wed 12/12/18	Wed 12/19/18								
1830	Develop Analytics Reports for Year 2 Measure 7	0%	Wed 12/12/18	Wed 12/19/18								
1831	Configure Mobile App for Reports	0%	Tue 12/25/18	Mon 12/31/18								
1832	QA Test Analytics Reports	0%	Mon 11/26/18	Wed 11/28/18								
1833	Conduct Reporting QA Test	0%	Mon 12/31/18	Mon 1/7/19								
1834	Conduct Mobile QA Test	0%	Mon 12/31/18	Mon 1/7/19								
1835	QA Test Defect Corrections	0%	Mon 12/31/18	Mon 1/7/19								
1836	QA Develop Test Case Activities	0%	Wed 11/28/18	Fri 12/7/18								
1837	Develop Testing Scenarios/Test Cases	0%	Thu 12/13/18	Thu 1/24/19								
1838	Review & Revise Test Cases	0%	Thu 12/13/18	Thu 1/24/19								
1839	Document Defect Tracking Procedures	0%	Thu 12/13/18	Thu 1/24/19								
1840	Establish Defect Tracking Tool (JIRA)	0%	Thu 12/13/18	Thu 1/24/19								
1841	Testing - Measure 7	0%	Wed 11/28/18	Wed 11/28/18								
1842	User Security Setup & Administration	0%	Thu 11/29/18	Fri 12/7/18								
1843	Have users complete User Security forms/get approval	0%	Mon 12/3/18	Mon 1/14/19								
1844	M: Receive State User ID List for UAT (Continuous)	0%	Fri 12/7/18	Fri 12/7/18								
1845	Establish State User Access in UAT	0%	Mon 12/10/18	Mon 1/21/19								
1846	M: Receive Clinic User ID List for UAT (Continuous)	0%	Fri 12/21/18	Fri 12/21/18								
1847	Establish Clinic User Access in UAT	0%	Mon 12/24/18	Tue 1/1/19								
1848	Prepare UAT for Testing	0%	Thu 11/29/18	Fri 12/7/18								
1849	Develop PHI Deidentification Process	0%	Mon 12/10/18	Mon 12/31/18								
1850	Execute Deidentification Process on CQM Data for UAT	0%	Mon 12/10/18	Mon 12/31/18								
1851	Load CQM Data in UAT	0%	Mon 12/10/18	Tue 12/18/18								
1852	Create Users in UAT via Self-Service Portal	0%	Mon 12/10/18	Mon 12/31/18								
1853	Conduct UAT	0%	Wed 12/5/18	Tue 12/11/18								
1854	Conduct UAT & Regression Testing for Yr 2 Measure 7	0%	Mon 12/31/18	Fri 2/1/19								

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
1855	UAT Corrective Action/Defect Corrections	0%	Mon 12/31/18	Fri 2/1/19								
1856	Conduct Performance Testing	0%	Mon 12/31/18	Fri 2/1/19								
1857	Performance Testing Corrective Action	0%	Mon 12/31/18	Fri 2/1/19								
1858	M: Obtain UAT Completion Approval - Measure 7	0%	Fri 2/1/19	Fri 2/1/19								
1859	Deployment - Iteration 7	0%	Wed 12/12/18	Thu 12/13/18								
1860	Prepare & Rollout PROD	0%	Mon 12/10/18	Fri 12/14/18								
1861	Load CQM Data in PROD	0%	Wed 12/12/18	Thu 12/20/18								
1862	Create Users in PROD	0%	Mon 12/10/18	Fri 12/14/18								
1863	Establish PROD User access	0%	Thu 12/20/18	Fri 12/21/18								
1864	Create & Test User Security/Access	0%	Fri 12/21/18	Tue 12/25/18								
1865	Deploy Year 2 Measure 7 Reports to PROD	0%	Fri 12/28/18	Mon 12/31/18								
1866	Conduct PROD Smoke Test	0%	Tue 1/1/19	Wed 1/2/19								
1867	Go Live Year 2 Measure 7	0%	Wed 1/2/19	Fri 1/4/19								
1868	D: Measure 7	0%	Fri 1/4/19	Fri 1/4/19								
1869	Technical Documentation	0%	Mon 12/10/18	Mon 12/17/18								
1870	Design/Doc Data Dictionary	0%	Fri 1/4/19	Fri 1/18/19								
1871	Design/Doc Data Mapping (source-target)	0%	Fri 1/4/19	Fri 1/18/19								
1872	Document Data Sources Supported and Connectivity Method	0%	Fri 1/4/19	Fri 1/18/19								
1873	Revise Technical Architecture Docs	0%	Fri 1/4/19	Fri 1/18/19								
1874	Develop Reporting Catalog	0%	Fri 1/4/19	Fri 1/18/19								
1875	Iteration 8 & 9 (Measure 8 & 9)	41%	Mon 12/17/18	Mon 12/17/18								
1876	Requirements Phase	0%	Mon 12/17/18	Mon 12/17/18								
1877	Develop CQM Specs Year 2, Measure 8 & 9	0%	Tue 12/11/18	Mon 12/24/18								
1878	Update Requirements Traceability Matrix	0%	Tue 12/25/18	Fri 12/28/18								
1879	Design & Develop Phase	0%	Tue 12/18/18	Mon 12/24/18								
1880	Design & Develop ETL Process	0%	Tue 12/18/18	Mon 12/24/18								
1881	Design & Develop Logical Data Model	0%	Mon 12/24/18	Mon 1/7/19								
1882	Design & Develop Physical Data Model	0%	Mon 12/24/18	Mon 1/7/19								
1883	Design & Develop ETL Star Schema & Transformations	0%	Mon 12/24/18	Mon 1/7/19								
1884	QA Test ETL Process	0%	Tue 12/25/18	Thu 12/27/18								
1885	Conduct ETL QA Test	0%	Mon 1/7/19	Mon 1/21/19								
1886	QA Test Defect Corrections	0%	Mon 1/7/19	Mon 1/21/19								
1887	Design & Develop Analytics Reports	0%	Wed 12/26/18	Wed 12/26/18								
1888	Determine Standard, Ad-Hoc, Custom Report Reqs	0%	Mon 1/7/19	Tue 1/8/19								
1889	Develop Analytics Reports for Year 2 Measure 8	0%	Mon 1/7/19	Tue 1/8/19								
1890	Configure Mobile App for Reports	0%	Mon 1/7/19	Tue 1/8/19								
1891	QA Test Analytics Reports	0%	Fri 12/28/18	Fri 12/28/18								
1892	Conduct Reporting QA Test	0%	Tue 1/8/19	Thu 1/10/19								
1893	Conduct Mobile QA Test	0%	Tue 1/8/19	Thu 1/10/19								
1894	QA Test Defect Corrections	0%	Tue 1/8/19	Thu 1/10/19								
1895	QA Develop Test Case Activities	0%	Mon 12/10/18	Fri 12/21/18								
1896	Develop Testing Scenarios/Test Cases	0%	Mon 1/7/19	Mon 1/21/19								
1897	Review & Revise Test Cases	0%	Mon 1/7/19	Mon 1/21/19								
1898	Document Defect Tracking Procedures	0%	Mon 1/7/19	Mon 1/21/19								
1899	Establish Defect Tracking Tool (JIRA)	0%	Mon 1/7/19	Mon 1/21/19								
1900	Testing - Iteration 8 & 9	75%	Fri 12/28/18	Fri 12/28/18								
1901	User Security Setup & Administration	34%	Mon 12/31/18	Tue 1/22/19								

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
1902	Have users complete User Security forms/get approval	0%	Mon 12/24/18	Mon 1/7/19												
1903	M: Receive State User ID List for UAT (Continuous)	0%	Fri 1/4/19	Fri 1/4/19												
1904	Establish State User Access in UAT	0%	Fri 1/4/19	Fri 1/18/19												
1905	M: Receive Clinic User ID List for UAT (Continuous)	0%	Tue 1/22/19	Tue 1/22/19												
1906	Establish Clinic User Access in UAT	100%	Thu 9/28/17	Thu 10/12/17												
1907	Prepare UAT for Testing	99%	Thu 9/14/17	Thu 10/12/17												
1908	Develop PHI Deidentification Process	100%	Thu 9/14/17	Thu 9/21/17												
1909	Execute Deidentification Process on CQM Data for UAT	100%	Thu 9/14/17	Thu 9/21/17												
1910	Load CQM Data in UAT	100%	Thu 10/5/17	Mon 10/9/17												
1911	Create Users in UAT via Self-Service Portal	100%	Thu 10/5/17	Thu 10/12/17												
1912	Conduct UAT	100%	Thu 10/12/17	Tue 10/24/17												
1913	Conduct UAT & Regression Testing for Yr 2 Measure 8	100%	Thu 10/12/17	Tue 10/24/17												
1914	UAT Corrective Action/Defect Corrections	100%	Thu 10/12/17	Tue 10/24/17												
1915	Conduct Performance Testing	100%	Thu 10/12/17	Tue 10/24/17												
1916	Performance Testing Corrective Action	100%	Thu 10/12/17	Tue 10/24/17												
1917	M: Obtain UAT Completion Approval - Measure 8	100%	Mon 10/23/17	Mon 10/23/17												
1918	Deployment - Iteration 8 & 9	99%	Tue 10/24/17	Mon 10/30/17												
1919	Prepare & Rollout PROD	99%	Tue 10/24/17	Mon 10/30/17												
1920	Load CQM Data in PROD	100%	Tue 10/24/17	Thu 10/26/17												
1921	Create Users in PROD	100%	Thu 10/26/17	Fri 10/27/17												
1922	Establish PROD User access	100%	Thu 10/26/17	Thu 10/26/17												
1923	Create & Test User Security/Access	100%	Thu 10/26/17	Fri 10/27/17												
1924	Deploy Year 2 Measure 8 Reports to PROD	100%	Fri 10/27/17	Fri 10/27/17												
1925	Conduct PROD Smoke Test	100%	Fri 10/27/17	Mon 10/30/17												
1926	Go Live Year 2 Measure 8 & 9	100%	Mon 10/30/17	Mon 10/30/17												
1927	D: Measure 8 & 9	100%	Mon 10/30/17	Mon 10/30/17												
1928	Technical Documentation	100%	Mon 10/30/17	Mon 11/6/17												
1929	Design/Doc Data Dictionary	100%	Mon 10/30/17	Mon 11/6/17												
1930	Design/Doc Data Mapping (source-target)	100%	Mon 10/30/17	Mon 11/6/17												
1931	Document Data Sources Supported and Connectivity Method	100%	Mon 10/30/17	Mon 11/6/17												
1932	Revise Technical Architecture Docs	100%	Mon 10/30/17	Mon 11/6/17												
1933	Develop Reporting Catalog	100%	Mon 10/30/17	Mon 11/6/17												
1934	Iteration 10 (Measure 10)	36%	Mon 2/22/18	Fri 6/22/18												
1935	Requirements Phase	16%	Tue 10/24/17	Fri 10/27/17												
1936	Develop CQM Specs Year 2, Measure 10	21%	Tue 10/24/17	Thu 10/26/17												
1937	Update Requirements Traceability Matrix	0%	Fri 10/27/17	Fri 10/27/17												
1938	Design & Develop Phase	22%	Fri 10/27/17	Thu 11/30/17												
1939	Design & Develop ETL Process	100%	Fri 10/27/17	Wed 11/8/17												
1940	Design & Develop Logical Data Model	100%	Fri 10/27/17	Wed 11/8/17												
1941	Design & Develop Physical Data Model	100%	Fri 10/27/17	Wed 11/8/17												
1942	Design & Develop ETL Star Schema & Transformations	100%	Fri 10/27/17	Wed 11/8/17												
1943	QA Test ETL Process	0%	Wed 11/8/17	Tue 11/14/17												
1944	Conduct ETL QA Test	0%	Wed 11/8/17	Tue 11/14/17												

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
1945	QA Test Defect Corrections	0%	Wed 11/8/17	Tue 11/14/17												
1946	Design & Develop Analytics Reports	0%	Wed 11/8/17	Wed 11/22/17												
1947	Determine Standard, Ad-Hoc, Custom Report Reqs	0%	Wed 11/8/17	Wed 11/22/17												
1948	Develop Analytics Reports for Year 2 Measure 9	0%	Wed 11/8/17	Wed 11/22/17												
1949	Configure Mobile App for Reports	0%	Wed 11/8/17	Wed 11/22/17												
1950	QA Test Analytics Reports	0%	Fri 11/24/17	Thu 11/30/17												
1951	Conduct Reporting QA Test	0%	Fri 11/24/17	Wed 11/29/17												
1952	Conduct Mobile QA Test	0%	Fri 11/24/17	Wed 11/29/17												
1953	QA Test Defect Corrections	0%	Fri 11/24/17	Thu 11/30/17												
1954	QA Develop Test Case Activities	0%	Wed 11/8/17	Fri 11/17/17												
1955	Develop Testing Scenarios/Test Cases	0%	Wed 11/8/17	Fri 11/17/17												
1956	Review & Revise Test Cases	0%	Wed 11/8/17	Fri 11/17/17												
1957	Document Defect Tracking Procedures	0%	Wed 11/8/17	Fri 11/17/17												
1958	Establish Defect Tracking Tool (JIRA)	0%	Wed 11/8/17	Fri 11/17/17												
1959	Testing - Iteration 10	0%	Wed 11/8/17	Fri 6/22/18												
1960	User Security Setup & Administration	0%	Wed 11/8/17	Fri 6/22/18												
1961	Have users complete User Security forms/get approval	0%	Wed 11/8/17	Tue 11/21/17												
1962	M: Receive State User ID List for UAT (Continuous)	99%	Wed 11/8/17	Wed 11/8/17												
1963	Establish State User Access in UAT	0%	Wed 11/8/17	Tue 11/21/17												
1964	M: Receive Clinic User ID List for UAT (Continuous)	99%	Wed 11/22/17	Wed 11/22/17												
1965	Establish Clinic User Access in UAT	0%	Fri 6/8/18	Fri 6/22/18												
1966	Prepare UAT for Testing	0%	Wed 11/8/17	Tue 12/5/17												
1967	Develop PHI Deidentification Process	0%	Wed 11/8/17	Tue 11/14/17												
1968	Execute Deidentification Process on CQM Data for UAT	0%	Wed 11/8/17	Tue 11/14/17												
1969	Load CQM Data in UAT	0%	Fri 12/1/17	Mon 12/4/17												
1970	Create Users in UAT via Self-Service Portal	0%	Fri 12/1/17	Tue 12/5/17												
1971	Conduct UAT	0%	Wed 12/6/17	Fri 12/15/17												
1972	Conduct UAT & Regression Testing for Yr 2 Measure 9	0%	Wed 12/6/17	Fri 12/15/17												
1973	UAT Corrective Action/Defect Corrections	0%	Wed 12/6/17	Fri 12/15/17												
1974	Conduct Performance Testing	0%	Wed 12/6/17	Fri 12/15/17												
1975	Performance Testing Corrective Action	0%	Wed 12/6/17	Wed 12/13/17												
1976	M: Obtain UAT Completion Approval - Measure 9	99%	Wed 12/13/17	Wed 12/13/17												
1977	Deployment - Iteration 10	0%	Mon 12/18/17	Fri 12/22/17												
1978	Prepare & Rollout PROD	0%	Mon 12/18/17	Thu 12/21/17												
1979	Load CQM Data in PROD	0%	Mon 12/18/17	Tue 12/19/17												
1980	Create Users in PROD	0%	Wed 12/20/17	Wed 12/20/17												
1981	Establish PROD User access	0%	Wed 12/20/17	Wed 12/20/17												
1982	Create & Test User Security/Access	0%	Wed 12/20/17	Wed 12/20/17												
1983	Deploy Year 2 Measure 8 Reports to PROD	0%	Thu 12/21/17	Thu 12/21/17												
1984	Conduct PROD Smoke Test	0%	Thu 12/21/17	Thu 12/21/17												
1985	Go Live Year 2 Measure 9	0%	Fri 12/22/17	Fri 12/22/17												
1986	D: Measure 9	99%	Fri 12/22/17	Fri 12/22/17												
1987	Technical Documentation	80%	Mon 2/22/16	Mon 3/21/16												

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
1988	Design/Doc Data Dictionary	0%	Mon 2/22/16	Fri 3/18/16												
1989	Design/Doc Data Mapping (source-target)	100%	Mon 2/22/16	Mon 3/21/16												
1990	Document Data Sources Supported and Connectivity Method	100%	Mon 2/22/16	Mon 3/21/16												
1991	Revise Technical Architecture Docs	100%	Mon 2/22/16	Mon 3/21/16												
1992	Develop Reporting Catalog	100%	Mon 2/22/16	Mon 3/21/16												
1993	Year 3 (6 min addtl measures, 55 min addtl clinics; 16 ttl measures, 165 ttl clinics)	0%	Tue 1/16/18	Mon 12/31/18												
1994	Iteration 11 (Measure 11)	0%	Tue 1/16/18	Tue 4/17/18												
1995	Requirements Phase	0%	Wed 1/17/18	Thu 2/1/18												
1996	Develop CQM Specs Year 3, Measure 11	0%	Wed 1/17/18	Mon 1/29/18												
1997	M: Receive approval on Year 3 Measure 11	99%	Mon 1/29/18	Mon 1/29/18												
1998	Update Requirements Traceability Matrix	0%	Tue 1/30/18	Thu 2/1/18												
1999	Design & Develop Phase	0%	Tue 1/16/18	Thu 4/5/18												
2000	Design & Develop ETL Process	0%	Tue 1/16/18	Thu 3/15/18												
2001	Design & Develop Logical Data Model	0%	Fri 2/2/18	Thu 3/15/18												
2002	Design & Develop Physical Data Model	0%	Fri 2/2/18	Thu 3/15/18												
2003	Design & Develop ETL Star Schema & Transformations	0%	Fri 2/2/18	Thu 3/15/18												
2004	CQM Clinic Data	0%	Tue 1/16/18	Thu 3/15/18												
2005	M: Determine File Format (QRDA1, CCD, HL7, XLS)	99%	Tue 1/16/18	Tue 1/16/18												
2006	M: Receive CQM data from Clinic	99%	Thu 2/1/18	Thu 2/1/18												
2007	M: Finalize Data Transfer Method (sftp, web service, etc)	99%	Thu 2/1/18	Thu 2/1/18												
2008	Profile CQM Data from Clinics	0%	Fri 2/2/18	Thu 3/15/18												
2009	Produce/Deliver Gap Analysis report(s)	0%	Fri 2/2/18	Thu 3/15/18												
2010	Provide Gap Feedback	0%	Fri 2/2/18	Thu 3/15/18												
2011	Scrub CQM Clinic Data	0%	Fri 2/2/18	Thu 3/15/18												
2012	Configure ETL Process for CQM Data	0%	Fri 2/2/18	Thu 3/15/18												
2013	Load Dimesions with CQM Data	0%	Fri 2/2/18	Thu 3/15/18												
2014	Establish DW Universe with Data	0%	Fri 2/2/18	Thu 3/15/18												
2015	QA Test ETL Process	0%	Fri 3/16/18	Wed 4/4/18												
2016	Conduct ETL QA Test	0%	Fri 3/16/18	Wed 4/4/18												
2017	QA Test Defect Corrections	0%	Fri 3/16/18	Wed 4/4/18												
2018	Design & Develop Analytics Reports	0%	Fri 3/16/18	Thu 3/29/18												
2019	Determine Standard, Ad-Hoc, Custom Report Reqs	0%	Fri 3/16/18	Thu 3/29/18												
2020	Develop Analytics Reports for Year 3 Measure 11	0%	Fri 3/16/18	Thu 3/29/18												
2021	Configure Mobile App for Reports	0%	Fri 3/16/18	Thu 3/29/18												
2022	QA Test Analytics Reports	0%	Fri 3/30/18	Wed 4/4/18												
2023	Conduct Reporting QA Test	0%	Fri 3/30/18	Wed 4/4/18												
2024	Conduct Mobile QA Test	0%	Fri 3/30/18	Wed 4/4/18												
2025	QA Test Defect Corrections	0%	Fri 3/30/18	Wed 4/4/18												
2026	QA Develop Test Case Activities	0%	Fri 3/16/18	Thu 4/5/18												
2027	Develop Testing Scenarios/Test Cases	0%	Fri 3/16/18	Thu 4/5/18												
2028	Review & Revise Test Cases	0%	Fri 3/16/18	Thu 4/5/18												
2029	Document Defect Tracking Procedures	0%	Fri 3/16/18	Thu 4/5/18												
2030	Establish Defect Tracking Tool (JIRA)	0%	Fri 3/16/18	Thu 4/5/18												
2031	Testing - Iteration 11	0%	Fri 3/16/18	Thu 4/12/18												
2032	User Security Setup & Administration	0%	Fri 3/16/18	Thu 4/12/18												

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
2033	Develop User Security Form	0%	Fri 3/16/18	Thu 3/22/18								
2034	Have users complete User Security forms/get approval	0%	Fri 3/23/18	Thu 4/12/18								
2035	M: Receive State User ID List for UAT (Continuous)	99%	Fri 3/23/18	Fri 3/23/18								
2036	Establish State User Access in UAT	0%	Fri 3/23/18	Thu 4/12/18								
2037	M: Receive Clinic User ID List for UAT (Continuous)	99%	Fri 4/6/18	Fri 4/6/18								
2038	Establish Clinic User Access in UAT	0%	Fri 4/6/18	Thu 4/12/18								
2039	Prepare UAT for Testing	0%	Fri 3/23/18	Tue 4/3/18								
2040	Develop PHI Deidentification Process	0%	Fri 3/23/18	Tue 4/3/18								
2041	Execute Deidentification Process on CQM Data for UAT	0%	Fri 3/23/18	Tue 4/3/18								
2042	Load CQM Data in UAT	0%	Fri 3/23/18	Tue 4/3/18								
2043	Create Users in UAT via Self-Service Portal	0%	Fri 3/23/18	Tue 4/3/18								
2044	Conduct UAT	0%	Fri 3/23/18	Tue 4/10/18								
2045	Conduct UAT & Regression Testing for Yr 3 Measure 11	0%	Fri 3/23/18	Tue 4/10/18								
2046	UAT Corrective Action/Defect Corrections	0%	Fri 3/23/18	Tue 4/10/18								
2047	Conduct Performance Testing	0%	Fri 3/23/18	Tue 4/10/18								
2048	Performance Testing Corrective Action	0%	Fri 3/23/18	Tue 4/10/18								
2049	Develop UAT Test Results Report	0%	Wed 3/28/18	Tue 4/10/18								
2050	Deployment - Iteration 11	0%	Wed 4/11/18	Tue 4/17/18								
2051	Prepare & Rollout PROD	0%	Wed 4/11/18	Mon 4/16/18								
2052	Load CQM Data in PROD	0%	Wed 4/11/18	Thu 4/12/18								
2053	Create Users in PROD	0%	Fri 4/13/18	Fri 4/13/18								
2054	Establish PROD User access	0%	Fri 4/13/18	Fri 4/13/18								
2055	Create & Test User Security/Access	0%	Fri 4/13/18	Fri 4/13/18								
2056	Deploy Year 3 Measure 11 Reports to PROD	0%	Mon 4/16/18	Mon 4/16/18								
2057	Conduct PROD Smoke Test	0%	Mon 4/16/18	Mon 4/16/18								
2058	Go Live Year 3 Measure 11	0%	Tue 4/17/18	Tue 4/17/18								
2059	D: Year 3 Measure 11 - Iteration 11	99%	Tue 4/17/18	Tue 4/17/18								
2060	Technical Documentation	0%	Fri 3/16/18	Thu 4/12/18								
2061	Design/Doc Data Dictionary	0%	Fri 3/16/18	Thu 4/12/18								
2062	Design/Doc Data Mapping (source-target)	0%	Fri 3/16/18	Thu 4/12/18								
2063	Document Data Sources Supported and Connectivity Method	0%	Fri 3/16/18	Thu 4/12/18								
2064	Revise Technical Architecture Docs	0%	Fri 3/16/18	Thu 4/12/18								
2065	Develop Reporting Catalog	0%	Fri 3/16/18	Thu 4/12/18								
2066	Iteration Close Out	0%	Tue 4/17/18	Tue 4/17/18								
2067	Conduct Lessons Learned - Year 3, Iteration 11	0%	Tue 4/17/18	Tue 4/17/18								
2068	Iteration 12 (Measure 12)	0%	Tue 3/27/18	Mon 5/28/18								
2069	Requirements Phase	0%	Tue 3/27/18	Mon 4/2/18								
2070	Develop CQM Specs Year 3, Measure 12	0%	Tue 3/27/18	Thu 3/29/18								
2071	Update Requirements Traceability Matrix	0%	Fri 3/30/18	Mon 4/2/18								
2072	Design & Develop Phase	0%	Fri 3/30/18	Tue 5/8/18								
2073	Design & Develop ETL Process	0%	Fri 3/30/18	Wed 4/18/18								
2074	Design & Develop Logical Data Model	0%	Fri 3/30/18	Wed 4/18/18								
2075	Design & Develop Physical Data Model	0%	Fri 3/30/18	Wed 4/18/18								

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
2076	Design & Develop ETL Star Schema & Transformations	0%	Fri 3/30/18	Wed 4/18/18								
2077	CQM Clinic Data	0%	Mon 4/2/18	Tue 4/17/18								
2078	M: Receive CQM data from Clinic	99%	Mon 4/2/18	Mon 4/2/18								
2079	Profile CQM Data from Clinics	0%	Tue 4/3/18	Tue 4/17/18								
2080	Produce/Deliver Gap Analysis report(s)	0%	Tue 4/3/18	Tue 4/17/18								
2081	Provide Gap Feedback	0%	Tue 4/3/18	Tue 4/17/18								
2082	Scrub CQM Clinic Data	0%	Tue 4/3/18	Tue 4/17/18								
2083	Configure ETL Process for CQM Data	0%	Tue 4/3/18	Tue 4/17/18								
2084	Load Dimesions with CQM Data	0%	Tue 4/3/18	Tue 4/17/18								
2085	Establish DW Universe with Data	0%	Tue 4/3/18	Tue 4/17/18								
2086	QA Test ETL Process	0%	Thu 4/19/18	Mon 4/23/18								
2087	Conduct ETL QA Test	0%	Thu 4/19/18	Mon 4/23/18								
2088	QA Test Defect Corrections	0%	Thu 4/19/18	Mon 4/23/18								
2089	Design & Develop Analytics Reports	0%	Thu 4/19/18	Wed 5/2/18								
2090	Determine Standard, Ad-Hoc, Custom Report Reqs	0%	Thu 4/19/18	Wed 5/2/18								
2091	Develop Analytics Reports for Year 3 Measure 12	0%	Thu 4/19/18	Wed 5/2/18								
2092	Configure Mobile App for Reports	0%	Thu 4/19/18	Wed 5/2/18								
2093	QA Test Analytics Reports	0%	Thu 5/3/18	Mon 5/7/18								
2094	Conduct Reporting QA Test	0%	Thu 5/3/18	Mon 5/7/18								
2095	Conduct Mobile QA Test	0%	Thu 5/3/18	Mon 5/7/18								
2096	QA Test Defect Corrections	0%	Thu 5/3/18	Mon 5/7/18								
2097	QA Develop Test Case Activities	0%	Wed 4/18/18	Tue 5/8/18								
2098	Develop Testing Scenarios/Test Cases	0%	Wed 4/18/18	Tue 5/8/18								
2099	Review & Revise Test Cases	0%	Wed 4/18/18	Tue 5/8/18								
2100	Document Defect Tracking Procedures	0%	Wed 4/18/18	Tue 5/8/18								
2101	Establish Defect Tracking Tool (JIRA)	0%	Wed 4/18/18	Tue 5/8/18								
2102	Testing - Iteration 12	0%	Thu 4/19/18	Fri 5/18/18								
2103	User Security Setup & Administration	0%	Thu 4/19/18	Wed 5/9/18								
2104	Have users complete User Security forms/get approval	0%	Thu 4/19/18	Wed 5/2/18								
2105	M: Receive State User ID List for UAT (Continuous)	99%	Thu 4/19/18	Thu 4/19/18								
2106	Establish State User Access in UAT	0%	Thu 4/19/18	Wed 5/2/18								
2107	M: Receive Clinic User ID List for UAT (Continuous)	99%	Thu 5/3/18	Thu 5/3/18								
2108	Establish Clinic User Access in UAT	0%	Thu 5/3/18	Wed 5/9/18								
2109	Prepare UAT for Testing	0%	Thu 4/19/18	Fri 5/11/18								
2110	Develop PHI Deidentification Process	0%	Thu 4/19/18	Mon 4/23/18								
2111	Execute Deidentification Process on CQM Data for UAT	0%	Thu 4/19/18	Mon 4/23/18								
2112	Load CQM Data in UAT	0%	Wed 5/9/18	Fri 5/11/18								
2113	Create Users in UAT via Self-Service Portal	0%	Wed 5/9/18	Fri 5/11/18								
2114	Conduct UAT	0%	Mon 5/14/18	Fri 5/18/18								
2115	Conduct UAT & Regression Testing for Yr 3 Measure 12	0%	Mon 5/14/18	Fri 5/18/18								
2116	UAT Corrective Action/Defect Corrections	0%	Mon 5/14/18	Fri 5/18/18								
2117	Conduct Performance Testing	0%	Mon 5/14/18	Fri 5/18/18								
2118	Performance Testing Corrective Action	0%	Mon 5/14/18	Fri 5/18/18								

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
2119	Develop UAT Test Results Report	0%	Mon 5/14/18	Fri 5/18/18								
2120	Deployment - Iteration 12	0%	Mon 5/21/18	Fri 5/25/18								
2121	Prepare & Rollout PROD	0%	Mon 5/21/18	Thu 5/24/18								
2122	Load CQM Data in PROD	0%	Mon 5/21/18	Tue 5/22/18								
2123	Create Users in PROD	0%	Wed 5/23/18	Wed 5/23/18								
2124	Establish PROD User access	0%	Wed 5/23/18	Wed 5/23/18								
2125	Create & Test User Security/Access	0%	Wed 5/23/18	Wed 5/23/18								
2126	Deploy Year 3 Measure 12 Reports to PROD	0%	Thu 5/24/18	Thu 5/24/18								
2127	Conduct PROD Smoke Test	0%	Thu 5/24/18	Thu 5/24/18								
2128	Go Live Year 3 Measure 12	0%	Fri 5/25/18	Fri 5/25/18								
2129	D: Year 3 Measure 12 - Iteration 12	99%	Fri 5/25/18	Fri 5/25/18								
2130	Technical Documentation	0%	Wed 4/18/18	Tue 5/15/18								
2131	Design/Doc Data Dictionary	0%	Wed 4/18/18	Tue 5/15/18								
2132	Design/Doc Data Mapping (source-target)	0%	Wed 4/18/18	Tue 5/15/18								
2133	Document Data Sources Supported and Connectivity Method	0%	Wed 4/18/18	Tue 5/15/18								
2134	Revise Technical Architecture Docs	0%	Wed 4/18/18	Tue 5/15/18								
2135	Develop Reporting Catalog	0%	Wed 4/18/18	Tue 5/15/18								
2136	Iteration Close Out	0%	Mon 5/28/18	Mon 5/28/18								
2137	Conduct Lessons Learned - Year 3, Iteration 12	0%	Mon 5/28/18	Mon 5/28/18								
2138	Iteration 13 (Measure 13)	0%	Mon 5/21/18	Mon 7/30/18								
2139	Requirements Phase	0%	Mon 5/21/18	Thu 5/24/18								
2140	Develop CQM Specs Year 3, Measure 13	0%	Mon 5/21/18	Wed 5/23/18								
2141	Update Requirements Traceability Matrix	0%	Thu 5/24/18	Thu 5/24/18								
2142	Design & Develop Phase	0%	Thu 5/24/18	Wed 7/4/18								
2143	Design & Develop ETL Process	0%	Thu 5/24/18	Fri 6/8/18								
2144	Design & Develop Logical Data Model	0%	Thu 5/24/18	Fri 6/8/18								
2145	Design & Develop Physical Data Model	0%	Thu 5/24/18	Fri 6/8/18								
2146	Design & Develop ETL Star Schema & Transformations	0%	Thu 5/24/18	Fri 6/8/18								
2147	CQM Proof of Concept Data	0%	Thu 5/24/18	Thu 6/7/18								
2148	M: Receive POC CQM data from Clinic	99%	Thu 5/24/18	Thu 5/24/18								
2149	Profile CQM POC Data from Clinics	0%	Fri 5/25/18	Thu 6/7/18								
2150	Produce/Deliver Gap Analysis report(s)	0%	Fri 5/25/18	Thu 6/7/18								
2151	Provide Gap Feedback	0%	Fri 5/25/18	Thu 6/7/18								
2152	Scrub CQM Clinic POC Data	0%	Fri 5/25/18	Thu 6/7/18								
2153	Configure ETL Process for CQM Data	0%	Fri 5/25/18	Thu 6/7/18								
2154	Load Dimesions with CQM POC Data	0%	Fri 5/25/18	Thu 6/7/18								
2155	Establish DW Universe with POC Data	0%	Fri 5/25/18	Thu 6/7/18								
2156	QA Test ETL Process	0%	Mon 6/11/18	Fri 6/15/18								
2157	Conduct ETL QA Test	0%	Mon 6/11/18	Fri 6/15/18								
2158	QA Test Defect Corrections	0%	Mon 6/11/18	Fri 6/15/18								
2159	Design & Develop Analytics Reports	0%	Mon 6/11/18	Fri 6/29/18								
2160	Determine Standard, Ad-Hoc, Custom Report Reqs	0%	Mon 6/11/18	Fri 6/29/18								
2161	Develop Analytics Reports for Year 3 Measure 13	0%	Mon 6/11/18	Fri 6/29/18								
2162	Configure Mobile App for Reports	0%	Mon 6/11/18	Fri 6/29/18								
2163	QA Test Analytics Reports	0%	Mon 7/2/18	Wed 7/4/18								

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
2164	Conduct Reporting QA Test	0%	Mon 7/2/18	Wed 7/4/18								
2165	Conduct Mobile QA Test	0%	Mon 7/2/18	Wed 7/4/18								
2166	QA Test Defect Corrections	0%	Mon 7/2/18	Wed 7/4/18								
2167	QA Develop Test Case Activities	0%	Fri 6/8/18	Thu 6/21/18								
2168	Develop Testing Scenarios/Test Cases	0%	Fri 6/8/18	Thu 6/21/18								
2169	Review & Revise Test Cases	0%	Fri 6/8/18	Thu 6/21/18								
2170	Document Defect Tracking Procedures	0%	Fri 6/8/18	Thu 6/21/18								
2171	Establish Defect Tracking Tool (JIRA)	0%	Fri 6/8/18	Thu 6/21/18								
2172	Testing - Iteration 13	0%	Mon 6/11/18	Mon 7/23/18								
2173	User Security Setup & Administration	0%	Mon 6/11/18	Tue 6/26/18								
2174	Have users complete User Security forms/get approval	0%	Mon 6/11/18	Fri 6/22/18								
2175	M: Receive State User ID List for UAT (Continuous)	99%	Mon 6/11/18	Mon 6/11/18								
2176	Establish State User Access in UAT	0%	Mon 6/11/18	Fri 6/22/18								
2177	M: Receive Clinic User ID List for UAT (Continuous)	99%	Mon 6/25/18	Mon 6/25/18								
2178	Establish Clinic User Access in UAT	0%	Mon 6/25/18	Tue 6/26/18								
2179	Prepare UAT for Testing	0%	Mon 6/11/18	Wed 7/11/18								
2180	Develop PHI Deidentification Process	0%	Mon 6/11/18	Fri 6/15/18								
2181	Execute Deidentification Process on CQM Data for UAT	0%	Mon 6/11/18	Fri 6/15/18								
2182	Load CQM Data in UAT	0%	Thu 7/5/18	Fri 7/6/18								
2183	Create Users in UAT via Self-Service Portal	0%	Thu 7/5/18	Wed 7/11/18								
2184	Conduct UAT	0%	Thu 7/12/18	Mon 7/23/18								
2185	Conduct UAT & Regression Testing for Yr 3 Measure 13	0%	Thu 7/12/18	Mon 7/23/18								
2186	UAT Corrective Action/Defect Corrections	0%	Thu 7/12/18	Mon 7/23/18								
2187	Conduct Performance Testing	0%	Thu 7/12/18	Mon 7/23/18								
2188	Performance Testing Corrective Action	0%	Thu 7/12/18	Mon 7/23/18								
2189	Develop UAT Test Results Report	0%	Thu 7/12/18	Mon 7/23/18								
2190	Deployment - Iteration 13	0%	Tue 7/24/18	Mon 7/30/18								
2191	Prepare & Rollout PROD	0%	Tue 7/24/18	Fri 7/27/18								
2192	Load CQM Data in PROD	0%	Tue 7/24/18	Wed 7/25/18								
2193	Create Users in PROD	0%	Thu 7/26/18	Thu 7/26/18								
2194	Establish PROD User access	0%	Thu 7/26/18	Thu 7/26/18								
2195	Create & Test User Security/Access	0%	Thu 7/26/18	Thu 7/26/18								
2196	Deploy Year 3 Measure 13 Reports to PROD	0%	Fri 7/27/18	Fri 7/27/18								
2197	Conduct PROD Smoke Test	0%	Fri 7/27/18	Fri 7/27/18								
2198	Go Live Year 3 Measure 13	0%	Mon 7/30/18	Mon 7/30/18								
2199	D: Year 3 Measure 13 - Iteration 13	99%	Mon 7/30/18	Mon 7/30/18								
2200	Technical Documentation	0%	Fri 6/8/18	Thu 7/5/18								
2201	Design/Doc Data Dictionary	0%	Fri 6/8/18	Thu 7/5/18								
2202	Design/Doc Data Mapping (source-target)	0%	Fri 6/8/18	Thu 7/5/18								
2203	Document Data Sources Supported and Connectivity Method	0%	Fri 6/8/18	Thu 7/5/18								
2204	Revise Technical Architecture Docs	0%	Fri 6/8/18	Thu 7/5/18								
2205	Develop Reporting Catalog	0%	Fri 6/8/18	Thu 7/5/18								
2206	Iteration Close Out	0%	Mon 7/30/18	Mon 7/30/18								
2207	Conduct Lessons Learned - Year 3, Iteration 13	0%	Mon 7/30/18	Mon 7/30/18								

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
2208	Iteration 14 (Measure 14)	0%	Tue 7/24/18	Fri 9/28/18								
2209	Requirements Phase	0%	Tue 7/24/18	Fri 7/27/18								
2210	Develop CQM Specs Year 3, Measure 14	0%	Tue 7/24/18	Thu 7/26/18								
2211	Update Requirements Traceability Matrix	0%	Fri 7/27/18	Fri 7/27/18								
2212	Design & Develop Phase	0%	Fri 7/27/18	Tue 9/4/18								
2213	Design & Develop ETL Process	0%	Fri 7/27/18	Tue 8/14/18								
2214	Design & Develop Logical Data Model	0%	Fri 7/27/18	Tue 8/14/18								
2215	Design & Develop Physical Data Model	0%	Fri 7/27/18	Tue 8/14/18								
2216	Design & Develop ETL Star Schema & Transformations	0%	Fri 7/27/18	Tue 8/14/18								
2217	CQM Clinic Data	0%	Fri 7/27/18	Tue 8/14/18								
2218	M: Receive CQM data from Clinic	99%	Fri 7/27/18	Fri 7/27/18								
2219	Profile CQM Data from Clinics	0%	Mon 7/30/18	Tue 8/14/18								
2220	Produce/Deliver Gap Analysis report(s)	0%	Mon 7/30/18	Tue 8/14/18								
2221	Provide Gap Feedback	0%	Mon 7/30/18	Tue 8/14/18								
2222	Scrub CQM Clinic Data	0%	Mon 7/30/18	Tue 8/14/18								
2223	Configure ETL Process for CQM Data	0%	Mon 7/30/18	Tue 8/14/18								
2224	Load Dimesions with CQM Data	0%	Mon 7/30/18	Tue 8/14/18								
2225	Establish DW Universe with Data	0%	Mon 7/30/18	Tue 8/14/18								
2226	QA Test ETL Process	0%	Wed 8/15/18	Tue 8/21/18								
2227	Conduct ETL QA Test	0%	Wed 8/15/18	Tue 8/21/18								
2228	QA Test Defect Corrections	0%	Wed 8/15/18	Tue 8/21/18								
2229	Design & Develop Analytics Reports	0%	Wed 8/15/18	Tue 8/28/18								
2230	Determine Standard, Ad-Hoc, Custom Report Reqs	0%	Wed 8/15/18	Tue 8/28/18								
2231	Develop Analytics Reports for Year 3 Measure 14	0%	Wed 8/15/18	Tue 8/28/18								
2232	Configure Mobile App for Reports	0%	Wed 8/15/18	Tue 8/28/18								
2233	QA Test Analytics Reports	0%	Wed 8/29/18	Tue 9/4/18								
2234	Conduct Reporting QA Test	0%	Wed 8/29/18	Tue 9/4/18								
2235	Conduct Mobile QA Test	0%	Wed 8/29/18	Tue 9/4/18								
2236	QA Test Defect Corrections	0%	Wed 8/29/18	Tue 9/4/18								
2237	QA Develop Test Case Activities	0%	Wed 8/15/18	Fri 8/24/18								
2238	Develop Testing Scenarios/Test Cases	0%	Wed 8/15/18	Fri 8/24/18								
2239	Review & Revise Test Cases	0%	Wed 8/15/18	Fri 8/24/18								
2240	Document Defect Tracking Procedures	0%	Wed 8/15/18	Fri 8/24/18								
2241	Establish Defect Tracking Tool (JIRA)	0%	Wed 8/15/18	Fri 8/24/18								
2242	Testing - Iteration 14	0%	Wed 8/15/18	Fri 9/21/18								
2243	User Security Setup & Administration	0%	Wed 8/15/18	Tue 9/11/18								
2244	Have users complete User Security forms/get approval	0%	Wed 8/15/18	Tue 8/28/18								
2245	M: Receive State User ID List for UAT (Continuous)	99%	Wed 8/15/18	Wed 8/15/18								
2246	Establish State User Access in UAT	0%	Wed 8/15/18	Tue 8/28/18								
2247	M: Receive Clinic User ID List for UAT (Continuous)	99%	Wed 8/29/18	Wed 8/29/18								
2248	Establish Clinic User Access in UAT	0%	Wed 8/29/18	Tue 9/11/18								
2249	Prepare UAT for Testing	0%	Wed 8/15/18	Tue 9/11/18								
2250	Develop PHI Deidentification Process	0%	Wed 8/15/18	Tue 8/21/18								
2251	Execute Deidentification Process on CQM Data for UAT	0%	Wed 8/15/18	Tue 8/21/18								
2252	Load CQM Data in UAT	0%	Wed 9/5/18	Thu 9/6/18								

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
2253	Create Users in UAT via Self-Service Portal	0%	Wed 9/5/18	Tue 9/11/18								
2254	Conduct UAT	0%	Wed 9/12/18	Fri 9/21/18								
2255	Conduct UAT & Regression Testing for Yr 3 Measure 14	0%	Wed 9/12/18	Fri 9/21/18								
2256	UAT Corrective Action/Defect Corrections	0%	Wed 9/12/18	Fri 9/21/18								
2257	Conduct Performance Testing	0%	Wed 9/12/18	Fri 9/21/18								
2258	Performance Testing Corrective Action	0%	Wed 9/12/18	Fri 9/21/18								
2259	Develop UAT Test Results Report	0%	Wed 9/12/18	Fri 9/21/18								
2260	Deployment - Iteration 14	0%	Mon 9/24/18	Fri 9/28/18								
2261	Prepare & Rollout PROD	0%	Mon 9/24/18	Thu 9/27/18								
2262	Load CQM Data in PROD	0%	Mon 9/24/18	Tue 9/25/18								
2263	Create Users in PROD	0%	Wed 9/26/18	Wed 9/26/18								
2264	Establish PROD User access	0%	Wed 9/26/18	Wed 9/26/18								
2265	Create & Test User Security/Access	0%	Wed 9/26/18	Wed 9/26/18								
2266	Deploy Year 3 Measure 8 Reports to PROD	0%	Thu 9/27/18	Thu 9/27/18								
2267	Conduct PROD Smoke Test	0%	Thu 9/27/18	Thu 9/27/18								
2268	Go Live Year 3 Measure 14	0%	Fri 9/28/18	Fri 9/28/18								
2269	D: Year 2 Measure 14 - Iteration 14	99%	Fri 9/28/18	Fri 9/28/18								
2270	Technical Documentation	0%	Wed 8/15/18	Tue 9/11/18								
2271	Design/Doc Data Dictionary	0%	Wed 8/15/18	Tue 9/11/18								
2272	Design/Doc Data Mapping (source-target)	0%	Wed 8/15/18	Tue 9/11/18								
2273	Document Data Sources Supported and Connectivity Method	0%	Wed 8/15/18	Tue 9/11/18								
2274	Revise Technical Architecture Docs	0%	Wed 8/15/18	Tue 9/11/18								
2275	Develop Reporting Catalog	0%	Wed 8/15/18	Tue 9/11/18								
2276	Iteration Close Out	0%	Fri 9/28/18	Fri 9/28/18								
2277	Conduct Lessons Learned - Year 3, Iteration 14	0%	Fri 9/28/18	Fri 9/28/18								
2278	Iteration 15 (Measure 15)	0%	Mon 9/24/18	Fri 11/30/18								
2279	Requirements Phase	0%	Mon 9/24/18	Thu 9/27/18								
2280	Develop CQM Specs Year 3, Measure 15	0%	Mon 9/24/18	Wed 9/26/18								
2281	Update Requirements Traceability Matrix	0%	Thu 9/27/18	Thu 9/27/18								
2282	Design & Develop Phase	0%	Thu 9/27/18	Tue 11/6/18								
2283	Design & Develop ETL Process	0%	Thu 9/27/18	Mon 10/15/18								
2284	Design & Develop Logical Data Model	0%	Thu 9/27/18	Mon 10/15/18								
2285	Design & Develop Physical Data Model	0%	Thu 9/27/18	Mon 10/15/18								
2286	Design & Develop ETL Star Schema & Transformations	0%	Thu 9/27/18	Mon 10/15/18								
2287	CQM Clinic Data	0%	Thu 9/27/18	Mon 10/15/18								
2288	M: Receive CQM data from Clinic	99%	Thu 9/27/18	Thu 9/27/18								
2289	Profile CQM Data from Clinics	0%	Fri 9/28/18	Mon 10/15/18								
2290	Produce/Deliver Gap Analysis report(s)	0%	Fri 9/28/18	Mon 10/15/18								
2291	Provide Gap Feedback	0%	Fri 9/28/18	Mon 10/15/18								
2292	Scrub CQM Clinic Data	0%	Fri 9/28/18	Mon 10/15/18								
2293	Configure ETL Process for CQM Data	0%	Fri 9/28/18	Mon 10/15/18								
2294	Load Dimensions with CQM Data	0%	Fri 9/28/18	Mon 10/15/18								
2295	Establish DW Universe with Data	0%	Fri 9/28/18	Mon 10/15/18								
2296	QA Test ETL Process	0%	Tue 10/16/18	Mon 10/22/18								
2297	Conduct ETL QA Test	0%	Tue 10/16/18	Mon 10/22/18								
2298	QA Test Defect Corrections	0%	Tue 10/16/18	Mon 10/22/18								

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
2299	Design & Develop Analytics Reports	0%	Tue 10/16/18	Tue 10/30/18								
2300	Determine Standard, Ad-Hoc, Custom Report Reqs	0%	Tue 10/16/18	Tue 10/30/18								
2301	Develop Analytics Reports for Year 3 Measure 15	0%	Tue 10/16/18	Tue 10/30/18								
2302	Configure Mobile App for Reports	0%	Tue 10/16/18	Tue 10/30/18								
2303	QA Test Analytics Reports	0%	Wed 10/31/1	Tue 11/6/18								
2304	Conduct Reporting QA Test	0%	Wed 10/31/1	Tue 11/6/18								
2305	Conduct Mobile QA Test	0%	Wed 10/31/1	Tue 11/6/18								
2306	QA Test Defect Corrections	0%	Wed 10/31/1	Tue 11/6/18								
2307	QA Develop Test Case Activities	0%	Tue 10/16/18	Thu 10/25/18								
2308	Develop Testing Scenarios/Test Cases	0%	Tue 10/16/18	Thu 10/25/18								
2309	Review & Revise Test Cases	0%	Tue 10/16/18	Thu 10/25/18								
2310	Document Defect Tracking Procedures	0%	Tue 10/16/18	Thu 10/25/18								
2311	Establish Defect Tracking Tool (JIRA)	0%	Tue 10/16/18	Thu 10/25/18								
2312	Testing - Iteration 15	0%	Tue 10/16/18	Fri 11/23/18								
2313	User Security Setup & Administration	0%	Tue 10/16/18	Mon 11/12/18								
2314	Have users complete User Security forms/get approval	0%	Tue 10/16/18	Mon 10/29/18								
2315	M: Receive State User ID List for UAT (Continuous)	99%	Tue 10/16/18	Tue 10/16/18								
2316	Establish State User Access in UAT	0%	Tue 10/16/18	Mon 10/29/18								
2317	M: Receive Clinic User ID List for UAT (Continuous)	99%	Tue 10/30/18	Tue 10/30/18								
2318	Establish Clinic User Access in UAT	0%	Tue 10/30/18	Mon 11/12/18								
2319	Prepare UAT for Testing	0%	Tue 10/16/18	Tue 11/13/18								
2320	Develop PHI Deidentification Process	0%	Tue 10/16/18	Mon 10/22/18								
2321	Execute Deidentification Process on CQM Data for UAT	0%	Tue 10/16/18	Mon 10/22/18								
2322	Load CQM Data in UAT	0%	Wed 11/7/18	Thu 11/8/18								
2323	Create Users in UAT via Self-Service Portal	0%	Wed 11/7/18	Tue 11/13/18								
2324	Conduct UAT	0%	Wed 11/14/1	Fri 11/23/18								
2325	Conduct UAT & Regression Testing for Yr 3 Measure 15	0%	Wed 11/14/18	Fri 11/23/18								
2326	UAT Corrective Action/Defect Corrections	0%	Wed 11/14/18	Fri 11/23/18								
2327	Conduct Performance Testing	0%	Wed 11/14/1	Fri 11/23/18								
2328	Performance Testing Corrective Action	0%	Wed 11/14/1	Fri 11/23/18								
2329	Develop UAT Test Results Report	0%	Wed 11/14/1	Fri 11/23/18								
2330	Deployment - Iteration 15	0%	Mon 11/26/1	Fri 11/30/18								
2331	Prepare & Rollout PROD	0%	Mon 11/26/1	Thu 11/29/18								
2332	Load CQM Data in PROD	0%	Mon 11/26/1	Tue 11/27/18								
2333	Create Users in PROD	0%	Wed 11/28/1	Wed 11/28/1								
2334	Establish PROD User access	0%	Wed 11/28/1	Wed 11/28/1								
2335	Create & Test User Security/Access	0%	Wed 11/28/1	Wed 11/28/1								
2336	Deploy Year 3 Measure 15 Reports to PROD	0%	Thu 11/29/18	Thu 11/29/18								
2337	Conduct PROD Smoke Test	0%	Thu 11/29/18	Thu 11/29/18								
2338	Go Live Year 3 Measure 15	0%	Fri 11/30/18	Fri 11/30/18								
2339	D: Year 3 Measure 15 - Iteration 15	99%	Fri 11/30/18	Fri 11/30/18								
2340	Technical Documentation	0%	Tue 10/16/18	Mon 11/12/18								
2341	Design/Doc Data Dictionary	0%	Tue 10/16/18	Mon 11/12/18								
2342	Design/Doc Data Mapping (source-target)	0%	Tue 10/16/18	Mon 11/12/18								

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
2343	Document Data Sources Supported and Connectivity Method	0%	Tue 10/16/18	Mon 11/12/18								
2344	Revise Technical Architecture Docs	0%	Tue 10/16/18	Mon 11/12/18								
2345	Develop Reporting Catalog	0%	Tue 10/16/18	Mon 11/12/18								
2346	Iteration Close Out	0%	Fri 11/30/18	Fri 11/30/18								
2347	Conduct Lessons Learned - Year 3, Iteration 15	0%	Fri 11/30/18	Fri 11/30/18								
2348	Iteration 16 (Measure 16)	0%	Mon 11/26/18	Mon 12/31/18								
2349	Requirements Phase	0%	Mon 11/26/18	Wed 11/28/18								
2350	Develop CQM Specs Year 3, Measure 16	0%	Mon 11/26/18	Tue 11/27/18								
2351	Update Requirements Traceability Matrix	0%	Wed 11/28/18	Wed 11/28/18								
2352	Design & Develop Phase	0%	Wed 11/28/18	Fri 12/14/18								
2353	Design & Develop ETL Process	0%	Wed 11/28/18	Fri 12/7/18								
2354	Design & Develop Logical Data Model	0%	Wed 11/28/18	Tue 12/4/18								
2355	Design & Develop Physical Data Model	0%	Wed 11/28/18	Tue 12/4/18								
2356	Design & Develop ETL Star Schema & Transformations	0%	Wed 11/28/18	Tue 12/4/18								
2357	CQM Clinic Data	0%	Wed 11/28/18	Fri 12/7/18								
2358	M: Receive CQM data from Clinic	99%	Wed 11/28/18	Wed 11/28/18								
2359	Profile CQM Data from Clinics	0%	Thu 11/29/18	Fri 12/7/18								
2360	Produce/Deliver Gap Analysis report(s)	0%	Thu 11/29/18	Fri 12/7/18								
2361	Provide Gap Feedback	0%	Thu 11/29/18	Fri 12/7/18								
2362	Scrub CQM Clinic Data	0%	Thu 11/29/18	Fri 12/7/18								
2363	Configure ETL Process for CQM Data	0%	Thu 11/29/18	Fri 12/7/18								
2364	Load Dimesions with CQM Data	0%	Thu 11/29/18	Fri 12/7/18								
2365	Establish DW Universe with Data	0%	Thu 11/29/18	Fri 12/7/18								
2366	QA Test ETL Process	0%	Wed 12/5/18	Thu 12/6/18								
2367	Conduct ETL QA Test	0%	Wed 12/5/18	Thu 12/6/18								
2368	QA Test Defect Corrections	0%	Wed 12/5/18	Thu 12/6/18								
2369	Design & Develop Analytics Reports	0%	Wed 12/5/18	Tue 12/11/18								
2370	Determine Standard, Ad-Hoc, Custom Report Reqs	0%	Wed 12/5/18	Tue 12/11/18								
2371	Develop Analytics Reports for Year 3 Measure 16	0%	Wed 12/5/18	Tue 12/11/18								
2372	Configure Mobile App for Reports	0%	Wed 12/5/18	Tue 12/11/18								
2373	QA Test Analytics Reports	0%	Wed 12/12/18	Thu 12/13/18								
2374	Conduct Reporting QA Test	0%	Wed 12/12/18	Thu 12/13/18								
2375	Conduct Mobile QA Test	0%	Wed 12/12/18	Thu 12/13/18								
2376	QA Test Defect Corrections	0%	Wed 12/12/18	Thu 12/13/18								
2377	QA Develop Test Case Activities	0%	Mon 12/10/18	Fri 12/14/18								
2378	Develop Testing Scenarios/Test Cases	0%	Mon 12/10/18	Fri 12/14/18								
2379	Review & Revise Test Cases	0%	Mon 12/10/18	Fri 12/14/18								
2380	Document Defect Tracking Procedures	0%	Mon 12/10/18	Fri 12/14/18								
2381	Establish Defect Tracking Tool (JIRA)	0%	Mon 12/10/18	Fri 12/14/18								
2382	Testing - Iteration 16	0%	Mon 12/10/18	Mon 12/31/18								
2383	User Security Setup & Administration	0%	Mon 12/10/18	Mon 12/31/18								
2384	Have users complete User Security forms/get approval	0%	Mon 12/10/18	Mon 12/17/18								
2385	M: Receive State User ID List for UAT (Continuous)	99%	Mon 12/10/18	Mon 12/10/18								
2386	Establish State User Access in UAT	0%	Mon 12/10/18	Mon 12/17/18								
2387	M: Receive Clinic User ID List for UAT (Continuous)	99%	Mon 12/24/18	Mon 12/24/18								

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
2388	Establish Clinic User Access in UAT	0%	Mon 12/24/18	Mon 12/31/18												
2389	Prepare UAT for Testing	0%	Mon 12/10/18	Mon 12/17/18												
2390	Develop PHI Deidentification Process	0%	Mon 12/10/18	Mon 12/10/18												
2391	Execute Deidentification Process on CQM Data for UAT	0%	Mon 12/10/18	Mon 12/10/18												
2392	Load CQM Data in UAT	0%	Mon 12/17/18	Mon 12/17/18												
2393	Create Users in UAT via Self-Service Portal	0%	Mon 12/17/18	Mon 12/17/18												
2394	Conduct UAT	0%	Tue 12/18/18	Mon 12/24/18												
2395	Conduct UAT & Regression Testing for Yr 3 Measure 16	0%	Tue 12/18/18	Mon 12/24/18												
2396	UAT Corrective Action/Defect Corrections	0%	Tue 12/18/18	Mon 12/24/18												
2397	Conduct Performance Testing	0%	Tue 12/18/18	Mon 12/24/18												
2398	Performance Testing Corrective Action	0%	Tue 12/18/18	Mon 12/24/18												
2399	Develop UAT Test Results Report	0%	Tue 12/18/18	Mon 12/24/18												
2400	Deployment - Iteration 16	0%	Tue 12/25/18	Fri 12/28/18												
2401	Prepare & Rollout PROD	0%	Tue 12/25/18	Thu 12/27/18												
2402	Load CQM Data in PROD	0%	Tue 12/25/18	Tue 12/25/18												
2403	Create Users in PROD	0%	Wed 12/26/18	Wed 12/26/18												
2404	Establish PROD User access	0%	Wed 12/26/18	Wed 12/26/18												
2405	Create & Test User Security/Access	0%	Wed 12/26/18	Wed 12/26/18												
2406	Deploy Year 3 Measure 16 Reports to PROD	0%	Thu 12/27/18	Thu 12/27/18												
2407	Conduct PROD Smoke Test	0%	Thu 12/27/18	Thu 12/27/18												
2408	Go Live Year 3 Measure 16	0%	Fri 12/28/18	Fri 12/28/18												
2409	D: Year 3 Measure 14 - Iteration 16	99%	Fri 12/28/18	Fri 12/28/18												
2410	Technical Documentation	0%	Mon 12/10/18	Fri 12/21/18												
2411	Design/Doc Data Dictionary	0%	Mon 12/10/18	Fri 12/21/18												
2412	Design/Doc Data Mapping (source-target)	0%	Mon 12/10/18	Fri 12/21/18												
2413	Document Data Sources Supported and Connectivity Method	0%	Mon 12/10/18	Fri 12/21/18												
2414	Revise Technical Architecture Docs	0%	Mon 12/10/18	Fri 12/21/18												
2415	Develop Reporting Catalog	0%	Mon 12/10/18	Fri 12/21/18												
2416	Iteration Close Out	0%	Fri 12/28/18	Fri 12/28/18												
2417	Conduct Lessons Learned - Year 3, Iteration 16	0%	Fri 12/28/18	Fri 12/28/18												
2418	Project Closeout	0%	Mon 12/31/18	Tue 1/22/19												
2419	Develop Project Closeout Report	0%	Mon 12/31/18	Mon 12/31/18												
2420	Confirm Project Artifacts are in Sharepoint	0%	Tue 1/1/19	Fri 1/4/19												
2421	Finalize & Closeout Project	0%	Wed 1/2/19	Fri 1/4/19												
2422	Project Closed	0%	Tue 1/22/19	Tue 1/22/19												
2423		0%														
2424	Goal 6 Overall	53%	Sun 3/1/15	Thu 1/31/19												
2425	Determine Existing Alternative Payment Methods	100%	Sun 3/1/15	Thu 9/3/15												
2426	Determine alternative value based payment methodologies by payer	100%	Sun 3/1/15	Thu 9/3/15												
2427	Determine member attribution method	100%	Sun 3/1/15	Thu 9/3/15												
2428	Determine reimbursement payments	100%	Sun 3/1/15	Thu 9/3/15												

ID	Task Name	% Complete	Start	Finish	2015				2016					
					3rd Quarter	1st Quarter								
2429	Determine quality measures	100%	Sun 3/1/15	Thu 9/3/15										
2430	Payers Contract with PCMHs and Primary Care Providers	81%	Sun 11/1/15	Thu 1/31/19										
2431	Pre-testing phase reporting	100%	Sun 11/1/15	Wed 12/2/15										
2432	AY2	100%	Mon 2/1/16	Fri 2/3/17										
2433	AY3	100%	Wed 2/1/17	Thu 7/5/18										
2434	AY4	0%	Mon 7/2/18	Thu 1/31/19										
2435	Payers Attribute Membership	52%	Sun 11/1/15	Thu 1/31/19										
2436	Pre-testing phase reporting	100%	Sun 11/1/15	Wed 12/2/15										
2437	AY2	100%	Mon 2/1/16	Fri 2/3/17										
2438	AY3	41%	Wed 2/1/17	Thu 1/31/19										
2439	AY4	0%	Mon 7/2/18	Thu 1/31/19										
2440	Track and Report Payments and Costs	62%	Sun 11/1/15	Thu 1/31/19										
2441	Pre-testing phase reporting	100%	Sun 11/1/15	Wed 12/2/15										
2442	AY2	100%	Mon 2/1/16	Fri 2/3/17										
2443	AY3	59%	Wed 2/1/17	Fri 6/29/18										
2444	AY4	0%	Mon 7/2/18	Thu 1/31/19										
2445	Collaborate with Medicaid on Planning for Medicaid Payment Reform	0%	Mon 1/1/18	Mon 10/15/18										
2446	Engaging Independent Primary Care Practices	0%	Mon 1/1/18	Mon 10/15/18										
2447	Education and recruitment of healthcare practitioners regarding the CIN continues	0%	Mon 1/1/18	Fri 1/26/18										
2448	TA contractor acquisition & project planning activities	0%	Tue 1/16/18	Wed 2/14/18										
2449	Core membership of the CIN identified	0%	Thu 2/1/18	Fri 3/2/18										
2450	Education and recruitment of healthcare practitioners regarding the RCO payment model continues	0%	Wed 1/3/18	Thu 5/31/18										
2451	Continue work with healthcare practitioners in other areas of the State to develop and/or expand the CIN to establish future RCOs	0%	Wed 3/14/18	Mon 10/15/18										
2452	Continue discussions with the RCs and PHDs to discuss the CHOICE functions and roles within the RCO Model	0%	Wed 1/24/18	Thu 6/21/18										
2453	New Payment Model Designs (RCO Model and PCMH Shared Savings)	0%	Mon 1/1/18	Mon 7/2/18										

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
2454	Complete final program design details, including payment tiers, quality metrics and monitoring, patient attribution process, risk model, payment streams, etc.	0%	Mon 1/1/18	Fri 1/26/18								
2455	Finalize payment models' quality metrics and data reporting for inclusion in providers' contracts	0%	Wed 1/31/18	Thu 3/1/18								
2456	Provide technical assistance to RCO CIN regarding data collection	0%	Wed 1/31/18	Thu 5/31/18								
2457	Provide technical assistance to primary care practices participating in the RCO and PCMH Shared Saving to increase PCMH capabilities and expand care coordination	0%	Wed 1/17/18	Thu 6/14/18								
2458	Develop IDHW data collection and analysis structure and processes for payment models	0%	Wed 1/31/18	Fri 4/27/18								
2459	Finalize RCO contract with program requirements incorporated	0%	Tue 5/1/18	Thu 5/31/18								
2460	Evaluation of RCO applications submitted in response to Request for Application released in early 2018	0%	Mon 4/30/18	Mon 4/30/18								
2461	Conduct system readiness review internal to IDHW and provide technical assistance to RCO needed	0%	Fri 6/29/18	Fri 6/29/18								
2462	Initiate contract with RCO	0%	Sun 7/1/18	Mon 7/2/18								
2463	SHIP Sustainability Planning	0%	Thu 2/1/18	Fri 6/29/18								
2464	Sustainability planning initiated in AY3 continues	0%	Thu 2/1/18	Mon 4/30/18								
2465	Sustainability model finalized	0%	Fri 6/1/18	Fri 6/29/18								
2466	Update SHIP goal charters to reflect sustainability activities and milestones as needed	0%	Thu 3/1/18	Fri 3/30/18								
2467	Meet with SHIP workgroups and update workgroup charters to reflect new roles, activities and milestones as needed	0%	Sun 4/1/18	Tue 5/1/18								
2468	Present updated goal and workgroup charters to the IHC for review and approval	0%	Fri 6/1/18	Fri 6/29/18								
2469	Incorporating SHIP strategies in the State Health Employee Benefits Program strategies	0%	Mon 1/1/18	Fri 6/29/18								
2470	Provide additional information, upon request by the Legislature, regarding SHIP model and strategies	0%	Mon 1/1/18	Thu 3/15/18								
2471	Further refinement of State of Idaho Employee Group Health Benefits program strategies and opportunities to incorporate SHIP strategies	0%	Thu 2/1/18	Fri 6/29/18								
2472	Goal 7 Overall	47%	Mon 6/1/15	Thu 1/31/19								
2473	Create Data Request	43%	Mon 6/1/15	Thu 1/31/19								
2474	Determine minimum reporting requirements for projections	100%	Mon 6/1/15	Fri 7/31/15								
2475	Gather data specifications for categories of service	100%	Wed 7/1/15	Fri 7/31/15								

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
2476	Distribute request and client confidentiality agreements	100%	Wed 7/1/15	Fri 7/31/15												
2477	Legal review of client confidentiality agreement changes	33%	Wed 7/1/15	Thu 1/31/19												
2478	Create connect site for payers to drop data	100%	Tue 9/1/15	Wed 9/30/15												
2479	Find historical data as contingency for Medicare FFS and self-insured data	100%	Tue 9/1/15	Fri 10/30/15												
2480	Create CMS data request for Medicare FFS data for AY1	100%	Wed 7/1/15	Fri 1/29/16												
2481	Informatics and legal review of CMS data request for AY1	100%	Tue 9/1/15	Fri 1/29/16												
2482	Create CMS data request for Medicare FFS data for AY2	100%	Fri 7/1/16	Tue 1/31/17												
2483	Informatics and legal review of CMS data request for AY2	100%	Thu 9/1/16	Tue 1/31/17												
2484	Create CMS data request for Medicare FFS data for AY3	21%	Sat 7/1/17	Thu 1/31/19												
2485	Informatics and legal review of CMS data request for AY3	19%	Fri 9/1/17	Thu 1/31/19												
2486	Create CMS data request for Medicare FFS data for AY4	0%	Mon 7/2/18	Thu 1/31/19												
2487	Informatics and legal review of CMS data request for AY4	0%	Mon 9/3/18	Thu 1/31/19												
2488	Create Financial Analysis Report Template	100%	Tue 9/1/15	Mon 11/30/15												
2489	Create Excel template to collect payer data, accumulate it, and calculate base rate PMPMs	100%	Tue 9/1/15	Fri 10/30/15												
2490	Determine trend/CPI to use for projecting data	100%	Thu 10/1/15	Fri 10/30/15												
2491	Verify and update cost saving assumptions	100%	Tue 9/1/15	Fri 10/30/15												
2492	Apply cost savings to intervention model	100%	Thu 10/1/15	Mon 11/30/15												
2493	Compare baseline model to intervention model	100%	Sun 11/1/15	Mon 11/30/15												
2494	Develop Financial Analysis Report	59%	Sun 11/1/15	Thu 1/31/19												
2495	Create financial analysis report for AY1	100%	Sun 11/1/15	Mon 11/30/15												
2496	Create financial analysis report for AY2	100%	Mon 5/1/17	Fri 6/30/17												
2497	Create financial analysis report for AY3	0%	Tue 5/1/18	Fri 6/29/18												
2498	Create financial analysis report for AY4	0%	Thu 1/31/19	Thu 1/31/19												
2499	Sustainability Planning	0%	Mon 1/15/18	Tue 7/31/18												
2500	Deliverable I: Idaho's goals and identify changes and new opportunities in the health care landscape	0%	Mon 1/15/18	Tue 5/1/18												
2501	Initial planning meeting	0%	Mon 1/15/18	Fri 1/19/18												
2502	Develop template for Part I deliverable	0%	Mon 1/22/18	Fri 1/26/18												

ID	Task Name	% Complete	Start	Finish	3rd Quarter		1st Quarter		3rd Quarter		1st Quarter	
2503	Amend stakeholder communications plan	0%	Mon 1/22/18	Fri 2/2/18								
2504	Conduct an analysis of the levers it originally proposed to test under SIM and Idaho's progress and impact in deploying those levers	0%	Mon 1/29/18	Fri 2/9/18								
2505	Conduct analysis of new or anticipated levers and how Idaho plans to take advantage of these opportunities	0%	Mon 2/12/18	Fri 2/23/18								
2506	Engage stakeholders	0%	Mon 2/5/18	Fri 3/2/18								
2507	Develop first draft of Part I deliverable	0%	Mon 2/26/18	Fri 3/30/18								
2508	Share Part I with internal review team	0%	Mon 4/2/18	Fri 4/13/18								
2509	Revise and finalize Part I deliverable	0%	Mon 4/16/18	Fri 4/27/18								
2510	Submit Part I deliverable to CMMI	0%	Mon 4/30/18	Mon 4/30/18								
2511	Meet with CMMI to discuss feedback	0%	Tue 5/1/18	Tue 5/1/18								
2512	Deliverable II: Develop a detailed roadmap to achieving the end state vision	0%	Mon 4/16/18	Tue 7/31/18								
2513	Initial planning meeting	0%	Mon 4/16/18	Fri 4/20/18								
2514	Develop template for Part II deliverable	0%	Mon 4/23/18	Fri 4/27/18								
2515	Engage stakeholders	0%	Mon 4/23/18	Fri 5/18/18								
2516	Assess the status of key elements of its model and prepare a detailed plan for sustaining its major SIM investments to achieve its End State Vision	0%	Mon 4/30/18	Fri 5/25/18								
2517	Develop first draft of Part II deliverable	0%	Mon 5/28/18	Fri 6/29/18								
2518	Share Part I with internal review team	0%	Mon 7/2/18	Fri 7/13/18								
2519	Revise and finalize Part I deliverable	0%	Mon 7/16/18	Fri 7/27/18								
2520	Submit Part II deliverable to CMMI	0%	Mon 7/30/18	Mon 7/30/18								
2521	Meet with CMMI to discuss feedback	0%	Tue 7/31/18	Tue 7/31/18								

B. State Innovation Model (SIM) Policy and Operational Areas

B.1. SIM Governance

In AY4 Idaho will continue to implement activities and strategies that will ultimately lead to achievement of all seven transformational goals. The IHC will continue to guide and monitor all activities across the seven goals.

In 2016, Governor Otter reaffirmed the role of the IHC in Idaho's healthcare system transformation by issuing Executive Order 2016-02¹, which extended the effective date of Executive Order 2014-02 (establishing the role of the IHC) for three years. The new executive order also sets a direction for AY4 and onward by committing to transform the state's healthcare system not through regulatory and legislative mandates, but through public-private leadership and stakeholder engagement under the guidance of the IHC. In fact, no specific legislative or regulatory action related to healthcare transformation is being considered for AY4 at this time. This may be revisited in AY4 based on IHC recommendations to the governor for sustainability.

To fulfill its responsibility of overseeing policy and operational areas related to Idaho's seven goals, in AY4 the IHC will continue to review its membership to ensure diverse and broad stakeholder participation in the state's overall transformation and SHIP activities specifically. At the start of AY4, the IHC will have 48 members, having expanded the group's representation of subject matter expertise, geographic diversity, and broad healthcare system perspectives. There were also four replacements on the IHC. IDHW Director Richard Armstrong retired in AY3 and Governor Otter appointed Russ Barron as his replacement. Director Barron now serves on the IHC. In addition, Amy Mart replaced Katherine Hansen; Dr. Mark Horrocks replaced Dr. William (Bill) Woodhouse; and Norm Varin replaced Josh Bishop. Additionally, before the end of AY3, a new director will be appointed to Public Health District (PHD) 5.

Determining the role of the IHC beyond the grant period is in early stages of discussion; however, given the vital role the IHC has played in driving delivery system and payment model transformation, it is expected that the IHC will continue to play an important role in Idaho's transformation beyond the life of the grant. Following further discussions regarding IHC's role, IDHW will work with the Governor's office to create a new Executive Order that extends the IHC and clearly delineates the group's charge and responsibilities.

¹ https://gov.idaho.gov/mediacenter/execorders/eo16/EO_2016-02.pdf

Table 1 – AY4 IDHW SHIP Team

IDHW SHIP Team Positions	
Cynthia York	SHIP Administrator
Casey Moyer	Operations Manager
Ann Watkins	Grants and Contract Officer
Kymberlee Schreiber	Patient-Centered Medical Home (PCMH) Transformation Project Manager
Burke Jensen	Health IT Project Manager
Madeline Russell	Regional Health Collaborative (RC) and Virtual PCMH Project Manager
Jill Cooke	Administrative Assistant 2
Vacant – Pending Refill	Administrative Assistant 2
Stacey St. Amand (.6 FTE)	Communications Specialist

The OHPI continued the partnership in AY3 with SIM State Evaluator to allow graduate students to support the IDHW SHIP team as graduate research assistants (four total). Their continued efforts in this capacity during AY4 will serve as a valuable learning and career development experience for the interns and will also support the IDHW SHIP team’s overall implementation of the Model. IDHW does not anticipate any further staffing changes during AY4 beyond the pending refill of the currently vacant Administrative Assistant 2 position.

Table 2 – AY4 SHIP Contractors

AY4 SHIP Contractors and Role	
Mercer	Project management and financial analysis
Briljent	<p>PCMH transformation</p> <p>Briljent subcontracts with:</p> <ol style="list-style-type: none"> 1. Health Management Associates (HMA) to provide PCMH technical assistance in the transformation process. 2. Myers and Stauffer to manage the PCMH reimbursements and develop the portal dashboard. <p>Briljent also signs agreements with the primary care clinics selected for a SHIP cohort.</p>
HealthTech Solutions(HTS)	Data analytics
Idaho Health Data Exchange (IHDE)	Health information exchange (HIE)

AY4 SHIP Contractors and Role	
University of Idaho	State Evaluator University of Idaho subcontracts with Boise State University.
Health Management Associates	Telehealth technical assistance
Public Health Districts (PHD)	Support for primary care clinics selected for a SHIP cohort and support for RCs
University of Idaho WWAMI	Project ECHO (Extension for Community Healthcare Outcomes)
TBD Vendor	Basic life support/intermediate life support emergency medical technicians (EMT) training
Idaho State University	Community health worker training
Community Health Emergency Medical Services (CHEMS) Agencies	Build CHEMS programs in the community
Viann Electronics	Population health data analytics for the Division of Public Health
Ada County Paramedics	Technical assistance support for SHIP CHEMS agencies
Telehealth Grant Recipients	Implement use of telehealth service delivery practices to deliver care
Regional Collaborative (RC) Grant Recipients	RCs will submit grant applications detailing projects that align with their charters, strategic plans, sustainability and Goal 3.

Additional information regarding Idaho’s operations monitoring structure, including the approach to managing contractors, can be found in Section D.3 (Program Monitoring and Reporting).

B.2. Stakeholder Engagement and Communications

Positive and successful health transformation begins with active stakeholder engagement. Throughout the first three years of the SIM grant, Idaho has fostered collaborative partnerships with stakeholders across public and private sectors. Idaho believes its most important principle, and the key to the state’s success thus far, is the value and commitment it places on a stakeholder-led process.

In AY4, stakeholder engagement will be critical as Idaho prepares for and launches three new Medicaid payment models and explores independent primary care practices’ interest in developing CINs (see Section B7, Goal 6, for detailed information). The SHIP team and its partners (i.e. stakeholders, vendors, contractors, sub-recipients, and other interested parties) will work closely with the IHC to develop and disseminate clear and consistent messaging regarding the new Medicaid payment models in a way that

does not overwhelm clinics that are already experiencing fatigue due to the challenges of PCMH transformation and whose limited resources are at capacity. As noted in Section B7, Goal 6, an Executive Leadership (EL) team comprised of PCPs (majority membership) and IDHW leadership, and staffed and supported by the SHIP Team and its partners, will oversee the exploration of CIN development in Idaho. Specifically, the EL will lead Idaho's exploration of independent primary care practices' interest in participating in a CIN, the development of Idaho-specific CIN model(s), and the feasibility of CIN(s) operating within the RCO model. In early AY4, a decision will be made as to whether the EL will be a subcommittee of the IHC or an alternate structure.

Idaho's strong commitment to stakeholder engagement will continue in AY4. The IHC will continue to meet monthly and be supported by the SHIP team. IHC Workgroups will meet as necessary in AY4, again with the support of the SHIP team.

Developing Communications

Idaho has always understood the importance of clear, consistent, and complete stakeholder communications. The SHIP Communication Plan, described in the 2015 Operational Plan, identifies key messages for targeted audiences and includes a toolkit of communication materials. In AY3, the SHIP Communications Specialist led the collection of information and creation of a SHIP newsletter, *The OHPI Times*. The newsletter is posted on the SHIP website and provides latest news and opportunities related to the SHIP. Typical articles include "SHIPworthy News," "Upcoming Events," and updates on specific areas such as HIT, the Virtual PCMH model, and PCMH transformation. Current and past versions of the newsletters can be found at <http://www.ship.idaho.gov/AboutUs/News/tabid/3743/Default.aspx>. In AY4, the newsletter will continue to be issued on a bimonthly (i.e. once every two months) basis.

In AY3, the newsletter was the primary new communication material developed. The IHC decided that additional toolkit materials were not needed and instead focused on overseeing the delivery of already developed materials.

In AY3, IDHW facilitated several webinars to share information with potential and actual SHIP Cohort clinics. During the interest and application periods, IDHW facilitated two webinars to educate clinics about the application process and expectations of SHIP cohort clinics. Additionally, a series of six webinars were provided by HMA to help SHIP cohort clinics that expressed interest in the telehealth grant application understand the process of applying and components of telehealth. These webinars were well received by staff and IDHW plans to continue to use this method to communicate with clinics in AY4. Additional information on the webinars can be found at: <http://www.ship.idaho.gov/WorkGroups/TelehealthCouncil/tabid/3059/Default.aspx>. PHDs have also demonstrated their commitment to communication and information sharing by facilitating webinars for their regions (e.g., District 4 had an Athena EMR webinar). This is not something Idaho requires as a part of SHIP but it demonstrates their commitment to the initiative.

In AY4, the Communication Plan and materials will be updated to address education and recruitment of PCPs and specialty providers' participation in Medicaid's new payment models. Updates to the Communication Plan, and subsequent development of toolkit materials related to CIN development, will depend upon decisions made by Idaho regarding this issue in AY4. The SHIP Communications Specialist will play the lead role in updating the Communication Plan with input and guidance from the IHC. All communication materials will be posted to the SHIP website.

Additional information about communication tools can be found in Section B.3 regarding portal enhancements and toolkits being developed for sustainability.

Implementing and Monitoring Communications

The process currently in place to track when communications materials are being used and to obtain feedback on stakeholders' perceptions of the usefulness and effectiveness of the materials will be followed in AY4.

The IDHW SHIP team will continue to regularly update the SHIP website (www.ship.idaho.gov) with the most recent information about the Model Test, including IHC and workgroup meeting minutes, a map showing locations of SHIP clinics, the SHIP interest survey and final PCMH application, resources for SHIP clinics, and copies of communications materials.

The IDHW SHIP team will also continue its focus on frequent and robust communications to internal stakeholders, principally its contractors and the SHIP cohort clinics. Communications will include updates on Model Test implementation, and, for clinics, the areas of connection to IHDE, data reporting, and training and technical assistance available through HMA and the PHD SHIP staff.

In AY4, the Communications Specialist will continue to provide important support to the communications aspects of the Model Test, including with the development of communications messages and materials (such as described above), and monitoring how communications are implemented. As needed, the Communications Specialist will work with the IDHW SHIP team and the IHC to revise materials and the communications process to improve the effectiveness of communications. The communication plan will be revised accordingly.

Payer and Provider Stakeholders

Idaho's commercial and public payers play a key stakeholder role in Idaho's SHIP by implementing alternatives to FFS payment strategies and reporting annually on related metrics (see Goals 6 & 7 for a detailed description). The metrics are supported by providers who submit information necessary to measure Idaho's progress in achieving payment reform.

To protect confidentiality and privacy of payer data, Idaho uses a third party vendor, Mercer, to collect and analyze the data. Mercer and payers enter sign a non-disclosure agreement that protects payers' data from being shared with other payers.

B.3. **Goal 1: Transform primary care clinics across the State into PCMHs.**

Idaho's healthcare system transformation establishes the PCMH model as the foundation for primary care services for Idahoans, integrated within the local Medical-Health Neighborhood, and supported by value-based payment methods. The desired outcome for Goal 1 over the course of the Model Test is for 165 primary care clinics to transform toward the PCMH model. During AY4, Idaho will advance Goal 1 by supporting and monitoring all three SHIP cohort clinics through their transformation to the PCMH model.

By the end of AY3, Idaho anticipates achieving all of the activities and milestones described in the AY3 Operational Plan. Fifty-six new clinics were enrolled in SHIP Cohort Two (which started on February 1, 2017) and financial reimbursements were distributed. Technical assistance activities for SHIP Cohort Two clinics will be completed. IDHW will complete recruitment activities for SHIP Cohort Three.

IDHW will start SHIP Cohort Three on February 1, 2018. IDHW anticipates that SHIP Cohort Three will be comprised of clinics that have less experience in PCMH transformation, and may have more difficulty achieving national PCMH recognition, an important measure of success for Idaho's ability to accelerate delivery system reform. The assistance provided by Brilljent, HMA, and PHD staff has been instrumental in balancing the workload of providing technical assistance to cohort clinics. PHD SHIP Staff will continue to work side-by-side with Brilljent and HMA to support Cohort Three clinics. Given the varying level of need of each Cohort and within the Cohorts, IDHW is devising a plan to ensure that SHIP clinics' needs are met. One component of this plan involves leveraging more experienced clinics to support less experienced clinics.

AY4 will advance the maturation of new clinic-to-clinic mentorship activities that were launched during AY3. These mentorship activities will be an important source of ongoing assistance for clinics as they continue working towards PCMH transformation, and also represent a path towards sustaining continued delivery system transformation after the SIM Model Test.

Finally, AY4 will allow time for the IDHW SHIP team to work with Medicaid and other partners to complete education, planning and implement activities in preparation for the launch of Medicaid's new payment reform models (i.e., RCO & PCMH 2.0) in July 2018. Additional information regarding those models can be found in updates under Goal 6. Activities during AY4 related to clinic education and outreach will be implemented and monitored through Goal 1.

An update on Idaho's progress on AY3 activities and a description of activities that will occur during AY4 is included below.

Technical Assistance and Support for Cohort One and Two SHIP Clinics

Fifty-six SHIP Cohort Two clinics began their cohort year as planned on February 1, 2017. Plans to provide technical assistance to SHIP Cohort Two clinics have progressed as scheduled and will be

In AY4, Idaho will...

- Continue to support clinics in SHIP Cohort One and Two.
- Enroll 55 new primary care clinics into SHIP Cohort Three.
- Distribute financial reimbursements to SHIP Cohort Three clinics and monitor fraud/abuse protections.
- Provide technical assistance to SHIP Cohort Three clinics.
- Engage in planning for sustainability

completed by the end of AY3. Clinics have worked to develop and implement practice-level transformation plans with support from Briljent, HMA, and PHD staff, through webinars, site visits, and regularly scheduled phone calls. These activities will continue through the remainder of the year. In addition, SHIP Cohort Two clinics participated in a learning collaborative hosted in Boise in June 2017. PHD SHIP staff and Briljent subcontractor, HMA also provided ongoing technical assistance to SHIP Cohort One clinics during AY3. These activities will continue during AY4. Because of delays in the production of data analytics reports, assistance to clinics in using the reports has not been a focus of technical assistance thus far in AY3. However, the use of data to empower patient choice and spread high-quality care remains an important component of Idaho's model, and technical assistance in this area will increase during AY4 as data analytics reports become available.

During AY4, SHIP Cohort Two clinics will receive continued assistance in practice transformation from PHD SHIP staff, with support from Briljent and HMA, and will participate in clinic-to-clinic mentorship opportunities. This support will also continue to be available for SHIP Cohort One clinics.

Goal 1 PCMH Reimbursement Payments

Plans to distribute reimbursement payments to qualifying SHIP Cohort Two clinics have progressed as planned during AY3. All 56 clinics received a one-time clinic transformation payment. Through the end of AY3, Myers and Stauffer will continue to validate and track clinic progress on transformation plan benchmarks and recoup payments as needed so that only clinics that are engaged with the Model Test retain the reimbursement.

IDHW also made reimbursement payments to offset the costs associated with achieving national PCMH recognition requirements during AY3. Currently, 50 clinics have achieved national PCMH recognition in Idaho (49 through NCQA and one through AAAHC), though some clinics achieved recognition before the start of the Model Test. Recognition reimbursement payments will continue during AY4 as additional clinics achieve national recognition.

Updates regarding the virtual PCMH reimbursement payments can be found in Goal 4.

SHIP Cohort Three Recruitment, Selection, and Enrollment

Recruitment activities for SHIP Cohort Three have progressed as planned and will conclude by the end of 2017. The SHIP Cohort Three interest survey launched on June 9, 2017 and closed on September 22, 2017 with a total of 38 completed interest surveys. Submission of an interest survey was not a requirement to be selected for SHIP Cohort Three.

The final SHIP PCMH application for SHIP Cohort Three was approved by the IHC at their August 2017 meeting. IDHW launched the final application on September 18, 2017. The application submission period closed on October 20, 2017. During the application period, IDHW hosted webinars in September 2017 and provided assistance to clinics in completing the application. PHD SHIP staff and Medicaid Healthy Connections staff played an integral role in encouraging clinics to complete their applications. The application period closed with 58 completed applications.

A selection committee met in November 2017 to select clinics for SHIP Cohort Three. The selected clinics were notified and a public announcement was made at the December IHC meeting. Due to the potential conflict of interest, the IHC is not allowed to participate in the selection process, including validating the

selection by the committee. Instead, they provided support for the next steps to onboard the Cohort Three selected clinics. The actual clinic enrollment activities will be completed by January 31, 2018 so that SHIP Cohort Three clinics can immediately begin transformation activities at the start of their cohort year on February 1, 2018.

Preparations for Launch of SHIP Cohort Three

During AY3, IDHW and PCMH team will update the PCMH Transformation Plan and other transformation tools and processes to reflect NCQA's 2017 PCMH standards. PCMH Team will adjust the Transformation Plan to ensure conformance with the new standards, yet avoiding duplication of NCQA tracking. Since some clinics may need to continue to use older standards, the system will be designed to support multiple plan types that include all standards currently being used by the enrolled clinics.

In response to feedback from PHD staff, clinics, and PCMH transformation team, additional enhancements to the PCMH portal will also be made to enhance user experience. These enhancements include:

1. Enhancements to the Resource Library to make the library more navigable.
2. Updates to streamline portal content, enable users to find what they need quickly, and reduce frustration that results from trying to click an item that cannot be accessed.
3. Addition of notification features.
4. Portal site analytics.

These enhancements will be completed by the end of AY3 in preparation for the launch of SHIP Cohort Three.

SHIP Cohort Three Technical Assistance and Distribution of Reimbursement Payments

As previously mentioned, IDHW anticipates that clinics participating in SHIP Cohort Three will have less of a foundation in PCMH principles and less experience in practice transformation than previous cohorts due to the fact that many of Idaho's more "mature" PCMH clinics were accepted in the first two cohorts. During AY4, SHIP Cohort Three clinics will begin receiving technical assistance from PCMH Team coaches and PHD SHIP staff. In response to positive feedback from SHIP Cohort Two clinics, plans for technical assistance will closely follow the roles, activities and schedule used for SHIP Cohort Two and will include the elements described in Table 3. Onsite visits from PCMH Team coaches will begin in AY4, as will the PCMH learning collaborative. SHIP Cohort Two clinics expressed that hosting onsite visits with their PCMH Team coaches and PHD SHIP staff before the PCMH learning collaborative and early in the cohort year was extremely valuable, so this schedule will continue for SHIP Cohort Three.

IDHW will also begin distributing reimbursement payments to qualifying SHIP Cohort Three clinics during the first six months of AY4. Initially, IDHW will work with clinics to complete the requirements for receiving the one-time clinic transformation payment. Moving forward, virtual PCMH payments and national recognition reimbursement payments will be made to all clinics that meet the criteria for these payments.

Table 3 – SHIP PCMH Transformation Roles and Responsibilities Matrix

Tasks and responsibilities regarding PCMH transformation	HMA Coach	PHD QI Specialist	PHD SHIP Manager	Clinic
Coaching Calls	Leads call; coordinates with QI staff and clinic to identify agenda topics; coordinates scheduling or coaching calls; mentors and provides increasing support for PHD QI HMA coach to be able to lead the calls, and QI specialists to contribute.	Required attendance/assists HMA; gathers agenda topics/recommendations for coaching call topics	Optional attendance; fills in if PHD QI Specialist has a conflict	Required attendance; gathers agenda topics/recommendations for coaching calls, and is prepared to provide an update on activities each month
PCMH assessment	Reviews completed assessment and uses it as a guide for monthly coaching call focus areas for transformation	Assists clinic in completion of assessment	Reviews completed assessment; may assist PHD QI Specialist	Completes PCMH assessment and uses it as a tool to identify gaps to focus on for transformation efforts
Learning Collaborative	Provides training to clinics and PHD staff and an opportunity for face-to-face interaction	Required attendance and an opportunity for networking with PCMH coaches and clinics; encouraged to present at the Learning Collaborative	Required attendance; may present on activities occurring in their regions	Required attendance (at a minimum by clinical and administrative personnel) and opportunity for learning, sharing, and networking with other clinic teams
Transformation Plan	Provides a process and tools to assist each clinic in developing a customized plan, helps each clinic implement plan; and is a venue for documentation of plans and progress	Assists clinic in developing plan, monitors documenting progress and updates as needed within the PCMH portal; facilitates self-assessment of transformation plan; assists when able in post-cohort years	Reviews plan within the PCMH portal as needed	Creates and maintains plan within PCMH portal; documents goals and progress for each standard they are focusing on

Tasks and responsibilities regarding PCMH transformation	HMA Coach	PHD QI Specialist	PHD SHIP Manager	Clinic
PCMH portal	Enters notes from coaching calls; reviews information entered by PHD QI Specialists and clinic to inform coaching call discussions	Able to effectively navigate portal; supports clinic staff as needed in using the portal; strongly encourages that the clinic staff members are accurately tracking progress within the portal	Reviews portal as needed; may add updates on regional issues or programs that impact this work	Updates/modifies transformation plan as needed; provides notes regarding goal achievement
Onsite support	Conducts on-site visit (or as agreed upon by SHIP) to provide more concentrated focus on an identified area of need for transformation to move the clinic towards recognition (i.e. HMA site visits)	Meet with Cohort primary care practice staff a minimum of 6 times, or as scheduled to meet clinic's needs; and helps identify solutions, gaps, and opportunities towards successful adaptation; provides additional technical assistance and support when able for Cohort 1 & 2 participants		Coordinates a regular on-site, or telephonic meeting schedule with PHD staff
Identify and provide resources as appropriate	Actively identifies materials and resources related to clinic transformation goals (PCMH concepts, best-practices, toolkits, practical applications, sharing experience and/or national efforts and successes)	Actively identifies materials and resources in collaboration with HMA coach; keeps up to date on local, regional, and statewide resources related to best practices, local solutions and statewide activities; shares resources with other state QI Specialists	Communicates with other SHIP managers to connect to regional and statewide peers and resources	Provides HMA Coaches and PHD staff with pertinent information/resources to assist in transformation efforts that could be shared with other clinics
Technical assistance	Provides telephonic, and virtual technical assistance; provider and staff training,	Provides on-site, telephonic, virtual technical assistance; provider and staff training, team coaching; coordinates TA assistance needs	Assists with coordinating assistance needs between clinic and HMA Coach	Utilizes HMA Coach and PHD staff to assist in implementing PCMH components

Tasks and responsibilities regarding PCMH transformation	HMA Coach	PHD QI Specialist	PHD SHIP Manager	Clinic
	team coaching ²	between clinic and HMA Coach; communicates additional TA needs to SHIP Manager ³ ; provides additional technical assistance and support when able for Cohort 1 & 2 participants		
National accreditation application support	Provides ongoing PCMH national accreditation application support as identified by the clinic in their designated cohort year	Provides ongoing PCMH national accreditation application support as identified by the clinic in their designated cohort year; assists when able in post-cohort years		Utilizes HMA Coach and PHD staff to achieve PCMH goals; completes application for those who apply for recognition within the grant period
Medical Health Neighborhood (MHN) development	Keeps abreast of activities in region which increase collaboration and improve among others, integration of services, transfers in care and resources to address social determinants of health	Keeps abreast of activities in region which increase collaboration and improve among others, integration of services, transfers in care and resources to address social determinants of health	Actively identifies opportunities to connect clinics and community organizations for more coordinated care activities; communicates RC efforts to clinics, PHD QI Staff, and HMA on a regular basis; communicates PCMH and	Identifies and communicates gaps in care coordination, barriers, and other MHN needs to PHD staff

² Documentation Standard: When HMA is present at a meeting (with clinic and or QI Specialist) their PMP ensures HMA will document the meeting in the PCMH Portal.

³ PHD teams are encouraged to develop a communications pathway to keep HMA coach informed of clinic TA activities taking place outside of HMA attended meetings. The PCMH portal is available to facilitate this process if needed.

Tasks and responsibilities regarding PCMH transformation	HMA Coach	PHD QI Specialist	PHD SHIP Manager	Clinic
			MHN needs to RC; keeps abreast of activities in region which increase collaboration and improve among others, integration of services, transfers in care and resources to address social determinants of health	
Regional Collaborative		Provides professional staff support to the stakeholder group; works with stakeholders to develop the medical-health neighborhood; provides connections and support to other PCMH clinics within their district/region	Serves as RC team lead, convenes the RC cadre, directs RC efforts around quality measurement and regional improvement activities; works with stakeholders to develop the medical health-neighborhood; provides connections and support to other PCMH clinics within their district/region	Participates in RC; receives support from PHD staff to connect to community resources
State Evaluation		Facilitate the connection between the state evaluation team and PCMH clinics; provide supplemental support to develop PCMH clinic stories as documented in the portal	Serve as RC liaison and provide insight and feedback into the development and ongoing activities of the RCs	

Continued Enhancements to PCMH Supports

PCMH Transformation Portal

In AY4, IDHW will continue working with the PCMH transformation team to enhance the PCMH portal with additional supports essential for transformation and change management within the clinic environment. Enhancements will include the addition of a calendar feature to track appointments with PHD staff, PCMH Team coaches, State Evaluation team, IHDE, or other SHIP contractors, and the addition of an online forum to encourage discussions on PCMH transformation topics and direct questions and feedback to appropriate resources.

Briljent will also develop a series of toolkits tailored to different clinic needs that will be posted on the PCMH portal for use by clinics:

5. Onboarding Kit – for new clinics, including all current enrollment documents and tools; self-paced introductory training; and links to forums, calendars, and other get-up-and-running support.
6. Orientation Kits – for new employees at clinics (e.g., new employee training materials specifically related to understanding the PCMH model).
7. Mentor Kits – for potential mentors and mentees, these kits will further enhance mentorship webinars and SHIP mentorship efforts with information about the mentoring framework, mentoring tools, and a self-paced e-learning course on mentoring skills.
8. Small Clinic Sustainability Kits – including the following components:
 - a. Introductory e-learning overview of sustainability kit guidelines;
 - b. Planning, goal-setting, quality measures, continuous improvement tools, presentations, and support hyperlinks;
 - c. Conversion of existing Microsoft PowerPoint materials to self-paced training;
 - d. Self-paced training and tools on how to write transformation stories and promote the clinic's success internally and externally to stakeholders; and
 - e. Invitation to enroll in roundtable meetings on sustainability and affinity group video conferences.

The toolkits will include e-learning modules and related tools, documents, presentations, or other content. The purpose of the toolkits is to provide additional materials and support to clinics in building and sustaining their practice-level transformation.

Building on the need identified by Cohort One and Two clinics, in AY4, a series of toolkits tailored to different clinic needs will be developed and posted on the PCMH portal for clinics. Because the Cohort composition is varied and includes clinics that are part of a large health systems, independent, and other varied empanelment the approach these toolkits take will need to reflect these often different clinics' needs. The toolkits will include both "small clinic" and "large clinic" sustainability toolkits. These toolkits are also interfacing with the transformation sustainability Medicaid will be continuing through Healthy Connections post AY4 of the project; these kits will remain part of the Idaho landscape helping clinics achieve their service delivery transformation goals to meet the evolving payment market.

Clinic-to-Clinic Mentorship

During AY3, IDHW worked with the IHC and the Idaho Medical Home Collaborative (IMHC) to form the Idaho PCMH Mentorship Subcommittee, charged with developing a framework to promote clinic-to-clinic peer mentorship activities in Idaho. The Subcommittee gathered in AY3 to develop the framework. The resulting document includes a review of existing mentorship activities in Idaho and clinic mentoring needs under SHIP, and provides recommendations for the creation of mentorship strategies to support SHIP cohort clinics in system change, PCMH transformation, data quality, and additional tasks related to their SHIP participation and the larger efforts involved in healthcare reform. The recommended strategies are:

1. Development of a mentorship webinar series for SHIP cohort clinics, facilitated by a subject matter expert, to follow an “Ask & Give” format for a clinic-to-clinic learning.
2. Creation of a Resource Guide of tools/materials/other resources that will support PCMH transformation and mentorship.
3. Facilitation of a provider champion mentor panel to prioritize the basics of mentorship and operationalize a framework that the State can commit to.
4. Survey clinics to create an inventory, or master list, to be utilized by PCPs to understand who is doing what and how to build relationships between clinics, providers and clinical teams.

IDHW worked with Brilljent and with assistance from the State Evaluation Team to begin implementing these activities in AY3. Brilljent launched the mentorship webinar series in AY3 with SHIP Cohort One and Cohort Two clinics. Participation thus far has been high. In initial feedback provided to Brilljent and IDHW, clinics have reported that the webinars are highly beneficial both for clinics that participate as a mentor and as a mentee. Clinics have reported the value in hearing the presentation of challenges as well as successes from other clinics. During AY4, all three cohorts will be invited to participate in continued mentorship webinars. Additional information about mentorship activities can be found in the master timeline.

By the end of AY3, IDHW the State Evaluator will complete the development of the Resource Guide, which will be shared with clinics, posted on the PCMH portal, shared with PHD staff and the RCs, and published on the SHIP website so that clinics outside of SHIP can access it. During AY4, IDHW will continue to encourage clinics to use the Resource Guide and identify opportunities to share the document more broadly.

In AY3, IDHW will work with the State Evaluator to continue developing the recommendation around a provider champion mentor panel. Once further developed, implementation of this recommendation will continue during AY4.

The creation of a clinic inventory will be completed by the end of AY3 with information from SHIP Cohort One and Cohort Two clinics. Work on the clinic inventory began in AY3 with the administration of a short survey. Clinics were sent a survey to determine interest in participating as a mentor or mentee and what topics they considered high interest for mentees and high-experience for mentors. The survey results will be helpful to IDHW in advancing the clinic-to-clinic mentoring program that will essentially provide another channel of support to SHIP Cohort Clinics needing assistance. At the beginning of AY4, the inventory will be updated to include information from SHIP Cohort Three clinics.

Other AY4 Activities to Support PCMH Transformation in Idaho

Alignment with Medicaid

As described later in updates to Goal 6, an important area of focus during AY4 will be planning and implementing activities to support the launch of Medicaid's new payment model(s). This work will have broad implications across several goal areas of Idaho's Model Test, including Goal 1. Specifically, the Goal 1 charter will be reviewed and updated as needed to include activities to support Medicaid payment reform and outreach to clinics. IDHW anticipates that these activities in Goal 1 will include conducting education and support to SHIP Cohort Clinics to enhance their familiarity with Medicaid's new PCMH shared savings program, CINs, and ability to positively impact program participation in AY4.

Planning for Sustainability

Sustaining practice transformation after the end of the Model Test will also be an important focus of planning during AY4. While SHIP cohort clinics will receive ongoing technical assistance and support through the end of AY4 through clinic-to-clinic mentorship activities, Healthy Connections staff, and PHDs, Idaho seeks to encourage continued practice transformation after those supports are limited or no longer available.

Initial sustainability materials will continue to be developed during the beginning of AY4 for use by clinics in the last year of the Model Test. In addition to the small clinic sustainability toolkit described above, Briljent will also create a sustainability toolkit for large clinics, to include:

1. Half-day virtual workshop to identify needs and priorities.
2. Introductory e-learning overview.
3. Sustainability kit guidelines.
4. Planning, goal-setting, quality measures, continuous improvement tools, presentations, and support hyperlinks.
5. Conversion of existing Microsoft PowerPoint materials to self-paced training.
6. Self-paced training and tools — tools on how to write transformation stories and promote the clinic's success internally and externally to stakeholders.
7. Invitation to enroll in roundtable meetings on sustainability and affinity group video conferences.
8. Train-the-trainer programs to develop internal teams.
9. Customized change management materials and courseware.
10. Self-paced courses on the benefits of mentorship and extending influence.

In AY4, Idaho will continue planning for the sustainability of practice-level transformation. Briljent and its partners will conduct a full-day and one-half sustainability planning session to review the results of research, discuss implications, and select high-priority strategies to ensure long-term, continuous improvement for clinics. A final Sustainability Plan will be developed to document output from the session. IDHW and its partners will work through the end of AY4 to implement recommendations from the resulting Sustainability Plan to encourage ongoing practice transformation after the end of the Model Test period.

Alignment with other State and Federal Initiatives

In AY3, IDHW will work with the Division of Public Health and Population Health Workgroup to update the inventory of statewide quality improvement initiatives present in SHIP Cohort clinics. These updates will include incorporation of initiatives present in SHIP Cohort Two clinics. IDHW anticipates that this work will be completed by the end of AY3.

In addition to updating the inventory, IDHW has also continued to increase opportunities for aligning SHIP with other state and federal initiatives. Some examples of this work in AY3 are:

- Working with Qualis (CMS' contractor in Idaho) regarding supporting rural clinics in compliance with the Medicare Access and Children's Health Insurance Program (CHIP) Reauthorization Act of 2015 (MACRA).
- Working with the Idaho Oral Health Alliance to promote oral health integration among SHIP Cohort clinics.
- Continuing to partner with Medicaid's Healthy Connections program.
- Farley Policy Center Project for Behavioral Health Integration in primary care.

IDHW will continue to seek opportunities to further align SHIP with other state and federal initiatives during AY4.

Workforce Capacity

Idaho has continued to work towards increasing its healthcare workforce capacity during AY3. SHIP continues its direct contribution to a more diverse workforce through the development of CHWs and CHEMs as a component of the virtual PCMH (Goal 4). Through a contract with the University of Idaho, the University of Washington's WWAMI (Washington, Wyoming, Alaska, Montana, and Idaho) Project Echo will be incorporated as a new component of the work Idaho is doing to help further expand Idaho's limited healthcare workforce, especially in rural areas of the state. Project ECHO is considered a long-term learning and guided practice model that exponentially increases workforce capacity to provide best practice specialty care and reduce health disparities.

In addition, the WWAMI medical education program launched revisions to its curriculum to incorporate elements of SHIP. WWAMI is Idaho's medical school. Through the program, students spend the first two years on the University of Idaho's Moscow campus and then complete the remainder of their medical school training through a variety of clinical options within the five-state region. In the 2016-2017 academic year the University of Washington School of Medicine committed to offering first and second year medical students (M1s, M2s) instruction on topics related to Health System Science across all the WWAMI campuses. The University of Idaho's WWAMI program has begun a pilot introduction of this new curriculum for the 2017 M1 class. One element of this curriculum will be modules on Idaho's SHIP and in particular the State's efforts with PCMH and the challenges involved in aligning reimbursement for healthcare services from volume to value. IDHW SHIP staff is working with the State Evaluator to develop materials appropriate for medical students as they prepare for their future roles as physicians in a system which is undergoing rapid transformation. These efforts will continue during AY4.

The Idaho Health Professions Education Council's (IHPEC's) Executive Order expired at the end of 2015 and was not renewed. However, IHPEC members have continued working in collaboration with the

Department of Labor to finalize analysis of workforce needs and develop solutions to expand workforce capacity.

Unfortunately, despite some increases, the state continues to be challenged by shortages across professions, particularly behavioral health specialists. The table below contains data from the Idaho Board of Alcohol/Drug Certification and Bureau of Occupational Licensure and illustrates the slow changes that have occurred between August 2016 and November 2017. The continuing challenges with behavioral health workforce shortages underscore the importance of advancing behavioral health integration within the PCMH model.

Table 4 – Behavioral Health Specialist Workforce Capacity

Professional Credential	August 2016	November 2017	Change
Substance Abuse Counselors	424	480	+12.0%
Social Workers	3,848	3,960	+2.9%
Psychologists	442	442	+0.0%
Counselors/Therapists	-	2,368	N/A
Total	4,714	7,250	+3.4%

B.4. Goals 2 and 5: The HIT Components of Idaho's SHIP

Overview of Idaho's HIT Activities: Goals 2 and 5

This section describes Idaho's plans for the HIT components of Idaho's model, which fall primarily under Goals 2 and 5. Goal 2 seeks to improve care coordination through the use of EHRs and health data connections among SHIP cohort clinics and across the Medical-Health Neighborhood. Goal 5 seeks to build a statewide data analytics system that tracks progress on selected quality measures at the individual patient level, clinic level, regional level, and statewide.

Telehealth is also a critical component of Idaho's HIT plan. In Idaho's model, telehealth is contemplated under Goal 4, so although telehealth is a HIT activity, it is also a core component of Idaho's virtual PCMH; therefore, information regarding telehealth can be found in Section B.6 of this Operational Plan.

This section provides updated information in the five HIT domains required by CMMI: rationale, governance, policy, infrastructure, and technical assistance. Where HIT components are covered elsewhere in this document (e.g., the Master Timeline, the sustainability plan, or telehealth activities in Goal 4), a cross-reference is included to direct the reader to the relevant section.

Over the past four years of SHIP design and implementation, Idaho's recognition of the importance of HIT to its SHIP model has been continuously reinforced as the shift to value-based payment models and expansion of care coordination has underscored the model's dependency on HIT. Like many states, Idaho has encountered a number of challenges in creating the needed HIT infrastructure.

During AY4, Idaho will continue to address the unfinished activities in the areas of Goals 2 and 5; this will allow connection builds, required for the successful production of data analytics reports (with validated quality data), to continue. While the development of the data analytics infrastructure and reporting templates is on schedule, the production of reports has been hindered by delays in clinic connections to IHDE and the resolution of clinic data quality issues. Several success measures across the SHIP model are dependent on stakeholders receiving and using the data analytics reports under Goal 5.

In AY4, Idaho will...

- Continue to complete initial connections, evaluate and enhance existing connections to IHDE.
- Train clinics on how to access and leverage the state HIE technology solution, IHDE.
- Increase marketing of IHDE to hospitals.
- Connect additional hospitals to IHDE.
- Continue to align SHIP HIT activities with the statewide HIT plan.
- Operationalize data reporting on AY4 clinical quality measures.
- Continue to build the data analytics and reporting infrastructure.
- Define baselines for (clinical quality measures as providers successfully complete the data quality improvement process for those measures.
- Provide technical assistance to clinics in reporting of clinical quality measures.
- Continue the data validation and cleansing process.
- Provide access to clinical quality measure reports to RCs (PHD) and other stakeholders.

Health Information Technology

Rationale:

The HIT systems that will be leveraged and created under Goal 2 are an important enabling component of Idaho's vision for delivery system reform. Idaho is still committed to the activities identified for Goals 2 and 5, which represent ambitious goals for the development of HIT infrastructure during the Model Test. During the past two and a half years of the Model Test, Idaho has learned much regarding the HIT infrastructure needed, and the challenges of developing this infrastructure. While we have always strived to base our health IT planning on a realistic understanding of the systems' underlying capacity and the work it would take to reach our goals, we have experienced several challenges that were unforeseen at the start of AY3. As a result of these challenges, progress has been considerably slower than what we had hoped or anticipated. We have adjusted some of our approach to clinic connection builds to address these challenges in an effort to meet our AY4 milestones and continue successful testing of the model during the last grant year. The desired outcome for Goal 2 is that all 165 primary care clinics selected for a SHIP cohort will have an EHR system and an active connection to the HIE, and will use that connection to share and receive patient information. Goal 2 also seeks to support the increase of hospital connections and use of the HIE to share patient data. In AY4, Idaho will continue to provide resources and technical assistance to support attainment of this goal.

Goal 5 builds on the increased clinic HIT capacity and data exchange pathways that are the outcomes of Goal 2 to develop a statewide data analytics system that tracks progress on selected quality measures at the individual patient level, clinic level, county, regional level, and statewide, supplying information needed to integrate the principles of population health, including e-measurement, at these levels. In AY3, vital work occurred to operationalize the design for Goal 5 and establish critical infrastructure. AY4 activities under Goal 5 will continue to build infrastructure, particularly in the areas of data reporting and analytics, which are crucial to driving and evaluating Idaho's health system transformation.

Because health IT is such an important enabling component of Idaho's model, the state has developed specific strategies around health IT governance, financing, and business operations in order to support these activities in AY4. The following section describes Idaho's plans in AY4 to implement these strategies to continue progress toward achieving Goals 2 and 5. Statewide interoperability and exchange of clinical and claims data advances the environment in which delivery of patient care is increased while outcomes are measured at the clinic, county, region and statewide level. This further supports the adoption and roll out of alternative payment methodologies that align outcomes; specifically, Medicaid's planned deployment of the RCO model in AY4.

Governance:

The development of a statewide data governance structure will be an important component of this work. Idaho seeks to create a statewide leadership group responsible for guiding HIT policy for the state. This cross agency group would review, edit and adopt the statewide HIT plan currently owned by IDHW. Additionally, they would provide regular reviews and updates to the plan on an annual basis. IDHW anticipates that the statewide leadership group will include an independent neutral convener, specifically OHPI, and will be broadly representative of the key HIT stakeholders in the state, such as: health systems, mid-size private practices, private health insurers, Medicaid, state public health agencies, federally qualified health centers (FQHCs), community mental health centers, the legislature, and significant social service agencies. Through the statewide HIT plan development process,

stakeholders will determine how governance will be organized, such as through a board of directors and committees responsible for overseeing elements of the HIT platform (e.g., privacy and security, clinical quality, finance, data, and analytics). This group will also coordinate with the SHIP and IHC to monitor infrastructure progress and will provide feedback on the alignment with the state HIT plan.

In addition to the state HIT Governance body, the IHC and IDHW will continue to be responsible for guiding and overseeing implementation of Goals 2 and 5 in AY4. In AY3, the HIT Workgroup and the CQM Workgroup were combined to create the SHIP Data Governance Workgroup. The IHC approved the creation of the workgroup in April 2017. The SHIP Data Governance Workgroup held its first meeting in May 2017 and created a draft charter, which was approved by the IHC in July 2017. With the formation of the SHIP Data Governance Workgroup, the HIT Workgroup and the CQM Workgroup were dissolved.

IDHW and its stakeholders received helpful guidance from the ONC in the process of creating the new SHIP Data Governance Workgroup. ONC facilitated a discussion regarding formation of the workgroup during their December 2016 site visit, and provided recommendations about why a data governance group is important to the SHIP project and best practices such as having broad representation on the group and dissolving the former two workgroups (the HIT Workgroup and the CQM Workgroup).

Moving forward, the SHIP Data Governance Workgroup will continue to advise on topics related to CQM selection/refinement, data governance standards that impact CQM calculations, data quality, and data privacy and security policies.

Policy:

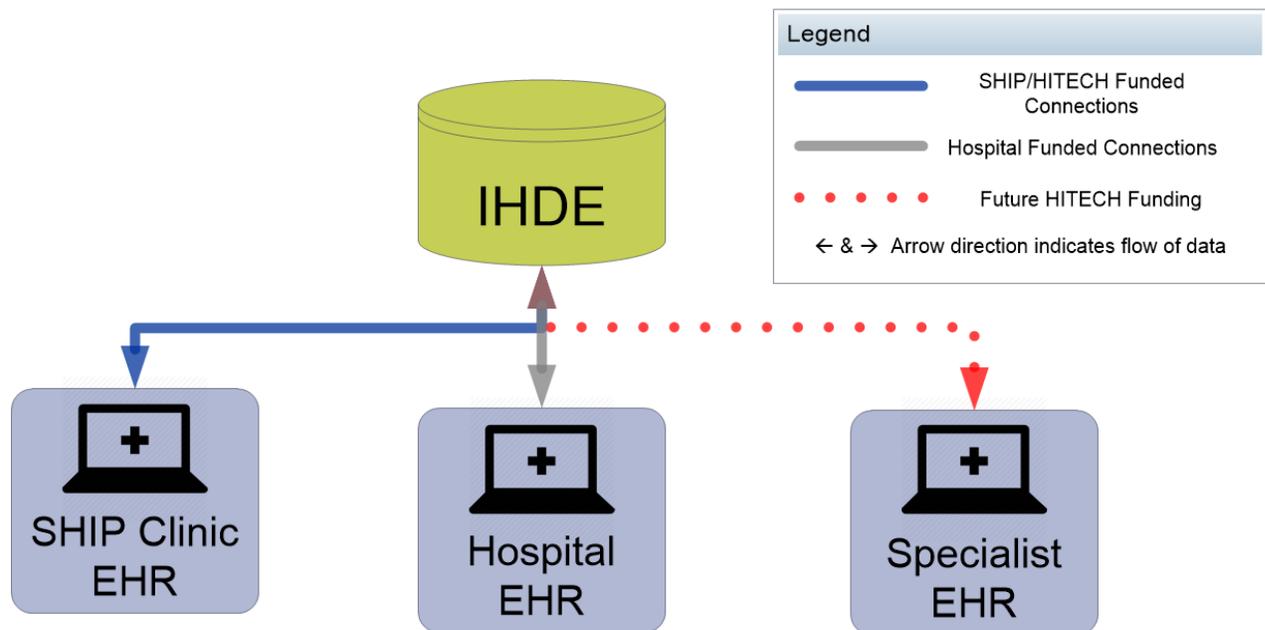
No regulatory or legislative changes are contemplated to support or impact Goal 2 or Goal 5 in AY4. Through TA requests, and collaboration with other states and partners, SHIP will explore available levers and mechanisms to address change.

Goal 2

In AY4, Idaho's efforts to optimize new and current HIT at the provider, payer, and state levels to implement delivery system reform will continue under Goal 2. Goal 2 activities leverage stakeholders' subject matter expertise and commitment to the model, and infuse resources and support to build the next generation of health data exchange and data-driven care coordination in Idaho.

The figure below illustrates the data flows envisioned with an integrated Medical-Health Neighborhood. Some of the flows illustrate as-is connection types while others are envisioned and have yet to be funded or fully realized.

Figure 7 – Data Flow Illustration for Service Delivery by Connection Type



As shown in the data flow illustration above, Idaho's HIE is the critical "hub" among SHIP clinics, hospitals and specialists that provides the data exchange functionality needed for providers to better coordinate and improve care, which are important objectives under Idaho's vision for delivery system and payment transformation. The achievement of these objectives, spread throughout SHIP's other goals, is dependent on having a healthy HIE that is functional and sustainable for the healthcare system. In AY3, IHDE experienced challenges with underlying capacities and resources needed to sustain its infrastructure as the state's HIE. A major challenge IHDE faced in AY3 was the lack of a project manager which resulted in significant delays in deliverables. Additionally, IHDE lacked sufficient staff with the full range of skill sets required to support SHIP activities. This lack of project management leadership and resources was compounded by inadequate executive leadership, a transition to a new executive director and a lack of established operational capital to sustain business needs and growth.

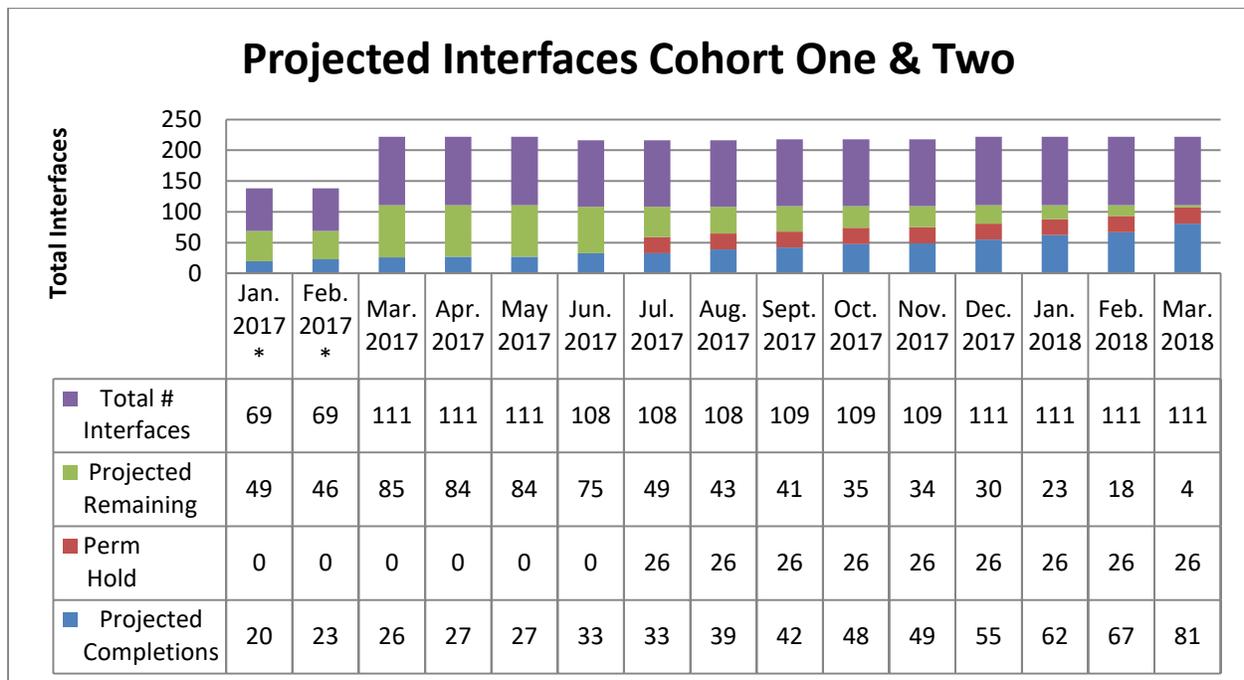
To address these issues, IDHW will reallocate funding and resources in the IHDE contract in AY4 to reinforce IHDE's infrastructure. IHDE has developed a Corrective Action Plan (CAP) that includes activities and milestones to address identified issues. The highest priority activity is recruiting effective

and experienced resources and addressing existing staff resource issues. IHDE has recently hired a project manager and hopes to hire several more resources to fill gaps identified in the CAP. To date, IHDE has been making progress on addressing the CAP and has addressed many of the deficiencies; the next phase of the CAP process will require six months of monitoring to ensure ongoing compliance.

IHDE Connection Build Progress

Throughout AY3 IHDE has continued to address the Cohort One and Two clinic builds. Due to the overlap in organizational participation between Cohort One and Two, they are both tracked together. Included is a table of progress and projected activity in AY4 related to the first two cohorts. Table 5 below illustrates the current and projected interfaces for Cohort One and Two participating clinics. Note that the number of interfaces per organization/clinics will vary based on the EHR product. Perm Hold interfaces are due to circumstances beyond IHDEs control (i.e. EHR transition, vendor resource gap, etc.)

Table 5 – Cohort One and Two Interfaces



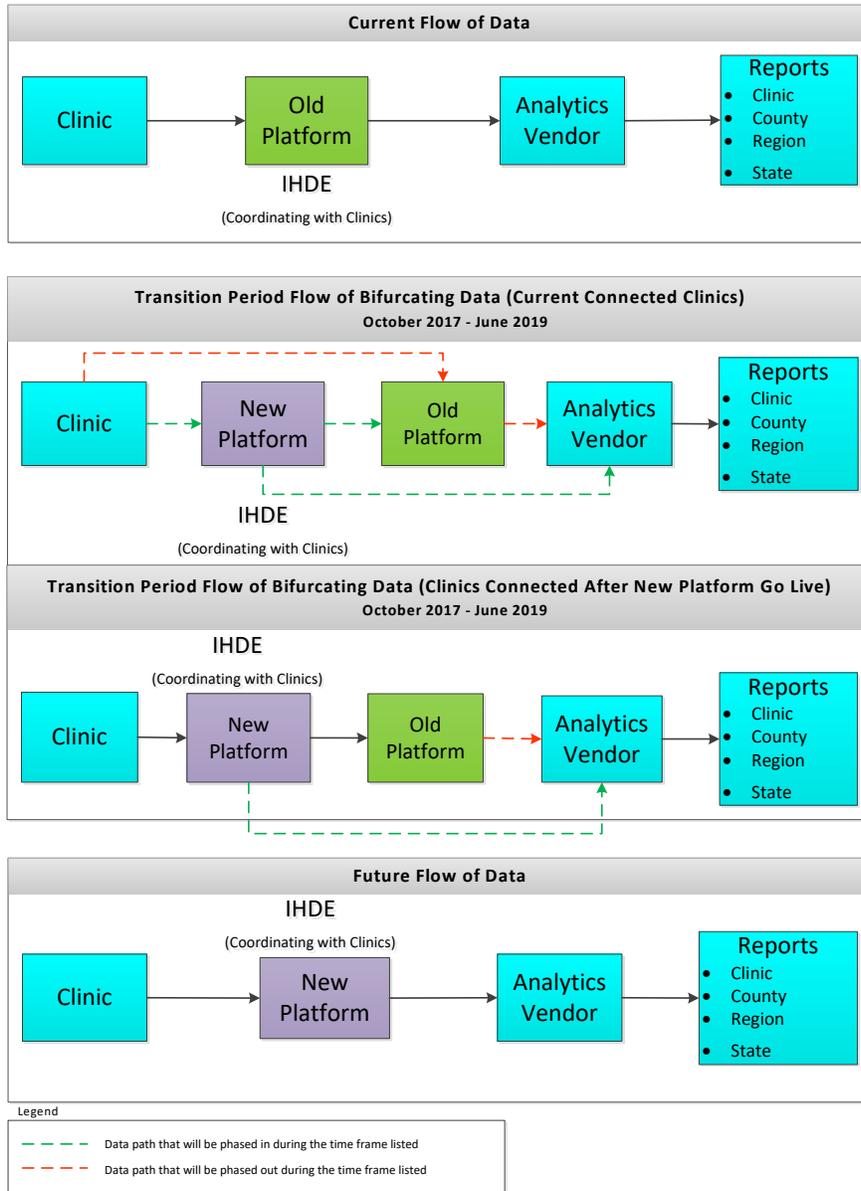
New Data Exchange Platform

One of the necessary infrastructure activities that will take place at IHDE is moving the data exchange platform from the existing Orion platform to a new platform provided by Verinovum. Additionally, it was revealed early in AY3 that IHDE has a significant backlog of errored record matches to patient (also known as EMPI functionality); it is anticipated that a transition to a stronger product used by Verinovum will help address this barrier. With the new platform, IHDE will be able to accept claims data from payers (as described in further detail below) an important element of Idaho’s data analytics. IHDE will begin transition to the Verinovum platform in AY3 and continue to work on it in AY4, including some clinics establishing connections to the new platform in AY4, the official activation of the new platform (and

switch from the current platform) will occur after AY4. The following depicts that this work begins in AY3, continues in AY4, but is completed after the end of AY4.

Clinic Data Sharing through IHDE

Figure 8 – IHDE Transitional Data Connection Flow



Funding for IHDE Connections

Activities in AY4 will be aimed at finalizing bi-directional connections between SHIP Cohort One and Two clinics and IHDE, and establishing bi-directional connections between SHIP Cohort Three clinics and IHDE. A bi-directional connection enables clinics to both send and receive patient-level information directly through their EHR.⁴ All participants in the IHDE retain access to a standalone portal in which individually issued credentials can be used to access and view patient data supplied by sources (e.g. hospitals, clinic, and specialist). The exact technical specifications of each clinic's bi-directional connection to IHDE will vary based on the capabilities of the clinic's EHR product. However, in general, clinics will use the bi-directional connection to share their patient Continuity of Care Documents (CCDs) as well as clinical transcriptions (progress notes). In turn, clinics will receive from IHDE relevant patient data from other providers, including hospitals, information such as lab work, radiology, and transcriptions.

There are two directions in which data will flow between IHDE and the clinic. Client data that travels from the clinic EHR to IHDE is "inbounding" to IHDE. Client data that travels, or is accessed through the view portal, from IHDE to the clinic EHR is "outbounding."⁵ At present, Medicaid has included connection to IHDE in their tier system; clinics outbounding data (uni-directional) will satisfy a requirement for Tier 3 payments while clinics with both inbound and outbound connection (bi-directional) will qualify for Tier 4. Medicaid has additional non-HIE criteria for clinics to address before they move between payment tiers.

Prior to the start of SHIP several hospital systems had already established relationships and data feeds with IHDE. These feeds were usually ADT (Admit, Discharge and Transfer), RAD (radiology), and LABS (laboratory); and only transmitted data from the hospital system to IHDE (uni-directional). Similarly, many clinics in Idaho were customers of IHDE and are consumers of the data available in the IHDE database; these clinics, some now SHIP Cohort One clinics, are also uni-directional connections. As the fully realized vision of bi-directional connections is implemented, SIM and HITECH funding are being leveraged to enhance these existing connections to make them bi-directional as well as connect additional service delivery providers in Idaho. Funding connections for hospitals is not currently part of the SIM funding proposal; however, many hospital systems in Idaho operate outpatient clinics now participating in Cohort One and Two which may be a helpful engagement mechanism. The hospital and clinic often share the same EHR and the connection required to onboard the clinic is scale-able to the hospital side at the same cost. In these instances, hospitals receive the benefit at no additional cost to the SIM or parent health organization.

IDHW, IHDE and SHIP cohort clinics have made progress during AY3 in establishing bi-directional connections between clinics and IHDE. As of August 2017, bi-directional connections have been established with 15 Cohort One clinics and 10 Cohort Two clinics. By the end of AY3, an additional 19

⁴ The technical definition of "bi-directional connection" for the purposes of SHIP is: Exchange of information including both discrete and textual data using HLN7 interface technologies as well as other data exchange technologies including but not limited to CD formats, XDS exchange, and other emerging technologies.

⁵ These terms have been adopted from the IHDE perspective and are Idaho-specific in nature.

Cohort One clinics will be connected and an additional 30 Cohort Two clinics will be connected, for a total of 74 bi-directionally connected clinics to date.

In addition to being impacted by the overall IHDE staffing issues described previously, progress in establishing clinic connections has been slower than anticipated due to continued barriers at the EHR and clinic level. Typical barriers have included: clinics in the process or planning an EHR conversion to another EHR, the EHR has been delayed in assigning project resources to IHDE in order to begin the build, IHDE is awaiting an EHR hub to be operationalized by a vendor (e.g., eCW), or EHRs unable to filter behavioral health information. Clinics have also been hesitant to participate in some cases due to disagreements in legal agreements or high EHR maintenance fees. IDHW has engaged with ONC to identify potential policy levers and best practices to mitigate these risks.

As IHDE and clinics resolve these barriers and establish functional data connections, IHDE has also conducted trainings with clinics to demonstrate the IHDE clinical portal user interface, to assist the clinic in accessing clinical records through the portal, to review privacy policies and procedures, and to suggest ways for the clinic to incorporate portal access in their workflows. Training has been conducted for all Cohort One and Cohort Two clinics that have “view-only” access on the clinical portal, and will continue as new clinics establish connections.

Per ONC guidance and feedback from clinics, IHDE will conduct onsite visits to all connected clinics in AY4 to evaluate the quality of the connection and the adequacy of the training provided. On a clinic-by-clinic basis, IHDE will troubleshoot any connection issues and provide additional training as needed.

Idaho’s end-state vision for clinic connectivity to the HIE remains at 165 SHIP Cohort clinics. However, due to the challenges described above and the shift in focus to reallocate funds and resources into IHDE’s critical infrastructure, including the transition to the new Verinovum platform, the pace of clinic connection will continue to be slower than initially anticipated. Idaho continues to identify efficiencies in completing connections wherever possible to attempt to accelerate the pace of establishing connections as much as possible. IHDE training will also continue during this time.

Through AY4, IHDE will work with clinics to enhance their connection as needed to support clinical quality measure data reporting. As technical barriers related to data reporting on a particular measure or measures are identified at the EHR or clinic level, IHDE will work with the clinics to resolve those issues so that data flow can occur. This work will continue to occur in the Orion platform until the Verinovum platform is ready to accept clinic connections, at which point the connections will be shifted to Verinovum and any further enhancements will occur in the Verinovum platform. The shift from Orion to Verinovum will be seamless for clinics.

Funding for IHDE Connections

During AY4, Idaho plans to continue leveraging Model Test grant funds for the remaining SHIP Cohort One and Two clinics as well as SHIP Cohort Three to help reduce any barriers that fees may pose to clinic connection to IHDE, as was done with Cohort Two. Additionally, the IDHW SHIP team is working with Medicaid to leverage HITECH funding to help cover the connection costs. The following table shows the fees normally associated with a clinic’s connection to IHDE, and how these fees will be handled for SHIP clinics during AY4. During AY3, Medicaid began participating in regular vendor meetings and has a flex office space located in the SHIP team office area to facilitate open communication, collaboration and vendor accountability.

Table 6 – Fees for Data Sharing through IHDE

Fee	Description	Funding Source for SHIP Cohort Clinics
One-time IHDE interface connection fee – IHDE and subcontractor cost.	Portion of the one-time connection fee that represents the professional services required to connect the clinic’s EHR to IHDE.	Medicaid HITECH funding is proposed to cover 100% of the costs.
One Time EHR interface connection fees – EHR charges to clinic.	Portion of the one-time connection fee that represents costs associated with coding and technical work at the EHR level to establish a connection to IHDE. Costs range from \$10,000 to \$40,000 depending on the EHR product.	SHIP will fund 100% of this cost. This expense is not eligible for HITECH funds.
IHDE clinical portal license fee.	Annual license for use of the IHDE clinical portal. Each license supports up to four clinic users. Multiple licenses may be required depending on the size of the clinic. On average, Cohort clinics use two to three licenses, each costing \$475.	Medicaid HITECH funding is proposed to cover 100% of the costs in the first connection year. Clinics will pay this fee thereafter.
EHR maintenance fees.	EHR vendor-related maintenance fees (e.g., monthly support) resulting from the connection to the IHDE.	No SHIP funding or waivers are available for this fee. Clinics will pay these fees directly to their EHR vendor.

Build Process

In AY4, the process for establishing data sharing through IHDE will be similar to the process established for SHIP Cohort One described below.

- After a clinic’s enrollment in a SHIP cohort, the clinic signs a series of business associate agreements with IHDE that establish the responsibilities of each party and govern their relationship. Importantly, the agreements include privacy and security safeguard policies to ensure compliance with Health Insurance Portability and Accountability Act (HIPAA) and all other applicable federal and state laws and protect the sharing of personal health information through IHDE.
- After signing the business agreements, IHDE conducts training with the clinic to demonstrate the IHDE clinical portal user interface, to assist the clinic in accessing clinical records through the portal, to review privacy policies and procedures, and to suggest ways for the clinic to incorporate portal access in their workflows. At this point in the process, the first year license fee to access the portal is waived and the clinic is granted “view-only” access to the portal. This step gives the clinic access to the system while the connections are being scoped and built by various vendors.
- IHDE then conducts an HIE-specific readiness assessment with each clinic to evaluate the clinic’s capacity for bi-directional connection to IHDE. The readiness assessment collects information on the clinic’s EHR product, the EHR one-time connection costs, any current connection the clinic has to IHDE, and what type of data is currently being shared with IHDE. To assess the clinic’s data reporting capacity in support of Goal 5. In AY4, the CQM data quality process will leverage successes and opportunities that clinics experienced related to national metric reporting as a component of their individualized process.

- IHDE sends the readiness assessment to the IDHW SHIP team; the SHIP team approves the readiness assessment which authorizes IHDE to begin working with the clinic to establish a connection to IHDE. Building the connection occurs over a 12-week sprint.

Hospital Data Sharing Through IHDE

The process for establishing hospital connections and the nature of hospital connections will be different than clinic connections. While all connected hospitals will send clinical information to IHDE (inbound), some hospitals may choose to not automatically receive clinical data from IHDE (outbound) due to security and IT policies at the organizational level. Providers within these hospital settings will still be able to view clinical data on their patients through the clinical portal.

Within Idaho there are several geographic areas where hospital connections to IHDE are limited, and the availability of patient clinical data has been a barrier for clinics in deciding to connect. Though SHIP has not allocated funding specifically for hospital connections, the presence of patient data from the clinic is anticipated to become an incentive for hospitals to consider joining IHDE. For example, SHIP clinics connected bi-directionally with IHDE will be providing patient data including medications, allergies, lab results, progress notes and other important health data to IHDE. This could be crucial in the event the patient is seen in an emergency room late one evening. The treating physician in the emergency room would have access to much of the patient's health history increasing the effectiveness of their treatment and preventing duplication of diagnostic or treatment services.

Currently, eight hospitals are connected to IHDE. The availability of hospital data through IHDE helps meet the care coordination needs of area clinics whose patients are seen at those hospitals, and could represent a reason for clinics to maintain their connection to IHDE after the Model Test. During AY4, IDHW will work with IHDE to strengthen marketing to hospitals and encourage dialogue between hospitals and IHDE in order to increase the number of hospital connections, especially in eastern Idaho where no hospitals are currently connected. While it will continue to be the case that hospital connections are not funded through SHIP, it is hoped that increased marketing will help Idaho move closer to achieving its targets for hospital connections to IHDE. Additionally, SHIP funds are being allocated in AY4 to assist hospitals in connecting to IHDE; given the essential nature of hospital data to the MHN and project metric related to hospital connectivity, SHIP has elected to allocated resources within this category to begin making progress in this space. Previous leadership with IHDE misrepresented the actual organizational priority and capacity to engage in this activity requiring SHIP to adjust its approach with the organization. This activity will be fully scoped and added to the Work Breakdown Structure (WBS) in AY4.

IHDE has initiated a plan to increase their staff size and increase their marketing efforts to hospitals in AY4.

Other AY4 Activities to Support Data Sharing and HIT-Enabled Care Coordination

HIT-enabled care coordination will strengthen the working relationship of Medical-Health Neighborhood participants with SHIP cohort clinics and across Medical-Health Neighborhood participants. A first step will be to expand electronic information sharing across "traditional" medical practices such as specialty providers, hospitals, and primary care clinics. Eventually, Idaho hopes that the infrastructure currently being built will allow opportunities beyond these traditional providers in order to support communications across the Medical-Health Neighborhood. For example, broader HIT-enabled care

coordination in the Medical-Health Neighborhood between local behavioral health providers and correctional health practitioners would help facilitate successful reentry for many individuals transitioning into the community. Likewise, sharing data between tribal and non-tribal Medical Health Neighborhood participants would improve care for many tribal members who receive services both on and off tribal land. The creation of the Medical-Health Neighborhood and the development of the infrastructure to support HIT-enabled care coordination will eventually intersect, and provide expanded opportunities across the broader Medical-Health Neighborhood to understand and address the person's whole needs. During AY3, IDHW has moved forward with plans to enhance IHDE to include claims data from payers in Idaho and to connect with other HIE databases.

1. Including Claims Data

IDHW provided CMMI with the results of the AY2 feasibility (delivered in AY3) study related to including claims data from payers. Based on the results of the study, IDHW and IHDE are moving forward with establishing a pathway for payer claims data. Changing IHDE's underlying technical platform to Verinovum will allow for the inclusion of payer claims data, and is a necessary predecessor task for further work. It is anticipated that the inclusion of payer claims data will begin soon after the new platform is launched. IHDE and IDHW will develop a project plan to address the additional steps that will need to occur to complete the incorporation of payer claims data into the new platform. This foundation for integration of claims data is expected to occur in AY4 with a production environment launching at the end or just after the conclusion of AY4. SHIP funding will be used for these activities.

2. Connecting with Other HIE Databases

IDHW provided CMMI with the results of the AY3 feasibility study related to connecting IHDE to another state HIE. Many Idahoans who reside on the State's borders receive care from out-of-state providers. Connecting IHDE with other state HIEs will enable valuable pathways for data exchange among all providers serving a patient, regardless of the state where the provider is located.

During AY3, Idaho has taken steps outside of SHIP to connect IHDE with the Utah Health Information Network. This connection is a start for inter-state information sharing, but IHDE plans to complete its change to the new Verinovum platform before moving forward with establishing more robust data exchange with Utah or other state HIEs. IHDE's longer-term vision is to establish robust data exchanges with the Utah, Washington, and Oregon HIEs.

3. Strengthening Stakeholder Engagement

IDHW will continue to engage IHDE as they address clinic connections and enhance their strategic endeavors to meet Idaho's growing HIE needs. To that end, broader stakeholder engagement will be required to ensure the eco-system of use cases is diverse, well-articulated and meaningful to APM introduction within the state. As a statewide HIT group is convened to advise the state and HIE on these governance matters key proposed participants include: PCMH clinicians, Hospital leadership, and Payer leadership. These stakeholders will also provide input on additional stakeholder identification.

Detailed HIT Functionalities for Goal 2

CMMI's guidance to states on the HIT components of their SHIPs requests detailed information for the specific HIT functionalities that will support delivery system reform. The following table provides this detail for these functionalities in Idaho under Goal 2.

Table 5 – AY4 HIT Support for Delivery System Reform

Health IT functionality	Information Purpose & Location	Current barriers	Funding	Policy Levers Utilized	Fully Operational Date
<p>Data Extraction: Provider interface between EHR and IHDE; includes HL7 interface, CCD formats, and attribution flat files.</p> <p>Currently operational but does not currently meet statewide SIM needs.</p>	Improve care coordination via electronic health records (EHRs) data flow to HIE allowing both clinical data to be accessed for patient care coordination and data analytics reporting.	<ul style="list-style-type: none"> Variety of EHR products with varied connectivity standards Contractor delays Provider readiness EHR technical resource allocation 	HITECH and SIM	No additional levers have been identified at this time.	Varied based on cohort.
<p>Data Aggregation: IHDE system ability to receive, parse, and organize data into the database in necessary discrete fields.</p> <p>Currently operational and can be used as is to meet statewide SIM needs.</p>	Repository of necessary clean and ready to use data for analytics vendor output. Located within the state HIE system.	<ul style="list-style-type: none"> Technical barriers Contractor delays Resource availability Cost for new vendor functionality 	SIM	No additional levers have been identified at this time.	March 2018
<p>Data Transformation: IHDE system ability to standardize already organized data.</p> <p>Currently operational but does not currently meet statewide SIM needs.</p>	Process of cleansing, de-duplicating ⁶ , and translating data into ready to use format for analytic vendor output. Located within the state HIE system.	<ul style="list-style-type: none"> Dependency on predecessor tasks 	SIM	No additional levers have been identified at this time.	November 2018

⁶ Reconciling historic or duplicate message contents received via HL7, CCD or other XML format. This is anticipated to require creation of several data algorithms and hierarchies.

Goal 5

Under Goal 5, Idaho will utilize new and current HIT to support the integration of population health into the state's SHIP activities, including e-performance measurement.

Operationalizing the CQMs for Data Reporting and Analysis

During AY3, the Data Element Mapping Subcommittee completed work to review and select an additional eight CQMs. This work brings the total number of selected CQMs to 16. The newly selected measures are aligned with national measures such as measures used under CMS initiatives or in HHS' Merit-Based Incentive Payment System (MIPS) and National Quality Framework (NQF). The two exceptions are the "Childhood Immunization Status" measure, which the Subcommittee aligned with the CDC's immunization database measure, and the access to care measure, for which data will be collected from state evaluation team surveys.

In the process of selecting the additional CQMs, Idaho has worked closely to promote alignment with MACRA with Qualis Health, who holds the CMS contract to provide technical assistance to providers in Idaho regarding the MACRA rules. A representative from Qualis Health is a member of the SHIP Data Governance Workgroup, and has been engaged with selecting and operationalizing the measures. The Qualis Health representative has also shared information with IHDE and the State Evaluator regarding quality improvement and MACRA processes. This alignment will continue moving forward.

The activities related to operationalizing measures are now the responsibility of HTS with the support of the SHIP Data Governance Workgroup. The Workgroup has had preliminary conversations about the remaining four measures. During the remaining months of AY3, IDHW will work with the SHIP Data Governance Workgroup and HTS to finalize plans for the remaining clinical quality measures including operational details and budget.

CQM Reporting Schedule

In AY4, Idaho will follow the schedule developed in AY2 for CQMs reporting during the three years of the Model Test. Stakeholders emphasized the need for the schedule to allow phase-in of the remaining reporting requirements. A phased-in approach will allow clinics sufficient time to implement internal changes to capture data at the clinic level, while also allowing IHDE and HTS time to build the data analytics infrastructure needed to produce reports on the data. The schedule also requires SHIP clinics to increase reporting over time. In their first year of participation in a cohort, clinics will be required to report on the first four measures. The reporting requirements will increase by six measures each year of the Model Test. This approach will enable clinics to establish solid baselines for each measure and afford them time to address any gaps that are identified in reporting the measures. Additionally, lessons learned each year will be applied to increase the possibility of cohort clinics reporting on more than the required measures by the end of AY4.

In this manner, all clinics will build reporting over time as their experience participating in the Model increases. Table 7 describes this progression.

Table 6 – CQM Reporting Schedule

Number of Required Measures for Reporting			
	By January 31, 2017	By January 31, 2018	By January 31, 2019
Cohort One	4	10	16
Cohort Two	0	4	10
Cohort Three	0	0	4

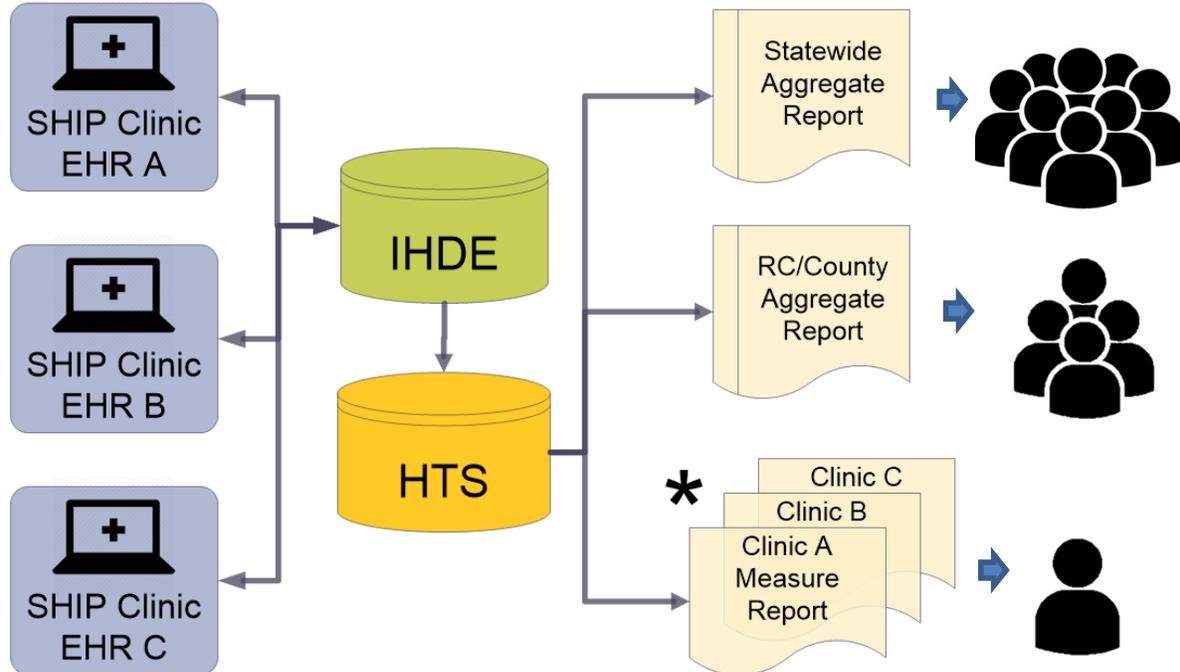
Building and Operationalizing the Data Reporting Pathway

In AY4, IDHW will continue working with IHDE, its subcontractors and HTS to operationalize the infrastructure and data pathways for CQM production. As the data analytics contractor, HTS is responsible for providing data hosting, data transfer, analytics design and development, testing, and display of analytics output at the participating clinic level, county level, RC level, and statewide level. Clinic designated staff with appropriate security will be able to drill down to the patient level.

Added in AY3, IHDE now provides a Data Quality Specialist co-located with the IDHW team. In this capacity, the data quality specialist implements the clinical quality data verification process which tracks the lifecycle of the data from workflow to metric production. There are many places in the data compilation, transmission, decomposition, normalization and reporting sequence; this process was designed leveraging assistance from the ONC and several other states attempting to produce clinical quality metrics

The Figure 9 illustrates the data pathway for reporting of the CQMs.

Figure 9 – CQM Data Reporting Pathway



*Clinic Measure Reports allow for client level drill down (with appropriate credentials).

While IDHW, IHDE and clinics have worked during AY3 to identify and resolve data quality issues, HTS has also continued to build the CQM data analytics and reporting infrastructure to support the use of data by stakeholders (e.g., RCs, clinics, the State, payers, etc.). This area of has remained on schedule. Currently, the data analytics and reporting infrastructure is in place for measures 1–9. For each measure, this process has involved: developing the requirements, developing the analytics model, loading data into the analytics model, testing the model, designing and developing the reports, testing the reports, developing test case activities, deploying access to the reports, and creating training documentation.

As a result of this work, the analytics and reporting models are ready to receive data from clinics once clinics have completed the data improvement process, and share this data with end-users. In order for data to be shared on a particular CQM, the analytics system must have data from at least three clinics. The generation of CQM data at the regional and state level will begin once that threshold is reached, and will become more robust over time as clinic data improves and more clinics begin data submission.

In addition to the planned reports at the clinic, regional and state levels, HTS has also developed the capacity to produce a health systems CQM report, which will show aggregated data across a health system with multiple reporting clinics.

Establishing Baselines

Work to establish baselines for each measure for each SHIP cohort clinic has been delayed due to the data quality issues described above. As data quality is improved and the data transmission is established, HTS, IHDE, IDHW and clinics will establish baselines. This will be a primary focus of activity for AY4. It is anticipated that baselines will be established one measure at a time by clinic, or health system, as the clinical data quality validation process is completed and metrics are successfully generated.

Since the operationalization of the metrics to establish a baseline has been delayed the model is being updated to include exploration of a virtual baseline based on similar population characteristics and available data sets from public domain resources. This will include accessing ONC TA resources as well as potential vendor resources (established and new). This activity would further support the healthcare delivery transformation and provide additional incentive to the environment in Idaho conducive to payer Alternative Payment Model (APM) adoption and roll-out. The Multi-Payer Workgroup (MPW) and Data Governance Workgroup (DGW) will consider this potential activity as they re-evaluate their charters in anticipation of the final year of the project.

Data Analytics Feedback

HTS will provide data analytics feedback at the clinic level for improving the care of the patient population, at the county and regional level for identification of quality indicators to focus on at the regional level, and at the state level to provide direction in evaluating the overall success of the Model Test. This feedback will be available soon after connections are established. Information at the regional and state level will continue to get more robust as additional clinics begin reporting data. Plans to provide data analytics feedback have been delayed due to continued work to resolve data quality issues. Once the data transmission pathway is established, plans to provide data analytics feedback, including the creation of custom CQM reports, will continue. This will be an area of focus in AY4.

HTS will also create canned reports on the CQMs based on the use cases developed by the HIT Workgroup's Use Case Subcommittee. Custom reports will be available for clinics, RCs, and the State, and are meant to help make the data more useful for identifying both practice-specific issues and regional and statewide population health issues. Custom reports were defined with provider, PHD, and RC input to provide them with data most relevant for identifying gaps in care and community health needs.

Other AY4 Activities to Support Clinical Quality Measurement

Because of the delays associated with data quality improvement, reports with complete CQM data from clinics have not yet been made available to payers and PHDs/RCs. IDHW and IHDE will continue conversations with the payers and, at the regional level, with PHDs and RCs regarding how data can contribute to their payment reform and population health improvement activities.

Detailed HIT Functionalities for Goal 5

CMMI's guidance to states on the HIT components of their SHIPs requests detailed information for the specific HIT functionalities that will support the information/data needs for integration of population

health, including e-measurement. The following table provides this detail for these functionalities in Idaho under Goal 5.

Table 7 – HIT Support for Population Health

Health IT Domains of OP Purpose & Location	Health IT functionality ⁷	Current barriers	Funding Source	Multi-payer Policy Levers Utilized	Start Date/ Fully Operational Date
CQM data will assist state SHIP team, clinic and hospital providers, RCs, and other stakeholders for purposes of population health reporting and the development of population health initiatives.	Data extraction: Rhapsody Integration Engine + bifurcated data feed to VN (Orion)	Limited data availability	SIM/HITECH	N/A	4/8/16 - 12/31/18
	Data extraction: VN Suite (Verinovum)	New SaS product	SIM/HITECH	N/A	12/1/18 - 1/31/19
	Data Collection: Microsoft SQL Server Database Tools are used to transform and load the data into the data analytics system.	Limited data availability	SIM	N/A	4/8/16 - 12/31/18
	Data Transport: From IHDE to HTS via SFTP using SSL connections.	Limited data availability	SIM	N/A	4/8/16 - 12/31/18
	Data Retention: Amazon Web Servers	Limited data availability	SIM	N/A	4/8/16 - 12/31/18
	Data Analysis: SAP Predictive Analysis	Limited data availability	SIM	N/A	4/8/16 - 12/31/18
	Data Reporting and dissemination: SAP Business Object Enterprise	Limited data availability	SIM	N/A	4/8/16 - 12/31/18

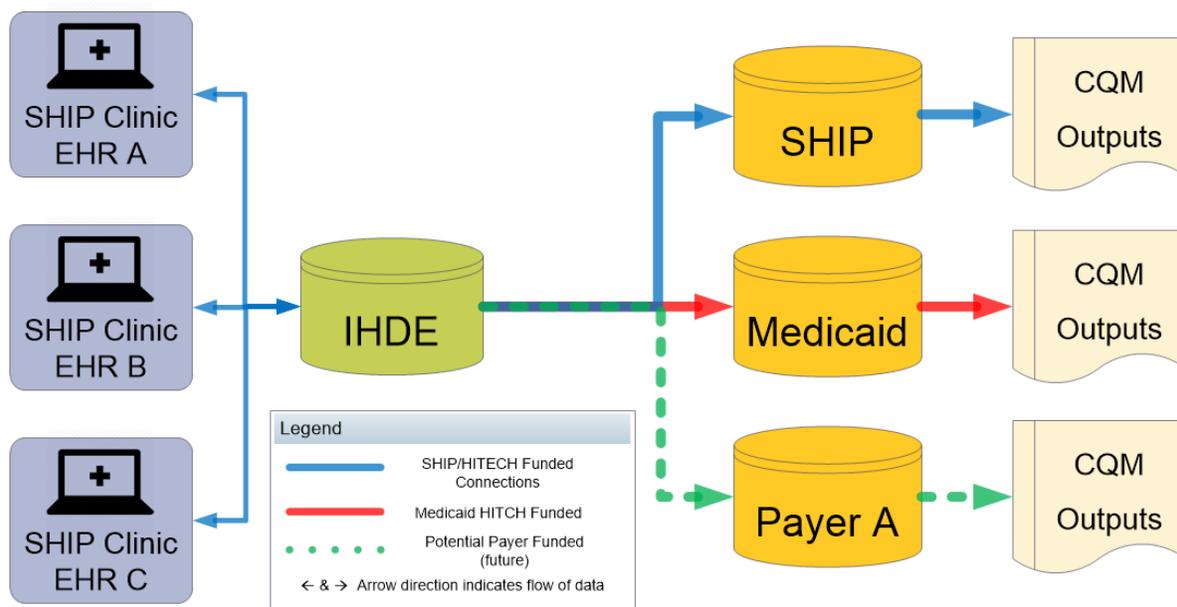
⁷ All HIT functionalities listed in this table are currently in implementation stage and can be used upon completion to meet statewide SIM needs.

HIT Support for Payment Reform

Idaho's model recognizes the importance of offering flexibility to payers in defining how they will support payment reform. Thus, Idaho is not creating any additional common HIT infrastructure that would create a single data flow for payment reform. Instead, in AY4, each payer will implement their own HIT activities to support their particular payment models and contracting arrangements with providers. SHIP will support these efforts by sharing data analytics reports with payers, as described in more detail below. With this flexibility, Idaho anticipates that public and private payers will continue to be engaged and committed to new models of healthcare delivery and payment models.

IHDE is in the process of updating their strategic and business plan to be inclusive of payer engagement and potential for solutions. The updated business plan will be presented to the IHDE Board in January 2018 and shared with IDHW shortly after; this key input will be helpful in coordinating the engagement with all the payers in Idaho as well as the value add proposition available through the Idaho SIM.

Figure 8 – Clinical Data Pathways Supporting Payment Reform



HIT continues to play a large role in Idaho's end-state vision for supporting payment reform. As previously described, in AY4 Idaho will continue to develop the HIT infrastructure and continue conversations with payers around using data to support alternative payment methodologies.

HIT Technical Assistance

Technical assistance will be an important part of continuing HIT activities in AY4. All HIT vendor contracts include a TA component in which the vendor provides expertise and support to the various customers including: PCMHs, RCs, PHDs, and other identified users of the HIT infrastructure. For example, SHIP Cohort Clinics will receive technical assistance from HTS, the data analytics vendor, related to access, use and leveraging data which will contribute to improved patient outcomes.

Table 10 below outlines the technical assistance activities planned in AY4:

Table 9 – AY4 HIT Technical Assistance

Targeted Provider Type	Health IT Technical Assistance to be Provided and Funding
SHIP Cohort Clinics	Various topics related accessing the solution, producing reports, and customization tool functionality. Funded through SHIP.
Users of county and regional CQM reports (PHD, RC)	How to access the reports for population health monitoring as well as understanding the data sources. Funded through SHIP.
Users of statewide CQM reports	How to access the reports for population health monitoring as well as understanding the data sources. Funded through SHIP.
Users of CHEMS metrics reports	How to use the reports to measure the success of CHEMS programs. Funded through SHIP.
Virtual PCMH telehealth applicants	How to collect data on telehealth use. Funded through SHIP.

HIT Work Plan and Timeline

Information regarding Idaho’s HIT work plan can be found in the Goal 2 and Goal 5 work plans in Section C of this Operational Plan. Information regarding the timeline for HIT activities can be found in the Master Timeline in Section A.4. In addition to specific sections for Goals 2 and 5, the Master Timeline includes a column that describes where HIT activities support other components of SHIP.

HIT Driver Diagram

Idaho’s HIT activities are a primary driver of the State’s health system transformation and are represented as Primary Driver Two in the master driver diagram in Figure 1 of this Operational Plan. Figure 3 shows the metrics for Primary Driver Two. There are HIT activities that support Primary Driver 1 and 3 with the associated narrative details found in Goals 1, 3, and 4.

B.5. Goal 3: Establish seven RCs to support the integration of each PCMH with the broader Medical-Health Neighborhood.

In AY4, SHIP activities will continue to focus on providing support and oversight to RCs and PHD SHIP Staff in implementing goals in their strategic plans (implemented during Quarter 2 of AY3). RC strategic plans target four main areas: 1) PCMH transformation support, 2) Medical-Health Neighborhood development and connections, 3) population health initiatives, and 4) RC sustainability.

RCs, with the support of PHD SHIP Staff, made great progress during AY3 in advancing the SHIP Model through initiatives described in their strategic plans. RCs began implementing their strategic plans for the first time in the first quarter of AY3, but core components of some plans were not initiated until the middle of the second quarter as RCs required time to execute agreements and refine plans with partner entities that would assist RCs with their initiatives, including securing support through the RC supplemental grant process.

Through regular reporting and monitoring activities and communication with PHD SHIP Staff, Idaho has determined that some RCs are behind in completing the goals outlined in their strategic plans and may not have sufficient time to complete extensive data gathering, validation and analysis. IDHW SHIP Team will support the RCs to ensure RCs can fully implement and complete their plans and analyze data collected by Feb 1, 2018 or earlier.

While implementing their strategic plans, RCs and PHD SHIP Staff will also be engaged in planning efforts linked to Medicaid payment reform which is expected to begin in July 2018. In the first six months of AY4, RCs and PHD SHIP Staff will participate in discussions about the CHOICE functions and roles within the RCO Model and help to identify communication materials needed to educate regional healthcare practitioners regarding new payment models.

Idaho will continue to build a healthcare system that has significantly evolved and will continue to evolve over the initial Model Test years, with expanded opportunities to reward quality over quantity, encourage coordination of patient needs through the Medical-Health Neighborhood, and ultimately improve patient outcomes and care experience.

Goal 3 activities for AY4 are described below by the RC's four main focus areas.

In AY4 Idaho will...

- Continue to implement strategic plans for each RC which addresses sustainability planning.
- Begin using analytic solution outputs.
- Continue monitoring activities to ensure RCs provide guidance on regional quality improvement and Medical-Health Neighborhood integration.
- Advance integration of the Medical-Health Neighborhood in each region.
- PHD staff will continue to support with and communicate with SHIP Cohort clinics regarding the supports available from RCs.
- Continue health initiatives focused on improving population health.
- Continue creating a Sustainability Plan.

Support for PCMH Transformation Process

RCs and the PHD SHIP staff continue to play an important role in supporting SHIP clinics in the PCMH transformation process at the local level. RCs supported the SHIP cohort clinics in AY3 as they embarked on their transformation to the PCMH model by providing a forum for the clinics to share best practices and lessons learned, and to offer peer support to each other through the transformation process. The PHD SHIP staff continues to play a pivotal role in supporting both the RCs and the SHIP cohort clinics and their support will be key as the complexity increases in AY4 with 55 additional SHIP clinics.

PHD SHIP Quality Improvement (QI) Specialists have continued to work with the PCMH Team in AY3 and to play an integral part in providing support to Cohort One and Cohort Two clinics. Feedback from clinics has consistently noted the importance of the technical assistance provided through the PHD staff, along with Brilljent and HMA, to help clinics expand their PCMH capabilities. PHD SHIP Staff will assist in the onboarding of Cohort Three clinics during AY4. As noted previously, the level and duration of technical assistance needed by Cohort Three is expected to be significantly more than needed by Cohorts One and Two due to Cohort Three's limited advancement towards PCMH transformation.

Growth and Development of Local Medical-Health Neighborhoods

The RCs and PHD SHIP staff are making great strides in integrating the healthcare delivery system in their regions and are commended for the accomplishments made in such a short timeframe. PHDs are working diligently in AY3 to complete initiatives that are critical to further developing and integrating the Medical-Health Neighborhood, which is a key component to advancing care coordination in the State. RCs will continue to implement the activities in their strategic plans to further integrate PCMHs and the Medical-Health Neighborhood and to expand awareness and knowledge around Medical-Health Neighborhoods, by connecting and sharing communication materials with PCMHs.

PHD SHIP Staff continue to play an integral role in strengthening care coordination opportunities between the SHIP cohort clinics and the Medical-Health Neighborhood. For example, District 4 has been working with Primary Health Medical Group to identify gaps in their Medical-Health Neighborhood such as assistance with prescription drug opioid prescribing guidelines, tracking and reporting. They are beginning to partner with clinical pharmacists with St. Luke's Health Partners to identify ways to collaborate and partner to provide assistance for clinics. This particular district could benefit from

The Medical-Health Neighborhood is the clinical-community partnership that includes the medical, social and public health supports necessary to enhance health and the prevention of disease, with the PCMH serving as the patient's primary "hub" and coordinator of healthcare delivery with a focus on prevention and wellness within the context of services available outside the clinic setting. The Medical-Health Neighborhood can include: medical specialists; community services such as food, housing and transportation; dietitians; behavioral health specialists; home health; dental professionals; community health workers, community health emergency medical services, education, social services, etc. that help provide wrap-around, community-level support for the PCMH and patient to achieve better health outcomes and wellness.

additional time to expand their reach within the region and but will limit scope in order to complete the initiative within AY3, allowing the district to embark on journeys to complete other initiatives in AY4.

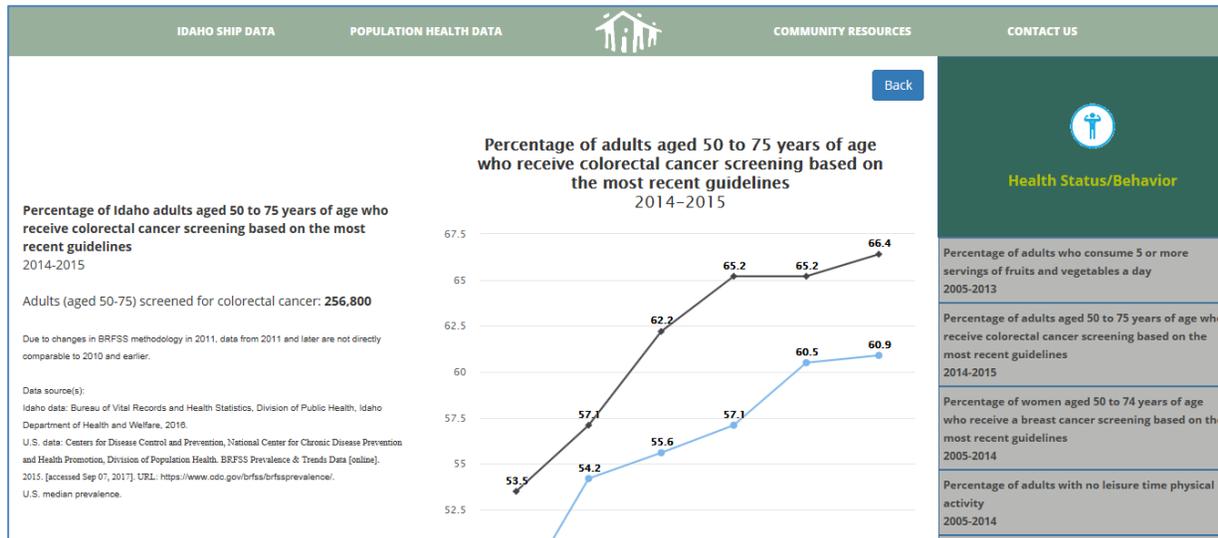
IDHW continues to find ways to strengthen care coordination in the model through promotion of education and training and although IDHW has moved away from pursuing a communication toolkit for PCMHs, the State will instead work with community partners to make their education and materials available to SHIP clinics. In AY3, two videos were widely distributed to promote clinic engagement of CHWs as a component of their clinics. This video was developed through a separate grant and used to help primary care clinics to identify ways to integrate CHWs in their workflows. IDHW made the videos available to SHIP clinics. The CHW video was well received by the SHIP clinics.

Regional Population Health and Quality Improvement Initiatives

RCs and PHD SHIP Staff continue to support improvement of local population health. Regional population health and quality improvement initiatives were selected by RCs and PHD SHIP Staff after reviewing several data sources such as the Get Healthy Idaho Plan, the inventory of statewide quality improvement initiatives that are occurring in each of the SHIP Cohort clinics, and other data sources.

The data sources have evolved and Idaho continues to work to strengthen the data available to RCs and other users. Idaho updated the Get Healthy Idaho Plan in the first quarter of AY3 and it continues to be aligned with SHIP clinical quality measures. Dashboards have been created that track performance on the regional level but a key link is still needed. CQM data for SHIP Cohort clinics is not easily identifiable in the data set and Idaho has not been yet provided SHIP-specific data analytics reports to RCs, limiting the RCs and PHD SHIP Staff from measuring the impact of their efforts across SHIP clinics participating in the Model Test.

The PHWG has launched the Get Healthy Dashboard which displays information about population health measures in the State. Additional information can be found at <http://gethealthy.dhw.idaho.gov>.



Idaho must address limitations on clinical data available so that RCs can begin measuring the impact of efforts in their region. Regional level reports for SHIP clinics have not been provided to RCs due to delays associated with HIT connections and reporting, noted in Goals 2 and 5. AY4 will allow time for clinics to continue working towards making connections and completing the data cleansing process, allowing Idaho to be closer to providing regional CQM data reports. A key aspect of the SHIP Model is to provide RCs with data for SHIP clinics in their region and IDHW will continue to advance in this critical area during AY4.

This work at the RC level will continue to be supported by the Population Health Workgroup, which continues to offer optimal stakeholder representation and the ability to have discussions and provide support for RCs at a policy and operations level. Through monthly meetings, RC representatives (PHD staff, members, and stakeholders) share updates, learn from each other, and develop strategies to integrate and align initiatives at the regional level. In AY4, the Population Health Workgroup will continue to provide a forum for supporting RC efforts to identify and align public health and primary care programming to improve health outcomes statewide.

RC Sustainability Planning

RCs continue to plan for sustainability in AY3 and will continue to provide status updates through regular reporting to SHIP. The information captured in the RCs' sustainability planning section of their strategic plans will be helpful as IDHW completes sustainability planning during the first six months of AY4. During AY4 RCs and PHD SHIP staff will also engage in discussions with Medicaid about payment reform initiatives, including CHOICE and the RCO Model. One of the primary goals is to leverage concepts being tested by SHIP.

RC AY3 Grant Program

Supplemental grants were awarded to four RCs in the first and second quarters of AY3. Grants totaled \$138,316 and were awarded for activities that support the RC's strategic plans, including sustainability, collaboration with partners, and advancement of the Medical-Health Neighborhood.

Round I RC supplemental grants were awarded at the end of May. RCs and PHD SHIP Staff organized and mobilized teams at the beginning of Quarter 3 ending the three-month ramp up period that proved to be beneficial in preparing RCs for a strong launch of their strategic initiatives. By the time the ramp up was complete, almost half of AY3 had passed, shortening the time available to implement initiatives and compromising the quality of data collection and analysis activities. RCs will need to work diligently to complete the initiatives described in their strategic plans and to complete data collection and analysis to measure the impact of their initiatives. PHD1 RC Sub grants awarded on 4/2/2017 for Bonner County EMS \$15,000, Boundary County EMS was submitted in the amount of \$15,000 to CMMI and approved on 6/27/2017 and Shoshone County EMS was not submitted to CMMI until 7/17/2017 in the amount of \$15,000 and that was the last one submitted for PHD 1 and was approved on 7/31/2017. All of the other sub grants were approved by CMMI during the first quarter so this statement is not correct. PHD3 was approved on 2/27/2017 \$37,971.71. PHD6 was approved on 2/27/2017 \$17,613.37. PHD4 was approved on 3/26/2017

For example, the Southeastern Healthcare Collaborative is working on suicide prevention, focusing on three components:

1. A suicide prevention symposium that was held in September 2017 and coincided with National Suicide Prevention Week.
2. Regional promotion and training on the use of the Columbia Suicide Severity Scale (C-SSRS).
3. Regional promotion and support of Project ChildSafe, a gun safety education and gun lock distribution program.

In order to complete the data collection and analysis activities with such a condensed timeline, the RC had to stack activities. Data collection will occur at the same time the RC will be working to promote training of C-SSRS among healthcare organizations so it will be important for RCs to carefully test and measure the impact of their initiatives.

Other Activities to Support Attainment of Goal 3

Medical-Health Neighborhood participants, the RCs, and SHIP cohort clinics. It is expected that the toolkit will include a variety of communications materials and may include fact sheets and posters for clinics to display in their lobby, if appropriate.

RCs will continue to work at the regional level to increase alignment between SHIP and other local, state and federal initiatives. This work will build upon alignment that was created in 2016. Below are some examples of alignment that was created at the RC level in 2016:

- **Idaho Oral Health Alliance.** The alliance named dentists to work with five RCs and began work to develop oral health networks to identify local oral health concerns and needs. More information about the Idaho Oral Health Alliance can be found at <http://www.idahooralhealth.org/>.
- **Maternal and Child Health.** The Maternal and Child Health Program continues to support Eastern Idaho PHD in providing care coordination services for children with special healthcare needs. The PHD provides care coordination for these more complex patients in three clinics to support their PCMH transformation.
- **Idaho Academy of Nutrition and Dietetics.** The Academy created a resource directory of dieticians in the State and areas of specialties to help support SHIP clinics and the RCs.

No regulatory or legislative changes are expected to impact Goal 3 in AY4.

B.6. Goal 4: Improve rural patient access to PCMHs by developing Virtual PCMHs.

The Virtual PCMH model continues to be Idaho's primary mechanism to expand access to the PCMH team-based model in rural areas. Goal 4 is focused on implementing Virtual PCMHs in Idaho promoting use of community health workers (CHWs), CHEMS personnel, and telehealth.

IDHW has made much progress in AY3 as it relates to training resources, establishing programs to advance the Virtual PCMH model, and educating SHIP clinics on the model (described in more detail below). The infrastructure and resources exist, but clinics have been focusing resources on transforming their practice and connecting to IHDE, leaving limited time and resources available to enhance their models through Virtual PCMH designation. As such, clinics have expressed limited interest in the model and more time will be spent on promoting adoption of Virtual PCMH.

The Virtual PCMH application was initially released to Cohort One clinics in February 2017, following the end of their first cohort year, with only six applicants. IDHW released the application again in July 2017 bringing the total clinics designated as Virtual PCMH in AY3 to 27. IDHW plans to re-release the opportunity in December 2017 given the increased interest and IDHW's commitment to establishing 30 Virtual PCMHs by January 31, 2018. IDHW plans to release a final opportunity for Cohort Three clinics in July 2018 and during the first few months of AY4, IDHW will target education and marketing efforts to Cohort Three clinics to encourage participation in Virtual PCMH designation.

Additionally, IDHW has discovered that the timing and capacity of the clinic to implement a telehealth program is limited, and therefore, Idaho is seeking to implement Project ECHO as a workforce development activity in lieu of additional telehealth grants (described in greater detail below).

CHWs

In AY4 Idaho will continue to recruit and train CHWs. Partnering with the Bureau of Community and Environmental Health, the IDHW SHIP team will continue marketing and educational activities for CHW roles. In 2016, the Bureau of Community and Environmental Health's Outreach and Education Subcommittee prepared video marketing materials working with CHWs, physicians, and administrators to promote use and training of CHWs. In AY3, these materials were widely distributed to promote clinic engagement of CHWs as a component of the Virtual PCMH model.

IDHW trained 32 CHWs as of August 2017 and kicked off CHW Cohort 3 on August 22 with 17 students. CHW Cohort 4 is scheduled to begin in January 2018. CHW Cohorts 5 and 6 are anticipated to start in August 2018, assuming funding is available. IDHW is attempting to provide an in-person course for CHW Cohort 5. IDHW has attempted to facilitate an in-person course in the past but has not been successful. During the last quarter of AY3, IDHW will focus resources and efforts on targeted marketing and

In AY4, Idaho will...

- Continue to recruit clinics to become Virtual PCMHs.
- Distribute reimbursement payments for Virtual PCMHs that meet criteria.
- Continue recruiting and engaging CHEMS.
- Continue recruiting and engaging CHWs.
- Implement an ECHO hub.

researching best options for delivering an in-person course for CHWs. IDHW's goal of training 50 CHWs by January 31, 2018 will be difficult to accomplish given the current enrollment, but IDHW feels confident that the goal of 50 trained CHWs will be met by the second quarter of AY4.

IDHW continues to strive to meet the Model Test Target of 125 trained CHWs and continues to work with ISU in providing learning opportunities to strengthen CHWs' knowledge and expand their capabilities to integrate in clinic workflows. Through this collaborative partnership, a set of health-specific modules being developed for CHWs. IDHW has not yet identified a delivery date for the modules, but anticipates completing development in January 2018. The modules would be available for use AY4 allowing for a more knowledgeable pool of CHWs as Idaho heads into AY4.

Clinics have been slow to engage in incorporating CHWs in their workflows, but IDHW will continue to provide opportunities for clinics to gain a better understanding of how to use CHWs. In AY3, two videos were widely distributed to promote clinic engagement of CHWs as a component of their clinics and IDHW shared the videos with SHIP clinics. This video was developed through a separate grant and used to help primary care clinics to identify ways to integrate CHWs in their workflows. Clinics responded positively to the videos and IDHW is working to identify other educational and marketing resources to share with clinics to ignite clinic engagement with CHWs.

In the third quarter of AY3, IDHW was successful in engaging a payer to discuss reimbursements and messaging to clinics about utilizing Telehealth, CHEMS and CHWs. IDHW met with the payer on September 20, 2017 to discuss the payer's virtual care policy and the types of reimbursements they may have for virtual PCMH services. Additionally, IDHW plans to continue to engage payers in discussions about CHWs with the ultimate goal of eliminating barriers to adoption of CHWs in clinical workflows.

CHEMS

IDHW has developed the infrastructure and maintains a pool of trained resources to assist clinics in providing care but is facing challenges in integrating trained personnel to become active participants in delivering care in the community before the end of AY4.

IDHW has established six CHEMS programs and trained nine community paramedics. IDHW experienced some challenges in establishing CHEMS programs through the sub grantee process and, as a result, developed a budget template to assist EMS agencies when applying for funding to establish a CHEMS program. An additional five CHEMS programs are expected to be established by the end of December, indicating that CMMI's approval to allow IDHW to repurpose SHIP funding proved to be beneficial. Per the cooperative agreement with CMMI, 11 CHEMS programs was the target to be established by January 31, 2018 but IDHW will require more time to develop programs.

In the first part of AY4, IDHW will focus on working with community partners to help educate SHIP clinics on how to utilize trained CHEMS personnel in their specific healthcare delivery models. Several new CHEMS personnel will complete required training between December and January 2018. The timing of the introduction of new CHEMS resources in the community is aligned with IDHW's efforts to conduct educational and marketing activities to Cohort One and Two clinics following the end of the cohort year. Additionally, IDHW will meet with Blue Cross at the end of AY3 to discuss ideas for making use of CHEMS and continue discussions on how to fund the services provided by CHEMS personnel.

Community Paramedic (CP) Cohort 2 is currently underway, expected to end on December 31, 2017 with 12 newly trained CHEMS personnel. CP Cohort 3 is anticipated to run from the end of January 2018 through December 2018, producing an additional set of resources for SHIP clinics to utilize in the remaining six months of the SHIP Model Test; an anticipated 12 students will participate. The CP training will continue to be funded by the Bureau of Emergency Services in AY4. In AY3, IDHW expanded CHEMS training to include basic life support (BLS) and intermediate life support (ILS) training for EMTs. Plans are underway to execute a contract between EMS Bureau and a vendor to begin training development. The first EMT cohort is expected to begin training in February 2018 and end at the end of May with at least 17 participants expected.

IDHW will continue to work with CHEMS agencies on CHEMS metrics and data collection and analysis processes. Due to the slow rate of integration, the amount of data that will be exchanged is low. IDHW has determined that HTS will not be utilized and instead, the EMS bureau will run analytics on the data received. Currently, three to four agencies are able to collect data; others are still sending staff through the CP course and will be ready to see patients towards the end of AY3.

As previously mentioned, IDHW was successful in engaging a payer to discuss reimbursements and messaging to clinics about utilizing Telehealth, CHEMS, and CHWs, and will continue to engage in discussions about payer virtual care policies and the types of reimbursements they may have for virtual PCMH services.

Telehealth

The telehealth grant application was approved by the IHC at the beginning of AY3 and it was released on March 13. IDHW delivered an instructional webinar on March 23 and awarded three grants at the end of May. An additional nine grants were awarded in the second and final telehealth grant application period in September 2018 bringing the total count of telehealth grant applications awarded to 12.

In the second quarter of AY3, IDHW decided to shift from advancement of the telehealth grant program to Project ECHO. IDHW reduced the count of telehealth grant applications to 12 and will support the University of Idaho WWAMI in its implementation of Project ECHO using remaining funds (described in the next section).

During AY4, telehealth grant awardees will be submitting reports and data as specified in their grant awards, but there will be no additional activity as it relates to establishing new telehealth grant opportunities.

Expanding Workforce Capacity

In AY3, Idaho committed to CMMI that they would explore the possibility of establishing an Extension for Community Healthcare Outcomes (ECHO) site in Idaho by focusing attention on how ECHO can be implemented in Idaho and engaging technical assistance in this effort. In collaboration with the University of Idaho WWAMI program and IDHW, bringing Project ECHO to Idaho Project ECHO to Idaho aligns with SHIP's mission to improve the health of all Idahoans by reforming our healthcare delivery system to one that values improved health outcomes through a patient-centered focus. ECHO fulfills part of the SHIP objective of expanding a version of telehealth in the State to develop PCMHs in medically underserved communities. ECHO also brings together inter-professional teams, expanding

further on SHIP Goal 4. At a future date, Idaho's ECHO could be organized to include Community Health Workers and Community Health Emergency Medical personnel who are involved with the care of patients that are the clinical focus of the different ECHO “clinics.”

Starting March 2018 and throughout AY4, SHIP Cohort clinics will be given priority to enroll as ECHO “spokes.” If a capacity issue emerges, staff from the University of Idaho ECHO program will travel throughout Idaho to recruit spokes for the ECHO Project. Additionally, stakeholders will have an opportunity to provide input on program curriculum and focus areas for ECHO. A presentation will be given to the IHC to obtain feedback on ECHO and how it can best serve Idaho and align with the SHIP. In addition to aligning with current SHIP efforts, ECHO also has the potential to contribute to the sustainability of SHIP efforts. The University of Idaho will continue ECHO beyond the end of SHIP. The University of Idaho has the capacity, connections, and enthusiasm to work towards institutional support, continued funding, payer involvement, and system transformation as it relates to ECHO.

At the initial phase, the planned focus of the TeleECHO learning collaborative (a.k.a. learning clinic) will be on Opioid/Heroin Treatment. The learning clinic will have a medical expert team consisting of physician expert, nurse practitioner, physician assistant, pharmacist, psychiatrist, social worker. The expert team will lead each TeleECHO session to provide diagnosis, discussions, and learning opportunities. The comprehensive medical expertise of the team will afford the medical knowledge being distributed in TeleECHO. The team is also supported by a clinic coordinator, an IT specialist, and a project manager. Together, the clinic (learning group) will be able to offer bi-weekly ECHO sessions for six months for each cohort of practitioners. Practitioners will prepare and present real medical cases at each ECHO session for diagnosis followed by a didactic that is led by the medical expert.

IDHW proposes measuring success of ECHO on a semiannual basis by tracking the count of SHIP clinics participating in ECHO as a spoke. IDHW’s Model Test Target for count of SHIP clinics participating in ECHO is currently set at 20 with semiannual targets as follows:

- AY4, reporting period 2 (ending July 31, 2018): 10 SHIP clinics
- AY4, reporting period 4 (ending January 31, 2019): 20 SHIP clinics

B.7. Goal 6: Align payment mechanisms across payers to transform payment methodology from volume to value.

A key underlying principle of Idaho's payment transformation continues to be that payers must drive the adoption of alternative payment methodologies both in terms of methodologies selected and timing. In AY4, commercial and public payers will continue to evaluate, implement, and expand opportunities to shift their payments for healthcare services from those that incentivize volume of care to models that incentivize the value of care. Idaho anticipates that the commercial payers will continue to implement a variety of different payment models as they select models that they deem to be most effective for their patients and providers and that fit within their organizations' goals. While the PCMH model was selected to be tested through the SHIP, there are other important delivery and payment approaches being implemented by payers with the common goal of improved health outcomes and lower costs. The largest commercial payers in the State have all implemented alternatives to FFS payments to incentivize and reward quality and improved health outcomes. These payment models include:

- Pay-for-Performance (P4P)
- Enhanced P4P
- Shared Savings
- Shared Risk
- Full Risk
- Quality Bonuses
- Population-Based Payments
- Episode-Based Payments

While the four largest commercial payers in the State continue to make progress toward shifting to alternatives to FFS payment methodologies, Idaho Medicaid has emerged as a leader in the State's payment transformation. The financial analysis conducted in AY3 showed Medicaid achieved overall rate improvements in all projected categories for cost avoidance targets. The areas targeted for expected cost savings were selected based on expected trend reductions from the implementation of the SHIP PCMH model accompanied by per member per month (PMPM) payments to support care coordination.

Based on Idaho Medicaid's experience and success achieved thus far, Medicaid is planning to implement three new value-based payment strategies in AY4: RCOs, which is an ACO-like model; a PCMH shared savings program; and an "episodes of care model." The new payment models are still under development and implementation is targeted for July 2018. Embedded within the new Medicaid payment models are foundational aspects of the Idaho SHIP, including the PCMH model, multi-payer quality metrics (Idaho's Core Performance Measure Catalog), regional population health management,

In AY4, Idaho will...

- Implement three new Medicaid VBP payment models.
- Explore the interest and feasibility of developing clinical integrated networks in Idaho.
- Collect data from payers to track progress toward paying for value.
- Analyze data and report progress to IHC.
- Engage self-insured employers to participate in the MPW and support their APM adoption.

care coordination across the Medical-Health Neighborhood, and expansion of Idaho’s healthcare workforce through utilization of CHWs, CHEMS, and telehealth.

Through MACRA, Congress established a roadmap for the implementation of value-based payment reform within Medicare. Under MACRA, clinicians have two options for payment reform: a Merit-Based Incentive Payment System (MIPS) or an Advanced APM. In designing its payment program options, Idaho Medicaid is proposing a financial risk structure consistent with the APM standard of “more than nominal financial risk”, allowing participating clinicians to pursue the Advanced Alternative Payment Model with Medicare, if this is their preference.

While each of the proposed Medicaid payment reform models is important, the RCO is expected to fundamentally change the Medicaid healthcare system landscape in Idaho by establishing statewide regional ACOs. Through this new payment model, physicians, hospitals, and other partners will voluntarily form a cooperative structure within their region to accept accountability and transform care. The RCOs will establish local governance⁸, and in turn, contract with Idaho Medicaid on behalf of their care-delivery network. Provider membership within the RCO will be voluntary. Patient membership within the RCO will be based on Medicaid participants’ selection of a participating primary-care provider.

Through the RCO program, shared savings payments will be available to support control of healthcare costs to include primary care, specialty care, hospital, imaging, surgical facility, and other services for attributed Medicaid beneficiaries. Idaho Medicaid will administer shared savings payments directly with the RCO who will distribute payments among their members following previously approved criteria. PCMH providers who are members of their local RCO will continue to receive core PMPM payments from Medicaid; however, the shared savings component of their payments will be comingled with the RCO’s shared savings program.

RCOs may be eligible to receive PMPM funding for population management activities. If approved, these payments will help support population management activities for Medicaid beneficiaries who are not attributed to Tier 3 or Tier 4 PCMHs (See later in this section for a description of the PCMH Tiers). To apply for these funds, the RCO must demonstrate advanced population management abilities consistent with Idaho Medicaid’s PCMH requirements.

The RCO will include two payment streams of Medicaid funding. The first payment stream will be composed of FFS payments administered through systems currently in place. The second payment stream will include an annual lump-sum payment⁹ administered through a settlement process under

⁸ RCOs, while not governed by community advisory groups, will be expected to consider and act upon advisory-group recommendations. Information regarding Community Health Outcome Improvement Coalitions (CHOICE), which will be established to advise each RCO, within Goal 3.

⁹ In the event of a surplus this would be a payment from Medicaid, in the event of a deficit this would be a payment to Medicaid.

development. SHIP funds will not be used for provider payments, but will be used to support development of the RCO infrastructure and systems needed to implement the model.

During the first four months of AY4, planning for the RCO payment model will be finalized. Idaho will roll out the RCO model with one or two RCOs beginning mid AY4 (July 2018).

As the RCO model has been developing, IDHW has captured the emerging goals and functions of the RCO through a concept paper shared with stakeholders. The draft has undergone a number of revisions as the Department continues to develop program details and incorporate stakeholders' feedback into the model. A recent, but critically important, stakeholder recommendation is that independent primary care practices organize themselves to become one or more CINs to function as the RCO in partnership with hospitals and other healthcare providers. The CIN concept is consistent with Idaho's goal to increase quality healthcare by positioning PCPs to take on increased levels of accountability to manage population health and reduce costs through effective utilization management.

The concept of a CIN forming a critical component of an RCO is a relatively new concept in Idaho. As such, it is not known whether primary care practices will be interested in developing regional CINs or a statewide CIN. Regardless of whether one or several CINs are established, primary care practices will need technical assistance in developing successful, sustainable CINs that meet the six core requirements based on guidance from legal and policy experts.¹⁰

1. Implement information systems to measure and report to payers on quality, utilization, and cost effectiveness of care across the physician network.
2. With significant physician involvement, develop and implement clinical protocols and guidelines to govern treatment and utilization across a wide range of disease states.
3. Regularly evaluate both individual physician and the network's aggregate performance and manage that performance through financial incentives, enforcement policies and ongoing eligibility for network participation.
4. Develop care management, pre-authorization and related functions to manage utilization within the network.
5. Invest significant capital to purchase the information systems necessary to gather aggregate and individual data to measure performance.
6. Engage physician leadership through appropriate physician governance.

Organizing independent primary care practices into a CIN(s) that meet the above core requirements will require extensive work across the State. Through the experience of the SIM grant, the SHIP team with its partners is recognized as having the leadership, expertise, and community relationships needed to guide the exploration of CIN development in Idaho. In AY4, IDHW will allocate SHIP funding and deploy SHIP resources to provide technical assistance to Medicaid, the EL (described below), the IHC, independent primary care practices, and other stakeholders in the planning and potential development of one or more CINs. The SHIP Team and its partners, in particular the PHDs and PCMH Transformation and

¹⁰ Department of Justice, "Statements of Antitrust and Enforcement Policy in Health Care," August 1996

Project Manager, will support Idaho's exploration of CIN development in AY4 through activities such as, but not limited to:

- Gather information on other states' CIN models and experiences.
- Work with stakeholders to identify components of a CIN that may be particularly critical or uniquely required to thrive and grow in Idaho.
- Identify components of the CIN that may be particularly challenging to develop in the State and, as such, may require particular attention and targeted resources.
- Assist developing CINs in creating and managing tools to help them formulate their goals and objectives, prioritize activities, and identify needed resources and technical assistance.
- Assist in communicating with independent primary care practices about the developing CIN activities occurring and connecting interested practices with local CIN Champions.

Consistent with Idaho's core values demonstrated through the SHIP, stakeholders will be critical to decisions and planning related to CIN development. Idaho CIN champions will serve as EL for CIN development. The EL will be comprised of PCPs (majority membership) and IDHW leadership, and the SHIP Team will provide staff support. In early AY4, a decision will be made as to whether the EL will be a subcommittee of the IHC or an independent group.

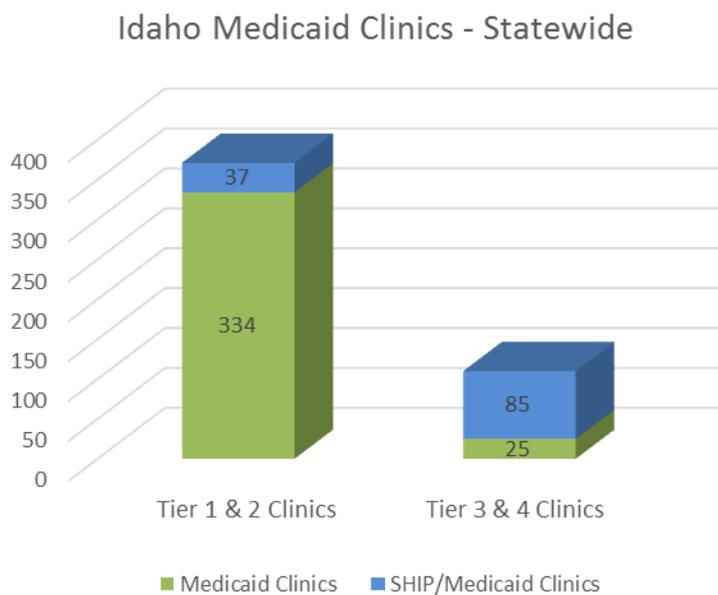
Idaho will leverage the lessons learned and tools and resources developed by the Community Care of North Carolina (CCNC) network and similar efforts in other states. IDHW and IHC members met with Dr. Allen Dobson, CEO of the CCNC, who has offered that CCNC members are willing to share tools and tips with Idaho to help them establish CINs in Idaho. A key group of Idaho CIN champions (some of which will be EL members) will be traveling to North Carolina in late AY3/early AY4 to meet with CCNC members and gain information that will help Idaho prioritize activities and appropriately scope the next steps required to effectively build and operationalize a similar model. Idaho intends to use SHIP resources to support Idaho CIN Champions leverage the lessons learned from CCNC. SHIP resources will be used to support travel costs, and the SHIP Team will assist in gathering and synthesizing information gained from CCNC members.

As noted earlier, a second Medicaid payment model that will be implemented during AY4 is the PCMH Shared Savings Model. Through this payment model, qualifying PCPs can elect to contract directly with Idaho Medicaid for a shared savings program. Their alternative option for a shared savings program will be to contract through the RCO active in their area. The PCMH shared savings program will integrate with and expand upon the PCMH activities currently administered through Medicaid's Healthy Connections program and the Idaho SHIP with the additional feature of shared savings for the successful management of their attributed patient population. Depending upon initial results, this program may, in future years, include a voluntary option for clinics to accept financial risk consistent with the requirements of MACRA.

PCPs that elect to participate in this program will contract directly with Idaho Medicaid; however, it will be important for these practices to work collaboratively within their geographic area even though they are not formal members of their local RCO.

Medicaid's 2017 Healthy Connections program includes four PCMH program tiers with PMPM payments ranging from \$2.50 to \$10.00 based on the participant's Medicaid eligibility and the clinic's PCMH capabilities and tier level. The four program tiers are:

- Tier I: Healthy Connections – Limited PMPM to reflect the minimal care coordination needs of patients.
- Tier II: Healthy Connections Access Plus – For providers with minimal care coordination and enhanced access to care.
- Tier III: Healthy Connections Care Management – For providers with some PCMH capabilities.
- Tier IV: Healthy Connections Medical Home – For providers with advanced PCMH capabilities.



In AY4, this program will be enhanced to include shared savings opportunities for Tier 3 and Tier 4 PCMH practices. Tiers 1 and 2 will continue in their present state for clinics that have not achieved formal PCMH status but wish to continue developing those capabilities.

For PCMH providers in the shared savings program, three payment streams will occur. The first two payment streams include the FFS payments and PMPM case-management payments now in place. The third payment stream will be an annual lump sum

administered through a settlement process similar in nature to the process for RCOs. Medicaid funding will be the funding source. SHIP funding will be used to help build and enhance clinics' PCMH model capacity and quality for participation in the new payment model.

Beginning in mid AY4, Idaho Medicaid will monitor and communicate quality and cost effectiveness with all PCPs. Performance data for Medicaid value-based purchasing will be collected, analyzed, and reported by IDHW. As commercial payers and Medicaid align payment strategies in the future across shared provider networks, IHDE will serve a primary source of data collection. In AY4, the Multi-Payer Workgroup will continue to serve as a venue for IHDE and payers to engage and for payers to learn more about what IHDE can offer to support their acceleration of alternative payment models. In addition, IDHW will work with payers on a one-to-one basis, to facilitate connections between payers and IHDE.

The third new payment model that will be rolled out by Idaho Medicaid during AY4 is the Healthy Connections Episodes of Care program. This program is being designed for specialists and other providers who deliver certain discrete clinical episodes such as surgery, oncology and maternity care. Through this program, specialists will benefit as they deliver high-quality, cost effective care within predefined episodes.

Healthy Connections Episodes of Care can be implemented as a stand-alone program between specialists and Idaho Medicaid or integrated within the RCO program track for specialists who elect to participate with an RCO.

As noted previously, program design for the three Medicaid models is still being finalized. From February 2018 through April 2018, SHIP resources will assist with technical aspects of finalizing Medicaid payment reform design. During this time, the SHIP team will share the knowledge it has gained through the SIM grant regarding quality metrics and value-based purchasing payment model design with Medicaid to help finalize the new Medicaid models' payment quality metrics and detailed program design. If IDHW determines that additional support is needed from technical assistance vendor(s) to prepare primary care practices for participation in the new Medicaid models and/or a CIN, then the SHIP Team will initiate securing contractor(s) and onboarding them during the first three months of AY4.

During AY4, the SHIP team and resources will play a critical role in educating and recruiting primary care practices' participation in Medicaid new payment models and developing CINs. At the onset of AY4, when SHIP Cohort Three clinics are onboarding and SHIP Cohort One and Two clinics are continuing to expand and mature their PCMH capacities, primary care practices are at risk of being overloaded with information about the multitude of changes occurring in Idaho PCMH transformation, CIN development, RCO development, PCMH Shared Savings, and Episodes of Care. The SHIP team and partners will develop a communication plan to clearly articulate goals and descriptions of each model and roles and opportunities for primary care practices within each model. The communication plan will identify individuals/organizations to deliver the messages and communication schedule. The SHIP Team will work with Medicaid, PHDs, the IHC, CIN Champions and other stakeholders to develop communication tools, e.g., talking points, and PowerPoint presentations. In AY4, the SHIP team will monitor the communication plan to ensure that communications are delivered effectively and without bombarding primary care practices through multiple, confusing messages.

In addition to payment reform efforts through IDHW, the Idaho legislature has been working to identify payment reform strategies to improve the healthcare delivery model, incentivize quality care, and achieve cost efficiencies for sustainability of the State of Idaho's Employee Group Health Benefit's Program. A group of appointed Idaho State Legislators have been empowered to review and make recommendations in regards to the State of Idaho's Employee Group Health Insurance Programs. This Interim Committee (State Employee Group Insurance and Benefits Committee) has been spearheading this effort and is evaluating the impact of new financing strategies that could improve care delivery while containing or reducing State costs. In addition to ongoing participation with the Employee Group Health Benefits Program engagement with the self-funded employers will continue with their participation on the MPW and ongoing strategy planning to implement APMs. Several self-funded groups have expressed interest in participating and working with their plan administrators to participate in PCMH service delivery models as well as leverage telehealth services for their participants. Specific activities related to self-funded engagement will be determine in early AY4 with updates to the Goal Charter 6 occurring shortly after, completed by IHC approval.

While the analysis is ongoing, the Interim Committee has identified several areas for future changes that align with the SHIP goals and can possibly leverage the healthcare system improvements that have been made through the SHIP model. This includes encouraging and incentivizing better care delivery through the PCMH model, the new RCO model, and other delivery models supporting enhanced care

coordination and improved health outcomes. Specifically, Idaho is investigating whether the SHIP PCMH and RCO models can be incorporated into the State Employee Health Benefit strategies being developed. In addition, the Interim Committee is considering incorporating other SHIP strategies such as the expansion of telehealth, expansion of evidence-based clinical care (through the establishment of Centers of Excellence), promotion of wellness programs with outcomes-based incentives, and advancement of value-based payment strategies to incentive and reward quality care and improved health outcomes. The Interim Committee is also considering whether transitioning from its current quasi-fully-insured model to a self-funded model would enhance the State's opportunities to achieve its goals for the program.

The Interim Committee will be making recommendations to the Idaho Legislature in January 2018. The Legislature convenes January 8, 2018 and will be in session until mid-March. A response to the recommendations will be issued during the Legislative Session and direct the State's next planning efforts. Additional discussion and planning regarding whether the SHIP strategies can be incorporated into the State Employee Health Benefit strategies will occur during the requested NCE period following direction from Idaho's legislative body. The State is targeting July 2019 for changes to the State of Idaho's Employee Group Health Benefit Programs.

TA partners and other states experience in this environment of payment reforms will also be leveraged in AY4 to ensure that lessons learned, artifacts and successful strategies can be maximized in Idaho's efforts to realize its model test.

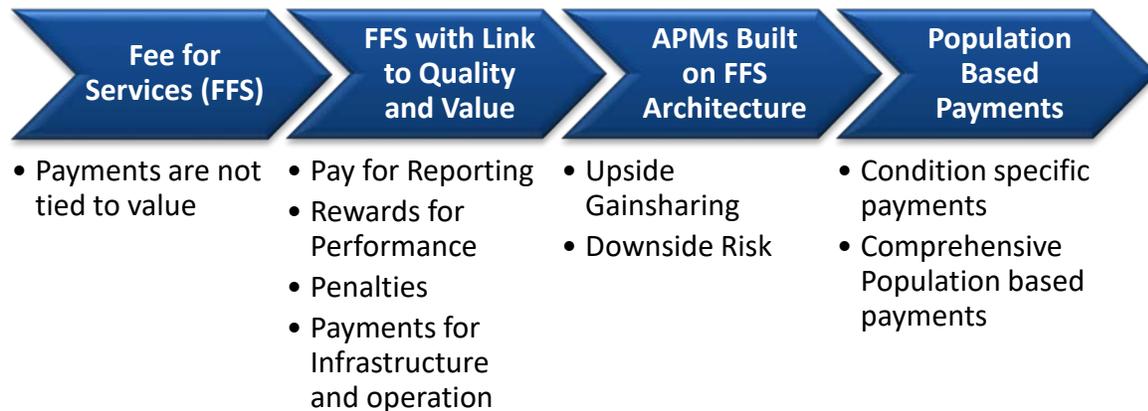
AY4 Payer Data Collection and Analysis

The payer data collected and analyzed by Mercer in AY2 and AY3 will provide information on what alternatives to FFS models are increasing across payers. In AY4, the third year of annual data from commercial payers, Medicare, and Medicaid will also be collected using the reporting template described below. Following analysis of the data, IDHW will report to the Multi-Payer workgroup and the IHC progress being made by payers in shifting from FFS to other models and which models payers have chosen as they shift to value-based purchasing.

As reported in the AY3 Operational Plan, the Multi-Payer Workgroup developed an alternative payment model frame to begin collecting payer data needed to track Idaho's progress in shifting to alternatives to FFS arrangement. Idaho's framework follows the model developed by the Health Care Payment Learning and Action Network model¹¹. The framework delineates a continuum that advances from FFS to value-based payment strategies as shown in the graphic below. The framework reflects the different payment methodologies in the Idaho marketplace.

¹¹ The Health Care Payment Learning and Action Network was established by the U.S. Health & Human Services Department to create a forum for public-private entities to exchange best practices regarding how to transition to alternative payment models that emphasize value. More information can be found at <https://innovation.cms.gov/initiatives/Health-Care-Payment-Learning-and-Action-Network/>.

Figure 10 – Payer Reporting Framework (LAN)



As done previously, in AY4 payers will submit data using a common reporting template developed in collaboration with payers. The template presents a continuum for payers to report the following data for CY 2016 across all lines of business:

- Percentage of beneficiaries per payment structure, e.g., FFS, FFS with quality incentives, etc.
- Total percentage of payments (paid or accrued) to providers per payment structure.
- Total payments paid to providers.

The data will be submitted in the second half of CY 2018 for the period of January 1–December 31, 2017. With non-disclosure agreements on file from Mercer, payers will submit summarized data to Mercer who will then aggregate data across the payers for reporting to IHC. Mercer will collect data from payers in part to ensure the privacy of payer data and in part to aggregate and report commercial data as a single combined entity, thereby protecting the privacy of each commercial payer. Financial data reported post AY4 will be compared to financial data in AY3 to measure the progress of statewide payment transformation.

In AY4, the IHC and IDHW will continue to work with its payers, primarily through the Multi-Payer Workgroup but also on a one-to-one basis, to support and accelerate the transition from FFS payments to alternative value-based payments. The reports produced by HTS will allow payers to see performance results across regions and provider networks. This new information will be used by payers to identify areas that should be targeted for value-based payment arrangements in order to create financial incentives to improve care. IDHW SHIP and Medicaid will continue to participate in the Health Care Payment Learning and Action Network to bring forth ideas to facilitate further advancement of value-based payment approaches.

B.8. Goal 7: Reduce overall healthcare costs.

In AY4, Idaho will...

- Collect data from payers needed to conduct the cost avoidance analysis and return on investment.

In AY4, IDHW will collect payer cost data, as described below, for use in measuring the overall cost avoidance during the Model Test and for calculating the return on investment for CMMI’s support of Idaho’s health system transformation through the SIM grant. The process that will be used for collection, analysis, and reporting of payer data in AY4 is the same as used in previous AYs.

Measurement of cost-avoidance is long term, and the true impact of implementing Idaho’s Model Test will be measured annually through the Model Test period and subsequently thereafter to allow for claims run-out.

The collection and analysis of payer data in AY4 will be consistent with the analysis performed in AY3. Specifically, payers will report membership and expense data for CY 2017 across their lines of business using the financial reporting template developed in 2015. The reporting template will ask payers to report data according to the groups shown in the table below:

Table 10 – Payer Groups

Medicaid/ CHIP	Commercial/ Private/Other	Medicare
<ul style="list-style-type: none"> • Adult • Child • Dual Eligibles (Only) • Disabled/Elderly (Without Duals) 	<ul style="list-style-type: none"> • Individual • Family 	<ul style="list-style-type: none"> • Dual Eligible • FFS/Non-Duals (Parts A and B) • Medicare Advantage Part C

More specifically, the reporting template will ask payers to classify and report their expense data within each group by the following categories of service:

- Inpatient Hospital
- Emergency Department
- Urgent Care
- Professional Primary Care
- Professional Specialty Care
- Diagnostic Imaging/X-Ray
- Laboratory Services
- Dialysis Procedures
- Outpatient Hospital
- Professional other (e.g., Physical Therapy, Occupational Therapy)
- Skilled Nursing Facility
- Home Health
- Home and Community-Based Services
- Other costs not described elsewhere
- Behavioral Health
- Prescription Drugs (Outpatient)
- Durable Medical Equipment
- Intermediate care facilities for individuals with mental retardation
- Custodial Care

The schedule for payer data collection and analysis of AY 3 data (CY 2017) that will occur in AY4 is expected to follow the same schedule that occurred in AY3 for analysis of AY2 data (CY 2017). In March of AY3, Mercer requested that payers submit their membership and expense data for calendar year 2016 across their lines of business using the financial reporting template developed in 2015. Mercer received data from the payers by June 2017. Mercer's analysis revealed the need to adjust the initial baseline calculations to improve their accuracy. Mercer collected calendar year 2015 data from payers in order to re-calculate the baseline.

Using the calendar year 2016 data, Mercer completed calculations of the overall cost avoidance and return on investment of CMMI's support of Idaho's health system transformation through the SIM grant. The resulting report was presented to the Multi-Payer Workgroup and subsequently to the IHC at their September 2017 meeting.

Idaho anticipates that the same schedule will be used in AY4. Mercer will send payers a data request in March/April 2018 with anticipated receipt of data by the end of June 2018. Mercer will conduct the data analysis in June and July 2018 in order to publish the draft report in July 2018. The report will be submitted to the Multi-Payer workgroup for review and then to the IHC.

For the final round of financial analysis showing AY4 cost avoidance and return on investment the analysis will include three quarters of data. In October 2018, Mercer will start data collection for the period of Jan 1, 2018–September 2018. The analysis will be conducted and final report will be issued in mid-January 2019.

C. Detailed SIM Operational Work Plans by Driver/Goals

C.1. Goal 1

Milestone/Measure of Success	Budget Activity	Action Steps necessary to complete activity (HOW)	Timeline (expected date of implementation)	Expenditures and Responsible Party (e.g., State, vendor, etc.)
Readiness assessment and Transformation Plan.	Conduct readiness assessments and develop Transformation Plans for Cohort Two and Cohort Three clinics.	<ul style="list-style-type: none"> - Review the readiness assessment and Transformation Plan template established by Briljent for Cohorts One and Two. Edit as needed for Cohort Three. - Seek stakeholder review (including from Briljent). - IHC approves readiness assessment and Transformation Plan template. - Cohort Three clinics submit readiness assessment as part of their final PCMH application. - After selection, clinics work with their HMA coach to complete a Transformation Plan. - HMA coaches, PHD staff, and clinics update their Transformation Plans to document progress toward transformation goals. 	Cohort Two Clinics complete transformation Plan by 4/3/2017. Cohort Three Clinics complete Transformation plan by 4/3/2018.	Briljent/HMA, IDHW, IHC, Cohort Two clinics, PHD staff \$524,471

Milestone/Measure of Success	Budget Activity	Action Steps necessary to complete activity (HOW)	Timeline (expected date of implementation)	Expenditures and Responsible Party (e.g., State, vendor, etc.)
Process for distributing financial reimbursement to qualifying clinics.	Distribute financial reimbursements and implement fraud/abuse protections.	Myers and Stauffer implements reimbursement distribution process using Idaho Payment Accounting System (IPAS).	Varies depending on type of incentive payment	Briljent
	Recoup reimbursement payments for clinics that did not meet the technical support benchmarks for retaining the payment.	<ul style="list-style-type: none"> - Determine if any clinic did not reach benchmark. - Determine if any clinic failed to submit appropriate reimbursable activities. - Recoup payment. 	Recoupment will occur by 2/1/2018	Briljent \$370,814
Ongoing stakeholder communications regarding SHIP cohort clinics.	Continue development and implementation of tailored communications materials to internal and external stakeholders.	<ul style="list-style-type: none"> - Develop communication materials as needed. - Implement communications materials. 	Ongoing	IDHW, IHC \$111,171
Technical support and mentoring to clinics.	Continue implementation of technical assistance program.	<ul style="list-style-type: none"> - Cohort Two clinics participate in coaching calls, site visits, learning collaboratives, and webinars provided by HMA and PHD Staff. - Cohort Two clinics use the transformation portal to complete and update Transformation Plan and share documentation. - Cohort Three clinics participate in coaching calls, site visits, learning collaborative, and webinars provided by HMA and PHD Staff 	2/1/2017 through 1/31/2018 for Cohort Two and 2/1/2018 – 6/30/2018 for Cohort Three	Briljent/HMA, PHD staff, Cohort Two clinics \$478,799
	Support PCMHs in connecting to IHDE and submitting quality measurement data.	See Goal 2 table.	2/1/2017 through 6/30/2018	IHDE, Cohort Two clinics \$201,941

Milestone/Measure of Success	Budget Activity	Action Steps necessary to complete activity (HOW)	Timeline (expected date of implementation)	Expenditures and Responsible Party (e.g., State, vendor, etc.)
Enhance PCMH portal, tools and materials	Update tools and processes to incorporate 2017 NCQA standards and to make the portal more user-friendly	<ul style="list-style-type: none"> - Update the transformation plan template to reflect 2017 NCQA standards - Include a forum on the portal for questions and answers - Include a calendar function to streamline scheduling of clinic activities - Make additional updates to portal tools and resources as described in section B.3 	By 6/30/2018	Briljent, IDHW \$283,566
Clinic-to-clinic mentorship activities	Develop and implement activities to encourage clinic-to-clinic mentorship on topics related to PCMH transformation	<ul style="list-style-type: none"> - Develop and distribute a resource guide on topics related to PCMH transformation - Launch a mentorship webinar series on common issues experienced by SHIP cohort clinics - Develop and distribute an inventory of clinic characteristics (e.g., EHRs, care coordination, behavioral health integration, team-based care, national accreditation, IHDE connectivity, etc.) to provide information for clinics to establish mentor/mentee relationships - Evaluate need to develop additional mentorship activities 	By 6/30/2018	IDHW, IMHC, Briljent, HMA, PHD SHIP staff, SIM State Evaluator, SHIP clinics \$501,635

Milestone/Measure of Success	Budget Activity	Action Steps necessary to complete activity (HOW)	Timeline (expected date of implementation)	Expenditures and Responsible Party (e.g., State, vendor, etc.)
Clinic sustainability materials	Develop materials for small and large clinics to sustain PCMH transformation efforts	<ul style="list-style-type: none"> - Develop materials - Distribute to clinics 	By 1/31/2018	IDHW, Brilljent, HMA \$283,566
Prepare for implementation of Medicaid PCMH shared savings program	Conduct outreach and education activities among SHIP cohort clinics	<ul style="list-style-type: none"> - Develop outreach and education plan - Implement outreach and education 	By 6/30/2018	IDHW \$160,873

c.2. Goal 2

Milestone/Measure of Success	Budget Activity	Action Steps necessary to complete activity (HOW)	Timeline (expected date of implementation)	Expenditures and Responsible Party (e.g., State, vendor, etc.)
Build connections between IHDE and SHIP clinics.	Evaluate and enhance connections with Cohort One clinics. Build connections with Cohort Two clinics.	<ul style="list-style-type: none"> - Build Cohort One clinic connections that were not completed during in AY2 & 3 – due to EHR conversions or resources issues beyond IHDE. - Complete enhancements to Cohort One clinic connections for the first four clinical quality measures. - Enhance Cohort One clinic connections for the next set of six clinical quality measures. - Assist Cohort One clinics in working through data quality improvements for measures 1–10. - IHDE and Cohort Two clinics sign a business agreement. - IHDE grants the clinic “view-only” access to clinical portal. - IHDE conducts training with Cohort Two clinics. - Distribute readiness assessment to Cohort Two clinics. - Clinics complete readiness assessment. - IHDE builds clinic connection to IHDE. - HTS conducts a gap analysis. - Additional builds to fill the gaps. 	2/1/2017 through 6/30/2018	IHDE, IDHW, Cohort Two clinics \$249,765
	Prepare for connections with Cohort Three clinics.	<ul style="list-style-type: none"> - Revise business agreement, readiness assessment, and training as needed. 	Preparations to begin on 10/15/2017	IHDE, IDHW \$269,765

Milestone/Measure of Success	Budget Activity	Action Steps necessary to complete activity (HOW)	Timeline (expected date of implementation)	Expenditures and Responsible Party (e.g., State, vendor, etc.)
Distribute payment of EHR fees.	Distribute payments to Cohort One and Two clinics EHR vendor.	<ul style="list-style-type: none"> - Determine amount of payment per clinic via IHDE readiness assessments. - Make payment to EHR vendor via IHDE. 	Through 1/31/2019	IHDE, IDHW \$218,510
	Distribute payments to Cohort One and Two clinics EHR vendor.	<ul style="list-style-type: none"> - Determine amount of payment per clinic via IHDE readiness assessments. - Make payment to EHR vendor via IHDE. 	Through 1/31/2019	IHDE, IDHW \$218,510
Build connections between hospitals and IHDE.	Work with hospitals and IHDE to establish connections.	<ul style="list-style-type: none"> - IHDE will build hospital connections. - Market IHDE connection to hospitals & support hospital connections (i.e. connection costs) 	Through 1/31/2019	IHDE, hospitals \$200,000
- Align SHIP HIT activities with the Statewide HIT plan.	- Continue work to align Goal 2 activities with Idaho's statewide HIT plan.	<ul style="list-style-type: none"> - Coordinate with team drafting statewide HIT plan. - Implement activities to align Goal 2 activities with statewide HIT plan. 	2/1/2017 through 6/30/2018	\$239,568
- Evaluate enhancements to IHDE.	- Determine next steps and implement as appropriate.	<ul style="list-style-type: none"> - Review results of feasibility study regarding connections between IHDE and regional other state databases. - Implement additional activities as appropriate. 	2/1/2017 through 6/30/2018	\$238,510
- Reinforce IHDE infrastructure	- Provide support to IHDE and monitor implementation of IHDE corrective action plan (CAP)	<ul style="list-style-type: none"> - Execute contract amendment with IHDE to provide additional infrastructure support - Monitor implementation of IHDE CAP activities - Determine and implement additional actions as needed 	Through 6/30/2018	IDHW, IHDE \$238,510
- Onsite visits with clinics	- Conduct onsite visits with clinics to evaluate the quality of the clinic's connection to IHDE and the adequacy of training provided	<ul style="list-style-type: none"> - Develop plan for onsite clinic visits - Implement onsite clinic visits - Troubleshoot issues with clinic connections and clinic training as needed 	Through 6/30/2018	IDHW, IHDE, SHIP Cohort clinics \$56,000

Milestone/Measure of Success	Budget Activity	Action Steps necessary to complete activity (HOW)	Timeline (expected date of implementation)	Expenditures and Responsible Party (e.g., State, vendor, etc.)
Transition to Verinovum platform	Prepare IHDE and clinic connections for transition to Verinovum platform	<ul style="list-style-type: none"> - Approved VN transition plan (operational plan with WBS) - SAS Solution license and policy - Populated VN Provider Directory - Detailed System Architecture Design and Formal System Requirements document - VN Production Testing Plan 	Through 12/30/2018	IDHW, IHDE \$208,510

c.3. **Goal 3**

Milestone/Measure of Success	Budget Activity	Action Steps necessary to complete activity (HOW)	Timeline (expected date of implementation)	Expenditures and Responsible Party (e.g., State, vendor, etc.)
Integrate Medical-Health Neighborhoods.	Identify and address gaps in participants in the Medical-Health Neighborhood in each PHD.	<ul style="list-style-type: none"> - Review monthly reports from PHD SHIP Staff and schedule meetings to convene MHN participants. 	Ongoing	PHDs \$246,951
	Communicate with SHIP clinics regarding the support available from RCs.	<ul style="list-style-type: none"> - Develop communication. - Review/revise communication. - Finalize communication. 	January 2018	PHDs \$246,951
RCs provide regional quality improvement guidance.	Implement strategic plans for each RC.	<ul style="list-style-type: none"> - Develop plans. - Share plans with stakeholders for feedback. - Implement plans. 	Begin implementing plan on 2/1/2017	PHDs \$246,951
	RC supplemental grants.	<ul style="list-style-type: none"> - Implement Round II supplemental grant program to support RCs. 	Begin awarding grants in July 2018 for Round II applicants	PHDs \$100,000
Support for Medicaid Payment Reform Activities	Assist with planning and implementation of Medicaid Payment Reform activities.	<ul style="list-style-type: none"> - Assist with development of communication materials. - Participate in discussion regarding roll-out and sustainability. - Update SHIP Model documentation, as needed. 	2/1/2018 through 6/30/2018	IDHW \$240,813

C.4. **Goal 4**

Milestone/Measure of Success	Budget Activity	Action Steps necessary to complete activity (HOW)	Timeline (expected date of implementation)	Expenditures and Responsible Party (e.g., State, vendor, etc.)
Designate clinics as Virtual PCMHs.	Implement Virtual PCMH recruitment plan.	<ul style="list-style-type: none"> - Revise recruitment plan. - Share with stakeholders for feedback. - Implement recruitment plan. 	3/1/2018 through 7/2/2018	IDHW \$161,032
	Designate Virtual PCMHs.	<ul style="list-style-type: none"> - Conduct one round of selection/designation process. 	7/2/2018 through 8/13/2018	IDHW \$161,032
	Provide reimbursement payments for Virtual PCMHs.	<ul style="list-style-type: none"> - Send information to Brilljent to distribute payment. 	8/14/2018 through 10/12/2018	IDHW, Brilljent \$196,332
Build infrastructure for CEMS.	Establish training programs for CEMS, focusing on requirements for BLS/ILS.	<ul style="list-style-type: none"> - Develop curriculum. - Conduct training. 	9/1/2017 through 10/31/2017	\$33,339
	Continue supporting CEMS activities.	<ul style="list-style-type: none"> - CEMS Workgroup meetings and associated activities. 	2/1/2018 through 1/31/2019	CEMS Workgroup \$22,836
	Provide funding to CEMS agencies to support program development and implementation.	<ul style="list-style-type: none"> - Establish agreements with CEMS agencies. - Develop toolkit for CEMS agencies for internal and external stakeholder engagement. - CEMS agencies engage stakeholders. 	12/15/2016 through 1/31/2019	IDHW \$75,336

Milestone/Measure of Success	Budget Activity	Action Steps necessary to complete activity (HOW)	Timeline (expected date of implementation)	Expenditures and Responsible Party (e.g., State, vendor, etc.)
Increase the number of CHWs in Idaho.	CHW training.	<ul style="list-style-type: none"> - Recruit, enroll, and train CHWs. - Track and monitor training. 	1/1/2018 through 12/14/2018	Idaho State University, IDHW \$90,778
	Provide technical assistance to SHIP clinics designated as Virtual PCMHs in the use of CHWs.	<ul style="list-style-type: none"> - Explore options for continuing education. - Determine approach. - Implement approach. 	7/5/2017 through 6/30/2018	IDHW \$22,836
Build telehealth capacity	Provide technical assistance to SHIP cohort clinics in incorporating telehealth in their clinic.	<ul style="list-style-type: none"> - Monitor and manage awarded PCMH telehealth grants. 	2/1/2018 through 1/31/2019	IDHW, SHIP clinics \$107,549
	Provide funding to CEMS agencies to implement CEMS telehealth.	<ul style="list-style-type: none"> - CEMS telehealth program grant application period. - Application review period. - Secure funding from CMMI. - Distribute CEMS telehealth grants. - Begin monitoring and managing awarded CEMS telehealth grants. 	5/15/2017 through 1/31/2019	IDHW \$22,836
Support for Medicaid Payment Reform Activities	Assist with planning and implementation of Medicaid Payment Reform activities.	<ul style="list-style-type: none"> - Assist with development of communication materials. - Participate in discussion regarding roll-out and sustainability. - Update SHIP Model documentation, as needed. 	12/1/2017 through 1/31/2019	IDHW \$211,931

Milestone/Measure of Success	Budget Activity	Action Steps necessary to complete activity (HOW)	Timeline (expected date of implementation)	Expenditures and Responsible Party (e.g., State, vendor, etc.)
Implement Project ECHO	Expand PCMH model to rural areas.	<ul style="list-style-type: none"> - Hire and train ECHO personnel. - Build a network of medical personnel to share best practices. - Recruit and obtain commitments from community participants (i.e. Spokes). - Develop and deliver webinars and learning collaboratives on healthcare delivery system best practices to Idaho medical communities 	9/28/2017 through 1/31/2019	Regents of the University of Idaho \$228,030

c.5. Goal 5

Milestone/Measure of Success	Budget Activity	Action Steps necessary to complete activity (HOW)	Timeline (expected date of implementation)	Expenditures and Responsible Party (e.g., State, vendor, etc.)
End user training.	Conduct training for end users including training for Cohort Two clinics and additional training for Cohort One clinics for new CQMs (5–10).	<ul style="list-style-type: none"> - Develop materials. - Review materials. - Provide training. 	2/1/2017 through 6/30/2018	Health Tech \$201,700
Operationalize data reporting on AY2 and AY3 CQMs.	SHIP Cohort One and Two clinics will begin reporting on required measures after IHDE establishes a connection with their EHRs.	<ul style="list-style-type: none"> - Clinics submit data through IHDE. - Support SHIP Cohort One and Two clinics in attaining full data reporting by helping identify missing data points from clinics needed for CQM reporting. - Assist clinics in working through data quality improvements. 	2/1/2017 through 6/30/2018	Cohort clinics, IDHW, IHDE, HTS \$395,020
Operationalize AY3 and AY4 CQMs.	Operationalize AY3 and AY4 measures and establish reporting pathway for claims-based measures.	<ul style="list-style-type: none"> - Identify alignment with other national initiatives such as MACRA. - Continue definition of measures to operationalize data reporting. - For claims-based measures, complete review of feasibility study for obtaining multi-payer claims data. - Based on results of feasibility study, establish connections with the payers and analytics. 	2/1/2017 through 6/30/2018	HTS, IDHW, cohort clinics, \$207,520

Milestone/Measure of Success	Budget Activity	Action Steps necessary to complete activity (HOW)	Timeline (expected date of implementation)	Expenditures and Responsible Party (e.g., State, vendor, etc.)
Define baselines for the initial four CQMs.	Set the baseline that will be used to measure future progress.	<ul style="list-style-type: none"> - Draft baseline report for each clinic. - Clinic reviews for reasonableness. - Analyze and resolve issues. - HTS sets the baseline. 	12/1/2016 through 1/30/2018	HTS, IDHW, cohort clinics, \$207,520
Distribute CQM reports and data analytics feedback.	Provide reports and technical assistance.	<ul style="list-style-type: none"> - Provide data reports. - Provide data analytics feedback at the county and regional level. - Provide data analytics feedback at the State level. - Develop payer view of the data analytics dashboard. 	2/1/2017 through 6/30/2018	HTS \$293,557
Data analytics sustainability.	Development of sustainability plan for data analytics.	<ul style="list-style-type: none"> - Determine next steps for engaging funding sources. - Implement next steps as appropriate. 	2/1/2017 through 6/30/2018	HTS, IDHW \$274,302

C.6. Goal 6

Milestone/Measure of Success	Budget Activity	Action Steps necessary to complete activity (HOW)	Timeline (expected date of implementation)	Expenditures and Responsible Party (e.g., State, vendor, etc.)
Count of payers participating in non-FFS payment contracts.	Count of payers and collection of methods used by each payer to determine if they are using non-FFS payment methods.	Report the number of payers participating in non-FFS that link payment to value.	7/31/2018	\$50,713
Track and report percentage of beneficiaries attributed to providers for purposes of alternative reimbursement payments.	Complete payer reporting template.	Payer reporting template completed and submitted to Mercer.	7/31/2018	Payers, Mercer, IDHW \$73,549
Track and report percent of payments made in non-FFS arrangements.	Complete payer reporting template.	Payer reporting template completed and submitted to Mercer.	7/31/2018	Payers, Mercer, IDHW \$73,549
Plan for and support implementation of Medicaid payment reform models	Work with Idaho Medicaid and the IHC to complete planning and conduct additional activities to support launch of Medicaid payment reform models	<ul style="list-style-type: none"> - Plan for and implement communication and stakeholder engagement - Finalize operational/implementation Planning - Complete final program design details - Conduct additional activities specific to each model to prepare for model launch per section B.7 	By 6/30/2018	IDHW \$124,607

Milestone/Measure of Success	Budget Activity	Action Steps necessary to complete activity (HOW)	Timeline (expected date of implementation)	Expenditures and Responsible Party (e.g., State, vendor, etc.)
Plan for and support potential CIN development.	Work with the EL and other stakeholders to explore interest and feasibility of CIN(s) development and CIN as a core component of the RCO model.	<ul style="list-style-type: none"> - Support early exploration of CIN development in Idaho, including support of the EL. - Plan for and implement communication and stakeholder engagement - Conduct additional activities based on decisions following initial exploration of CIN development. 	By 6/30/2017	IDHW \$124,606

c.7. Goal 7

Milestone/Measure of Success	Budget Activity	Action Steps necessary to complete activity (HOW)	Timeline (expected date of implementation)	Expenditures and Responsible Party (e.g., State, vendor, etc.)
Track cost of care of population.	Pull data and report to Mercer.	<ul style="list-style-type: none"> - IDHW/Mercer requests data from payers. - Payers report data. - Mercer performs analysis of data. - Data reported to the IHC. 	<p>For AY4 reporting on AY3 data (CY 2017) by 7/2018</p> <p>For AY4 reporting on AY4 data (1/2018 – 9/2018) by Jan 2019.</p>	<p>Payers, IDHW, Mercer, IHC</p> <p>\$183,739</p>

D. Program Monitoring and State-led Evaluation

D.1. State-led Evaluation

The State-Level evaluation of Idaho's Statewide Healthcare Innovation Plan (SHIP) being carried out by the University of Idaho and Boise State University is a multi-method, descriptive assessment of the accomplishments and challenges faced over the course of implementation of the SHIP model. The framework for evaluation designed by the State Evaluation Team (SET) is organized per the SHIP goals.

During AY3, the University Evaluation Team conducted a baseline test of the evaluation measures with a pilot of one SHIP Cohort One clinic. Based on results of the pilot, the full data collection process was implemented cohort-wide. Interviews with patients and clinic managers were conducted to collect baseline information. Transcripts of these activities were analyzed to produce data for the research questions for Goals 1, 3, and 4.

During this period, the University Evaluation Team produced quarterly reports to IDHW to enable rapid cycle evaluations and improvements in the Model Test implementation. As a result of these outputs, the state evaluation plan has been updated on a continuous basis leveraging these findings to ensure the highest possible evaluation of the model test.

AY4 State Evaluation

Data collection and analysis related to the state evaluation will continue and expand in AY4. Drawing on lessons learned from the state evaluation with Cohort One, the University Evaluation Team will work with IDHW to plan for the second and third wave of data collection in AY4. Using the processes described in the State Evaluation Design, the University Evaluation Team will implement data collection with Cohort Two and Cohort Three clinics for the research questions association with Goals 1, 3 and 4. Clinic staff interviews will continue to be conducted. By the beginning of 2018, all Cohort One clinics will be completed. Data collection and analysis will also continue for the evaluation of Goals 2, 5 and 6. Additional detail related to specific evaluation activities that will be performed in AY4 can be found in Idaho's State Evaluation Design.

As in AY3, the University Evaluation Team will submit quarterly reports to IDHW and will work with IDHW to perform rapid-cycle evaluations to improve model performance.

AY4 State Evaluation Activities by Goal

Goal 1: Transform primary care practices across the State into PCMHs: The data collection and analyses completed for Goal 1 will provide a description of the implementation and accomplishments of SHIP PCMH clinics from the multiple perspectives represented in the team based, PCMH model. The SET will collect data from five distinct perspectives on the process of implementation of the PCMH model in the 165 primary care clinics participating in SHIP. These perspectives will include patients, clinic staff directly involved in establishment of their clinic's PCMH, clinic staff participating in a PCMH mentorship

program, HMA PCMH Coaches as recorded in portal notes, and the Public Health District SHIP Quality Improvement Specialists.

The PCMH relies on a variety of clinic staff to ensure that guidelines are met and the transformation process occurs. Specific areas of significance for transformation include leadership, quality improvement, and team based care. Additionally, NCQA standards examine clinic staff support, communication, and performance evaluation (NCQA, 2017). To address these areas, the SET will engage in a variety of data gathering activities to discern the clinic staff perceptions of the PCMH transformation process.

Goal 1 Activities:

1. Interview SHIP clinic staff. The interviews will focus on staff perceptions of their clinic's process and implementation of the PCMH model. These interviews have begun and are currently being coded. Once coded and analyzed the summary data will be shared with the respective RC and QI Specialists.
2. These interviews will be complimented by video-taped PCMH testimonial panels. Panel members will be asked to share the highlight of starting and sustaining their clinic's PCMH. Panel members will also be asked to describe how they think their PCMH efforts are contributing to reducing the cost of patient care while improving the continuity of that care. The first of these panels is scheduled for December 1, 2017.
3. The University PCMH Research Associates will obtain feedback from the Public Health District SHIP Quality Improvement Specialists (and Public Health District SHIP Managers as necessary) to describe the processes observed with the Cohort One Clinics PCMH transformation. A structured template based on NCQA Standards will be used to organize the conversations with the QI Specialists. Prior to scheduled conversations with these Specialists, a summary will be prepared from the coded HMA portal notes. These notes provide a context upon which the Quality Improvement Specialists can refine and elaborate their Region's story so that a more comprehensive history can be written. There are 19 codes for both the PCMH Goals and Plans and 21 codes for successes, barriers and other concerns/interests. Each of these can be presented by Region, and/or, by clinics within a Region.
4. To address issues of patient engagement and self-management, patient interviews will be conducted to determine their perspectives related to assistance received from their healthcare team and elements of self-care that the healthcare team could further support. Patients will also be asked two overarching questions about access to healthcare with seven subcategories, such as patient access to care. The feedback from the interviews will provide better understanding of patient's perspectives on managing their own health in partnership with their healthcare team and how promotion of this team work can address Goal 6 in the transition from volume to value. Collectively, the University Research Associates have lists of patient contacts for a minimum of 270 individuals with a deadline to contact these individuals by the end of December 2017. The interviews are professionally transcribed and coded for analysis.

Goal 2: Improve care coordination using electronic health records (EHRs) and health data connections among PCMHs and across the medical neighborhood: The SET will interview key experts and administrators involved in the establishment of clinic level health information technology systems to

complete a chronicle of the many challenges encountered in this process and successes achieved. A plan to address analysis of Goal 2 has been challenging due to the technical difficulties encountered in establishing connections, and extraction of information from the clinic's electronic health records. The State has been met with continuing difficulties in connectivity related to the multitude of electronic health record systems used throughout the State and their various proprietary designs.

Additionally, as Idaho is a rural and frontier state, many provider practices are independent without resources and/or funding to address issues concerning telehealth and other health information technology solutions.

Goal 2 Activities

1. Monitor progress made by the Idaho Health Data Exchange as recorded in presentations made to the Idaho Healthcare Coalition and to the SHIP Data Governance workgroup.
2. Conduct interviews with identified IDHW and clinic personnel involved in Health Information Technology efforts.

Goal 3: Establish seven RCs to support the integration of each PCMH with the broader medical neighborhood: The SET will use a reporting template to capture the perspective of the RC co-chairs and key RC participants to summarize the accomplishments of these collaborative coalitions.

Goal 3 Activities

1. A history of RC implementation and plans for sustainability will be compiled for each of the seven RCs. Of interest are regional perceptions on the upcoming Medicaid Regional Care Organizations and affiliated advisory councils. The Medicaid initiative offers one possible method of extending some RC functions.
2. Histories will be compiled from documents held by the PCMH Research Associates and Public Health personnel, interviews of key RC members, and review of RC's strategic plans.
3. A standard template will be developed to document RC's activities during the SHIP grant. This template will be used to analyze both the shared and unique activities of the seven RCs.
4. Collect and collate documents relevant to each RC's story of formation and accomplishments.
5. Develop questions in collaboration with IDHW SHIP personnel on emerging governance issues with the RCO's and advisory councils (CHOICE).

Goal 4: Improve rural patient access to PCMHs by developing virtual PCMHs: The SET will complete interviews with the various parties involved in the virtual PCMH efforts around the State of Idaho and other SIM states as appropriate. Interviews for the CHW initiative will include conversations with other SIM states and Idaho CHWs. Interviews with various parties involved with CHEMS will include Idaho based CHEMS administrators.

Goal 4 Activities

1. Interviews will be conducted with individuals who have working knowledge of State Innovation Models (SIM) known to be actively involved with Community Health Workers (CHWs) to determine

the pathways used by other states to achieve certification, credentialing of curriculum, reimbursement methods and other critical elements of establishing the sustainability of CHWs in Idaho. A summary of the interviews will provide key milestones for consideration in Idaho's efforts to expand and sustain CHW training and employment. These interviews have already begun. The interviews will be put in the context of an updated review of the literature on CHWs.

2. Interviews will be conducted with representatives of CHEMS to determine progress to date and availability of data to document the number and type of CHEMS transports done by region's having this service. These interviews have already begun.
3. Identify sources of data used to track frequency and type of CHEMS services offered to individuals not requiring an emergency transport.
4. Document the reaction of payers to the idea of CHEMS as evidenced in the January 2018 Learning Collaborative sponsored by IDHW.

Goal 5: Build a statewide data analytics system: The SET will employ the same methodology used for Goal 2 in describing the process of establishing a statewide analytics system.

Goal 6: Align payment mechanisms across payers to transform payment methodology from volume to value: Shifting from a volume to value payment system poses major issues at all levels of the healthcare system. There are many interacting elements that affect the transition from a volume to value based payment system, such as patient empanelment, efficiency, and service utilization. These issues require PCMH clinics to focus on quality improvement efforts and stakeholder engagement. Due to these concerns, the SET will investigate the Idaho journey from volume to value based payment and research other SIM states efforts in this matter.

Goal 6 Activities

1. Analysis of the alignment of payment mechanisms across payers to support the transition from volume to value will focus on the views of three RC physician co-chairs who have led prominent efforts in this process of change in reimbursement and delivery of care. Interview questions to be finalized with IDHW SHIP personnel. The data will be analyzed and made available in a summary report. The SET plans to roll out this part of interviews in early 2018 when the physician co-chairs will be less overwhelmed by various responsibilities. The SET is expected to integrate the interview questions/processes with other on-going efforts with clinics and RCs.

Suggested Research Questions

- Did the clinic(s) you worked with transition to value based payments? If they did, how did they make the transition?
- What were the obstacles and challenges to this transition?
- Why do they want to engage in value based cares?
- What (or who) contracts are they pursuing concerning value based care?
- What choices are they making concerning moving to the RCO environment?
- If the clinic(s) did not transition to a value based payment system:
 - Do they plan on making the transition to value based payments?

- If so, when do they project that they will be ready to make the transition?
- If they are not going to participate or be ready for value based care why is this?
- What choices are they making concerning moving to the RCO environment?

D.2. Federal Evaluation, Data Collection, and Sharing

As stated in Idaho's AY3 Operational Plan, IDHW is committed to working with CMMI and the Federal Evaluator to support evaluation of Idaho's Model Test. In AY3, IDHW worked with CMMI and the Federal Evaluator to facilitate a series of focus groups with providers and beneficiaries. This support and collaboration will continue in AY4. IDHW expects that its activities will include, but not be limited to, provision of qualitative and quantitative data as requested, participation in monthly evaluation calls, facilitation of site visits, focus groups, key informant interviews, and provision of reports, and additional deliverables as requested.

In AY3, CMMI and the Federal Evaluator developed research questions and an evaluation plan specific to Idaho's model. In AY4, IDHW anticipates continuing to work with CMMI and the Federal Evaluator to further refine and implement evaluation activities, including the timing and formatting of shared data. IDHW is committed to collecting, securing, and providing data, including file specification, in a manner determined by CMMI and the Federal Evaluator.

IDHW is committed to working with CMMI to meet the objectives of the SIM evaluation in an ethical and appropriate manner. Regarding the provision of identifying contact information for beneficiaries who receive services under Idaho's SHIP, Idaho will work with CMMI up-front to create a process that meets CMMI's needs, is HIPAA-compliant, and respects the privacy of Idahoans. Where needed and appropriate, IDHW will work with CMMI to coordinate and facilitate data collection on behalf of CMS.

IDHW also anticipates cooperating with CMMI and the Federal Evaluator in the collection of quantitative and qualitative information regarding the Model Test implementation. This includes, but is not limited to, surveys, focus groups, and key informant interviews. IDHW will work directly with CMMI and the Federal Evaluator on these requests to ensure a smooth and efficient process and, wherever possible, to prevent duplicative efforts between state and federal evaluation activities. IDHW SHIP staff will continue to be the primary point of contact for these and all other data requests.

IDHW will ensure that the necessary legal mechanisms, authorities, and/or agreements are in place to ensure timely delivery of data to CMS and/or CMS contractors. If potential barriers to data delivery arise, IDHW will work with its local and federal partners to overcome these barriers. During the SIM design phase, stakeholders rejected the idea of changes to the law impacting payer data collection and reporting. Stakeholders were clear in stating that mandates and penalties do not work in Idaho, but that real change could occur through cooperation. Therefore, no mandate for data collection has been issued. Instead, payer data collection and reporting is being coordinated through the Multi-Payer Workgroup.

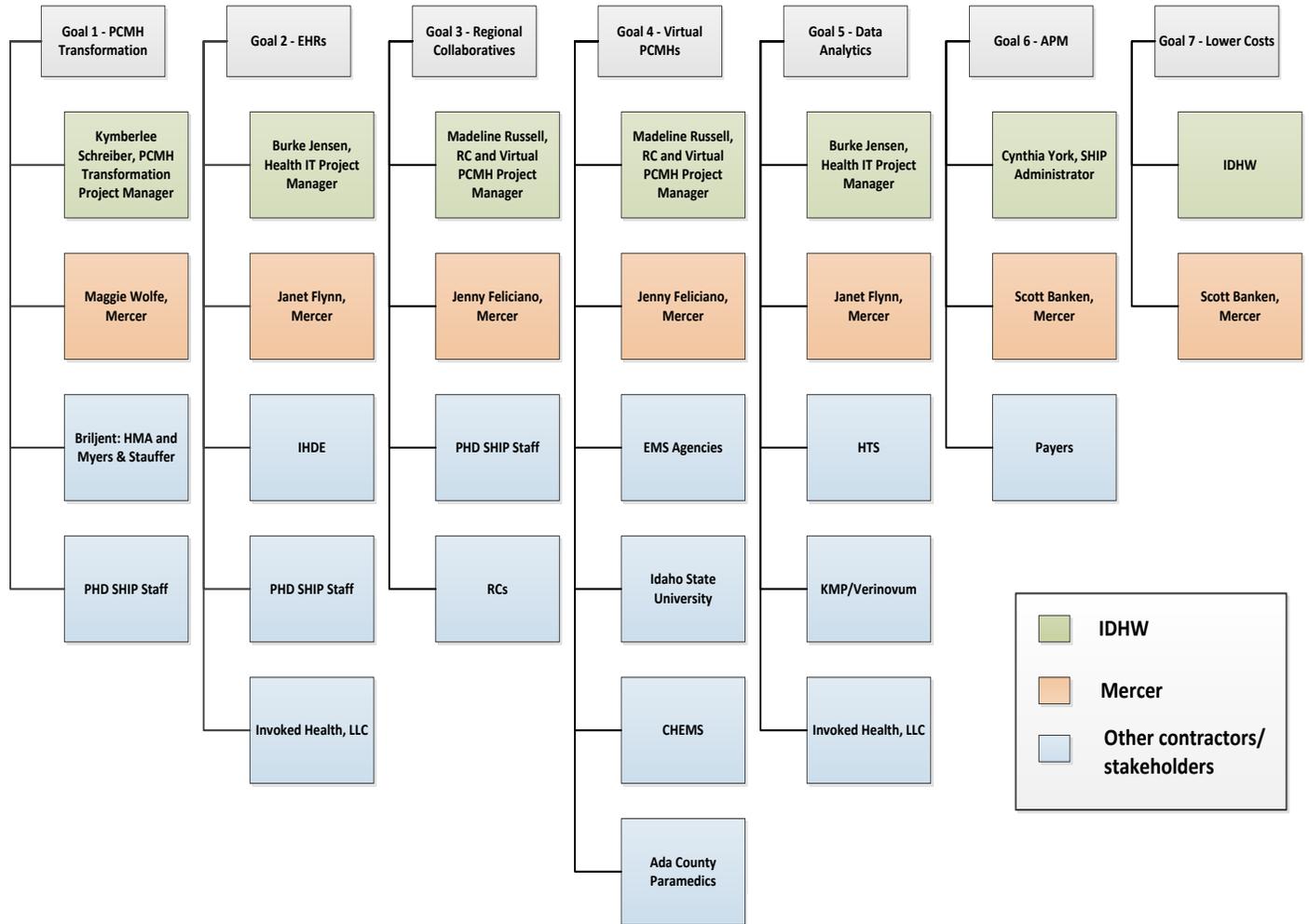
IDHW understands the importance of the SIM evaluation at the federal level and will coordinate with the Federal Evaluator and CMMI for any other needs/requirements to support the evaluation. IDHW agrees to not receive additional reimbursement for providing data or other reasonable information to

CMS or any other government entity or contractor.

D.3. Program Monitoring and Reporting

Idaho's approach to project management in AY4 will maintain the same emphasis on frequent and timely communication among project areas and regular tracking and reporting of project developments that has been in place throughout the previous AYs. Each of the seven SHIP goals will continue having an assigned IDHW project manager who is responsible for monitoring the work and contractors associated with their SHIP goal. A team member from Mercer will also continue to be assigned to each SHIP goal to support the IDHW project manager. IDHW project managers' weekly meeting schedules with contractors and with Mercer to discuss the status of activities, including schedule, risks, and outcomes will occur as in previous AYs. Contractors will also maintain their submission of status reports at regular intervals and update work plans.

Figure 11 – Project Management Structure



In addition to the project management teams assigned to each SHIP goal, IDHW also has assigned leads for operations and grant/contract management who oversee all SHIP operations, grant management, and the state-led evaluation of the Model Test.

The project management teams and other leads are all responsible for working to align activities with other local, state, and federal initiatives, and for engaging SHIP’s multiple external stakeholders in continued implementation of the model.

Rapid-cycle evaluation of project management and operations efforts is conducted on a regular basis. IDHW collects project information from different work streams and discusses progress and project direction weekly, making adjustments as needed to keep the project on track. This includes any changes

to contract monitoring, such as the need for more frequent communication with contractors or, any issue-specific corrective action plans. While these operational rapid-cycle evaluations occur weekly, IDHW and the IHC also continually monitor the overall progression of the model, including the achievement of key milestones in each goal, and also more broadly, how each goal is fitting together and contributing to progress in reaching the other goals.

IDHW and Mercer work together to monitor and manage risks. In AY4, Idaho will maintain the established process of capturing risk in a risk log and developing and activating mitigation and contingency plans based on the probability and impact of each risk. IDHW and Mercer project managers will continue to discuss and frequently update the risk log, and IDHW will continue to submit the risk log and discuss with CMMI on a monthly basis. For additional information on risks, please refer to the risk log in Appendix B.

In AY4, IDHW will continue its implementation of the Model Test with an eye toward the sustainability of program operations beyond the SHIP funding period. Section A.2 of this Operational Plan describes Idaho's sustainability plan developed to date. Idaho will be submitting additional information on its sustainability plan per the Awardee Guidance issued in August 2017 through the "CMMI Operational Plan Award Year 4 Update."

D.4. Fraud and Abuse Prevention, Detection, and Correction

In AY4, the fraud and abuse prevention, detection, and correction protections designed in AY1 and implemented in AY2 will be maintained. The focus will continue to be in two main areas: payment transformation at the payer level; and distribution and tracking of reimbursement payments for PCMH transformation, Virtual PCMH, and telehealth.

As individual payers participating in the Model Test continue to move their payment methodologies toward value-based payment, each payer will implement appropriate fraud and abuse prevention, detection, and correction activities. Payers will continue to have the flexibility to implement fraud and abuse activities as they consider appropriate.

IDHW's financial support of clinic-level transformation will continue in AY4 with the distribution of PCMH and Virtual PCMH reimbursement payments to next year's cohort clinics. Brilljent and Myers and Stauffer will continue to implement the fraud and abuse prevention activities related to the payments that were launched in AY2. The Myers and Stauffer team will again use IPAS to distribute payments to qualifying clinics. The Myers and Stauffer team will implement program controls to ensure the right payments are distributed to qualifying clinics in a timely manner. They will also be responsible for identifying issues or potential red flags related to the payments. Clinics that do not comply with minimum requirements for participation in PCMH technical assistance and support activities will be required to return the PCMH transformation reimbursement payment.

At this time, IDHW has not identified any fraud and abuse protections that pose barriers to implementing the Model Test in AY4. Should any barriers be identified prior to or during AY4, IDHW will

work with our federal partners to obtain necessary waivers from the Office of the Inspector General and CMS.

The Legislative Audits Division of the Legislative Services Office identified SHIP and the OHPI to be part of their annual single audit that occurred across AYs 2 and 3. The process commenced in October 2016 and concluded in March 2017 with an analysis and presentation of results to IDHW and the legislature. IDHW will receive AY3 audit results in March 2018.

E. Sustainability Plan

Idaho is proud of the health system changes that have occurred across the State through the drive and commitment of IDHW, the IHC, payers, providers, and other stakeholders, and with the support of SIM grant funds. Since deciding to embark on this journey of healthcare transformation, Idaho has always been mindful of the need to sustain both the momentum gained and the significant changes that will have occurred by the end of AY4. Idaho applied for SHIP grant funding knowing that this was potentially a one-time opportunity to garner financial support for transformation given that the State does not have the resources to replace federal dollars when the grant ends.

With that in mind, Idaho chose to invest their grant funds primarily in establishing and expanding the foundation upon which transformative change will occur. For example, the upfront costs to develop HIT and data analytics infrastructure that have been occurring across the grant years will provide a future platform for data analytics and reporting at an affordable cost to the State in future years. The investment in a regional infrastructure to support PCMH transformation and population health will be sustained beyond the grant period due to the grant seed funds supporting new partnerships between healthcare providers, stakeholders, and the PHDs. The commitment and collaboration across payers to advance value-based payment models will help sustain improved healthcare delivery into the future.

While Idaho has invested its grant funds to build a foundation that will support sustainment of the delivery system and payment models, the State understands that, realistically, some funding will be needed to continue and maintain implementation of the model. In AY3, IDHW restructured the Healthy Connections and Health Home Programs to incentivize primary care providers to expand to the PCMH model of care. In AY4, advancement of payment strategies to further incentivize the PCMH model and reward the value of care will occur through the implementation of three new payment models as described in Goal 6. In AY4, Idaho will continue to expand foundational aspects of telehealth through the establishment of Project Echo¹² in the State and, in doing so, create sustainable opportunities to improve access to specialty care for medically under-served areas across the State.

Idaho continually looks for opportunities to participate in federal funding opportunities to expand innovation and best practices across the State's healthcare system. For example, three Idaho FQHCs are participating in the FQHC Advanced Primary Care Practice Demonstration and providers across the State participate in the Million Hearts: Cardiovascular Disease Risk Reduction Models. Idaho's Medicaid program did apply for Community Primary Care Plus (CPC+) but their application was not selected.

¹²¹² Project ECHO uses hub-and-spoke knowledge-sharing networks, led by expert teams who use multi-point videoconferencing to conduct virtual clinics with community providers. In this way, primary care doctors, nurses, and other clinicians learn to provide excellent specialty care to patients in their own communities. More information can be found at: <https://echo.unm.edu/>

Unfortunately, the rural nature of the State and the population distribution makes attributions and opportunities challenging. The MACRA rule and Quality Payment Program were just finalized and Idaho will be evaluating how to support practices in the implementation of their programs. Support may include providing technical assistance to practices and incorporating components of this into individual SHIP cohort clinic transformation plans.

IDHW has also worked with its State and Federal partners to continue identifying opportunities to sustain continued transformation after the end of the Model Test. At the clinic level, Goal 1 activities have focused on developing tools and resources for large and small clinics to sustain and continue their efforts at PCMH transformation. In January 2018, a PCMH Sustainability Workshop will be led by IDHW and its PCMH Transformation vendor for clinics and other stakeholders. The workshop will provide an opportunity to learn and discuss how the PCMH model has evolved in the last 10 years, and the challenges in demonstrating improved outcomes in terms of quality, cost and utilization. The goal of the workshop is to work with stakeholders to collectively determine the following in order to inform sustainability planning.

- What does sustainability mean to the PCMH model and primary care in Idaho?
- What elements of SHIP, or its precursory PCMH-related initiatives, could be (or should be) sustained?
- What next steps can be identified to continue support of PCMH and high performing primary care before the grant period is over?

In AY4, IDHW will also conduct education and recruitment activities so that clinics are aware of the new Medicaid payment models, particularly the RCO Model and the PCMH shared savings program, which will provide further financial opportunities for participating clinics.

At the regional level, the Idaho Division of Public Health and the seven PHDs will continue to play critical roles in the sustainability of Idaho's long-term funding and support for population health improvement activities. Idaho Public Health's mission focuses on improving population health by 1) preventing disease, disability, and premature death; 2) promoting healthy lifestyles; and 3) protecting the health and quality of the environment. The goal of SHIP to implement and expand delivery system and payment models to improve population health is a natural fit with the mission of public health. Long before the SIM Test grant was awarded to Idaho, the PHDs were working to improve population health and their work in this area will continue after the grant period ends. Each district's RC is supported by its PHD and has been tasked with developing a sustainability plan that includes addressing financial stability. In AY4, the RCs will continue to plan for sustainability and provide status updates through regular reporting to SHIP throughout the grant year. A focus of sustainability planning for the RCs in AY4 will be to evaluate the impact the new RCO models on their regions to determine whether the RC should play a role as the CHOICE entity for the region.

In AY4, the OHPI and the IHC will focus on sustainability planning and continue efforts to identify future funding for transformation activities. Idaho expects that CMMI and the ONC will be important partners in this work.

Sustaining the HIT Components of Idaho's Model

Idaho has developed a specific sustainability strategy for the HIT components of the model, so that HIT can continue to enable healthcare system transformation after the Model Test period concludes. In AY4, as we do a deeper dive of sustainability, IDHW will look at HIT components of the model. Please refer to Section B4 for more information about HIT sustainability.

The statewide HIT Plan, currently in development, will unify Idaho's multiple HIT efforts under a common direction aimed at achieving statewide HIT targets. At the discretion of the Governor, HIT leadership, and data governance in Idaho will continue under the direction of the IHC and its workgroups. Idaho recognizes the importance of payer participation in data governance, and will continue to seek payer representation in data governance groups.

Provider connections to IHDE are also expected to continue after the Model Test period. In AY4, Idaho will continue to identify alternative sources of funding to support these connections moving forward. Presently, as mentioned in Section B.4, HITECH dollars are anticipated to be an important source of financial support for the IHDE and subcontractor cost component of IHDE connection fees. The IDHW SHIP team is also working with Medicaid on an advanced planning document that describes plans to use Medicaid funds to support connection costs of clinics, hospitals and Medical-Health Neighborhood participants to IHDE.

IDHW will make additional investments to IHDE's staffing and infrastructure during AY4 as these investments are needed to demonstrate to potential future funding sources that the system is functional and sustainable. Once these foundational elements are addressed, IDHW will work with State partners and ONC to develop a sustainability plan that identifies resources and pathways for sustaining this critical infrastructure after the Model Test.

Creating a sustainability plan for the data analytics infrastructure will be a critical area of focus in AY4. The first step in defining a sustainability plan is to fully implement data analytics as described in Section B4 in order to demonstrate a working system and prove the added value that analytics bring. At that point, IDHW will engage potential funding sources regarding support for data analytics moving forward.

Appendix A: SHIP Metrics

http://ship.idaho.gov/Portals/93/Documents/DGW/CQM%20Catalog%20_3.0F_20171206.pdf?ver=2017-12-28-114016-033

Appendix B: Risk Assessment and Mitigation Strategies

Risk ID	Description & Goals Impacted	Risk Probability	Risk Impact	Depend ID	Current Strategy/Steps
8	Payer Data: Operational Plan requires data that may not be available from the payers.	Med	Med		Use high-level data from NAIC filings.
	General				
12	Metric Alignment: Conflicting guidance from CMMI regarding mandatory versus optional measures for federal reporting.	High	Med		Will need to determine whether/how to reconcile Federal Core Metrics with existing Idaho metrics. Develop crosswalk and discuss approach with project officer.
	General				
15	Misaligned timelines and efforts: Misaligned timelines and duplicative efforts among Brilljent, IHDE, and Data Analytics Contractor.	Med	Med		1. Establish communication protocols for all contractors assisting with PCMH transformation, quality improvement, and data exchange efforts. 2. Contractor timing should be aligned. 3. Establish regular meetings for contractors to share information with one another. 4. Reassess as needed to insure project integration
	General				
41	PCMH Contractors: Multiple contractors and other state initiatives/programs requesting information could burden participating practices and threaten participation.	High	Med		Before requesting information from the practices, IDHW will evaluate whether the information is already being collected and will coordinate the information request.
	General				

Risk ID	Description & Goals Impacted	Risk Probability	Risk Impact	Depend ID	Current Strategy/Steps
66	CMMI reduces funding - changing measures results in decrease in funding.	Low	Med		Negotiate with IHDE and CMMI an alternative set of measures and deliverable that are allowing under updated funding model.
	General				
68	Lack of sustainability plan: A sustainability plan for HIE has not yet been developed.	Med	High		IHDE change in leadership has resulted in new staff members and updated deliverables through SHIP/Medicaid collaboration. Addressing through iterations of deliverables and artifacts as organization continues work on interoperability.
	General				
71	Delayed Data Analytics: Statewide data analysis to support quality improvement is delayed.	Med	High		1. Determine whether other sources of information can be used to evaluate performance. 2. Limit the number of quality measures reported and prioritize those measures based on available data through other sources.
	General				
72	Delays linking new data sources to IHDE: Delays occur in establishing new connections to the Idaho Health Data Exchange (IHDE) for purposes of submitting/receiving data by patient centered medical homes (PCMHs) and Medical-Health Neighborhood providers.	Med	High		1. Monitor the IHDE contractor performance in establishing connections and training PCMHs. 2. Establish targets with IHDE including both incentives and penalties. 3. Active communication with Medicaid and CMMI on issue.
	General				

Risk ID	Description & Goals Impacted	Risk Probability	Risk Impact	Depend ID	Current Strategy/Steps
73	Loss of IHDE data repository: The clinical data repository contains over two million Idaho records. In the event of an IHDE shutdown with no replacement, no shared data is available to facilitate coordinated care or to support data analytics/performance analysis and program evaluation activities.	Low	High		1. Ensure contractor has safeguards in place to protect data from loss (e.g. frequent back-ups). 2. Review, approve, and monitor sustainability plan and disaster recovery plans. 3. Monitor contractor operations and financial stability to remain sustainable. 4. Closely monitor the planning and implementation of the data repository and data collection processes and policies. 5. Evaluate whether the statewide data vendor could collect and store the data and what the additional costs would be to add this function to their contract.
	General				
82	Budget: Costs for Certain Goal Activities/Contracts are Increasing and need to establish those budgetary increases as risks on the risk log.	Med	Med		1. Budgets are reviewed monthly by the Grants Officer and Administrator. 2. Creation of a budget worksheet that tracks transactions on a monthly basis. 3. Quarterly budget reviews with DHW division of financial management
	General				
35	Interest in PCMH transformation: Number of clinics participating in a SHIP cohort after year 1 and year 2 of the Model Test is lower than expected.	High	Low		1. Increase stakeholder education and recruitment activities to increase provider interest in becoming a PCMH. 2. Evaluate ways to increase support for PCMHs, including leveraging the PCMH mentoring program. 3. Conduct an evaluation of SHIP cohort 1 clinics to assess effectiveness of the transformation process and educational components.
	Goal 1				

Risk ID	Description & Goals Impacted	Risk Probability	Risk Impact	Depend ID	Current Strategy/Steps
37	PCMH Model: Challenges at the practice level in shifting to a coordinated PCMH model.	Med	Med		1. Identify PCMHs that achieved quick successes and created collaborations among the teams in the regions to celebrate initial successes and share “best practices.” Share attempts which were not as successful and study those efforts to understand how to achieve better results in the future. Ensure timely communications between HMA, PHD staff and practices to enable effective practice-level technical assistance and support. Encourage practices such as providing incentives that support providers in making the transition in the short run. 2. Eventually, new payment methodologies will help shift the culture of FFS to a model based on quality and outcomes on a broader scale.
	Goal 1				
38	PCMH participation: temptation to “check the box” on becoming a PCMH could pose a threat to true transformation at the practice level.	Low	High		Individualized training and TA from HMA coaches helps practices overcome barriers to true transformation. Medicaid's tiered payment model (Healthy Connections) encourages practices to truly transform in order to receive higher Medicaid case management payments. NCQA is also addressing this issue through 2017 standards. Brilljent will implement a robust training effort paired with technical assistance to PCMHs. This includes interactive learning collaboratives, regional conferences, monthly coaching, and identification of champions.
	Goal 1				

Risk ID	Description & Goals Impacted	Risk Probability	Risk Impact	Depend ID	Current Strategy/Steps
39	<p>Incorrect distribution of PCMH incentive payments: paying the wrong practice, incorrect reporting and accounting of federal funds, and delays in payments.</p> <p>Goal 1</p>	Low	High		<p>1. Develop policies and procedures for collecting timely, accurate information from providers, including a policy for providers to notify Brilljent/Myers and Stauffer if their information changes. 2. Ensure that Brilljent/Myers and Stauffer's implementation of the incentive payments is consistent with IDHW expectations. Develop minimum data elements needed to compute payments and Provide training to providers on reporting data needed for incentives. 3. Establish policies and procedures for reporting incentive information. 4. Require qualifying practices to sign an attestation as their agreement or acknowledgment that the practice is responsible for distributing funds among participating physicians. 5. Define the process for adjudicating potential issues to avoid the appearance of, or the risk of, making arbitrary decisions.</p>
87	<p>PHD Attrition: Impact on SHIP Cohorts transformation due to PHD SHIP staff turnover.</p> <p>Goal 1</p>	Med	Med		<p>1. IDHW will continue to monitor likelihood and seriousness of this risk throughout project timeline. 2. Ensure subgrants with PHD address continuity of knowledge and scope delivery.</p>
44	<p>RC Champion Capacity: RC Champions may have competing priorities and decreased capacity to meet expectations.</p> <p>Goal 1, Goal 3</p>	Low	Med		<p>Consulting internally to determine whether transition strategy can be added to RC strategic plans. Consult with Dr. Epperly. 1. Develop a transition strategy for use in the event that there are leadership changes.</p>
23	Data Sources Unavailable: Anticipated data sources unavailable/inadequate to meet reporting needs.	High	High		<p>(11/2017) Address high level data gaps at the EMR or HealthTech level to correct for multiple clinics at the same time. (9/2017,5/2017) Minimize data</p>

Risk ID	Description & Goals Impacted	Risk Probability	Risk Impact	Depend ID	Current Strategy/Steps
	Goal 2				gap through identification and prioritization of additional connections and/or workflow changes. Data quality improvement process will monitor this. Include quality rating of measures reported on dashboard that reflects potential issues due to data gaps. Updated 6/2016: Include quality rating of measures reported on dashboard that reflects potential issues due to data gaps. Minimize data gap through identification and prioritization of additional connections and/or workflow changes.
24	Data Reporting: PCMHs lack resources to support data collection and reporting. In addition to lack of knowledge at the clinic there is also some clinics who lack time or interest to complete the necessary data quality improvements.	High	High		(11/2017) Due to these reasons SHIP is exploring an incentive program that would provide financial reimbursement to the clinics. (9/2017) Scheduled for clinic engagement has been delayed to address larger EMR data gaps. While this approach delays the clinic QIP it is more efficient. (5/2017) Data quality specialist has been identified and beginning the quality improvement process. (2/2017) Incorporated data quality facilitator role in IHDE's contract. Implementation of improvement process will start in near future. (11/2016) Develop a data quality improvement process to assist clinics. (6/2016) Include quality rating of measures reported on dashboard that reflects potential issues due to data gaps. Provide training and documentation on clinic workflow changes.
	Goal 2				

Risk ID	Description & Goals Impacted	Risk Probability	Risk Impact	Depend ID	Current Strategy/Steps
48	<p>EMR Challenges: The variety of EMRs and the level of effort to manage different specifications, report on clinical quality measures and complete builds is potentially underestimated. Additional EMR concerns includes unanticipated EMR conversions resulting in delays, EMR barriers resulting in inability to produce required measure data and additional cost to of multiple request to map additional data fields.</p> <p>Goal 2</p>	High	Med		<p>Updates: (9/2017) Adjusted the Data QIP with clinics to allow a focus on larger EMR issues. (6/2017) Planning to address on a case by case basis. (9/2016) Track EMRs types and document capabilities and issues. Use information for future Cohort connection planning. Schedule connection builds based on knowledge of EMRs to minimize duplication of effort.</p>
50	<p>Claims Database: IHDE or HTS unable to create claims database. The new platform that will be able to support the claims database will not be operational until after the end of AY4.</p> <p>Goal 2</p>	High	Med		<p>Accept the risk and focus on the measures that SHIP can impact through AY4. (9/2017) IHDE will be switching to a new platform that has the capability of developing a claims database. (5/2017) IHDE completed feasibility study and it is in their current SOW to create the payer database. (2/2017) Planning to address on a case by case basis. For example, it appears that the data may be available from ECW through a CCD. Developing solutions on a case by case basis such as ECW has confirmed that the CCDs documents will not contain all data points so an additional flat file will be required. (11/2016) IHDE is scheduled to complete the claims feasibility study by the end of AY2 to determine what is possible. This study will be used to develop next steps. Identify alternative source for claim data. If IHDE is unable - pursue HTS - if HTS is unable pursue Medicaid or clinic data from hospitals.</p>

Risk ID	Description & Goals Impacted	Risk Probability	Risk Impact	Depend ID	Current Strategy/Steps
51	<p>Cohort One: While building initial cohort 2 connections, IHDE will also have to enhance cohort 1 connections to support year 2 measures.</p> <p>Goal 2</p>	High	Low		<p>(11/2017) The current data quality improvement plan will address this risk by identifying data gaps as they are identified, regardless of cohort. (9/2017) - Data quality improvement process has identified global data gaps and is planning to resolve for all connections moving forward. Ensure activity is correctly accounted for in IHDE's year 2 contract as well as HealthTech's work plan. Support leveraging lessons learned and consolidation of work effort wherever possible.</p>
57	<p>Payers/Hospitals Disconnect: Payers and Hospitals do not connect or remain connected to IHDE in the current platform.</p> <p>Goal 2</p>	Low	Med		<p>11/2017 - IHDE has signed a contract amendment with IDHW that includes incentives for hospital engagement. 9/2017 - IDHW is proposing a new contract amendment that includes a hospital engagement plan that will incentivize the hospitals to participate. (2/2017 & 5/2017) Emphasize importance of hospital and payer connections. Also, other state connection will increase value of an IHDE connection. (Unknown date) IHDE has updated their pricing structure to make hospital connections more feasible for smaller and intermediate sized hospitals. (6/2016) Support IHDE in their communication effort to hospital and payers in addressing and emphasizing the value IHDE provide. Provide strategies to enhance IHDE value.</p>
58	<p>Clinic CQM Knowledge gap: Clinics lack sufficient knowledge of CQM/EMRs to support the reporting of CQMs.</p>	Med	Med		<p>(11/2017,9/2017) Data Quality specialist will engage with clinics once larger EMR issues are resolved. (5/2017) Developed and about to</p>

Risk ID	Description & Goals Impacted	Risk Probability	Risk Impact	Depend ID	Current Strategy/Steps
	Goal 5				implement quality improvement process with clinics. (2/2017): Establishing a data quality improvement process to supplement clinics' existing knowledge and back fill any data gaps. Discuss CQM/EMR specific training with all contractors to clarify roles and responsibilities. Leverage EMR affinity groups. Leverage clinic EMR relationships to provide training where there may be gaps. Leverage consultant's knowledge to assist in putting together communication material for clinics. Incorporate CQM/EMR information into clinic communication and training.
62	Lack of EMR: Cohort 2/3 clinics don't have EMRs or can't connect to IHDE. Goal 2	Low	Med		We have identified 2 clinics in cohort 2 that cannot connect to IHDE. There is not any action to be taken and at this time IDHW is simply accepting the risks and continuing to monitor. (2/2017 & 5/2017) IHDE is beginning cohort 2 outreach and will continue to monitor based on readiness assessments calls and outreach. (11/2016) Continuing to track Cohort 2 application status and cohort clinics will be selected by Mid December 2016.

Risk ID	Description & Goals Impacted	Risk Probability	Risk Impact	Depend ID	Current Strategy/Steps
98	Inadequate Contractor Staffing: IHDE staffing levels, including competency, are not matching project needs. This has been an long standing issue due to lack of timely hiring decision as well as lack of financial resources to address staffing gaps. Remediation of staffing problems to date has been ineffective. The current situation has resulted in a decrease in morale among staff members. Goal 2	High	High		(11/2017) Several additional staffing positions have been filled but the concern of inadequate staffing levels remains and IDHW will continue to monitor impacts of perceived inadequate staffing levels. (9/2017) IHDE Executive Director hired mid August and IDHW has reiterated that this is a top priority and he is working on hiring additional staff. 6/2017 - The Department has identified as a root cause of contractual deficiencies and has requested a correct action plan. IDHW currently reviewing IHDE's CAP response (received 6/28/17).
104	IHDE not willing to accept Technical Assistance from partners: IHDE has a newer leadership team lacking HIE experience. Goal 2	Low	High		1. Ongoing communication with IHDE leadership. 2. Onsite technical assistance opportunities. 3. Contractual mechanism to incentive participation and engagement. 4. Inclusion of additional vendor support (i.e. field expertise outside of federal partner ecosystem).
90	Inability to expend prior year's funds due to delays by contractors in meeting their deliverables General	High	High		Review opportunities to expend funding.

Risk ID	Description & Goals Impacted	Risk Probability	Risk Impact	Depend ID	Current Strategy/Steps
75	EMR Conversions: Clinics that may do an EMR conversion after the connection has built and that may impact the reporting numbers	High	Low		Updates: (9/2017,5/2017,2/2017) Work with clinics to make sure EMR conversion does not result in any downtime or loss of data. IHDE track conversions and work with clinic to ensure seamless connection. SHIP should also be notified.
	Goal 2, Goal 5				
94	Contractor Staff Turnover: The SHIP project has experienced a change in a key contractor team member. This resulted in delays. If this happens in the future we anticipate additional schedule slippage.	Med	Low		(11/2017) IDHW continues to work closely with IHDE's leadership to reduce the possibility of further delays occurring. 9/2017 - IDHW is working with the new IHDE's Executive Director to address schedule slippage. Support documentation of processes to ensure as smooth as a transition as possible.
	Goal 2, Goal 5				
95	ECW: eCW data (CCD or flat file) might not contain all the data points. However we won't know that for sure until we start evaluating the data in the CCDs.	Med	Low		11/2017 - IDHW is working with IHDE to explore alternative options for accessing patient data from eCW. (9/2017 & 5/2017) For the time being accept the risk and if and when it is realized develop a work around strategy. Possibly submit a supplemental flat file for missing data.
	Goal 2, Goal 5				
97	Behavioral Health Data Privacy Policy: IHDE does not have a specific approach to addressing behavioral health data elements in EHRs, this has the potential to cause delays and even risk entire connects for SHIP selected clinics to participate in the program.	High	Med		(11/2017) - IHDE has shared the draft of the policies with the Behavioral Health Policy Committee and a response is due back 11/15/2017. (9/2017) IHDE taskforce has drafted policies but they are not yet finalized. IHDE has a workgroup tasked with exploring the issue and an initial meeting has taken place; a policy reviewed

Risk ID	Description & Goals Impacted	Risk Probability	Risk Impact	Depend ID	Current Strategy/Steps
					by the committee and privacy committee of the IHDE board are required within the next few months to avoid delays.
99	Data Quality Improvement Process: We will not be able to get meaningful data as soon as expected. Clinics participation in DQIP could be delayed because of significant E H R data gaps. This can result in all patients in the particular clinic failing the measure criteria. Goal 2, Goal 5	High	Med		11/2017,9/2017 - Working on issues on a case by case with each EMR as they are identified. For example, critical time stamps and diagnosis info is missing from some EMR data files. To mitigate this issue the clinics are being asked to send a full patient history vs encounter records.
102	Deliverable Quality: IHDE produces new infrastructure deliverables just to the minimum standards. Goal 2, Goal 5	Med	Low		Monitor each deliverable to ensure it meets the requirements and identify any potential risks create with an approach to meet only minimum standards. Ensure that contract structure supports both incentives and penalties for non-conformance.
46	RC Need for Information: RCs do not have the information needed to assess quality and performance in their region.	Med	Low		Updates: (12/20/2017) No update. (11/17/2017) Changed Seriousness to Low. The HIT issues have been resolved. Data is available to RCs through other data including immunization data provided by the Population Health WG. (9/29/2017) Recent issues with IHDE's system crash and the Get Healthy Idaho site crash further limit the data available to RCs and may impact the integrity of data. IHDE has corrected the issues. IDHW will remain engaged with IHDE to be able to provide

Risk ID	Description & Goals Impacted	Risk Probability	Risk Impact	Depend ID	Current Strategy/Steps
	Goal 3				updates to the health districts. Updates: (7/21/2017) Reduced risk grade to low. RCs have access to data through the Get Healthy Idaho website. HTS is completing training with PHDs on the data analytics dashboard (another data source). PHDs community health needs assessment is also a data source. (4/28/2017) Viaan continues to be engaged. (2/21/2017) Viaan contract work will help to provide data from existing sources to RCs as data analytics work is in progress. (6/16/2016) Look for different sources of data (e.g., Public Health Division, Public Health Districts, clinics). RCs are the consumers of the information and will synthesize information from various sources and report once a year.
101	PHDs Supporting all Cohorts: With the addition of Cohort Three clinics and the level of support required by Cohort One and Two clinics that are not accredited, PHD staff may not be able to adequately support clinics in AY4	Med	Low		Update: (12/20/2017) No update. (11/17/2017) Conduct analysis to determine which PHDs will be impacted, review PHD budgets to determine if there is funding available to hire an additional QI specialist, and explore the possibility of increasing Brilljent/HMA support to Cohort One and Two clinics.
	Goal 3				
104	Staff Turnover: Subgrant deliverables may not be produced on schedule or within acceptable level of quality due to onboarding of new staff members as current staff members transition to new opportunities before the end of the SHIP grant.	Med	Med		(12/20/2017) Maintain clear communication channel with PHD SHIP staff to ensure adequate support is in place. And ensure subgrant terms and conditions reinforce the expectations.

Risk ID	Description & Goals Impacted	Risk Probability	Risk Impact	Depend ID	Current Strategy/Steps
	Goal 3				
28	CHW Model adoption: There is limited CHW model adoption by PCMHs because CHWs are not reimbursed by payors.	Med	Low		Updates: (12/20/2017) No update. (11/17/2017) No update. (9/28/2017) Lowered risk score to 3, clinics use other source of funding for their CHWs - HRSA grants, Healthy Connections tiered payment structure. (7/21/2017) Lowered risk grade to medium because CHWs are being used by clinics but different terms are used to describe them. Explore rebranding options. Check with MP Workgroup leads to add CHW reimbursement as an agenda topic in the next two meetings. (2/21/2017) Engage one payer in a discussion about CHWs. (10/1/2015) 1. Engage the payers in a different way. 2. Increase outreach coordination with medical home collaborative and PHDs.
	Goal 4				
29	CHW Student Participation: Lack of student participation in training.	Med	Low		Updates: (12/17) Increased risk grade, insufficient enrollment for the CHW Fall semester courses. Had to cancel the in-person course. Working to develop a outreach plan for the Spring semester. (7/21/2017) Reduced risk grade to low. Anticipate full enrollment for August session where an in-person course is being taught in addition to the online course. (4/28/17) January class had adequate levels of enrollment. (11/14/2016) The CHW video was released. 1. Align with CHW outreach committee to assure appropriate information distribution to stakeholders and potential CHWs. 2. Broaden target and reach out to individuals.
	Goal 4				
47	Staffing Goal 4: Not enough human resources available to complete work necessary to implement Goal 4.	Low	Med		Updates: (7/21/2017) Hired a grad student; starts August 21. (4/28/2017) A new project manager started in April. Grad student supporting G2/G5 is

Risk ID	Description & Goals Impacted	Risk Probability	Risk Impact	Depend ID	Current Strategy/Steps
	Goal 4				providing some support to G4 PM. (2/21/2017) Internal discussions are taking place about engaging a graduate student to assist with Goal 4 work. (11/14/2016) Additional funds were not approved for additional resources. Undergraduate student assistant did not meet performance expectations. 1. Seek resources from SHIP.
92	CHEMS Funding: Lack of reimbursement for CHEMS impacts advancement of virtual PCMHs.	Low	Low		Updates: (12/20/2017) IDHW to meet with BCBS and Ada County Paramedics on January 8. (11/17/2017) Planning to meet with BCBS, Regence BS, and Ada County paramedics to continue dialogue on CHEMS reimbursement. Anticipated date: December 2017. (9/29/2017) Met with Regence on September 20 to discuss CHEMS and telehealth reimbursement. Melissa will share with IDHW the Total Cost of Care document with Cynthia and Madeline will send CHEMS program descriptions for future discussion. Update: (7/21/2017) Lowered risk grade to medium. Blue Cross of Idaho and Regence Blue Shield have expressed interest in the CHEMS initiative and have engaged in communication with IDHW and CHEMS Workgroup meeting. (2/21/2017) Engage one payer in a discussion about CHEMS. January 17, 2018 CHEMS learning collaborative will be another opportunity to discuss reimbursement and what a compensation model could look like for some agencies.
	Goal 4				

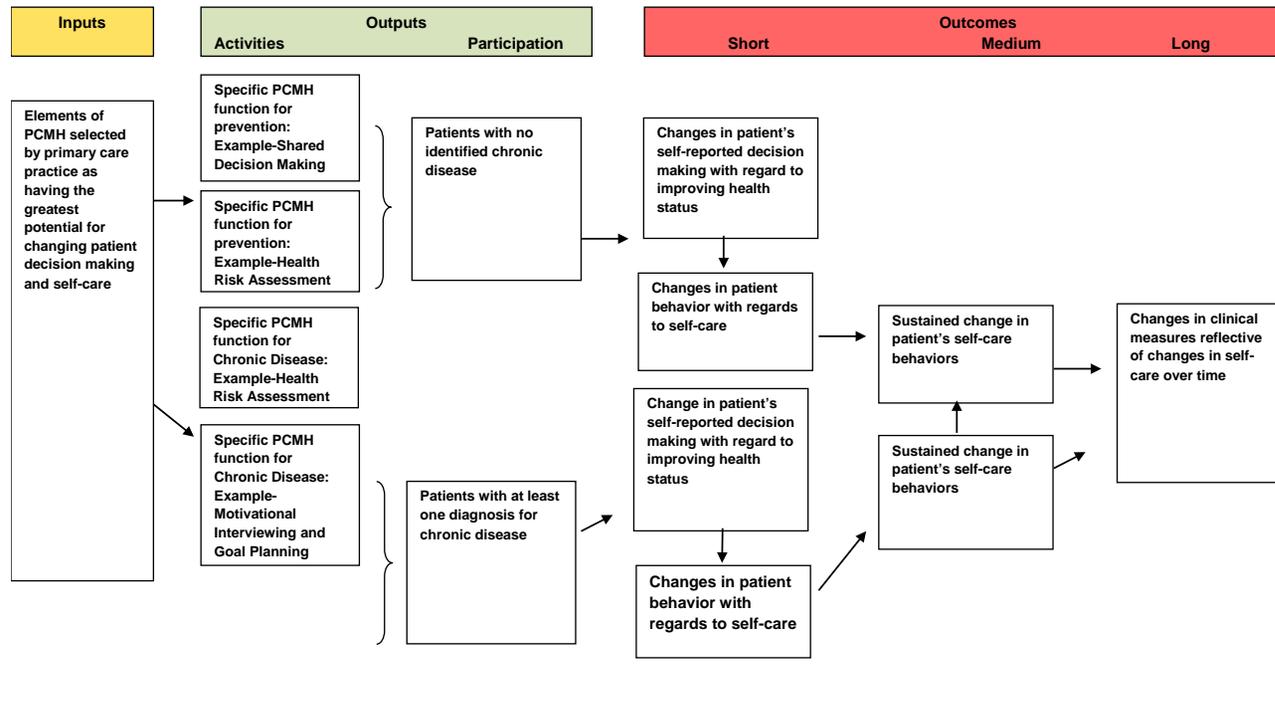
Risk ID	Description & Goals Impacted	Risk Probability	Risk Impact	Depend ID	Current Strategy/Steps
100	ECHO Hub: ECHO Hub may not be ready to go live as planned due staffing issues and continued discussion on focus of ECHO hub. Goal 4	Med	Med		Updates: (12/20/2017) Go live is now March 7, 2018. Goal is to hire project manager by the beginning of January. (11/17/2017) Reaching out to U of I to discuss contingency plans in the event that a PM is not hired to go live by Jan 1. (9/29/2017) Continue to remain engaged with UI to track resolution of staffing issues and direction of ECHO hub.
59	Initial Data Reports: Clinics' expectations of initial CQM reports are not met due to unresolved data gaps. Goal 5	Low	Low		(11/2017) - Based on current data quality improvement process this is less of a concern but SHIP will work with IHDE and HealthTech to monitor the roll out of reports for each clinic and identify an instance where this might occur. (9/2017 & 5/2017) Decided to delay clinic's access to the data until they begging the Data Quality improvement process. (2/2017) Continue efforts to ensure expectations are realistic. Also, work with clinics on data gap resolution will reduce unrealistic expectations. (11/2016) Have been increasing communication to ensure expectations are aligned with current status of reports. (Related to ONC data quality improvement TA assistance.) (9/2016) Address expectations in advance, during and after the data analytics training the clinics receive. Developing a gap analysis template that includes a note section to provide additional information on how to address gaps and interpret reports provided.

Risk ID	Description & Goals Impacted	Risk Probability	Risk Impact	Depend ID	Current Strategy/Steps
63	CQM Version Changes: The final CQMs might be different than the final MACRA / MIPS version.	Low	Low		(11/2017) - The Data Governance work group will complete a comparison of the final CQMs to the MACRA/MIPS and identify any discrepancies. 9/2017 - no update at this time. (2/2017) Accounted for proposed measures during year 2 measure selection process. Will do the same for year 3 measure selection. (11/2016) Topic is on 11/30 CQM meeting agenda. -- Including MACRA's proposed rules in the review process for year 2 and 3 measures. (9/2016) None at this time.
	Goal 5				
16	Risk Arrangements: Enough beneficiaries fail to attribute to each provider for each payer, making risk arrangements unfeasible.	Low	Med		1. Could retire when data shows attribution and conversion to risk-based payment models, however, we should wait until membership is sufficiently attributed. 2. Lower minimum threshold for beneficiary attribution and institute risk corridors to minimize risk for both payer and providers.
	Goal 6				
64	Goal 6 Metrics: Count of provider contracts metric may not be meaningful and data may not be available.	High	Low		Will discuss with payers at individual meetings about how to gather a meaningful metric.
	Goal 6				
2	Financial Data: Difficulty obtaining payer data for measuring progress compared to the financial analysis.	High	Med		Continue sending data requests and reminder notices to payer contacts. Use available public

Risk ID	Description & Goals Impacted	Risk Probability	Risk Impact	Depend ID	Current Strategy/Steps
	Goal 6, Goal 7				information such as NAIC filings to the extent possible to inform progress.
7	Medicare Data: Timeliness of Medicare data may impede the initial financial analysis.	Med	Med		Old data may be substituted and trended forward until more recent data is available.
	Goal 7				
17	SHIP Model Implementation Failure: Failure to implement the SHIP model.	Med	Med		1. Allowing additional primary care based models in lieu of PCMH practices where payments still incent outcome over volume. 2. Engage IHC in discussion and planning of alternatives that can be operationalized. Each payer has a different strategy for implementation.
	Goal 7				

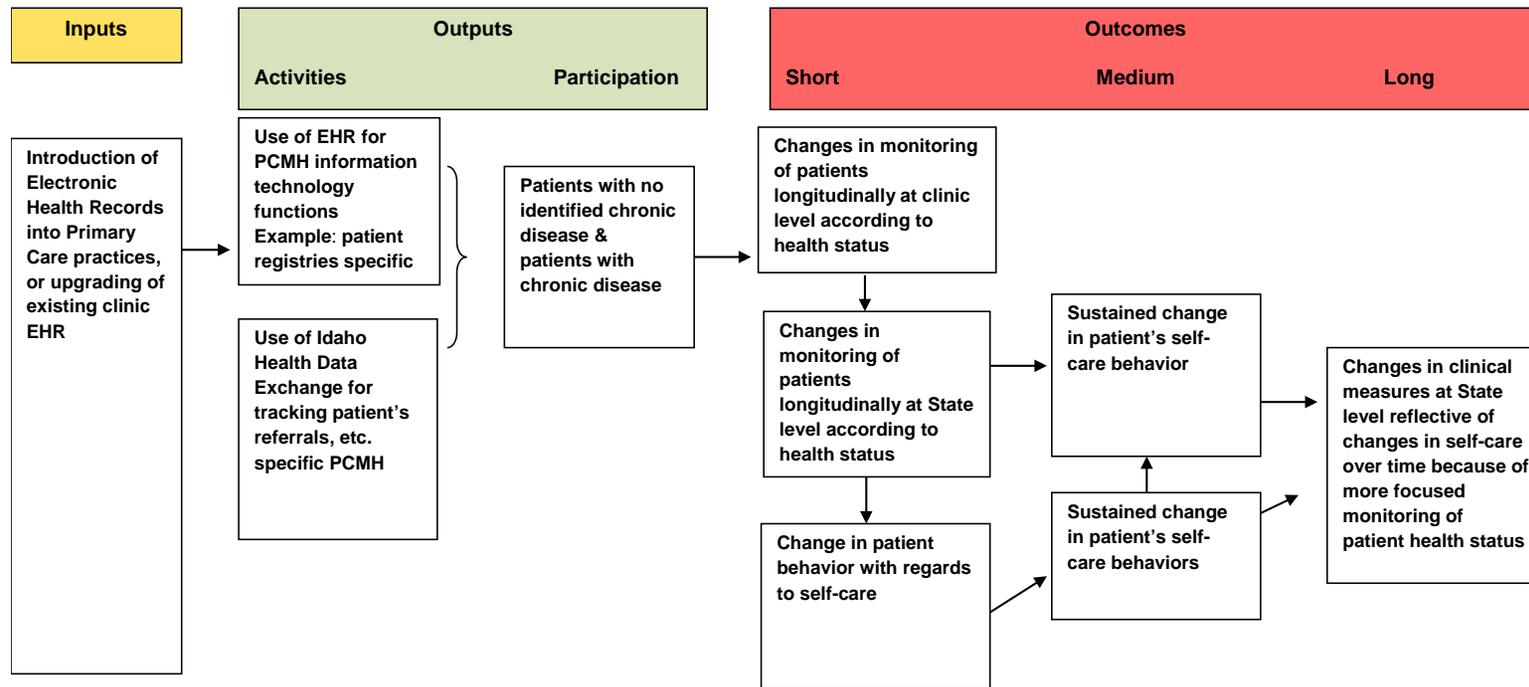
Appendix C: State Evaluation Logic Models

Figure 12 – Logic Model for Goal 1¹³



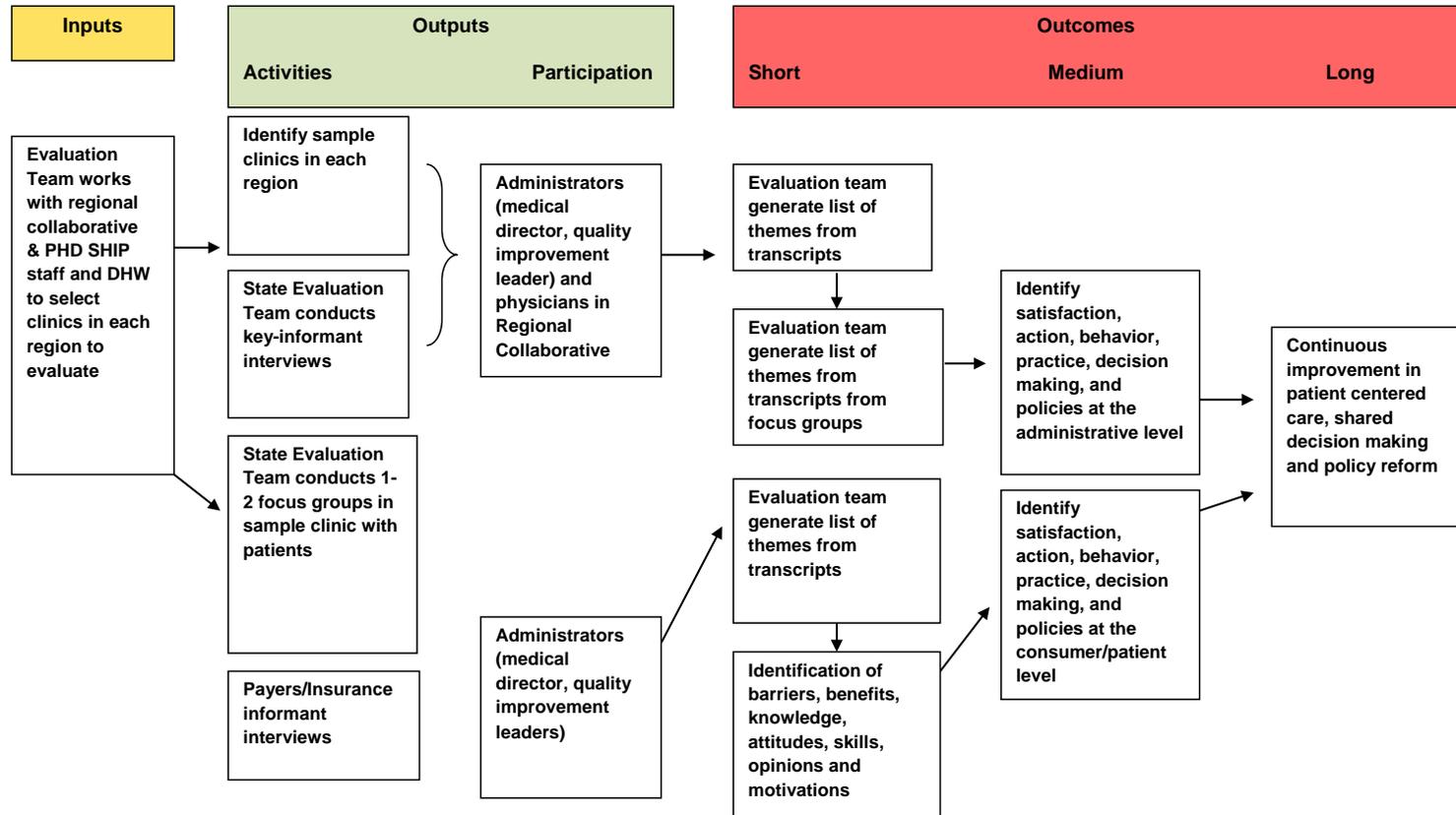
¹³ Assumptions: 1) Primary care practices will be able to identify specific elements from the PCMH model with the potential to change patient behavior and health status. 2) Patients will be willing to attempt some aspect of change in their decision making and self-care behavior. 3) Patients will agree to participate in short semi-structured interviews about their PCMH experience. 4) Patients with at least one chronic disease will be more difficult to contact and engage in their PCMH. 5) Primary care practices will be able to identify patients who are in at least the contemplation phase of stage of change. External Factors: 1) Clinic is unable to fully implement PCMH element because of competing factors for clinician time and effort. 2) Changes in patient health and/or insurance status which interfere with participation in the PCMH.

Figure 14 – Logic Model for Goals 2 and 5¹⁴



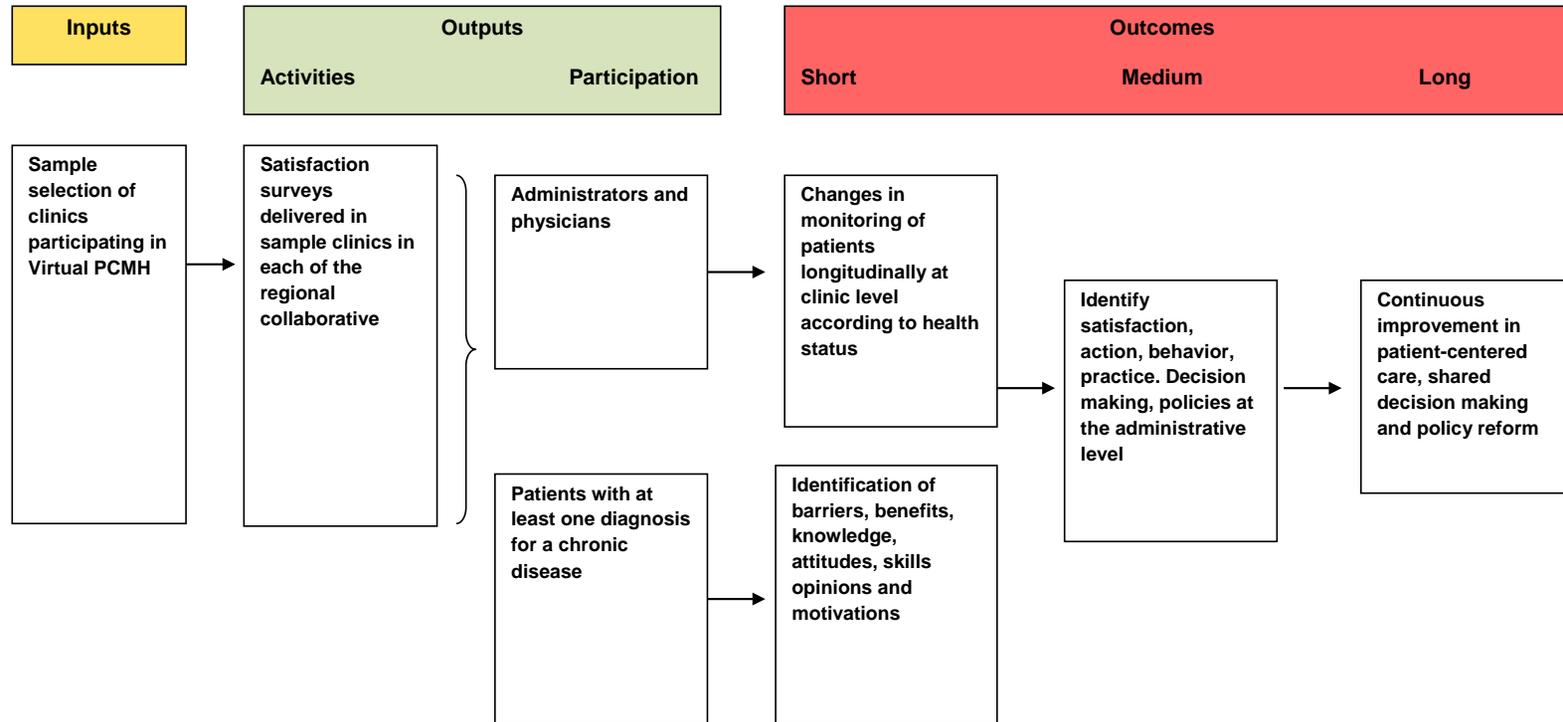
¹⁴ Assumption: 1) Primary care practices will be able to effectively use EHR. 2) Primary care practices will be able to effectively use IHDE. External Factors: 1) Clinic is unable to fully implement EHR because of competing factors for clinician time and effort. 2) Clinic is unable to fully implement EHR because of clinician dissatisfaction with software.

Figure 13 – Logic Model for Goal 3¹⁵



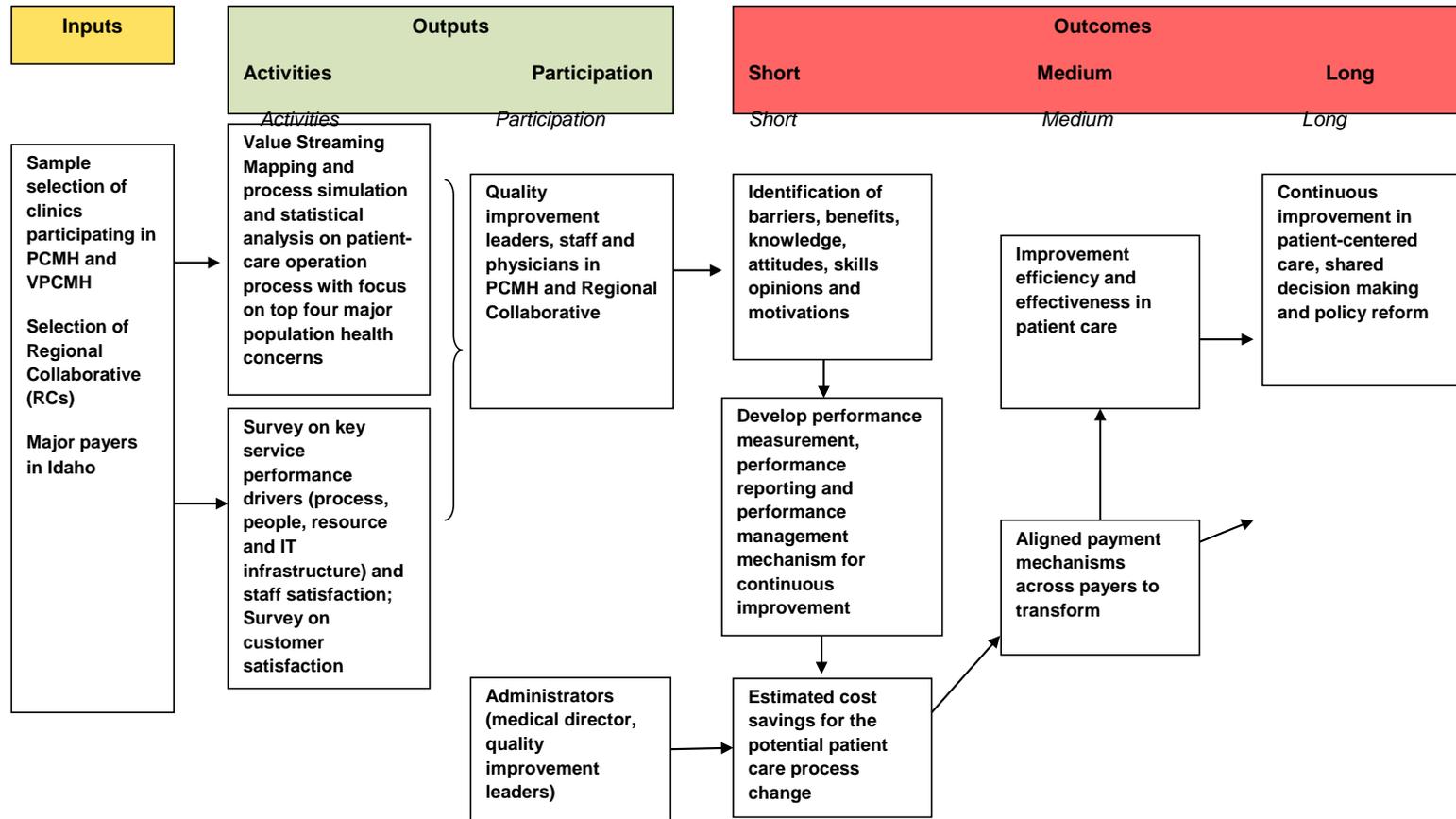
¹⁵ Assumptions: 1) Administrator’s willingness and time to participate in 60-minute interviews. 2) Patients will be willing to participate in 60-90 minute focus groups. 3) Standardized question use for interviews and focus groups. External Factors: 1) Clinic is unable to fully implement PCMH element because of competing factors for clinician time and effort. 2) Changes in patient health and/or insurance status which interfere with participation in the PCMH. 3) EHR connectivity potential is in place at selected clinics.

Figure 14 – Logic Model for Goal 4¹⁶



¹⁶ Assumptions: 1) Administrator’s willingness and time to participate survey. 2) Patients will be willing to participate in survey. External Factors: 1) Clinic is unable to fully implement PCMH element because of competing factors for clinician time and effort. 2) Changes in patient health and/or insurance status which interfere with participation in the Virtual PCMH. 3) EHR connectivity potential is in place at selected clinics. 4) Clinic’s infrastructure is set up to offer Virtual PCMH.

Figure 15 – Logic Model for Goals 6 and 7¹⁷



¹⁷ Assumptions: 1) PCMH and VPCMH will allow the process inquiry. 2) Administrator’s willingness and time to participate in 60-minute interviews. 3) Patients will be willing to participate in 60-90 minute focus groups. 4) Standardized question use for interviews and focus groups. External Factors: 1) Clinic is unable to fully implement PCMH element because of competing factors for clinician time and effort. 2) Changes in patient health and/or insurance status which interfere with participation in the PCMH.

Appendix D: HIT Components Crosswalk

The following table crosswalks CMMI's HIT component guidance to the location where the information can be found in this Operational Plan.

Figure 16 – HIT Components Crosswalk

CMMI Guidance for HIT Domains	Location in Idaho's AY4 Operational Plan
1. Detail on how the awardee will leverage current and optimize new HIT at the provider, payer, and state level to achieve the statewide infrastructure needed to implement delivery system and payment reform, including telehealth	Section B.4 - Goal 2 Information on telehealth can be found in Section B.4 – Goal 4
2. Data flow illustration for payment	N/A, described in Section B.4 – HIT Support for Payment Reform
3. Data flow illustration for service delivery	Section B.4 – Goal 2
4. Telehealth	Section B.4 – Goal 4
5. Detail on how the awardee will utilize new and leverage current HIT to support the integration of population health into the State's SIM activities, including e-performance measurement	Section B.4 – Goal 5
6. Detail the multi-stakeholder governance structure for HIT systems and functions that will support service delivery reform and payment reform	Section B.4 – HIT Governance and Policy
7. Detail how the awardee will implement HIT policy levers to support the SIM initiative	N/A, described in Section B.4 - Governance
8. Describe the performance measurement/quality reporting systems that support SIM goals	Section B.4 – Goal 5
9. Master HIT Work Plan	Section A.4 – Master Timeline Section C – Goals 2 and 5 Telehealth activities in Section C – Goal 4
10. Timeline	Section A.4 – Master Timeline
11. Define what and how the State will provide technical assistance to providers related to HIT and identify the targeted provider groups that will receive assistance, including what services will be delivered	Section B.4 – HIT Technical Assistance
12. Detailed SIM Operational Work Plan by Driver	Section C – Goals 2 and 5
13. Updated Driver Diagram	Section A.3 – Figure 1 (Master Driver Diagram) and Figure 3 (Metrics for Primary Driver 2)

Appendix E: Glossary

Community health emergency medical services (CHEMS) – An innovative model for using emergency medical services (EMS) personnel to provide primary care and preventative services, such as hospital discharge follow-ups, medication reconciliation, and wound care.

CHEMS agency – Community Health EMS is an innovative model for providing quality primary care and preventative services in a community. By utilizing Emergency Medical Services (EMS) personnel to provide services, it employs a currently available and often underutilized healthcare resource.

Community health worker (CHW) – A frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

Driver Diagram – A conceptual model of Idaho’s SIM Model that identifies components of the healthcare system that Idaho is targeting in the SIM Model Test and how the proposed initiatives will lead to healthcare system transformation.

Project Extension for Community Healthcare Outcomes (ECHO) – is a lifelong learning and guided practice model that revolutionizes medical education and exponentially increases workforce capacity to provide best practice specialty care and reduce health disparities. The heart of the ECHO model is its hub-and-spoke knowledge-sharing networks, led by teams who use multi-point videoconferencing to conduct virtual clinics with community providers. In this way, primary care doctors, nurses, and other clinicians learn to provide excellent specialty care to patients in their own communities.

Electronic Health Record (EHR) – A digital record of patient-level health information, which may include demographics, medical history, medication and allergies, immunization status, laboratory test results, radiology images, vital signs, personal statistics such as age and weight, and billing information.

Fee-for-service (FFS) – A reimbursement model in which medical services are billed and paid individually as they are administered.

Get Healthy Idaho – Idaho’s population health plan that reflects a statewide health assessment and a plan to address priority health issues.

Idaho Department of Health and Welfare (IDHW) – The Idaho State agency responsible for administering various social service programs, including Medicaid and CHIP, as well as the SIM Model Test.

IDHW SHIP team – IDHW staff, mostly housed in the Office of Healthcare Policy Initiatives, responsible for implementing and monitoring SIM Model Test activities.

Idaho Healthcare Coalition (IHC) – Group of stakeholders officially organized through a 2014 Executive Order responsible for providing strategic oversight and guidance on the SIM Model Test.

Idaho Health Data Exchange (IHDE) – Nonprofit 501c6 corporation established to develop and oversee the implementation of a health information exchange (HIE) in Idaho.

Idaho Health Professions Education Council (IHPEC) – Council established by Governor Otter in 2009 to review, analyze, and publish Idaho-specific data on the status of the healthcare workforce and make recommendations to address workforce capacity gaps. The IHPEC is composed of healthcare organizations, Idaho colleges and universities, and the public.

Idaho Medical Home Collaborative (IMHC) – A collaboration of primary care physicians, private health insurers, healthcare organizations, and Idaho Medicaid established by Governor Otter in 2010 to promote the statewide development and implementation of a PCMH model of care.

Initial Core Performance Measure Catalog (“Catalog”) – Set of health indicators identified as areas in need of health improvement for Idahoans. The Catalog reflects CMMI requirements and stakeholder input, serves as the starting point for Idaho’s coordinated quality reporting system, and is a key milestone in the State’s efforts to align measures across payers in support of population health management.

Medical-Health Neighborhood – The clinical-community partnership that includes the medical, social, and public health entities that provide wrap-around supports for the PCMH and patient to achieve better health outcomes and wellness. The Medical-Health Neighborhood can include medical specialists; community services such as food, housing, and transportation; dietitians; behavioral health specialists; home health; dental professionals; CHWs; CHEMS; education; social services; etc.

Model Test Year – One of the three years of Idaho’s SIM Model Test during which model participants will be working to implement the model. (Model Test Years 1, 2, and 3 correspond with Award Years 2, 3 and 4.)

Office of Healthcare Policy Initiatives – Office within the Idaho Department of Health and Welfare responsible for overseeing day-to-day SHIP operations.

Patient-centered medical home (PCMH) – A model of care that emphasizes care coordination and communication to transform primary care. The PCMH model focuses on core attributes and functions of comprehensive care, patient-centeredness, coordinated care, accessible services, quality, and safety.

Regional Collaborative – A regional body comprised of local representatives from SHIP cohort clinics, the Medical-Health Neighborhood, and PHDs who will advance and support the SHIP goals through facilitating development of the Medical-Health Neighborhood and contributing local area expertise to strengthen care coordination opportunities between the SHIP cohort clinics and the Medical-Health Neighborhood. The PHDs will convene and support the RCs.

SHIP cohort – A group of 55 primary care clinics enrolled in SHIP that commit to transforming toward the PCMH model of care.

SHIP cohort clinic – A primary care clinic that participates in a SHIP cohort.

Virtual PCMH – An Idaho PCMH that incorporates CHWs, CHEMS, or telehealth into its care delivery system to provide access to the PCMH model for residents of rural, underserved areas, including increased access to behavioral and specialty healthcare.

WWAMI – Regional medical education program with member states including Washington, Wyoming, Alaska, Montana and Idaho.

Acronyms

AAAH	Accreditation Association for Ambulatory Health Care
AY	Award Year
BLS	Basic Life Support
CCD	Continuity of Care Document
CHEMS	Community Health Emergency Medical Services
CHIP	Children’s Health Insurance Program
CHOICe	Community Health Outcome Improvement Coalition
CHW	Community health worker
CMMI	Center for Medicare and Medicaid Innovation
CMS	Centers for Medicare & Medicaid Services
CPC+	Community Primary Care Plus
CQM	Clinical Quality Measure
DGW	Data Governance Workgroup
ECHO	Extension for Community Healthcare Outcomes
EHR	Electronic Health Record
EL	Executive Leadership
EMS	Emergency Medical Services
EMPI	Enterprise Master Persons Index
FFS	Fee-For-Service
FTE	Full-Time Employee
FQHC	Federally Qualified Health Center
HIE	Health Information Exchange
HIT	Health Information Technology
HMA	Health Management Associates
IDHW	Idaho Department of Health and Welfare
IHC	Idaho Healthcare Coalition
IHDE	Idaho Health Data Exchange
IHPEC	Idaho Health Professions Education Council
ILS	Intermediate Life Support
IMHC	Idaho Medical Home Collaborative
IPAS	Idaho Payment Accounting System
MACRA	Medicare Access and CHIP Reauthorization Act of 2015
MPW	Multi-Payer Workgroup
NCQA	National Committee for Quality Assurance
NQF	National Quality Framework
ONC	Office of the National Coordinator
PCMH	Patient-Centered Medical Home
PCP	Primary Care Provider
PHD	Public Health District
PMPM	Per-Member Per-Month
QI	Quality Improvement
RC	Regional Health Collaborative

RCO	Regional Care Organization
SHIP	State Healthcare Innovation Plan
SIM	State Innovation Model