



State of West Virginia  
 Department of Administration  
 Purchasing Division  
 2019 Washington Street East  
 Post Office Box 50130  
 Charleston, WV 25305-0130

# Request for Quotation

RFQ NUMBER
CHP11001

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF
KRISTA FERRELL 304-558-2596

RFQ COPY  
 TYPE NAME/ADDRESS HERE

VENDOR

SHIP TO

WEST VIRGINIA CHILDRENS HEALTH  
 INSURANCE PROGRAM  
 SUITE 209  
 1018 KANAWHA BOULEVARD, EAST  
 CHARLESTON, WV  
 25301 304-558-6655

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
09/02/2010				

BID OPENING DATE: 09/14/2010 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 2		
				THIS ADDENDUM IS ISSUED TO:		
				1.) PROVIDE ANSWERS TO ALL TECHNICAL QUESTIONS SUBMITTED IN ACCORDANCE WITH THE PROVISIONS OF THE ORIGINAL REQUEST FOR QUOTATION (CHP11001),		
				2.) PROVIDE ATTACHMENT 1 FOR REFERENCE, AND		
				3.) EXTEND THE BID OPENING DATE		
				BID OPENING DATE IS EXTENDED TO: 09/14/2010		
				BID OPENING TIME REMAINS: 1:30 PM		
				***** END ADDENDUM NO. 2 *****		
0001	1	LS		946-10		
				FQHC/RHC PROSPECTIVE PAYMENT SYSTEM		

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

**GENERAL TERMS & CONDITIONS**  
**REQUEST FOR QUOTATION (RFQ) AND REQUEST FOR PROPOSAL (RFP)**

1. Awards will be made in the best interest of the State of West Virginia.
2. The State may accept or reject in part, or in whole, any bid.
3. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125 fee.
4. All services performed or goods delivered under State Purchase Order/Contracts are to be continued for the term of the Purchase Order/Contracts, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods this Purchase Order/Contract becomes void and of no effect after June 30.
5. Payment may only be made after the delivery and acceptance of goods or services.
6. Interest may be paid for late payment in accordance with the *West Virginia Code*.
7. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
8. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
9. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
10. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern the purchasing process.
11. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
12. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, the State may deem this contract null and void, and terminate such contract without further order.
13. **HIPAA BUSINESS ASSOCIATE ADDENDUM:** The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, is available online at [www.state.wv.us/admin/purchase/vrc/hipaa.htm](http://www.state.wv.us/admin/purchase/vrc/hipaa.htm) and is hereby made part of the agreement. Provided that the Agency meets the definition of a Cover Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.
14. **CONFIDENTIALITY:** The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedures, and rules. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in <http://www.state.wv.us/admin/purchase/privacy/noticeConfidentiality.pdf>.
15. **LICENSING:** Vendors must be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, and the West Virginia Insurance Commission. The vendor must provide all necessary releases to obtain information to enable the director or spending unit to verify that the vendor is licensed and in good standing with the above entities.
16. **ANTITRUST:** In submitting a bid to any agency for the State of West Virginia, the bidder offers and agrees that if the bid is accepted the bidder will convey, sell, assign or transfer to the State of West Virginia all rights, title and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the State of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the State of West Virginia. Such assignment shall be made and become effective at the time the purchasing agency tenders the initial payment to the bidder.

I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership, or person or entity submitting a bid for the same material, supplies, equipment or services and is in all respects fair and without collusion or Fraud. I further certify that I am authorized to sign the certification on behalf of the bidder or this bid.

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**INSTRUCTIONS TO BIDDERS**

1. Use the quotation forms provided by the Purchasing Division. Complete all sections of the quotation form.
2. Items offered must be in compliance with the specifications. Any deviation from the specifications must be clearly indicated by the bidder. Alternates offered by the bidder as **EQUAL** to the specifications must be clearly defined. A bidder offering an alternate should attach complete specifications and literature to the bid. The Purchasing Division may waive minor deviations to specifications.
3. Unit prices shall prevail in case of discrepancy. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
4. All quotations must be delivered by the bidder to the office listed below prior to the date and time of the bid opening. Failure of the bidder to deliver the quotations on time will result in bid disqualifications: Department of Administration, Purchasing Division, 2019 Washington Street East, P.O. Box 50130, Charleston, WV 25305-0130
5. Communication during the solicitation, bid, evaluation or award periods, except through the Purchasing Division, is strictly prohibited (W.Va. C.S.R. §148-1-6.6).

- 1. Is there any form(s) that the Bid that is required to be entered onto or is the only bid requirements those listed in the RFQ (relating to wording on the envelope)?**

All requirements are listed in the RFQ. The Purchasing Division must receive a signed, dated bid.

- 2. Page 6 refers to the planning document developed by the advisory group. I see no such document. How can we obtain a copy?**

A copy of the planning document is attached to this list of questions and answers.

- 3. What capability does the WVCHIP program have to produce reports related to Centers, list of patients, or summary or patients seen, charges and payments and "type(s) of Encounter", dates of services and similar items? It is imagined that this data will be used to settle the cost reports in the future and to ensure the accuracy of any client data.**

WVCHIP has the capability to produce reports related to the Centers that will include a list of patients, as well as a summary of patients seen, dates of services, procedure codes, billed charges, allowed and paid amounts. WVCHIP does not have a list of "types of encounters" and will have to work with the selected contractor to help define these. WVCHIP currently reimburses FQHC and RHC on a fee-for-service basis. These reports will help ensure the accuracy of client data. WVCHIP is not required to cost settle with FQHC's or RHC's under the new payment methodology.

- 4. Can WVCHIP provide a list of all services covered by WVCHIP and current payment rates?**

Services covered by WVCHIP are included in its Summary Plan Description (SPD) and current payment rates will also be made available.

- 5. Is there anything WVCHIP does not wish included in the PPS rate or anything that they wish to pay for separately? i.e. Lab, Pharmacy, Vaccines (flu and Pneumonia or other vaccines), X-Ray, Dental, etc.?**

Some items/services will have to be excluded from the PPS rates. The contractor will define what services should be excluded from the rates based on their analysis and WVCHIP consensus.

**6. How does WVCHIP anticipate paying for Mental Health, RN only visits (RN only is not included in the Medicare cost report but there may be lab services etc. that will be needed by clients) etc.?**

Currently, WVCHIP plans to have separate medical visit rates, and mental health visit rates. It is yet to be determined whether or not there will be a separate encounter rate for dental services, or if these will be folded in the medical visit rate. The contractor will determine the appropriate rate structures and whether or not separate rates are needed for each visit type, based on their analysis and WVCHIP consensus.

There are differences in the services provided to Medicare, Medicaid, and WVCHIP members, which is why WVCHIP will not use the same encounter rates as either the Medicare or Medicaid programs.

**7. Is WVCHIP willing to receive cost reports in the future?**

The only time cost reports may be required in the future will be if a center asserts that the WVCHIP PPS encounter rate does not cover its cost. The contractor will develop the methodology for future rate updates based on their analysis and WVCHIP consensus.

**8. What type of social worker is acceptable to WVCHIP?**

WVCHIP covers social workers licensed to perform behavioral health services who provide these types of services within the scope of their licenses and practices. This is also another major difference between Medicare, Medicaid, & WVCHIP and these services currently are not included in the Medicare cost report.

**9. Is this simply a written description or is a capitation plan also to be developed as a part of this proposal? If so, does WVCHIP have any ideas on how it intends to do capitation with a medical home?**

Hopefully, WVCHIP will receive approval from CMS that will allow the program to move to a capitated model for those centers certified by NCQA as medical homes. The model will be similar to the pilot project that the West Virginia Public Employees' Insurance Agency (PEIA) has developed and is testing with Cabin Creek Health Systems. More documentation will be given to the selected contractor. WVCHIP will pay PEIA rates with necessary adjustments,

identified by the contractor based on their analysis and consensus of WVCHIP, if this option is adopted.

- 10. How does WVCHIP intend to obtain the required cost reports for this project? Is it the Vendors responsibility, or will each site need to submit something?**

WVCHIP will solicit copies of Medicare cost reports, as well as UDS reports for preliminary assessment directly from each center. The contractor will manipulate these reports to adjust costs as necessary to reflect the WVCHIP benefit. The contractor will solicit any additional cost information necessary to develop WVCHIP specific PPS rates directly from the centers.

- 11. Does WVCHIP anticipate that there will be a certain number of "required meetings" (presumably in Charleston, WV) and if so, how many?**

There will be three meetings in Charleston at the WVCHIP offices, a contractor kick-off meeting and exit meeting, as well as a presentation to the advisory group.

- 12. How many Bidders are qualified to participate in this bid process?**

WVCHIP does not know how many bidders are qualified to participate based on the eligibility criteria outlined in the RFQ.

- 13. To the extent a bidder has clients that may be affected by this project (i.e., FQHC or other health care providers), does WVCHIP consider other business relationships a conflict of interest for purposes of this procurement?**

No, but the selected bidder must make WVCHIP aware of their clients that will be affected by this project.

- 14. How many copies of a bidder's response should be submitted to the purchasing division?**

One signed and dated copy of the bid response must be submitted to the Purchasing Division as stated in the original Request for Quotation.

- 15. Will WVCHIP provide the budget amount appropriated for this project?**

WVCHIP will appropriate the amounts necessary for successful completion of this required project.

- 16. Scope of Work/Deliverables A references a baseline period. Will WVCHIP please define the baseline for which Medicare cost reports and UDS reports will be reviewed? Is this the same baseline period specified under the BIPA legislation for Medicaid PPS? If so, what is the baseline period(s) for new providers who have become FQHC/RHC providers subsequent to the BIPA PPS baseline period?**

The baseline period identified in the planning document is 2006 – 2007 and is different than the baseline period specified under the BIPA legislation for Medicaid PPS. The Selected Contractor must develop methodology on how rates will be developed for new providers receiving FQHC/RHC status subsequent to the PPS baseline period.

- 17. Will WVCHIP provide the necessary Medicare cost reports and UDS reports or will the successful contractor be required to request this information directly from providers? Will WVCHIP please estimate the level of interaction the successful contractor will have with individual providers, either in requests for Medicare cost reports and UDS reports or for additional documentation or clarification during the contractor's review of these reports for determining WVCHIP PPS rates?**

WVCHIP will request FQHC/RHC provide Medicare cost and UDS reports directly to the contractor. The successful vendor will have minimal contact with individual providers for additional documentation or clarifications.

- 18. Scope of Work/Deliverables A and B refer to Medicare/Medicaid PPS rates and appear to indicate that Medicaid PPS rates are based on Medicare cost reports for the baseline period. Are Medicaid PPS rates aligned with Medicare encounter rates, or are Medicaid PPS rates computed separately from Medicare encounter rates?**

West Virginia Medicaid uses the Medicare encounter rates to reimburse FQHC and RHC. WV Medicaid does not adjust the Medicare rates.

- 19. Scope of Work/Deliverables B refers to types of encounter. Please clarify what is meant by "type of encounter".**

WVCHIP will use the following encounter types: Medical, Mental Health, Dental, Medical & Mental Health, Medical & Dental, Mental Health & Dental, but these are subject to change based on contractor analysis and WVCHIP consensus.

- 20. If "type of encounter" refers to different service types (i.e., medical, dental), please clarify whether there will be separate WVCHIP PPS rates for the different services types or one WVCHIP PPS rate that covers all services.**

There will be separate rates for each type of encounter, but the types service encounters will be determined by contractor analysis and WVCHIP consensus.

- 21. Scope of Work/Deliverables B refers to PPS rates for each FQHC and RHC facility and site. For FQHCs with multiple services locations/sites, will the WVCHIP PPS rates apply to the provider as a whole or will there be separate PPS rates per FQHC site?**

Providers with multiple sites will receive the same rate for each site.

- 22. Will WVCHIP please direct potential bidders to current WV Medicaid policies for FQHC/RHC PPS rate setting and changes in scope of services?**

WV Medicaid FQHC RHC provider manual is available on the WV Bureau for Medical Services website.

- 23. Will WVCHIP please direct potential bidders to WVCHIP and Medicaid resources that define the services included in the WVCHIP benefit package and Medicaid benefit package?**

The best available documentation for comparison is the Medicaid provider manual and the WVCHIP SPD. Both are online at each respective programs websites: [www.wvchip.org](http://www.wvchip.org) (under Materials) and [www.wvdhhr.org/bms/](http://www.wvdhhr.org/bms/) (under manuals).

- 24. Scope of Work/Deliverables H requests bidders to develop the written documentation necessary for WVCHIP to establish rates for FQHCs/RHCs that participate and are certified as medical homes, a capitation rate model specific to each FQHC/RHC. Please elaborate on the scope and intentions for this service (i.e., history, background, current status). Does WVCHIP intend to proceed with this option?**

**Please indicate how bidders should reflect the optional service in their pricing schedules.**

WVCHIP will adopt the current capitation model developed by the WV Public Employees Insurance Agency under pilot with Cabin Creek Health Systems upon approval by CMS. Further documentation of this methodology and the rates will be provided to the winning vendor. Since the rate methodology is already established, the documentation required by the vendor will only be the steps necessary to establish an FQHC RHC under this option, or amend the PEIA methodology if and when necessary, as well as development of a standard agreement that WVCHIP may use to have FQHC or RHC attest that the capitation rate is sufficient to cover their reasonable costs.



## ***DEVELOPMENT OF A PPS MODEL FOR WVCHIP***

### ***REIMBURSEMENT OF FEDERALLY QUALIFIED HEALTH CENTERS AND RURAL HEALTH CENTERS***

#### **Background**

West Virginia Children's Health Insurance Agency (WVCHIP) is the State agency which administers this State's Title XXI program – a separate CHIP health insurance coverage to uninsured children in families with gross household incomes less than or equal to 250% of the current Federal Poverty Level (FPL). Since 1998, WVCHIP enrollment has grown to an unduplicated enrollment of 37,874 a year, or a monthly enrolled average of 24,364 in the most recent state fiscal year. Earlier estimates have shown that about one in five of WVCHIP members access primary care services at either a Federally Qualified Health Center (FQHC) or a Rural Health Care Center (RHC).

WVCHIP has three enrollment groups, categorized by differing levels of family financial participation (co-payments, monthly premiums) based on family income levels shown in the following chart identifies:

<b>GROUP</b>	<b>FPL</b>	<b>AVG MONTHLY ENROLLMENT</b>
WVCHIP Gold (Phases I & II)	100% - 150%	14,975
WVCHIP Blue (Phase III)	151% - 200%	8,990
WVCHIP Premium	201% - 250%	398

WVCHIP reimbursement for all provider types is fee-for-service only at this time; however, under the Children's Health Insurance Program Reauthorization Act of 2009, (CHIPRA), WVCHIP is mandated to change reimbursement to FQHC's and RHC's to a Prospective Payment System (PPS). This includes Community Health Care Centers. Currently, both FQHC's and RHC's are paid on a fee-for-service basis according to fee schedules established by WVCHIP (these fee schedules are based on those used by West Virginia's Public Employees Insurance Agency). Both FQHC and RHC providers are eligible to participate in WVCHIP's Medical Home Program. WVCHIP's Medical Home Program

encourages its members to establish medical homes by waiving copays for all visits to medical home providers. Members who designate a FQHC/RHC participating primary care physician as their medical home doctor may visit any selected primary care center's site or see an alternate physician there, and still have their copayment waived.

In 2001, the Bureau for Medical Services (Bureau) - the State's Medicaid agency - adopted an alternative Prospective Payment System (PPS) reimbursement methodology utilizing the cost per visit methodology rather than PPS. The Medicaid interim cost reimbursement rate each receives during the year is based on their annual Medicare Cost Report and has a calculated per visit rate which is limited by the Medicare cap. Each health center sends a copy of its Medicare rate adjustment notification to the Bureau each year in order to update Medicaid's payment rate file with their new interim reimbursement rate. The Medicaid interim reimbursement rate, as determined by Medicare, is retained as the provider's Medicaid interim reimbursement rate until a subsequent Medicare rate change notification has been provided to the Bureau. At the time Medicaid cost reports are settled, the actual allowable cost per visit, as determined by Medicare, is compared to the provider's PPS rate for the period in order to ensure that their settled costs are not below what they would have otherwise received had they been reimbursed under PPS. At present there are a number of problems with this methodology: 1) Medicaid is years behind in reaching final settlements with many of the community health centers, creating additional financial burdens to the centers; 2) Current Medicaid reimbursement policy does not include dental services under its cost-based reimbursement methodology; and, 3) Medicaid methodology allows FQHC's and RHC's to bill for behavioral health services *only* for limited provider types: doctorate level psychologists or licensed independent certified social workers (LICSW). The short supply of these provider types limits the amount of behavioral health services that centers can provide and stands in contrast to current WVCHIP reimbursement which allows for more diverse types of credentialed behavioral providers. This can lead to access issues,

particularly for rural areas. With these issues in mind, WVCHIP wishes to develop an alternative cost-based PPS reimbursement methodology.

WVCHIP management will oversee this project along with active participation from the WV community health center leadership advising to help design a program that will serve the needs of children (particularly in rural underserved areas) under the age of 19. A strong and healthy relationship between both organizations will be used to develop a work group that taps the financial expertise of several health centers and strategy that will promote efficiency and quality. The proposed project allows the state to quickly and successfully implement a PPS for primary care centers, including FQHCs and RHCs, that is consistent with section 1902(b) of the Social Security Act.

### **Project Goals and Outcomes**

The project goal is to develop and adopt a PPS system designed to assure sufficient payment to those community health centers meeting FQHC or RHC criteria that covers reasonable costs. The system design must assure access for primary care, as well as dental and behavioral health services at levels currently accessed by WVCHIP members under the current fee-for-service methodology. The system design will also include reimbursement considerations for those centers currently striving to implement Person Centered Medical Home (PCMH) models and that later demonstrate capacity consistent with a primary care case management model.

### **Description of Project Implementation Readiness**

WVCHIP has already begun working closely with the West Virginia Primary Care Association to guide the development of a WVCHIP PPS plan, since the fall of 2009 when it met with representatives from the WVPCA to discuss strategies for this process. The WVPCA developed a liaison task group comprised of administrators from the FQHCs to serve on the WVCHIP workgroup. WVCHIP is prepared to immediately start the contractual

process required for areas such as cost report collection and review, actuarial impact review, legal review, and required claims processing changes.

### **Description of Specific Project Activities**

In order to establish a PPS methodology that will reimburse FQHC/RHC their reasonable costs for services provided to WVCHIP members and also promote the use of Patient Centered Medical Homes, WVCHIP will perform the following activities:

#### **1 - Convene a Workgroup to Provide Project Direction (12 months)**

WVCHIP will convene a workgroup consisting of FQHC/RHC and WVCHIP representatives, the program's Actuary and Third-Party Administrator (TPA), and cost report consultants. The workgroup will be charged with PPS design, defining reasonable costs, establishing reasonable costs for each center, and defining those factors that will be used to update reasonable costs for each benefit year. Areas to be considered but are not limited to the following: medical, dental, and behavioral health visits; vaccinations; lab and radiology; and pharmacy. The workgroup will also be charged with establishing policy necessary to add amounts to per visit rates to cover services not included in the first year base rates, and the process necessary to review and allow for an increase of rates when either an FQHC/RHC attests that the rates will not cover their reasonable costs.

#### **2 – Establish Contractual Relationships (One Month)**

WVCHIP will establish contractual relationships necessary to carry-out the functions required to establish a PPS under direction of the workgroup. WVCHIP will perform the Request for Proposal (RFP) process necessary for the work group to evaluate and select the entity responsible for collection of cost reports from each FQHC/RHC and calculate reasonable costs. WVCHIP's existing contracts with its Actuary and TPA will be reviewed for any modifications necessary to carry-out any work associated with establishing this PPS.

#### **3 – Collect Cost Reports and Calculate Reasonable Costs (Three Months)**

Health centers will submit costs reports to the contractor chosen by WVCHIP management through the RFQ process. The contractor will calculate reasonable costs for services to be included in per-visit rates with particular attention paid to services that are provided under the WVCHIP benefit, as defined by the work group.

#### 4 – Implement the PPS (Three Months)

WVCHIP will work closely with its TPA and the health centers to implement the new payment methodology. WVCHIP will retroactively pay PPS for claims that have been submitted starting in October 2009. Using claims that have already been processed and paid on a fee-for-service basis will provide an opportunity to test the new PPS and provide financial impact for this change.

#### Proposed Concept for Methodology

Primary Care Centers will submit cost reports for each service site that reflect costs for providing services included in the WVCHIP benefit during the 2006 – 2007 fiscal years. These costs for services will differ slightly from costs submitted under Medicare/Medicaid mainly due to the inclusion of dental services and the different types and availability of behavioral health services. Two separate average costs per visit will be calculated using cost reports submitted; one cost per visit will include all medical and behavioral health services, and a separate cost per visit will be calculated for dental services. Once calculated, these base numbers will be inflated to the current year using the inflation factors established by the workgroup and will become the per visit rate that WVCHIP will reimburse each FQHC/RHC for services. These rates will continue to be updated annually using inflation factors established by the workgroup. Some ancillary and other services will still be covered on a fee-for-service basis, i.e., radiology and laboratory services.

Additional cost considerations that promote medical home delivery and design will also be considered. WVCHIP and the workgroup will explore the feasibility of providing a monthly capitation rate to FQHCs/RHCs for servicing WVCHIP members who designate those

FQHCs/RHCs as medical homes that includes managing members' health services consistent with the medical home concept. Under this proposal, there will be some pass-thru costs that will be paid on a fee-for-service basis, and services provided to WVCHIP members that have not designated the FQHC/RHC as their medical home will be paid the all-inclusive per-visit rate. Special consideration and incentives will be given to centers that receive Medical Home Certification from the National Committee on Quality Assurance (NCQA). Another goal of this option is to ease the administrative burden placed on both WVCHIP and the primary care centers for billing and claims processing purposes. FQHCs/RHCs participate in WVCHIP's current Medical Home program that encourages members to establish medical home relationships by waiving copays for office visits to a member's designated medical home.

### **Timeline**

April 19, 2010	Initial PPS Work Group meeting to review and approve the work-plan, make recommendations for consultants and establish a bi-weekly meeting schedule
May 2010	RFQ/RFP developed and issued
June 2010	Review RFQ/RFP responses
July 2010	Selection of contractor for costs report collection and calculation of reasonable costs and per visit rates
August 16, 2010	Workgroup decision of PPS design
August 17, 2010	TPA to start preparing for necessary system modifications
November 16, 2010	Final all inclusive cost per-visit rates established and approved by workgroup
November 17, 2010	Start system testing and retroactively adjusting claims back to October 2009
December 16, 2010	PPS updating methodology finalized by workgroup
January 1, 2011	Full Implementation
April 2011	System design review
June 14, 2011	Project Complete