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

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

**State of Florida**
**Agency for Health Care Administration**
**Division of Medicaid**

**February 2024**

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## CHANGE RECORD

| Date | Author | Version | Comments |
|---|---|---|---|
| July 2020 | A. Ramsey | Draft | FX 2020 – Transition IAPD |
| 5/9/2022 | R. Lasseter | 100 | Quality Review |
| 5/11/2022 | A. Ramsey | FL-2022-06-06-MMIS-IAPDU-MES FX Program | FX 2022-1 – Transition IAPD Update<br>New Requests:<br>➢ FXPA office space<br>➢ Additional State Staff<br>➢ IS/IP Module Systems Integration<br>➢ Pharmacy Benefits Management<br>➢ Organizational Change Management<br>➢ Testing Center of Excellence<br>➢ Third Party Liability |
| 2/17/2023 | S. Stacknik | FL-2023-03-10-MMIS-MES-IAPDU-FX Program | FX 2023 Update #2 – IAPDU<br>Updates:<br>➢ Updated FX office lease cost<br>➢ Revised FX Roadmap<br>➢ Updated FX Leadership / dedicated state resources<br>➢ Schedule updates, including increased EDW DDI / stabilization period<br>➢ Revised budget request through FFY 2025<br>➢ MES Business Architecture/Certification Vendor request<br>➢ Enterprise Penetration Testing planning<br>➢ FX module and procurement updates |

| | | | |
|---|---|---|---|
| 2/16/2024 | S. Stacknik | FL-2024-02-28-MMIS-MES-IAPDU-FX Program | FX 2024 IAPDU:<br>➢ FX Core implementation pause<br>➢ Revised FFY 2024 and 2025 budget<br>➢ FMMIS Transition Project update<br>➢ Module project updates<br>➢ Revised FX Roadmap |

# 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) 2023 through 2025 was approved in CMS approval letter number FL-2023-03-10-MMIS-MES-IAPDU-FX Program.

FX is a multi-year program to modernize Medicaid technology using a modular approach to improve overall functionality and build better connections to other data sources and programs. The components of FX will replace the current functions of the FMMIS, Decision Support System (DSS), and other Medicaid Enterprise Systems (MES). 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 IAPDU provides CMS with a revised FX Roadmap, requests a revised budget for FFY 2024 and FFY 2025, and communicates a decision to place the FX Core Systems (Core) module implementation on hold for at least twelve months until other FX modules are implemented. The legacy claims and encounter processing functions are stable whereas the services provided by other FX module vendors will provide needed enhancements for recipient and provider experience. With five simultaneous FX implementations having parallel releases and the re-procurement of the Statewide Medicaid Managed Care plans, Florida Medicaid is facing a critical resource constraint. The FX Program recommended pausing the FX Core module implementation to minimize impacts to recipients and providers.

This IAPDU requests a funding decrease for the FX Core module implementation budget item, and a funding increase is requested for the FMMIS Transition Project for FFY 2024 and FFY 2025, as described in the recently submitted Amendment No. 65 to contract No. MED037. The FX Program requires additional staffing support and hardware/software for the transition to FX.

This IAPDU also provides the revised budget for FFY 2024 for all budget items within the FX Program, and the planning budget for FFY 2025. Overall, there is a decrease of $22,114,963 for the FX Program for FFY 2024, and an increase of $31,204,266 for FFY 2025.

The Florida FX Program will continue to report progress, changes in planning and DDI activities, and request FFP through the federal APD process and the regularly held meetings with our CMS 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, FMMIS, DSS, and other MES systems based on CMS conditions and standards. 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.

The Agency's FX Vision is to "Transform the Medicaid Enterprise to provide the greatest quality, the best experience, and the highest value in health care." The FX Guiding Principles, identified in the chart below, must be adhered to if the FX Vision is to be achieved.

*Exhibit 1: FX Guiding Principles*

The FX Guiding Principles also support CMS' Medicaid Information Technology Architecture (MITA) Goals and Objectives. The FX Guiding Principles are supported by Strategic Priorities, which define the areas of practical importance to achieve the FX Vision. The FX Strategic Priorities are provided in the exhibit below.

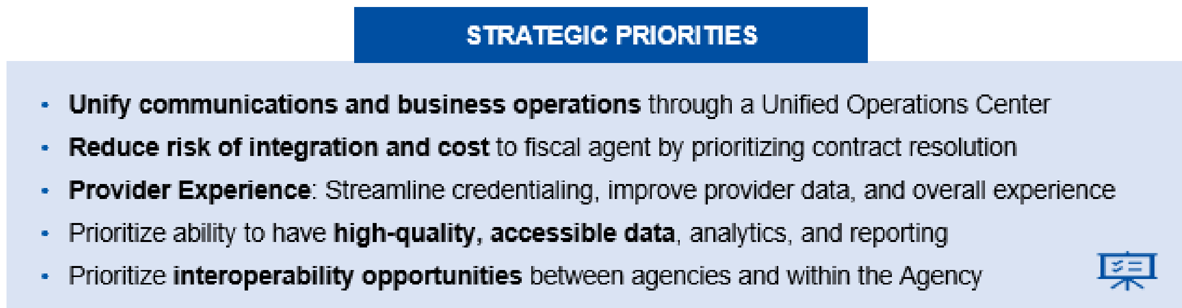



*Exhibit 2: FX Program Strategic Priorities*

# 3. Project Scope

The future-state transformation is a four-phased strategy that builds on work completed in Phases 1 and 2 of the original FX Procurement Strategy, which was initiated in 2016. Phases 2 and 3 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. Phase 4 includes implementation of modules not included in the legacy Fiscal Agent contract to upgrade, modernize, and replace the functions performed by existing systems within the MES such as third-party liability and enterprise case management. The FX Program is organized into four phases as shown below.

| # | Phase | Component/Module |
|---|---|---|
| 1 | Professional Ongoing Services | • Strategic Enterprise Advisory Services (SEAS)<br>• Independent Verification and Validation (IV&V) Services |
| 2 | FX Infrastructure | • Integration Services and Integration Platform (IS/IP)<br>• Enterprise Data Warehouse (EDW) |

| | | |
|---|---|---|
| 3 | FX Modules to further the FMMIS/DSS/Fiscal Agent Contract Resolution | • Unified Operations Center (UOC)<br>• Core (Claims / Encounter / Financial / Reference Management / Recipient Data /Necessary TPL Data)<br>• Provider Services Module (PSM)<br>• Pharmacy Benefits Management (PBM) and Pharmacy Services |
| 4 | Additional Medicaid Enterprise Systems | • Planning, analysis, and procurement for modules not included in the Fiscal Agent contract, to upgrade, modernize, and replace the functions performed by existing systems within the Medicaid Enterprise |

*Exhibit 3: FX Program Phases*

In accordance with the executed FX Core Vendor contract, in the event the incumbent Fiscal Agent contract is not fully transitioned by December 31, 2024, the FX Core Vendor will assume those existing Core equivalent functions of legacy operations and system not yet transitioned and adhere to the terms of the incumbent Fiscal Agent contract for those services until they are fully transitioned.

On December 14, 2023, the FX Executive Steering Committee (ESC) met and voted on a decision to pause the FX Core module implementation for at least twelve months until the Unified Operations Center (UOC) recipient and provider services, and Provider Services Module (PSM) are implemented. The FX Core Project will resume in January 2025 or later. The FX ESC agreed to focus FX resources on the implementation of critical services provided by the UOC and PSM Vendors during 2024. With five simultaneous FX implementations having parallel releases and the re-procurement of the Statewide Medicaid Managed Care plans, Florida Medicaid is facing a critical resource constraint. The FX Program recommended pausing the FX Core module implementation to minimize impacts to recipients and providers. The legacy claims and encounter processing functions are stable whereas the services provided by the UOC and PSM Vendors will provide needed enhancements for recipient and provider experience. Florida will exercise the FX Core Vendor contract provision requiring the FX Core Vendor to assume existing core equivalent functions of legacy operations and FMMIS until the replacement FX Core solution is implemented. Florida will document the outcomes and metrics for the certified legacy FMMIS, including core functions, in the Annual Operational Advance Planning Document.

Florida is creating an FX Core Pause Impact Analysis and Planning Project to analyze the impacts of the decision to pause the Core module implementation and to identify the risks, issues, and make recommendations that inform decision-making to ensure continued Medicaid business continuity and FX transformation progress. The project team will analyze the existing FMMIS contract and FX Core contract to identify any dependencies and gaps that may occur during the legacy extension by the FX Core Vendor. The project team will document a transition plan for each impacted area and make recommendations to ensure the continuity of business functions. The project team will assess the business and technology impacts resulting from the pause in the Core module implementation, including assessments on future FX module implementations. Finally, the project team will evaluate future state options for the business services conducted by legacy FMMIS. The FX Core Pause Impact Analysis and Planning Project Charter was approved by the Medicaid Director on February 14, 2024. The next FX Program IAPDU will provide an update to CMS on this project.

A visual depiction of the FX implementation strategy, revised December 2023, for the FX Core module implementation pause, is provided below.

**FX Strategic Roadmap – Phase 3**

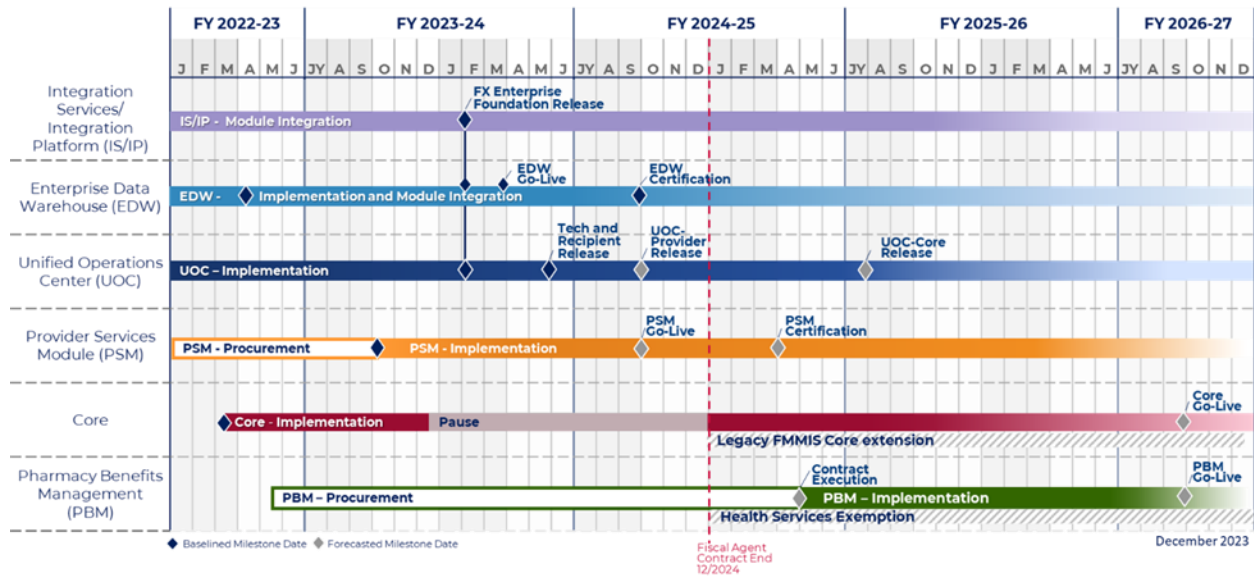



*Exhibit 4: FX Strategic Roadmap*

# 4. Project Management

## 4.1 Project Management Standards

The Agency will continue to use professional project management standards for projects undertaken by the FX Program.

Each FX project has an approved project management plan based on a standard template designed to facilitate compliance with the FX Project Management Standards. These standards are based on the best practices and guidelines promoted by the Project Management Institute (PMI) in its Project Management Body of Knowledge (PMBOK®) and PMI's Standards for Program Management. The FX Project Management Standards for risk management 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.

The FX Program uses a portfolio management process through which projects are evaluated and prioritized for their ability to achieve the strategic objectives of FX. The FX Strategic Plan identifies the strategy for the Medicaid Enterprise System transformation.

The FX Governance structure facilitates escalated project decision-making at the most appropriate level of management. As FX Governance approves projects identified to achieve the FX strategy, they are managed and/or monitored by the FX Enterprise

Program Management Office (EPgMO) at the project-level, integrated at the program-level, and monitored through project close out. Each project within the FX Portfolio follows the FX standards and plans, provided in the exhibit below.

The FX EPgMO provides direction and oversight for approved FX projects and is staffed by a team of experienced project and program managers who establish, maintain, and uphold standards for the management of FX projects. The standards are complemented by process definitions, tools, templates, and mentoring. The monitoring duties of the FX EPgMO include program-wide status reporting; schedule management, change, risk, action item, issue, decision, and lessons learned management, and quality management.

| **FX Program Standards and Plans** | |
|---|---|
| **Standard / Plan** | **Description** |
| FX Governance Plan | Defines the governance structure and processes to enable effective and efficient advancement of FX. |
| FX Strategic Plan | Serves as an iterative strategy and concept of operations that will continually guide the Agency's transition to a modular technical environment. |
| Strategic Project Portfolio Management Plan | Develops a documented plan for the identification, categorization, evaluation, selection, and prioritization of projects to accomplish the Agency's FX Program strategies, while balancing conflicting demands by allocating resources based on the Agency's priorities and capacity. |
| FX Project Management Standards | Establishes the standards for management of FX projects, leveraging the existing Agency, state, and industry standard project management standards and tools. |
| FX Project Management Toolkit | Complements the FX Project Management Standards by providing project management training materials and corresponding tools and templates. |
| Medicaid Enterprise Certification Management Plan | Provides an overall plan to manage the MES Certification life cycle for each applicable FX module outlining the steps for the Agency to conduct and comply with the Streamlined Modular Certification process. |
| Data Management Strategy | Develops and establishes the Data Management Strategy that aligns with the approach defined in the MITA 3.0 Part II Information Architecture – Chapter 2 Data Management Strategy. The Data Management Strategy is the product of discovery, stakeholder input, strategic analysis, program strategy, and direction about techniques and priorities to support overall improvement of FX outcomes. |
| Information Architecture Documentation | Provides the iterative documentation through the implementation of the modularized solution. Its primary purpose is to serve as the guiding principles of the overall data strategy for the system and the assessment of the business areas level of maturity within that data strategy. |
| Data Standards | Develops and establishes the Data Standards as per MITA 3.0 Part II Information Architecture – Chapter 5 Data Standards. The Data Standards are the product of discovery, stakeholder input, strategic analysis, program strategy and direction about techniques and priorities to support overall improvement of FX outcomes. |

| FX Program Standards and Plans | |
|---|---|
| **Standard / Plan** | **Description** |
| Technical Management Strategy | Develops and establishes the Technical Management Strategy that aligns with the approach defined in the MITA 3.0 Part III Technical Architecture – Chapter 2 Technical Management Strategy. The Technical Management Strategy is the product of discovery, stakeholder input, strategic analysis, program strategy and direction about techniques and priorities to support overall improvement of FX outcomes. |
| Technical Architecture Documentation | Establishes the framework for the Business Services, Technical Services, Application Architecture, and Technical Capability Matrix (TCM) for the enterprise per the MITA 3.0 standards. |
| Technology Standards | Establishes the Technology Standards Reference Model (TSRM) and the Technology Standards Reference Guide (TSRG) for the enterprise per MITA 3.0 standards.<br>The Technology Standards Reference Model (TSRM) is the common technology vocabulary that organizes, and groups related technology components standardizing the names and descriptions of those components. The Technology Standards Reference Guide (TSRG) is a repository of standards relevant to technology components that identifies and prioritizes the relevance of specific technology standards in the enterprise. |
| Design and Implementation Management Standards | Establishes guidance and management procedures to establish a uniform, enterprise approach based on industry standards for Requirements Development, Design, Development and Integration, Testing, Change Management, and Implementation activities. |
| Enterprise Data Security Plan | Provides the iterative documentation through the implementation of the modularized solution. The primary purpose is to serve as the guiding principles of the enterprise data security for the systems and vendors that are involved in the procurement, implementation, and operation of the FX. |
| FX EPMO Charter and Program Management Plan | Charters the FX EPMO and establishes the guidelines and operational processes by which the FX EPMO shall manage and/or monitor FX projects assigned by FX Portfolio Management. |

*Exhibit 5: FX Program Standards and Plans*

The Risk Management Plan component of the FX Project Management Standards 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.

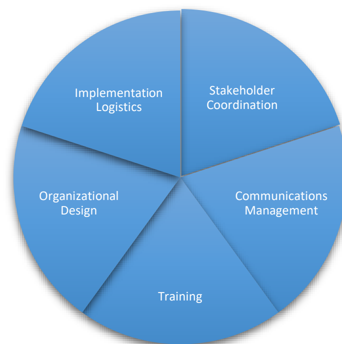
## 4.2 Organizational Change Management

The Agency created an Organization Change Management (OCM) team composed of state staff and contracted staff augmentation to analyze, strategize, and plan critical organizational and workforce transitions in a phased approach during the transition to FX. The funding request for OCM is included in the funding request for state staffing and staff augmentation. FX module vendors are also required to provide OCM services to adhere to the FX OCM Standards.

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.




Organizational Change Management brings the people, process, and technology together to build and execute the transformational 'people' changes. The FX module vendors have 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. 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.

## 4.3 Program Key Dates

The FX Master Program Schedule includes all individual project schedules for FX module projects. Project work is subject to spending authority and funding release by the Florida Legislature which is currently in session, and approval from CMS for enhanced FFP.

The Master Program Schedule is updated weekly using the individual FX project schedules. The Master Program Schedule for the week of February 22, 2024, is included as **Attachment I.** Upcoming project work and a high-level program milestone chart are provided in the exhibits below. The Agency continues to submit the monthly project status report to CMS as required by the federal approval conditions for FFP.

| Project | Milestone | Status |
|---|---|---|
| Core | Core Implementation Pause Decision | 12/14/2023 |
| EDW | Stabilization Iterative Release 1 | 10/10/2023 |
| EDW | Stabilization Iterative Release 2 | 2/1/2024 |
| EDW | Stabilization Iterative Release 3 | 3/14/2024 |
| EDW | FX EDW Solution Go-Live | 3/29/2024 |
| EDW | Execution Phase Complete | 4/17/2024 |
| EDW | Close Out Phase Complete | 4/25/2024 |
| PSM | Project Charter Complete | 2/23/2024 |
| PSM | Project Schedule Complete | 3/11/2024 |
| PSM | Planning Phase Complete | 5/21/2024 |
| PSM | Design and Development Complete | 8/14/2024 |
| PSM | Initiate Go-Live | 1/10/2025 |
| UOC | FX Enterprise Foundation Release Complete | 2/26/2024 |
| UOC | Technology and Recipient Release | 11/15/2024 |
| UOC | Provider Release | 1/7/2026 |

*Exhibit 6: FX Program Upcoming Milestones*

| Task Name | % Complete | Duration | Work | Baseline Start | Baseline Finish | Start | Finish |
|---|---|---|---|---|---|---|---|
| **FX-Program-Milestone-Schedule-001 (Phase 1-3)** | **53%** | **2462 days** | **0 hrs** | **Wed 1/17/18** | **NA** | **Wed 1/17/18** | **Tue 12/21/27** |
| Integration Services/Integration Platform - Procurement (Complete) | 100% | 476 days | 0 hrs | Wed 1/17/18 | Thu 8/29/19 | Wed 1/17/18 | Wed 12/11/19 |
| Enterprise Data Warehouse - Procurement (Complete) | 100% | 689 days | 0 hrs | Wed 3/28/18 | Wed 1/27/21 | Wed 3/28/18 | Wed 1/20/21 |
| Integration Services/Integration Platform - Implementation (Complete) | 100% | 310 days | 0 hrs | Thu 11/14/19 | Mon 3/8/21 | Thu 11/14/19 | Mon 3/8/21 |
| Core Planning Unified Operations - Planning (Complete) | 100% | 137 days | 0 hrs | Thu 3/19/20 | Thu 10/1/20 | Thu 3/19/20 | Thu 10/1/20 |
| Provider Services Module (PSM) Single Source Credentialing - Planning (Complete) | 100% | 132 days | 0 hrs | Wed 9/9/20 | Wed 3/31/21 | Wed 9/9/20 | Wed 3/31/21 |
| Unified Operations Center - Procurement (Complete) | 100% | 518 days | 0 hrs | Wed 9/9/20 | Mon 10/10/22 | Wed 9/9/20 | Thu 10/20/22 |
| Core Systems - Procurement (Complete) | 100% | 545 days | 0 hrs | Wed 1/20/21 | Thu 2/16/23 | Wed 1/20/21 | Tue 4/11/23 |
| IS/IP Module Integration: Single Sign On Integration - Implementation (Complete) | 100% | 143 days | 0 hrs | Thu 6/3/21 | Thu 11/18/21 | Thu 6/3/21 | Tue 1/11/22 |
| IS/IP Module Integration (Task Order 4,6,7) (Complete) | 100% | 480 days | 0 hrs | Thu 6/3/21 | Thu 2/23/23 | Thu 6/3/21 | Tue 5/23/23 |
| CMS Interoperability: Patient Access Rule - Planning (Complete) | 100% | 170 days | 0 hrs | Thu 7/1/21 | Thu 2/24/22 | Thu 7/1/21 | Fri 3/18/22 |
| CMS Interoperability: Patient Access Rule - Implementation (Complete) | 100% | 279 days | 0 hrs | Mon 3/14/22 | Tue 4/25/23 | Mon 3/14/22 | Tue 5/2/23 |
| Provider Services Module Procurement (PSMP) Project | 100% | 1038 days | 0 hrs | Fri 8/9/19 | Thu 5/18/23 | Fri 8/9/19 | Wed 11/8/23 |
| Enterprise Data Warehouse Implementation (EDWI) Project | 97% | 808 days | 0 hrs | Thu 12/31/20 | Fri 4/26/24 | Thu 12/31/20 | Thu 4/18/24 |
| United Operations Center Implementaton (UOCI) Project | 63% | 945 days | 0 hrs | Thu 10/13/22 | Fri 6/19/26 | Thu 10/13/22 | Fri 8/21/26 |
| Module Integration United Operations Center (MI UOC) Project | 78% | 592.6 days | 0 hrs | Tue 1/3/23 | Fri 9/20/24 | Tue 1/3/23 | Thu 5/29/25 |
| Module Integration Core Project | 25% | 968 days | 0 hrs | Wed 3/15/23 | Tue 2/9/27 | Wed 3/15/23 | Wed 2/3/27 |
| Module Integration Provider Project | 6% | 388 days | 0 hrs | Mon 7/3/23 | Tue 9/23/25 | Wed 10/11/23 | Fri 5/16/25 |
| Module Integration Pharmacy Benefit Management (MI PBM) Project | 0% | 540 days | 0 hrs | Mon 3/4/24 | Mon 5/11/26 | Mon 3/4/24 | Mon 5/11/26 |
| Core Systems Implementation-(CSI) Project (Pause) | 31% | 1197 days | 0 hrs | Wed 3/15/23 | Wed 11/3/27 | Wed 3/15/23 | Tue 12/21/27 |
| Provider Services Module Implementation (PSMI) Project | 33% | 346 days | 0 hrs | Fri 9/8/23 | Wed 1/15/25 | Fri 9/8/23 | Fri 2/14/25 |
| Pharmacy Benefit Management Implmentation (PBMI) Project (Place Holder) | 0% | 640 days | 0 hrs | NA | NA | Tue 4/1/25 | Mon 10/4/27 |
| FX Program System Release Schedule | 0% | 909 days | 0 hrs | NA | NA | Fri 4/7/23 | Tue 12/8/26 |

*Exhibit 7: FX Program High-Level Milestones*

## 4.4 Project Organization

The FX Program is staffed by a combination of state employees 100% dedicated to the FX Program, contracted staff augmentation resources, and state employee subject matter experts who dedicate a percentage of their time to FX projects. The FX Governance and Executive Steering Committee provides the structure and processes to facilitate the decision-making required for planning, procuring, and implementing FX solutions. A regular, cross vendor program governance group provides FX stakeholders with the opportunity to resolve escalated and priority issues, and strategize, plan, coordinate, and discuss projects, architectural considerations, dependencies, and impacts.

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

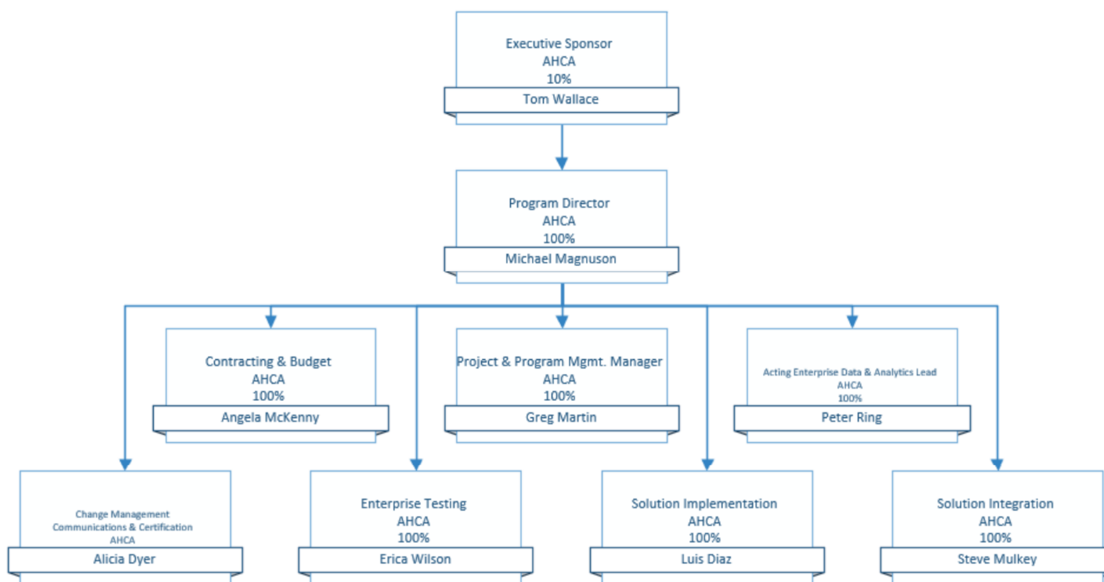



*Exhibit 8: Project Organizational Chart*

## 4.5 FX Governance

The FX Governance framework is divided into three discrete tiers. Tier 1 is the FX Program Execution level and includes chartered FX projects and the FX Domains which includes the FX Enterprise Program Management Office, Architecture Review Board, and Transformation Enablement.

The FX Enterprise Program Management Office provides project management standards, project delivery assurance, program and portfolio management, and reporting. The team is responsible for facilitating successful program and project delivery by enforcing, and mentoring teams on, the application of FX Program and project management standards; administering FX SharePoint and the Project Web Application instance that houses the FX schedules and the change, risk, action item, decisions, and lessons learned log; portfolio management, budget, and resource and capacity management; and compliance and administration including vendor management, deliverable review management, and program accountability.

The FX Architecture Review Board (ARB) serves as a single team of senior architects from the Agency, contracted staff, the SEAS Vendor, the EDW Vendor, the IS/IP Vendor, and FX module vendors. The ARB provides architectural perspectives and deep technical subject matter expertise on architectural issues related to information, integration, application, technology, and security. The ARB ensures technology alignment with business strategy and conformance to all business, information, and technology architectures by monitoring FX vendors' adherence to the FX technology standards. Architectural designs for components of systems that will become an integrated part of the FX must conform to the program architecture to ensure that all components and technology decisions will lead to highly interoperable systems, components, information, and capabilities.

The FX Transformation Enablement Team is responsible for organizational change management, program communications, business architecture, and certification. The team provides oversight of and coordination with vendor modules.

Tier 2 of FX Governance is the FX Program Strategy level and is solely comprised of a cross-vendor FX Program Governance Group (PGG), led by the FX Deputy Executive Sponsor, or the FX Director as the designee. The FX PGG is the primary decision-making body for escalating decisions and needs across FX. The FX PGG provides strategic leadership and has decision authority over high priority and high impact items. They maintain an enterprise-level view of FX and Agency priorities, overall Agency business needs, and ensure strategic alignment between vendors, project, program, and IT priorities.

Tier 3 of FX Governance is the Executive Oversight level and includes either the Agency Secretary or designee, or the FX ESC. The FX ESC is comprised of seven representatives from the Agency, the State Chief Information Officer or designee, two representatives from the Department of Children and Families, and one representative each from the Department of Health, Department of Financial Services, Agency for Persons with Disabilities, Department of Elder Affairs, and Florida Healthy Kids Corporation. The FX ESC is responsible for (1) identifying and recommending to the Executive Office of the Governor, the President of the Senate, and the Speaker of the House of Representatives any statutory changes needed to implement the modular replacement; (2) reviewing and approving any changes to the project's scope, schedule,

and budget; (3) ensuring that adequate resources are provided throughout all phases of the project; (4) approving all major project deliverables; and (5) reviewing and verifying all solicitation-related documents associated with FX.

The three-tiered FX Governance framework is illustrated in the exhibit below.

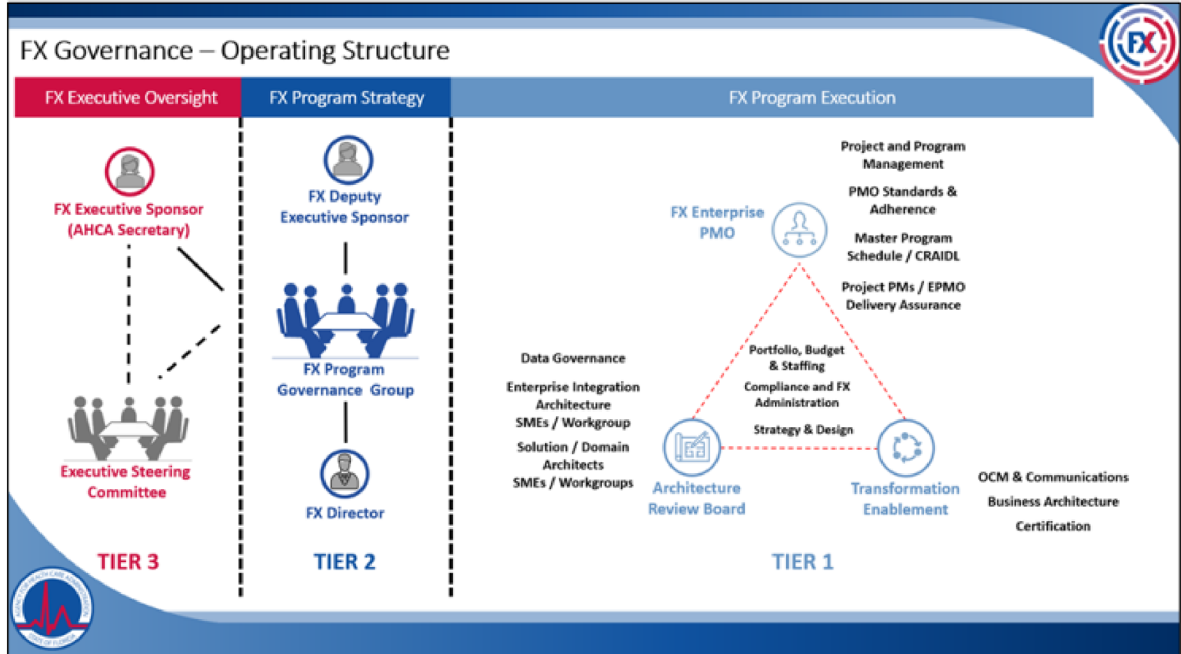



*Exhibit 9: FX Governance Operating Structure*

The tiered process enables effective decision-making based on two separate paths:

Project-Based Governance Needs – occurs when a project decision need is defined within a project and by one or more of the FX Domains, and recommendations have been developed.

Program Governance Needs, New Work/Projects, and Other Domain Decisions – occurs when a decision is needed related to a new FX Project, new work, or to an FX standard or strategy. These decisions may also include project changes proposed for existing resources/contracts, or other new work/projects that have a potential impact for the FX Program, which flow through the FX Portfolio process before escalating.

The FX Governance framework supports each phase of the FX Program. Each of the phases of the FX Program includes modules with specific objectives tied to business benefits of a more technologically advanced solution to support improved health care.

## 4.6 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 Agency has been providing resources for the FX Program by utilizing existing Agency staff, new hires, contracted staff augmentation, and FX vendor resources. Resources throughout the Agency provide subject matter expertise, work oversight, review of work products, recommendations, liaisons with all stakeholder groups, organizational design input, standards and guidelines toward vendor compliance, oversight of integration across the modules, and documentation of issues, risks, and decisions.

The Agency's Office of FX Program Administration (FXPA), under the leadership of the FX Director, administers the FX Program. FXPA is composed of multiple teams. The FXPA Compliance and Administration team manages the FX contracts and FX spend plan, develops funding requests, and performs human resource functions. The FXPA Project and Program Management team operates the Enterprise Program Management Office, performs project schedule and resource management, and manages state and federal project health reporting. The FXPA Solutions and Products team provides technical expertise, performs transition planning and implementation, and manages technical release. The FXPA Transformation team performs organizational change management, manages FX communications, outreach, and stakeholder engagement, administers ESC governance, performs business and MITA alignment, and manages CMS certification for FX modules. The FXPA Data Management team is responsible for data governance, data management, data quality, data policies and procedures, reporting and analytic portfolio management, and content management.

The Agency is building capacity within the Division of IT to support FX for systems integration and interoperability and support the Agency's FXNet and Application Lifecycle Management platform, as well as the enterprise network, disaster recovery coordination, cyber security, and job scheduling. Agency resources who support the legacy FMMIS/DSS/Fiscal Agent contract will support the replacement FX modules as the modules are implemented and operational.

The following exhibit represents the Agency resources assigned to FX projects, allocation, and maximum associated costs for FX module projects in DDI. As module projects are implemented, such as the Enterprise Data Warehouse (EDW) in March 2024, 90% FFP will not be claimed for state resources continuing to support EDW. State staff report time worked on FX module implementations in the state's time tracking system for accurate enhanced FFP claims with CMS. State employee resources are approximately $601,550 per year, per each FX module implementation project.

| 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 10: State Personnel Resources*

The following chart represents the state resources 100% dedicated to the FX Program. As required by CMS conditions, the state personnel are identified by name, type, and time commitment assigned to each project. These resources work on multiple FX projects. The percentage of time spent on each FX projects varies from week to week and depends on whether the project is in the procurement phase, initiation, planning, or DDI. For example, after the EDW solution is implemented, resources will roll-off that project. Once the PBM solution is procured and DDI begins, more resources will be allocated to that project.

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| FX Enterprise Dedicated State Resources | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Role / Position** | **Name** | **Projects** | | | | | |
| | | **Core** | **EDW** | **MI** | **PSM** | **UOC** | **PBM** |
| Program Director | Michael Magnuson | 18% | 18% | 18% | 18% | 18% | 10% |
| Implementation Lead, Deputy Program Director | Luis Diaz | 20% | 15% | 20% | 15% | 25% | 5% |
| Contracts, Procurements, Budget Lead | Angela McKenny | 18% | 18% | 18% | 18% | 18% | 10% |
| Project and Program Management Lead | Greg Martin | 18% | 18% | 18% | 18% | 18% | 10% |
| Change & Transformation Lead | Alicia Dyer | 20% | 20% | 20% | 20% | 20% | - |
| Enterprise Testing Lead | Erica Wilson | 20% | 25% | 25% | 10% | 20% | - |
| State and Federal Funding | Suzanne Stacknik | 18% | 18% | 18% | 18% | 18% | 10% |
| Contract Administrator | Larissa Siegel | 15% | 20% | 20% | 15% | 30% | - |
| Contract Administrator | Amber Sloniker | 20% | 20% | 20% | 20% | 20% | - |
| Contract Administrator | Dennise Sutton | 20% | 20% | 20% | 20% | 20% | - |
| Management Analyst | Heidi Fox | 18% | 18% | 18% | 18% | 18% | 10% |
| SharePoint Administration | Rebecca Lasseter | 18% | 18% | 18% | 18% | 18% | 10% |
| SharePoint Administration | Roger Newsome | 18% | 18% | 18% | 18% | 18% | 10% |
| Project Management | Matthew Bucci | 18% | 18% | 18% | 18% | 18% | 10% |
| Certification Lead | Shawn McCauley | 18% | 25% | 18% | 18% | 18% | <5% |
| Communications Lead | Arabella Reeves | 20% | 20% | 20% | 20% | 20% | - |
| Solution Integration Lead | Steve Mulkey | 25% | 20% | 20% | 10% | 25% | - |
| Systems Manager | David Powers | 90% | <5% | <5% | <5% | - | - |
| Provider Lead | Michael Bolin | - | - | - | 65% | 15% | 20% |
| Data Management | Dan McDaniel | - | 80% | 20% | - | - | - |
| Data Management | Peter Ring | - | 80% | 20% | - | - | - |
| Systems Project Consultant | Ross Hart | 85% | 15% | - | - | - | - |
| Systems Project Consultant | Fred Howell | 20% | 25% | 25% | 15% | 15% | - |

*Exhibit 11: FX Enterprise Dedicated State Resources*

The following chart represents state subject matter experts who dedicate a percentage of their time to FX projects and FX systems in operations.

| **Additional FX State Resources** | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Role / Position** | **Name** | **%** | **Projects** | | | | | | **Operations** |
| | | | **Core** | **EDW** | **MI** | **PSM** | **UOC** | **PBM** | **IS/IP** |
| Systems Project Consultant | Terry Schmidt | 23% | ✓ | ✓ | | | ✓ | | |
| Field Office - Recipient & Provider Assistance | Aaron Lounsberry | 4% | | | | | ✓ | | |
| Medicaid Program Integrity SME | Ann Kaperak | 14% | ✓ | ✓ | | ✓ | ✓ | | |
| Chief of Medicaid Fiscal Agent Operations | Cheryl Travis | 33% | ✓ | | | ✓ | | ✓ | |
| Chief of Medicaid Recipient & Provider Assistance | Dietra Cole | 9% | | | | | ✓ | | |
| Field Office Manager - Recipient & Provider Assistance | Donald Fuller | 4% | | | | | ✓ | | |
| Medicaid Fiscal Agent Operations - Recipient Manager | Jennifer Giddens | 7% | | | | | ✓ | | |
| Chief of Distributed Infrastructure | John Edwards | 14% | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Senior Pharmacist | Kelly Rubin | 8% | | | | | | ✓ | |
| Systems Project Consultant | Larry Strickland | 8% | ✓ | | ✓ | | | | |
| Chief of Strategic Information Technologies | Lori Freeman | 17% | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Network Systems Administrator | Michael Tatum | 9% | | ✓ | ✓ | | ✓ | | ✓ |
| Systems Project Consultant | Micheal Boston | 21% | ✓ | ✓ | ✓ | | ✓ | | |
| Medicaid Fiscal Agent Operations Manager | Nancy Massey | 12% | ✓ | ✓ | ✓ | | ✓ | | |
| Chief of Central Services | Ryan Fitch | 6% | | | | | ✓ | | |
| Chief Information Officer | Scott Ward | 12% | ✓ | ✓ | ✓ | | ✓ | | ✓ |
| Data Processing Manager | Shaun French | 66% | | ✓ | ✓ | | | | |
| Medicaid Fiscal Agent Operations - Provider Manager | Staci Griffis | 16% | ✓ | ✓ | ✓ | ✓ | ✓ | | |
| Systems Project Consultant | Suzanne Smith | 8% | ✓ | | ✓ | | ✓ | | |
| Information Security Manager / HIPAA Privacy Officer | William Armstrong | 9% | ✓ | ✓ | ✓ | | ✓ | | |
| Data Management Administrator | Matt Kline | 65% | | ✓ | ✓ | | | | |

*Exhibit 12: FX Enterprise Subject Matter Experts*

## 4.7 Staff Augmentation

The following chart represents contracted staff augmentation resources, dedicated to the FX Program. Like state resources, staff augmentation resources work on multiple FX projects. The percentage of time spent on each FX projects varies from week to week and depends on whether the project is in the procurement phase, initiation, planning, or DDI. Staff augmentation resources are approximately $1,843,264 per year, per each FX module implementation project.

| FX Dedicated Staff Augmentation Resources | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Role / Position** | **Name** | **Projects** | | | | | |
| | | **Core** | **EDW** | **MI** | **PSM** | **UOC** | **PBM** |
| Business Process Consultant | Amy Jenks | ✓ | | | | ✓ | |
| Module Test Lead | Andy King | | ✓ | ✓ | | | |
| OCM Support | Ashley Johnson | | | ✓ | | ✓ | |
| Procurement Management | Barbara Vaughn | ✓ | ✓ | | ✓ | ✓ | ✓ |
| Business Intelligence Architect | Brett Powell | ✓ | ✓ | | ✓ | ✓ | ✓ |
| Data Management | Burnette Hanley | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Project Management | Crystal Schleicher | | | | | | ✓ |
| Program Manager | David Sinclair | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Data Architect | Donny Crume | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Project Management | Doug Holleman | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Business Process Consultant | Eric Hendrick | | | | ✓ | | |
| FX Portfolio | Gary Lee | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Test Analyst | Janani Babu | ✓ | | ✓ | | | |
| OCM, Transformation | Joanne Gallagher | | | ✓ | | ✓ | |
| OCM Support | John Beaver | | | ✓ | | ✓ | |
| OCM Support | Lisa Brooks | ✓ | ✓ | | | | |
| OCM, Transformation | Marc Slager | ✓ | ✓ | | | | |
| OCM, Transformation | Mark Olson | ✓ | ✓ | ✓ | | | |
| Business Analyst, Test Analyst | Marquita Horne | ✓ | ✓ | | | ✓ | |
| Module Test Lead | Mary Burgess | ✓ | ✓ | | | | |

| FX Dedicated Staff Augmentation Resources | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Role / Position** | **Name** | **Projects** | | | | | |
| | | **Core** | **EDW** | **MI** | **PSM** | **UOC** | **PBM** |
| Business Intelligence Architect | Mike Griffiths | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Project Management | Mindy Fike | | | ✓ | | | |
| Test Analyst | Natalie Ruff | ✓ | ✓ | | | ✓ | |
| Business Process Consultant | Parampreet Sidana | ✓ | ✓ | ✓ | | ✓ | |
| Data Management | Phil Harman | | ✓ | | | | |
| Program Manager | Roderick Johnson | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Release Management | Satya Sandeep | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Information Technology Leader | Som Khot | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Business Analyst | Sowmya Sivalanka | | ✓ | | | | |
| Test Analyst | Tara Swelstad | ✓ | | | | | |
| Network Architect | Vidyarayna Gujju | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

*Exhibit 13: FX Enterprise Staff Augmentation Resources*

### 4.8 FX Program Office Space

The FX Program team works at office space funded by enhanced FFP. The office space is fully dedicated to the FX Program state employee staff 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 (July 1 – June 30) | Annual Cost |
| SFY 2022-23 | $127,955 |
| SFY 2023-24 | $160,864 |
| SFY 2024-25 | $161,696 |

*Exhibit 14: FX Program Administration Office Space Costs*

### 4.9 Project Timeline

The FX Roadmap was provided above in Section 3. Project Scope. Upcoming milestones were provided in Section 4.3 Program Key Dates. This section will be removed from future IAPDUs.

## 5. Proposed FX Program Budget

The FX Program budget is provided below and as **Attachment II**. The Agency requests to decrease the FX Core budget for FFY 2024 and FFY 2025 due to the implementation pause decision.

The Agency requests an increase for the FMMIS Transition Project for FFY 2024 and FFY 2025. The Agency requires additional staffing support and hardware/software for the transition to FX.

Additional budget changes for each component of the FX Program are described within the exhibit. New budget lines created since the last FX Program IAPDU submission to CMS, to further delineate the budget components that were previously rolled up into an umbrella category, are highlighted in yellow.

The FX Program budget request for FFY 2024 is $155,287,776, a decrease of $22,114,963 since the last FX Program IAPDU. The FX Program budget request for FFY 2025 is $161,590,092, an increase of $31,204,266

The FFY 2023 actual expenditures are provided as informational only. Expenditures are reported through the CMS-64.

| FX PROGRAM BUDGET | | | FL-2023-03-10-MMIS-MES-IAPDU-FX Program | | | 2024 IAPDU submission | | | Change from 2023 to 2024 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Module | Match | FFY 2023 | FFY 2024 | FFY 2025 | FFY 2023 (actual-informational | FFY 2024 | FFY 2025 | FFY 2023 (difference) | FFY 2024 (difference | FFY 2025 (difference) |
| ***Strategic Enterprise Advisory Services (SEAS) Tasks*** | | | | | | | | | | | |
| SEAS Strategic Planning, Program and Project Management | FX Enterprise | 90/10 | $ 9,054,658 | $ 9,746,661 | $ 9,746,661 | $ 9,118,749 | $ 9,746,661 | $ 9,746,661 | $ 64,091 | $ - | $ - |
| ***IV&V Tasks*** | | | | | | | | | | | |
| Monitor activities and report to CMS and the Florida Department of Management Services | FX Enterprise | 90/10 | $ 3,278,439 | $ 3,230,996 | $ 3,230,996 | $ 3,052,099 | $ 3,230,996 | $ 3,230,996 | $ (226,340) | $ - | $ - |
| ***FMMIS Transition Support*** | | | | | | | | | | | |
| FMMIS Transition Support Services | FX Enterprise | 90/10 | $ 7,107,327 | $ 5,662,930 | $ 784,831 | $ 5,848,047 | $ 7,001,426 | $ 3,652,500 | $ (1,259,280) | $ 1,338,496 | $ 2,867,669 |
| FMMIS Transition Support Software and Hardware - Renewal and Suppo | FX Enterprise | 75/25 | $ 2,846,664 | $ - | $ - | $ 2,258,164 | $ 2,000,000 | $ - | $ (588,500) | $ 2,000,000 | $ - |
| ***Infrastructure Phase*** | | | | | | | | | | | |
| Integration Services/Integration Platform (IS/IP) - Operations | IS/IP | 75/25 | $ 9,781,120 | $ 6,429,595 | $ 6,413,764 | $ 4,258,846 | $ 4,379,677 | $ 4,217,372 | $ (5,522,274) | $ (2,049,918) | $ (2,196,392) |
| Integration Services/Integration Platform (IS/IP) - Software Initial | IS/IP | 90/10 | $ 48,575 | $ - | $ - | $ 210,183 | $ - | $ - | $ 161,608 | $ - | $ - |
| Integration Services/Integration Platform (IS/IP) - Software Renewal | IS/IP | 75/25 | $ - | $ - | $ - | $ 3,536,064 | $ 5,799,305 | $ 1,981,505 | $ 3,536,064 | $ 5,799,305 | $ 1,981,505 |
| Integration Services/Integration Platform (IS/IP) - Task Orders | IS/IP | 90/10 | $ - | $ - | $ 1,875,000 | $ - | $ - | $ 1,875,000 | $ - | $ - | $ - |
| Enterprise Data Warehouse (EDW) - Implementation | EDW | 90/10 | $ 9,661,702 | $ 5,757,544 | $ - | $ 6,854,491 | $ 6,360,846 | $ 4,307,634 | $ (2,807,211) | $ 603,302 | $ 4,307,634 |
| Enterprise Data Warehouse (EDW) - Implementation Software Renewal | EDW | 75/25 | $ 1,715,195 | $ 492,979 | $ - | $ 2,940,078 | $ 2,933,181 | $ 2,213,684 | $ 1,224,883 | $ 2,440,202 | $ 2,213,684 |
| Enterprise Data Warehouse (EDW) - Operations* | EDW | 75/25 | $ - | $ 5,117,188 | $ 7,145,189 | $ - | $ 4,344,290 | $ 13,153,962 | $ - | $ (772,898) | $ 6,008,773 |
| Enterprise Data Warehouse (EDW) - Task Orders | EDW | 90/10 | $ 3,411,104 | $ 5,629,143 | $ 1,875,000 | $ 1,906,075 | $ 2,268,363 | $ 5,093,858 | $ (1,505,029) | $ (3,360,780) | $ 3,218,858 |
| CMS - Interoperability - Implementation - IS/IP | IS/IP | 90/10 | | | | $ 1,657,155 | $ - | $ - | $ 1,657,155 | $ - | $ - |
| CMS - Interoperability - Implementation - EDW | EDW | 90/10 | $ 3,647,266 | $ - | $ - | $ 4,006,906 | $ - | $ - | $ 359,640 | $ - | $ - |
| CMS - Interoperability - Operations - EDW | EDW | 75/25 | | | | $ - | $ 626,753 | $ 110,369 | $ - | $ 626,753 | $ 110,369 |
| FX Enterprise Software Licenses and Services - Initial | FX Enterprise | 90/10 | $ 225,753 | $ - | $ - | $ 107,399 | $ 287,822 | $ 50,000 | $ (118,354) | $ 287,822 | $ 50,000 |
| FX Enterprise Software Licenses and Services - Renewal | FX Enterprise | 75/25 | $ 208,512 | $ 299,679 | $ 284,679 | $ 121,391 | $ 308,703 | $ 308,703 | $ (87,121) | $ 9,024 | $ 24,024 |
| FX Enterprise Contract Services | FX Enterprise | 90/10 | $ 5,339,933 | $ 5,710,556 | $ 5,722,000 | $ 6,210,638 | $ 11,059,581 | $ 12,035,762 | $ 870,705 | $ 5,349,025 | $ 6,313,762 |
| FX MITA MES Certification - Contract Services | FX Enterprise | 90/10 | | | | $ - | $ 3,750,000 | $ 3,000,000 | $ - | $ 3,750,000 | $ 3,000,000 |
| FX Enterprise Security Assessor - Contract Services | FX Enterprise | 90/10 | | | | $ - | $ 1,352,250 | $ 1,167,750 | $ - | $ 1,352,250 | $ 1,167,750 |
| Phase 4 Procurement Services - Contract Services | FX Enterprise | 90/10 | | | | $ - | $ 244,970 | $ 979,880 | $ - | $ 244,970 | $ 979,880 |
| FX Testing Center of Excellence Services | FX Enterprise | 90/10 | | | | $ 343,936 | $ 1,553,499 | $ 1,505,318 | $ 343,936 | $ 1,553,499 | $ 1,505,318 |
| Module Existing Systems Integrations | Module Integratio | 90/10 | $ 37,344,073 | $ 49,207,203 | $ 20,168,328 | $ - | $ - | $ - | $ (37,344,073) | $ (49,207,203) | $ (20,168,328) |
| Module Existing Systems Integrations Services - ISIP - ISIP | Module Integratio | 90/10 | | | | $ 8,914,960 | $ 10,011,865 | $ 6,903,485 | $ 8,914,960 | $ 10,011,865 | $ 6,903,485 |
| Module Existing Systems Integrations Services - ISIP - Core | Module Integratio | 90/10 | | | | $ 491,291 | $ - | $ 14,518,782 | $ 491,291 | $ - | $ 14,518,782 |
| Module Existing Systems Integrations Services - ISIP - PSM | Module Integratio | 90/10 | | | | $ 245,125 | $ 11,857,169 | $ 892,316 | $ 245,125 | $ 11,857,169 | $ 892,316 |
| Module Existing Systems Integrations Services - ISIP - UOC | Module Integratio | 90/10 | | | | $ 5,623,276 | $ 5,771,401 | $ - | $ 5,623,276 | $ 5,771,401 | $ - |
| Module Existing Systems Integrations Services - ISIP - PBM | Module Integratio | 90/10 | | | | $ - | $ - | $ 1,523,715 | $ - | $ - | $ 1,523,715 |
| Module Existing Systems Integrations Services - EDW - EDW | Module Integratio | 90/10 | | | | $ 27,828 | $ 30,002 | $ - | $ 27,828 | $ 30,002 | $ - |
| Module Existing Systems Integrations Services - EDW - Core | Module Integratio | 90/10 | | | | $ - | $ 2,265,300 | $ 13,304,964 | $ - | $ 2,265,300 | $ 13,304,964 |
| Module Existing Systems Integrations Services - EDW - PSM | Module Integratio | 90/10 | | | | $ - | $ 10,122,469 | $ - | $ - | $ 10,122,469 | $ - |
| Module Existing Systems Integrations Services - EDW - UOC | Module Integratio | 90/10 | | | | $ 5,710,882 | $ 10,397,727 | $ 285,149 | $ 5,710,882 | $ 10,397,727 | $ 285,149 |
| Module Existing Systems Integrations Services - EDW - PBM | Module Integratio | 90/10 | | | | $ - | $ - | $ 2,450,035 | $ - | $ - | $ 2,450,035 |
| ***Module Acquisition Phase*** | | | | | | | | | | | |
| Provider - Procurement | FX Enterprise | 90/10 | $ 102,440 | $ - | $ - | $ - | $ - | $ - | $ (102,440) | $ - | $ - |
| Provider - Implementation | Provider | 90/10 | $ 2,132,100 | $ 11,524,648 | $ 507,968 | $ - | $ 11,280,647 | $ 385,222 | $ (2,132,100) | $ (244,001) | $ (122,746) |
| Provider - Operations* | Provider | 75/25 | $ - | $ 1,526,072 | $ 4,578,214 | $ - | $ 2,299,891 | $ 9,158,613 | $ - | $ 773,819 | $ 4,580,399 |
| Provider - Task Orders | Provider | 90/10 | $ - | $ 652,800 | $ 2,611,200 | $ - | $ - | $ 652,800 | $ - | $ (652,800) | $ (1,958,400) |
| Core - Implementation | Core | 90/10 | $ 18,447,448 | $ 23,978,244 | $ 5,873,665 | $ 9,992,205 | $ 3,540,625 | $ 6,889,674 | $ (8,455,243) | $ (20,437,619) | $ 1,016,009 |
| Core - Operations | Core | 75/25 | $ - | $ - | $ 11,903,440 | $ - | $ - | $ - | $ - | $ - | $ (11,903,440) |
| Core - Task Orders | Core | 90/10 | $ - | $ - | $ 2,393,600 | $ - | $ - | $ 652,800 | $ - | $ - | $ (1,740,800) |
| Unified Operations Center - Implementation | UOC | 90/10 | $ 7,985,346 | $ 5,957,915 | $ 2,241,679 | $ 2,124,677 | $ 9,203,829 | $ 1,983,777 | $ (5,860,669) | $ 3,245,914 | $ (257,902) |
| Unified Operations Center - Software Renewal | UOC | 75/25 | | | | $ - | $ - | $ 2,714,328 | $ - | $ - | $ 2,714,328 |
| Unified Operations Center - Operations | UOC | 75/25 | $ 1,805,410 | $ 21,943,413 | $ 23,645,151 | $ - | $ 7,221,640 | $ 21,759,888 | $ (1,805,410) | $ (14,721,773) | $ (1,885,263) |
| Unified Operations Center - Task Orders | UOC | 90/10 | $ - | $ 652,800 | $ 2,611,200 | $ - | $ - | $ 652,800 | $ - | $ (652,800) | $ (1,958,400) |
| Pharmacy Benefits Management - Procurement / Implementation | PBM | 90/10 | $ - | $ 10,062,001 | $ 2,195,041 | $ - | $ - | $ 3,681,994 | $ - | $ (10,062,001) | $ 1,486,953 |
| Pharmacy Benefits Management - Operations* | PBM | 75/25 | $ - | $ - | $ 10,079,424 | $ - | $ - | $ - | $ - | $ - | $ (10,079,424) |
| Pharmacy Benefits Management - Task Orders | PBM | 90/10 | $ - | $ - | $ 652,800 | $ - | $ - | $ 652,800 | $ - | $ - | $ - |
| Outside Legal Counsel | FX Enterprise | 50/50 | $ 173,000 | $ 50,000 | $ 75,000 | $ - | $ - | $ - | $ (173,000) | $ (50,000) | $ (75,000) |
| Outside Legal Counsel - Provider | FX Enterprise | 50/50 | | | | $ 39,676 | $ 353 | $ - | $ 39,676 | $ 353 | $ - |
| Outside Legal Counsel - Unified Operations Center | FX Enterprise | 50/50 | | | | $ 380 | $ 625 | $ - | $ 380 | $ 625 | $ - |
| Outside Legal Counsel - Core | FX Enterprise | 50/50 | | | | $ 43,513 | $ 5,538 | $ - | $ 43,513 | $ 5,538 | $ - |
| Outside Legal Counsel - Pharmacy Benefits Management | FX Enterprise | 50/50 | | | | $ - | $ 135,000 | $ - | $ - | $ 135,000 | $ - |
| Outside Legal Counsel - Phase 4 | FX Enterprise | 50/50 | | | | $ - | $ 125,000 | $ 125,000 | $ - | $ 125,000 | $ 125,000 |
| ***State Agency Costs*** | | | | | | | | | | | |
| FFP for existing full-time state employees | FX Enterprise | 90/10 | $ 3,609,300 | $ 3,609,300 | $ 3,609,300 | $ 3,609,300 | $ 3,609,300 | $ 3,609,300 | $ - | $ - | $ - |
| FFP for facility costs | FX Enterprise | 90/10 | $ 136,182 | $ 161,072 | $ 161,696 | $ 136,182 | $ 161,072 | $ 161,696 | $ - | $ - | $ - |
| **IAPD Total Request by FFP** | | | **$ 128,061,547** | **$ 177,402,739** | **$ 130,385,826** | **$ 89,389,516** | **$ 155,287,776** | **$ 161,590,092** | **$ (38,672,031)** | **$ (22,114,963)** | **$ 31,204,266** |

*Operations will be 50/50 until CMS certified.

*Exhibit 15: FX Program Budget*

### 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.

FX is a multi-year program with costs and benefits estimated throughout the life of the program. The FX Program strategy and roadmap are assessed continually, with cost and benefit estimates being fine-tuned to incorporate new information. As such, cost and benefit amounts may change year-over-year as the FX strategy evolves and planned activities are conducted.

The Agency has identified existing program operational costs versus the expected program operational costs resulting from implementing each module. The Agency will identify the expected changes in operational costs for the program(s) that will be impacted by the module as well as estimates for tangible benefits resulting from implementation of the module. This will correspond to the benefits identified in an FX Enterprise Benefits Realization Table.

## 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 | |

| # | Condition Name and Description | Compliance | |
|---|---|---|---|
| | | Yes | No |
| 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 | |
| 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 | |

| # | Condition Name and Description | Compliance | |
|---|---|---|---|
| | | **Yes** | **No** |
| 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 16: CMS Conditions and Standards Compliance Matrix*

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## 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 the exhibit below.

| **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 17: Procurement Assurances*

# APPENDIX A: MMIS DETAILED BUDGET TABLE

Federal Fiscal Years 2024 through 2025

| MES/FX as of 1/2024 | CMS Share (90% FFP) | State Share (10% FFP) | CMS Share (75% FFP) | State Share (25% FFP) | CMS Share (50% FFP) | State Share (50% FFP) | FUNDING FFP Total | State Share Total |
|---|---|---|---|---|---|---|---|---|
| | 2B† | | 2B† | | 2B† | | **2B** | |
| FFY 2024 | $109,203,703 | $12,133,745 | $2,413,336 | $804,445 | $133,258 | $133,258 | **$111,750,297** | **$13,071,448** |
| FFY 2025 | $91,868,105 | $10,207,567 | $2,035,746 | $678,582 | $62,500 | $62,500 | **$93,966,351** | **$10,948,649** |
| **Total** | **$201,071,808** | **$22,341,312** | **$4,449,082** | **$1,483,027** | **$195,758** | **$195,758** | **$205,716,648** | **$24,020,097** |

| MES/FX as of 1/2024 | CMS Share--State Staff and Facility Costs (90% FFP) | CMS Share--State Staff and Facility Costs (10% FFP) | CMS Share (75% FFP) | State Share (25% FFP) | CMS Share (50% FFP) | State Share (50% FFP) | FUNDING FFP Total | State Share Total |
|---|---|---|---|---|---|---|---|---|
| | **2A†** | | -- | | **2A†** | | **2A** | |
| 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** | **$6,787,231** | **$754,137** | **$0** | **$0** | **$0** | **$0** | **$6,787,231** | **$754,137** |

| MES/FX as of 1/2024 | CMS Share | State Share | CMS Share (75% FFP) | State Share (25% FFP) | CMS Share (50% FFP) | State Share (50% FFP) | TOTAL FFP | STATE SHARE TOTAL | APD TOTAL (TOTAL COMPUTABLE) |
|---|---|---|---|---|---|---|---|---|---|
| | 2A&B† | -- | 4A&B† | -- | 5A,B&C† | -- | | | |
| FFY 2024 | $115,143,632 | $13,448,485 | $15,038,609 | $5,012,870 | $3,322,091 | $3,322,091 | $133,504,331 | $21,783,446 | **$155,287,777** |
| FFY 2025 | $97,360,247 | $11,325,749 | $22,943,641 | $7,647,880 | $11,156,288 | $11,156,288 | $131,460,176 | $30,129,917 | **$161,590,093** |
| **Total** | **$212,503,879** | **$24,774,234** | **$37,982,250** | **$12,660,750** | **$14,478,379** | **$14,478,379** | **$264,964,507** | **$51,913,363** | **$316,877,870** |

# ATTACHMENT A — PHASE 1: PROFESSIONAL CONTRACTS

The objective of Phase 1 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, facilitating portfolio management, managing the program-level changes, risks, action items, issues, decisions, and lessons learned entries, performing monthly reporting, and providing budget forecasting support. The SEAS Vendor brings the relevant experience to guide the Agency toward meeting program objectives. The SEAS contract was renewed through April 3, 2027. SEAS activity includes:

- Prepare monthly task order summary.
- Perform Program Strategy and Oversight, including updating the following standards annually: SEAS Management Plan, FX EPMO Charter and Program Management Plan, Project Management Standards, Project Management Toolkit, Governance Plan, FX Strategic Plan, and the Strategic Project Portfolio Management Plan.
- Manage program-level change, risk, action item, issue, decision, and lessons learned.
- Perform program-level schedule oversight.
- Perform resource management.
- Perform project delivery assurance for FX module procurement, implementation, and integration projects.
- Perform quality management for FX projects.
- Prepare biweekly and monthly reports.
- Provide budget support.
- Provide governance operations and support.
- Provide strategic planning and support.
- Provide certification support.
- Provide outcomes management support and benefits realization support.
- Provide module DDI readiness activities and support.
- Provide business process analysis transition support.
- Provide technical advisory services at the Agency's request.

### Medicaid Program Outcomes Statement

The Agency proposes the following outcomes and metrics to document how the SEAS Vendor benefits the Medicaid Program.

| Reference | Outcome Statement | Metric |
|---|---|---|
| SEAS1 | The SEAS Vendor supports the development and maintenance of a strategic vision to assist the Agency in transforming the Medicaid Enterprise | -Number of FX Governance meetings facilitated<br>-Number of Governance decisions<br>-Strategic Roadmap development and modifications<br>-FX Strategic Plan updates |
| SEAS2 | The SEAS Vendor supports the Agency in helping to ensure that module vendors adhere to FX standards. | -Number of FX standards updates<br>-Number of requirement validation sessions attended<br>-Number of DDI deliverables reviewed<br>-Number of advisory and support meetings held with module vendors and Agency staff |
| SEAS3 | The SEAS Vendor supports the Agency in obtaining the appropriate funding to support FX. | -Monthly maintenance data on the FX estimation, forecasting, budget planning tool<br>-Provide annual fiscal year budget request<br>-Create annual cost benefit analysis |
| SEAS4 | The SEAS Vendor supports the Agency in obtaining accurate federal financial participation for Agency staff who are not fully dedicated to FX. | -Number of salary dollars recouped that were not reported on previous CMS-64 reports |
| SEAS5 | The SEAS Vendor provides guidance to FX project teams to improve quality and project delivery | -Project level CRAIDL support metrics<br>FX Enterprise Program Management Office Reporting and Dashboards metrics<br>-Delivery Assurance team process output metrics |
| SEAS6 | The SEAS Vendor supports the development and implementation of outcomes management and benefits realization frameworks to assist the Agency in managing outcome achievement and benefits realization against FX strategic vision. | - Development and maintenance of Framework Tool and Dashboards<br>- Generate quarterly or as needed Framework reporting |

*Exhibit 18: SEAS Vendor Proposed Outcomes and Metrics*

## SEAS IAPDU Cost

| | Module | Match | FFY 2023 (actual-informational | FFY 2024 | FFY 2025 |
|---|---|---|---|---|---|
| ***Strategic Enterprise Advisory Services (SEAS) Tasks*** | | | | | |
| SEAS Strategic Planning, Program and Project Management | FX Enterprise | 90/10 | $ 9,118,749 | $ 9,746,661 | $ 9,746,661 |

*Exhibit 19: SEAS Vendor Cost*

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

The IV&V Vendor provides a rigorous independent evaluation and review that evaluates adherence to the standards, correctness, and quality of FX Program and projects' solutions to help the Agency ensure that projects are being developed and managed in accordance with Federal, State, and Agency requirements. IV&V services are recommended by federal regulation 45 CFR 95.626 to represent the interests of the Centers for Medicare and Medicaid Services (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 with NTT Data is effective through June 30, 2024. IV&V activity includes:

- Monitor and Assess portfolio management, budget requests, monthly and quarterly reports, project management, project governance, data governance, procurement activities, DDI activities, organizational change management, quality assurance, test strategy, test plans, test procedures, test execution, and module integration.
- Assess FX Program and FX vendor deliverables and work products.
- Participate in periodic FX Program calls with CMS.
- Provide guidance and monitor CMS certification preparation.
- Participate in CMS certification reviews.
- Assess privacy, security, and disaster recovery plans.
- Facilitate weekly performance and progress updates.
- Complete an FX monthly assessment report.
- Complete a written FX project assessment for Core, Provider, and Pharmacy Benefits Management.
- Complete a quarterly FX Program focused assessment.
- Complete EDW assessments for operational readiness, disaster recovery readiness and security and privacy, and module release.
- Complete FX budget artifact reviews and affidavits.
- Complete FX Program and project schedule assessments.

### Medicaid Program Outcomes Statement

The Agency proposes the following outcomes and metrics to document how the IV&V Vendor benefits the Medicaid Program.

| Reference | Outcome Statement | Metric |
|---|---|---|
| IVV1 | IV&V provides rigorous independent evaluation and review that evaluates adherence to the standards, correctness, and quality of the FX Program and project solutions. | IV&V Monthly reports documenting activities related to operational readiness assessments, module release assessments, vendor integration process and activity assessments, and FX Operational Change Management (OCM) process and performance assessments. |
| IVV2 | IV&V will provide review and assessment of all artifacts related to budget for the FX Program, including the Quarterly Operational Work plan (OWP) and the Monthly Spend Plan. | Affidavit of review. |

*Exhibit 20: IV&V Vendor Proposed Outcomes and Metrics*

## IV&V IAPDU Cost

| | Module | Match | FFY 2023 (actual-informational | FFY 2024 | FFY 2025 |
|---|---|---|---|---|---|
| ***IV&V Tasks*** | | | | | |
| Monitor activities and report to CMS and the Florida Department of Management Services | FX Enterprise | 90/10 | $ 3,052,099 | $ 3,230,996 | $ 3,230,996 |

*Exhibit 21: IV&V Vendor Cost*

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# ATTACHMENT B — PHASE 2: FX INFRASTRUCTURE

Phase 2 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 components of the Integration Platform solution are illustrated in the exhibit below and then described in further detail.

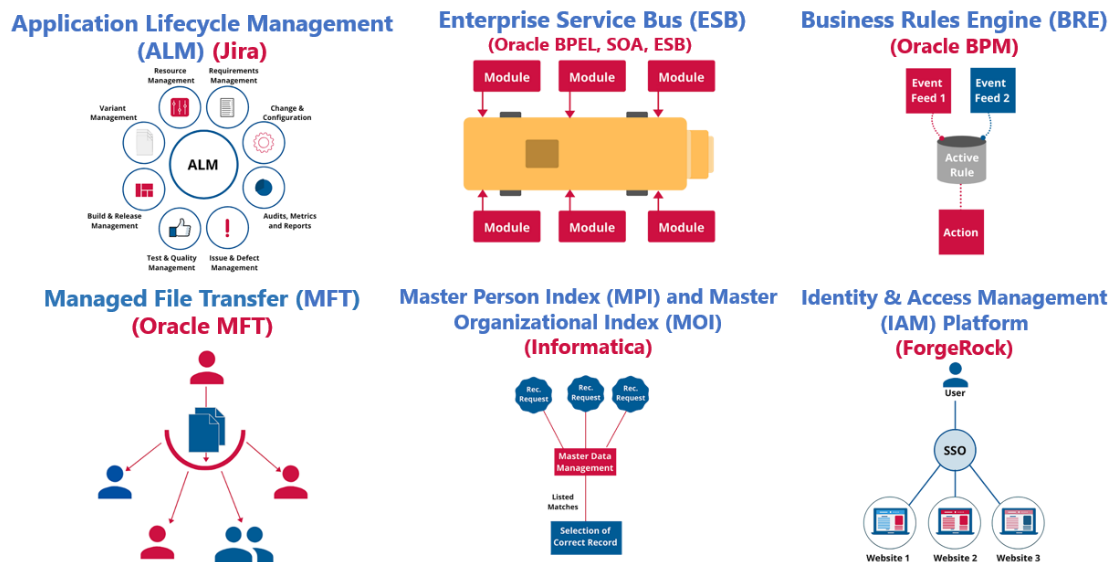


*Exhibit 22: IS/IP Overview*

The Enterprise Service Bus (ESB) supports various application integration architectures. It provides application connectivity, security checking, messaging and routing,

transformation and formatting, and service interaction services. It provides the following key functions:

- Highly scalable and reliable service-oriented integration, service management, and traditional message brokering across heterogeneous systems.
- Routes, transforms, and virtualizes services through the highly scalable Oracle Service Bus (OSB).
- Orchestrates and builds process automation with Oracle BPEL Process Manager.
- Builds agility by externalizing specific blocks of logic using Oracle Business Rules.
- Oracle Business Rules enable dynamic business decisions at runtime, enabling the user to automate policies, computations, and reasoning while separating rule logic from underlying application code.
- Oracle Service Bus supports xQuery and xslt mapping transformation for the web services payload.
- Performs real-time detection of specific patterns across multiple data streams and time windows through Oracle Event Processing.
- Gains real-time visibility into operation and performance of business processes, including the ability to respond to specific situations, through Oracle Business Activity Monitoring.
- Consistently and easily secures all services through a policy-driven integrated security framework and the global policy manager.
- Oracle Service Bus is a configuration-based, policy-driven ESB.
- Intelligent message brokering with routing and transformation of messages, along with service monitoring and administration.
- Built-in human workflow services such as task, notification, and worklist management are provided to enable the integration of people and manual tasks into BPEL business flow instances.
- Oracle Managed File Transfer (MFT) is a high performance, standards-based, end-to-end managed file gateway, featuring design, deployment, and monitoring of file transfers using web-based, design-time console that includes file encryption, scheduling, and embedded FTP and SFTP servers.
- End-to-End Native REST and JavaScript in SOA composites and Service Bus pipelines.
- Oracle Service Bus supports this list of protocols, (ODBC, JDBC, POP3, SMTP, SSH, Web Service (WSDL, WS-*, SOAP, REST, UDDI, ODATA) XML, JSON-WDP, FTPS, SFTP, HTTP, HTTPS, JMS, MSMQ, COBOL, VSAM).
  OSB supports the following technology adapters (File, FTP, JMS, DB2, Healthcare, CICS,IMS/DB, IMS/TM, VSAM, CDC adapter for IMS/DB, CDC adapter for VSAM,  REST, SOAP, LDAP, UMS, ERP – Systems).

The Managed File Transfer (MFT) provides services to manage, monitor, and secure file transfers. It is protected using the standard WebLogic Service Security Roles, Users and Groups with integration to SOA/OSB to extend business process for further orchestration and transformation. It provides the following functional functions:

- MFT enables secure file exchange with internal and external partners.

- MFT provides out of box dashboard metrics to track file size, file volume for inbound and outbound endpoints and reporting capabilities for status of file transfer.
- MFT supports PGP encryption/decryption, so it can support the practice that allows only encrypted data into the systems.

The Business Rules Engine (BRE) provides consistent advice and policies across channels and business processes. It is a tool used for capturing, managing, deploying and automating legislation, regulations, requirements and other document-based policies. The BRE provides the following functions:

- Author rules in natural language using Microsoft Word and Microsoft Excel.
- Provides comprehensive policy creation integrated development environment (IDE) using the desktop tool.
- Provides transparency on how decisions were made and applied through rule modeling and what-if feature in the OPM.

During the integration service phase, the rules engine can be integrated with OSB to provide decision services. It also can be integrated with SOA/BPM to handle complex rules workflows.

The Service Registry is a lifecycle management component which allows users to build a catalog of services. Application Programming Interface (API) designers can register services on the platform. API managers can approve and publish services and configure and specify security policies to these services. API consumers can subscribe to the published services and incorporate them into the interface development. The Service Registry provides the following functions:

- A single source for visibility to both On-Premise Services (Service supplied by FX IS/IP) and external Services (Service supplied by external systems).
- Tight integration with Oracle SOA Suite and Service Bus.
- Harvesting of REST and SOAP services into the Service Registry.
- Streamlined API editing and publishing.
- An Oracle Access Protocol (OAP) developer portal to discover, understand and test APIs.
- Secure APIs with designed security policies.
- Operational analytics providing pre-built views to monitor API usages and activities.
- API users' roles and grants provide access control to APIs with API-level entitlements.
- Ability to provide ratings and reviews for APIs.
- Ability to monitor usage of APIs at run-time.

The Application Lifecycle Management (ALM) solution architecture provides a platform to provide a centralized application lifecycle management capability. ALM is comprised of the following components and functions:

- Jira is an issue tracker that allows teams to manage multiple projects and the stories/tasks that makes up that project. Jira has been extended using plugins like Requirements for Jira (R4J) to better manage requirements for the solution

and ease the process of importing requirements from other tools such as Excel. Jira has also been extended with Test Management for Jira (TM4J) to manage reporting and quality assurance of in progress requirements. Jira is an Atlassian product.

- Confluence is an Atlassian product that manages documentation for any part of the project. Documentation is stored via a markup language that creates efficient and manageable web pages for users to document their work. It has seamless integration with Jira/Bitbucket in the sense that Jira requirements/issues and Bitbucket repositories can be referenced in documentation via custom links.
- Bitbucket is an Atlassian product that manages git code repositories.
- Artifactory is a binary/artifact repository that will allow for easy access to objects through protocols like https. Artifactory will be structured in a way to compartmentalize each set of artifacts so that each team can work and store artifacts independently of others.
- Jenkins is a work orchestration tool that will allow us to coordinate/schedule jobs that will work/deploy to any environment in the solution. Jenkins will also be structured in a way to compartmentalize jobs into a project like structure so that teams can run/edit jobs independent of each other. Jenkins will also be scalable through the deployment of Jenkins' agents and independent Virtual Machines (VM's) that Jenkins will use to run jobs in parallel with itself.

    - The IS/IP Vendor provides the Informatica PowerCenter, Informatica Data Quality, and Informatica Master Data Management (MDM) Hub.

- Informatica PowerCenter is a widely used data extraction, transformation, and loading (ETL) tool. The tool provides components to extract data from multiple agency sources, transform the data according to business logic built in the MDM, and load the transformed data into relational targets such as MDM staging areas (landing tables). Informatica PowerCenter also provides the ability to view and analyze business information and browse and analyze metadata from disparate metadata repositories.
- Informatica Data Quality is used to analyze, cleanse, standardize, profile, and score data which are essential steps to increase the matching rate during module integration. The tool offers interfaces to create and run mappings, as well as create and run rules. It also performs profiling that includes using the enterprise discovery profile to discover functional dependency, primary keys, foreign keys, etc. It will also curate inferred profile results and score carding to export objects to Informatica PowerCenter.
- Informatica MDM Hub is a user interface that is comprised of a set of tools for administrators and data stewards. Each tool allows users to perform a specific action or a set of related actions. These consist of building the data model, running batch jobs, configuring the data flow, configuring external application access to Informatica MDM Hub resources, and other system configuration and operation tasks. In addition, Informatica also has a hub store that contains the Master Person Index (MPI) or Master Organizational Index (MOI) for all entities across different source systems. It contains the metadata and the associated rules needed to determine and continually maintain only the most reliable cell-level attributes in each MPI or MOI and the logic for data consolidation functions, such as merging and unmerging data. This allows the FX IS/IP to have an improved consistency of organizations and people.

The IS/IP MOI and MPI solution architecture provides a platform to facilitate linking the organization and person among various future FX modules or other agency's systems together. The IS/IP MOI/MPI can receive, cleanse, match, and connect organization and person information from various FX modules. It will also allow these modules to retrieve index information via services connected through the ESB system.

The IS/IP Vendor provides the Identity and Access Management (AM) solution, ForgeRock, and the Security Information and Event Management (SIEM) solution, Splunk. The Access Management solution provides a centralized authentication and authorization platform for applications and systems with features such as single sign-on (SSO), multifactor authentication (MFA), fine grained authorization, external user store, and identity proofing. ForgeRock, includes the following components:

- The Identity Gateway (IG) serves as a front-door to the AM services and can act as a Policy Enforcement Point for applications. The IG provides HTTP level protection both for internal and external traffic, performs complex logic when integrating with applications, and acts as a central point of ingress to the AM system.
- AM is the overall engine that produces and manages the authentication and authorization functions of the platform. The AM centralizes authentication processes, evaluates constraints on a global and application-specific base, and manages the session of the entity.
- Identity Management (IDM) manages user profiles and automates the identity lifecycle from one central location. The IDM synchronizes data across multiple resources, provides workflow configuration for managing how users sign up for their accounts, and provides users self-service, including updating attributes and new user registration.
- The Directory Services (DS) is the Lightweight Directory Access Protocol (LDAP) directory that provides services to other ForgeRock components and data storage. The DS provides LDAP services which are utilized by the AM and IDM, Core Token Service (CTS) storage for access and authentication, User Store (USR) storage, Configuration (CNF) storage, and delegates authentication to another LDAP directory service, if desired.

The LexisNexis InstantID® solution is also utilized in conjunction with the IDM product for Identity Proofing during account registration. When an external user attempts to create an account via self-registration, validation checks must be made to ensure the user is who they say they are. For this reason, Identity Proofing must take place. Identity Proofing is the process of verifying and authenticating the identity of a user prior to account registration. LexisNexis InstantID® is the identity proofing solution that will be integrated with ForgeRock IDM when a user attempts to self-register. The LexisNexis Identity Proofing solution determines whether the identity a user claims is real, prevents identity-based account fraud, and integrates with ForgeRock IDM to ensure an external user is who they say they are prior to account creation.

The SIEM solution, Splunk, includes two core components: Splunk Enterprise and Splunk Enterprise Security. Splunk shall also integrate with several free Apps and Technology Add-ons available on Splunk's online marketplace, Splunkbase.

Splunk Enterprise is the basic building block of the Splunk Engine and is a prerequisite for implementing Splunk Enterprise Security. Splunk Enterprise is a data analytics and querying tool which includes the following features:

- Ingestion and indexing of logs from various data sources
- Execution of search queries against data indexes
- Creation and configuration of alerts/reports/dashboards
- Generation of alerts and scheduling of reports for email notification
- Role-based access control
- Support for LDAP authentication with Active Directory integration.

Splunk Enterprise Security is the actual SIEM offering built on the Splunk Enterprise platform, which inherits all the Splunk Enterprise capabilities. Splunk Enterprise Security allows for rapid threat and anomaly detection due to continuous and real-time event monitoring of the FX IS/IP. From a SIEM alerts (commonly known as notable events) standpoint, Splunk Enterprise Security provides a workflow for SIEM teams to appropriately prioritize, respond, and mitigate notable events.

There are several Splunk components that are part of the overall SIEM architecture which enable Splunk to function effectively across four categories:

- Searching - Search Heads: These instances have a web interface where the users leverage the Splunk querying language to search for indexed data. Search requests are distributed out to indexers.
- Indexing - Indexers: These are instances that process incoming data from forwarders and store results in the indexes as events. Indexes can be created for each incoming data source. For example, all incoming logs from the Palo Alto devices can be classified as part of the "Palo Alto" index, or further stratified to have indexes for the disparate Palo Alto device data sources, such as separate indexes for firewall logs, IDS/IPS logs, and system logs.
- Forwarding - Forwarder: A Splunk component that can collect or consume data and send it to the indexers.
  - Universal Forwarder: A type of forwarder that can only forward data. This is installed on the machines where the data resides, such as Linux or Windows servers.
  - Heavy Forwarder: A type of forwarder that can forward data and has a built-in capability to parse data. It can also ingest data from REST API's, database tables, and has a web interface.
- Management
  - Index Cluster Master: Instance that centrally manages the functionality of the index cluster.
  - Deployment Server: Instance that acts as a centralized configuration manager for "deployment clients", which are universal forwarders and heavy forwarders.
  - License Master: Instance that tracks the amount of data being ingested daily. This is where the Splunk license is installed.
    - Collocated with the Index Cluster Master since it does not possess resource-intensive workloads and can coexist with another Splunk instance.

- Monitoring Console: Instance that provides dashboards for Splunk health monitoring and is equipped with prepackaged alerts tied to Splunk operational issues such as search performance, indexing performance, and license usage alerts. Collocated with the Deployment Server since it does not possess resource-intensive workloads and can coexist with another Splunk instance.

Splunk Enterprise Security is also capable of creating data correlations across a variety of activities to handle notable event investigations by streamlining incoming data. This enables Splunk Enterprise Security to be an analytics-driven program that can assist in reducing risk within the environment. The monitoring of the FX IS/IP security posture and alerting of notable security events shall occur within the Splunk Enterprise Security platform.

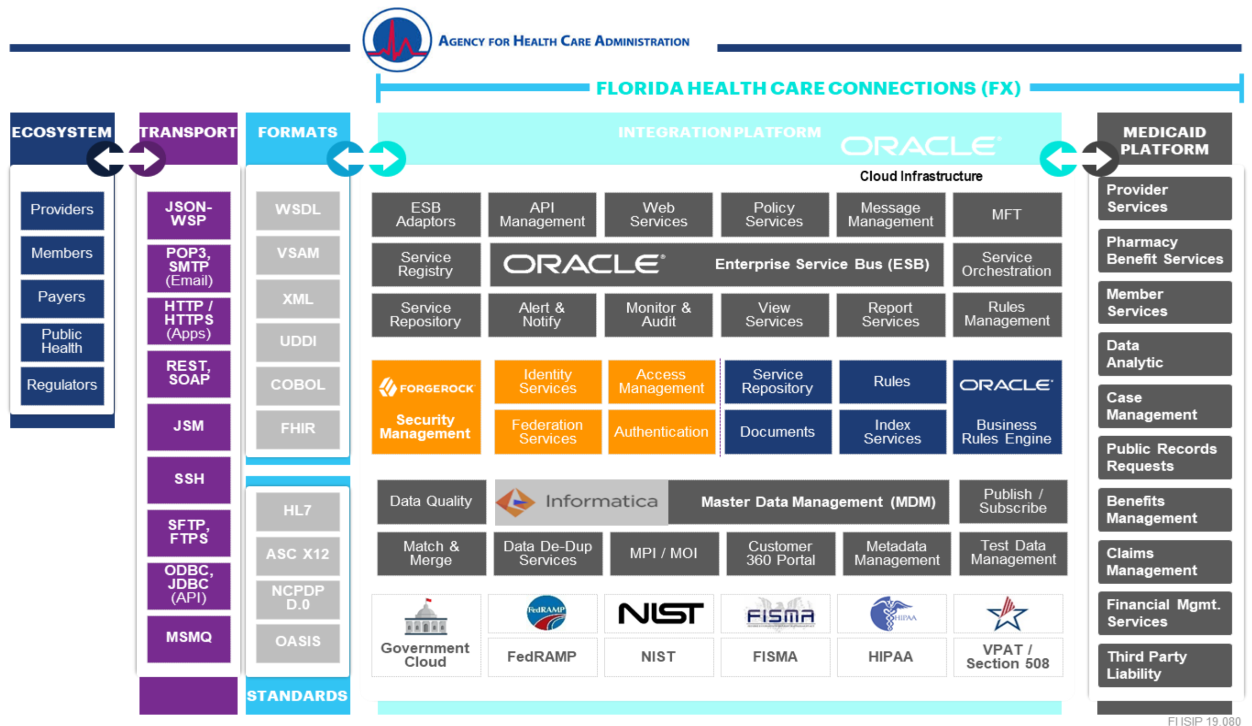


*Exhibit 23: IS/IP Architecture*

The IS/IP provides a secure, standard communication mode to exchange data between FX modules and across different systems using SOA architecture. It allows Florida Medicaid to leverage a common set of tools for security, authentication, and project delivery. The IS/IP Vendor provides ongoing Operations and Maintenance (O&M) support for the Integration Platform solution through the end of the contract term. O&M includes architecture/hosting operations, monitoring daily operations performance, performing routine maintenance, maintaining user and system documentation, correcting any defects, reporting status against performance standards. The IS/IP Vendor is paid a fixed priced monthly fee for O&M for the duration of the contract term.

### Streamlined Modular Certification (SMC)

IS/IP is not a certifiable component of the Medicaid Enterprise System.

## Medicaid Program Outcomes Statement

The Agency proposes the following outcomes and metrics to document how the IS/IP Vendor benefits the Medicaid program. The IS/IP Vendor's operations performance report documenting these metrics is provided as Attachment III.

| Reference | Outcome Statement | Metric |
|---|---|---|
| ISIP1 | The solution promotes an Enterprise Service Bus (ESB) end-to-end response time to maximize processing speed. | Generate report demonstrating ESB response time. Transaction response time must be less than one (1.000) second. |
| ISIP2 | The solution promotes efficient and error-free ESB system processing. | Generate report demonstrating ESB transaction errors. Errors must not exceed .001% per calendar day. |
| ISIP3 | The solution promotes a stable and available production environment. | The IS/IP platform shall be available 99.5% of the time, twenty-four (24) hours a day, seven (7) days a week. |

*Exhibit 24: IS/IP Vendor Proposed Outcomes and Metrics*

## IS/IP IAPDU Cost

| | Module | Match | FFY 2023 (actual-informational | FFY 2024 | FFY 2025 |
|---|---|---|---|---|---|
| Integration Services/Integration Platform (IS/IP) - Operations | IS/IP | 75/25 | $ 4,258,846 | $ 4,379,677 | $ 4,217,372 |
| Integration Services/Integration Platform (IS/IP) - Software Initial | IS/IP | 90/10 | $ 210,183 | $ - | $ - |
| Integration Services/Integration Platform (IS/IP) - Software Renewal | IS/IP | 75/25 | $ 3,536,064 | $ 5,799,305 | $ 1,981,505 |
| Integration Services/Integration Platform (IS/IP) - Task Orders | IS/IP | 90/10 | $ - | $ - | $ 1,875,000 |

*Exhibit 25: IS/IP Vendor Cost*

## 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 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 allows the Agency to de-risk the

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. This schedule change resulted in a contract amendment with Deloitte, executed on October 6, 2023, with prior approval from CMS. The EDW solution go-live is planned for March 29, 2024.

The EDW solution consists of the following business architecture components:

**Access Layer** – The access layer of the solution includes the methods and components end users use to interact with the system. This includes the use of mobile or desktop-based browsers and desktop-based applications.

**Security Layer** – The security layer of the solution constitutes components that are required for integration with enterprise solutions for authentication and authorization of system users. The security layer also includes components that protect the confidentiality and integrity of the data. Management of system users is restricted to application end-user management. It also includes management of user accounts necessary for back-end processing, web services account management, and internal connectivity between various system components.

**Presentation Layer** – The presentation layer consists of the means that are used by the access layer to interact with the solution, including the use of web services, application HTML pages, and custom applications through direct connections.

**Business Function Layer** – The business function layer comprises the components deployed in the solution to support the needs of individual business areas for the state, in alignment with the Medicaid Information Technology Architecture definition of business functions for Medicaid Enterprise Systems. Data needs for these individual functions are supported using the underlying integration layer and application layer components of the solution.

**Application Layer** – The application layer of the solution lists individual solution components performing specific functions, including features that are used in the background for data processing and functions which are directly leveraged for the representation of information for the end users. These tools and engines are utilized to support the business functions identified in the business layer by providing information in a consumable format to the end users, thus aiding in informed decision-making processes.

**Integration Layer** – The integration layer includes the components of the solution used to harvest and disseminate the data acquired from various source systems. These components include an Extract, Transform, and Load (ETL) engine, data replication, web services, representational state transfer (REST) and simple object access protocol (SOAP) and Secure File Transfer Protocol (SFTP). This layer of the solution also includes any outbound interfaces where the EDW solution will be used to provide data to internal or external entities.

**Data Layer** – The data layer of the solution contains the back-end data storage units, including the relational databases, file storage, and log components. The data layer of the solution consists of the following main database regions:

- **Operational Data Store (ODS)** – The Operational Data Store is the primary landing zone for the source data in its native form. Data is replicated in the ODS and remodeled for downstream use. The ODS functions as the single source of truth for all healthcare related data retained and utilized for the FX Enterprise. The ODS centralizes the online transaction processing database of the Medicaid enterprise into a single repository. The EDW Vendor provides professional services for ongoing maintenance, upgrades, and operational support for the ODS, supports future system use of the ODS and ODS data services, and provides data conversion and migration support to modernize existing systems to use ODS data services
- **Reporting Data Store (RDS)** – The RDS is used for operational reporting where pre-configured reports are generated using Cognos. This data store will also be available to authorized end users for dashboarding and ad hoc reporting for information needs closer to the transactional structures. In addition, this data store also acts as the source for downstream data structures such as the Enterprise Analytics Data Store (ADS), data marts, and specialized data stores.
- **Enterprise Analytics Data Store (EADS)** – The EADS is utilized by the authorized end users for advanced data analysis, ad hoc reporting, dashboarding, and standard analytics. In addition, the power users have direct access to this data store for query-based data analysis.
- **Data Marts** – Data Marts are a logical segregation of the database objects to support business units for the Agency. For example, the Healthcare Effectiveness Data and Information Set (HEDIS) store provides reporting on HEDIS measures using information available in the EDW solution.
- **Specialized Data Stores** – Specialized data stores serve a specific purpose for subject area-specific reports.

**Infrastructure Layer** – The infrastructure layer reflects the actual hardware being used to support the application and primarily consists of a Linux-based cloud infrastructure. This layer also includes the networking components important for the integration of different solution components, as well as end-user access.

The EDW solution is a cloud-hosted solution, which uses a combination of Commercial Off the Shelf (COTS) products and cloud services for delivery of the EDW solution. The exhibit below provides a graphical representation of the production system's technical architecture of the EDW solution.

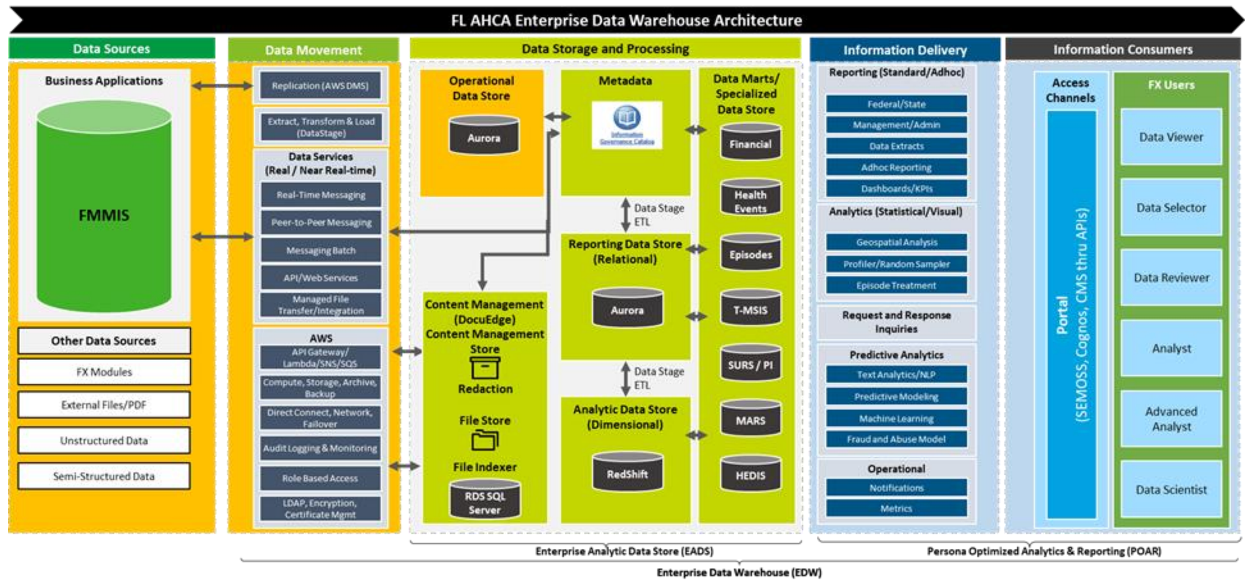


*Exhibit 26: EDW Solution Components*

The Agency and EDW Vendor successfully launched the ODS, and it is a fully operational component of the EDW. The ODS replicates data from the legacy FMMIS in real-time or near real-time then transforms the information into the modernized data model and structures to serve the FX enterprise. The replication and associated supplemental logging processes are limited to the available processing capacity within the legacy system, which may vary due to various factors such as an approximate 50% increase in recipient enrollment and service utilization during the national Public Health Emergency (PHE) as well as current activities associated with the unwinding of the PHE. Additionally, legacy FMMIS is currently undergoing a necessary upgrade of its operating system, which will require the EDW to limit replication sessions for a period of time during the transition and implementation.

The Agency and EDW Vendor are preparing for certification of the EDW module. The Agency submitted the Intake Form to CMS on February 9, 2024, and is preparing for the Operational Readiness Review by documenting outcomes, metrics, federal reports status, and collecting and providing evidence. The Agency intends to complete all certification requirements for the EDW module.

The Agency and EDW Vendor are preparing for the transition from legacy systems to the EDW. The EDW Vendor is in the process of completing a gap analysis of data needs related to the legacy Decision Support System, the Automated Survey Processing Environment (ASPEN), VERSA Regulation Health Facility Licensing System, and the Background Screening Clearinghouse systems used by the Agency that will be transitioned to the EDW. The EDW Vendor will develop a transition strategy plan and roadmap that includes activities and time estimates for transitioning each system.

The Provider Network Verification (PNV) will be transitioned from the legacy enrollment broker vendor to the EDW Vendor. Health plans submit PNV reports to the Agency for provider network adequacy validation. The EDW Vendor is in the process of completing Phase 1 scope which includes implementing initial health plan provider network file

processing, validation, and reporting; and implementing health plan network adequacy time and distance calculations and reporting.

The EDW Vendor has started Phase 1 of the legacy Anubis system transition to EDW. Anubis is an SQL server containing extracts of claims, encounter, and eligibility data used by Medicaid Data Analytics to support the analysis and reporting needs of the Agency. Phase 1 includes an evaluation of the current state technical architecture, data flow, infrastructure, and security, completion of a gap analysis, and development of a transition plan that documents a list of changes required for the EDW Vendor to transition to Anubis.

### Streamlined Modular Certification (SMC)

The Agency supports implementation of the EDW designed to achieve the CMS required outcomes described below for Decision Support System (DSS) / Data Warehouse (DW). The Agency leverages the Streamlined Modular Certification process to assess the initial readiness for go-live and ongoing success of the module. Refer to the exhibit below for the EDW outcomes and metrics.

| Reference | CMS Required Outcomes | Metrics | Regulatory Sources |
|---|---|---|---|
| DSS/DW1 | The solution supports various business processes' reporting requirements including generation of Federal reports. | Generation and CMS acceptance of the following reports:<br>- CMS-416: Annual Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report<br>- T-MSIS: Transformed Medicaid Statistical Information System (T-MSIS) | 42 CFR 431.428 |
| DSS/DW2 | The solution includes analytical and reporting capabilities to support key policy decision making. | The EDW solution provides the ability to report on and analyze data pertaining to institutional and community care to inform long term care policy:<br>- Admission to an Institution from the Community<br>- Minimizing Institutional Length of Stay<br>- Successful Transition after Long Term Institutional Stay | 42 CFR 433.112 |

*Exhibit 27: EDW Outcomes and Metrics*

The Agency and EDW Vendor developed state-specific outcomes and metrics that will be reported to CMS through the certification process.

| Reference | State-Specific Outcome Statement | Metric(s) |
|---|---|---|
| DSS/DW3 | The solution supports understanding of patient health events related to chronic conditions, management of which may reduce risk of, or impact from, other serious illnesses. | Generate detailed reports or dashboard including statewide rates for the following HEDIS measures:<br>-Hemoglobin A1c Control for Patients with Diabetes<br>-Eye Exam for Patients with Diabetes<br>-Blood Pressure Control for Patients with Diabetes<br>-Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents |
| DSS/DW4 | The solution supports understanding of the delivery of healthcare services through a holistic view of data. | The EDW solution provides data on psychiatric treatment for enrollees under 21 and prenatal services, understanding the management of which will impact healthcare coverage and delivery business decisions. Metric results include:<br>-Statewide rate for the Use of First-Line Psychological Care for Children and Adolescents on Antipsychotics HEDIS measure.<br>-Sub-measures for the Prenatal and Postpartum Care HEDIS measure.<br>- Statewide Rate for Timeliness of Prenatal Care.<br>- Statewide Rate for Postpartum Care. |
| DSS/DW5 | The solution supports reduction of overpayments | Generate pre-defined PI/SURS reports or dashboard to support analysis of provider outlier information. |
| DSS/DW6 | The solution assists in the identification of service misutilization. | Generate pre-defined PI/SURS reports or dashboard to support analysis of service misutilization. |
| DSS/DW7 | The solution supports more efficient reporting. | Report and metrics on progress of transforming the CMS-64 from an all manual effort to an automated report. |
| DSS/DW8 | The solution supports reliable data analytics in the Medicaid program. | The EDW solution replicates data from the source system (FMMIS) to ODS. |

| Reference | State-Specific Outcome Statement | Metric(s) |
| --- | --- | --- |
| | | The EDW solution generates an aggregate number of records that do not comply with the selected data quality checks. |
| DSS/DW9 | The solution is well-positioned to support future business needs by being extensible, accurate, and highly available. | Generate reports demonstrating the solution maintains performance metrics for being extensible, accurate, and available. |

*Exhibit 28: EDW State-Specific Outcomes and Metrics*

**EDW IAPDU Costs**

| | Module | Match | FFY 2023 (actual-informational | FFY 2024 | FFY 2025 |
| --- | --- | --- | --- | --- | --- |
| Enterprise Data Warehouse (EDW) - Implementation | EDW | 90/10 | $ 6,854,491 | $ 6,360,846 | $ 4,307,634 |
| Enterprise Data Warehouse (EDW) - Implementation Software Renewal | EDW | 75/25 | $ 2,940,078 | $ 2,933,181 | $ 2,213,684 |
| Enterprise Data Warehouse (EDW) - Operations* | EDW | 75/25 | $ - | $ 4,344,290 | $ 13,153,962 |
| Enterprise Data Warehouse (EDW) - Task Orders | EDW | 90/10 | $ 1,906,075 | $ 2,268,363 | $ 5,093,858 |

*Exhibit 29: EDW Vendor Costs*

## 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 planning and initial implementation was completed during SFY 2022-2023. The implementation included development of Application Programming Interfaces (APIs) to allow recipients access to their patient data as well as access to provider and formulary data through third party applications. Additionally, a workgroup convened to identify policy and documentation related to consent and authorization for various entities to access recipients' health data. The release of the endpoints will occur during the Unified Operations Center Technology and Recipient release in November 2024. This release includes launching a recipient portal for Medicaid recipients to establish portal accounts that will support the patient access APIs.

On January 17, 2024, CMS announced that they are publishing the CMS Interoperability and Prior Authorization final rule to require specified health care programs, including Medicaid and Children's Health Insurance Program fee-for-service and Medicaid managed care plans, to implement and maintain APIs to improve the electronic exchange of health care data, and streamline prior authorization processes for health care programs. The Agency will analyze the final review and form a project to implement the federal requirements by the stated deadlines. The Agency plans to submit a separate APD for this project in FFY 2025.

### Streamlined Modular Certification (SMC)

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

### Medicaid Program Outcomes Statement

The Agency proposes the following outcomes and metrics to document how the CPAR Implementation benefits the Medicaid Program.

| Reference | Outcome Statement | Metric |
|---|---|---|
| CPAR1 | Provider Directory API will provide a comprehensive list of enrolled Medicaid providers. | -Documentation of testing per Agency requirements following Fast Healthcare Interoperability Resources (FHIR) standards.<br>-Documentation of user guide content developed and deployed in FX Enterprise Portal. |
| CPAR2 | Formulary API will provide a comprehensive list of Medicaid medications on the preferred drug list. | -Documentation of testing per Agency requirements following FHIR standards.<br>-Documentation of user guide content developed and deployed in FX Enterprise Portal. |
| CPAR3 | Patient Access API will provide Medicaid recipients access to their clinical, claims, and encounter data through third parties. | -Documentation of testing per Agency requirements following FHIR standards.<br>-Documentation of process established for user authentication and authorization to allow valid recipients can only access data in a secured manner.<br>-Documentation of user guide content developed and deployed in FX Enterprise Portal.<br>-Documentation of development and deployment of information for third party developers. |

*Exhibit 30: CPAR Proposed Outcomes and Metrics*

## CPAR IAPDU Costs

| | Module | Match | FFY 2023 (actual-informational | FFY 2024 | FFY 2025 |
|---|---|---|---|---|---|
| CMS - Interoperability - Implementation - IS/IP | IS/IP | 90/10 | $ 1,657,155 | $ - | $ - |
| CMS - Interoperability - Implementation - EDW | EDW | 90/10 | $ 4,006,906 | $ - | $ - |
| CMS - Interoperability - Operations - EDW | EDW | 75/25 | $ - | $ 626,753 | $ 110,369 |

*Exhibit 31: CPAR Costs*

## B.4 Module Integration

FX Module Integration (MI) includes the activities required to integrate the components of the Medicaid Enterprise System, including FX modules and partner systems (state, federal, external). The MI Project includes the transition stage of interfacing with the legacy FMMIS, while incrementally integrating FX modules in alignment with the FX Roadmap. Module integration is essential for securely sharing data, providing a seamless log-in experience, increasing interoperability with FX partners, and realizing the Florida Medicaid stakeholder benefits provided with each module. The FX MI transition approach is described in the exhibit below.

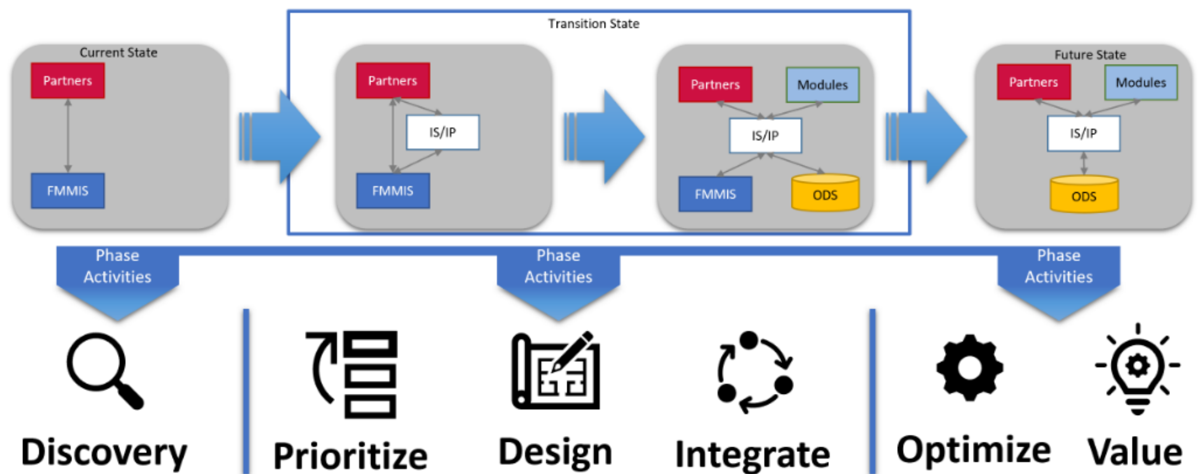


*Exhibit 32: FX MI Transition Approach*

The FX Integration Services / Integration Platform (IS/IP) Vendor is responsible for integration planning, design, development, and implementation (DDI) for FX modules. The IS/IP Vendor provides the foundational technical platform and technical integration

services which will enable the transformation from the monolithic Medicaid system to the FX by integrating FX modules into the platform.

The IS/IP Vendor provides a Base Integration Services Team responsible for planning, scheduling, testing, and validating connections to the platform for FX vendors to enable interoperability across FX modules, as well as other enterprise systems. This team provides prioritized integration services focused on meeting the Agency's needs for interoperability, enterprise integration, and technical coordination of module component implementations for FX, including the integration of health care data (e.g., recipient, provider, and claims data) from modules, as well as other enterprise system health care programs.

The Enterprise Data Warehouse (EDW) Vendor provides functional integration for module data and data management integration including data exchange, data mapping, and data standardization. These enterprise data integration capabilities will allow the Medicaid Enterprise System to be more efficient in sharing data and services between systems within and among state agencies.

The IS/IP Vendor developed and maintains the FX MI Integrated Master Project Schedule. This schedule collates tasks from the state, IS/IP, EDW, FX module vendors, and legacy FMMIS teams. The IS/IP Vendor collaborates with the state and FX vendor teams to maintain and update the FX MI Integrated Master Project Schedule on a weekly basis.

In preparation for module integration, the IS/IP Vendor created the MI Architecture and MI Program Structure, processes, and procedures to coordinate and oversee architecture planning, interoperability, and testing efforts across FX modules. The MI Architecture and MI Program Team supports FX module vendors, the state, partner state entities, and stakeholders to integrate with the systems within the FX solution.

The state issues fixed-price, deliverable-based task orders to the IS/IP and EDW Vendors related to the scope of the contracts. Each task order is developed in coordination between the vendor and state and reviewed by the IV&V Vendor prior to execution. Each task order includes:

a. Scope of Services
b. Activities to be performed by the vendor
c. Activities the vendor expects the state to perform
d. Timelines
e. Vendor staffing plan
f. Fixed price deliverables
g. Milestones and delivery dates
h. Bill of materials purchased with no profit or overhead to the state and paid as a cost-reimbursement to the vendor (if applicable).

### Module Integration for the Unified Operations Center (UOC)

During fiscal years 2024 and 2025, the IS/IP and EDW Vendors are performing module integration for the UOC. The UOC is a centralized communications and business operations support solution that consolidates existing customer service operations for Florida Medicaid. MI for UOC will enable chat functionality for faster resolution of inquiries, access to customer history to expedite inquiries, access to near real time data

to provide Medicaid recipients with up-to-date information, and improved operations and reduction of manual processes.

The UOC Project is a multi-stage implementation that aligns with the implementation of FX modules and business services and supports the iterative decommissioning of current vendor systems. Stage 1 establishes the required UOC infrastructure platform components which will be integrated with the IS/IP and EDW infrastructure. Stage 1 FX Enterprise Foundation Release was implemented on February 26, 2024.

Stage 2 transitions the Medicaid recipient-related contact centers and operations. The Stage 2 business services transition includes transition from the enrollment broker customer service and business operations to the UOC, transition of the Agency Recipient Assistance Call Center to the UOC platform, transition of the Agency's IT Help Desk to the UOC platform, and transition of the Agency's background screening clearinghouse call center and mail operations to the UOC platform. In Stage 2, the UOC Vendor will perform recipient mail operations, and recipient outreach and communication activities. Stage 2 FX UOC Technology and Recipient Release is planned for November 2024.

The MI Project is preparing for UOC Stage 2 release. Additional MI Project activities for Stage 3- Provider Services and UOC Release, Stage 4- Claims Release, and Stage 5- Additional Medicaid Enterprise Systems will be described in a subsequent IAPDU.

Task orders were issued to the IS/IP and EDW Vendors to document MI requirements for UOC Stage 1 and 2 releases and to complete Design, Development, and Implementation (DDI). Task orders for MI UOC are described in the following exhibits.

| **IS/IP Task Order-0007<br>Module Integration Services Team for Unified Operations Center (UOC) Recipient Release, FMMIS Transition, and Pre-DDI Interfaces** | | |
|---|---|---|
| **D/M** | **Deliverable (D)/Milestone (M) Description** | **Status** |
| D | UOC Kickoff Presentation | Completed |
| D | FMMIS Transition Strategy – Recipient Release | Completed |
| D | DevOps Approach – Recipient Release | Completed |
| D | Enterprise Cutover Plan – Recipient Release | Completed |
| D | Enterprise Release Management Plan – Recipient Release | Completed |
| D | Enterprise Testing Strategy – Recipient Release | Completed |
| D | Requirements Document – MI for UOC Stages 1 and 2 | Completed |
| D | Interface Control Document – Group 1 Interfaces from FMMIS to FX IS/IP | Completed |

*Exhibit 33: IS/IP MI for UOC Task Order-0007*

| EDW Task Order-0005<br>EDW Module Integration for the FX UOC Module Recipient Release<br>Requirements and Design | | |
|---|---|---|
| **D/M** | **Deliverable/Milestone Description** | **Status** |
| D | Requirements Document Update | Completed |
| D | Requirements Traceability Matrix Update | Completed |
| D | EDW UOC General System Design | Completed |
| D | Bill of Materials Update | Completed |
| D | EDW UOC System Design Document | Completed |
| D | Conversion Plan Update | Completed |
| D | Interface Control Document Update | Completed |

*Exhibit 34: EDW MI for UOC Task Order-0005*

| IS/IP Task Order-0008<br>Module Integration for UOC<br>Design and Development | | |
|---|---|---|
| **D/M** | **Deliverable/Milestone Description** | **Status** |
| D | UOC Interface Partner Presentation | Completed |
| D | System Design Specification Document | Completed |
| D | Interface Control Document | Completed |
| D | Configuration Management and Release Management Plan | Completed |
| D | Contingency Plan for Disaster Recovery and Business Continuity | Completed |
| D | Master Data Management (MDM) Recipient Data Load and Analysis | Completed |
| D | FX Enterprise Batch Job Schedule Manual | Completed |
| D | MDM Provider Data Load and Analysis | Completed |
| D | Testing Plan | Completed |
| D | Environmental Readiness Review – Training and Production Test Environments | Completed |
| D | Environmental Readiness Review – Enterprise Foundation Release Development | Completed |
| D | Environmental Readiness Review – Technology and Recipient Release Development | Completed |
| D | MDM Recipient Build | March 2024 |
| D | MDM Provider Build | April 2024 |
| D | FX Enterprise Portal Demonstration Document (over 7 sprints) | Completed |

*Exhibit 35: IS/IP MI for UOC Task Order-0008*

| **EDW Task Order-0007<br>EDW Module Integration for the FX UOC Module<br>Development and Implementation** | | |
|---|---|---|
| **D/M** | **Deliverable/Milestone Description** | **Status** |
| D | Test Plan | Completed |
| D | System Security Plan Update | Completed |
| D | Contingency Plan for Disaster Recovery | Completed |
| D | Reports Specifications | Completed |
| D | Performance Test Plan (Preliminary) | Completed |
| D | Security Controls Test Plan (Preliminary) | Completed |
| D | SIT Test Plan (Preliminary) | Completed |
| D | SIT Test Plan (Final) | Completed |
| D | Operational Readiness Review (Preliminary) | March 2024 |
| D | Performance Test Plan (Final) | March 2024 |
| D | Organizational Change Management Plan Update | April 2024 |
| D | EDW UOC Training Artifacts | April 2024 |
| D | EDW UOC User Manual | May 2024 |
| D | Security Controls Test Plan (Final) | June 2024 |
| M | EDW Readiness Complete for UOC Recipient Release | July 2024 |
| D | Operations and Maintenance Manual Update | August 2024 |

*Exhibit 36: EDW MI for UOC Task Order-0007*

| **IS/IP Task Order-0012<br>Module Integration for the FX UOC Module<br>Test, Deploy, Stabilize** | | |
|---|---|---|
| **D/M** | **Deliverable/Milestone Description** | **Status** |
| D | FMMIS Transition Strategy – Enterprise Foundation Release | Completed |
| D | FX Portal User Documentation | Completed |
| D | Operations and Maintenance Manual – Enterprise Foundation Release | Completed |
| D | Implementation Readiness Review – Enterprise Foundation Release | Completed |
| D | Production Readiness Review and Stage Gate Review – Enterprise Foundation Release | Completed |
| D | FX Enterprise Foundation Go-Live | Completed |
| D | Operations and Maintenance Manual – Technology and Recipient Release | April 2024 |
| D | Post Implementation Report – Enterprise Foundation Release | April 2024 |
| D | FMMIS Transition Strategy – Technology and Recipient Release | May 2024 |
| D | Post Implementation Report – Technology and Recipient Release | August 2024 |
| D | Production Readiness Review and Stage Gate Review – Technology and Recipient Release | August 2024 |
| D | Implementation Readiness Review – Technology and Recipient Release | September 2024 |

*Exhibit 37: IS/IP MI for UOC Task Order-0012*

## Module Integration Support Task Orders

Onboarding of various modules and production deployment of various systems has generated the need to issue task orders to the IS/IP and EDW Vendors for MI support services. A task order was issued to the EDW Vendor to procure and deploy ServiceNow, an Information Technology Services Management and Configuration Management Database tool for cross collaboration among FX vendors while streamlining the service management process and control and configuration changes across modules. The EDW Vendor will deploy and manage the ServiceNow tool in a Software as a Service distribution model for the UOC releases and other FX module vendor releases.

A task order was issued to the IS/IP Vendor to manage the Role-Based Access Control (RBAC) process and develop the FX Disaster Recovery (DR) process for the FX Program. Under this task order, the IS/IP Vendor maintains the RBAC matrix, defines and manages RBAC tasks for each FX Program module release, provides a monthly RBAC status report, documents the FX DR Plan, and provides FX DR services.

MI Support task orders are described in the exhibits below.

| **EDW Task Order-0009<br>ServiceNow Configuration and Management** | | |
|---|---|---|
| **D/M** | **Deliverable/Milestone Description** | **Status** |
| D | Project Schedule Update | Completed |
| D | Bill of Materials | Completed |
| D | Implementation Approach | March 2024 |

*Exhibit 38: EDW ServiceNow Task Order-0009*

| **IS/IP Task Order-0011<br>RBAC Process Management and FX Disaster Recovery** | | |
|---|---|---|
| **D/M** | **Deliverable/Milestone Description** | **Status** |
| D | FX RBAC Collaboration and Management Services and monthly status report | Ongoing |
| D | FX Disaster Recovery Plan | Completed |

*Exhibit 39: IS/IP RBAC and DR Task Order-0011*

## Module Integration for the Core Systems Module (Core)

Planning for MI for Core began in FFY 2023 prior to the decision to pause the Core implementation. A task order was issued to the IS/IP Vendor to document the MI Core requirements, and a task order was issued to the EDW Vendor for MI Core initiation, planning, requirements, and design for data and reports integration. Additional task

orders for MI for Core will be paused until Core implementation is resumed January 2025 or later.

| **IS/IP Task Order-0009<br>Module Integration for Core System Module<br>Requirements Phase** | | |
|---|---|---|
| **D/M** | **Deliverable/Milestone Description** | **Status** |
| D | Requirements Document | Completed |

*Exhibit 40: IS/IP MI for Core Task Order-0009*

| **EDW Task Order-0008<br>Module Integration for Core System Module<br>Initiation through Design** | | |
|---|---|---|
| **D/M** | **Deliverable/Milestone Description** | **Status** |
| D | Requirements Traceability Matrix | March 2025 |
| D | General System Design Document | March 2025 |
| D | Data Conversion Plan | April 2025 |
| D | EDW MI Core System Design Document | April 2025 |
| D | Interface Control Document Update | May 2025 |

*Exhibit 41: EDW MI for Core Task Order-0008*

### Module Integration for the Provider Services Module (PSM)

During fiscal years 2024 and 2025, the IS/IP and EDW Vendors are performing module integration for the PSM. The PSM solution includes provider management, enrollment, credentialing, and communications management. MI for PSM will facilitate improved data quality by integrating with the master person index, master organizational index, and ForgeRock, the provider identity and access management solution. MI for PSM will include development of interfaces with partner entities for source data, and integration with EDW for reporting.

A task order was issued to the IS/IP and EDW Vendors to complete tasks associated with the initiation, planning, requirements, design, development, testing, and deployment phases for MI for PSM.

| **EDW Task Order-0010<br>Module Integration for Provider Services Module<br>Initiation through Deploy** | | |
|---|---|---|
| **D/M** | **Deliverable/Milestone Description** | **Status** |
| D | Requirements Traceability Matrix Update | March 2024 |
| D | Conversion Data Extract Data Mapping | March 2024 |
| D | Bill of Materials Update | April 2024 |
| D | EDW PSM System Design Document | April 2024 |
| D | Conversion Plan Update | April 2024 |
| D | Interface Control Document Update | April 2024 |
| D | System Security Plan Update | May 2024 |

| EDW Task Order-0010<br>Module Integration for Provider Services Module<br>Initiation through Deploy | | |
|---|---|---|
| **D/M** | **Deliverable/Milestone Description** | **Status** |
| D | Contingency Plan for Disaster Recovery | June 2024 |
| D | EDW PSM MI Test Plan (Preliminary) | July 2024 |
| D | PSM MI Organizational Change Management Plan | August 2024 |
| D | EDW PSM MI Training Artifacts and User Manual | October 2024 |
| D | EDW PSM MI Test Plan (Final) | November 2024 |
| D | Operations and Maintenance Manual Update | December 2024 |
| D | Operational Readiness Review Update | April 2025 |

*Exhibit 42: EDW MI for PSM Task Order-0010*

| IS/IP Task Order-0013<br>Module Integration for Provider Services Module<br>Initiation through Deploy | | |
|---|---|---|
| **D/M** | **Deliverable/Milestone Description** | **Status** |
| D | Requirements Document | May 2024 |
| D | System Design Specification Document | July 2024 |
| D | Interface Control Document | August 2024 |
| D | Configuration Management and Release Management Plan | September 2024 |
| D | Contingency Plan for Disaster Recovery and Business Continuity | September 2024 |
| D | Test Plan | October 2024 |
| D | Operations and Maintenance Manual | January 2025 |
| D | Environmental Readiness Plan | February 2025 |
| D | Implementation Readiness Review | March 2025 |
| D | Production Readiness Review and Stage Gate Review | March 2025 |
| D | Post Implementation Report | April 2025 |
| D | Legacy Transition Strategy – Provider Release | May 2024 |

*Exhibit 43: IS/IP MI for PSM Task Order-0013*

## Future Module Integration (Phases 3 and 4)

Phase 3 includes FX modules to resolve the legacy FMMIS contract. MI scope includes MI for the remaining Phase 3 module, Pharmacy Benefits Management. Future MI activities will include Phase 4- Additional Medicaid Enterprise Systems. These systems may include third-party liability, enterprise case management, home health electronic visit verification, and implementations related to the CMS Interoperability and Prior Authorization Final Rule. An IAPDU will be submitted prior to initiating additional MI activities.

## Medicaid Program Outcomes Statement

The FX MI Project is not a certifiable component of the Medicaid Enterprise System. The Agency proposes the following outcomes and metrics to document how the MI Project benefits the Medicaid program.

| Reference | Outcome Statement | Metric |
|---|---|---|
| MI1 | The MI Project will improve integration across the Florida health and human services enterprise. | Generate a report on the number of interfaces compared to the following:<br>- Number of interfaces modernized<br>- Number of interfaces transformed to real or near real time. |
| MI2 | The MI Project will implement interface modernization to support successful modular integration. | Generate a report on the number of interfaces compared to the following:<br>- Number of interfaces migrated as-is in accordance with the project schedule<br>- Number of interfaces modernized in accordance with the project schedule<br>- Number of interfaces transformed to real or near real-time in accordance with the project schedule. |
| MI3 | The MI Project will work to decommission systems and applications. | Generate a report on the number of interfaces compared to the number of legacy systems decommissioned. |

*Exhibit 44: Module Integration Proposed Outcomes and Metrics*

## MI IAPDU Costs

| | Module | Match | FFY 2023 (actual-informational | FFY 2024 | FFY 2025 |
|---|---|---|---|---|---|
| Module Existing Systems Integrations | Module Integratio | 90/10 | $ - | $ - | $ - |
| Module Existing Systems Integrations Services - ISIP - ISIP | Module Integratio | 90/10 | $ 8,914,960 | $ 10,011,865 | $ 6,903,485 |
| Module Existing Systems Integrations Services - ISIP - Core | Module Integratio | 90/10 | $ 491,291 | $ - | $ 14,518,782 |
| Module Existing Systems Integrations Services - ISIP - PSM | Module Integratio | 90/10 | $ 245,125 | $ 11,857,169 | $ 892,316 |
| Module Existing Systems Integrations Services - ISIP - UOC | Module Integratio | 90/10 | $ 5,623,276 | $ 5,771,401 | $ - |
| Module Existing Systems Integrations Services - ISIP - PBM | Module Integratio | 90/10 | $ - | $ - | $ 1,523,715 |
| Module Existing Systems Integrations Services - EDW - EDW | Module Integratio | 90/10 | $ 27,828 | $ 30,002 | $ - |
| Module Existing Systems Integrations Services - EDW - Core | Module Integratio | 90/10 | $ - | $ 2,265,300 | $ 13,304,964 |
| Module Existing Systems Integrations Services - EDW - PSM | Module Integratio | 90/10 | $ - | $ 10,122,469 | $ - |
| Module Existing Systems Integrations Services - EDW - UOC | Module Integratio | 90/10 | $ 5,710,882 | $ 10,397,727 | $ 285,149 |
| Module Existing Systems Integrations Services - EDW - PBM | Module Integratio | 90/10 | $ - | $ - | $ 2,450,035 |

*Exhibit 45: Module Integration Costs*

## B.5 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 is a collaborative effort between the Agency, the FMMIS/DSS/Fiscal Agent Vendor, the IS/IP Vendor, and FX module vendors. The IS/IP Vendor provides integration planning and technical services to support the transition of legacy services and components to FX modules. The FMMIS/DSS/Fiscal Agent supports FMMIS Transition by providing resources to participate in technical requirements and business process sessions, respond to information requests, and provide FMMIS interface information.

The FMMS/DSS/Fiscal Agent Vendor completed a Master Turnover Plan in August 2022. The Master Turnover Plan communicates the FMMIS/DSS/Fiscal Agent Vendor's contractual requirements and the iterative approach to sunset the FMMIS/DSS in an orderly, controlled manner while minimizing service disruptions for providers, recipients, and system users. The FMMIS/DSS/Fiscal Agent Vendor coordinates with the Agency, IS/IP Vendor, and FX vendors for transition planning activities. The FMMIS/DSS/Fiscal Agent Vendor will provide a project plan for each turnover iteration and provide a supplemental turnover plan specific to the FX module that is replacing the FMMIS functionality approximately 12 months prior to the FX module go-live date, or upon notification from the Agency to begin planning activities.

The FMMIS system was designed to support fiscal agent operations and was not scaled to support new projects like the EDW Implementation Project. The FMMIS Transition activities are selected to mitigate the risk of the Agency needing to choose between the progress of the FX Program and the operations of the current Fiscal Agent. These are enhancements outside the current fixed-price contract and include:

- IS/IP Interfaces: Research, analysis, and documentation of FMMIS interfaces to support IS/IP activities.
- UOC Transition: Documentation of business processes and file layouts, and responses to technical and business questions to support preparation for the UOC recipient and provider transitions.
- Provider Services Module Transition: Research and analysis to support the PSM transition.

During Fiscal Years 2024 and 2025, the FMMIS Transition Project team will enhance the Fiscal Agent / Operational Data Store Unit and Development Test Replication Supportive Environment (FORTE), and support testing for FX module integration. The FORTE environment will be enhanced with hardware, software, and license purchases to support minimum specification requirements. Additionally, under the FMMIS Transition Project, hardware will be purchased to complete an upgrade to the FMMIS production and non-production servers by migrating to RedHat Enterprise Linux version 8 or higher, adding host bus adapters (HBAs), and adding storage area network (SAN) for improved efficiency and better data management as part of the FX Program's development, testing, and implementation phases.

## Streamlined Modular Certification (SMC)

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

## Medicaid Program Outcomes Statement

The Agency proposes the following outcomes and metrics to document how FMMIS Transition benefits the Medicaid Program.

| Reference | State-Specific Outcome Statement | Metric |
|---|---|---|
| FT1 | FMMIS Transition services support the transition of legacy services and components to FX modules. | Enhanced research and documentation services provided to support module activities. |
| FT2 | FMMIS Transition services minimize risk for the Agency, IS/IP Vendor, and FX vendors for transition activities. | Project plans provided for each turnover iteration as well as supplemental turnover plans specific to the FX module that is replacing the FMMIS functionality. |

*Exhibit 46: FMMIS Transition Vendor Proposed Outcomes and Metrics*

## FMMIS Transition Costs

| | Module | Match | FFY 2023 (actual-informational | FFY 2024 | FFY 2025 |
|---|---|---|---|---|---|
| ***FMMIS Transition Support*** | | | | | |
| FMMIS Transition Support Services | FX Enterprise | 90/10 | $ 5,848,047 | $ 7,001,426 | $ 3,652,500 |
| FMMIS Transition Support Software and Hardware - Renewal and Support | FX Enterprise | 75/25 | $ 2,258,164 | $ 2,000,000 | $ - |

*Exhibit 47: FMMIS Transition Costs*

# ATTACHMENT C — PHASE 3: FLORIDA MEDICAID MANAGEMENT INFORMATION SYSTEM (FMMIS) TRANSITION

Phase 3 leverages the infrastructure established in Phase 2 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, and is effective through September 2029, with an option to renew.

Current major Agency systems, such as FMMIS and HealthTrack, and operational activities which support the Medicaid Enterprise, include multiple contact centers, vendors, and supporting software platforms. The UOC 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 enables the Agency to

consolidate communications and operational processing tasks beginning with the modules replacing the FMMIS/DSS/Fiscal Agent contract.

The UOC Project is a multi-stage implementation that aligns with the implementation of FX modules and business services and supports the iterative decommissioning of current vendor systems. Stage 1 establishes the required UOC infrastructure platform components which will be integrated with the Integration Services/Integration Platform (IS/IP) and Enterprise Data Warehouse (EDW) infrastructure. Stage 1 was implemented on February 26, 2024.

Stage 2 transitions the recipient-related contact centers and operations. The Stage 2 business services transition includes transition from the enrollment broker customer service and business operations to the UOC, transition the Agency Recipient Assistance Call Center to the UOC platform, transition the Agency's IT Help Desk to the UOC platform, and transition the Agency's background screening clearinghouse call center and mail operations to the UOC platform. In Stage 2, the UOC Vendor will perform recipient mail operations, and recipient outreach and communication activities. Stage 2 implementation is planned for November 2024.

Stage 3 transitions provider-related contact centers and operations. The UOC Vendor will coordinate the transition of the provider enrollment call center operations with the Fiscal Agent and the FX Provider Services module vendor, and will assume responsibility for provider communications, outreach, and training. In addition, the Agency Provider Assistance call center will transition to the UOC platform during Stage 3. State 3 implementation is planned for January 2026.

Stage 4 is planned to coincide with the implementation of the FX Core System and Pharmacy Benefits Management (PBM) Modules. Stage 4 transitions claim support, including provider outreach, communication, training, and on-site support for claims, and PBM customer support activities. The UOC Vendor will also transition all complaints including recipient grievances, appeals, complaints, and fair hearings. The Agency Complaints Administration Unit will transition to the UOC platform during Stage 4.

Stage 5 is planned to begin after Stages 1-4 are completed. Stage 5 includes the transition of future modules or Agency business services such as plan management, third party liability, enterprise case management, and contractor management. As the UOC and Agency operations continue to mature in the future, additional Agency business areas may be identified to transition to the UOC Vendor staff support or to the UOC platform. Stage 5 will be negotiated between the Agency and the UOC Vendor in the future utilizing task orders to authorize work by the UOC Vendor.

### 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.

### Medicaid Program Outcomes Statement

The Agency proposes the following outcomes and metrics to document how the UOC benefits the Medicaid program.

| Reference | Outcome Statement | Metric | Regulatory Sources |
|---|---|---|---|
| UOC1 | The solution will support enhanced accessibility for recipients to health information while reducing contact center dependence. | Calculate adoption of text, chat, and self-service trends through comparison of statistical data on eHealth tool adoption between Medicaid and non-Medicaid populations to determine a quarterly benchmark. | Not Applicable |
| UOC2 | The UOC Platform will enhance customer satisfaction. | Demonstrate an initial 10% improvement in customer satisfaction and report ongoing trends through biannual customer satisfaction surveys. | Not Applicable |
| UOC3 | The State Medicaid Agency will achieve cost savings and enhanced quality controls through streamlined operations and procedures. | Calculate quarterly savings trends as modules are transitioned to the solution by comparing current expenses against historical costs on a rolling basis. | Not Applicable |
| UOC4 | The UOC Platform solution will ensure consistent messaging, facilitate better and more cost-effective training, and boost first-call resolutions. | Calculate savings trends by comparing consecutive quarterly training and contact center costs. | Not Applicable |
| MM2 | 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 | - Notice to the enrollee must be provided by the later of 30 calendar days prior to the effective date of the termination, or 15 calendar days after receipt or issuance of the termination notice.<br>- For States that choose to restrict disenrollment for periods of 90 days or more, States must send the notice no less than 60 calendar days before the start of each enrollment period. | CFR 42 438.10, 438.54 |

| | | | |
|---|---|---|---|
| | assigns the member to FFS. | | |
| MM5 | The system notifies enrollees of their disenrollment rights at least 60 days before the start of each enrollment period. This notification is in writing. | - The system notifies enrollees, in writing, of their disenrollment rights at least 60 days before the start of each enrollment period. | 42 CFR 438.56(f) |
| MM7 | The system allows beneficiaries or their representative to receive information through multiple channels including phone, Internet, in person, and via auxiliary aids and services. | - Percentage of beneficiaries or their representative received outreach communication by the following channels: phone, internet, in-person, and via auxiliary aids and services | 42 CFR 438.71 |
| MM8 | 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. | - An electronic provider directory must be updated no later than 30 calendar days after the MCO, PIHP, PAHP, or PCCM entity receives updated provider information. | 42 CFR 438.10(c) |
| MM9 | 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 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. | - Notice to the enrollee must be provided by the later of 30 calendar days prior to the effective date of the termination, or 15 calendar days after receipt or issuance of the termination notice. | 42 CFR 438.10(e) |

| | | | |
|---|---|---|---|
| PM16 | 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. | - Provide a copy of relevant notices and communications submitted to providers for each outcome category. | 42 C.F.R. §455.23 |
| CP5 | 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:<br>-Automatic notices as appropriate based on claims decision or suspension.<br>-Explanation of Benefits (EOB). | - Count/percentage of inquiries/responses/communications by submission/response channel. | 45 CFR Part 162.1402(c)<br><br>45 CFR Part 162.1403 (a) & (b)<br><br>42 CFR 431.60 (a) & (b)<br><br>SMM Part 11 Section 11325 |

| | | | |
|---|---|---|---|
| | -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.<br>-Application programming interface (API) | | |

*Exhibit 48: UOC Vendor Proposed Outcomes and Metrics*

## UOC IAPDU Costs

| | Module | Match | FFY 2023 (actual-informational | FFY 2024 | FFY 2025 |
|---|---|---|---|---|---|
| Unified Operations Center - Implementation | UOC | 90/10 | $ 2,124,677 | $ 9,203,829 | $ 1,983,777 |
| Unified Operations Center - Software Renewal | UOC | 75/25 | $ - | $ - | $ 2,714,328 |
| Unified Operations Center - Operations | UOC | 75/25 | $ - | $ 7,221,640 | $ 21,759,888 |
| Unified Operations Center - Task Orders | UOC | 90/10 | $ - | $ - | $ 652,800 |
| Outside Legal Counsel - Unified Operations Center | FX Enterprise | 50/50 | $ 380 | $ 625 | $ - |

*Exhibit 49: UOC Vendor Costs*

## 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, and the contract was executed on March 15, 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 decided not to implement Gainwell's PBM solution.

The current Core FMMIS functions include claims/encounters transaction processing, banking, financial processing, including capitation payments for Statewide Medicaid Managed Care (SMMC) health plans, claims payments, and pharmacy claims payments. Core FMMIS functions also include reference file management for edits and audits, benefit plans, coverage rules, reimbursement rules, diagnosis codes, procedure codes, modifiers, diagnosis related groups, revenue codes, and error codes. As the name

"Core" suggests, this module represents the most essential functionality required for Medicaid processing and involves the longest combined timeframe for planning, procurement, and implementation. The defined scope of the Core Systems Module includes the following:

Edits, Processing, and Adjustments - The Core Systems Module will adjudicate all claim and encounter transactions and apply edits based on configurable business rules to manage, edit, and audit disposition criteria and disposition status including, but not limited to, duplicates, history, bundling, procedure, service limit(s), diagnosis codes, procedure code relationships, service authorizations, age, gender, eligibility, provider type, specialty, category of service, National Correct Coding Initiative (NCCI) editing, expanded benefits for encounters, and added benefits for encounters. The Core Systems Module will perform configurable claim and encounter transaction adjustment and resubmission processes with automated and ad-hoc functions to support retroactive rate changes/adjustments, procedure or diagnosis code revisions, benefit plan updates, audit activities, or encounter specific rules, including encounter resubmission, established by the Agency.

Pricing and Payment - The Core Systems Module will accurately calculate and price using the appropriate reimbursement methodologies for services including, but not limited to, Fee-for-Service, percent-of-charges, professional claim, transportation, waiver, Regional Perinatal Intensive Care Center, Ambulatory Surgical Center, Enhanced Ambulatory Patient Grouping, Child Health Checkup, Long Term Care, inpatient claim, outpatient claim, Diagnosis Related Groups, out of state, Medicare Part A and B, capitation, Prospective Payment System, manual pricing, other deductions (e.g., Copay, Medicare Coinsurance, Medicare Deductibles, Patient Liability, TPL), and shadow pricing for encounters.

Benefits and Reference Data Management - The Core Systems Module will store and support a variety of pricing methodologies and provider contracts with the flexibility to support multiple payers and financial management processes. In support of claims adjudication, the Core Systems Module will also process against service authorizations and third-party insurance liability. The Core Systems Module will provide and maintain configurable reference data to support configurable and complex business rules utilized for claim adjudication, provide the most up-to-date and complete NCCI edit definitions with clear descriptions for submitters to resolve issues, and deliver a detailed and efficient User Interface (UI) for the full display and visibility of claims details, including but not limited to, rules processed, and claim value associated with the rule.

Claims Data and Reporting - The Core Systems Module will include configurable, automated, and ad-hoc reporting functionality based on current and historical medical and non-medical transaction data including paid, suspended, and denied claims, encounters, rate updates, and provider payment. These reports and analysis may be used to support State and federal reporting and support the information requirements necessary for the evaluation, comparison, and management of claims. The Core Systems Module reporting functionality will collect, and group data required to support the Enterprise Data Warehouse (EDW) Vendor's solution in meeting all Agency and federal reporting guidelines, requirements, and periodicity. The Core Vendor shall coordinate with the EDW Vendor to ensure that required data elements which are available are stored in the enterprise ODS for use by the EDW Vendor for report production. The Core Vendor will comply with any new CMS reporting requirements.

System Administration and Operations - The Core Systems Module will act as the Electronic Data Interchange (EDI) gateway to process all inbound and outbound HIPAA mandated X12 compliant transactions and Trading Partner management. The Core Systems Module will provide a self-service portal with enhanced web-based capabilities to support the following:

- On-line, real-time transactions processing and direct data entry for claims
- Claim status inquiry
- Batch upload, download, view, and print HIPAA transactions
- Submission and retrieval of documents
- Secure messaging
- EDI help-desk functions.

Service Authorizations - The Core Systems Module will include functionality to interface with the Agency's utilization management vendor for service authorizations and referrals. This functionality must be configurable to meet the needs of diverse programs. Service authorizations are used to allow for specific services, track utilization, and monitor outcomes. The Core Systems Module will interface with the utilization management vendor's solution to create and update referrals for service authorizations.

Fiscal Management -The Core Systems Module will allow data required for financial business processes to be entered manually, received from other sources, or automatically generated based on a configurable business rules engine. Data received from other systems will be translated into consistent financial account coding to report back to the Agency's financial and accounting systems and support the Agency's banking vendor. The Core Systems Module will have the capability to translate transactions into summary level and detailed data and will assign financial information to each healthcare claim and financial transaction at the line and header level. The Core Systems Module will generate adjustments to change financial information assigned to a healthcare or financial claim as appropriate without requiring re-adjudication of the to-be adjusted claims.

Federal and State Reporting - The Core Systems Module will carry the source data required for the EDW Vendor to generate all applicable federal and state reports and processes (CMS37.7, CMS64, CMS21E, CMS416, CMS372, MAR, SUR, and TMSIS). The Core Vendor will coordinate with the EDW Vendor for report production. The Core Vendor will be responsible through quality assurance activities for the accuracy of the Core generated data used within the reports and participate in any needed corrective action resulting from report deficiencies.

Financial Reporting - The Core Systems Module will have the capability for a user to view financial transactions related to one payee at the detail level, including remittance advice, accounts receivable, recoupments, and recoveries. Information will be captured and shared for required State and federal processes.

Capitation Payments - The Core Systems Module will calculate and generate payments made to managed care plans on behalf of the Agency for enrolled eligible recipients for approved dates of enrollment, in accordance with the payment rules and policies of the Agency. The Core Systems Module will generate a per-member, per-month capitation, including adjustments, based on calculated rates for each recipient defined by their geographic region, age, eligibility category, benefit plan during the payment period. The Core Systems Module will be configurable to allow for the adjustment of capitation rates

that occur due to historical utilization, projected cost, or other risk factors associated with the pool of recipients.

Recipient Management - Recipient Title XIX Medicaid eligibility is determined by the Florida Department of Children and Families and the Social Security Administration for Supplemental Security Income, Florida Healthy Kids for Title XXI children, and by CMS for Medicare buy-in eligible recipients. The Core Systems Module will receive eligibility information from these source systems including, but not limited to, identifiers, demographics, aid categories, patient responsibility, Medicare and buy-in information, and third-party insurance coverage. The Core Systems Module will rely on this information to maintain eligibility files for benefit plan assignment, to support claims and encounter processing, eligibility inquiries, calculate provider and plan reimbursement, cost sharing, managed care plan assignment, and to facilitate utilization review and analysis. The Core Systems Module will auto assign mandatory recipients to managed care plans based on defined algorithms. The Core Vendor shall coordinate with the Integration Services/Integration Platform (IS/IP) Vendor to develop interfaces with internal and external partners and multiple data sources that support the recipient management process. The Core Vendor will maintain the reliability of the recipient data through ongoing reconciliation processes to ensure the integrity of the data and to support other Core business functions that utilize recipient data.

Correspondence Management - The Core Vendor will coordinate with the UOC Vendor to generate enterprise correspondence and coordinate the print and distribution of approved print and mail. The Core Systems Module will support the capacity to configure and maintain correspondence management functionality. The Core Systems Module will leverage the EDW Vendor's Enterprise Content Management (ECM) solution to store all sent and received documents and their meta data.

The Core Vendor will continuously maintain, enhance, and modify its Core Systems Module, as directed by the Agency, to ensure the ability to comply with new federal and State regulations and mandates, healthcare delivery models, and to support interoperability with all other data sharing entities. The goal of the Core Systems Module 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.

The objectives of the Core Systems Module are:

- Transition claims, encounters, financial processing, managed care capitation payments, recipient, and reference data from the current Fiscal Agent to the Core Systems Module.
- Reduce the number of claim resubmissions by improving communications of claim status.
- Improve the reliability of health plan encounter data.
- Reduce claim validation processing costs in Agency systems.
- Reduce Agency financial staff time on manual data re-entry and processing.
- Separate business rules, including State and Federal pricing business rules, and edit/audit processing capabilities for claims and encounters.
- Eliminate remaining paper claims and associated manual processes.
- Implement an accessible and efficient UI with enhanced visibility to information, rules and reference sources impacting a claim.

- Improve data quality and management and increase automation to reconcile and update recipient information

As a result of the FX ESC decision described above in Section 3, all deliverables and work in process for the FX Core Systems Module have been paused. The legacy FMMIS vendor will continue providing legacy core services until the contract expires on December 31, 2024. The FX Core Vendor will provide legacy core services from that point forward until a replacement solution is implemented.

A high-level list of deliverables and milestones completed or partially completed prior to the Core pause decision is provided in the exhibit below.

| **FX Core Systems Module** | |
|---|---|
| **Deliverable/Milestone** | **Date Complete** |
| Contract Executed | March 2023 |
| Project Kick-off Presentation | April 2023 |
| Project Management Plan Approved | May 2023 |
| Project Charter Approved by FX ESC | June 2023 |
| Initiation Phase Completed | September 2023 |
| High-Level Technical Design | November 2023 |
| Baselined Project Schedule | December 2023 |
| Requirements Management Plan | December 2023 |
| System Security Plan | Partial- December 2023* |
| Data Conversion and Data Migration Plan | Partial- December 2023* |
| Bill of Materials Analysis | Partial- December 2023* |
| Testing Management Plan Deliverable | Partial- December 2023* |

**Payment prorated based on percentage complete as determined by the FX Program Office.*

*Exhibit 50: Core Project Deliverables*

### Streamlined Modular Certification (SMC)

The Agency leverages the Streamlined Modular Certification process to assess the initial readiness for go-live and ongoing success of the FX modules. The Core System Module is designed to achieve the CMS required outcomes and state developed outcomes, as relevant, for Claims Processing (CP), Encounter Processing System (EPS), Financial Management (FM), and Member Management (MM). Outcomes and metrics for the Core System Module are described in the chart below. State-specific metrics will be defined during requirements gathering and system design.

| **Reference** | **CMS Required Outcomes** | **Metrics** | **Regulatory Sources** |
|---|---|---|---|
| CP1 | The system receives, ingests, and retains claims, claims adjustments, and supporting documentation submitted both electronically and by paper in standard formats. | - Count/percentage of claims received by submission channel (paper vs. electronic).<br>- Median processing time for ingestion of non-electronic claims/documentation (from receipt to | 45 CFR 162.1102 |

| Reference | CMS Required Outcomes | Metrics | Regulatory Sources |
|---|---|---|---|
| | | correct ingestion of/association with the associated claims record). | |
| CP2 | The system performs comprehensive validation of claims and claims adjustments, including validity of services. | - Count/percentage of claims/claims adjustments accepted/suspended/rejected for processing. | 42 CFR 431.052<br>42 CFR 431.055<br>42 CFR 447.26<br>42 CFR 447.45(f)<br>45 CFR 162.1002<br>SMD Letter 10-017<br>SMM Part 11 Section 11300 |
| CP3 | 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). | - Count/percentage of claims/claims adjustments requiring prior-authorization accepted/suspended/rejected for processing based on prior authorization or lack thereof. | SSA 1927(d)(5)<br>42 CFR 431.630<br>42 CFR 431.960<br>SMM Part 4<br>SMM Part 11 Section 11325 |
| CP4 | The system correctly calculates payable amounts in accordance with the State Plan and logs accounts payable amounts for payment processing. The system accepts, adjusts, or denies claim line items and amounts and captures the applicable reason codes. | - Count/percentage of transactions by reason code.<br>- Count/percentage of transactions re-priced post-payment by underpayment/ overpayment and, if applicable, reason code or other applicable categorization available to the State. | 42 CFR 431.052 |
| CP5 | The state communicates claims status throughout the submission and payment processes and in response | - Count/percentage of claims suspended for correction/corrected by reason code.<br>- Count/percentage of | 45 CFR Part 162.1402(c)<br>45 CFR Part 162.1403 (a) |

| Reference | CMS Required Outcomes | Metrics | Regulatory Sources |
|---|---|---|---|
| | 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:<br>- Automatic notices as appropriate based on claims decision or suspension.<br>- Explanation of Benefits (EOB).<br>- 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.<br>- Application programming interface (API) | inquiries/responses/communications by submission/response channel. | & (b)<br>42 CFR 431.60 (a) & (b)<br>SMM Part 11 Section 11325 |
| CP6 | 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. | - Records must be retained for a minimum of 3 years for fiscal records, 5 years for records related to cost reports, 6 years for medical records of covered entities, and 10 years for managed care records (or greater if required under State laws) – periods are measured from the date of closure of all related actions for a given record.<br>- Pass/Fail that the state can demonstrate that 100% of records were retained for the appropriate number of years indicated above. | 42 CFR 447.45<br>42 CFR 431.17<br>SMM Part 11 Section 11325 |
| EPS1 | The system ingests encounter data | - Percentage of timely encounter submissions from MCOs. | 42 CFR 438.242 |

| Reference | CMS Required Outcomes | Metrics | Regulatory Sources |
|---|---|---|---|
| | (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). | | |
| EPS2 | 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 rules validations, such as payment to dis-enrolled providers, etc.). | - Percentage state receives timely encounter re-submissions from MCOs. | 42 CFR 438.604, 438.818, and 438.242 |
| EPS3 | 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. | - This is a state specific requirement, for the most part, states have encounters submission/re-submission processes based on 30/60/90/180 days and 365 days. | 42 CFR Part 438.3 |
| EPS4 | The state uses encounter data to calculate capitation | - State can validate that solution supports capability to set and edit | 42 CFR Part 438 |

| Reference | CMS Required Outcomes | Metrics | Regulatory Sources |
|---|---|---|---|
| | rates and performs payment comparisons with FFS claims data. | capitation targets – Pass/Fail<br>- State can validate that solution supports the capability to flag cases where MCO payments exceed FFS upper limit – Pass/Fail | |
| EPS5 | The state complies with federal reporting requirements. | - SMA submits federal reports in a timely, and agreed upon, manner – Pass/Fail<br>- Reports are those currently required by applicable federal regulations, state plans, waivers etc. This include, but are not limited to:<br>- T-MSIS (monthly)<br>- CMS 416 (monthly)<br>- CHIPRA core set (quarterly)<br>- CMS 37 (biannually)<br>- CMS 372 (semi-annually)<br>- CMS 64 (quarterly) | 42 CFR 438.818, 438.242 |
| FM1 | 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. | - Count/percentage and amount/percentage of corrected claims by program, service category, and payment model. Report Medicaid and CHIP metrics separately. | Section 1902(a)(37) of the Act<br>42 CFR 433.139<br>42 CFR 447.20<br>42 CFR 447.45<br>42 CFR 447.56<br>42 CFR 447.272 |
| FM2 | 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. | - 90% Clean Claims<=30 Days<br>- 99% Clean Claims <=90 Days<br>- 100% All Other Claims <=12 Months | 42 CFR 447.45<br>42 CFR 447.46 |
| FM3 | 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. | - Records must be retained for a minimum of 3 years for fiscal records, 5 years for records related to cost reports, 6 years for medical records of covered entities, and 10 years for managed care records (or greater if required under State laws) – periods are measured from the date of closure of all related actions for a given | 42 CFR 431.152 |

| Reference | CMS Required Outcomes | Metrics | Regulatory Sources |
|---|---|---|---|
| | | record.<br>- Pass/Fail that the state can demonstrate that 100% of records were retained for the appropriate number of years indicated above. | |
| FM4 | 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. | - Count/percentage and amount/percentage of payments by assistance program (Medicaid, CHIP, etc.), and service category. Report Medicaid and CHIP metrics separately. | 42 CFR 438<br>42 CFR 447.56(d) |
| FM5 | The system accurately tallies recoupments by tracking repayments and amounts outstanding for individual transactions and in aggregate for a provider. | - Repayment aging report showing counts/aggregate received/outstanding 60 days or less, >60 days, and any additional periods useful for State management of receivables. | 42 CFR 447 |
| FM6 | The state recovers third party liability (TPL) payments by:<br>· Tracking individual TPL transactions, repayments, outstanding amounts due,<br>· Aggregating by member, member type, provider, third party, and time period,<br>· Alerting state recovery units when appropriate, and<br>· Electronically transferring payments to the state. | - Third party recovery aging report showing counts/aggregate received/outstanding 60 days or less, >60 days, and any additional periods useful for State management of receivables. | 42 CFR 433.139 |
| FM7 | The system processes drug rebates accurately and quickly. | - Count/Percentage & Amount/Percentage on time (within 45 days of end of quarter)/late. | 42 CFR 447.509 |
| FM8 | State and federal entities receive timely and accurate financial reports (cost reporting, financial | - Count/Percentage of on-time reporting for designated reporting period according to reporting schedule(s). | 42 CFR 431.428<br>42 CFR 433.32 |

| Reference | CMS Required Outcomes | Metrics | Regulatory Sources |
|---|---|---|---|
| | monitoring, and regulatory reporting), and record of all transactions according to state and federal accounting, transaction retention, and audit standards. | | |
| FM9 | 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. | - Count/percentage of family's below/at/exceeding threshold. (The last of these indicates an overpayment by the household.) | 42 CFR 447.56(f) |
| MM1 | The system auto-assigns managed care enrollees to appropriate managed care organizations, per state and federal regulations. | - Percentage of system auto assignment for MCO enrollees ongoing basis. | CFR 42 438.54 |
| MM2 | 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. | - Notice to the enrollee must be provided by the later of 30 calendar days prior to the effective date of the termination, or 15 calendar days after receipt or issuance of the termination notice.<br>- For States that choose to restrict disenrollment for periods of 90 days or more, States must send the notice no less than 60 calendar days before the start of each enrollment period. | CFR 42 438.10, 438.54 |
| MM3 | The system disenrolls members at the request of the plan and in accordance with state procedures. | - Disenrollment requested by the enrollee. Without cause, at the following times:<br>- During the 90 days following the date of the beneficiary's initial enrollment into the MCO, PIHP, PAHP, PCCM, or PCCM entity, or during the 90 days following the date the State sends the beneficiary notice of that enrollment, | 42 CFR 438.56(b) (c), and (d) |

| Reference | CMS Required Outcomes | Metrics | Regulatory Sources |
|---|---|---|---|
| | | whichever is later.<br>- At least once every 12 months thereafter. | |
| MM4 | Disenrollments are effective in the system the first day of the second month following the request for disenrollment. | - Disenrollments are effective the first day of the second month following the request for disenrollment. | 42 CFR 438.56(e) |
| MM5 | The system notifies enrollees of their disenrollment rights at least 60 days before the start of each enrollment period. This notification is in writing. | - The system notifies enrollees, in writing, of their disenrollment rights at least 60 days before the start of each enrollment period. | 42 CFR 438.56(f) |
| MM6 | 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). | - The MCO, PIHP or PAHP makes a best effort to conduct an initial screening of each enrollee's needs, within 90 days of the effective date of enrollment for all new enrollees, including subsequent attempts if the initial attempt to contact the enrollee is unsuccessful. | 42 CFR 438.208(b) |
| MM7 | The system allows beneficiaries or their representative to receive information through multiple channels including phone, Internet, in-person, and via auxiliary aids and services. | - Percentage of beneficiaries or their representative received outreach communication by the following channels: phone, internet, in-person, and via auxiliary aids and services | 42 CFR 438.71 |
| MM8 | 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. | - An electronic provider directory must be updated no later than 30 calendar days after the MCO, PIHP, PAHP, or PCCM entity receives updated provider information. | 42 CFR 438.10(c) |
| MM9 | Potential enrollees are provided information about the state's managed care program when the individual becomes eligible or is required to enroll in a | - Notice to the enrollee must be provided by the later of 30 calendar days prior to the effective date of the termination, or 15 calendar days after receipt or issuance of the termination notice. | 42 CFR 438.10(e) |

| Reference | CMS Required Outcomes | Metrics | Regulatory Sources |
| --- | --- | --- | --- |
| | managed care program. The information 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. | | |
| MM10 | 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:<br>• Physician/provider<br>• Specialty<br>• Address and telephone number<br>• Whether the physician/provider is accepting new Medicaid patients (for PCCM providers), and<br>The physician/provider's cultural capabilities and a list of languages supported (for PCCM providers). | - The system maintains an up to date (updated at least annually) fee-for-service (FFS) or primary care case-management (PCCM) provider directory. | Section 1902(a)(83), 1902(mm), SMD # 18-007 |
| MM11 | 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). | - Calculate accessibility of members to providers' network based on state and federal regulations. | 42 CFR 438.68 |
| EE3 | Individuals eligible for automatic Medicaid eligibility are promptly enrolled (e.g., SSI recipients in 1634 states, individuals receiving a mandatory state supplement under a federally- or state-administered program, individuals receiving an optional State supplement per 42 C.F.R. 435.230 and deemed newborns). | - Percentage of individuals receiving SSI automatically eligible (1634 states only) | For states, District of Columbia, Northern Mariana Islands, and American Samoa:<br>- 42 CFR 435.117<br>- 42 CFR 435.909 |

| Reference | CMS Required Outcomes | Metrics | Regulatory Sources |
|---|---|---|---|
| | (Automatic enrollment in Guam, Puerto Rico, and the U.S. Virgin Islands is required only for individuals receiving cash assistance under a state plan for OAA, AFDC, AB, APTD, or AABD, and deemed newborns.) | | For Guam, Puerto Rico, and the Virgin Islands:<br>- 42 CFR 436.909<br>- 42 CFR 436.124 |
| EE10 | Individuals receive electronic notices and alerts as applicable via their preferred mode of communication (e.g., email, text that notice is available in online account). | - Percentage of notices automatically generated and sent | For all states, District of Columbia, and territories:<br>- 42 CFR 431.210-214<br><br>For states, District of Columbia, Northern Mariana Islands, and American Samoa:<br>- 42 CFR 435.917-918<br><br>For Guam, Puerto Rico, and the Virgin Islands:<br>- 42 CFR 436.901 |
| EE20 | Individuals are promptly enrolled with the accurate effective date of eligibility in accordance with the approved State Plan. | - Outcome Attestation<br>- Possibly: Test results (automated if possible) verifying that the system sets eligibility effective date according to state policy (pass/fail)<br>- Demonstration of process for assigning correct effective dates in sub- production environment (pass/fail) | For states, District of Columbia, Northern Mariana Islands, and American Samoa:<br>- 42 CFR 435.915<br><br>For Guam, Puerto Rico, and the Virgin Islands:<br>- 42 CFR 436.901 |

| Reference | CMS Required Outcomes | Metrics | Regulatory Sources |
|---|---|---|---|
| EE25 | The system receives and responds to requests from the FFE in real-time to confirm whether an individual applying for coverage through the FFE currently has Minimum Essential Coverage through Medicaid or CHIP. | - Outcome Attestation<br>- Possibly: Test results (automated if possible) verifying that the system receives and responds to requests from the FFE for MEC check in real-time (Pass/fail) | For states, District of Columbia, Northern Mariana Islands, and American Samoa:<br>- 42 CFR 435.1200 |

*Exhibit 51: FX Core Outcomes and Metrics*

## Core IAPDU Costs

| | Module | Match | FFY 2023 (actual-informational | FFY 2024 | FFY 2025 |
|---|---|---|---|---|---|
| Core - Implementation | Core | 90/10 | $ 9,992,205 | $ 3,540,625 | $ 6,889,674 |
| Core - Operations | Core | 75/25 | $ - | $ - | $ - |
| Core - Task Orders | Core | 90/10 | $ - | $ - | $ 652,800 |
| Outside Legal Counsel - Core | FX Enterprise | 50/50 | $ 43,513 | $ 5,538 | $ - |

*Exhibit 52: Core Vendor Costs*

## C.3 Provider Services Module

Florida Medicaid issued a competitive procurement for the FX Provider Services Module (PSM). The Invitation to Negotiate was completed in June 2023, and the contract was awarded to HHS Technology Group, LLC. The FX PSM contract was executed on October 11, 2023, and is effective through September 14, 2030, with an option to renew.

The PSM solution will improve provider experience and reduce the administrative burden for enrollment, licensure, and credentialing. The PSM solution aims to create a module for Medicaid provider management allowing for concurrent processing of enrollment and plan credentialing activities for both initial enrollment as well as renewals. The PSM will 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.

In addition to provider enrollment and credentialing activities, the functions of the PSM include provider account management processes such as name change, address change, change of ownership, and specialty addition or change. The PSM will consist of the following features:

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

- 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.
- An automated screening and monitoring component to complete required screening and monitoring activities for applicants and actively enrolled providers compliant with 42 CFR 455.436, in addition to state specific requirements and policy.
- The ability to coordinate with the Enterprise Data Warehouse (EDW) Vendor to develop and publish reports and dashboards on the EDW's Enterprise Reporting Solution.
- A solution with a high degree of configurability.
- A self-service portal including the following minimum functionality:
  - An inbox for providers to receive and respond to messages.
  - 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.
  - A provider search feature for both authenticated users and public users to search for providers using a variety of search criteria.
  - Account administration for users to add or remove provider account users and change user roles for all self-service functions.
  - Online resource links to relevant websites and key contact information.
- A recipient eligibility inquiry tool that performs real-time recipient eligibility verification including benefit plan enrollment, care management enrollment, waiver program information, program limits, service limits, and third-party liability information.
- A claim status inquiry function that performs in real-time to allow providers to check the status of their claims.
- A remittance advice inquiry feature that provides authorized user access to provider remittance advice information.
- 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.
- Primary source verification based on Credentials Verification Organization National Committee for Quality Assurance standards.
- Account management.
- Communications.
- Performance management including system performance, user performance, and business process performance.
- Workflow and assignment management.
- Customer care.

The objectives of the PSM Module:

- Medicaid enrollment, including re-enrollment and renewal, and plan credentialing into a concurrent process.
- Single source for provider credentialing.
- Streamlined enrollment process with workflow assignment and efficient business processes.
- Reduced administrative burden on Agency staff and providers through automation.

- Reduced time to enroll a Medicaid provider.
- Reduced cost per enrollment for providers.
- Automated account management updates triggered through electronic interfaces or initiated by the provider.
- Single source for providers to report a change.
- Enhanced communication channels with providers.
- Supports enhanced fraud reduction capabilities.
- Quality data and analytics supported by IS/IP and EDW.

### Streamlined Modular Certification (SMC)

The Agency leverages the Streamlined Modular Certification process to assess the initial readiness for go-live and ongoing success of the FX modules. The Provider Services Module is designed to achieve the CMS required outcomes and state developed outcomes, as relevant, for Provider Management (PM). Outcomes and metrics for the Provider Services Module are described in the chart below.

| Reference | CMS Required Outcomes | Metrics | Regulatory Sources |
|---|---|---|---|
| PM1 Application | A provider can initiate, save, and apply to be a Medicaid provider. | - Number of requests to help desk for problems with initiating, saving, and applying.<br>- Average time to enroll from point of submit.<br>a. Total time to enroll all providers/<br>b. Total # of enrolled providers | 42 CFR 455.410(a) |
| PM2 Screening | A state user can view screening results from other authorized agencies (Medicare, CHIP, other related agencies) to approve provider if applicable. | - Average Time to screen providers upon initial application without Return to Provider time. (Total time to screen all providers – RTP time)/Total # providers screened<br>- Average Time to screen providers upon initial application with Return to Provider time included.<br>Total time to screen all providers/Total # providers screened | 42 CFR 455.410(c) |
| PM3 Screening | 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. | - Number of enrollment denials and reasons for denials.<br>- Average Time to screen providers upon initial application without Return to Provider time (Total time to screen all providers – RTP time)/Total # providers screened<br>- Average Time to screen | 42 CFR 455.412 |

| Reference | CMS Required Outcomes | Metrics | Regulatory Sources |
|---|---|---|---|
| | | providers upon initial application with Return to Provider time included<br>Total time to screen all providers/Total # providers screened<br>- Average Time to credential providers<br>Total time to credential providers/Total # of credentialed providers | |
| PM4 Revalidation | The system tracks the provider enrollment period to ensure that the state initiates provider revalidation at least every five years. | - Number of providers scheduled for revalidation by year. (Total # of providers in Medicaid)<br>- Percentage of providers enrolled in the state system that are in the CMS Adverse Actions List.<br>- # of state providers enrolled that are on the CMS Adverse Actions List/<br>- # state providers enrolled | 42 CFR 455.414 |
| PM5 Termination | 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). | - Number of providers denied enrollment or termination of participation with reason. Provide denial or termination reason. | 42 CFR 455.416 |
| PM6 Reactivation | 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. | - Number of providers seeking reactivation and TAT for enrollment.<br>- Number of providers seeking reactivation with submittal of payment and TAT for enrollment. | 42 CFR 455.420 |
| PM7 Appeal | 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. | - Number of provider (by provider type) appeals and status of appeal: include TAT to final determination. | 42 CFR 455.422 |

| Reference | CMS Required Outcomes | Metrics | Regulatory Sources |
|---|---|---|---|
| PM8 Site Visits | 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. | - Number of providers scheduled for site visit categorized by moderate and high risk.<br>- Number of Providers with past due site visits. Include number of days past due | FR 455.432(a) |
| PM9 Background Checks | A state user can view the status of criminal background checks, fingerprinting, and site visits for a provider as required based on their risk level and state law. | - List of providers in pending status due to checks listed in outcome. Provide screen shots of high-risk providers.<br>- Number of provider enrollments in process listed by outcomes check and status of outcome check and duration for each check. For example: 10 providers undergoing background checks. Aging range from 1 -10 days. | 42 CFR 455.434 |
| PM10 External Systems Checks | 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. | - Number of providers in pending status due to other database confirmations. Include the reason for pending. For example: # of providers pending for NPPES verification or mismatch and or # of providers found in the Death Master File<br>- Number of providers by provider type found in the Death Master File and the enrollment status of each | 42 CFR 455.436 |
| PM11 Risk Level Assignment | 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. | - Number of providers in each category by category for each new application, re-enrollment/revalidation<br>- Number of providers with changes from moderate to high due to payment suspension or moratorium | 42 CFR 455.450 |

| Reference | CMS Required Outcomes | Metrics | Regulatory Sources |
|---|---|---|---|
| PM12 Application Fees | The system can collect application fees. A state user ensures any applicable application fee is collected before executing a provider agreement. | - Total number of providers in the network, # of providers in pend status due to lack of application fee, # of providers denied due to lack of application fee payment<br>- Aging report of number of providers with lack of application fee payment in enrollment pend status | 42 CFR 455.460 |
| PM13 Moratoria | A state user can set CMS and state-imposed temporary moratoria on new providers or provider types in six-month increments. | - Number of providers in temporary moratoria status and duration range<br>- Number of providers in temporary moratoria outside of 6 months | 42 CFR 455.470 |
| PM14 Network Adequacy | A state user can determine network adequacy based upon federal regulations and state plan. | - Network adequacy is already reported on | 42 CFR 438.68 |
| PM15 Sanctions and Terminations | 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. | - Provider enrollment stats for providers in pend and denied status due to sanction and or pending sanction and Medicare information. | 42 CFR 455.416(c) |
| PM16 Notices and Communications | 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. | - Provide a copy of relevant notices and communications submitted to providers for each outcome category. | 42 CFR 455.23 |
| PM17 Fraud | A state user can report required information about fraud and abuse to the appropriate officials. | - Number of open FWA investigations by provider type and status (This may already be submitted by states) | 42 CFR 455.17 |

| Reference | CMS Required Outcomes | Metrics | Regulatory Sources |
|---|---|---|---|
| PM18 Payment Suspension | The system, or a state user, can suspend payment to providers in cases of fraud. | - Number of providers in suspend status due to fraud include reasons and aging by provider type | 42 CFR 455.23 |
| PM19 Agreements and Disclosures | A state user can view provider agreements and disclosures as required by federal and state regulations. | - These are related to ownership regulations.<br>- Number of providers identifying as one or more of the ownership relationships. List by ownership relationship type | 42 CFR 455.104<br>42 CFR 455.105<br>42 CFR 455.106<br>42 CFR 455.107 |
| PM20 Change in Circumstances | A state user can view information from a managed care plan describing changes in a network provider's circumstances that may affect the provider's eligibility to participate in Medicaid, including termination of the provider agreement. | - List of providers by provider type who have been released from the managed care entity due to:<br>- Change in state residence<br>- Investigation of FWA<br>- Death<br>- Others as defined by state<br>- Include provider state Medicaid status | 42 CFR 438.608(a) |
| PM21 Directory | A beneficiary can view and search a provider directory. | - Number of help desk tickets logged for inaccessibility to provider directory.<br>- Number of website hits on provider directory page. | 42 CFR |

*Exhibit 53: PSM Outcomes and Metrics*

The proposed state-specific outcomes and metrics are described in the exhibit below. These outcomes and metrics may be refined during requirements gathering and system design.

| Reference | State-Specific Outcome Statement | Metric(s) |
|---|---|---|
| PM 22 | The PSM solution supports reduced administrative effort of new provider enrollment and provider reactivation. | -Reduced RTP Contacts for missing information<br>-Reduction in enrollment support costs to the Agency based on less staff time required to process<br>-Reduced number of provider escalations to state staff |

| Reference | State-Specific Outcome Statement | Metric(s) |
|---|---|---|
| | | -Reduced enrollment costs incurred by providers (first time and renewals)<br>-Reduced enrollment support costs to the Agency by PSM module vendor |
| PM23 | The PSM solution supports reduced administrative effort of provider revalidation. | -Reduced RTP Contacts for missing information<br>-Reduction in enrollment support costs to the Agency based on less staff time required to process<br>-Reduced number of provider escalations to state staff<br>-Reduced enrollment costs incurred by providers (first time and renewals)<br>-Reduced enrollment support costs to the Agency by PSM module vendor |
| PM24 | The PSM solution supports streamlining the credentialing process for providers. | -Plans per region<br>-Percentage that are clean and do not have plan credentialing requirement<br>-Reduced credentialing costs incurred by providers |
| PM25 | The PSM solution supports enhanced provider communications. | -Reduced the number of repeated outreach for an issue to provider or RTP<br>-Percentage of electronic correspondence<br>-Reduction in returned mail |
| PM26 | The PSM solution supports increased recipient accessibility to providers. | -Number of providers in the FFS and Managed Care networks |
| PM27 | The PSM solution supports reduction of the administrative burden on Agency staff through automation. | -Volume in work queue to Agency staff<br>-Reduced escalations<br>-Match rate against external sources to reduce manual task<br>-Agency staff processing time reduced |
| PM28 | The PSM solution supports fraud reduction. | -Number of duplicate providers in the solution<br>-Prevention of enrollment of ineligible providers |
| PM29 | The PSM solution supports the reduction of administrative costs to the Agency. | -Percent of mail cost reduced<br>-Reduced escalation from vendor<br>-Process time savings on Agency staff<br>-Reduce claim administration costs |

| Reference | State-Specific Outcome Statement | Metric(s) |
| --- | --- | --- |
| | | incurred by Agency operations management |
| PM30 | The PSM solution supports transparency into the Provider's enrollment history. | -Reduced time to research provider history<br>-Ease of User Interface |
| PM31 | The PSM solution supports reduced claims administrative effort for both providers and the Agency. | -Reduce claim administration costs incurred by Agency operations management<br>-Reduce claims administration costs incurred by providers<br>-Reduce payment administration costs incurred by providers |
| PM32 | 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:<br>• Physician/provider<br>• Specialty<br>• Address and telephone number<br>• Whether the physician/provider is accepting new Medicaid patients (for PCCM providers), and<br>The physician/provider's cultural capabilities and a list of languages supported (for PCCM providers). | -The system maintains an up-to-date (updated at least annually) fee-for-service (FFS) or primary care case-management (PCCM) provider directory. |

*Exhibit 54: PSM State-Specific Outcomes and Metrics*

## PSM IAPDU Costs

| | Module | Match | FFY 2023 (actual-informational | FFY 2024 | FFY 2025 |
| --- | --- | --- | --- | --- | --- |
| Provider - Procurement | FX Enterprise | 90/10 | $ - | $ - | $ - |
| Provider - Implementation | Provider | 90/10 | $ - | $ 11,280,647 | $ 385,222 |
| Provider - Operations* | Provider | 75/25 | $ - | $ 2,299,891 | $ 9,158,613 |
| Provider - Task Orders | Provider | 90/10 | $ - | $ - | $ 652,800 |
| Outside Legal Counsel - Provider | FX Enterprise | 50/50 | $ 39,676 | $ 353 | $ - |

*Exhibit 55: PSM Vendor Costs*

## 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.

The proposed scope for the FX PBM Module includes the following:

- Adjudicate fee-for-service (FFS) pharmacy claims submitted by pharmacy providers via their point-of-sale or through integration with e-prescribing systems, and process pharmacy encounters received from Medicaid health plans.
- Integrate Agency reimbursement methodology and incorporate clinical edits and drug limits during the adjudication process.
- Perform clinical reviews of prior authorization for certain required drugs as well as automate prior authorization.
- Monitor prospective and retrospective drug utilization and coordinate clinical reviews for the Drug Utilization Review Board.
- Provide clinical support as requested by the Agency for drug criteria development, edits, and drug limitation recommendations.
- Create and maintain the weekly comprehensive drug list used by all managed care plans to ensure the Preferred Drug List compliance.
- Provide support for identification and processing of specifically identified disease management participants.
- Operate a Therapeutic Consultation Call Center to advise drug prescribers on best practices for recipients and to provide prior authorization assistance to prescribers, including operational staff to provide information to providers, pharmacists, and recipients.
- Operate the Pharmacy Ombudsman's Office, staffed by pharmacists, for intervention on behalf of Medicaid recipients to facilitate the timely resolution of claim reimbursement rejections and denials.

On December 14, 2023, the FX Executive Steering Committee (ESC) met and voted on FX Program recommendations. The ESC decided to reduce procurement risks and the resource burden of the FX PBM module by utilizing a National Association of State Procurement Officials (NASPO) ValuePoint competitively solicited multi-state PBM module contract. FX will work with Georgia and other states already in the process of procuring a PBM solution. Utilizing NASPO will benefit FX by leveraging the expertise of resources across states to produce a single solicitation to obtain best value from vendors considering price, quality, reliability, warranties, and service, while protecting states' interests with favorable terms and conditions. Responding vendors benefit by avoiding repetitive bid preparation expenses across states and potentially factor in greater volume when determining pricing.

### Streamlined Modular Certification (SMC)

The Agency leverages the Streamlined Modular Certification process to assess the initial readiness for go-live and ongoing success of the FX modules. The FX PBM solution will be designed to achieve the CMS required outcomes and state developed outcomes, as relevant, for Pharmacy Benefits Management (PBM) and Point of Sale (POS). Outcomes and metrics for the FX PBM solution are described in the chart below. State-specific metrics will be defined during requirements gathering and system design.

| Reference | CMS Required Outcomes | Metrics | Regulatory Sources |
|---|---|---|---|
| PBM1 | The system adjudicates claims within established time parameters to ensure timely pharmacy claims payments. | - Timely adjudication of pharmacy claims and encounters.<br>- Percentage of claims paid on time (only if payment is included in Rx module) – N/A Florida<br>- N/A if payments are issued from the MMIS system.<br>Note: The legacy FMMIS generates the payment. | Section 1927(h) of the SSA<br>42 CFR 456.722 - POS requirement to support claims adjudication or payment |
| 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. | - Accurately identifies enrolled providers.<br>- Pharmacy claims and encounters are priced according to the correct pricing algorithm. | 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. | - The system has the capability to accept/store/apply the rebate and covered outpatient drug (COD) information received from CMS and manufacturers necessary to generate rebate invoices.<br>- Timely identification of eligible PAD claims/encounters that do not convert to NDC units. | Section 1927 of the SSA<br>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. | - Percentage Rebate Invoiced per Dollar (Note if invoice period is behind the actual reporting period).<br>- Issue timely invoicing within established parameters (+/- 5 days). | Section 1927 of the SSA<br>42 CFR 447.520<br>Section 1927(b)(2) of the SSA<br>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. | - Provide a sample of the CMS rebate report and the manufacturer rebate report with production data.<br>- Provide the post-production operational measure of rebates collection. | Section 1927 of the SSA<br>42 CFR 447.520<br>Section 1927(b)(2) of the SSA<br>42 CFR 447.511 |

| Reference | CMS Required Outcomes | Metrics | Regulatory Sources |
|---|---|---|---|
| PBM6 | The system enables the beneficiary to have timely access to medication if the system has the capability to perform prior authorization and provide a response by telephone or other telecommunication devices within 24 hours of a request and provides for the dispensing of at least 72-hour supply of a covered outpatient prescription drug in an emergency situation (unless excluded under the SSA). | - Timely Access: Response to a Prior Authorization request provided within 24 hours.<br>- Timely Access: Emergency 72-hour fill requests reject rate - this can be the % of total POS claims not authorized with a 72-hour emergency fill. | Section 1927(d)(5) of the SSA |
| 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 annual report on the operation and status of the state's DUR program. | - Provide a copy of the State's DUR Report | Section 1927(g)(3)(D) of the SSA<br>42 CFR 456.712<br>Section 1944(e)(1) of the SSA |
| 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. | - Provide a sample report showing the ability to provide prospective review data with a timestamp prior to adjudication. | 42 CFR 456.703, 456.705(b)<br>456.709<br>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. | - Provide a sample report of post-production operational measures that calculate the average cost avoidance per claim. | 42 CFR 456.703, 456.705(b)<br>456.709<br>Section 1927 (g) of the SSA |

*Exhibit 56: PBM Outcomes and Metrics*

| Reference | State-Specific Outcome Statement | Metric(s) |
|---|---|---|
| SSO1 | The Pharmacy Benefit Manager (PBM) module will provide accurate and timely processing of pharmacy claims utilizing fully transparent pricing and payment methodologies as determined by the Florida Medicaid Program. | TBD |
| SSO2 | The Pharmacy Benefit Manager (PBM) module will improve the accuracy and timeliness of the acquisitions and integration of pharmacy encounter data. | TBD |
| SSO3 | The Pharmacy Benefit Manager (PBM) module will evaluate the overall administrative and pharmacy benefit costs by comparison of the Florida Medicaid fee-for-service delivery system to the Statewide Medicaid Managed Care (SMMC) plans' targeted utilization management tools. | TBD |

*Exhibit 57: PBM State-Specific Outcomes and Metrics*

### PBM IAPDU Costs

| | Module | Match | FFY 2023 (actual-informational | FFY 2024 | FFY 2025 |
|---|---|---|---|---|---|
| Pharmacy Benefits Management - Procurement / Implementation | PBM | 90/10 | $ - | $ - | $ 3,681,994 |
| Pharmacy Benefits Management - Operations* | PBM | 75/25 | $ - | $ - | $ - |
| Pharmacy Benefits Management - Task Orders | PBM | 90/10 | $ - | $ - | $ 652,800 |
| Outside Legal Counsel - Pharmacy Benefits Management | FX Enterprise | 50/50 | $ - | $ 135,000 | $ - |

*Exhibit 58: PBM Costs*

## C.5 Organizational Change Management

This section has been moved to Section 4. Project Management, subsection 4.2 Organizational Change Management. Future FX Program IAPDUs will remove Section C.5.

## C.6 Testing Center of Excellence

The Agency created the 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 IS/IP Vendor provides TCoE services for the FX Program.

The FX TCoE serves 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.

The IS/IP Vendor performed the initial planning for the TCOE in fiscal year 2022-2023 by defining the TCOE governance structure, testing procedures and processes, metrics for testing reporting, and the end-to-end UAT testing methodology. The IS/IP Vendor will continue TCOE management and operations during fiscal years 2024 and 2025.

### Streamlined Modular Certification (SMC)

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

### Medicaid Program Outcomes Statement

The Agency proposes the following outcomes and metrics to document how the TCoE benefits the Medicaid program.

| Reference | Outcome Statement | Metric |
|---|---|---|
| TCOE1 | The TCOE will provide standardization of the testing processes across all FX Modules. | - Verify 100% of FX Modules are executing the standardized test phases and activities defined by the TCOE<br>- Verify 100% of FX Modules report testing outcomes using the testing metrics defined by the TCOE<br>- Verify 100% of FX Module vendors are using the Jira folder structure defined by the TCOE |
| TCOE2 | The TCOE will provide an optimum level of testing governance across all FX Modules | - Verify 50% reuse of test cases across test types<br>- Verify 100% of the requirements are tested through the requirements traceability process |

*Exhibit 59: TCOE Vendor Proposed Outcomes and Metrics*

### TCoE IAPDU Cost

| | Module | Match | FFY 2023 (actual-informational) | FFY 2024 | FFY 2025 |
|---|---|---|---|---|---|
| FX Testing Center of Excellence Services | FX Enterprise | 90/10 | $ 343,936 | $ 1,553,499 | $ 1,505,318 |

*Exhibit 60: TCOE Cost*

## C.7 Security and Privacy Assessments

The Agency seeks prior approval to procure pen testing services. These services are now referred to as FX Enterprise Security and Privacy Assessments (SPA). The Agency developed the procurement document for release, pending CMS approval. Network integrity and security are critical to the success of the FX Program. SPA activities will mitigate the risk of potential breaches to protected health information and personally identifiable information maintained within the FX Enterprise by performing independent and autonomous penetration (pen) testing and security assessments of the FX Enterprise and all FX modules. 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 will procure the services of a third-party vendor for the FX Enterprise. This vendor will be responsible for providing standardized and consistent services for the FX Enterprise with Agency oversight. The selected vendor will also provide independent assessment of the security and privacy of the FX Enterprise and each of the modules, as defined by the CMS Streamlined Modular Certification for Medicaid Enterprise Systems Certification Guidance, Appendix D: Framework for the Independent Third-Party Security and Privacy Assessment.

### Streamlined Modular Certification (SMC)

SPA services are not a certifiable component of the MMIS replacement.

### Medicaid Program Outcomes Statement

The Agency proposes the following outcomes and metrics to document how SPA services benefit the Medicaid program.

| Reference | Outcome Statement | Metric |
|---|---|---|
| SPA1 | The solution will ensure compliance with federal requirements related to the independent assessment of security and privacy across the FX Enterprise. | Assessment findings |
| SPA2 | The solution will ensure the integrity of the security and privacy assessment process. | Enterprise FX Security and Privacy Assessment Plan |

| SPA3 | The solution will provide streamlined insights to the Agency related to the status of security and privacy assessment across the FX Enterprise. | Reporting or dashboard on status of SPAs and penetration testing. |
|---|---|---|

*Exhibit 61: SPA Vendor Proposed Outcomes and Metrics*

### SPA (formerly Pen Testing) IAPDU Cost

Planning activities were performed by FX Agency resources and contracted staff augmentation resources. SPA Vendor services planned costs are provided below.

| | Module | Match | FFY 2023 (actual-informational | FFY 2024 | FFY 2025 |
|---|---|---|---|---|---|
| FX Enterprise Security Assessor - Contract Services | FX Enterprise | 90/10 | $ - | $ 1,352,250 | $ 1,167,750 |

*Exhibit 62: SPA Vendor Cost*

## C.8 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. The contract with the selected vendor, Public Consulting Group, LLC, was executed on November 2, 2023. CMS provided prior approval of the solicitation and contract documents. 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 (ORR), perform Production Operational activities, support the Certification review, and support the Operational reporting phase. Initiation and planning activities have begun and the MES BA and Certification Vendor is assisting the Agency with the EDW ORR.

### Streamlined Modular Certification (SMC)

The MES BA and Certification scope of work is not a certifiable component of the MMIS replacement.

### Medicaid Program Outcomes Statement

The Agency proposes the following outcomes and metrics to document how MES BA and Certification services benefit the Medicaid program.

| Reference | Outcome Statement | Metric |
| --- | --- | --- |
| MCert1 | The MITA Business Architecture and MES Certification Vendor will support a holistic framework and methodology for managing certification at the enterprise level. | Update P-4: Medicaid Enterprise Certification Plan<br><br>Documentation  of the required artifacts for each FX Modular System Production Release Operational Readiness Review (ORR) and evidence needed to demonstrate the project is ready to enter production and that outcomes are likely to be achieved.<br><br>Documentation of activities for resolution of ORR, and preparation for each CMS FX Modular System Certification Review |
| MCert2 | The MITA Business Architecture and MES Certification Vendor will establish and support methods to monitor solution outcomes and metrics and assure module compliance. | Documentation of MITA compliance using the Agency's MITA Compliance Tracking Tool, including Outcome Based Certification (OBC) tracking. Documetation of usage of the tool. Documentation of the inclusion of other agency partners for tracking MITA processes outside AHCA control. |
| MCert3 | The MITA Business Architecture and MES Certification Vendor will support an approach to leveraging the MITA framework to modernize the Agency’s enterprise business processes. | Documentation of MES Business Architecture for each release for all FX Vendors building new and transitioning old functionality |

*Exhibit 63: MITA BA and Certification Vendor Proposed Outcomes and Metrics*

## MES BA and Certification IAPDU Cost

| | Module | Match | FFY 2023 (actual-informational | FFY 2024 | FFY 2025 |
| --- | --- | --- | --- | --- | --- |
| FX MITA MES Certification - Contract Services | FX Enterprise | 90/10 | $ - | $ 3,750,000 | $ 3,000,000 |

*Exhibit 64: MITA BA and Certification Vendor Cost*

# ATTACHMENT D — PHASE 4: REMAINING FUNCTIONAL MODULES

The objective of Phase 4 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 FMMIS, and certain parts of their functionality will need to be accounted for before the end of the legacy 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 IAPDU.

## 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.

## 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.

## 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)

Third Party Liability, 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 may result in introducing new functionality for legal liability, estate recovery, data matching, and post-payment support.

### Phase 4 IAPDU Planning Cost

| | Module | Match | FFY 2023 (actual-informational | FFY 2024 | FFY 2025 |
|---|---|---|---|---|---|
| Phase 4 Procurement Services - Contract Services | FX Enterprise | 90/10 | $ - | $ 244,970 | $ 979,880 |
| Outside Legal Counsel - Phase 4 | FX Enterprise | 50/50 | $ - | $ 125,000 | $ 125,000 |

*Exhibit 65: Phase 4 Planning Cost*

# 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 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 currently provided through the Enrollment Broker contract with Automated Health Systems (AHS), which ends February 29, 2024. The Agency plans to extend this contract, and then issue a procurement for Choice Counseling services.

## 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.