

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-22-16
Baltimore, Maryland 21244-1850



March 8, 2024

Thomas Wallace
Deputy Secretary for Medicaid
State of Florida, Agency for Health Care Administration
2727 Mahan Drive, Mail Stop 8
Tallahassee, FL 32308

RE: FL-2024-02-08-MMIS-Gainwell-CNTAMD65-FX and FL-2024-02-05-MMIS-IAPDU-FX

Dear Deputy Secretary Wallace:

This letter is in response to the Florida's Agency for Health Care Administration (AHCA) submission dated February 05, 2024, and February 08, 2024, requesting that the Centers for Medicare & Medicaid Services (CMS) review and approve the State's FX Program and Florida's Health Care Connections (FX) Implementation Advance Planning Document-Update (IAPDU) and Contract No. MED037 Amendment 65 with Gainwell Technologies, LLC, respectively. FX is Florida's MMIS program.

FX PROGRAM IAPDU

The State of Florida AHCA is seeking \$155,287,776 for Federal Fiscal Year (FFY) 2024 and \$161,590,092 for FFY 2025, including Federal Financial Participation (FFP) outlined in Appendix A. This request encompasses the Florida Health Care Connections (FX) Program's Annual APDU for FFY 2024, and includes a revised roadmap, revised schedule, and the necessary budget to accommodate these changes. Additionally, AHCA is updating CMS of its decision to pause the FX Core Systems Module project activities for twelve months. This pause allows for proper resource utilization within the Unified Operations Center (UOC), as well as to allow the Agency to focus on the remaining activities necessary to implement the remaining activities Provider Services Module (PSM) module project to enable it to go live. Per this update, the State also notes that in the event the legacy Fiscal Agent contract is not fully transitioned by December 31, 2024, the current FX Core Vendor, Gainwell Technologies, will continue to perform the existing Core operations and functions until the replacement FX Core goes live. These duties involve claims adjudication, payment processing, financial management, and reporting support.

The IAPD-Update also includes changes to the previously approved Federal funding, including a overall **decrease** of \$22,114,963 for FFY 2024 and an overall **increase** of \$31,204,266 for FFY 2025. These funds will sustain FX modular projects and services procurement and development during the next fiscal years.

The submission also includes several proposed outcomes, measures and the related metrics that focus on the benefits these initiatives are bringing to the State's Medicaid program. These outcomes are outlined in Attachment 1 to this letter (*Supporting Outcomes FX Program and Florida's Health Care Connections [FX]*).

CMS previously approved Florida’s MMIS IAPD-U FX Program on March 10, 2023.

FL-2024-02-08-MMIS-Gainwell-CNTAMD65-FX

Under Contract MED037, Amendment 65, outlines services crucial for transitioning from the legacy Florida Medicaid Management Information Systems (FMMIS) to the modernized Florida Health Care Connections (FX) program, covering expenses like staffing, software, and hardware upgrades. The funding was initially approved in FL-2023-03-10-MMIS-MES-IAPDU-FX Program, with an additional request detailed in FL-2024-02-05-MMIS-IAPDU-FX. Amendment No. 65 broadens the scope to include Method of Payment and Formal Methods for Networked and Distributed Systems (FORTE), as well as upgrades to Core and HBA Hardware, alongside temporary SAN support for Linux testing. This contract amendment does not seek additional funding and does not extend the term of the contract beyond December 31, 2024.

CMS approves Florida’s APD and Contract effective February 05, 2024, outlining Amendment 65’s scope and costs in support of the FX program, in accordance with Section 1903(a)(3) of the Social Security Act, 42 CFR 433, Subpart C, 45 CFR 95, Subpart F, and the State Medicaid Manual, Part 11. CMS is authorizing expenditures under this APD, in an amount not to exceed the approved Project Medicaid Detailed Budget Table (MDBT) in Appendix A. Authorization of federal funding for this project will expire on **September 30, 2025**. This approval letter supersedes any prior FX APD for the Federal fiscal years (FFYs) approved within Appendix A.

As per 45 CFR 95.611, any subsequent revisions and/or amendment(s) to the contract will require CMS’ prior written approval to qualify for Federal financial participation (FFP). Additionally, any changes in the related approved APD project scope, duration, or cost, requires CMS prior approval of an APD Update.

Please provide an electronic copy of the final signed Statement of Work for Contract Amendment 65 to your Medicaid Enterprise Systems State Officer.

Please note: CMS is approving this state Medicaid IT project and the associated funding; however, this APD approval does not constitute approval of any Medicaid program policies. Medicaid program policies must be reviewed and approved through the appropriate state plan amendment or waiver processes.

Per regulations at 42 CFR 433.116, FFP is available at 75 percent of expenditures for operation of a Medicaid Enterprise System (MES) module or solution approved by CMS in accordance with CMS’ MES certification requirements. The State can claim 75 percent FFP from the first day of the calendar quarter after the date the system met the conditions of initial approval, as established by CMS. This may include a retroactive adjustment of FFP if necessary to provide the 75 percent rate beginning on the first day of that calendar quarter. As outlined in the State Medicaid Manual (SMM), Section 11255, FFP for the operation of a non-certified MES is at 50 percent, pending system certification and CMS approval of retroactive operational funding.

If the State’s project deviates from the CMS approved APD, FFP for project activities could be suspended and/or disallowed as provided for in federal regulations at 45 CFR 95.611(c)(3) and 95.612.

CMS’ Consolidated MDBT in Appendix B includes approved funding for all MMIS planning, implementation, and operational APDs for the listed FFYs.

This project is subject to all the requirements specified under Appendix C, which includes federal regulations and additional information about the State’s responsibilities concerning activities described in the APD. The funding and scope of work approved in the APD are subject to these requirements. **Failure to comply with the federal requirements and State responsibilities in Appendix C is subject to FFP disallowance.**

Transformed Medicaid Statistical Information System (T-MSIS) Compliance

As of the 01/2024 T-MSIS reporting period, Florida is not compliant with T-MSIS data submission currency and Data Quality requirements. Specifically, Florida **is not current** on T-MSIS data submissions and **has not met the target** for at least one of three underlying Outcomes Based Assessment (OBA) criteria for critical priority Data Quality checks, high priority Data Quality checks, or the expenditure data content category.

The State must obtain CMS’ prior approval for APDs, Requests for Proposals (RFPs), contracts, and contract amendments as specified in regulations at 45 CFR 95.611. Per 45 CFR 95.611(d), CMS has 60 days to review and respond to a state’s APD submission. Failure to submit an Annual APD or APD Update in a timely manner may put the State at risk of having a gap in approved FFP. The State is reminded that funding for each FFY expires on September 30 of the corresponding FFY. An Annual APD must be submitted each FFY and submitted at any time during the current FFY, however it must be approved by CMS before the funding expires in the current FFY to ensure there is no gap in approved FFP. Therefore, CMS requests that you submit an Annual APD Update prior to the end of the current FFY, if you have not already, outlining budget and implementation activities.

Formal submissions of MMIS APDs, RFPs, and contracts should be sent to the CMS-dedicated MMIS electronic mailbox: MedicaidMMIS@cms.hhs.gov with a cover letter addressed to Dzung Hoang, Director, Division of HITECH and MMIS.

If you have any questions, please contact the MES State Officer, Ricardo Melendez at 303-844-7869 or at ricardo.melendez1@cms.hhs.gov.

Sincerely,

Ricardo Melendez, Deputy Director
On behalf of
Dzung Hoang, Director
Division of HITECH and MMIS

CC:

MEClearance@cms.hhs.gov

vi.luu@cms.hhs.gov

Appendix A

FLORIDA – MMIS – FX MES– Project Medicaid Detailed Budget Table*
Covers Federal Fiscal Years (FFYs) 2024-2025 (ending September 30, 2025)

	MMIS CMS Share (90% FFP) DDI	State Share (10%)	MMIS CMS Share (75% FFP) DDI	State Share (25%)	MMIS CMS Share (75% FFP) M&O	State Share (25%)	MMIS ENHANCED FUNDING FFP Total	State Share Total	MMIS ENHANCED FUNDING TOTAL COMPUTABLE
	2A† + 2B†	--	2A† + 2B†	--	4A† + 4B†	--			
FFY 2024	\$112,597,038	\$12,510,782	\$2,413,336	\$804,445	\$15,038,609	\$5,012,870	\$130,048,983	\$18,328,097	\$148,377,080
FFY 2025	\$95,262,001	\$10,584,667	\$2,035,746	\$678,582	\$22,943,641	\$7,647,880	\$120,241,388	\$18,911,129	\$139,152,517

	MMIS CMS Share (50% FFP) DDI	State Share (50%)	MMIS CMS Share (50% FFP) M&O	State Share (50%)	MMIS NOT ENHANCED FUNDING FFP Total	State Share Total	MMIS NOT ENHANCED FUNDING TOTAL COMPUTABLE
	2A† + 2B†	--	5A†+5B†+5C†	--			
FFY 2024	\$133,258	\$133,258	\$3,322,091	\$3,322,091	\$3,455,349	\$3,455,349	\$6,910,698
FFY 2025	\$62,500	\$62,500	\$11,156,288	\$11,156,288	\$11,218,788	\$11,218,788	\$22,437,576

	MMIS ENHANCED FUNDING FFP Total	MMIS NOT ENHANCED FUNDING FFP Total	TOTAL FFP	STATE SHARE TOTAL	APD TOTAL COMPUTABLE
FFY 2024	\$130,048,983	\$3,455,349	\$133,504,332	\$21,783,446	\$155,287,778
FFY 2025	\$120,241,388	\$11,218,788	\$131,460,176	\$30,129,917	\$161,590,093

*Funding amounts described here are summarized by FFY; however, funding is only approved to be used in accordance with the approval dates described in this letter.

Appendix B
FLORIDA – MMIS – Consolidated Detailed Budget Table*
 Covers Federal Fiscal Years (FFYs) 2024-2025 (ending September 30, 2025)

	MMIS CMS Share (90% FFP) DDI	State Share (10%)	MMIS CMS Share (75% FFP) DDI	State Share (25%)	MMIS CMS Share (75% FFP) M&O	State Share (25%)	MMIS ENHANCED FUNDING FFP Total	State Share Total	MMIS ENHANCED FUNDING TOTAL COMPUTABLE
	2A† + 2B†	--	2A† + 2B†	--	4A† + 4B†	--			
FFY 2024	\$113,830,919	\$12,647,880	\$2,413,336	\$804,445	\$66,460,158	\$22,153,386	\$182,704,413	\$35,605,711	\$218,310,124
FFY 2025	\$95,262,001	\$10,584,667	\$2,035,746	\$678,582	\$36,157,086	\$12,052,362	\$133,454,833	\$23,315,611	\$156,770,444

	MMIS CMS Share (50% FFP) DDI	State Share (50%)	MMIS CMS Share (50% FFP) M&O	State Share (50%)	MMIS NOT ENHANCED FUNDING FFP Total	State Share Total	MMIS NOT ENHANCED FUNDING TOTAL COMPUTABLE
	2A† + 2B†	--	5A†+5B†+5C†	--			
FFY 2024	\$133,258	\$133,258	\$4,798,593	\$4,798,593	\$4,931,851	\$4,931,851	\$9,863,702
FFY 2025	\$62,500	\$62,500	\$11,900,414	\$11,900,414	\$11,962,914	\$11,962,914	\$23,925,828

	MMIS ENHANCED FUNDING FFP Total	MMIS NOT ENHANCED FUNDING FFP Total	TOTAL FFP	STATE SHARE TOTAL	APD TOTAL COMPUTABLE
FFY 2024	\$182,704,413	\$4,931,851	\$187,636,264	\$40,537,562	\$228,173,826
FFY 2025	\$133,454,833	\$11,962,914	\$145,417,747	\$35,278,525	\$180,696,272

*Consolidated funding amounts described above are summarized by FFY; funding is only approved to be used in accordance with the approval dates described in this letter.

†MBES Line Item	
2A	MMIS- Design, Development or Installation of MMIS: Cost of In-house Activities
2B	MMIS- Design, Development or Installation of MMIS: Cost of Private Contractors
4A	MMIS- Operations of MMIS: Cost of In-house Activities
4B	MMIS- Operations of MMIS: Cost of Private Contractors
5A	MMIS- Mechanized Systems, not approved under MMIS procedures: Cost of In-house Activities
5B	MMIS- Mechanized Systems, not approved under MMIS procedures: Cost of Private Contractors
5C	MMIS- Mechanized Systems, not approved under MMIS procedures: Cost of Interagency Activities

FFP rates for specific activities and costs can be found at 76 FR 21949, available at <https://federalregister.gov/a/2011-9340>

Appendix C

This APD project is subject to the federal regulations and State responsibilities as follows:

- 42 CFR 433, Subpart C, “Mechanized Claims Processing and Information Retrieval Systems”
- 45 CFR 75, “Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards”; and Subpart D, “Procurement Standards”
- 45 CFR 95, Subpart F, “Automatic Data Processing Equipment and Services—Conditions for Federal Financial Participation (FFP)”
- 42 CFR 457.230, “FFP for State ADP expenditures”
- State Medicaid Manual (SMM), Part 11
- SMD Letter #16-004 Re: Mechanized Claims Processing and Information Retrieval Systems-Enhanced Funding, and SMD Letter #16-009 Re: Mechanized Claims Processing and Information Retrieval Systems-APD Requirements, which contain additional details on specific FFP rates for qualifying activities
- SMD Letter #22-001 Re: Updated Medicaid Information Technology Systems Guidance: Streamlined Modular Certification for Medicaid Enterprise Systems

Approved Funding

The amounts allocated per Federal fiscal year in Appendices A and B cannot be reallocated between Federal fiscal years, even within the period of this letter’s approval, without submission and approval of an APD-Update. Only actual costs incurred are reimbursable.

Systems Software

All software development receiving 90 percent FFP must be state-owned and in the public domain in accordance with 42 CFR 433.112(b)(5) and (6) and 45 CFR 95.617. Federal regulations under 45 CFR 95.617(c) specify that 90 or 75 percent FFP is available for the license for proprietary software, but no FFP is available for the development of that software.

Per 45 CFR 95.617, the Department reserves a royalty-free, nonexclusive, and irrevocable license to reproduce, publish, or otherwise use and to authorize others to use for Federal Government purposes, such software, modifications, and documentation.

Data Safeguarding and Data Breach Reporting

The State’s MES projects and operations are subject to federal regulations at 42 CFR Part 431, subpart F, “Safeguarding Information on Applicants and Beneficiaries,” and the Administrative Simplification provisions under the Health Insurance Portability and Accountability Act (HIPAA) requirements as specified in 45 CFR Part 160 and Part 164. Further, the State is bound by the requirements in section 1902(a)(7) of the Social Security Act, which require states to provide safeguards that restrict the use or disclosure of information concerning applicants and beneficiaries to purposes directly connected with the administration of the Medicaid program.

In the event of data breach, the State must immediately report the incident to the CMS IT Service Desk by email at cms_it_service_desk@cms.hhs.gov, or call the 24/7 CMS Service Desk phone number: 1-800-562-1963.

T-MSIS

On August 10, 2018, CMS issued State Health Official (SHO) Letter 18-008, outlining T-MSIS data reporting requirements for state Medicaid and CHIP programs (<https://www.medicaid.gov/Federal-Policy-Guidance/downloads/SHO18008.pdf>). As discussed in the CMCS Informational Bulletin (CIB) dated March 18, 2019 (<https://www.medicaid.gov/federal-policy-guidance/downloads/cib031819.pdf>) and subsequent T-MSIS guidance, **States and Territories are required** to maintain monthly production submissions of T-MSIS data files and continue to resolve T-MSIS data issues.

Timely, accurate, and complete T-MSIS data submission continues to be a CMS priority and is even more critical to national analyses of Medicaid and CHIP services, activities, and expenditures during the COVID-19 Public Health Emergency. To comply with T-MSIS Data Quality Assessment criteria, CMS requests that States continue to submit monthly T-MSIS data and continue, as much as possible, to work towards the recommended timelines for resolving TPIs. CMS will continue to measure and report on T-MSIS data quality issues and provide ongoing technical assistance to states.

Should the State's Medicaid Enterprise Systems fail to maintain and produce all federally required program management data and information, including the required T-MSIS eligibility, provider, claim, and managed care encounter data, in accordance with all applicable regulations and sub-regulatory guidance and the approved APD for this effort, or fail to do so under a subsequent compliance plan, FFP may be reduced, suspended or disallowed as provided for in Federal regulations at 45 CFR § 95.612. The State must:

- Maintain monthly production submissions of T-MSIS data files, and
- Work in good faith to resolve data quality issues as defined by the T-MSIS Outcomes Based Assessment (OBA) or other alternative Data Quality criteria established and communicated by CMS.
 - States assessed as Red (did not meet target for critical priority), will target Data Quality issues to meet the OBA criteria for critical priority Data Quality checks, high priority Data Quality checks, and the expenditure data content category.
 - States assessed as Yellow (did not meet at least one of the targets for high priority and expenditure data content category), will target Data Quality issues to meet the OBA criteria for critical priority Data Quality checks, high priority Data Quality checks, and the expenditure data content category.
 - States assessed as Blue (met the targets for critical priority Data Quality checks, high priority Data Quality checks, and the expenditure data content category), will work with CMS to set reasonable targets for improved Data Quality.

All states are expected to collaborate with CMS to improve the landscape of T MSIS data quality, if the categories listed here do not apply.

Throughout this project, the State should ensure that any changes implemented within Medicaid Enterprise System(s) (MES) would not result in any degradation in the level of accuracy, completeness or timeliness of the State's T-MSIS data submissions. Product delivery timelines should incorporate impacts from ongoing maintenance of T-MSIS, Large System Enhancements and/or other system changes (i.e. a software code freeze, to ensure there are no delays in T-MSIS Data Quality work. For States and Territories implementing large system enhancements and other projects with system implementations that may impact T-MSIS reporting, CMS provides guidelines to ensure there is no data degradation:

<https://tmsis2.atlassian.net/wiki/spaces/STATE/pages/476676323/Projects+that+Impact+T-MSIS+Reporting+-+Standard+Operating+Procedure>. The State is expected to complete parallel testing with CMS before implementation of new system capabilities.

If you need access to the T-MSIS State Support Site, please contact the CMS T-MSIS Help Desk at T-MSIS_Helpdesk@cms.hhs.gov. CMS expects the State to consider and incorporate T-MSIS requirements in every phase of the Software Development Life Cycle (SDLC) as applicable for any changes to state systems that impacts T-MSIS data reporting.

Attachment 1
Supporting Outcomes
FX Program and Florida’s Health Care Connections (FX)

SEAS1 - The SEAS Vendor supports the development and maintenance of a strategic vision to assist the Agency in transforming the Medicaid Enterprise.

SEAS2 - The SEAS Vendor supports the Agency in helping to ensure that module vendors adhere to FX standards.

SEAS3 - The SEAS Vendor supports the Agency in obtaining the appropriate funding to support FX.

SEAS4 - The SEAS Vendor supports the Agency in obtaining accurate federal financial participation for Agency staff who are not fully dedicated to FX.

SEAS5 - The SEAS Vendor provides guidance to FX project teams to improve quality and project delivery.

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.