MEDICAID ENTERPRISE SYSTEMS (MES) IMPLEMENTATION
ADVANCE PLANNING DOCUMENT UPDATE (2)

Florida Health Care Connections (FX)/ Florida Medicaid Management Information System (FMMIS) Transition

State of Florida
Agency for Health Care Administration
Division of Medicaid

March 2023

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Date of Submission to CMS Regional Point of Contact: March 10, 2023

CHANGE RECORD

Date	Coordinator	Version	Comments
July 2020	A. Ramsey		FX 2020 – Transition IAPD
5/9/2022	R. Lasseter	100	Quality Review
5/11/2022	A. Ramsey	100	FX 2022-1 – Transition IAPD Update New Requests: ➢ FXPA office space ➢ Additional State Staff ➢ IS/IP Module Systems Integration ➢ Pharmacy Benefits Management ➢ Organizational Change Management ➢ Testing Center of Excellence ➢ Third Party Liability
2/17/2023	S. Stacknik	200	FX 2023 Update #2 – IAPDU Updates: ➢ Updated FX office lease cost ➢ Revised FX Roadmap ➢ Updated FX Leadership / dedicated state resources ➢ Schedule updates, including increased EDW DDI / stabilization period ➢ Revised budget request through FFY 2025 ➢ MES Business Architecture/Certification Vendor request ➢ Enterprise Penetration Testing planning ➢ FX module and procurement updates

1. Executive Summary

This Implementation Advance Planning Document Update (IAPDU) provides the Centers for Medicare and Medicaid Services (CMS) with an update for the Florida Health Care Connections (FX)/Florida Medicaid Management Information System (FMMIS) Transition Program, hereinafter referred to as the FX Program. Enhanced Federal Financial Participation (FFP) for Federal Fiscal Years (FFYs) 2022-2024 was approved in CMS approval letter number FL-2022-06-06-MMIS-IAPDU-MES FX Program.

This IAPDU provides CMS with an update regarding the FX Program's procurement and contracting activities, a revised roadmap and schedule, including an increased Design, Development, and Implementation period for the Enterprise Data Warehouse vendor, hereinafter referred to as Stabilization Period, and a revised budget request. The revised budget request includes an informational update regarding FFY 2022, a decreased budget for FFY 2023, an increased budget request for FFY 2024, and the planned budget for FFY 2025. This update also provides an updated organizational chart of dedicated state resources, and requests approval to procure a Medicaid Enterprise System (MES) Business Architecture (BA) and Streamlined Modular Certification (Certification) vendor and an Enterprise Penetration Testing vendor.

Florida Medicaid is requesting that this IAPDU also represent Florida's FX Annual APDU for Federal Fiscal Year 2024. The comprehensive details contained within the IAPDU would be repetitive in an Annual APDU, with similar timing. The Florida FX Program will continue to report progress, changes in planning/implementation activities, and FFP for the FX Program through the federal APD process and the regularly held monthly meetings with our State Officer. Florida also benefits from guidance received less formally from CMS through our State Officer to answer questions and to ensure compliance with federal expectations.

2. Statement of Need and Objectives

The Agency for Health Care Administration (Agency) plans to implement the components of FX by using a phased approach to replace the current functions of the Fiscal Agent services, FMMIS, Decision Support System (DSS), and other MES systems based on CMS conditions and standards. Ultimately, the systems will transition to an interoperable and unified FX where individual processes, modules, and sub-systems work together to support Florida Medicaid. This approach intends to provide the most efficient and cost-effective long-term solution for the Agency, while complying with federal regulations, achieving federal certification, and obtaining enhanced FFP.

3. Project Scope

The future-state transformation is a three-phased strategy that builds on work completed in Phases I and II of the original FX Procurement Strategy, which was initiated in 2016. Phases II and III have been updated to align with the refreshed FX Strategy Plan. These phases are overlapping and will be executed concurrently. The current MES components may remain as part of the MES or integrate with other MES components or an FX module. This transition will be accomplished through the Integration Services / Integration Platform (IS/IP) Vendor. The following table is the general status of each phase as of March 2023.

#	PHASE	COMPONENT / MODULE	STATUS
I	Professional Services Support	1. Strategic Enterprise Advisory Services 2. Independent Verification and Validation	1. Initiated and ongoing 2. Initiated and ongoing
II	FX Infrastructure	1. Integration Services and Integration Platform 2. Enterprise Data Warehouse	1. DI for Module Integration 2. In DDI
III	FX FMMIS Transition	1. Unified Operations Center 2. FX Core (Claims/Encounter/Financial/ Management) 3. Provider Management 4. Pharmacy Benefit Management (PBM)	1. In DDI 2. In contracting 3. In procurement 4. In planning

Note: Phase IV, no longer displayed, includes items indirectly related to the replacement of the Fiscal Agent such as Plan Management, Third Party Liability, Enterprise Case Management, and Contractor Management. These are other Medicaid Enterprise systems, which would currently interface with FMMIS and will need to be integrated into the FX Enterprise. The Agency may request funds for these ongoing needs as the continuous onboarding and offboarding cycle of module vendors becomes more "operational".

Exhibit 1: FX Program Phases

4. Project Management

4.1 FX – Program Administration Office Space

The Agency formed an FX Program Administrative (FXPA) organization to guide, direct, and oversee the activities required for the FX projects. FXPA works closely with the SEAS vendor on these activities, which span the life cycle of the projects from planning, solicitation development, procurement, design and development, implementation, and in some cases, operations and maintenance of the procured systems and services. FXPA is staffed with Agency Full Time Equivalent (FTE), Other Personal Services (OPS), and contracted staff augmentation. The FX Program also calls on many Subject Matter Experts (SME) to complete the transition tasks. SMEs are not collocated with the FXPA staff.

The FXPA team is located in office space funded by enhanced FFP. The office space is fully dedicated to the FXPA team on the campus of the Agency headquarters state office in Tallahassee, Florida. Effective May 1, 2023, the leased office space will reflect the non-discounted cost in accordance with the lease agreement. The Agency requests approval of the lease cost. The FXPA office space costs are provided in the revised exhibit below.

FX Program Administration Office Space	
State Fiscal Year	Annual Cost
SFY 2022-23	$127,955
SFY 2023-24	$160,864
SFY 2024-25	$161,696

Exhibit 2: FX Program Administration Office Space Costs

4.2 Project Management Standards

The Agency will continue to use professional project management standards for projects undertaken by the FX Program. Each FX module vendor is required to adhere to the FX project management standards which include:

Deliverable	Contents
Spend Plan	• Fiscal year planned and incurred expenditures by month and total • Fiscal year actual expenditures by month and total
Resource Plan	• Organizational charts • Resource capacity reports • Defined responsibilities of staff
Risk Management Plan	• Identification of risks • Process for tracking and monitoring risks • Assignment of risk management responsibility
Project Schedule	• Task start and end dates • Task sequences
Implementation Plan	• Readiness plan to implement the system changes • Operational readiness plan to support the changes after go-live, including post-implementation monitoring reporting
Updates to Initial PMO standards and plans	• Project Management Plan • Project Charter • Project Process Agreement • Quality Management Plan • Communication Management Plan • Schedule Management Plan • Scope Management Plan • Issue Management Plan
Project Status Reporting: Weekly Monthly Quarterly	• General status report • Completed and Planned activities • Project issues • Risk status • Cost variance report • Schedule variance report
Project Closeout Report and Lessons Learned	• Identification of the project's results, including performance metrics • Identification of lessons learned to improve future projects

Exhibit 3: Project Management Deliverables

The Risk Management Plan includes the mitigation plans required by 42 CFR 433.112(b)(18) to address strategies to reduce the consequences of failure for major milestones and functionality.

4.3 Program Key Dates

The Project includes Agency and vendor resources to coordinate with the FX Program team, oversee the project management, analysis, coding, and testing activities. The SEAS Vendor is responsible for documenting a detailed Master Program Schedule that outlines the work breakdown of the tasks necessary to complete the Program scope. The Master Program Schedule includes all active project schedules for FX module vendors, and duration estimate schedules for future FX projects. The Master Program Schedule is updated weekly using the individual FX project schedules. The Master Program Schedule for the week of March 10, 2023, is included as **Attachment I.** The Agency continues to submit the monthly project status report to CMS as required by the federal approval conditions for FFP.

4.4 Project Organization

The following revised organizational chart represents the Agency leadership resources associated with the FX Program.

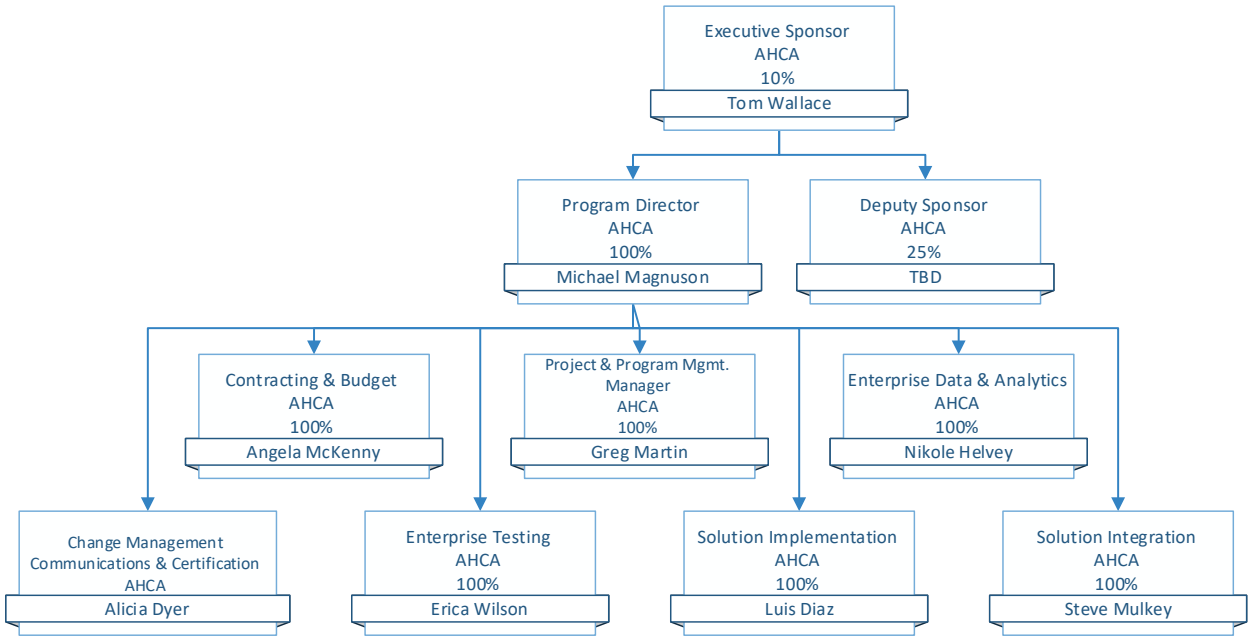

Exhibit 4: Project Organizational Chart

4.5 State Personnel Resources

The Agency has dedicated the personnel and resources necessary to assure successful transition of the MMIS and DSS and implementation of the FX Program. The following exhibit represents the Agency resources assigned to FX projects, allocation, and associated costs.

State Agency Staff Costs SFY 2023-25				12 Months		
Position	No. FTE	Time Allocation to Project	Cost Per Month	Cost Per Year	90% FFP	10% State
FX Executive Project Sponsor	1.0	10%	$ 1,275.00	$ 15,300.00	$ 13,770.00	$ 1,530.00
FX Deputy Project Sponsor	1.0	25%	$ 2,750.00	$ 33,000.00	$ 29,700.00	$ 3,300.00
FX PA Project Director	1.0	100%	$ 10,000.00	$ 120,000.00	$ 108,000.00	$ 12,000.00
FX PA Project Team Leads	4.0	100%	$ 30,000.00	$ 360,000.00	$ 324,000.00	$ 36,000.00
FX PA Senior Management Analyst	10.0	100%	$ 65,000.00	$ 780,000.00	$ 702,000.00	$ 78,000.00
Subtotals	**17.0**		**$ 109,025.00**	**$ 1,308,300.00**	**$ 1,177,470.00**	**$ 130,830.00**
Work Groups						
AHCA IS/IP Lead	1.0	100%	$ 10,000.00	$ 120,000.00	$ 108,000.00	$ 12,000.00
AHCA IS/IP Contract Manager	0.5	100%	$ 3,000.00	$ 36,000.00	$ 32,400.00	$ 3,600.00
IS/IP Technical Analyst	3.0	25%	$ 4,875.00	$ 58,500.00	$ 52,650.00	$ 5,850.00
IS/IP Business Analyst	3.0	25%	$ 4,875.00	$ 58,500.00	$ 52,650.00	$ 5,850.00
AHCA EDW Lead	1.0	100%	$ 10,000.00	$ 120,000.00	$ 108,000.00	$ 12,000.00
AHCA EDW Contract Manager	0.5	100%	$ 3,000.00	$ 36,000.00	$ 32,400.00	$ 3,600.00
EDW Technical Analyst	4.0	25%	$ 6,500.00	$ 78,000.00	$ 70,200.00	$ 7,800.00
EDW Business Analyst	4.0	25%	$ 6,500.00	$ 78,000.00	$ 70,200.00	$ 7,800.00
AHCA UOC Lead	1.0	100%	$ 10,000.00	$ 120,000.00	$ 108,000.00	$ 12,000.00
AHCA UOC Contract Manager	0.5	100%	$ 3,000.00	$ 36,000.00	$ 32,400.00	$ 3,600.00
UOC Technical Analyst	3.0	25%	$ 4,875.00	$ 58,500.00	$ 52,650.00	$ 5,850.00
UOC Business Analyst	3.0	25%	$ 4,875.00	$ 58,500.00	$ 52,650.00	$ 5,850.00
AHCA Provider Lead	1.0	100%	$ 10,000.00	$ 120,000.00	$ 108,000.00	$ 12,000.00
AHCA Provider Contract Manager	0.5	100%	$ 3,000.00	$ 36,000.00	$ 32,400.00	$ 3,600.00
Provider Technical Analyst	3.0	25%	$ 4,875.00	$ 58,500.00	$ 52,650.00	$ 5,850.00
Provider Business Analyst	3.0	25%	$ 4,875.00	$ 58,500.00	$ 52,650.00	$ 5,850.00
AHCA Core Lead	1.0	100%	$ 10,000.00	$ 120,000.00	$ 108,000.00	$ 12,000.00
AHCA Core Contract Manager	0.5	100%	$ 3,000.00	$ 36,000.00	$ 32,400.00	$ 3,600.00
Core Technical Analyst	5.0	25%	$ 8,125.00	$ 97,500.00	$ 87,750.00	$ 9,750.00
Core Business Analyst	5.0	25%	$ 8,125.00	$ 97,500.00	$ 87,750.00	$ 9,750.00
AHCA Business Matrix Lead	1.0	100%	$ 10,000.00	$ 120,000.00	$ 108,000.00	$ 12,000.00
AHCA Business Matrix Contract Manager	0.5	100%	$ 3,000.00	$ 36,000.00	$ 32,400.00	$ 3,600.00
Business Matrix Technical Analyst	3.0	25%	$ 4,875.00	$ 58,500.00	$ 52,650.00	$ 5,850.00
Business Matrix Business Analyst	3.0	25%	$ 4,875.00	$ 58,500.00	$ 52,650.00	$ 5,850.00
AHCA Recipient Lead	1.0	100%	$ 10,000.00	$ 120,000.00	$ 108,000.00	$ 12,000.00
AHCA Recipient Contract Manager	0.5	100%	$ 3,000.00	$ 36,000.00	$ 32,400.00	$ 3,600.00
Recipient Technical Analyst	3.0	25%	$ 4,875.00	$ 58,500.00	$ 52,650.00	$ 5,850.00
Recipient Business Analyst	3.0	25%	$ 4,875.00	$ 58,500.00	$ 52,650.00	$ 5,850.00
OCM Team Lead	1.0	100%	$ 10,000.00	$ 120,000.00	$ 108,000.00	$ 12,000.00
OCM Contract Manager	0.5	100%	$ 3,000.00	$ 36,000.00	$ 32,400.00	$ 3,600.00
OCM Technical Analyst	3.0	25%	$ 4,875.00	$ 58,500.00	$ 52,650.00	$ 5,850.00
OCM Business Analyst	3.0	25%	$ 4,875.00	$ 58,500.00	$ 52,650.00	$ 5,850.00
Totals	**83.0**		**$ 300,775.00**	**$ 3,609,300.00**	**$ 3,248,370.00**	**$ 360,930.00**

Exhibit 5: State Personnel Resources

4.6 Project Timeline

The following roadmap revised November 2022 represents the high-level timeline that the Agency anticipates for the FX Program activities.

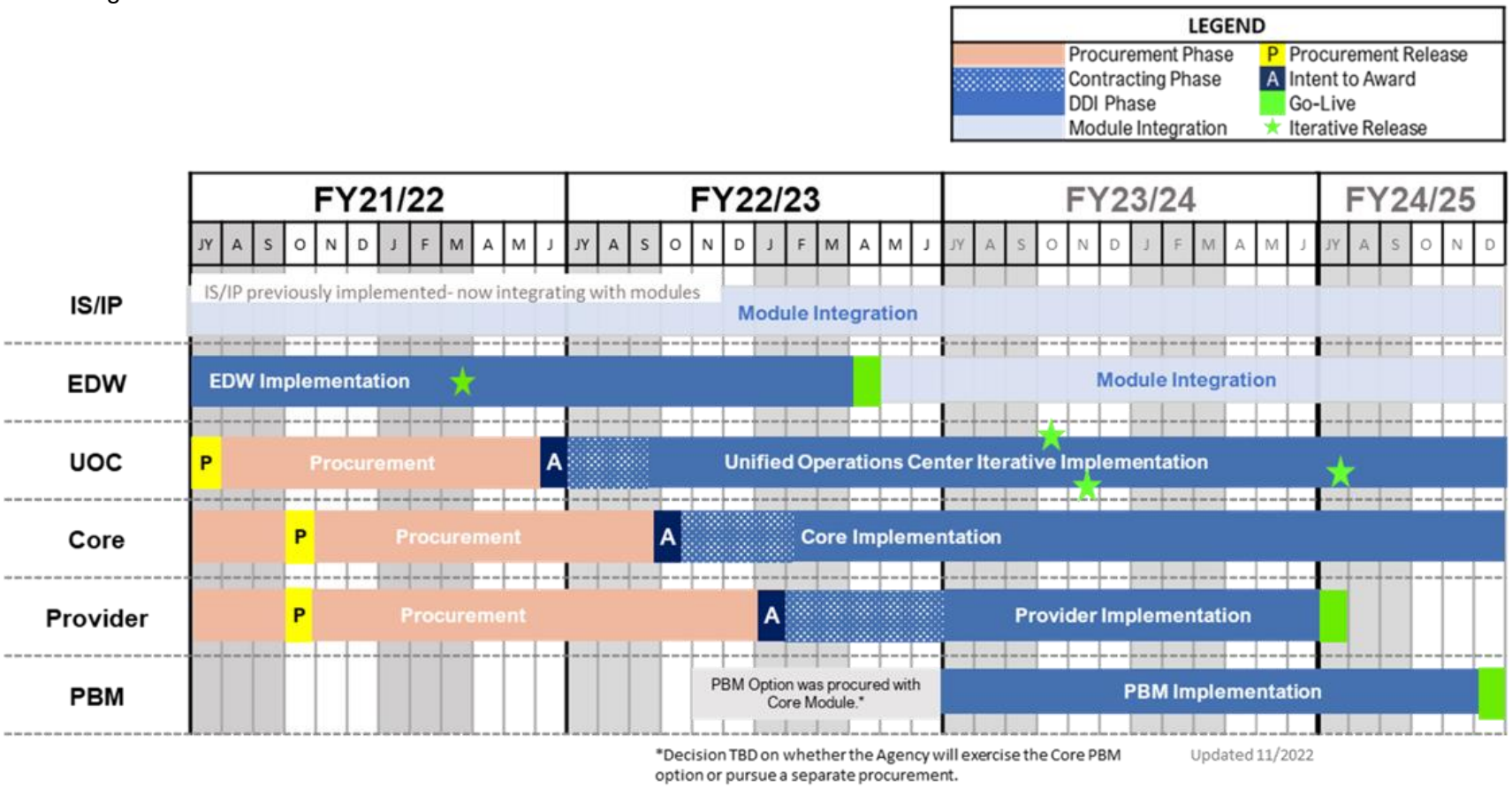

Exhibit 6: FX Road Map

5. Proposed FX Program Budget

FX PROGRAM BUDGET						
PLANNING TASKS	**SFY 2022-2023**					
	FFP 90%	**State 10%**	**FFP 75%**	**State 25%**	**FFP 50%**	**State 50%**
Strategic Enterprise Advisory Services (SEAS) Tasks						
SEAS Strategic Planning, Program and Project Management	$ 8,771,995	$ 974,666	$ -	$ -	$ -	$ -
IV&V Tasks						
Monitor activities and report to CMS and the Florida Department of Management Services	$ 2,907,896	$ 323,100	$ -	$ -	$ -	$ -
FMMIS Transition Support						
FMMIS Transition Support Services	$ 5,177,570	$ 575,286	$ -	$ -	$ -	$ -
FMMIS Transition Support Software and Hardware - Renewal and Suppo	$ -	$ -	$ 1,465,635	$ 488,545	$ -	$ -
Infrastructure Phase						
Integration Services/Integration Platform (IS/IP) - Operations	$ -	$ -	$ 5,908,974	$ 1,969,658	$ -	$ -
Integration Services/Integration Platform (IS/IP) - Software Initial	$ 58,290	$ 6,477	$ -	$ -	$ -	$ -
Enterprise Data Warehouse (EDW) - Implementation	$ 6,975,353	$ 775,039	$ -	$ -	$ -	$ -
Enterprise Data Warehouse (EDW) - Implementation Software Renewal	$ -	$ -	$ 1,277,671	$ 425,890	$ -	$ -
Enterprise Data Warehouse (EDW) - Operations	$ -	$ -	$ -	$ -	$ -	$ -
Enterprise Data Warehouse (EDW) - Task Orders	$ 1,424,503	$ 158,278	$ -	$ -	$ -	$ -
CMS - Interoperability - Implementation	$ 5,564,638	$ 618,293	$ -	$ -	$ -	$ -
FX Enterprise Contract Services - Implementation	$ 4,319,356	$ 479,928	$ -	$ -	$ -	$ -
FX Enterprise Software Licenses and Services - Initial	$ 203,178	$ 22,575	$ -	$ -	$ -	$ -
FX Enterprise Software Licenses and Services - Renewal	$ -	$ -	$ 102,750	$ 34,250	$ -	$ -
Module Existing Systems Integrations	$ 21,618,129	$ 2,402,014	$ -	$ -	$ -	$ -
Module Acquisition Phase						
Provider - Procurement	$ 92,196	$ 10,244	$ -	$ -	$ -	$ -
Provider - Implementation	$ -	$ -	$ -	$ -	$ -	$ -
Provider - Operations	$ -	$ -	$ -	$ -	$ -	$ -
Provider - Task Orders	$ -	$ -	$ -	$ -	$ -	$ -
Core - Implementation	$ 7,730,402	$ 858,934	$ -	$ -	$ -	$ -
Core - Operations	$ -	$ -	$ -	$ -	$ -	$ -
Core - Task Orders	$ -	$ -	$ -	$ -	$ -	$ -
Unified Operations Center - Implementation	$ 2,904,075	$ 322,675	$ -	$ -	$ -	$ -
Unified Operations Center - Operations	$ -	$ -	$ -	$ -	$ -	$ -
Unified Operations Center - Task Orders	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy Benefits Management - Procurement / Implementation	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy Benefits Management - Operations	$ -	$ -	$ -	$ -	$ -	$ -
Outside Legal Counsel	$ -	$ -	$ -	$ -	$ 135,000	$ 135,000
Subtotal	$ 67,747,579	$ 7,527,509	$ 8,755,030	$ 2,918,343	$ 135,000	$ 135,000
FX Program Budget (state Legislative Budget Request)	***$87,218,461***					
State Agency Costs						
Additional FFP for existing FTEs	$ 3,248,370	$ 360,930	$ -	$ -	$ -	$ -
Additional FFP for facility costs	$ 115,160	$ 12,796	$ -	$ -	$ -	$ -
IAPD Total Request by FFP	**$ 71,111,109**	**$ 7,901,234**	**$ 8,755,030**	**$ 2,918,343**	**$ 135,000**	**$ 135,000**
IAPD Total Request by SFY	**$90,955,716**					

Exhibit 7: FX State Budget Table SFY 2023

FX PROGRAM BUDGET						
PLANNING TASKS	**SFY 2023-2024**					
	FFP 90%	**State 10%**	**FFP 75%**	**State 25%**	**FFP 50%**	**State 50%**
Strategic Enterprise Advisory Services (SEAS) Tasks						
SEAS Strategic Planning, Program and Project Management	$ 8,771,995	$ 974,666	$ -	$ -	$ -	$ -
IV&V Tasks						
Monitor activities and report to CMS and the Florida Department of Management Services	$ 2,907,896	$ 323,100	$ -	$ -	$ -	$ -
FMMIS Transition Support						
FMMIS Transition Support Services	$ 6,592,941	$ 732,549	$ -	$ -	$ -	$ -
FMMIS Transition Support Software and Hardware - Renewal and Suppo	$ -	$ -	$ 2,134,998	$ 711,666	$ -	$ -
Infrastructure Phase						
Integration Services/Integration Platform (IS/IP) - Operations	$ -	$ -	$ 5,176,680	$ 1,725,560	$ -	$ -
Integration Services/Integration Platform (IS/IP) - Software Initial	$ -	$ -	$ -	$ -	$ -	$ -
Enterprise Data Warehouse (EDW) - Implementation	$ 7,215,369	$ 801,708	$ -	$ -	$ -	$ -
Enterprise Data Warehouse (EDW) - Implementation Software Renewal	$ -	$ -	$ 647,036	$ 215,679	$ -	$ -
Enterprise Data Warehouse (EDW) - Operations	$ -	$ -	$ 2,541,578	$ 847,193	$ -	$ -
Enterprise Data Warehouse (EDW) - Task Orders	$ 6,754,972	$ 750,552	$ -	$ -	$ -	$ -
CMS - Interoperability - Implementation	$ -	$ -	$ -	$ -	$ -	$ -
FX Enterprise Contract Services - Implementation	$ 5,149,800	$ 572,200	$ -	$ -	$ -	$ -
FX Enterprise Software Licenses and Services - Initial	$ -	$ -	$ -	$ -	$ -	$ -
FX Enterprise Software Licenses and Services - Renewal	$ -	$ -	$ 224,759	$ 74,920	$ -	$ -
Module Existing Systems Integrations	$ 50,258,894	$ 5,584,322	$ -	$ -	$ -	$ -
Module Acquisition Phase						
Provider - Procurement	$ -	$ -	$ -	$ -	$ -	$ -
Provider - Implementation	$ 12,291,073	$ 1,365,675	$ -	$ -	$ -	$ -
Provider - Operations	$ -	$ -	$ 286,139	$ 95,380	$ -	$ -
Provider - Task Orders	$ -	$ -	$ -	$ -	$ -	$ -
Core - Implementation	$ 29,610,322	$ 3,290,036	$ -	$ -	$ -	$ -
Core - Operations	$ -	$ -	$ -	$ -	$ -	$ -
Core - Task Orders	$ -	$ -	$ -	$ -	$ -	$ -
Unified Operations Center - Implementation	$ 8,739,742	$ 971,082	$ -	$ -	$ -	$ -
Unified Operations Center - Operations	$ -	$ -	$ 13,540,576	$ 4,513,525	$ -	$ -
Unified Operations Center - Task Orders	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy Benefits Management - Procurement / Implementation	$ 2,768,289	$ 307,588	$ -	$ -	$ -	$ -
Pharmacy Benefits Management - Operations	$ -	$ -	$ -	$ -	$ -	$ -
Outside Legal Counsel	$ -	$ -	$ -	$ -	$ -	$ -
Subtotal	$ 141,061,293	$ 15,673,477	$ 24,551,765	$ 8,183,922	$ -	$ -
FX Program Budget (state Legislative Budget Request)	***$189,470,457***					
State Agency Costs						
Additional FFP for existing FTEs	$ 3,248,370	$ 360,930	$ -	$ -	$ -	$ -
Additional FFP for facility costs	$ 144,778	$ 16,086	$ -	$ -	$ -	$ -
IAPD Total Request by FFP	**$ 144,454,441**	**$ 16,050,493**	**$ 24,551,765**	**$ 8,183,922**	**$ -**	**$ -**
IAPD Total Request by SFY	**$193,240,621**					

Exhibit 8: FX State Budget Table SFY 2024

FX PROGRAM BUDGET						
PLANNING TASKS	**SFY 2024-2025**					
	FFP 90%	**State 10%**	**FFP 75%**	**State 25%**	**FFP 50%**	**State 50%**
Strategic Enterprise Advisory Services (SEAS) Tasks						
SEAS Strategic Planning, Program and Project Management	$ 8,771,995	$ 974,666	$ -	$ -	$ -	$ -
IV&V Tasks						
Monitor activities and report to CMS and the Florida Department of Management Services	$ 2,907,896	$ 323,100	$ -	$ -	$ -	$ -
FMMIS Transition Support						
FMMIS Transition Support Services	$ 1,412,696	$ 156,966	$ -	$ -	$ -	$ -
FMMIS Transition Support Software and Hardware - Renewal and Suppo	$ -	$ -	$ -	$ -	$ -	$ -
Infrastructure Phase						
Integration Services/Integration Platform (IS/IP) - Operations	$ -	$ -	$ 4,810,323	$ 1,603,441	$ -	$ -
Integration Services/Integration Platform (IS/IP) - Software Initial	$ -	$ -	$ -	$ -	$ -	$ -
Enterprise Data Warehouse (EDW) - Implementation	$ -	$ -	$ -	$ -	$ -	$ -
Enterprise Data Warehouse (EDW) - Implementation Software Renewal	$ -	$ -	$ -	$ -	$ -	$ -
Enterprise Data Warehouse (EDW) - Operations	$ -	$ -	$ 5,254,708	$ 1,751,569	$ -	$ -
Enterprise Data Warehouse (EDW) - Task Orders	$ -	$ -	$ -	$ -	$ -	$ -
CMS - Interoperability - Implementation	$ -	$ -	$ -	$ -	$ -	$ -
FX Enterprise Contract Services - Implementation	$ 5,149,800	$ 572,200	$ -	$ -	$ -	$ -
FX Enterprise Software Licenses and Services - Initial	$ -	$ -	$ -	$ -	$ -	$ -
FX Enterprise Software Licenses and Services - Renewal	$ -	$ -	$ 213,509	$ 71,170	$ -	$ -
Module Existing Systems Integrations	$ 25,591,089	$ 2,843,454	$ -	$ -	$ -	$ -
Module Acquisition Phase						
Provider - Procurement	$ -	$ -	$ -	$ -	$ -	$ -
Provider - Implementation	$ 457,171	$ 50,797	$ -	$ -	$ -	$ -
Provider - Operations	$ -	$ -	$ 3,433,661	$ 1,144,554	$ -	$ -
Provider - Task Orders	$ 2,350,080	$ 261,120	$ -	$ -	$ -	$ -
Core - Implementation	$ 6,128,699	$ 680,967	$ -	$ -	$ -	$ -
Core - Operations	$ -	$ -	$ 4,463,790	$ 1,487,930	$ -	$ -
Core - Task Orders	$ 1,566,720	$ 174,080	$ -	$ -	$ -	$ -
Unified Operations Center - Implementation	$ 2,467,121	$ 274,125	$ -	$ -	$ -	$ -
Unified Operations Center - Operations	$ -	$ -	$ 17,571,439	$ 5,857,146	$ -	$ -
Unified Operations Center - Task Orders	$ 2,350,080	$ 261,120	$ -	$ -	$ -	$ -
Pharmacy Benefits Management - Procurement / Implementation	$ 8,263,049	$ 918,117	$ -	$ -	$ -	$ -
Pharmacy Benefits Management - Operations	$ -	$ -	$ 5,039,712	$ 1,679,904	$ -	$ -
Outside Legal Counsel	$ -	$ -	$ -	$ -	$ 62,500	$ 62,500
Subtotal	$ 67,416,395	$ 7,490,711	$ 40,787,141	$ 13,595,714	$ 62,500	$ 62,500
FX Program Budget (state Legislative Budget Request)	***$129,414,961***					
State Agency Costs						
Additional FFP for existing FTEs	$ 3,248,370	$ 360,930	$ -	$ -	$ -	$ -
Additional FFP for facility costs	$ 145,526	$ 16,170	$ -	$ -	$ -	$ -
IAPD Total Request by FFP	**$ 70,810,292**	**$ 7,867,810**	**$ 40,787,141**	**$ 13,595,714**	**$ 62,500**	**$ 62,500**
IAPD Total Request by SFY	**$133,185,957**					

Exhibit 9: FX State Budget Table SFY 2025

5.1 Cost Allocation Plan and/or Methodology

Cost allocation regulations as described in 2 CFR Part 200 do not apply to this project at this time. All activities and benefits described in this IAPDU are contained within the Medicaid Agency. As future endeavors include parts of the MES that are outside of or shared with Medicaid, cost allocations will become a part of the planning and implementation APDs as appropriate.

5.2 An Estimate of Prospective Cost Distribution

Please see Appendix A for the MMIS Detailed Budget Table as reflected in the Federal Fiscal Years covered by this IAPDU request.

6. Cost Benefit Analysis

There is a financial benefit in making the most appropriate decisions in the modernization of Medicaid's systems and operation of fiscal agent services. It is the intent of the FX program that the Agency, with the aid of consultants, identifies ways to reduce cost through project management, minimize manual processes, enhance data analytics to prevent fraud, improve programmatic decisions by utilizing advanced statistical analytics, incorporate the use of modular system components, and share systems with other state agencies.

7. CMS Required Assurances

This IAPDU provides evidence of declaration, indicated by the checked boxes below, that Florida FX will meet these requirements.

7.1 Security/Interface and Disaster Recovery/Business Continuity Requirements Statement

- ☑ The State Agency will implement and/or maintain an existing comprehensive Automated Data Processing (ADP) security and interface program for ADP systems and installations involved in the administration of the Medicaid program.
- ☑ The State Agency will have disaster recovery plans and procedures available.

Specifically, the Agency will comply with the following Federal Regulations:

- ☑ 42 CFR 431, Subpart F (Safeguarding Information on Applicants and Beneficiaries)
- ☑ 42 CFR 435.960 (Standardized formats for furnishing and obtaining information to verifying income and eligibility)
- ☑ 45 CFR 95.617 (Software and Ownership Rights in Specific Conditions for FFP)
- ☑ 45 CFR 95.601 (Scope and Applicability)
- ☑ 45 CFR 205.50 (Safeguarding Information for the Financial Assistance Programs)
- ☑ 45 CFR 303.21 (Safeguarding and disclosure of Confidential Information)

7.2 Conditions Attestation

This section provides the required assurances of compliance with 42 CFR 433.112(b)(1) through (b)(22). These conditions must be met by states to be eligible for enhanced Federal matched funding for the design, development, installation, or enhancement, and operations of a mechanized claims processing and information retrieval system. The State of Florida, Agency for Health Care Administration, attests that the project will comply with the CMS conditions described below.

#	Condition Name and Description	Compliance	
		Yes	No
1	The system will provide a more efficient, economical, and effective administration of the State plan.	X	
2	The system meets the system requirements, standards and conditions, and performance standards in Part 11 of the State Medicaid Manual, as periodically amended.	X	
3	The system is compatible with the claims processing and information retrieval system used in the administration of Medicare for prompt eligibility verification and for processing claims for persons eligible for both programs.	X	
4	The system supports the data requirements of quality improvement organizations established under Part B of title XI of the Act.	X	
5	The State owns any software that is designed, developed, installed, or improved with 90 percent FFP.	X	
6	The Department has a royalty free, non-exclusive, and irrevocable license to reproduce, publish, or otherwise use and authorize others to use, for Federal Government purposes, software, modifications to software, and documentation that is designed, developed, installed, or enhanced with 90 percent FFP.	X	
7	The costs of the system are determined in accordance with 45 CFR 75, subpart E.	X	
8	The Florida AHCA agrees in writing to use the system for the period of time specified in the advance planning document approved by CMS or for any shorter period of time that CMS determines justifies the Federal funds invested.	X	
9	The Florida AHCA agrees in writing that the information in the system will be safeguarded in accordance with 42 CFR 431 subpart F.	X	
10	The Florida AHCA will use a modular, flexible approach to systems development, including the use of open interfaces and exposed application programming interfaces; the separation of business rules from core programming, available in both human and machine-readable formats.	X	
11	Align to, and advance increasingly, in maturity for business, architecture, and data.	X	

#	Condition Name and Description	Compliance	
		Yes	No
12	The Florida AHCA ensures alignment with, and incorporation of, industry standards adopted by the Office of the National Coordinator for Health IT in accordance with 45 CFR part 170, subpart B: The HIPAA privacy, security and transaction standards; accessibility standards established under section 508 of the Rehabilitation Act, or standards that provide greater accessibility for individuals with disabilities, and compliance with Federal civil rights laws; standards adopted by the Secretary under section 1104 of the Affordable Care Act; and standards and protocols adopted by the Secretary under section 1561 of the Affordable Care Act.	X	
13	Promotes sharing, leverage, and reuse of Medicaid technologies and systems within and among States.	X	
14	Supports accurate and timely processing and adjudications/eligibility determinations and effective communications with providers, beneficiaries, and the public.	X	
15	Produce transaction data, reports, and performance information that would contribute to program evaluation, continuous improvement in business operations, and transparency and accountability.	X	
16	The system supports seamless coordination and integration with the Marketplace, the Federal Data Services Hub, and allows interoperability with health information exchanges, public health agencies, human services programs, and community organizations providing outreach and enrollment assistance services as applicable.	X	
17	For E&E systems, the State must have delivered acceptable MAGI-based system functionality, demonstrated by performance testing and results based on critical success factors, with limited mitigations and workarounds.		N/A
18	The State must submit plans that contain strategies for reducing the operational consequences of failure to meet applicable requirements for all major milestones and functionality. This should include, but not be limited to, the Disaster Recovery Plan and related Disaster Recovery Test results.	X	
19	The Florida AHCA in writing through the APD, has identified key state personnel by name, type and time commitment assigned to each project.	X	
20	Systems and modules developed, installed, or improved with 90 percent match must include documentation of components and procedures such that the systems could be operated by a variety of contractors or other users.	X	
21	For software systems and modules developed, installed, or improved with 90 percent match, the State must consider strategies to minimize the costs and difficulty of operating the software on alternate hardware or operating systems.	X	
22	Other conditions for compliance with existing statutory and regulatory requirements, issued through formal guidance procedures, determined by the Secretary to be necessary to update and ensure proper implementation of those existing requirements.	X	

Exhibit 10: CMS Conditions and Standards Compliance Matrix

7.3 Procurement Assurances

The Agency uses open and competitive procurements for all contracted work related to design, development, and implementation of the FX. The procurement process will comply with all applicable federal regulations and provisions as indicated in Exhibit 11: Procurement Assurances.

Procurement Standards		**Compliance**	
		Yes	**No**
45 CFR Part 95.613	Procurement Standards	X	
45 CFR Part 75	Uniform Administrative Requirements for Grants and Cooperative Agreements to State, Local, and Tribal Governments	X	
SMM Section 11267	Required Assurances	X	
SMD Letter of 12/04/1995	Letter to State Medicaid Directors regarding the policy on sole source procurements and prior approval requirements for certain procurements	X	
Access to Records		**Compliance**	
		Yes	**No**
45 CFR Part 95.615	Access to Systems and Records	X	
SMM Section 11267	Required Assurances	X	
Software & Ownership Rights, Federal Licenses, Information Safeguarding, HIPAA Compliance and Progress Reports		**Compliance**	
		Yes	**No**
42 CFR Part 431	Safeguarding Information on Applicants and Beneficiaries	X	
42 CFR Part 433.112 (b)(1-22)	FFP for Design, Development, Installation or Enhancement of Mechanized Claims Processing and Information Retrieval Systems	X	
45 CFR Part 95.617	Software and Ownership Rights	X	
45 CFR Part 164	Security and Privacy	X	
SMM Section 11267	Required Assurances	X	
IV&V		**Compliance**	
		Yes	**No**
45 CFR Part 95.626	Independent Verification and Validation	X	

Exhibit 11: Procurement Assurances

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APPENDIX A: MMIS DETAILED BUDGET TABLE

Federal Fiscal Years 2022 through 2025

MES/FX as of 2/2023	CMS Share (90% FFP)	State Share -10%	CMS Share (75% FFP)	State Share -25%	CMS Share (50% FFP)	State Share -50%	**FUNDING FFP Total**	**State Share Total**
	2B†		2B†		2B†		**2B**	
FFY 2022 ‡	$10,475,658	$1,163,962	$3,177,671	$1,059,224	$48,500	$48,500	**$13,701,829**	**$2,271,686**
FFY 2023	$97,007,548	$10,778,616	$12,267,676	$4,089,225	$86,500	$86,500	**$109,361,723**	**$14,954,342**
FFY 2024	$123,996,097	$13,777,344	$26,856,695	$8,952,232	$25,000	$25,000	**$150,877,791**	**$22,754,576**
FFY 2025	$56,240,972	$6,248,997	$48,037,396	$16,012,465	$37,500	$37,500	**$104,315,868**	**$22,298,962**
Total	**$287,720,275**	**$31,968,919**	**$90,339,437**	**$30,113,146**	**$197,500**	**$197,500**	**$378,257,211**	**$62,279,565**

MES/FX as of 2/2023	CMS Share-- State Staff and Facility Costs (90% FFP)	CMS Share-- State Staff and Facility Costs -10%	CMS Share (75% FFP)	State Share -25%	CMS Share (50% FFP)	State Share -50%	**FUNDING FFP Total**	**State Share Total**
	2A†		--		**2A†**		**2A**	
FFY 2022 ‡	$840,883	$93,431	$0	$0	$0	$0	$840,883	$93,431
FFY 2023	$3,370,934	$374,548	$0	$0	$0	$0	$3,370,934	$374,548
FFY 2024	$3,393,335	$377,037	$0	$0	$0	$0	$3,393,335	$377,037
FFY 2025	$3,393,896	$377,100	$0	$0	$0	$0	$3,393,896	$377,100
Total	**$10,999,048**	**$1,222,116**	**$0**	**$0**	**$0**	**$0**	**$10,999,048**	**$1,222,116**

MES/FX as of 2/2023	CMS Share	State Share	CMS Share	State Share	CMS Share	State Share	**TOTAL FFP**	**STATE SHARE TOTAL**	**APD TOTAL (TOTAL COMPUTABLE)**
	2A&B†	--	4A&B†	--	5A,B&C†	--			
FFY 2022 ‡	$14,542,711	$2,365,117					$14,542,711	$2,365,117	**$16,907,828**
FFY 2023	$112,732,657	$15,328,890					$112,732,657	$15,328,890	**$128,061,547**
FFY 2024	$154,271,126	$23,131,613					$154,271,126	$23,131,613	**$177,402,739**
FFY 2025	$107,709,764	$22,676,062					$107,709,764	$22,676,062	**$130,385,826**
Total	**$389,256,259**	**$63,501,681**	**$0**	**$0**	**$0**	**$0**	**$389,256,259**	**$63,501,681**	**$452,757,940**

‡ - *FFY 2022 includes only quarter 4*

ATTACHMENT A — PHASE I: PROFESSIONAL CONTRACTS

The objective of Phase I was to procure professional service partners to support strategic planning and independent evaluation of the FX transformation. During this phase, the existing fiscal agent contract was extended to December 31, 2024, to allow sufficient time for the FMMIS transition.

A.1 Strategic Enterprise Advisory Services (SEAS) Vendor

The SEAS Vendor (currently The North Highland Company) is tasked with providing the consulting expertise needed to develop the strategic plan for FX in accordance with the MITA Framework 3.0 and the CMS Standards and Conditions, manage an Enterprise Program Management Office (EPgMO) alongside the Agency, and develop and maintain associated standards. Operating the EPgMO entails oversight of the program-level schedule, changes, risks, action items, issues, decisions, and lessons learned, performing biweekly and monthly reporting, and providing budget forecasting support. The SEAS Vendor is also tasked with providing support for resource management, quality management, governance operations, module DDI readiness activities and support, and providing strategic project portfolio management. The SEAS contract was renewed through April 3, 2027.

SEAS IAPDU Planned Activities and Costs

State Fiscal Year	Activities	Planned Costs
2022-2023	Portfolio and program management; technical and business advisory services	$ 9,746,661
2023-2024	Portfolio and program management; technical and business advisory services	$ 9,746,661
2024-2025	Portfolio and program management; technical and business advisory services	$ 9,746,661

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A.2 Independent Validation & Verification (IV&V) Vendor

The IV&V Vendor (currently NTT Data) is tasked with providing an objective, neutral, and independent assessment of deliverables produced by all FX vendors. The IV&V Vendor assesses and reports on the FX Programs' organization and planning, procurement, management, technical solution development and implementation, and provides analysis and support for the CMS certification. IV&V services are recommended by federal regulation 45 CFR 95.626 to represent the interests of the CMS and required pursuant to the Florida Information Technology Project Management and Oversight Standards in Rules 60GG-1.001 through 60GG-1.009, Florida Administrative Code (F.A.C.).

The IV&V purchase order is effective through June 30, 2023, and may be renewed each state fiscal year through 2024.

IV&V IAPDU Planned Activities and Costs

State Fiscal Year	Activities	Planned Costs
2022-2023	Validation and verification services, certification analysis and support	$ 3,230,996
2023-2024	Validation and verification services, certification analysis and support	$ 3,230,996
2024-2025	Validation and verification services, certification analysis and support	$ 3,230,996

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ATTACHMENT B — PHASE II: FX INFRASTRUCTURE

Phase II established the technical foundation of the modular transformation through the Agency's transition to modularity with a Systems Integrator that operates the Integration Services and Integration Platform (IS/IP) Solution. The Data Governance framework is supported by the Enterprise Data Warehouse (EDW) and has established data standards for data quality, metadata management, and data architecture. The results promise to provide new efficiencies for managing data across the enterprise.

B.1 Integrated Services/Integrated Platform (IS/IP) Vendor

IS/IP, currently operated by Accenture, serves as the conduit, or interface, through which all FX data is requested and returned. IS/IP focuses on establishing and maintaining interoperability through the central integration platform.

The Integration Platform went live in March 2021. Ongoing Operations and Maintenance (O&M) activities are occurring, as well as activities to implement enhancements to the platform in the form of Task Orders. The contract with the IS/IP vendor was renewed through October 31, 2025.

In operations and maintenance, the Integration Platform serves as the centralized connections hub for all FX modules. The Integration Services function orchestrates and coordinates the connections by integrating them into the platform. The IS/IP Vendor is the systems integrator to plan, schedule, test, and validate connections to the platform for all future module vendors.

The IS/IP Vendor serves as the Systems Integrator and provides a Base Integration Services Team responsible for planning, scheduling, testing, and validating connection to the Integration Platform for FX module vendors. This team provides prioritized Module Integration (MI) Services focused on meeting the Agency's needs for interoperability, enterprise integration, and technical coordination of module component implementations for the FX, including the integration of health care data (e.g., member, provider, and claims data) from modules, as well as other enterprise system health care programs. The IS/IP Vendor provides MI deliverables as part of their base contract, as well as through Task Orders.

The IS/IP Vendor manages the MI Integrated Master Project Schedule that includes the necessary module integration tasks and FMMIS transition tasks required for the implementation of the FX Program. The MI Integrated Master Project Schedule includes dependencies from FX module vendor DDI schedules to verify tasks are in sync.

The IS/IP Vendor provides the ForgeRock Identity and Access management Single Sign-on (SSO) solution which performs user authentication, registration, and credential management. The IS/IP Vendor completed implementation of the SSO with the Florida Care Provider Background Screening Clearinghouse results website in December 2021. The IS/IP SSO will be integrated with FX modules and provide FX module level authentication.

IS/IP IAPDU Planned Activities and Costs

State Fiscal Year	Activities	Planned Costs
2022-2023	• O&M • Module Integration DDI	$ 7,878,632 $ 15,197,663
2023-2024	• O&M • Module Integration DDI	$ 6,902,240 $ 23,652,717
2024-2025	• O&M • Module Integration DDI	$ 6,413,764 $ 16,579,724

Streamlined Modular Certification (SMC)

IS/IP is not a certifiable component of the MMIS replacement on its own. The IS/IP Vendor is bound by contract to provide support to other FX modules as needed to achieve and maintain federal certification of the FX module.

B.2 Enterprise Data Warehouse (EDW) Vendor

The EDW contract was awarded to Deloitte in December 2020, and is effective through December 2027. The EDW solution will allow the Agency to conduct complex analysis of program data for many aspects of Medicaid, from health outcome measurement to managed care rate setting. The Agency has procured an EDW solution, operational services, and analytical capabilities to meet the Agency's data requirements. The EDW will be a modern data management solution that will enable improved data integration across the entire Medicaid Enterprise.

The FX Program has identified a need to implement currently developed and tested capabilities for the EDW in a production "launch", followed by a period of up to twelve (12) months of post-production stabilization before an actual go-live and cutover from the legacy DSS. This period of post-launch stabilization will allow the Agency to de-risk the current Design, Development, and Implementation (DDI) timeline. It will do this by allowing more time to prepare for Operational Readiness Review activities, to ensure user adoption, and to test and implement any incremental application capabilities by the time of go-live. As this approach will extend the DDI stage of the Enterprise Analytic Data Store (EADS), the Agency requests approval for this approach. The Agency and EDW vendor are conducting an impact assessment for the schedule change. An update will be provided in the monthly status reports submitted to CMS and in the next IAPDU.

EDW IAPDU Planned Activities and Costs

State Fiscal Year	Activities	Planned Costs
2022-2023	• DDI activities • Module Integration • Enhancement Task Orders 3 and 4 Project Management,	$ 9,453,953 $ 8,692,868 $ 1,582,781

	Organizational Change Management, and DSS Transition	
2023-2024	• DDI activities • Module Integration • Task Orders • O&M	$ 11,818,965 $ 30,620,873 $ 7,505,524 $ 3,388,771
2024-2025	• Module Integration • O&M	$ 11,811,615 $ 7,006,277

Streamlined Modular Certification (SMC)

The Agency and EDW vendor are developing specific desired outcomes and required metrics that will be reported to CMS as the outcomes evolve, prior to go-live of the EDW. The following are EDW outcomes that form the baseline and that will be refined in the development efforts under way. Additional desired outcomes and required metrics will be reported to CMS in the future.

Enterprise Data Warehouse Outcomes

Reference	Outcome	Source(s)
EDW1	The system supports various business processes' reporting requirements	42 CFR 431.428
EDW2	The solution includes analytical and reporting capabilities to support key policy decision making	42 CFR 433.112
EDW3	The EDW solution supports understanding of patient health events.	Medicaid Best Practice
EDW4	The EDW solution supports understanding the delivery of healthcare services through a holistic view of data.	Medicaid Best Practice
EDW5	The EDW solution supports reduction of overpayments.	EDW Contract EXD091: SR-179; SR-213
EDW6	The EDW solution assists in the identification of service misutilization.	EDW Contract EXD091: SR-177; SR-179; PD-9; PD-17; WKP-5
EDW7	The EDW solution supports compliant T-MSIS reporting.	EDW Contract EXD091: FDRP-004, FDRP-012
EDW8	The EDW solution supports efficient CMS-64 reporting.	EDW Contract EXD091: FDRP0-003
EDW9	The EDW solution supports reliable data analytics in the Medicaid program.	EDW Contract EXD091: PD-6, PD-9, PD-15, WKP-5

EDW10	The EDW solution is well-positioned to support future business needs by being extensible, accurate, and highly available.	EDW Contract EXD091: PM-5, PM-6, PD-10, PM-11, PM-12

B.3 CMS Interoperability Patient Access Rule (CPAR) Implementation

On March 9, 2020, CMS released the Interoperability and Patient Access final rule (CMS-9115-F), which provides patients access to their health information when they need it most and in a way that they can best use it. The Interoperability and Patient Access final rule (CMS-9115-F) is a step towards this goal by regulating Medicare Advantage (MA), Medicaid, Children's Health Insurance Program (CHIP), and Qualified Health Plan (QHP) issuers on the Federally Facilitated Exchanges (FFEs). There are seven policies in this ruling. Among them are the Patient Access API and Provider Directory API. Florida is committed to implementing the CMS Interoperability rule to ensure a more effective management of Florida Medicaid. The Agency created the CPAR Implementation Project to meet this goal in partnership with the IS/IP and EDW vendors. Project completion is planned for May 2023.

CPAR IAPDU Planned Activities and Costs

State Fiscal Year	Activities	Planned Costs
2022-2023	• IS/IP Enhancement Task Order 0005 – CPAR Implementation • EDW Enhancement Task Orders 0001 and 0002 – CPAR Implementation	$ 1,800,867 $ 4,382,064
2023-2024	No planned activities	$0
2024-2025	No planned activities	$0

Streamlined Modular Certification (SMC)

CPAR is not a certifiable component of the MMIS replacement on its own.

B.4 FMMIS Transition

In order to facilitate the FMMIS (operated by Gainwell) transition to FX modules, the current Fiscal Agent vendor has been tasked to create a schedule mutually agreed upon by the Agency and Fiscal Agent vendor. The transition schedule will facilitate the planning, system analysis/design, testing, implementation, and post-implementation activities related to FMMIS transition. The Fiscal Agent vendor will coordinate with the successor FX module vendors, other contractors, and the Agency in the planning and transfer of system functionality and the related operational functions. The Fiscal Agent vendor will perform iterative phases of transition and turnover activities for each FX module, including training, documentation transfer, and resource support. The IS/IP vendor will provide integration planning and technical services to support and lead the transition of legacy services and components to the FX modules.

FMMIS Transition IAPDU Planned Activities and Costs

State Fiscal Year	Activities	Planned Costs
2022-2023	• FMMIS EDWI support, including change management • FMMIS UOC support and transition • FMMIS Core module support	$ 7,707,035
2023-2024	• FMMIS UOC support and transition • FMMIS Core module support • Turnover support to EDW • FMMIS Provider module support • FMMIS PBM module support	$ 10,172,154
2024-2025	Complete FMMIS turnover activities	$ 1,569,662

Streamlined Modular Certification (SMC)

FMMIS Transition is not a certifiable component of the MMIS replacement.

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ATTACHMENT C — PHASE III: FLORIDA MEDICAID MANAGEMENT INFORMATION SYSTEM (FMMIS) TRANSITION

Phase III leverages the infrastructure established in Phase II to transition from the Agency's current Fiscal Agent contract to enable the modular, integrated business and Information Technology (IT) transformation vision to be realized in the transition projects.

C.1 Unified Operations Center (UOC) Vendor

Current operations of the FMMIS and other Agency systems and operational activities (all of which support the Medicaid Enterprise) include multiple contact centers, vendors, and supporting software platforms. There is currently no unified record of Agency communications between platforms resulting in a siloed and confusing user experience. In addition, multi-vendor/platform environments create redundant costs that could be consolidated. The UOC Module includes the systems and infrastructure to support inbound and outbound multi-channel communications between the Agency and its stakeholders across the breadth of FX. This approach enables the Agency to consolidate communications and operational aspects beginning with the modules replacing the FMMIS/current fiscal agent contract. The UOC will include the network, telephony, and systems used in contact management. It will support interactions by phone, email, chat, SMS text, social media, voice assistant, internal/external conference, print and mail operations, and customer contact analytics. Major components of the module include unified contact distribution and routing, self-service interaction capabilities (e.g., interactive voice response and chatbots), workforce management, quality assurance, contact recording and translation, multi-language support, and contact knowledge management.

The objectives of the UOC Module include:

a. Consolidate customer service, enterprise operations, and communications functions that are currently fragmented across several systems (FMMIS, Enrollment Broker, Pharmacy Benefits Management (PBM)) to provide a more consistent and cohesive user experience;

b. Increase efficiency of the Agency customer service and contact operations by leveraging a flexible staffing pool of knowledge agents cross-trained on the consolidated service array; and

c. Modernize best-practice customer service and contact technology and infrastructure that will support more customer self-service, better analytical functionality, and increase Agency data-driven decision-making.

The UOC procurement concluded with the posting of the Notice of Intent to Award on June 14, 2022. The Agency executed the UOC contract with Automated Health Systems (AHS) on October 13, 2022.

UOC IAPDU Planned Activities and Costs

State Fiscal Year	Activities	Planned Costs
2022-2023	Complete procurement activities and prepare for DDI	$ 3,226,750

2023-2024	• DDI • UOC O&M	$ 9,710,823 $ 18,054,101
2024-2025	• DDI • O&M • Task Orders	$ 2,741,244 $ 23,428,585 $ 2,611,200

Streamlined Modular Certification (SMC)

UOC is not a certifiable component of the MMIS replacement on its own. The UOC Vendor is bound by contract to provide support to other FX modules as needed to achieve and maintain federal certification of those modules.

C.2 FX Core Module

The FX Core Module will adjudicate fee-for-service claims for Medicaid reimbursement, process managed care encounter transactions, maintain recipient system functionality, and support all Medicaid financial activity. The FX Core Module represents the most fundamental functionality required for Medicaid transition, and involves the longest combined timeframe for planning, procurement, and implementation. The Invitation to Negotiate (ITN) was issued and the proposals submitted by vendors have been evaluated. The Core procurement concluded with the Notice of Intent to Award on October 18, 2022. The Core contract with Gainwell Technologies was approved by CMS on December 27, 2022. The Agency plans to execute the contract in March 2023. The Core contract includes ongoing support of remaining FMMIS and fiscal agent services not yet cutover to an FX module vendor by December 31, 2024, thereby resolving the current FA contract. The Agency has the option of implementing the awarded Core vendor's Pharmacy Benefits Management (PBM) solution, which would eliminate the need for the PBM procurement. The Agency decision regarding PBM is pending.

The Core Solution includes the following suite of services:

a. Claims Processing
    1. Claims Processing
    2. Electronic Data Interchange (EDI)
    3. Edits and Audits
    4. Explanation of Benefits
    5. Pricing
    6. Suspends
    7. Managing Reference Information (including coverage and limitations)
b. Encounters
    1. Encounters Processing
    2. EDI
    3. Edits and Audits
    4. Explanation of Benefits
    5. Shadow Pricing
c. Financial
    1. Remittance Advice
    2. Medicare, Claim, Premiums, and Other Financial Payments
    3. Program Integrity
    4. Financial and IRS 1099 Activity

5. Reporting

d. Managed Care Capitation Payments
   1. Rate Setting Support
   2. Payment Processing
   3. Adjustments and Recoupments
   4. File Reconciliation
   5. Reporting
e. Recipient Data Management
   1. Eligibility
   2. Enrollment
   3. File Maintenance
f. Core Business Support Services
   1. Tier 2 / Tier 3 Customer Service Support (in collaboration with UOC and Agency teams
   2. Processing and Payment support
   3. EDI Help Desk

A comprehensive analysis of the existing FMMIS Core functions was conducted, including claims and encounters transaction processing, banking, and financial processing (including capitation payments for health plans), claims payments, and pharmacy claims payment. FMMIS Core functions also include reference file management for edits and audits, third party liability, recipient coverage dates, benefit plans and coverage rules, reimbursement rules, diagnosis codes, procedure codes, modifiers, diagnosis-related groupings, revenue codes, and error codes. These functions are interconnected and are planned to be transitioned from the current FMMIS into an FX Core Module.

The goal of the Core Solution is to provide scalable, reliable, streamlined, secure claims and encounters processing, financial management and managed care capitation payments, enabling more efficient and effective service delivery for the Medicaid program and improving healthcare outcomes for Floridians.

Objectives:

a. Transition claims, encounters, financial processing and management (including managed care capitation payments) from the current Fiscal Agent to a modern, modular Core solution.
b. Reduce the number of wrongly rejected claims and encounters, lessening the administrative burden and cost on the Agency, providers, and health plans.
c. Reduce the number of claim resubmissions by improving communications of claim status.
d. Improve the reliability of plan encounter data eliminating the need, cost, and duplicate submission of the ‘special feed’ from the plans.
e. Reduce claim validation processing costs in Agency systems.
f. Reduce Agency financial staff time on manual data re-entry and processing.
g. Separate business rules and edit/audit processing capabilities for claims and encounters.
h. Eliminate remaining out-of-state paper claims and associated manual processes.
i. Implement an accessible and efficient UI with enhanced visibility to claim details.
j. Improve data quality and management and increased automation to reconcile and update recipient information.

Core IAPDU Planned Activities and Costs

State Fiscal Year	Activities	Planned Costs
2022-2023	Complete procurement and contracting activities; prepare for DDI	$ 8,589,335
2023-2024	Continue DDI	$ 32,900,357
2024-2025	• DDI • O&M • Task Orders	$ 6,809,665 $ 5,951,720 $ 1,740,800

Streamlined Modular Certification (SMC)

The Agency and Core vendor will develop specific desired outcomes and required metrics that will be reported to CMS as the outcomes evolve. The following are outcomes that form the baseline and that will be refined in the development efforts as a part of design, development, and implementation (DDI). Additional desired outcomes and required metrics will be reported to CMS in the future.

Core Module Outcomes

Claims	Outcome	Source(s)
Claims	The system receives, ingests, and retains claims, claims adjustments, and supporting documentation submitted both electronically and by paper in standard formats.	45 CFR 162.1102
Claims	The system performs comprehensive validation of claims and claims adjustments, including validity of services.	42 CFR 431.052 42 CFR 431.055 42 CFR 447.26 42 CFR 447.45(f) 45 CFR 162.1002 SMD Letter 10-017 SMM Part 11 Section 11300
Claims	The system confirms authorization for services that require prior approval to manage costs or ensure patient safety, and that the services provided are consistent with the authorization. The system accepts use of the authorization by multiple sequential providers during the period as allowed by state rules. Prior-authorization records stored by the system are correctly associated with the relevant claim(s).	SSA 1927(d)(5) 42 CFR 431.630 42 CFR 431.960 45 CFR 162.1302 SMM Part 4 SMM Part 11 Section 11325
Claims	The system correctly calculates payable amounts in accordance with the State Plan and logs accounts payable amounts for payment	42 CFR 431.052

	processing. The system accepts, adjusts, or denies claim line items and amounts and captures the applicable reason codes.	
Claims	The state communicates claims status throughout the submission and payment processes and in response to inquiry. If there are correctable errors in a claims submission, the system suspends the claims, attaches pre-defined reason code(s) to suspended claims, and communicates those errors to the provider for correction. The system associates applicable error or reason code(s) for all statuses (e.g., rejected, suspended, denied, approved for payment, paid) and communicates those to the submitter. The system shows providers, case managers and members current submission status through one or more of the following: • Automatic notices as appropriate based on claims decision or suspension. • Explanation of Benefits (EOB). • Providing prompt response to inquiries regarding the status of any claim through a variety of appropriate technologies and tracking and monitoring responses to the inquiries. • Application programming interface (API)	45 CFR Part 162.1402 (c) 45 CFR Part 162.1403 (a) & (b) 42 CFR 431.60 (a) & (b) SMM Part 11 Section 11325
Claims	The system tracks each claim throughout the adjudication process (including logging edits made to the claim) and retains transaction history to support claims processing, reporting, appeals, audits, and other uses.	42 CFR 447.45 42 CFR 431.17 SMM Part 11 Section 11325
Encounter	**Outcome**	**Source(s)**
Encounter	The system ingests encounter data (submissions and re-submissions) from MCOs and sends quality transaction feedback back to the plans to ensure appropriate industry standard format. (Quality transaction checks include, but are not limited to completeness, missing information, formatting, and the TR3 implementation guide business rules validations).	42 CFR 438.242
Encounter	The system ingests encounter data (submissions and re-submissions) from managed care entities in compliance with HIPAA security and privacy standards and performing quality checks for completeness and accuracy before submitting to CMS using standardized formatting, such as ASC X12N 837, NCPDP and the ASC X12N 835, as appropriate. (Quality checks include, but are not limited to completeness, character types, missing information, formatting, duplicates, and business	42 CFR 438.604, 438.818, and 438.242

	rules validations, such as payment to disenrolled providers, etc.).	
Encounter	The state includes submission requirements (timeliness, re-submissions, etc.), definitions, data specifications and standards, and consequences for non-compliance in its managed care contracts. The state enforces consequences for non-compliance.	42 CFR Part 438.3
Encounter	The state uses encounter data to calculate capitation rates and performs payment comparisons with FFS claims data.	42 CFR Part 438
Financial	**Outcome**	**Source(s)**
Financial Management	The system calculates FFS provider payment or recoupment amounts, as well as value-based and alternative payment models (APM), correctly and initiates payment or recoupment action as appropriate.	Section 1902(a)(37) of the Act 42 CFR 433.139 42 CFR 447.20 42 CFR 447.45 42 CFR 447.56 42 CFR 447.272
Financial Management	The system pays providers promptly via direct transfer and electronic remittance advice or by paper check and remittance advice if electronic means are not available.	42 CFR 447.45 42 CFR 447.46
Financial Management	The system supports the provider appeals by providing a financial history of the claim along with any adjustments to the provider's account resulting from an appeal.	42 CFR 431.152
Financial Management	The system accurately pays per member/per month capitation payments electronically in a timely fashion. Payments account for reconciliation of withholds, incentives, payment errors, beneficiary cost sharing, and any other term laid out in an MCO contract.	42 CFR 438 42 CFR 447.56(d)
Financial Management	The system accurately tallies recoupments by tracking repayments and amounts outstanding for individual transactions and in aggregate for a provider.	42 CFR 447
Financial Management	The state recovers third party liability (TPL) payments by: • Tracking individual TPL transactions, repayments, outstanding amounts due, • Aggregating by member, member type, provider, third party, and time period, • Alerting state recovery units when appropriate, and • Electronically transferring payments to the state.	42 CFR 433.139

Financial Management	The system processes drug rebates accurately and quickly.	42 CFR 447.509
Financial Management	State and federal entities receive timely and accurate financial reports (cost reporting, financial monitoring, and regulatory reporting), and record of all transactions according to state and federal accounting, transaction retention, and audit standards.	42 CFR 431.428 42 CFR 433.32
Financial Management	The system tracks that Medicaid premiums and cost sharing incurred by all individuals in the Medicaid household does not exceed an aggregate limit of five percent of the family's income. If the beneficiaries at risk of reaching the aggregate family limit, the system tracks each family's incurred premiums and cost sharing without relying on beneficiary documentation.	42 CFR 447.56(f)
Recipient	**Outcome**	**Source(s)**
Recipient	The system auto-assigns managed care enrollees to appropriate managed care organizations, per state and federal regulations.	CFR 42 438.54
Recipient	The system sends notice, or facilitates, to the enrolled member with an initial assignment, a reasonable period to change the selection, and appropriate information needed to make an informed choice. If no selection is made, the system either confirms the original assignment, or assigns the member to FFS.	CFR 42 438.10, 438.54
Recipient	The system disenrolls members at the request of the plan and in accordance with state procedures.	42 CFR 438.56(b) (c), and (d)
Recipient	Disenrollments are effective in the system the first day of the second month following the request for disenrollment.	42 CFR 438.56(e)
Recipient	The system notifies enrollees of their disenrollment rights at least 60 days before the start of each enrollment period. This notification is in writing.	42 CFR 438.56(f)
Recipient	To prevent duplication of activities, enrollee's needs are captured by the system so that MCOs, PIHPs, and PAHPs can see and share the information (in accordance with privacy controls).	42 CFR 438.208(b)
Recipient	The system allows beneficiaries or their representative to receive information through multiple channels including phone, Internet, in-person, and via auxiliary aids and services.	42 CFR 438.71
Recipient	The state provides content required by 42 CFR 438.10, including but not limited to definitions for managed care and enrollee handbook, through a website maintained by the state.	42 CFR 438.10(c)
Recipient	Potential enrollees are provided information about the state's managed care program when the individual become eligible or is required to enroll in a managed care program. The information	42 CFR 438.10(e)

	includes, but is not limited to the right to disenroll, basic features of managed care, service area coverage, covered benefits, and provider directory and formulary information.	
Recipient	The system maintains an up-to-date (updated at least annually) fee-for-service (FFS) or primary care case-management (PCCM) provider directory containing the following: • Physician/provider name • Specialty • Address and telephone number • Whether the physician/provider is accepting new Medicaid patients (for PCCM providers), and • The physician/provider's cultural capabilities and a list of languages supported (for PCCM providers).	Section 1902(a)(83), 1902(mm), SMD # 18-007
Recipient	The system captures enough information such that the state can evaluate whether members have access to adequate networks. (Adequacy is based on the state's plan and federal regulations).	42 CFR 438.68

C.3 Provider Services Module

The Provider Services Module (PSM) plans include provider credentialing, Medicaid enrollment, and file maintenance. The Provider Services vendor may offer a solution that will better integrate existing professional and facility licensure, Medicaid enrollment, and health plan credentialing processes into a single source to minimize errors and simplify the process for the provider community. The Provider solution will leverage the Master Person Index and Master Organization Index developed in the Phase II IS/IP implementation to improve provider identity reconciliation. Planned scope of the PSM will allow for concurrent processing of enrollment, and plan credentialing activities for both initial enrollment as well as renewals. The PSM will also eliminate siloed activities that act as predecessors for additional onboarding tasks. Furthermore, the need for providers to interact and react to requests from multiple entities will be alleviated. The Invitation to Negotiate (ITN) was issued and the proposals submitted by vendors have been evaluated. Negotiations for the Provider Services Module will be completed within the first quarter of calendar year 2023 and will conclude with the notice of Intent to Award.

In addition to provider enrollment and credentialing activities, the desired functions of the PSM include provider account management processes such as name change, address change, Change of Ownership (CHOW), and specialty addition or change.

The Agency desires a PSM with the following, minimum features:

a. A simple and seamless provider experience across all interactions and channels.
b. An overall provider enrollment and maintenance solution that will accept and process applications through a web-based provider self-service tool.

c. A workflow driven solution to allow both internal and external users to follow defined business processes that will ensure the user experience is optimized and established policies are followed.
d. An automated screening and monitoring component to complete required screening and monitoring activities for enrolling and actively enrolled providers compliant with the Code of Federal Regulations 42 CFR 455.436, in addition to State-specific requirements and policy.
e. The ability to coordinate with the EDW Vendor to develop and publish reports and dashboards on the EDW's Enterprise Reporting Solution.
f. A solution with a high degree of configurability.
g. A Self-Service Portal including the following minimum functionality:
    1. An inbox for providers to receive and respond to messages.
    2. A maintenance feature that allows active and inactive providers to update and validate their provider record through direct data entry via the web, based on selected criteria.
    3. A provider search feature for both authenticated users and public users to search for providers using a variety of search criteria.
    4. Account administration for users to add or remove provider account users and change user roles for all self-service functions.
    5. Online resources (e.g., links to relevant websites and key contact information).
h. A recipient eligibility inquiry tool that performs real-time recipient eligibility verification (e.g., Benefit Plan enrollment, Care Management enrollment, Waiver Program information, program limits, service limits, and Third-Party Liability (TPL) information).
i. A claim status inquiry function that performs in real-time to allow providers to check the status of their claims.
j. A remittance advice inquiry feature that provides authorized user access to provider remittance advice information.
k. An upload, download, and view function that provides the ability for authorized users to upload, download, and view Health Insurance Portability and Accountability Act (HIPAA) compliant healthcare transactions (e.g., 270/271 batch eligibility status inquiry and response).
l. Primary source verification based on Credentials Verification Organization (CVO) National Committee for Quality Assurance (NCQA) standards.
m. Combined Medicaid Enrollment, and Credentialing (initial and renewal).
n. Account Management.
o. Communications.
p. Performance Management, i.e., system performance, user performance, business process performance.
q. Workflow and Assignment Management.
r. Customer Care

PSM IAPDU Planned Activities and Costs

State Fiscal Year	Activities	Planned Costs
2022-2023	Complete procurement and contracting activities	$ 102,440
2023-2024	• DDI • O&M	$ 13,656,748 $ 381,518
2024-2025	• DDI	$ 507,968

	• O&M • Task Orders	$ 4,578,214 $ 2,611,200

Streamlined Modular Certification (SMC)

The Agency and Provider Services vendor will develop specific desired outcomes and required metrics that will be reported to CMS as the outcomes evolve. The following are outcomes that form the baseline and that will be refined in the development efforts as a part of design, development, and implementation (DDI). Additional desired outcomes and required metrics will be reported to CMS in the future.

Provider Management Outcomes

Reference	Outcome	Source(s)
Provider Management	A provider can initiate, save, and apply to be a Medicaid provider.	42 CFR 455.410(a)
Provider Management	A state user can view screening results from other authorized agencies (Medicare, CHIP, other related agencies) to approve provider if applicable.	42 CFR 455.410(c)
Provider Management	A state user can verify that any provider purporting to be licensed in a state is licensed by such state and confirm that the provider's license has not expired and that there are no current limitations on the provider's license ensure valid licenses for a provider.	42 CFR 455.412
Provider Management	The system tracks the provider enrollment period to ensure that the state initiates provider revalidation at least every five years.	42 CFR 455.414
Provider Management	A state user (or the system, based on automated business rules) must terminate or deny a provider's enrollment upon certain conditions (refer to the specific regulatory requirements conditions in 42CFR455.416).	42 CFR 455.416
Provider Management	After deactivation, a provider seeking reactivation must be re-screened by the state and submit payment of associated application fees before their enrollment is reactivated.	42 CFR 455.420
Provider Management	A provider can appeal a termination or denial decision~~,~~ and a state user can monitor the appeal process and resolution including nursing homes and ICFs/IID.	42 CFR 455.422
Provider Management	A state user can manage information for mandatory pre-enrollment and post-enrollment site visits conducted on a provider in a moderate or high-risk category.	42 CFR 455.432(a)
Provider Management	A state user can view the status of criminal background check~~s~~, fingerprinting, and site visits for a provider as required based on their risk level and state law.	42 CFR 455.434

Reference	Outcome	Source(s)
Provider Management	The system checks appropriate databases to confirm a provider's identity and exclusion status for enrollment and reenrollment and conducts routine checks using federal databases including: Social Security Administration's Death Master File, the National Plan and Provider Enumeration System (NPPES), the List of Excluded Individuals/Entities (LEIE), and the Excluded Parties List System (EPLS). Authorized users can view the results of the data matches as needed.	42 CFR 455.436
Provider Management	A state user can assign and screen all applications by a risk categorization of limited, moderate, or high for a provider at the time of new application, re-enrollment, or re-validation of enrollment. A state user can adjust a provider's risk level due to payment suspension or moratorium.	42 CFR 455.450
Provider Management	The system can collect application fees. A state user ensures any applicable application fee is collected before executing a provider agreement.	42 CFR 455.460
Provider Management	A state user can set CMS and state-imposed temporary moratoria on new providers or provider types in six-month increments.	42 CFR 455.470
Provider Management	A state user can determine network adequacy based upon federal regulations and state plan.	42 CFR 438.68
Provider Management	A state user, and/or the system, can send and receive provider sanction and termination information shared from other states and Medicare to determine continued enrollment for providers.	42 CFR 455.416(c)
Provider Management	The system can generate relevant notices or communications to providers to include, but not limited to, application status, requests for additional information, re-enrollment termination, investigations of fraud, suspension of payment in cases of fraud.	42 CFR 455.23
Provider Management	A state user can report required information about fraud and abuse to the appropriate officials.	42 CFR 455.17
Provider Management	The system, or a state user, can suspend payment to providers in cases of fraud.	42 CFR 455.23
Provider Management	A state user can view provider agreements and disclosures as required by federal and state regulations.	42 CFR 455.104 42 CFR 455.105 42 CFR 455.106 42 CFR 455.107
Provider Management	A state user can view information from a managed care plan describing changes in a network provider's circumstances that may affect	42 CFR 438.608(a)

Reference	Outcome	Source(s)
	the provider's eligibility to participate in Medicaid, including termination of the provider agreement.	
Provider Management	A beneficiary can view and search a provider directory.	42 CFR 438.10(h)

C.4 Pharmacy Benefits Management

The Pharmacy Benefits Management (PBM) Module will perform designated financial and clinical prescribed drug services for the fee-for-service (FFS) Medicaid population, encounter data collection and other services that are used in managed care. A vendor, yet to be determined, will be responsible for drug manufacturer rebate negotiation, drug rebate collection, maintenance of the preferred drug list (PDL). The PBM vendor's solution will include a system to process pharmacy claims; allow for system updates; implementation of edits and change requests; and support e-prescribing functionality and integration with pharmacy point-of-sale systems. Prior authorizations, electronic or automated submissions with a response provided within required time limits for specified drugs is also included in the PBM solution. A vendor, yet to be determined, is required to monitor prospective and retrospective drug utilization, drug criteria, prepare reports, facilitate and preside over quarterly Drug Utilization Review (DUR) Board. A vendor, yet to be determined, will facilitate and preside over Pharmaceutical and Therapeutics (P&T) Committee meetings, including negotiating with manufacturers for drug rebates, making recommendations to the Agency related to the Preferred Drug List (PDL), preparing, and updating cost sheets which include federal and state rebate amounts, verifying that all drugs are included in therapeutic drug class reviews on the pharmacy and medical web-sites. The PBM vendor will also provide operational staff to deliver information to providers, recipients, and other stakeholders. PBM initial calls are anticipated to be handled by the Unified Operations Center (UOC):

a. Providing Tier 1 general support to callers regarding pharmacy benefits (e.g., who should they call, covered drugs, complaint intake, etc.);
b. Routing fee-for-service recipients to the PBM Ombudsman for pharmacy related issues and to the health plan for SMMC recipients; and
c. Process for communicating to the provider or recipient the result of the review through various communication channels (mail, email, text, web-portal, etc.).

The PBM vendor will include an Ombudsman to assist with recipient inquiries.

PBM IAPDU Planned Activities and Costs

State Fiscal Year	Activities	Planned Costs
2022-2023	Planning activities	$0
2023-2024	• Procurement / DDI activities	$ 3,075,877
2024-2025	• Procurement / DDI activities • O&M	$ 9,181,165 $ 6,719,616

Streamlined Modular Certification (SMC)

The Agency and FX PBM vendor will develop specific desired outcomes and required metrics that will be reported to CMS as the outcomes evolve. The following are PBM outcomes that form the baseline and that will be refined in the development efforts as a part of design, development, and implementation (DDI). Additional desired outcomes and required metrics will be reported to CMS in the future.

Pharmacy Benefit Management (PBM) Outcomes

Reference #	Outcome	Source(s)
PBM1	The system adjudicates claims within established time parameters to ensure timely pharmacy claims payments.	Section 1927(h) of the SSA 42 CFR 456.722 - POS requirement to support claims adjudication or payment F.S. 409.912 (5)(a)1
PBM2	The system adjudicates claims accurately within established parameters. The module can be configured to provide authority/ability to override a reject/edit/denied claim and then resubmit to ensure timely provider claims payments.	42 CFR 456.722
PBM3	The system captures the necessary data to ensure timely processing of manufacturer rebates as well as the capability to track rebates to promote beneficiary cost savings.	Section 1927 of the SSA 42 CFR 447.509
PBM4	The system has the capability to support cost savings by capturing, storing, and transferring data to the payment process system to generate invoices of participating drug manufacturers within 60 days of the end of each quarter.	Section 1927 of the SSA 42 CFR 447.520 Section 1927(b)(2) of the SSA 42 CFR 447.511
PBM5	The system supports cost savings by enabling the tracking, monitoring, and reporting of manufacturer's pharmacy drugs and rebate savings.	Section 1927 of the SSA 42 CFR 447.520 Section 1927(b)(2) of the SSA 42 CFR 447.511
PBM6	Capability to perform automatic and electronic prior authorizations, providing a response by telephone or other telecommunication devices within 24 hours of receipt of a request. Provides for the dispensing of a 72-hour supply of a covered outpatient prescription drug in an emergency situation (unless excluded under the SSA).	Section 1927(d)(5) of the SSA F.S. 409.912 (5)(a)1
PBM7	The system supports CMS oversight of the safe, effective, and appropriate dispensing of medications by enabling the capability to provide data to support the creation of the CMS	Section 1927(g)(3)(D) of the SSA 42 CFR 456.712 Section 1944(e)(1) of the SSA

Reference #	Outcome	Source(s)
	annual report on the operation and status of the state's DUR program.	
PBM8	The system supports the safe, effective, and appropriate dispensing of medications by enabling the capability to provide point-of-sale or point of distribution prospective review of drug therapy based upon predetermined standards, including standards for counseling. This includes quantity, age, dose, diagnosis limitations and prior authorizations both automated and electronically submitted.	42 CFR 456.703, 456.705(b) 456.709 Section 1927 (g) of the SSA
PBM9	The system supports the identification of patterns of fraud, abuse, gross overuse, or inappropriate or medically unnecessary care, or prescribing or billing practices indicating abuse or excessive utilization among physicians, pharmacists and individuals receiving benefits by enabling the collection of pharmacy data to be used in retrospective drug utilization reviews.	42 CFR 456.703, 456.705(b) 456.709 Section 1927 (g) of the SSA

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C.5 Organizational Change Management

The Agency seeks prior approval from CMS for the development of an Organization Change Management (OCM) team to assist the FX Program Administration (FXPA) to analyze, strategize, and plan critical organizational and workforce transitions in a phased approach that can be implement over the next few years. During the period covered by this IAPDU, the Agency has procured initial contracted staff to integrate OCM activities across FX.

The Agency developed FX OCM Standards and published the new standards in November 2022. The OCM Standards represent a repeatable set of processes and templates developed to ensure consistent change management implementations. The Agency OCM Standards are included in FX standards and are to be adhered to by FX vendors and Agency resources. This standardization facilitates integration of OCM with the larger FX program to best facilitate the management of people impacts across FX project implementations. OCM promotes ongoing employee and stakeholder engagement and provides customized change management plans and reusable tools to assist with successful long-term results. Done correctly, OCM assists with reducing the level of disruption in organizations to the changes in the way work is done while maximizing the positive effects of these changes.

The scope of FX OCM has the following components:

- **Stakeholder Coordination** - focuses on working with all impacted people – both internal and external to the Agency – to understand and be engaged with the change.
- **Communications** - supports OCM efforts to build understanding and drive adoption of the changes being made.
- **Training** - focuses on ensuring end users have the necessary knowledge, skills, and abilities (KSAs) they need to transition and be successful in a new environment.
- **Organizational (Re) Design** - determines how the structure and workforce will be organized to support business functions in the new environment.
- **Implementation Logistics** - The work associated with this key area entails assessing the business operations' readiness for the impending changes.

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The UOC implementation will transform the Enterprise Medicaid Customer Service operations in the State of Florida. Organizational Change Management brings the people, process, and technology together to build and execute the transformational 'people' changes in the Unified Operations Center. The UOC Vendor has been working with the IS/IP Modular Integration team to lead the Agency through work sessions to discover current state, define future state vision, detail end-to-end business processes, and decomposed workflows that describe the customer and provider experience. The UOC Vendor's OCM resources have initiated performance of the OCM activities throughout the duration of the Staged UOC Solution project releases. The FX Program OCM team will provide integrated dynamic Organizational Change Management services across the multi-vendor FX software releases to integrate all change impacts, consolidate integrated people, process, and technology training and communication needs across FX module technology stacks for a unified messaging.

OCM IAPDU Planned Activities

State Fiscal Year	Activities
2022-2023	Form OCM team to plan OCM and work force transition activities
2023-2024	Implement OCM plans as approved by the Agency
2024-2025	Continue OCM activities

OCM IAPDU Planned Costs

The funding for the OCM expenditures for OCM contracted staff is included in the funding request for the FX modules. Expenditures are allocated to the FX module vendor budgets in accordance with OCM work performed by the OCM contracted staff.

Streamlined Modular Certification (SMC)

Organizational Management is not a certifiable component of the MMIS replacement.

C.6 Testing Center of Excellence

The Agency seeks prior approval for the development of a Testing Center of Excellence (TCoE) designed to establish and govern a strategic, enterprise-level, multidisciplinary, quality program complementing Florida's organizational fluidity. The SEAS Vendor delivered recommended components and considerations for an FX TCoE framework to the Agency in January 2023. The Agency plans to assign FX TCoE responsibility to the IS/IP vendor.

The FX TCoE will serve as the overall testing authority for the FX Program by:

- Creating and managing an FX Enterprise Test Management Plan and Framework for the delivery of FX solutions across one or more projects throughout the FX Program life (management includes alignment with appropriate program standards, technical standards, CMS certification guidelines).
- Overseeing testing activities across FX phases and milestones, across all FX projects and work efforts, by implementing the proper processes, procedures, and controls across all vendors for proper authorization and approval of testing results and traceability to requirements.
- Coordinating and implementing User Acceptance Testing from a centralized project and library of test cases and test plans with a dedicated testing team to consult with the Agency as needed.
- Normalizing and centralizing the usage of the FX Program's Application Life Cycle Management (ALM) solutions for testing across all vendors and across all projects and work efforts.

This holistic approach ensures performance, scalability, traceability, risk and issue identification and resolution, quality of service, product and data transference, reliability, and interoperability to satisfy customer requirements before operationalizing. Repeatable methodologies are long term solutions for quality assurance.

TcoE IAPDU Planned Activities

State Fiscal Year	Activities
2022-2023	Complete planning activities
2023-2024	Implement the FX Enterprise Test Management Plan; conduct testing activities
2024-2025	Continue FX Enterprise Test Management activities

TCoE IAPDU Planned Costs

The funding for TCoE activities is inclusive to the FX vendor's operational costs. CMS will be informed of the Agency's planning through a future IAPD update.

Streamlined Modular Certification (SMC)

The Testing Center of Excellence is not a certifiable component of the MMIS replacement.

C.7 Penetration (Pen) Testing

The Agency seeks prior approval to procure pen testing services. Network integrity and security are critical to the success of the FX Program. Pen testing will discover points of exploitation and test IT breach security, thereby preventing damaging breaches to Protected Health Information and Personally Identifiable Information maintained within the FX Enterprise. FX module vendors are required to perform pen testing by a third party. However, since pen testing must be performed on the entire FX environment, the Agency is considering procuring the services of a third-party vendor for the FX Enterprise.

Pen Testing IAPDU Planned Activities

State Fiscal Year	Activities
2022-2023	Complete planning activities
2023-2024	Complete resource activities and implement the FX Enterprise Pen Testing solution
2024-2025	Continue FX Enterprise Pen Testing activities

Pen Testing IAPDU Planned Costs

Planning activities will be performed by FX Agency resources and contracted staff augmentation resources. The Pen Testing vendor costs are inclusive to the FX Enterprise Contract Services- Implementation line item within the FX budget. CMS will be informed of the Agency's planning results through a future IAPD update.

Streamlined Modular Certification (SMC)

Pen testing is not a certifiable component of the MMIS replacement.

C.8 Third Party Liability (TPL) (Core functions)

Third Party Liability Module, currently operated by Health Management Systems (HMS), includes all systems and operations necessary to determine the legal liability of third parties to pay for care and services available under the Medicaid state plan. The Agency contract with HMS expires on August 31, 2025. Re-procurement under the FX Program may result in introducing new functionality for legal liability, estate recovery, data matching, and post-payment support. TPL functions that support claims adjudication will be incorporated in the Core Module, as necessary. TPL is part of the currently certified MMIS.

TPL IAPDU Planned Activities

State Fiscal Year	Activities
2022-2023	No planned activities
2023-2024	Planning to identify the TPL components that need to be available to the FX Core module
2024-2025	Procurement and contracting activities

TPL Planned Costs

Planning activities will be performed by FX Agency resources and contracted staff augmentation resources. CMS will be informed of the Agency's planning and procurement results through a future IAPD update.

Streamlined Modular Certification (SMC)

The Agency and TPL vendor will develop specific desired outcomes and required metrics that will be reported to CMS as the outcomes evolve.

C.9 Medicaid Enterprise System (MES) Business Architecture (BA) and Streamlined Modular Certification (Certification)

The Agency seeks prior approval to procure the services of a MES BA and Certification vendor. Scope of work planned for the MES BA and Certification vendor includes building and maintaining the MITA functional representation of FX MES business services, processes, modules, and capabilities. The vendor BA team will map prioritized program business processes; identify, track, and validate project and program outcomes and benefits; and identify, track, and validate metrics and evidence for outcomes. The vendor Certification team will map outcomes to business and technical requirements for inclusion in procurement documents, populate the MITA Source Pulse tool, develop materials and support the Operational Readiness Review, perform Production Operational activities, support the Certification review, and support the Operational reporting phase.

MES BA/Certification IAPDU Planned Activities

State Fiscal Year	Activities
2022-2023	Start preliminary planning
2023-2024	Conduct resource or procurement activities and initiate activities
2024-2025	Ongoing MES BA/Certification activities

MES Business Architecture and SMC IAPDU Planned Costs

Planning activities will be performed by FX Agency resources. The MES BA and Certification vendor costs are inclusive to the FX Enterprise Contract Services-Implementation line item within the FX budget. CMS will be informed of the Agency's planning and procurement results through a future IAPD update.

Streamlined Modular Certification (SMC)

The MES Business Architecture and SMC scope of work is not a certifiable component of the MMIS replacement.

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ATTACHMENT D — PHASE IV: REMAINING FUNCTIONAL MODULES

The objective of Phase IV of FX is to implement the remaining functional modules necessary to accomplish the FX vision. In some cases, these modules are part of the certified MMIS, and certain parts of their functionality will need to be accounted for before the end of the current fiscal agent contract. Also included are modules that are not part of the current fiscal agent contract and are intended to enhance the management of the Medicaid program. More detail and pricing will be added to a future IAPD Update.

D.1 Plan Management

A Plan Management Module is planned to support collaboration between the Agency and the Statewide Medicaid Managed Care plans, enabling increased accountability and transparency and drive positive outcomes for recipients. Agency planning is identified as an expenditure during the term of this IAPD for $208,000.

D.2 Enterprise Case Management

An Enterprise Case Management Module solution is planned to streamline and consolidate case management information from across the Medicaid enterprise into a single system. This system will facilitate the availability of complete and comprehensive information for state agencies, providers, and recipients. Agency planning is identified as an expenditure during the term of this IAPD for $280,800.

D.3 Contractor Management

A Contractor Management Module is planned to improve the ability to manage contracts across the Agency's contract lifecycle from procurement through contract termination. The solution will include reporting and business intelligence analysis to measure the performance of contractor activities and programs against widely accepted outcome metrics.

D.4 Third Party Liability (TPL) (Module contract)

Third Party Liability Module (operated by HMS) including all systems and operations necessary to determine the legal liability of third parties to pay for care and services available under the Medicaid state plan. This module would replace existing legacy systems and introduce new functionality for legal liability, estate recovery, data matching, and post-payment support. TPL is part of the currently certified MMIS.

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ATTACHMENT E — MODULES WITHOUT ENHANCED FFP

The Agency is not requesting enhanced FFP for the following functions of the Medicaid Enterprise System (MES). Information regarding these functions is provided in the IAPDU to inform CMS of the Agency's plan to maintain these important components to ensure smooth and accurate management of the MES and the Medicaid program.

E.1 Choice Counseling Services

The Agency intends to procure the services of a Vendor to provide choice counseling services. After determining the appropriate recipient group based on eligibility criteria the choice counselor will assist recipients in selection of a Managed Care Plan. The Agency reserves the right to bring these services in-house if that is determined to be best value for the state and federal funding. Any change in direction will be communicated to CMS through an IAPDU.

The Choice Counselors will provide unbiased assistance to recipients regarding selection of a Managed Care Plan using an Enrollment and Recipient Support System. Choice Counselors will be able to use other Agency-approved tools and information available to the recipients for the purpose of making plan selections. Choice Counselors shall provide general education, approved by the Agency, aimed at enhancing Health Literacy.

The staff will be trained to assist recipients who have Special Needs, such as assisting enrollees with complex medical issues, and assisting all recipients with complaints, exemptions, and continuity of care.

These services are now provided through the Enrollment Broker contract with Automated Health Systems (AHS), which ends August 31, 2023. The Agency plans to extend this contract through February 2024, and then issue a procurement for Choice Counseling services. Enhanced FFP is not planned at this time.

E.2 Prior Authorization (Utilization Management)

The Agency is contracted with a federally designated Quality Improvement Organization for the management and maintenance of statewide comprehensive Medicaid utilization management program for specified Medicaid services provided through the Medicaid fee-for-service delivery system. These functions will interface in FX through IS/IP, similarly to the current state, but with a higher level of maturity. The Agency's contract with EQHealth Solutions is effective through December 2027. Enhanced FFP is not planned at this time.

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