ROLL CALL

FX@ahca.myflorida.com

AHCA Statewide Medicaid Managed Care (SMMC) Procurement Integrity Statement

The Agency has entered the statutory blackout period related to this procurement. To protect the competitive nature of SMMC procurements, the Agency will not have any discussions related to the scope, evaluation, or negotiation of any current or future procurement with contractors or their representatives. Procurements are subject to s. 287.057(25), Florida Statutes, between the release of the solicitation and the end of the 72-hour period following the agency posting the notice of intended award.

FX Procurement Integrity Statement

The Agency's FX Program is an ongoing process that involves the preparation of specifications for upcoming contracts. To protect the competitive nature of FX procurements, the Agency will not have any discussions related to the scope, evaluation, or negotiation of any current or future procurement with vendors or their representatives, other than the Agency's SEAS Vendor, IV&V Vendor and Integration Services/Integration Platform (IS/IP) Vendor, who are precluded from bidding on future FX contracts. Procurements are subject to s. 287.057(25), Florida Statutes, between the release of the solicitation and the end of the 72-hour period following the agency posting the notice of intended award.

Opening Remarks

Tom Wallace | FX Executive Sponsor | AHCA

Agenda

Topics	Speakers	Time
Welcome & Opening Remarks	Tom Wallace	10 mins
FX Program Updates	Mike Magnuson	20 mins
FX Enterprise Foundation Release	Luis Diaz / Brittney Moulton	25 mins
FX Voting Actions (including public comment)	Tom Wallace	10 mins
FX Enterprise Data Warehouse (EDW) Stabilization Updates	Don Hoag	10 mins
FX Focus: Medicaid Information Technology Architecture (MITA) / Certification	Jason Kelly / Kris Marshall	10 mins
FX Program Special Assessment Sub-Report #1 Update	Tyler Cain	10 mins
FX Independent Verification & Validation (IV&V) Assessment	Terry Sanderson	10 mins
FX ESC Member Discussion/Engagement	Mike Magnuson / ESC Members	10 mins
Closing Remarks	Tom Wallace	5 mins

FX Program Updates
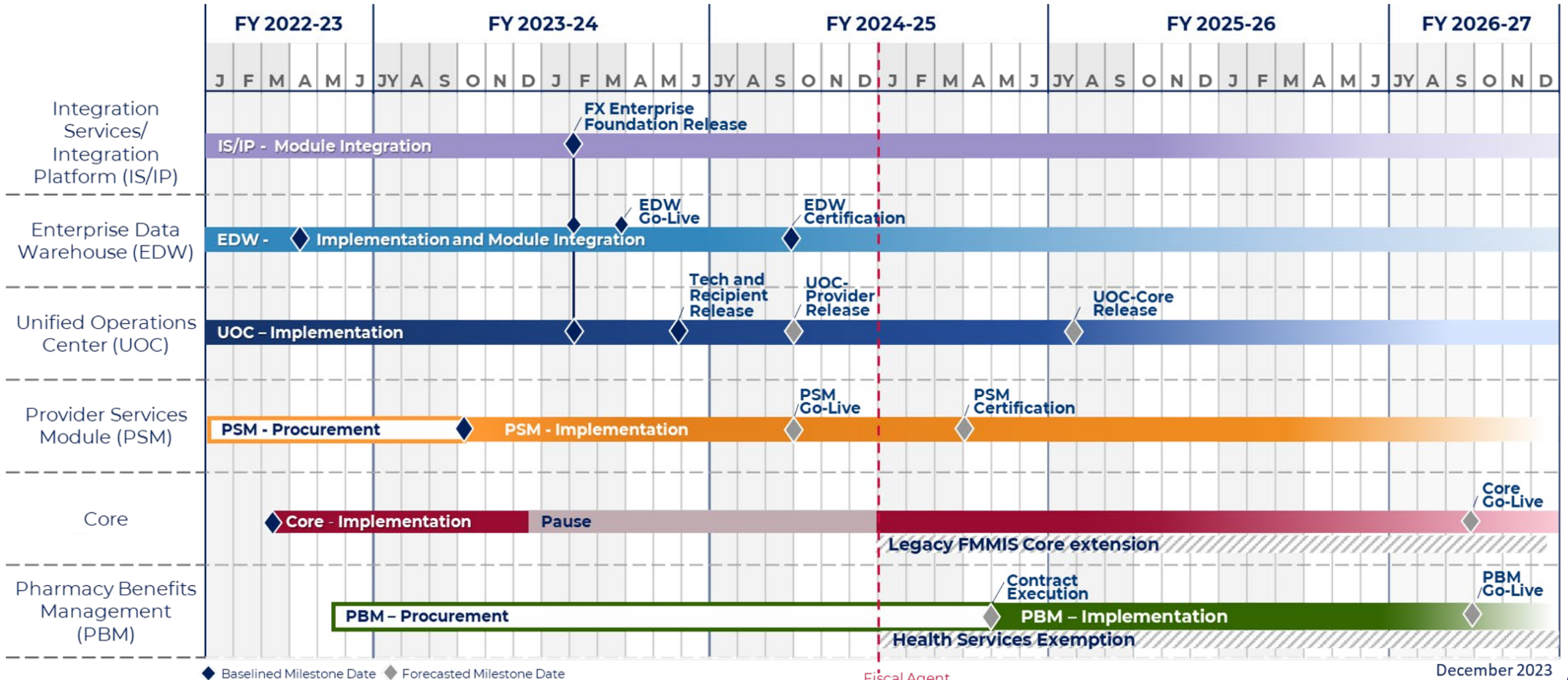
Mike Magnuson | FX Director | AHCA

Since Last ESC

- ❑ FX Strategy Roadmap – December 2023
  - ❑ Gain support from Agency Leaders, FX ESC, and external stakeholders
  - ❑ Secure bridge contracts for all legacy services not replaced by FX modules by 12/2024
  - ❑ Document paused activities in all in-flight task orders and deliverables
  - ❑ Reassign FMMIS transition resources to align with the new roadmap
  - ❑ Update spending plan for FY 23/24 and LBR for FY 24/25 to align with Roadmap
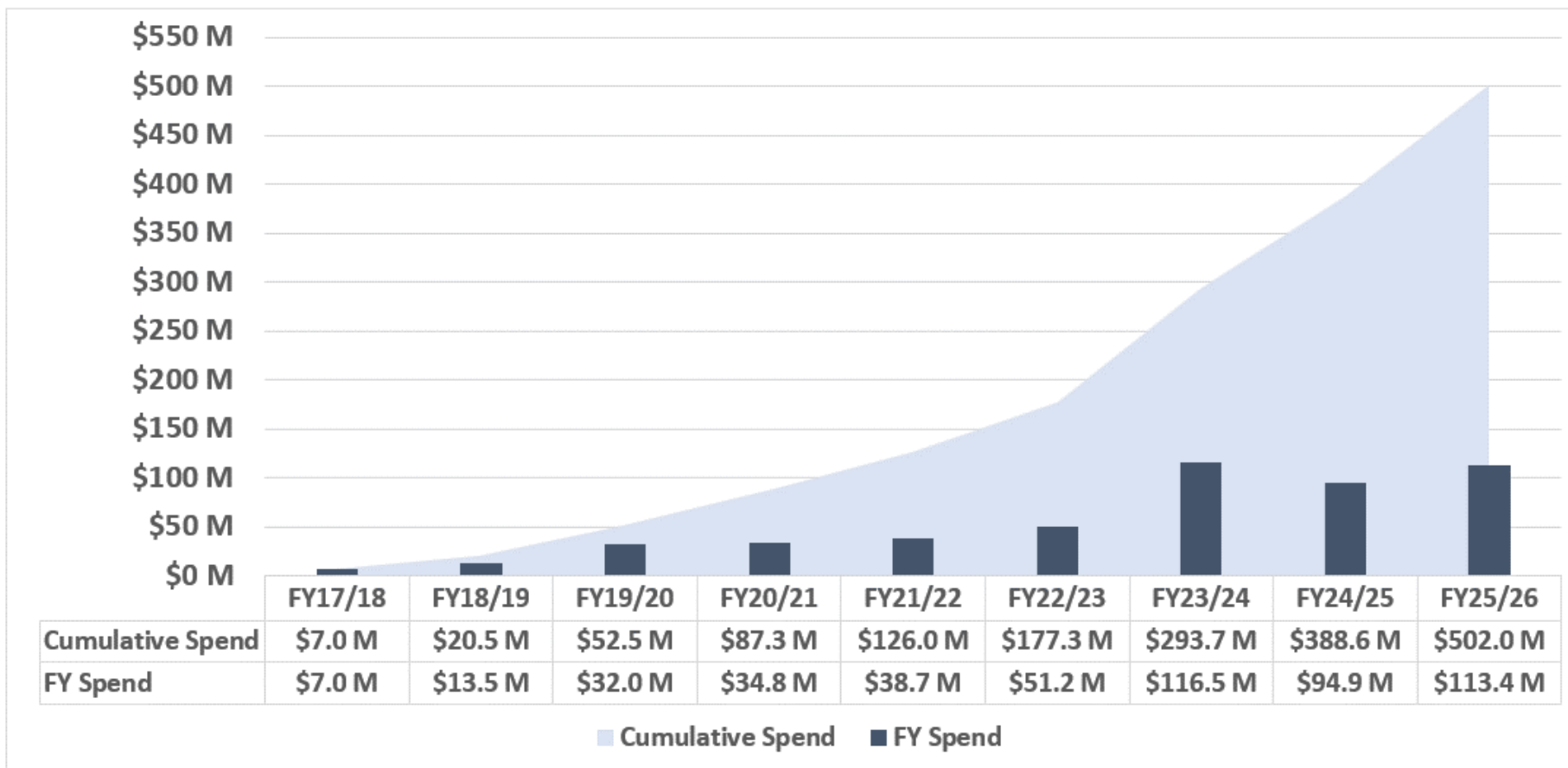- ❑ Launch of FX Enterprise Foundation Release

FX Implementation Spend (as of 1/31/2024)

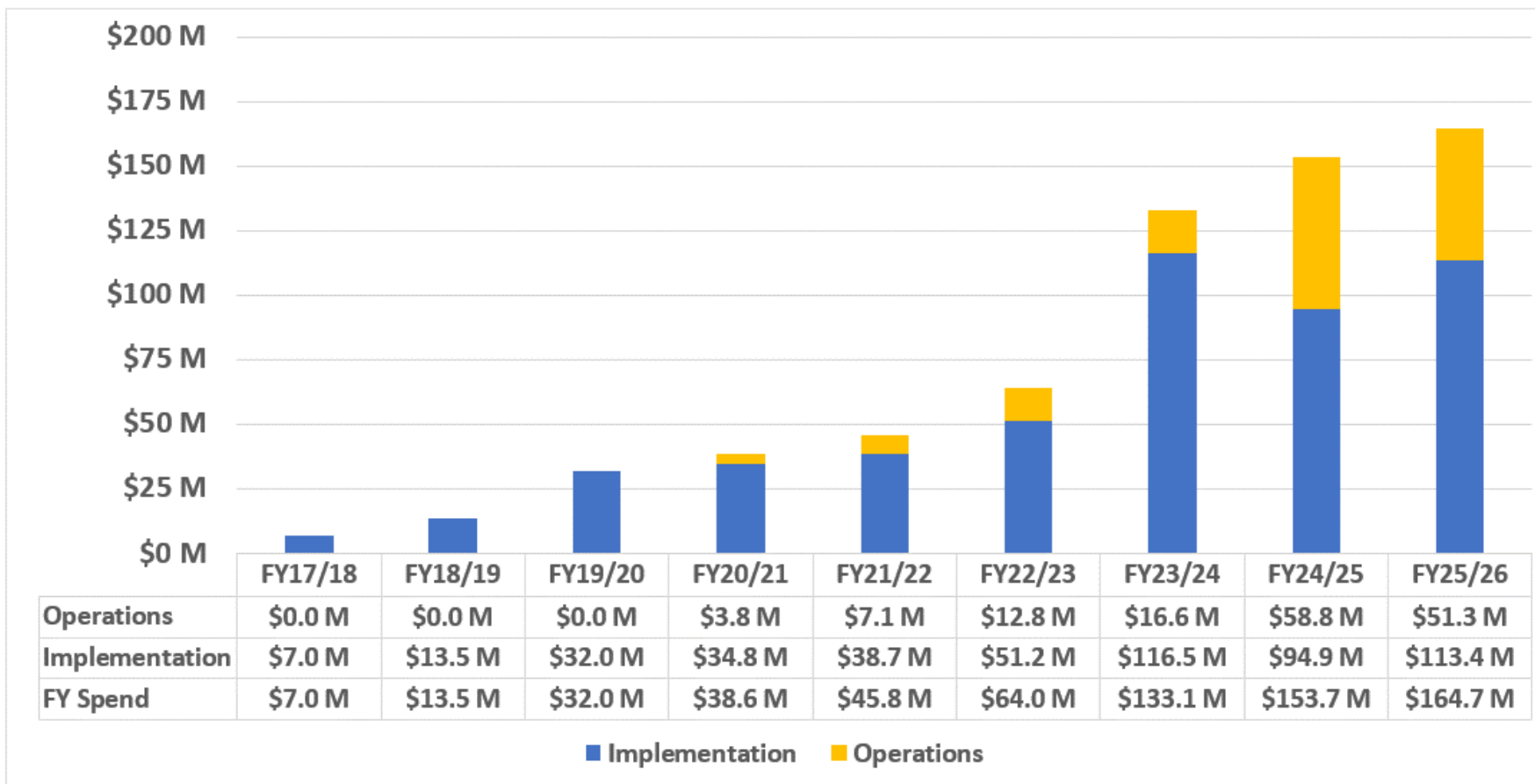|	FY17/18	FY18/19	FY19/20	FY20/21	FY21/22	FY22/23	FY23/24	FY24/25	FY25/26
Cumulative Spend	$7.0 M	$20.5 M	$52.5 M	$87.3 M	$126.0 M	$177.3 M	$293.7 M	$388.6 M	$502.0 M
FY Spend	$7.0 M	$13.5 M	$32.0 M	$34.8 M	$38.7 M	$51.2 M	$116.5 M	$94.9 M	$113.4 M

■ Cumulative Spend   ■ FY Spend

FY 17/18 to FY 22/23 reflect actual spend
FY 23/24 is a combination of actual and estimated spend

FY 24/25 reflects estimated spend
FY 25/26 reflects estimated funding

FX Spend by Fiscal Year (as of 1/31/2024)

	FY17/18	FY18/19	FY19/20	FY20/21	FY21/22	FY22/23	FY23/24	FY24/25	FY25/26
Operations	$0.0 M	$0.0 M	$0.0 M	$3.8 M	$7.1 M	$12.8 M	$16.6 M	$58.8 M	$51.3 M
Implementation	$7.0 M	$13.5 M	$32.0 M	$34.8 M	$38.7 M	$51.2 M	$116.5 M	$94.9 M	$113.4 M
FY Spend	$7.0 M	$13.5 M	$32.0 M	$38.6 M	$45.8 M	$64.0 M	$133.1 M	$153.7 M	$164.7 M

■ Implementation   ■ Operations

FY 17/18 to FY 22/23 reflect actual spend
FY 23/24 is a combination of actual and estimated spend

FY 24/25 reflects estimated spend
FY 25/26 reflects estimated funding

Medicaid Enterprise System (MES) Transformation Market Research Checkpoint

November 2023 - January 2024

Ruth Klann | Strategy Lead |
Strategic Enterprise Advisory Services (SEAS) | North Highland

Overview

MMIS modernization is occurring nation-wide, spurred by Centers for Medicare & Medicaid Services (CMS) 2015 Modularity Final Rule.

Many states have started transforming to modular Medicaid Enterprise Systems (MES) using varied approaches, approved by CMS and state leadership.

The FX Program monitors national MES Transformation progress to gather best practices and lessons learned and identifies innovations and trends relevant to Florida.

In late 2023, the FX Program interviewed 8 states that have similar approaches and in many cases comparable progress to Florida.

8 States Reviewed

Selected based on MES Transformation Approach, Progress and Interview Availability

Florida Medicaid
Fast Facts for December 2023

Statewide Enrollment: 4,866,692

| SMMC MMA Enrollment: 3,480,872 | FFS Enrollment: 1,383,018 |
| % Enrolled in SMMC MMA: 71.6% | % Enrolled in FFS: 28.4% |

Source: AHCA December 2023

Florida Medicaid
Enrollment Trend for December 2023

3 Month Change	3 Month % Change	6 Month Change	6 Month % Change	12 Month Change	12 Month % Change
-295,192	-5.7%	-560,838	-10.3%	-771,869	-13.7%

State Medicaid Profile in Comparison to Florida

	FL*	CO	GA	KS	MT	TN	TX	VA	WI
POPULATION	21.7M	5.7M	10.6M	2.8M	1.1M	6.9M	29.3M	8.3M	5.8M
% of Florida	-	26%	49%	13%	5%	32%	135%	38%	27%
MEDICAID ENROLLMENT	4.2M	1.5M	2.3M	465K	249K	1.7M	4.9M	2.0M	1.4M
% of Florida	-	36%	54%	11%	6%	40%	115%	47%	32%
MEDICAID SPENDING	$33.1B	$12B	$14.4B	$4.3B	$2.4B	$11.4B	$57.7B	$18.7B	$11.5B
% of Florida	-	36%	44%	13%	7%	34%	174%	56%	35%
% MEDICAID MCO	90%	10%	80%	87%	N/A	95%	83%	86%	75%
MES Modules in Implementation	YES	YES	YES	NO	YES	YES	YES	YES	YES
MES Modules in Operation	YES	YES+	YES	YES+	YES	YES	YES	YES	YES

Source: State Health Facts- Medicaid & CHIP, Kaiser Family Foundation, KFF.org (2021-2023)
*KFF data differs from AHCA data
+ Legacy takeover

Key Themes From States

States are **adapting their transformation approach** as they face implementation challenges.

States are **increasing the use of managed staffing services** due to lack of technical expertise and staffing bandwidth.

Vendor management issues are prevalent as states transform from monolithic to multi-vendor modular solutions

Multiple states have **multi-year and more specialized funding options** to support multi-year MES modernization providing for program **agility** in reaching milestones.

Considerations for use of **alternate procurement methods** include complexity of modules and state requirements "fit".

Considerations for Florida

Agile and Responsive Approach
Evolving transformation plans are universal; States highlight a need to remain agile and responsive to unforeseen challenges/new opportunities.
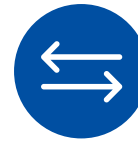
Alternative Staffing Models
Staff capacity is a nation-wide challenge; States are using multiple staffing alternatives and planning implementation timeline accordingly.

Vendor Management and Oversight
Increasing vendor relationship management and oversight capabilities and activating performance accountability tools can incentivize and align vendor performance.

Evolving Transformation
State transition from "Incremental Modular" to "Modular Single-Cutover" approach due to problems integrating with legacy system poses a similar risk for Florida.

Procurement Options
Alternative procurement methods (NASPO) can expedite procurement timelines and minimize impact on state resources; to ensure a fit in Florida an evaluation of module complexity, requirements and timeline against Florida's needs must occur.

Scope Overview

Business Services	Impacted Stakeholder(s)
FX Info Hub	• FX Application Users
FX Learn Hub	• FX Training Consumers
FX Automated User Provisioning	• Department of Management Services (DMS) People First • FX Application Users • FX Application Users' Supervisors • AHCA Information Technology
FX Enterprise Security	• FX Application Users • AHCA Information Technology
Provider Network Verification (non-Production Use)	• AHCA Plan Management Operations • Statewide Medicaid Management Care (SMMC) Health Plans

Improved
customer service

Enhanced
collaboration enterprise-wide

Increased
productivity

Info Hub is a knowledge base system, storing crucial articles related to new policies, Medicaid support, emergency notices and more. This system is accessible to all employees within the enterprise, and where applicable, the relevant information is made available to the public.

In the
Know
...with **Info Hub** the new knowledge base system

FX Enterprise Foundation Release
INFO HUB BENEFITS SUMMARY

Info Hub
BENEFITS

- Universal, consistent information across the enterprise

- Centralizes systems to improve efficiency

- Improves user role-based dashboards & workspaces

- Enhances translations and new language preferences

- Enhanced search capabilities

- Streamlines article creation experience

Engaging
training courses

Interactive
dynamic learning

Increased
comprehension

Learn Hub is a learning management system used to develop and educate internal Agency and external partners. The learning experience offers dynamic drag-and-drop questions, gamification, and videos to heighten participation and engagement. The platform provides a wide range of courses and the option to learn in multiple languages.

Dynamic Learning
...with **Learn Hub** the new learning management system

FX Enterprise Foundation Release
LEARN HUB BENEFITS SUMMARY

Centralizes integrated learning materials into one efficient location

Enables tracking and reports for learner progress, scores, and completion rate

Implements interactive course options to enhance user experience and improve engagement

Unlimited user base and custom user roles

Secure
FX Applications
...with **improved access** and **security measures**

Connected
enterprise-wide

Universal
systems login

Automated
self-service access

The FX Enterprise Portal allows for centralized access to the connected, enterprise-wide systems and applications. Streamlining the sign-on functionality, the FX Portal reduces request wait times, allows easier management of access requests, and provides history logs for enhanced security tracking.

FX Enterprise Foundation Release
SECURITY & FX ENTERPRISE PORTAL BENEFITS SUMMARY

Streamlines account management with universal single-sign on

Improves security with automatic deprovisioning and new audit capabilities & history logs

Enables self-service access requests & automatic approvals

Interconnects enterprise-wide systems and applications

Reduces manual processes resulting in lower administrative costs

Enhanced analytics & reporting

Increased transparency

Improved network adequacy decisions

Provider Network Verification
...with improved reporting capabilities

As an extension to Florida's Medicaid Enterprise Data Warehouse (EDW) solution, the EDW is adding a **Provider Network Verification** (PNV) component that allows the Medicaid program to analyze and identify gaps in network adequacy more effectively. These gaps could result in disruptions to or lack of available providers to deliver services to Medicaid recipients. This capability is enabled through the aggregation of diverse datasets that encompass both provider and recipient information. PNV facilitates Agency analysis and identification of gaps in network adequacy and recipient coverage through various analytical methods, such as time, distance, and ratio analysis. Additionally, PNV provides a detailed assessment of the quality of provider network data submitted by health plans, verifying the accuracy of provider data and validating access to care for recipients.

Provider Network Verification

BENEFITS

FX Enterprise Foundation Release

PROVIDER NETWORK VERIFICATION BENEFITS SUMMARY
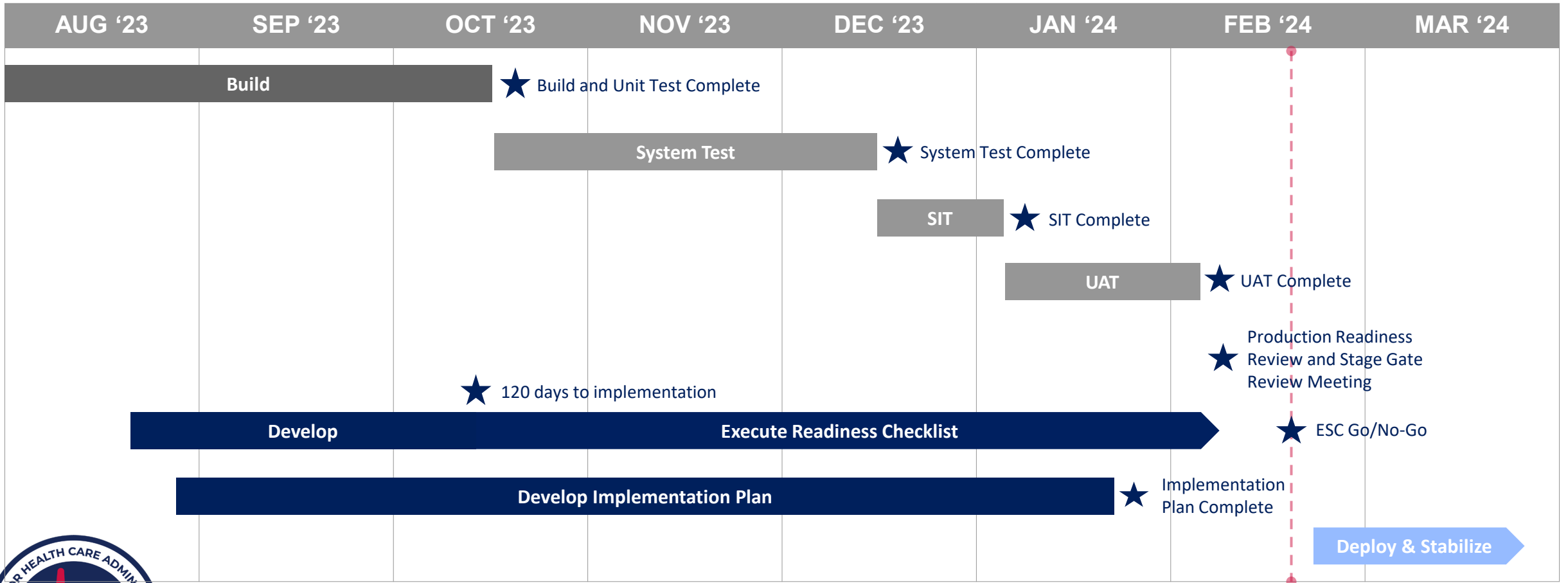
Enables enhanced analysis on expanded data sets

Increases the ability to analyze the root cause of network adequacy issues

Provides insights to AHCA and MCOs on network adequacy issues

Timeline

AUG '23	SEP '23	OCT '23	NOV '23	DEC '23	JAN '24	FEB '24	MAR '24

Build ★ Build and Unit Test Complete

System Test ★ System Test Complete

SIT ★ SIT Complete

UAT ★ UAT Complete

★ Production Readiness Review and Stage Gate Review Meeting

★ 120 days to implementation

Develop | **Execute Readiness Checklist** ★ ESC Go/No-Go

Develop Implementation Plan ★ Implementation Plan Complete

Deploy & Stabilize

Production Readiness Approach

User Provisioning

Testing

Technical Infrastructure

Training and OCM

Post Implementation Maintenance and Support Readiness

General Readiness and Project Management

Integration with UOC for user account verification and authentication

Testing Completion by Test Phase (e.g., Unit, System)

Develop Training Material, Identify Participants and Deliver Training Post Go-Live

Environment Build and Configuration

Operational Readiness

Post Implementation Resources identified, and Mobilized

Communications, Risk and Issue Review, Implementation Planning

Evaluation of Operational and Stage Gate Readiness

📋 **Final Readiness Sign-off**

Go / No-Go criteria defined and Stage Gate Reviewed

Production Readiness Summary

	Production Readiness Section	# of Readiness Items	# with Go Decision	# with Conditional Go Decision	# Pending Decision	Notes
	General Readiness and Project Management	11	11	0	0	
	Technical Infrastructure	28	28	0	0	
	Testing	22	22	0	0	
	User Provisioning	6	6	0	0	
	Training and OCM	21	19	2	0	• Conditional Go – The Integrated Training Plan has been reviewed by the Agency and is currently being remediated by the UOC Vendor. The Integrated Training Plan is on track to be approved one week prior to training delivery. • Conditional Go - Training Materials and KBS Articles has been reviewed by the Agency and is currently being remediated by the UOC Vendor. The Training Materials and KBS Articles are on track to be approved one week prior to training delivery.
	Post Implementation Support / Readiness	16	16	0	0	
	Operational Readiness	6	5	1	0	• Conditional Go – The Agency has reviewed an initial draft of the Tier 0, 1, 2, and 3 Operational Processes for the UOC Vendor.
	Final Sign Off	3	2	0	1	• The final task in this section is FX ESC approval for FX Enterprise Foundation Release Go-Live.
Total		**113**	**109**	**3**	**1**	

FX Voting Action

Tom Wallace | FX Executive Sponsor | AHCA

Public & ESC Member Comments

Voting Action

FX Enterprise Foundation Release Go/No Go Decision

ESC Members

FX Enterprise Data Warehouse (EDW) Stabilization Updates

Don Hoag | Principal | Deloitte

FX EDW Stabilization Update

Completed:

✓ Production deployment of Release 1 and Release 2 for stabilization

✓ Met the Minimum Viable Product requirements

✓ Development completed for Release 3

✓ Access for EDW Go-Live user list

✓ Submission of required documents for CMS Operational Readiness Review

In Process:

❑ SIT for Release 3

❑ CMS Operational Readiness Review (ORR) preparation (for March 19)

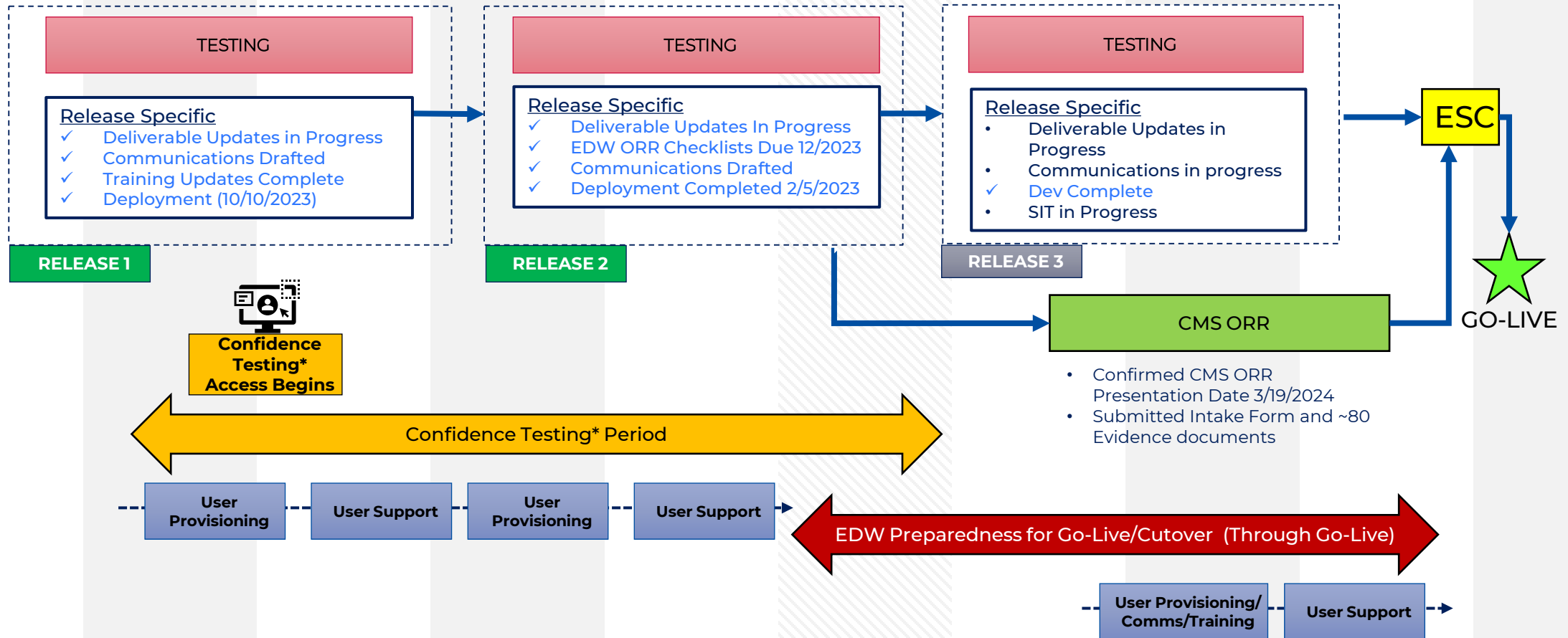❑ Go-Live checklist review in progress (51 Items)

Next Steps:

❑ ESC Go-Live Approval (after ORR)

Release Timelines and Go-Live Critical Path

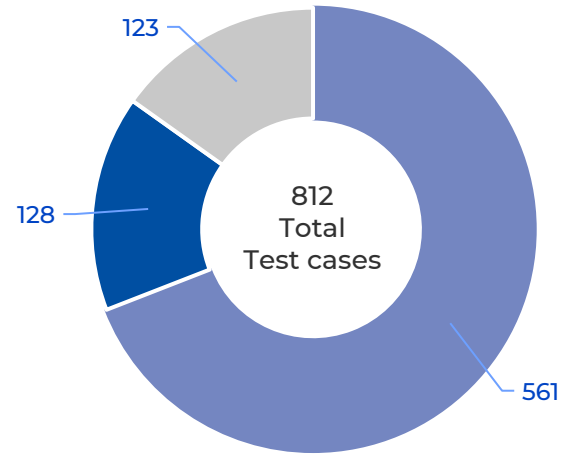| Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	April 24

TESTING

Release Specific
- ✓ Deliverable Updates in Progress
- ✓ Communications Drafted
- ✓ Training Updates Complete
- ✓ Deployment (10/10/2023)

RELEASE 1

TESTING

Release Specific
- ✓ Deliverable Updates In Progress
- ✓ EDW ORR Checklists Due 12/2023
- ✓ Communications Drafted
- ✓ Deployment Completed 2/5/2023

RELEASE 2

TESTING

Release Specific
- Deliverable Updates in Progress
- Communications in progress
- ✓ Dev Complete
- SIT in Progress

RELEASE 3

ESC

GO-LIVE

Confidence Testing* Access Begins

CMS ORR
- Confirmed CMS ORR Presentation Date 3/19/2024
- Submitted Intake Form and ~80 Evidence documents

Confidence Testing* Period

User Provisioning	User Support	User Provisioning	User Support

EDW Preparedness for Go-Live/Cutover (Through Go-Live)

User Provisioning/ Comms/Training	User Support

Stabilization Test Summary

Overall Test Cases Summary

- SIT
- SIT Regression
- UAT

812 Total Test cases

- 123
- 128
- 561

System Integration Testing (SIT)

- Stabilization R1: 351
- Stabilization R2 6A: 61
- Stabilization R2 6B: 149
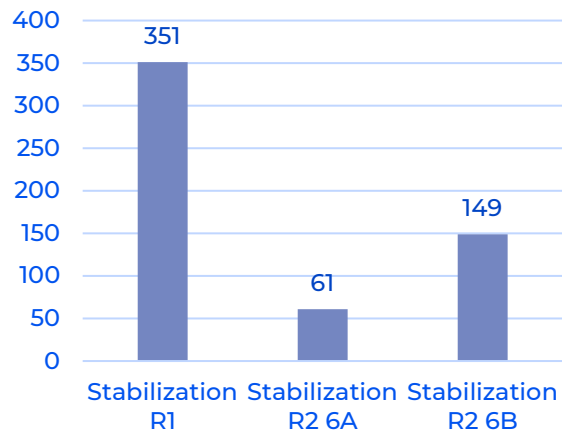
User Acceptance Testing (UAT)

- Stabilization R1: 61
- Stabilization R2 6A: 22
- Stabilization R2 6B: 40

SIT Regression Testing

- Stabilization R1: 59
- Stabilization R2 6A: 37
- Stabilization R2 6B: 32
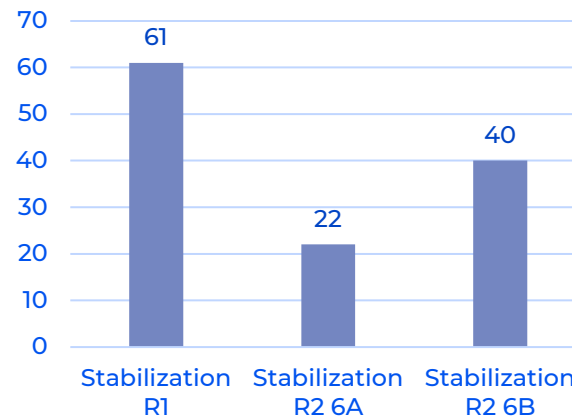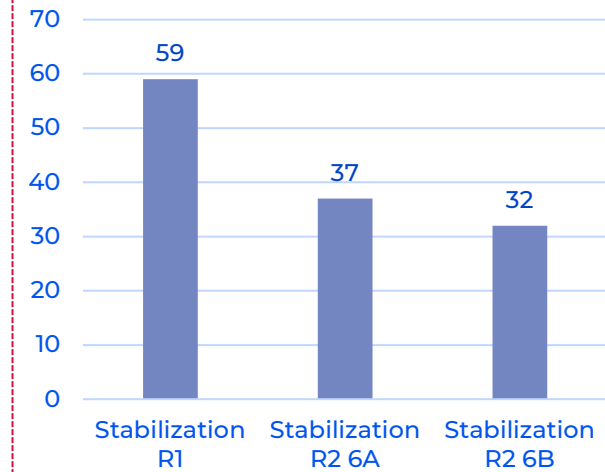
R# = Release #

FX Focus
Medicaid Information Technology Architecture (MITA)/Certification

Kris Marshall | Certification Program Manager | Public Consulting Group (PCG)

MITA/Certification Focus

Streamlined Modular Certification (SMC)

CMS Vision—
SMC moves CMS toward outcomes-based reporting for Medicaid Enterprise Systems (MES) and provides more consistency and accountability in CMS' certification process to promote effective stewardship of federal funds.

Purpose—
The purpose of Certification Services is to provide foundational support for MES transformation and ongoing federal funding through the CMS' Advance Planning Document (APD) process.

Goal—
The goal is to position FX to develop Certification as an ongoing life cycle management practice from planning (i.e., APD drafting) through operational reporting, while also focusing on managing operational funding for the life of each MES module.

Medicaid IT Architecture (MITA)

CMS Vision—
MITA is a national framework to support improved systems development and health care management for Medicaid Enterprise Systems (MES).

Purpose—
The purpose of the MITA Services is to advise and assist FX in applying the MITA framework for both Medicaid operations and the development of new IT systems within Medicaid programs.

Goal—
The goal of MITA is to support the development and management of business architecture practices to help enable FX's ability to promote compliance with and advance maturity in CMS' MITA framework.
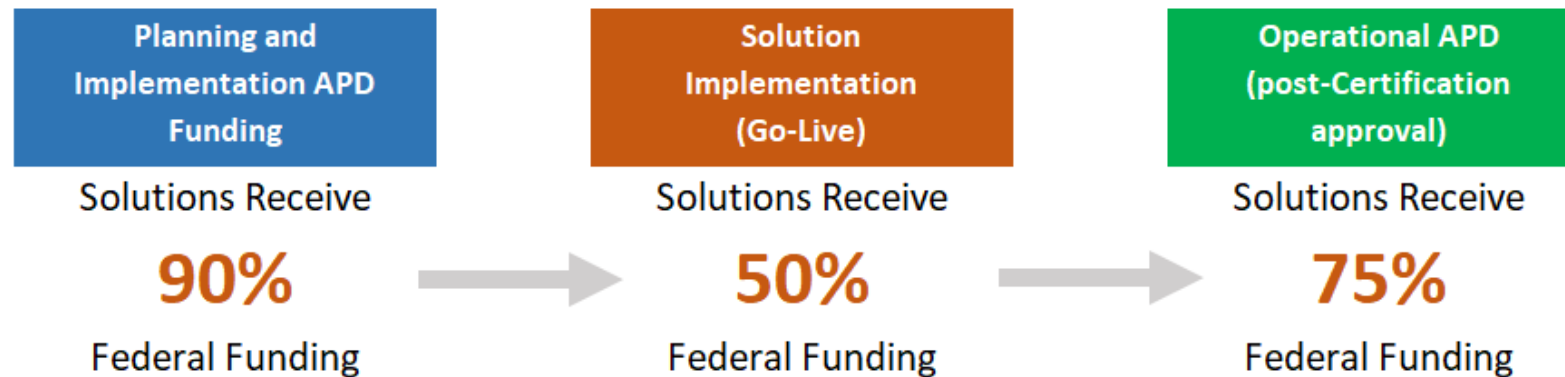
Benefits of the CMS Certification Process

Enhanced through MITA delivery, Certification processes increase project quality and federal funding for Medicaid projects

- CMS provides 90% funding for DDI activities related to approved Medicaid Management Information Systems (MMIS) and Eligibility and Enrolment (E&E) projects.

- CMS certification also allows claiming for up to 75% of the Maintenance and Operations (M&O) cost for the life of the solution once the solution has received Certification approval from CMS.

Planning and Implementation APD Funding	Solution Implementation (Go-Live)	Operational APD (post-Certification approval)
Solutions Receive	Solutions Receive	Solutions Receive
90% →	**50%** →	**75%**
Federal Funding	Federal Funding	Federal Funding

NOTE: Enhanced Federal Funding describes any amount over the standard federal Medicaid financing level called Federal Medical Assistance Percentage (FMAP). FMAP varies by state, based on the state's per capita income. States with lower per capita income typically have a higher FMAP. Every year the federal government reviews and adjusts FMAP as needed.

Recent Activities

- Initiated in-depth documentation review on FX Hub in assessment of both Certification and MITA Business Architecture processes and practices

- Initiated the first of a planned series of overviews and training sessions with SourcePulse—the developer of the MITA Pulse solution

- Assumed ownership of EDW Certification Status and planning meetings and initiated working sessions with EDW teams and stakeholders

- Developed and maintained certification lifecycle tracking for EDW in alignment with CMS guidance

- Partnered with business units, modular teams and other stakeholders to provide guidance, planning and preparation for MITA alignment and CMS Certification management at the enterprise level

- Provided feedback on key project work products/deliverables for alignment with both MES Business Architecture and CMS Certification

- Provided guidance and support for the enhancement and maintenance of MES Business Architecture and CMS Certification Program repositories

- Submitted the first contract deliverable, I-1: MES MITA Business Architecture and Certification Project Management Plan (PMP) for AHCA's review

Sub-Report #1 Scope

The FY 2024 General Appropriations Act (*SB 2500, Second Engrossed, Appropriation 2833A*) authorized the Department of Management Services to engage Public Consulting Group to assess the Florida FX Program independently. This Sub-Report is the first installation of the FX Special Assessment, which includes four total reports. Sub-Report #1 offers:

- Staffing recommendations.

- Identifying risks to the Florida FX Program organizational scope, schedule, budget, and quality.

- Verification of current Florida FX Program status, trajectory, and progress against the current Strategic Roadmap.

- Assessment of Florida FX Program Vendor contracts and scope with recommendations.

Sub-Report #1 Submittal

- Submitted on January 8, 2024.
- Some written comments received and incorporated as appropriate.
- Final report published on January 26, 2024.
- Report may be requested from DMS.
- A formal review and written rebuttal process has been established.

Next Steps

- Upcoming Assessment Topics

  - Assessment of alignment and adherence to the State Medicaid Director Letter released by the CMS in April 2022 (SMD #22-001).
  - Identification of risks to achieving project, stakeholder, and organizational goals and objectives.
  - Identification of opportunities for improved adherence to project, state, and federal requirements, as well as improved alignment to project planning.
  - Assessment of the alignment of project priorities against agency, state, and federal priorities.
  - Validation of project planning for in-flight and future modules.
  - Assessment of current technological needs vs. marketplace offering.
  - Assessment of the stated versus actual priorities of the project.
  - Assessment of Procurement processes and procurement strategies.
  - Assessment of planned enterprise interoperability and data sharing, as well as identification of additional opportunities for enterprise interoperability and data sharing.
  - Assessment of FX foundational documentation (S3, S4, P4, T7, OCM Plan).

Independent Verification & Validation (IV&V) Assessment

Terry Sanderson | FX IV&V Project Manager | NTT Data

IV&V ASSESSMENT: EDW

YELLOW

- EDWI Project Stabilization Release 2 was deployed on February 1, 2024.

- The EDWI Project continues to have a targeted Go-Live date in March 2024 with the CMS Operational Readiness Review (ORR) tentatively scheduled for March 19, 2024.

- IV&V is concerned that the EDWI Project is getting out of sync with the UOC Recipient and Technology Release which could result in rework and additional cost.

- IV&V has observed quality issues with EDWI project deliverables and production dashboard aesthetics/usability.

IV&V ASSESSMENT: UOC

- UOC deliverables associated with the FX Enterprise Foundation Release and the FX UOC Technology and Recipient Release are behind schedule.

- The UOCI Project Team has met with the Agency to propose options for addressing late deliverables for the FX UOC Technology and Recipient Release.

- UOC resources appear to be constrained by the vendor's current workload and schedule as evidenced by the vendor's shifting of focus between critical FX Enterprise Foundation Release and FX UOC Technology and Recipient Release tasks.

- Organizational Change Management (OCM) activities for the FX Enterprise Foundation Release are progressing with an emphasis on stakeholder communications.

- The UOC Vendor's deliverables and work products continue to have quality issues.

IV&V ASSESSMENT: PSM

- The PSMI Project Management Plan was approved on January 12, 2024.

- The PSMI Project Charter, Project Process Agreement, and Project Schedule remained in remediation at the end of this reporting period as none of these deliverables have been approved by the Agency.

- The PSMI Project Schedule (version 002) was returned to the PSM Vendor for remediation on January 22, 2024.

- The PSM Vendor submitted a Standards Waiver Request on January 31, 2024, seeking an exemption from many of the FX Standards which do not align with the vendor's Hybrid Agile approach.

IV&V ASSESSMENT: FX PROGRAM

YELLOW

- FX Leadership continues to face and address challenges typically associated with complex multi-vendor programs like FX approach requires increased program oversight and vendor management.

- Delays in receiving quarterly funding releases are constraining budget resource staff and reducing the Agency's ability to pay vendor invoices.

- The demand on Agency staff resources is extending beyond the capacity for Agency resources to support. Agency resource constraints must be resolved or work re-planned to give the program the best chance for success.

- The program's overall success is predicated on timely integration of each vendor's solutions and schedules. IV&V has observed that the risk of project delays has become greater due to simultaneous projects reaching their design, development, and implementation phases and associated increases in schedule dependencies between the FX modules.

IV&V Findings(F)/Recommendations(R)

- Since 2022, IV&V has produced 48 F/R – (7) F and (41) R
- Currently, 8 are <u>In FX Progress</u> – (1) F and (7) R

Count of IV&V F/Rs	2022			2023				Total
	⊞ Qtr1	⊞ Qtr2	⊞ Qtr3	⊞ Qtr1	⊞ Qtr2	⊞ Qtr3	⊞ Qtr4	
⊟ Finding				1	1	3	1	1	7
CMSI Patient Access Rule Implementation					1			1
EDW Implementation					1			1
FX Program						1	1	2
Unified Operations Center Implementation			1	1	1			3
⊟ Recommendation	1	2	6	9	15	3	5	41
Core Systems Implementation					6		1	7
EDW Implementation		1		4	4			9
FX Program	1	1	5	2	3	3	4	19
IS/IP Module Integration			1		1			2
Unified Operations Center Implementation				3	1			4
Total	1	2	7	10	18	4	6	48

Count of IV&V F/Rs	Closed Resolve	Closed-No Action	Open	Total
⊟ Finding	6		1	7
CMSI Patient Access Rule Implementation	1			1
EDW Implementation	1			1
FX Program	2			2
Unified Operations Center Implementation	2		1	3
⊟ Recommendation	24	10	7	41
Core Systems Implementation	6	1		7
EDW Implementation	7		2	9
FX Program	9	7	3	19
IS/IP Module Integration		2		2
Unified Operations Center Implementation	2		2	4
	30	10	8	48

FX ESC Member
Open Discussion/Updates

Mike Magnuson | FX Director | AHCA

Closing Remarks

Tom Wallace | FX Executive Sponsor | AHCA

ESC Upcoming Meeting

Date	FX Topic/Voting Item
April 2024	FX Enterprise Data Warehouse (EDW) Go-Live

Connect With Us

FX@ahca.myflorida.com

Florida Health Care Connections

Appendix A

Appendix - FX Enterprise Foundation Release
Workers Customer Journey

INFO HUB – FUTURE STATE
CREATOR JOURNEY: CREATE PUBLIC ARTICLE

REQUEST	CREATE	REVIEW	APPROVE	PUBLISH	TRANSLATE
• The Agency Approver logs into Info Hub (KBS) • Agency Approver sends a new public article task request to the Creator • Creator receives a new notification within Info Hub (KBS) • Reviews the new public article requirements, content, and publish date	• Creator drafts a new article • Adds the article title, short description, generates keywords, assigned team • Adds the supplied copy content and any related documents • Sets article audience to 'public'	• Creator requests an internal Approver to review the new article • Internal Approver receives a new notification • They review and request changes to the article • Once the internal Approver receives updated changes, they set the public article status to 'Approved'	• The Agency Approver receives a task notification • They review the public article and request edits, if needed • Agency Approver receives the updated article and approves • Schedules the article's automatic publish date and time to release • Sets an expiration date to review the content for future accuracy	• After the article is published, the Creator automatically receives a notification • The article content is available for public use	• Info Hub's (KBS) Azure AI feature automatically translates to Spanish and Haitian Creole languages • Info Hub automatically assigns a Bilingual Specialist to review the translation for accuracy • The translation team reviews and publishes the new secondary language article
AGENCY APPROVER	**CREATOR**	**APPROVER**	**AGENCY APPROVER**	**PUBLIC**	**BILINGUAL SPECIALIST**

Creator & Agency Approver Journey
PAIN POINTS –

- Decentralized separate systems
- Limited article creation functionality
- Time-consuming article process

FX Enterprise Foundation Release
IMPROVEMENTS –

- Streamlined article creation experience
- Centralized systems improve efficiency
- Enhanced translations and new language preferences

Appendix B

IS/IP O&M PERFORMANCE METRICS – April and May

There are eight (8) performance metrics that are identified as part of MED205.

Key Updates
- Megaport design and firewall build in progress for FXNet 2.0.
- Remediated Jira and Confluence vulnerabilities from Atlassian Security Advisory.
- Updated internal Secure Sockets Layer (SSL) certificates to address issues caused by Chrome and Edge browser security updates.
- Applied Linux, Windows, Middleware, Database, and Security patches to the IS/IP environments.
- IS/IP O&M support preparations underway for the FX Enterprise Foundation Release.

PM-1 — **Level 1 (Critical and High) Incident Tickets**

The Vendor shall submit a Monthly Performance Standards Report Card which lists the incidents tickets by category and shows the incidents which were completed on time and which ones were not completed within the agreed upon timeframe.

PM-4 — **Application and System Availability**

The Vendor shall submit a Monthly Performance Standards Report Card which shows the amount of total time the ESB system was unavailable and the calculated percent of availability time for the month.

PM-5 — **Staffing Levels**

The Vendor shall submit a Monthly Performance Standards Report Card which shows the number of agreed upon staff and the number of vacant positions. Staffing level is calculated by dividing the total active staff by the number of agreed upon staff for the month.

PM-6 — **Production Reports**

The Vendor shall submit a Monthly Performance Standards Report Card which shows the total number of production reports scheduled and the number of reports delivered or available as scheduled. This metric is calculated by dividing the number of reports delivered or accessible on time each month by the total number reports scheduled for the month.

PM-8 — **Performance Report**

The Vendor shall submit a Monthly Performance Report which shows the agreed to performance metrics. The Financial Consequences for failure to provide the report timely or in a manner acceptable to the Agency shall be $500.00 a day for each business day the report is not received or acceptable.

PM-2 — **Enterprise Service Bus End-to-End Response Time**

The Vendor shall submit a Monthly Performance Standards Report Card which shows the number of ESB transactions, the average response time per day and the number of ESB transactions each month which are more than 1.000 second.

PM-3 — **Enterprise Service Bus Transaction Errors**

The Vendor shall submit a Monthly Performance Standards Report Card which shows the number of ESB transactions and the number of ESB transactions errors each calendar day, with a calculation for each calendar day to show the daily error rate.

PM-7 — **Master Data Management Performance**

The Vendor shall submit a Monthly Performance Standards Report Card which shows MDM transactions, the average transaction time each calendar day and the number of MDM linkage updates each month greater than two (2.000) minutes and number of daily linkage average retrieval times greater than 0.400 seconds.

Legend:
- 🟩 Performance Metrics met.
- 🟦 Performance Metrics not currently active.
- 🟥 Performance Metrics not met.

Appendix C

Medicaid Enterprise System (MES) Transformation Market Research Checkpoint

November 2023 - January 2024

Strategic Enterprise Advisory Services (SEAS) | North Highland

MES Transformation Market Research Checkpoint

Overview

The Medicaid Enterprise System (MES) Transformation Market Research Checkpoint (MRC) presents a review of state approaches to MES transformation and market trends that are used to inform Florida's Florida Health Care Connections (FX) Transformation implementation.

The MRC documents the results of a review of targeted state Medicaid agencies' MES approaches and insights on MES procurements and implementations.

Deliverable Scope

- Review MES transformation implementation progress for select states, including approaches, lessons learned and insights
- Identify best practices
- Review lessons learned
- Discover innovation and trends

Checkpoint Approach

Collected and analyzed state MES transformation information to understand state Medicaid Management Information System (MMIS) modernization progress, gather best practices and lessons learned, and identify trends.

PLAN

- Identified 8 state Medicaid agencies with MES transformation efforts underway.
- Scheduled interviews.
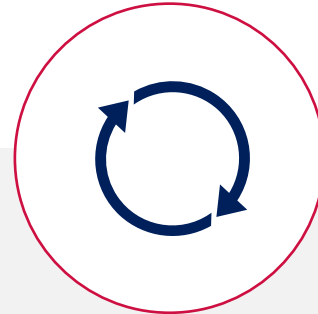
SYNTHESIZE

- Conducted interviews and gathered available data and information.
- Gathered perspectives and insights from information collected.
- Summarized information across key areas.
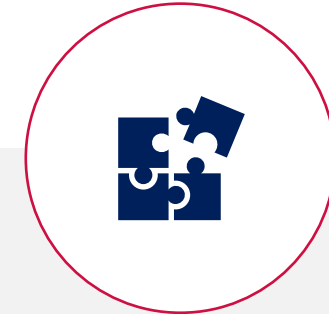
ASSESS

- Compared state MES approaches and perspectives to initial assessment.
- Identified relevant market trends and innovations across key areas.
- Highlighted transformation Implementation considerations for Florida.

8 States Interviewed

Selected based on maturity of MES journey and similar transformation approaches

A review of State Medicaid modernization efforts shows modularity is still a new concept that states are beginning to adopt as they replace their legacy systems. The pages that follow present profiles of states of similar size or smaller than Florida in various stages of their modernization projects that participated in market scan interviews, including guiding principles, procurement and implementation approach, challenges, and lessons learned.
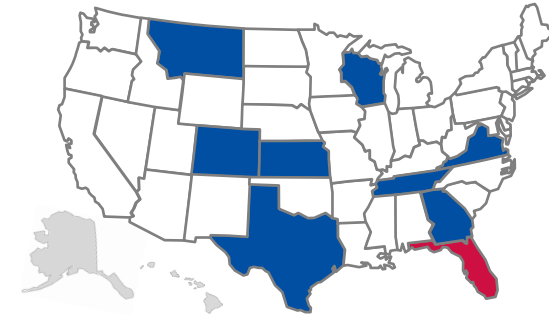
Florida ACHA reported 5,105,874* enrolled in Medicaid (October 2023)

State Medicaid Profile in Comparison to Florida

	FL*	CO	GA	KS	MT	TN	TX	VA	WI
POPULATION	21.7M	5.7M	10.6M	2.8M	1.1M	6.9M	29.3M	8.3M	5.8M
% of Florida	-	26%	49%	13%	5%	32%	135%	38%	27%
MEDICAID ENROLLMENT	4.2M	1.5M	2.3M	465K	249K	1.7M	4.9M	2.0M	1.4M
% of Florida	-	36%	54%	11%	6%	40%	115%	47%	32%
MEDICAID SPENDING	$33.1B	$12B	$14.4B	$4.3B	$2.4B	$11.4B	$57.7B	$18.7B	$11.5B
% of Florida	-	36%	44%	13%	7%	34%	174%	56%	35%
% MEDICAID MCO	90%	10%	80%	87%	N/A	95%	83%	86%	75%
MES Key Functions/Modules in Implementation	YES	YES	YES	N/A	YES	YES	YES	YES	YES
MES Key Functions/Modules Operational	YES	YES	YES	YES	YES	YES	YES	YES	YES

*KFF data may differ from FL ACHA data due to lags or reporting methods

Data Source: www.kff.org – Using most recent data provided under State Health Facts: Medicaid & CHIP
- US Population, CY2022
- Monthly Medicaid/CHIP Enrollment, Oct 2023
- Medicaid Spending FY2022 (October 1, 2021 through September 30, 2022)
- Medicaid MCO Enrollment, CY2021

State Modernization

Progress varies across states in replacing key legacy functionality.

- Key functions/modules: Integration, Claim/Encounter Processing, Provider, Pharmacy, EDW/Analytics, and Operations.
- Florida, Georgia, Montana, Tennessee, and Virginia have modular replacement strategies comparable to Florida.

State Status – Replacement of Key Legacy Functional Areas (# and % of functions by stage)
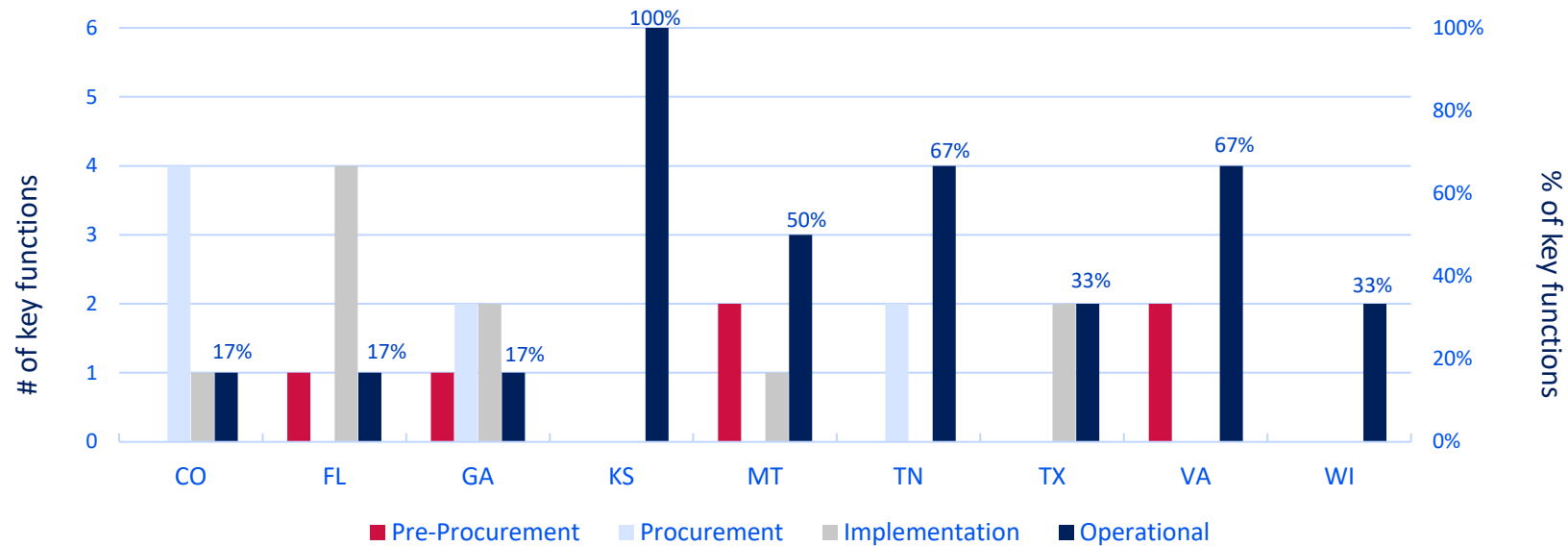
Legend: Pre-Procurement, Procurement, Implementation, Operational

Notes: (1) Some states bundle more than one function into a module.
(2) Data based on state interviews held in Oct - Nov 2023.
(3) Functions based on Florida's modules

Key Themes From States

States are **adapting their transformation approach** as they face implementation challenges.

States are **increasing the use of managed staffing services** due to lack of technical expertise and staffing bandwidth.

Vendor management issues are prevalent as states transform from monolithic to multi-vendor modular solutions

Multiple states have **multi-year and more specialized funding options** to support multi-year MES modernization providing for program **agility** in reaching milestones.

Considerations for use of **alternate procurement methods** include complexity of modules and state requirements "fit".

Considerations for Florida

Agile and Responsive Approach
Evolving transformation plans are universal; States highlight a need to remain agile and responsive to unforeseen challenges/new opportunities.

Alternative Staffing Models
Staff capacity is a nation-wide challenge; States are using multiple staffing alternatives and planning implementation timeline accordingly.

Vendor Management and Oversight
Increasing vendor relationship management and oversight capabilities and activating performance accountability tools can incentivize and align vendor performance.

Evolving Transformation
State transition from "Incremental Modular" to "Modular Single-Cutover" approach due to problems integrating with legacy system poses a similar risk for Florida.

Procurement Options
Alternative procurement methods (NASPO) can expedite procurement timelines and minimize impact on state resources; to ensure a fit in Florida an evaluation of module complexity, requirements and timeline against Florida's needs must occur.

Key Findings

Key Findings – State Funding Agility

Multiple states have long-term and specialized funding options to support multi-year MES transformation effort

- Multi-year budget appropriations provide certainty about funding year over year and provide agility for programs to support changing implementation priorities.

- Long term budget allocation requires less budget staff support (budget request, replanning, allocation) than an annual process.

- MES modernization efforts funded via State exceptional or supplemental budgets (rather than general budget process) support long-term specialized efforts.

- States with two-year budget cycle and biennial appropriations do not have the same budget resource challenges and uncertainty as annual cycles.

- The majority of MES Transformation funding is provided by federal Centers for Medicare & Medicaid Services (CMS) to States. CMS approves funding in two federal fiscal year cycles.

Considerations for Florida

- Florida's annual budget cycle requires the Agency to request funds annually (non-recurring) specifically for Phase 3 of the FX Transformation, despite FX being a long-term multi-year federally funded project.

- FX Program staff are continuously focused on preparing and reporting on budget items throughout the year.

- Lack of budget certainty for FX program impacts the overall strategic planning process.

State Specific Examples
- **GA:** Mid-year supplemental budget and global settlement funds
- **VA:** Special funding models with carry forward
- **TN:** Rolling five-year budget analysis for transformation
- **MT**: Biennial budget cycle and long-range budget planning
- **TX:** Biennial budget cycle and modernization exceptional line item

Key Findings – Evolving Modular Approach

States that have started module implementation are adapting their approach to modularity as they go based on CMS input and implementation challenges

- Decoupling claims legacy engine has been a bigger than expected challenge, which has forced states to pivot approach.

- CMS definition of modular varies and has evolved since 2017; less strict for States with newer MMIS solutions.

- Some states are carving encounters processing from claims solution to allow for enhanced data management.

- Module implementations are taking longer than expected due to extended procurement timelines, staffing shortages, and module integration challenges.

- Many states are simplifying and slowing down modular implementation approaches.

Considerations for Florida

- FX transformation progress, including challenges faced, is in line with other states.

- Florida should consider lessons learned from other states including simplifying modularity approach, slowing down implementation, and building a flexible strategy that can pivot based on priorities.

State Specific Examples

- **TX:** Split up legacy into 3 business area procurements.

- **VA:** Attempted to decouple legacy but it was too complex; Instead, removed encounters from claims solution.

- **TN:** Considers staffing constraints, business operations impact when sequencing module implementations and spreading out the overall timeline.

- **CO:** Staggering contract terms so that state does not have to reprocure multiple contracts simultaneously.

Key Findings – State Resources

States are missing implementation timelines and rethinking roadmap due to lack of state resources

- Procurement is understaffed and lacking bandwidth to conduct multiple procurements simultaneously or in rapid succession.

- Lack of technical expertise to define requirements and manage module implementations is causing issues.

- Using staff augmentation or leaning on vendor resources is one route to capacity but has downsides.

- States are pivoting or pausing to address priorities, resources, and timelines, while updating roadmaps.

Considerations for Florida

- Florida faces resource challenges that states are experiencing nationwide.

- Agency leadership should recognize staffing will continue to be a challenge, identify staffing alternatives and plan implementation timeline accordingly.

State Specific Examples

- **CO, VA:** Heavily reliant on staff augmentation resources.

- **MT:** OCM in-house.

- **TN:** Significant vendor support for enterprise management.

🚧 Key Findings – Vendor Management Challenges

States are driving new procedures to address vendor management through improved communication and corrective action plans (CAPs)

- Strong vendor management and intelligent oversight from PMO is required for success, especially when technology and business services vendors are independent.

- Expectations should be clearly defined between new and existing vendors for turnover activities, documenting transition activities. This is challenging given the procurement capacity issues already identified.

- Legacy vendors that were not awarded new modules have presented challenges due to the complexity of the systems, lack of business rules documentation, and misaligned incentives to support modular transition.

- Overcommunicating with vendors supports collaboration and transparency.

- Lack of institutional knowledge has highlighted the need for improved documentation, especially legacy system documentation during transition.

Considerations for Florida

- Florida vendor management challenges are common among state MES transformations.

- Clearly define transition expectations and utilize vendor performance management tools to incentivize and align performance.

State Specific Examples

- **TN:** Annual partner summit and weekly vendor meetings.

- **CO:** Utilize performance accountability tools to incentivize vendors.

- **GA:** Vendor protest on Claims module.

- **MT:** Hired vendor to conduct business rules analysis.

Key Findings – NASPO / Alternative Procurement Methods

States using NASPO are finding some efficiencies but not flexible enough for use with all the modules

- NASPO has reduced procurement time for participating states, yet states have mixed reviews on which modules should be used for NASPO.

- NASPO is effective for states with similar requirements or procuring within a reasonable timeframe from award.

- NASPO has helped drive the definition of modules based on the participating states and their requirements.

- NASPO procurements have included Core, Provider, PBM, TPL and Appeals.

Considerations for Florida

- Compare NASPO RFP requirements to state specific requirements to determine fit.

State Specific Examples

- **GA:** Provider, Claims, PBM (Sponsor), TPL (Sponsor).

- **MT:** Provider (Sponsor), Claims (Sponsor), PBM and TPL.

- **VA:** Appeals; Not using for complex modules.

- **TN:** Provider; Found it very restrictive.

State Overviews

Colorado

Approach: Legacy Takeover and Enhancement with Module Carve Out
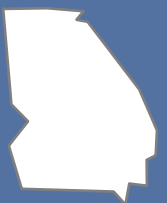
Population **# and as a % of FL**		
5,695,100	26%	
Medicaid Enrollment **# and as a % of FL**		
1,534,304	36%	
Medicaid Spend **# and as a % of FL**		
$12 B	36%	
Legacy:	Gainwell	

Solution Description	▪ Functionality is broken into 3 procurements / contracts with a total of 17 modules.
	    ▪ (1) Core/Base – (Provider, Call Center, EVV, Claims, EDI, Interoperability) – Takeover – TBD
	    ▪ (2) Pharmacy – TBD
	    ▪ (3) Electronic Data Warehouse –Takeover – TBD
	▪ SI is E&Y.

Status	▪ The legacy MMIS was implemented in 2017 and certified in 2019. MES planning began in 2019. The 3 MES procurements are nearing completion. State is planning for new contracts to be executed by early 2024 with approximately a two-year takeover transition period with the legacy vendor(s). The State estimates 12 modules will be certified by 2027, supported by their PMO's certification center of excellence. ▪ Provider functionality was originally considered for carve out but remained in the Core scope. It may be a carve out candidate in the future (potentially using the NASPO master agreement). ▪ The State used its new ITN procurement method for the Core/Base and EDW procurements. Pharmacy is being procured through the RFP process, which is estimated to shorten the procurement timeline by at least a year. The State plans to conduct a post-mortem to determine if the ITN process ultimately results in a better contract for the state and a more efficient process for the vendor than the RFP process.
Lessons Learned and Best Practices	▪ Understanding the complex, legacy MMIS has proven difficult for both the State and vendor. Handoffs between the implementation and operations teams can be challenging. ▪ State procurement resources have been supplemented with staff augmentation to provide contract assistance (developing contracts and cost models, supporting negotiations) and minimize procurement delays. ▪ The State estimates 35K+ state personnel hours to complete the 3 procurements (includes evaluation through contract execution). ▪ 20% of the contract values are required to be associated with vendor performance / SLAs. ▪ Policies were not well-documented which adversely impacted legacy MMIS requirements, resulting in defects that needed to be cleaned up via post-deployment change requests.

Georgia

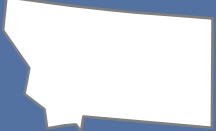## Approach: Single Deployment Modular Implementation

Population # and as a % of FL 10,609,800 — 49% **Medicaid Enrollment** # and as a % of FL 2,297,930 — 54% **Medicaid Spend** # and as a % of FL $14.4 B — 44% Legacy: Gainwell	**Solution Description**	▪ MES roadmap includes 6 modules: ▪ EVV – Conduent / Netsmart (operational/certified in legacy environment) ▪ Provider – Acentra (implementation) ▪ Core (Claims, Financial Management, Business Operations Center) – Acentra (active procurement; contract execution delayed due to protest) ▪ EDW / Analytics – In-house (implementation) ▪ TPL – TBD (active procurement - will be deployed/certified in legacy environment) ▪ PBM – TBD (pre-procurement) ▪ SI is Georgia Tech Research Institute (GTRI). M&O vendor will be procured to take over most of GTRI's SI responsibilities for MES operations.
	Status	▪ MES planning began in late 2016. The MES deployment is estimated to be complete in 2025. ▪ The State shifted from an incremental to single deployment approach due to the risk and complexity associated with legacy system integration required by an incremental approach. ▪ Modules are incrementally procured, implemented, and integrated with the MES integration platform in a non-production environment. Once all modules are implemented and integrated, the MES will be deployed. ▪ EDW/Analytics, EVV, and TPL will be deployed initially in the legacy environment, then in the MES environment. ▪ The State has chosen to use NASPO for four module procurements: Core, Provider, TPL, and PBM. Georgia is the Lead State for the NASPO TPL and PBM procurements.
	Lessons Learned and Best Practices	▪ The MES Program is not in the base budget. State has used global settlement funds and appropriations through the mid-year supplemental budget process to support program activities. ▪ State is planning to develop comprehensive Medicaid business process documentation as part of the MES implementation activities to capture institutional knowledge that will be needed to support future procurements and implementations. ▪ State has been able to successfully tailor the NASPO procurement requirements to meet Georgia-specific needs.

Montana

Approach: Incremental Modular Implementation

Population **# and as a % of FL**		
1,093,400	5%	
Medicaid Enrollment **# and as a % of FL**		
249,849	6%	
Medicaid Spend **# and as a % of FL**		
$2.4 B	7%	
Legacy:	**Conduent**	

Solution Description	▪ The MES roadmap includes the following modules:
	  ▪ EDW / Population Health Management – Oracle Health (operational)
	  ▪ Provider – Optum (operational)
	  ▪ EVV – NetSmart (operational)
	  ▪ Care Management – AssureCare (operational)
	  ▪ Claims – Gainwell (pre-DDI)
	  ▪ Customer Care Services – TBD
	  ▪ TPL – TBD
	  ▪ Fraud, Waste, and Abuse – TBD
	  ▪ PBM – TBD
	▪ SI is Deloitte.

Status	▪ MES planning began in 2016, and the State expects the MES to be complete in December 2026. ▪ The EDW / Population Health Management and Financial Services modules are certified. ▪ The State used NASPO for the Provider, Claims, and EVV procurements and plans to use it for TPL and PBM procurements. Montana was the Lead State for the NASPO Provider and Claims procurements. The State has found that NASPO was effective in streamlining the procurement process.
Lessons Learned and Best Practices	▪ Due to challenges with legacy system documentation and institutional knowledge, the State conducted a 12-month legacy system code analysis to prepare for the Claims implementation. ▪ Vendor staff turnover is one of the state's largest challenges / risks impacting quality and timelines. ▪ Proposed timelines have significant delays, e.g., claims implementation initially estimated at 18 months, but now estimated at 30-36 months. ▪ State has standardized MES contract terms and conditions and base requirements to realize procurement and contract management efficiencies. ▪ State using biennial budget process, supplemented by long-range planning funds.

Tennessee

Approach: Incremental Modular Implementation

Population
# and as a % of FL 	
6,875,900 32%
Medicaid Enrollment
# and as a % of FL 	
1,685,834 40%
Medicaid Spend
# and as a % of FL 	
$11.4B 34%
Legacy: Gainwell
	Solution Description	▪ MES modules include:
		  ▪ PBM – Optum
		  ▪ Dental Benefits Management – DentaQuest
		  ▪ Provider – Maximus
		  ▪ Fraud, Waste, and Abuse – Deloitte
		  ▪ Medical Appeals – Deloitte
		  ▪ Long Term Services Eligibility
		  ▪ Data Ecosystem – IBM
		  ▪ Enrollment / Financial – Gainwell
		  ▪ EDI – Deloitte
		▪ State is 100% Medicaid managed care; therefore, no claims functionality is required.
		▪ Integration Platform – Deloitte; Integration Services – Deloitte and KPMG

	Status	▪ State's modernization program began in 2016 with the implementation of a new eligibility system (Deloitte) and establishing the MES infrastructure and replacing "satellite systems". The State then began to focus on replacing the legacy Gainwell functions. ▪ The Enrollment / Financial and EDI modules were recently awarded and will kickoff between Feb. – Apr. 2024.
	Lessons Learned and Best Practices	▪ State benchmarks its Medicaid IT spend against other states, as well as commercial plans. Typical commercial plans spend 6-8% on IT, while TennCare spends 2.8-3%, demonstrating an efficient use of IT funding. ▪ The State has used a vendor partner strategy to address MES program staffing needs, providing the necessary flexibility to easily scale with demand. ▪ The State designed a robust multi-vendor management model to encourage vendor collaboration / cooperation. ▪ The State has not tried to shorten the MES timeline, and instead schedules projects based on contract expirations or need / benefit so not to overwhelm either a business or technical area of the organization. ▪ The Provider module was procured using NASPO. State found NASPO very challenging for procurement of solutions but has found it useful for infrastructure procurements.

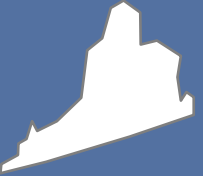# Texas

Approach: Legacy Takeover and Enhancement

Population # and as a % of FL	
29,322,500 135%	
Medicaid Enrollment # and as a % of FL	
4,863,156 115%	
Medicaid Spend # and as a % of FL	
$57.7 B 174%	
Legacy: Accenture	

Solution Description	▪ State broke up the legacy Accenture fiscal agent technology and operations contract scope into 3 separate contracts:
	  ▪ Claims Management – Conduent (implementation)
	  ▪ Application Maintenance & Development (AMD) – Deloitte (operational)
	  ▪ Business Operations and Integration Services – Accenture (operational)
	▪ HHSC is the in-house SI.

Status	▪ State began planning activities in late 2016 / 2017. Three separate procurements were completed. ▪ The AMD and Business Operations and Integration implementations are complete. ▪ The Claims Management implementation will continue through December 2024. Claims is transitioning from a mainframe to an as-a-service model.
Lessons Learned and Best Practices	▪ AMD services were procured as a capacity contract using sprint teams whose M&O and enhancement work is driven by business priorities. AMD also includes a Technology Management Office (TMO) that works with the various HHSC program areas to develop a modernization roadmap. ▪ It is critical to build in sufficient transition time between vendors and to ensure the exiting vendor maintains staff during the process. The expectations of both the new and exiting vendor must be carefully managed in terms of the support to be provided / received. ▪ The State views Claims not as a technology procurement and implementation, but as a procured service. ▪ Transitioning all three contracts at the same time was a large lift. The State did not designate the transition work as a separate project from its day-to-day operations, resulting in resource challenges. ▪ The State uses the biennial budget process to fund the project, as well as a modernization exceptional line to fund unanticipated needs.

Virginia

Approach: Incremental Modular Implementation

Population # and as a % of FL 8,332,800 38% **Medicaid Enrollment** # and as a % of FL 1,974,037 47% **Medicaid Spend** # and as a % of FL $18.7 B 56% Legacy: Conduent	**Solution Description**

Solution Description	▪ The legacy MMIS core functionality was retained (Claims, Financial Management, Member, Fiscal Agent).
	▪ The initial MES solution includes 6 modules:
	    ▪ Encounter Processing – In-house ▪ Provider – Gainwell
	    ▪ Care Management – In-house ▪ EDW – Optum
	    ▪ PBM – Magellan ▪ Appeals – Visionary Integration Professionals
	▪ Deloitte is the SI.

Status	▪ The initial MES effort started in 2015. The last module was implemented in April 2022. All modules are certified except for the Care Management module. ▪ The solution originally included a Core module, but 18 months into the implementation the State decided to retain the legacy core functions and fiscal agent services due to significant implementation challenges. ▪ The Encounters Processing module was developed in-house and has been leveraged by South Carolina and North Carolina in their MES solutions. ▪ With the initial MES implementation complete, the State will now focus on replacing the legacy Core functions.
Lessons Learned and Best Practices	▪ NASPO was used for the Appeals module procurement. NASPO worked well for a small module, but there were challenges with tailoring it to include state specific requirements and contract terms / statutory requirements. The State does not recommend using it for a large, complex module such as Claims. ▪ The State chose a data conversion versus re-enrollment approach for providers. This approach was challenging, and the State strongly recommends provider re-enrollment. ▪ The State found that certain provider functions were heavily interrelated with Core functions. ▪ The integration platform and EDW module are critical to establish upfront to ensure a smooth integration. ▪ The State has an experienced in-house certification lead. CMS appreciated that the State took the lead in certification reviews versus the vendors. ▪ A special funding model was established for the MES project which allowed state funds to be carried forward across years to support the fluid and long-term nature of the project.

Wisconsin

Approach: Legacy Enhancement with Module Carve Out

Population # and as a % of FL 5,757,500　27%	**Solution Description**	• The State retained legacy core functionality (Claims, Financial Management, Prior Authorization). • PBM is performed in-house, using legacy MMIS and support from Gainwell and subcontractor, Magellan. • Additional MES modules include: 　▪ EDW – SAS (operational) 　▪ Analytics / Reporting – SAS (operational) 　▪ Program Integrity – SAS (implementation) 　▪ Care Management – TBD (active procurement) • Legacy enhancements to date include integration of long-term care services, MMIS data management, document management system implementation.
Medicaid Enrollment # and as a % of FL 1,362,091　32% **Medicaid Spend** # and as a % of FL $11.5 B　35% Legacy:　Gainwell	**Status**	• One of the first states to issue a procurement under the new modularity rules. CMS did not require the state to completely modularize the legacy MMIS but instead required the state to develop a plan to identify and modularize some functions as a starting point. • The legacy MMIS was implemented in 2010. The base contract term is expiring, but there are 5 option years. • The EDW and Analytics / Reporting modules are operational and certified. The State recently completed the operational readiness review for the Program Integrity module. • The State is in the process of developing new roadmap to modularize the legacy core functionality. • The State held off on several enhancements to services contracts (PBM, Pharmacy Pricing, Enrollment Broker). • The PMO vendor has supported certification activities, as well as some integration activities. A separate SI will likely be procured to support future MES integration work.
	Lessons Learned and Best Practices	• The State has a biennial budget process. The MES program is funded through the Medicaid general administrative budget line item. • Development and technical work is outsourced to vendors. • State has not yet used NASPO for MES. State may consider for smaller procurements, but not for large, complex procurements / solutions.

State Interview Snapshot | System Integrator and Key Modules

States modules vary as states work through the complexity of decoupling from legacy systems

State	Integration Platform/System Integrator	Core (FM, Claims, Encounters)	Enterprise Data Warehouse	Centralized Operations	Provider	Pharmacy
Florida	Accenture	Gainwell[1]	Deloitte	Automated Health Systems	HHS Tech Group	TBD
Colorado	E&Y	TBD	Conduent	TBD	TBD	TBD
Georgia	GTRI	Acentra[2]	In-house	Acentra[2]	Acentra[2]	TBD[2]
Kansas	Gainwell[1]	Gainwell[1]	Oracle Health[1]	Gainwell[1]	Gainwell[1]	Gainwell/Magellan[1]
Montana	Deloitte	Gainwell[2]	Oracle Health	TBD	Optum[2]	TBD[2]
Tennessee	Deloitte	TBD	IBM	TBD	Maximus[2]	Optum
Texas	In-house	Conduent	Deloitte	Accenture	Deloitte	Gainwell
Virginia	Deloitte	TBD	Optum	TBD	Gainwell	Magellan
Wisconsin	Health Tech Solutions	Gainwell[1]	SAS	Gainwell[1]	Gainwell[1]	In House / Gainwell / Magellan[1]

Note: Data based on state interviews held in Oct - Nov 2023.
Legend
[1]Legacy Vendor and IT
[2]NASPO used or planned for next procurement
TBD: Pre-Procurement/Procurement

State Interview Snapshot | Support Services

States supported their MES programs with a variety of contracted and in-house services.

State	PMO / PM	IV&V	Testing	Business Analysis	Technical Advisory	OCM
Colorado	HealthTek Solutions / Staff Aug.	*	*	Staff Aug.	*	Health Tek Solutions
Georgia	North Highland	CSG	North Highland	Staff Aug. / TBD	North Highland / ProCom / Staff Aug.	TBD
Kansas	In-house	Software Engineering Solutions (SES)	NTT Data	In-house	In-house	*
Montana	Integrity Solutions Group	Public Knowledge	*	*	Sabot	*
Tennessee	KPMG	*	PCG / NTT Data	*	KPMG	KPMG
Texas	In-house	*	*	Deloitte (AMD Vendor)	Deloitte (AMD Vendor)	*
Virginia	In-house	Limited IV&V	*	*	*	Briljent
Wisconsin	Health Tech Solutions	PCG (inactive)	Staff Aug.	*	*	*

*Information was not discussed during state interview

Note: Data based on state interviews held in Oct - Nov 2023.

Appendix A

State Status (Replacement of Legacy Functionality by Stage)

State	Pre-Procurement	Procurement	Implementation	Operations
Florida	1 (PBM)	0	4 (CEP, PR, EDW/A, OC)	1 (IP)
Colorado	0	5 (CEP, PR, PBM, OC)	1 **(**EDW/A)	1 (IP)
Georgia	1 (PBM)	2 (CEP, OC)	2 (PR, EDW/A)	1 (IP)
Kansas	0	0	0	6 (IP, CEP, PR, EDW/A, PBM, OC)
Montana	2 (PBM, OC)	0	1 (CEP)	3 (IP, PR, EDW/A)
Tennessee	0	2 (CEP, OC)	0	4 (IP, PR, EDW/A, PBM)
Texas	0	0	2 (CEP, PBM)	2 (OC, PR)
Virginia	2 (CEP, OC)	0	0	4 (IP, PR, EDW/A, PBM)
Wisconsin*	0	0	0	2 (IP, EDW/A)

Legend: IP: Integration Platform **CEP:** Claim/Encounter Processing   **PR:** Provider   **EDW/A:** Enterprise Data Warehouse/Analytics   **OC:** Operations Center **PBM:** Pharmacy Benefits Manager
* Running Legacy

Notes: (1) Some states bundle more than one function into a module. (2) Data based on state interviews held in Oct - Nov 2023.