Medicaid Enterprise System (MES) Procurement Project

Strategic Enterprise Advisory Services (SEAS)

MITA Concept of Operations

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Modifications to the approved baseline version (100) of this artifact must be made in accordance with the Change Control process that is part of the Scope Management Plan.

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SECTION 1 INTRODUCTION

The Florida Agency for Health Care Administration (Agency) is continually looking to fulfill its Mission of providing "Better Health Care for all Floridians." As part of this Mission, the Agency is transforming the Medicaid Enterprise System (MES), the group of systems that execute Medicaid. This initiative is known as the MES Procurement Project. Unlike a typical system replacement where the implementation team simply copies most of the existing functionality into a new system, the Agency is developing a strategy focused on incorporating the most up to date thinking on what is occurring in the healthcare market, on innovation in Information Technology (IT), and on the delivery of the best and most efficient service to Florida's providers and recipients. Transforming the MES into a modular environment allows the Agency to procure individual solutions that will best meet the needs of Floridians for years to come, while providing a solution that is flexible enough to meet the challenges and opportunities created by the ever-changing healthcare, policy, and technology landscapes. To accomplish this, the Agency is taking a strategic approach that starts with truly understanding the state of the marketplace now, while considering changes and advances that are on the horizon that may affect its MES five (5) years from now, to ensure the new system is not out of date once it is complete. A robust and flexible MES is essential to the Florida Medicaid Program as it facilitates care to Florida's recipients through administering the following:

- Services
- Business processes
- Data management and processes
- Technical processes within the Agency
- Integration with systems necessary for administration of the Florida Medicaid program residing outside the Agency

1.1 CONTINUED ADOPTION OF MITA AND MODULARITY

The Centers for Medicare and Medicaid Services (CMS) Medicaid Information Technology Architecture (MITA) framework is an initiative to foster integrated business and IT transformation to improve the administration of the Medicaid program. As part of the Agency's current MES transformation from the traditional system to a modular environment, the Agency is using the MITA framework to advance maturity and improve the administration and operation of the MES. The future of the MES is to enable Florida Medicaid to secure services that can interoperate and communicate without relying on a common platform or technology. Connecting services and infrastructures and developing integration standards are the next steps for advancing the MES level of MITA maturity and system modularity modernization.

1.2 PURPOSE OF THE CONCEPT OF OPERATIONS

Florida's MES Procurement Project and modular implementation will occur over the next five (5) years. The purpose of this Concept of Operations (ConOps) is to document the Agency's Vision and Guiding Principles for its MES transformation to a modular environment during this timeframe. In doing so, this document outlines the overarching goals and sequencing of

opportunities to improve upon current technologies and to set the foundation for future technologies.

This ConOps is not meant to be a one-time roadmap. Past procurements of large systems have taught that implementing a technology strategy developed five (5) years prior can lead to the delivery of an out of date system. The Agency anticipates that there will be many changes and advancements in technology and healthcare capabilities over the next five (5) years along with policy changes which will affect implementation priorities. To address the amount of change, potential disruptors, and new opportunities, the Agency's strategy is to increase operational agility to act quickly and deliberately to improve health care for all Floridians. The Agency developed the over-arching vision, goals, and strategy at the beginning of the project, and the Agency will more fully develop the details and specific needs for each area of the MES as the implementation moves forward. As part of this strategy, the Strategic Enterprise Advisory Vendor (SEAS Vendor), North Highland Worldwide Consulting, will collaborate with the Agency to perform a strategy refresh each year to ensure the strategy is taking into consideration all necessary environmental and industry changes to aid in defining and developing the next phase of modules to best meet the needs of the Agency. This is the correct approach needed to ensure the Agency ends up with the best product set to meet the needs of the state and its recipients, and one that is not out of date or an incorrect solution at the end of the project. This document will provide more specific detail around near-term initiatives which consist of the Integration Services Platform, provider, and recipient areas. The State will then define the next set of modules on a prioritized basis and procure and implement accordingly.

1.3 Documents Referenced

The SEAS Vendor used the following documents as inputs for the development of the MITA Concept of Operations and provided valuable information to produce the procedures and processes.

- MES Strategic Plan
- 2014 MITA Self-Assessment
- MITA 3.0 Part I, Appendix A, Concept of Operations
- MITA 3.0 Part I, Appendix C, Business Process Model Details

SECTION 2 VISION FOR THE MEDICAID ENTERPRISE SYSTEM

The Agency recognizes the necessity of developing a system to meet the needs for the future while improving the Agency's MITA Maturity across applicable MITA Architectures (e.g. Business Architecture). The new modular approach gives the Agency the latitude to bring in new systems to accomplish this goal. To complement the Agency's strong organization Vision, Mission, and supporting Goals, Agency executives identified the need for a strong MES Vision and strategy to guide its system investments by setting an aspirational vision for the MES's end state.

2.1 THE AGENCY'S VISION, MISSION, AND GOALS

Agency Executives developed the MES Vision by tying the MES strategy to the overall Mission, Vision, and Goals of the Agency.

The Agency's Mission is "Better Health Care for All Floridians."

This Agency's Vision and long-range goals supports the Mission. The Agency's Vision is "A health care system that empowers consumers, that rewards personal responsibility and where patients, providers, and payers work for better outcomes at the best price."

The Agency's Long-Range goals, as laid out in its Long-Range Program Plan, also support the Mission and are as follows.

- To operate an efficient and effective government
- To reduce or eliminate waste, fraud, and abuse
- To assure access to quality and reasonably priced health services

2.2 MES VISION AND SUPPORTING EFFORT

The SEAS Vendor collaborated with Agency leadership to create an actionable strategic plan led by a strong Vision supported by Guiding Principles, Strategic Priorities, and Tactics (see Exhibit 2-1 for a hierarchy of these strategic planning terms).

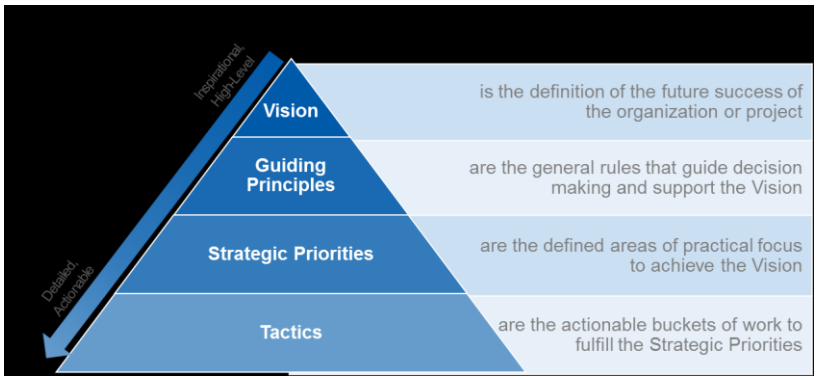


Exhibit 2-1: Elements of Strategic Planning

Agency executives collaborated with the SEAS Vendor to create the MES Vision and supporting Guiding Principles during a Strategic Visioning Session held on December 13, 2017. During this session, the SEAS Vendor and Agency executives used the Agency's Mission, Vision, and Goals (see Section 2.1 above) as guides to create the MES Vision and Guiding Principles. As a result, the MES Vision and Guiding Principles support the Agency's Mission, Vision, and Goals to effectively guide the Agency's investment decisions during the transition to a modular environment.

The Agency's MES Vision is to "Transform the Medicaid Enterprise to provide the greatest quality, the best experience, and the highest value in healthcare."

This Agency's MES Guiding Principles are the principles that must be adhered to if the MES Vision is to be achieved. They therefore support the MES Vision and are as follows:

- Enable high-quality and accessible data
- Improve healthcare outcomes
- Reduce complexity
- Use evidenced-based decision making
- Improve integration with partners
- Improve provider and recipient experience
- Provide good stewardship of Medicaid funds
- Enable holistic decision making rather than short-term focus

The MES Guiding Principles also support CMS's MITA Goals and Objectives (see Exhibit 5-1: Technology Project and Opportunities).

The MES Guiding Principles are, in turn, supported by Strategic Priorities which define the areas of practical importance to achieve the MES Vision. The initial MES Strategic Priorities are:

- Integration Components
- Provider Operations
- Recipient Operations

The Agency's transformation plan (as described in Sections 3.1 and 3.2) translates the Strategic Priorities into tangible effects on stakeholder roles (see Section 6) and data exchanges (see Section 7).

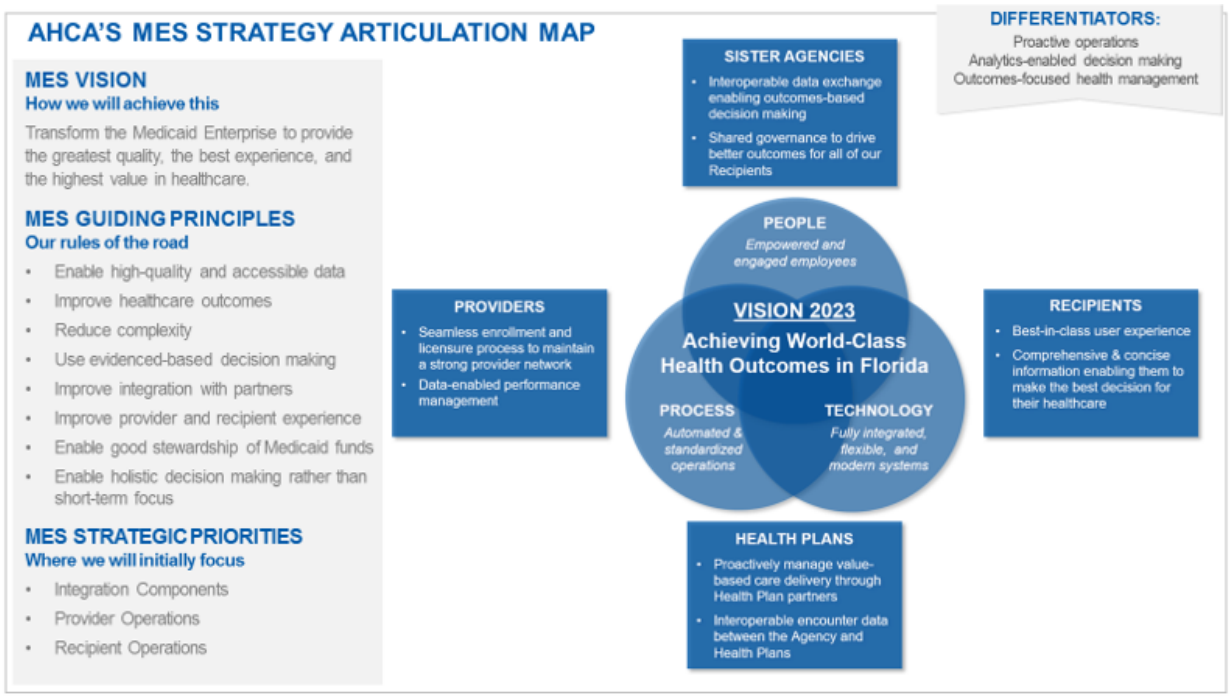


Exhibit 2-2: MES Strategy Articulation Map

SECTION 3 TRANSFORMATION PLAN

3.1 APPROACH TO TRANSFORMATION

Based on the considerations listed above, the Agency's approach to transformation is as follows:

1. Understand the current state of the system or system area.
2. Define overall MES strategic Vision, Guiding Principles, and Strategic Priorities to achieve the Vision and periodically refresh based on external factors.
3. Develop an inventory of modernization Tactics, focused projects within an area defined by a Strategic Priority. The inventory will include Agency enterprise IT systems that have Medicaid operations but are not necessarily housed or hosted in the current Florida Medicaid Management Information System (FMMIS) or the Division of Medicaid. Detailed project planning begins in this phase.
4. Establish a portfolio management process and implementation roadmap to evaluate and prioritize MES-related projects by considering dependencies and overall net benefit.
5. Establish foundational capabilities that enable modular capability implementation and high-benefit projects, projects that directly or indirectly enable benefits across the MES including:
    a. Integration Capabilities
    b. Data Warehouse and Analytics
6. Identify and implement selected high-benefit, priority projects as described above.
7. Define and implement modular capabilities based on modernization projects prioritized using the portfolio management process through the following steps:
    a. Enable data services needed for capabilities the Agency is implementing
    b. Migrate legacy system to use new data services
    c. Implement new capabilities by enabling data
    d. Transition to use of new modular capabilities
    e. Deactivate use of legacy system processing replaced by new modular capabilities

3.1.1 MODULAR CAPABILITIES AS PRIORITIZED BY PORTFOLIO MANAGEMENT PROCESS

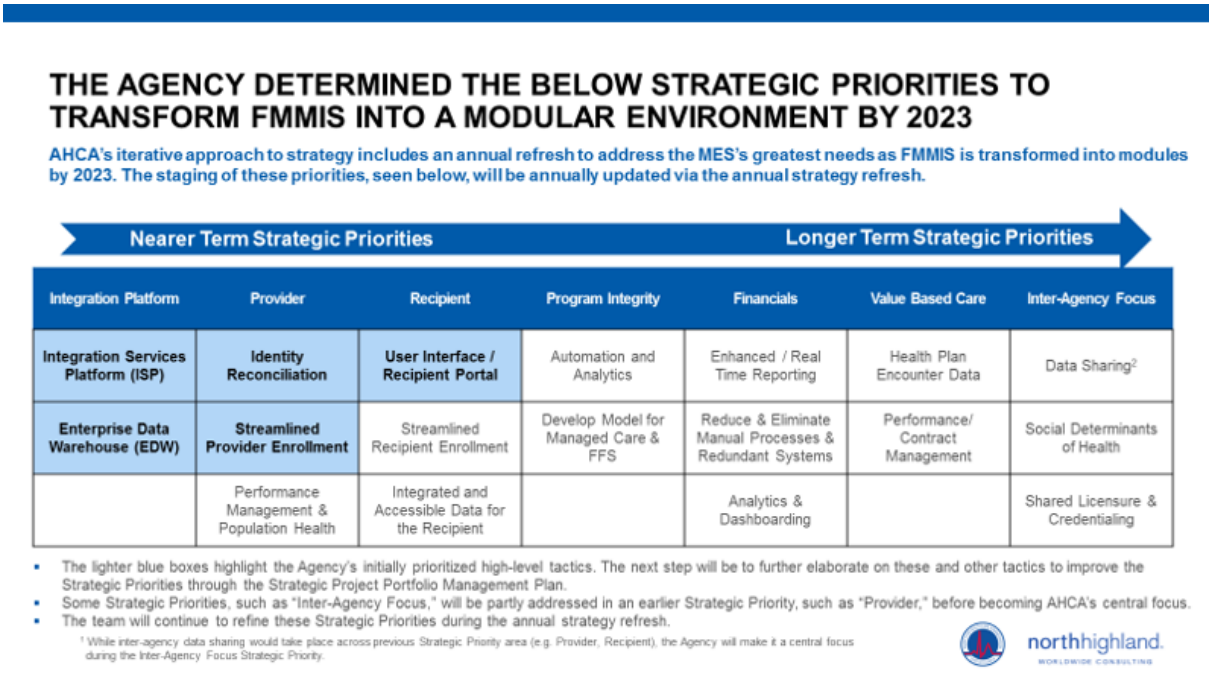
The Agency is defining a portfolio management process to prioritize the implementation of capabilities and MES-related projects. The result of capability prioritization is a modular capability implementation roadmap which considers and balances business, technical, and financial considerations. For example, these considerations may include the following if appropriate:

- Effect on stakeholder service time (business consideration)

- Complications to future implementations (technical considerations)
- Total cost of ownership (financial considerations)

Business outcomes drive the ongoing process of evaluating potential projects. The portfolio management process updates the roadmap of approved, planned and scheduled modular capability implementation projects to maximize overall outcomes to the program. The roadmap is a living document that changes with increasing organizational agility to allow the Agency to implement the highest outcome-generating capabilities quickly and cost effectively.

The Agency is actively defining modular capabilities for implementations and the portfolio management processes including scoring and decision criteria. The modular implementations defined below in Exhibit 3-1: Prioritized Modular Capabilities reflect anticipated modular capability implementations included as initial projects on the implementation roadmap.



THE AGENCY DETERMINED THE BELOW STRATEGIC PRIORITIES TO TRANSFORM FMMIS INTO A MODULAR ENVIRONMENT BY 2023

AHCA's iterative approach to strategy includes an annual refresh to address the MES's greatest needs as FMMIS is transformed into modules by 2023. The staging of these priorities, seen below, will be annually updated via the annual strategy refresh.

Nearer Term Strategic Priorities → **Longer Term Strategic Priorities**

Integration Platform	Provider	Recipient	Program Integrity	Financials	Value Based Care	Inter-Agency Focus
Integration Services Platform (ISP)	**Identity Reconciliation**	**User Interface / Recipient Portal**	Automation and Analytics	Enhanced / Real Time Reporting	Health Plan Encounter Data	Data Sharing[2]
Enterprise Data Warehouse (EDW)	**Streamlined Provider Enrollment**	Streamlined Recipient Enrollment	Develop Model for Managed Care & FFS	Reduce & Eliminate Manual Processes & Redundant Systems	Performance/ Contract Management	Social Determinants of Health
	Performance Management & Population Health	Integrated and Accessible Data for the Recipient		Analytics & Dashboarding		Shared Licensure & Credentialing

- The lighter blue boxes highlight the Agency's initially prioritized high-level tactics. The next step will be to further elaborate on these and other tactics to improve the Strategic Priorities through the Strategic Project Portfolio Management Plan.
- Some Strategic Priorities, such as "Inter-Agency Focus," will be partly addressed in an earlier Strategic Priority, such as "Provider," before becoming AHCA's central focus.
- The team will continue to refine these Strategic Priorities during the annual strategy refresh.

[1] While inter-agency data sharing would take place across previous Strategic Priority area (e.g. Provider, Recipient), the Agency will make it a central focus during the Inter-Agency Focus Strategic Priority.

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Exhibit 3-1: Prioritized Modular Capabilities

The Agency's initial timeline of effort (Exhibit 3-2: Initial Modular Staging) addresses the business processes found in MITA Part I that are directly correlated with the Agency's MES Strategic Priorities, further demonstrating the Agency's alignment with MES's MITA Framework.

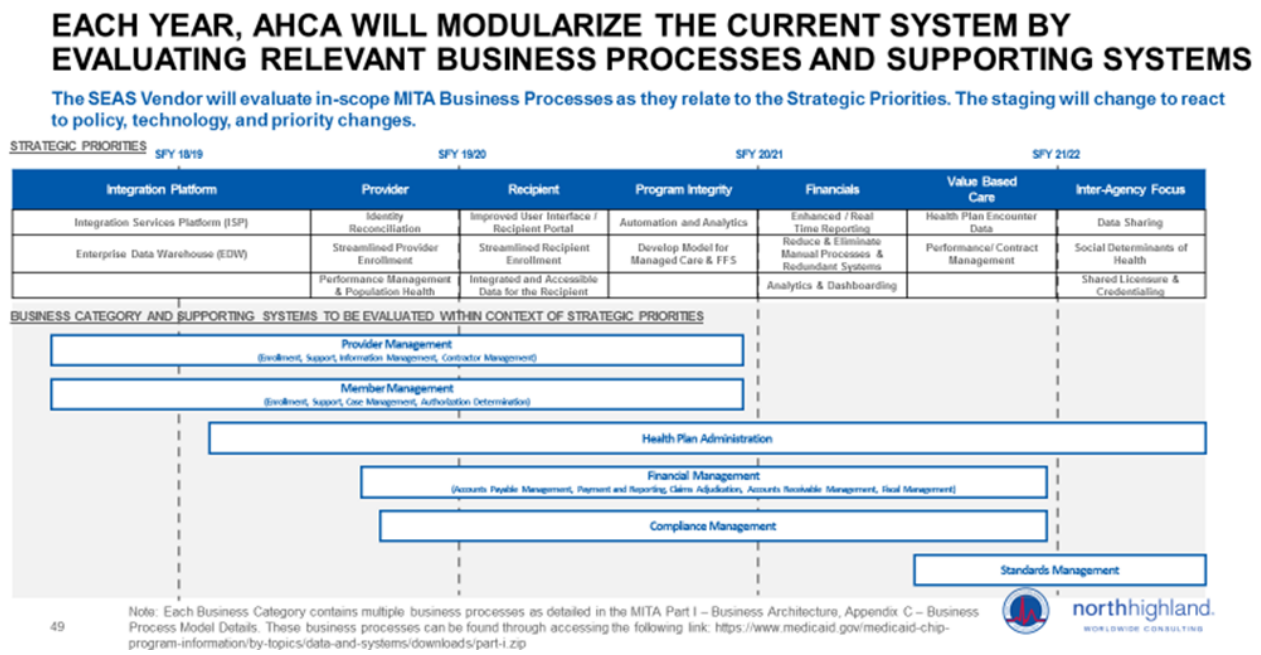

Exhibit 3-2: Initial Modular Staging

The Agency will evaluate the business processes and will institute technical or process-based initiatives to modularize the current system. Further detail on the specific MITA business processes is present in Exhibit 3-3: MITA Business Process Staging below.

THE AGENCY BUSINESS AREA	DURATION[1]	IN-SCOPE MITA BUSINESS PROCESSES
Provider Management	SFY 17/18 – 19/20	▪ EE05 Determine Provider Eligibility ▪ EE06 Enroll Provider ▪ EE07 Disenroll Provider ▪ EE08 Inquire Provider Information ▪ PM02 Manage Provider Communication ▪ PM03 Perform Provider Outreach ▪ PM07 Manage Provider Grievance and Appeal ▪ PM01 Manage Provider Information ▪ PM08 Terminate Provider ▪ CO01 Manage Contractor Information ▪ CO02 Manage Contractor Communication ▪ CO03 Perform Contractor Outreach ▪ CO04 Inquire Contractor Information ▪ CO05 Produce Solicitation ▪ CO06 Award Contract ▪ CO07 Manage Contract ▪ CO08 Close Out Contract ▪ CO09 Manage Contractor Grievance and Appeal

[1] Duration is depicted by State Fiscal Year (SFY).

THE AGENCY BUSINESS AREA	DURATION[1]	IN-SCOPE MITA BUSINESS PROCESSES
Member Management	SFY 17/18 – 19/20	▪ EE01 Determine Member Eligibility ▪ EE02 Enroll Member ▪ EE03 Disenroll Member ▪ EE04 Inquire Member Eligibility ▪ ME01 Manage Member Information ▪ ME02 Manage Applicant and Member Communication ▪ ME03 Perform Population and Member Outreach ▪ ME08 Manage Member Grievance and Appeal ▪ CM01 Establish Case ▪ CM02 Manage Case Information ▪ CM03 Manage Population Health Outreach ▪ CM04 Manage Registry ▪ CM05 Perform Screening and Assessment ▪ CM06 Manage Treatment Plan and Outcomes ▪ CM07 Authorize Referral ▪ CM08 Authorize Service ▪ CM09 Authorize Treatment Plan
Health Plan Administration	SFY 18/19 – 21/22	▪ PL01 Develop Agency Goals and Objectives ▪ PL02 Maintain Program Policy ▪ PL03 Maintain State Plan ▪ PL04 Manage Health Plan Information ▪ PL05 Manage Performance Measures ▪ PL06 Manage Health Benefit Information ▪ PL07 Manage Reference Information ▪ PL08 Manage Rate Setting

THE AGENCY BUSINESS AREA	DURATION[1]	IN-SCOPE MITA BUSINESS PROCESSES
Financial Management	SFY 18/19 – 20/21	▪ OM04 Submit Electronic Attachment ▪ OM05 Apply Mass Adjustment ▪ OM07 Process Claims ▪ OM14 Generate Remittance Advice ▪ OM18 Inquire Payment Status ▪ OM20 Calculate Spend-Down Amount ▪ OM27 Prepare Provider Payment ▪ OM28 Manage Data ▪ OM29 Process Encounters ▪ FM09 Manage Contractor Payment ▪ FM10 Manage Member Financial Participation ▪ FM11 Manage Capitation Payment ▪ FM12 Manage Incentive Payment ▪ FM14 Manage Accounts Payable Disbursement ▪ FM15 Manage 1099 ▪ FM01 Manage Provider Recoupment ▪ FM02 Manage TPL Recovery ▪ FM03 Manage Estate Recovery ▪ FM04 Manage Drug Rebate ▪ FM05 Manage Cost SettlementFM06 Manage Accounts Receivable Information
Financial Management (continued)	SFY 18/19 – 20/21	▪ FM07 Manage Accounts Receivable Funds ▪ FM08 Prepare Member Premium Invoice ▪ FM13 Manage Accounts Payable Information ▪ FM16 Formulate Budget ▪ FM17 Manage Budget Information ▪ FM18 Manage Fund ▪ FM19 Generate Financial Report

The Agency Business Area	Duration[1]	In-Scope MITA Business Processes
Compliance Management	SFY 18/19 – 20/21	▪ PE01 Identify Utilization Anomalies ▪ PE02 Establish Compliance Incident ▪ PE03 Manage Compliance Incident Information ▪ PE04 Determine Adverse Action Incident ▪ PE05 Prepare REOMB
Standards Management	SFY 20/21 – 22/23	▪ BR01 Establish Business Relationship ▪ BR02 Manage Business Relationship Communication ▪ BR03 Manage Business Relationship Information ▪ BR04 Terminate Business Relationship

Exhibit 3-3: MITA Business Process Staging

3.1.2 Integration Components

The Agency plans to implement the following foundational modules or roles that will enable implementation of subsequent modules. The Agency will select these components around the following overarching design principles:

- Fulfilling the unique needs of the State of Florida - the state is one of the most diverse in the union and has one of the largest Medicaid population. Furthermore, the state's managed care operation uses a relatively large number of health plans relative to other states.
- The need for large data capacity – as the Agency collects and analyzes larger amounts of data from a variety of sources (e.g. health plans, other states), the MES system components must be able to process large amounts of data without compromising regular operations throughout the MES.

3.1.2.1 Integration Services Platform

The Integration Services Platform (ISP) will be the foundation for the new, modular MES and will allow for information sharing and business and technology service reuse.

As integration of new and disparate data sources will be of increasing importance, the Agency will procure the ISP with the following design considerations in mind:

- Scalability to support very large real-time processing volumes (volumes so large as to be considered "big data")
- Adaptor and message transfer capabilities to integrate with future data sources

- Integration solutions that simply ease the creation and maintenance of point-to-point interfaces

The Integration Services Platform capabilities provide the highway and network for information needed for subsequent modules and systems to contribute to an excellent experience by all stakeholders, leading to better outcomes across the continuum of care. Specific integration components planned for the Integration Module include:

- Enterprise Service Bus (ESB) – connects any request for data or processing to the data or processing service provider
- API Gateway – controls access to small APIs that do processing
- Publish and Subscribe Alerting – notifies interested systems or parties of information updates relative to a recipient or provider
- Managed File Transfer – enables fast and secure transmission of files between systems
- Single Sign-on and Secure Authentication – allows users to authenticate to multiple systems using the same user id across systems
- Master Person Index and Master Provider Index – processing that identifies records about the same person within a system or found in other systems to link them
- Master Data Management – system or rules to evaluate conflicting data about a person or organization to present a best or "golden record"
- Service Registry and Service Repository – tracks web services and usage information

Based on these design considerations, the Integration Services Platform will enable the Agency to realize benefits in both the nearer and longer-term:

Benefits to be Realized Over the Near-Term:

- New module integration with the legacy Medicaid Management Information System (MMIS) information and processing
- Information access and alert notifications for authorized information consumers at any frequency, including real time.
- Improvements in the quality of information
- Module to module integration and intercommunication
- Role-based security and access control framework for processing within modules and information sharing across modules and systems

Benefits to be Realized Over the Long-Term:

- A 360-degree view of information about recipients and providers to improve coordination of care

- Access to social determinants of health data across the Medicaid and health and human service ecosystem
- Identification and consolidation of duplicated recipient records that result in duplicate payments or incomplete data analysis

The Systems Integrator (SI) role will aid the Integration Services Platform by aligning the many subsystems that occur within a modular environment. This role will be critical to enable the Agency to realize the benefits of the flexible nature of a modular environment.

3.1.2.2 ENTERPRISE DATA WAREHOUSE

As the Agency evolves, it will add new modules, partners, and data types. The Agency needs a big-data centric Enterprise Data Warehouse (EDW) to store this growing amount of information while maintaining current Service Level Agreements for responsiveness and accuracy. The EDW will improve the Agency's capabilities to consolidate, organize, analyze, and report on information in the Medicaid enterprise and provides the foundational structure supporting integration of current data collected by the legacy MMIS system and information provided by new module implementations.

The EDW will provide the foundation for decoupling data from proprietary applications. To the extent the system decouples data from applications, the interoperability of the system will grow and reduce the intermodular sequencing dependencies. From an outcome perspective, modularization of capabilities that improve data quality and enabling secure real-time data exchange may benefit from specific sequencing. For example, providing recipient data needed for use by pre-submission data edits and validation may accelerate improvements in data quality.

The EDW will also increase the quality of data analysis due to better data quality, better increased processing capacity, and improved response time. The EDW will also be a single source of the truth, improving the consistency of information and analysis provided to stakeholders of the program. The components enabling these analytics within the EDW include the following:

- Implementation of an operational data store that improves the quality and consistency of information used by that contributing, using, or analyzing data
- A reporting Data Store and Data Warehouse containing real-time information optimized for performance
- Data marts optimized to support the different analytic needs of different usage profiles (e.g. tactical operations, compliance reporting, investigation, financial analysis, experience analysis, policy analysist, etc.) within the Agency
- Business intelligence and analysis tools optimized for Agency usage profiles

New data sources for the EDW may include:

- The All Payer Claims Database the Agency is currently implementing to expand consumer information by allowing Floridians to search prices, health care quality, and outcomes for services at Florida hospitals

- Administrative data the Agency is not currently collecting or could be collecting in another Agency system outside of the current FMMIS system
- Clinical data the Agency is not currently collecting

New data types for the EDW may include:

- Image
- Audio
- Video
- Geospatial
- Sensor information
- Social media data
- Genetic data and other types of information.

Implementing the EDW module affects current analysis and reporting capabilities improving the timeliness, accuracy and quality of decision making and operational processing of the program while enabling new data from new module implementations and use of new data sources and types.

3.1.3 PRIORITY INITIATIVES

The Agency is prioritizing investing in modules that will create tangible benefit across the Enterprise beyond their immediate areas.

3.1.3.1 PROVIDER IDENTITY RECONCILIATION

The provider data and processing systems exist in siloes across multiple agencies and systems resulting in duplicate data and inconsistent information. The Agency seeks to integrate a Provider Data Management System in conjunction with the MES that performs Identity Resolution to identify duplicate and inconsistent provider information. Improving the MES's view of related provider identity records would enable the Agency to achieve the following benefits through future initiatives:

- **A Streamlined Provider Enrollment Process** – other agencies can seamlessly use information collected from providers by another agency to lessen the administrative burden on the providers during enrollment
- **Better Medicaid Fraud Detection** – better Provider Identity Management would allow the Agency to consistently keep providers with fraudulent track records from re-enrolling in the program
- **Better Encounter Data** – stronger Provider Identity Management would allow the Agency to better tie delivery of care to individual providers, enabling cleaner and more useful Encounter Data

3.1.3.2 PROVIDER ENROLLMENT INTO THE MEDICAID PROGRAM

The Agency is prioritizing investment in the provider's Medicaid enrollment process as an opportunity exists to streamline enrollment as well as improve the provider experience.

Better integration amongst agencies and health plans as well as a more intuitive provider user interface would improve the current provider enrollment process. An improved provider enrollment process would create a better provider experience, potentially creating benefit across the Medicaid Enterprise via the following:

- Wider access to care for Medicaid recipients as more providers will go through the credentialing process when health plans address areas where access to care is lacking
- Lower administrative burdens for both the Agency, health plans, and providers by having one credentialing process for the Agency and health plans

3.1.3.3 USER INTERFACE / RECIPIENT PORTAL

The Agency is prioritizing the modular implementation of improved recipient interfaces and an improved recipient portal within the MITA Member Management (ME) business area. This recipient portal will increase the level of involvement of recipients in their care by making healthcare information more accessible and actionable. Sources for this information will grow to include provider performance information, health plan information, and the recipient's health information. The Agency will incorporate other information sources into the portal as greater inter-agency collaboration occurs. Expected outcomes of the member management portal include:

- Improved recipient experience
- Improved collection of recipient experience data
- Increased recipient engagement in health care and health cost management

SECTION 4 DRIVERS, ENABLERS, AND CONSTRAINTS

Multiple drivers, enablers, and constraints will affect the MES transformation. Discussion of each of these factors follows.

4.1 DRIVERS AND ENABLERS FOR CHANGE WITHIN THE MEDICAID ENTERPRISE

4.1.1 CMS REQUIREMENTS

CMS's conditions and standards for the certification of the MES is a major driving factor for the Agency's MES Transformation. The Agency is both driven and enabled to transform its MES as a direct result of these requirements. See section 5.1.4 (Alignment of the MES Guiding Principles with the Conditions and Standards) for more detail on these conditions and standards.

4.1.2 STRATEGIC MINDSET

The Agency's mindset and readiness for change will be a key factor in developing a MES that fully meets the need for the state of Florida and their recipients. The SEAS Vendor is proactively working with executive leadership and with other key stakeholders to fully understand the case for change or needs of the system and is ensuring that the Agency develops a system that is right for Florida and that produces better health outcomes. A significant focus of the strategy is to consider and incorporate key technology and healthcare trends, policy changes, and other environmental factors and considerations to develop the best and most enabling system possible. As mentioned previously, the approach for the project will be iterative. Each year over the next five (5) years, the Agency will perform a strategy refresh for the purposes of re-assessing and integrating any new changes that will be relevant to the system and to the Agency's Mission. The intent is to confirm the Agency has a system at the end of the five (5) years which is leading edge and positioned to best serve Florida's needs.

4.1.3 ENHANCED GOVERNANCE

The new MES is comprised of the technical elements as outlined in Section 3 of this document and depicted in Exhibit 7-6 and will be enabled through developing a more robust governance structure to ensure the successful outcome of the project. As with any new system, the Agency must move from a "steady state" operations mode to a procurement and implementation mode. This will require more focus and more robust decision making, and a structured meeting cadence to ensure the Agency is coordinating all activities. It will also be critical that each governance body has well defined decision criteria, so decisions are not always "pushed to the top" which can have the effect of delaying the project. The modular and iterative nature of the MES will require that the Agency have a tight alignment through governance to managed and integrate multiple workstreams throughout the five (5) year implementation period.

4.1.4 TRANSFORMING DATA TO ENABLE ANALYTICS

One of the key findings of the Strategic Planning process is that the Agency's data collection and analysis processes are often manual, time consuming, and reactive (meaning the Agency often uses data to determine what went wrong). The reasons for this current state are twofold:

- The Agency's current systems are not able to quickly and accurately fulfill the needs of the Agency as many of the current system components cannot handle the volume of data needed to execute value-based care
- The system's data is of insufficient quality to execute value-based care due to a variety of factors, not least of which is that plans report encounter data inconsistently

The Agency is currently procuring an Integration Services Platform and Enterprise Data Warehouse to lay the groundwork for making data more real-time (as appropriate), accessible, and useful for analytics. These procurements, along with future modular components in future Strategic Priority areas, will enable the Agency to more proactively measure and manage the outcomes for which the Agency is driving. The architecture of the system will enable full integration of all key systems, ensuring data does not reside on separate systems. This will allow for much better reporting, ad-hoc queries, and deeper analytics. Once the Agency has completed the MES Procurement Project, the new system's enhanced data and analytics will allow the Agency to transform by better understanding the care that health plans are delivering, by integrating data from other agencies to better analyze social determinants of health, by better identifying and managing fraud, and by positioning itself to drive better value for care throughout the state. This will be transformative as the Agency will have the opportunity to analyze data from various sources to better manage Medicaid dollars and health outcomes.

4.2 Factors that Constrain the Transformation of the MES

4.2.1 Security Requirements

Potential conflicts exist between the MES Vision of "Transforming the Medicaid Enterprise to provide the greatest quality, the best experience, and the highest value in healthcare" and the security requirements for most data used by the MES. Throughout the transformation, the Agency will use the governance and portfolio management processes to fulfill the MES Vision while adhering to these important security requirements.

4.2.2 Pace of Change

Organizational Change Management (OCM) will play a critical role not only in transforming the MES project needs within the Agency but in joining the Enterprise (external entities) together toward the common goals. The Agency must be aligned with these changes and key staff must be engaged in how these system changes will modify and improve how processes are carried out, as the new system will create opportunities to streamline many current manual processes.

4.2.3 Traditional Procurement Cycle

Traditional procurement cycles could take longer than anticipated. Administratively, the more traditional aspects of competitive procurement are burdensome and could add management complexities for the Agency if products and services go through the competitive bid process. The Agency will work closely with its Systems Integrator role to manage this constraint as it onboards new modules.

4.2.4 Product and Service Availability

Product or service availability within the marketplace may not have yet evolved and technical/business solutions may not be available or are cost prohibitive which could delay the modular implementation. The Agency will work closely with its SEAS Vendor to identify and analyze new products and services as they come available via the annual strategy refresh.

4.2.5 Budget

The Agency will assess the financial needs for system development over the next five (5) years. As this is an iterative approach, and the Agency drives towards building a best-in-class modular system, the plan is to re-evaluate cost and needs on an ongoing basis. As a key part of this effort, the Agency will build value cases to provide visibility into the benefit realization that various focus areas and modules will bring and will prioritize efforts that will both provide value and provide better care as early initiatives.

4.2.6 Resource Capacity

Although the Agency is building a structured and robust governance structure for the project, the Agency realizes that managing multiple vendors and multiple module implementations will be challenging. While the Agency is confident in its plan to meet this objective, the governance structure will rely on participation of personnel who already have significant Agency responsibilities. The ability to keep Agency personnel engaged and active in the modernization program will require active management.

4.2.7 Siloed Nature of the MES Across Agencies

The functions supporting the overall Medicaid enterprise are present across multiple agencies. For example, the Florida Department of Children and Families determines Medicaid eligibility for recipients whereas the Agency administers the Medicaid program. This distributed structure presents challenges for data sharing, integration, and the ability to provide a 360-degree view of the recipient's health information.

SECTION 5 ALIGNMENT OF MES GUIDING PRINCIPLES TO MITA GOALS AND OBJECTIVES

Throughout the Strategic Planning process, Agency Executives purposefully aligned the MES Guiding Principles to CMS's MITA Goals and Objectives, as seen below.

MES GUIDING PRINCIPLES	MITA GOALS	MITA OBJECTIVES
Enable high-quality and accessible data	▪ Seamless and integrated systems ▪ Enterprise-level view to support enabling technologies ▪ Data that is timely, accurate, usable, and accessible	▪ Adopt data and industry standards ▪ Support interoperability and integration using open architecture standards ▪ Promote good programmatic practices ▪ Break down artificial boundaries between systems, geography, and funding
Improve healthcare outcomes	▪ Data that is timely, accurate, usable, and accessible ▪ Performance measurement for accountability and planning ▪ Integrate health outcomes within the Medicaid community	▪ Promote efficient and effective data sharing to meet stakeholders' needs ▪ Provide a beneficiary-centric focus ▪ Support interoperability and integration using open architecture standards ▪ Support integration of clinical and administrative data for decision making
Reduce complexity	▪ Seamless and integrated systems ▪ Enterprise-level view to support enabling technologies	▪ Adopt data and industry standards ▪ Support interoperability and integration using open architecture standards ▪ Promote good programmatic practices ▪ Break down artificial boundaries between systems, geography, and funding
Use evidenced-based decision making	▪ Data that is timely, accurate, usable, and accessible ▪ Performance measurement for accountability and planning	▪ Support integration of clinical and administrative data for decision making

MES Guiding Principles	MITA Goals	MITA Objectives
Improve integration with partners	▪ Seamless and integrated systems ▪ Flexible, adaptable, and rapid environment ▪ Enterprise-level view to support enabling technologies ▪ Data that is timely, accurate, usable, and accessible ▪ Integrate health outcomes within the Medicaid community	▪ Promote efficient and effective data sharing to meet stakeholders' needs ▪ Support interoperability and integration using open architecture standards ▪ Promote good programmatic practices ▪ Break down artificial boundaries between systems, geography, and funding
Improve Provider and Recipient experience	▪ Data that is timely, accurate, usable, and accessible ▪ Performance measurement for accountability and planning	▪ Promote efficient and effective data sharing to meet stakeholders' needs ▪ Provide a beneficiary-centric focus ▪ Support interoperability and integration using open architecture standards ▪ Break down artificial boundaries between systems, geography, and funding
Provide good stewardship of Medicaid funds	▪ Seamless and integrated systems ▪ Flexible, adaptable, and rapid environment ▪ Enterprise-level view to support enabling technologies ▪ Data that is timely, accurate, usable, and accessible ▪ Performance measurement for accountability and planning	▪ Promote secure data exchange ▪ Promote reusable components through modularity ▪ Promote efficient and effective data sharing to meet stakeholders' needs ▪ Support interoperability and integration using open architecture standards ▪ Break down artificial boundaries between systems, geography, and funding
Enable holistic decision making rather than short-term focus	▪ Data that is timely, accurate, usable, and accessible ▪ Performance measurement for accountability and planning ▪ Integrate health outcomes within the Medicaid community	▪ Provide a beneficiary-centric focus ▪ Support integration of clinical and administrative data for decision making

Exhibit 5-1: Technology Projects and Opportunities

5.1 Relationship Between MES Guiding Principles and the MITA Framework

The SEAS Vendor reviewed the MES Guiding Principles created during the Executive Strategic Vision Session to ascertain whether each MES Guiding Principle aligned with the different components of MITA and CMS's Conditions and Standards.

- MITA Business Architecture – describes the current and future business operations of a State Medicaid Agency (SMA) and defines a target business vision, business processes, and capabilities to use for defining its target technical architecture
- MITA Information Architecture – defines a set of present and future data exchanges to execute business operations
- MITA Technical Architecture – defines a set of technical services and standards for planning future systems
- CMS Conditions and Standards – the standards and conditions that a SMA's new technology systems must meet to be eligible for enhanced match wherein the federal government financially supports the installation and ongoing maintenance for new systems

MES Guiding Principles	MITA Business Architecture	MITA Information Architecture	MITA Technical Architecture	Conditions & Standards
Enable high-quality and accessible data	X	X	X	X
Improve healthcare outcomes	X	X		X
Reduce complexity	X		X	X
Use evidenced-based decision making	X	X		X
Improve integration with partners	X	X	X	X
Improve Provider and Recipient experience	X	X	X	X
Provide good stewardship of Medicaid funds	X	X	X	X
Enable holistic decision making rather than short-term focus	X	X		X

Exhibit 5-2: Mapping MES Guiding Principles to MITA Framework

5.1.1 Alignment of the MES Guiding Principles with the MITA Business Architecture

The MES Guiding Principles provides the direction and guard rails to increase the maturity of the State's MES Business Architecture. Each MITA business area will benefit from increased integration, accessibility, streamlining and business process automation as the Agency implements MES projects in the context of these Guiding Principles.

Implementation of MES Projects driven by the MES Guiding Principles improves Florida Medicaid Enterprise business processes, capabilities and maturity levels.

Implementation of foundational capabilities enhances business processes in the following ways:

- **Integration Services Platform** – The Integration Services Platform is foundational to developing capabilities for real-time information sharing, improved role-based data sharing access controls and secure access to new data sources and data types. The improved data sharing and integration improves all business areas as integration and interoperability transitions from large overnight batch to real time event-based information sharing.
- **Enterprise Data Warehouse** – The EDW and improved analytics are foundational enablers that allow stakeholders involved in all MITA business areas to identify insights and opportunities to improve processing of each business area. With the implementation of the EDW module, the Agency can use new data sources and data types (including those real-time sources provided by the Integration Services Platform for analysis and reporting.

Implementation of priority initiatives enhances MITA business capabilities in the following ways:

- **Provider Credentialing** – Improvements to streamline the provider enrollment process with better information sharing across the different Florida agencies that perform steps in the process will improve the provider-relevant sections of the Eligibility and Enrollment Management Business area (Business Processes EE05, EE06, EE07 and EE08 of MITA 3.0).
- **Provider Identity Reconciliation** – A "single source of truth" on Provider Identity supports the business categories of the Provider Management business area.
- **User Interface / Recipient Portal** – Improvements to information collection, validation, transmission, and acceptance will improve the Member Information Management and Member Support business categories of the Member Management business area. Implementation of these capabilities will increase transparency, enable a consolidated view of member information over time (e.g. across health plans) and increase the timeliness of information using real time data exchange.

5.1.2 Alignment of the MES Guiding Principles with the MITA Information Architecture

The MES Guiding Principles also provide direction to increase the maturity of the State's MES Information Architecture. The Agency has contracted with the SEAS Vendor to produce the major components defined in the MITA Information Architecture. Work products produced by the SEAS Vendor include the data management strategy, conceptual data model, logical data model, data standards, and information capability matrix. These components of the MITA Information Architecture support the procurement, contracting, implementation, and operation of the modular capabilities identified to improve the Medicaid Enterprise System. The MITA Information Architecture components initially developed by the SEAS Vendor will evolve with the implementation of the planned modular capabilities increasing the maturity and usefulness of the Information Architecture.

Implementation of MES Projects driven by the MES Guiding Principles improves Florida Medicaid Enterprise Information Architecture processes, capabilities, and maturity levels.

5.1.2.1 Data Management Strategy

The SEAS Vendor is actively developing an overall data management strategy to enable the implementation of modular capabilities. Elements of the data management strategy incorporate the following principles:

- Set data governance to decrease data duplication, to improve cost effectiveness of data sharing and to increase data quality by creating consistency around enterprise-wide decisions on data ownership, standard adoption processes, integrity, processes for business-process development, and arbitrating differences
- Enable real-time capture, access, and use of information throughout the MES ecosystem
- Decouple data management and business processing by implementing secure data services that enable transparency and subsequent reuse of data by other systems
- Support use of new data sources and data types
- Decouple data from application processing to minimize data migration and conversion costs as the MES continues to evolve
- Eliminate or minimize data duplication, redundancy, replication, and barriers to a single source of truth
- Provide data validation at the point of business events that capture or update data
- Use data-based evidence to identify policy and operational insights to improve Medicaid outcomes

5.1.2.2 Data Models

The SEAS Vendor is actively developing the conceptual and logical data models for the Medicaid Enterprise Systems to enable the implementation of modular capabilities. These models evolve as modular capabilities change and extend the information models of the current MES. Elements of the data models incorporate the following principles:

- Data models are to evolve to become independent of system or modular component
- Data models are to be flexible to support addition of new data sources and data types
- Data models within subject areas are to be flexible to support extension of logical data types and new and changed data elements
- As data will be independent of application, stakeholders will be able to transparently share data models across the MES so that stakeholders can operate new versions of an application in parallel with older versions, allowing for easier transitions to new applications
- Data models are to support future use of cognitive services including artificial intelligence bots, machine learning, and behavior decision making

5.1.2.3 DATA STANDARDS

The SEAS Vendor is actively developing the data standards for the Medicaid Enterprise Systems to enable the implementation of modular capabilities. The data standards developed by the SEAS Vendor provide guidance on usage of general technology, industry specific, CMS, State, Agency, and MES Project specific data standards. Expected elements of the data standards incorporate the following principles:

- Use industry standard canonical models to describe data subject areas and data definitions, such as the National Information Exchange Model (NEIM)
- Define meta data expectations for data capture
- Capture data necessary to enable temporal processing (sequencing, as of date/time)
- Require collection and determination of data quality and data confidence levels
- Support data architecture flexibility using unstructured data technologies

5.1.2.4 USE AND EVOLUTION OF MITA INFORMATION ARCHITECTURE BY PLANNED MES PROJECTS

The procurement, contracting, implementation and operation of modular capabilities as implemented by MES projects will evolve and elaborate the information architecture.

Implementation of foundational capabilities enhances information architecture assets, processes, and capabilities in the following ways:

- **Integration Services Platform** – The Integration Services Platform is foundational to the Agency's the data strategy as it enables appropriate data exchange throughout the MES on data as diverse as social determinants of health data and health and human service data available from external sources. The Platform enforces data standards and use of data models. The platform decouples data from applications via data services, creating an environment suited for modularity.
- **Enterprise Data Warehouse and Analytics** – The storage and improved analytics of the EDW are foundational enablers that implement the data management strategy guiding principles. The EDW enables use of real-time, or near-real time information

in analytics and reporting. The EDW also implements analytic and reporting processes following the MES data standards and the data models.

Implementation of priority initiatives enhances MITA information architecture assets, processes, and capabilities in the following ways:

- **Provider Provisioning** – Improvements to streamline the provider enrollment process advance the information architecture by employing the data strategy for cross-agency system information exchange and evolving the data models around provider management.
- **Provider Experience Improvements** – Improvements to information collection, validation, transmission and acceptance implement the data strategy for information exchange and data standards-based integration with provider systems.

Implementation of Modular Capabilities enhances MITA information architecture assets, processes and capabilities in the following ways:

- **Recipient Portal and Member Experience Improvements** – Implementing a Member portal and member experience improvements advances the information architecture by evolving and elaborating the data models and data standards in the areas of Member information.

5.1.3 Alignment of the MES Guiding Principles with the MITA Technical Architecture

The MES Guiding Principles also provide direction to increase the maturity of the State's MES Technical Architecture. The Agency has contracted with its Strategic Enterprise Advisory Services (SEAS) vendor to produce the major components defined in the MITA Technical Architecture. Work products produced by the SEAS Vendor include the technical management strategy, business services definition, technical services definition, application architecture, technology standards and technology capability matrix. These components of the MITA Technical Architecture support the procurement, contracting, implementation, and operation of the modular capabilities identified to improve the Medicaid Enterprise Systems. The MITA Technical Architecture components initially developed by the SEAS Vendor will evolve with the implementation of the planned modular capabilities increasing the maturity and usefulness of the Technical Architecture.

Implementation of MES Projects driven by the MES Guiding Principles improves Florida Medicaid Enterprise Technical Architecture processes, capabilities and maturity levels.

5.1.3.1 Technical Management Strategy

The SEAS Vendor is actively developing an MES Projects technical management strategy to enable the implementation of modular capabilities. Elements of the technical management strategy incorporate the following:

- Implement processing capabilities using best of breed modular components
- Encourage processing consistency by using business and technology services
- Enable vertical and horizontal scalability and processing capacity

- The MITA Technical Principles, Goals, and Objectives found in MITA Part III Chapter 2, Technical Management Strategy
- Use cloud-based processing platforms that provide infrastructure flexibility, rapid deployment, and processing redundancy
- Use Web Services, reusable pieces of software service that exchange standards-based message interchanges among business services and across organizational boundaries, minimizing the impact of changes on Medicaid IT system
- Use Service Oriented Architecture (SOA), a design principle that employs business functions and selected technical functions using documented interfaces
- Use Business Rules Engine, software that separates business rules from core programming and provides information about the change control process managing development and implementation of business rules

5.1.3.2 BUSINESS SERVICES

The SEAS Vendor is actively documenting the current and future business services for the Medicaid Enterprise Systems to enable the implementation of modular capabilities. The business services documentation developed by the SEAS Vendor provides guidance on usage of business services by modular capability implementation vendors. Expected elements of the business services documentation will incorporate the following principles:

- Business services are consistent with the MITA business architecture
- Support versioning and concurrent use of multiple business service versions
- Store business services in a business service registry
- Business services may leverage defined technical services

5.1.3.3 TECHNICAL SERVICES

The SEAS Vendor is actively documenting the current and future technical services for the Medicaid Enterprise Systems to enable the implementation of modular capabilities. The technical services documentation developed by the SEAS Vendor provides guidance on usage of technical services by modular capability implementation vendors. Expected elements of the technical services documentation incorporate the following principles:

- Technical services are consistent with the MITA technical architecture and technology reference model
- Support versioning and concurrent use of multiple technical service versions
- Store technical services in a technical service registry
- Integration services minimize technical complexities (e.g. authentication, role-based access control, data security, service monitoring, usage accounting and chargeback)
- Technology services should follow industry technology standards

5.1.3.4 TECHNOLOGY STANDARDS

The SEAS Vendor is actively developing the technology standards for the Medicaid Enterprise Systems to enable the implementation of modular capabilities. The technology standards developed by the SEAS Vendor provide guidance on usage of general technology, industry specific, CMS, state, Agency specific and MES Project specific data standards. Expected elements of the technology standards incorporate the following principles:

- Guidance to modular component implementation vendors on appropriate use of standards in system building, implementation, and operation to satisfy the needs of Florida's MES, such as the ability to handle "big data"
- Harmonization of competing general standards, industry standards, federal standards, state standards, Agency standards and MES Projects standards
- A flexible method to maintain standards documentation
- The MITA Technology Standards Reference Model and the Technology Standards Reference Guide found in MITA Part III Chapter 6, Technology Standards

5.1.3.5 USE AND EVOLUTION OF MITA TECHNOLOGY ARCHITECTURE BY PLANNED MES PROJECTS

The procurement, contracting, implementation and operation of modular capabilities as implemented by MES projects will evolve and elaborate the technology architecture.

Implementation of foundational capabilities enhances technology architecture assets, processes, and capabilities in the following ways:

- **Integration Services Platform**– The Integration Services Platform are foundational capabilities whose implementation will help validate and evolve the technical strategy and MES technical standards. These capabilities will also populate the first set of business and technical services that provide reuse for subsequent modular capability implementation vendors. The information management foundational capability implementation addresses important elements of the technical management strategy and standards related to modular component hosting, modular component network and connectivity, performance and security related functions.
- **Enterprise Data Warehouse and Analytics** – The EDW and improved analytics are foundational enablers that also validate the technical management strategy and establish additional reusable business and technical services.

Implementation of priority initiatives enhances MITA technology architecture assets, processes, and capabilities in the following ways:

- **Provider Provisioning** – Improvements to streamline the provider enrollment process help validate cross system and cross organization technology and standards issues. Implementation also helps to provide a single integrated business service that may involve workflow management across agency boundaries.
- **Provider Experience Improvements** – Improvements to provider information collection, validation, transmission and acceptance will evolve the technology

strategy and technology standards in the areas of User Interface, Usability, and User Experience areas of technology. This area also establishes many provider business services.

Implementation of Modular Capabilities enhances MITA technology architecture assets, processes and capabilities in the following ways:

- **Member Portal and Member Experience Improvements** – Improvements to Member Management information collection, validation, transmission and acceptance will advance technology architecture by developing Member business services and technical services related to user experience data collection and improvement.

5.1.4 Alignment of the MES Guiding Principles with CMS's Conditions & Standards

Based on the alignment depicted in Exhibit 5-2: Mapping MES Guiding Principles to MITA Framework above, the Agency's MES Guiding Principles focus investment decisions on factors that align with CMS's Conditions and Standards for enhanced match funding. These investment decisions will "foster better collaboration with states, reduce unnecessary paperwork, and focus attention on the key elements of success for modern systems development and deployment," just as do the Seven Conditions and Standards. This document gives further detail regarding the alignment between the MES Guiding Principles and the Conditions and Standards below.

5.1.4.1 Modularity Standard

CMS's Modularity Standard requires State Medicaid Agencies (SMAs) to move away from large, highly complex, and highly customized enterprise systems and towards smaller, less customized modules. To enable this modular environment, SMAs must deploy standards-based data exchange and information architecture to enable systems to communicate effectively with one another in an interchangeable manner. This will enable SMAs improve consistency around system functionality and service by easily modifying systems independently of the rest of the MES. The Guiding Principles listed below will be key drivers for achieving CMS's Modularity Standard.

The Agency plans to transition to a modular environment to continue its alignment with the MITA framework. Furthermore, a transition to a modular environment will fulfill the following MES Guiding Principles:

- **Reduce Complexity** – Modularity will reduce the MES's complexity by enabling Commercial Off-the-Shelf technologies that facilitate the clean exchange of data.
- **Enable Good Stewardship of Medicaid Funds** – Modularity allows the Agency to procure the best system for each function of the MES.

5.1.4.2 MITA Condition

CMS's MITA Condition refers to a SMA's commitment to the MITA Framework. CMS can infer a SMA's commitment to the MITA Framework via the SMA's plans to "align to and advance increasingly in MITA maturity for business, architecture, and data."

Several of the Agency MES Guiding Principles support CMS's MITA Condition. The following Guiding Principles lead system investment decisions towards continuing the Agency's commitment to the MITA Framework:

- **Reduce Complexity** – The Agency's continued alignment with MITA, as seen in its modular approach, will reduce complexity across the MES, as detailed in the section above.
- **Improve Integration with Partners** – The Agency's MES Guiding Principle of improving integration with its partners is directly in the spirit of the MITA condition.

5.1.4.3 INDUSTRY STANDARDS CONDITION

CMS's Industry Standards Condition refers to the requirement for SMAs to fully adopt industry standards in the development and operation of Medicaid systems. CMS's guidance on the condition specifically addresses "the Health Insurance Portability and Accountability Act of 1996 (HIPAA) security, privacy 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."

Several of the Agency MES Guiding Principles support CMS's Industry Standards Condition. The following Guiding Principles lead system investment decisions towards adopting best-in-class industry standards:

- **Enable High-Quality and Accessible Data** – The Agency plans of fulfilling this MES Guiding Principle by ensuring that future systems and processes consider industry standards to foster greater data exchange.
- **Improve Integration with Partners** – The Agency plans to use widely used industry standards around data structure and exchange to better integrate with its partners (sister agencies, health plans, providers, research institutions, etc.).

5.1.4.4 LEVERAGE CONDITION

CMS's Leverage Condition encourages SMAs to share systems and processes across SMAs and sister agencies. Critical to this condition is the prioritization of open source, cloud-based, and commercial off-the-shelf products that SMA stakeholders can easily share and reuse. Examples of this leverage might be shared Document Management Systems or Web Portals between sister agencies that handle provider credentialing and payment.

Several of the Agency MES Guiding Principles support CMS's Leverage Condition. The following Guiding Principles lead system investment decisions towards leveraging systems across agencies:

- **Reduce Complexity** – The Agency plans to reduce the instances of duplicative systems to thereby reduce complexity across the MES.
- **Improve Integration with Partners** – The Agency plans on sharing systems with select partners (e.g. sister agencies where appropriate) to improve integration.

- **Enable Good Stewardship of Medicaid Funds** – Leveraging systems frees up duplicative maintenance costs across the MES, saving money for the taxpayer.

5.1.4.5 BUSINESS RESULTS CONDITION

CMS's Business Results Condition addresses whether a system "supports and enables an effective and efficient business process, producing and communicating the intended operational results with a high degree of reliability and accuracy." Specific areas to support these intended operational results are the degrees to which the system is automated, the prevalence of performance standards and testing, and the degree to which the system enables excellent customer service.

Several of the Agency's MES Guiding Principles support CMS's Business Results Condition. The following Guiding Principles lead system investment decisions towards improving business outcomes:

- **Reduce Complexity** – The Agency's reduction of complexity centers around the Business Results Condition in that the Agency will evaluate each MES function based on the level to which it "support[s] and enable[s] an effective and efficient business process."
- **Improve Provider and Recipient Experience** – The Agency's focus on provider and recipient experience aligns with improving the effective and efficient support of business processes.

5.1.4.6 REPORTING CONDITION

CMS's Reporting Condition addresses the ability for systems to produce accurate and actionable reporting of outcome data and performance information. This reporting should contribute to continuous program evaluation, improvement to business operations, and improvement to overall transparency and accountability.

Several of the Agency's MES Guiding Principles support CMS's Business Reporting Condition. The following Guiding Principles lead system investment decisions towards improving reporting capabilities:

- **Enable High-Quality and Accessible Data** – This MES Guiding Principle is directly aligned with CMS's Reporting Condition.
- **Reduce Complexity** – The Agency plans to reduce complexity across the MES, thereby increasing the Agency's ability to make accurate and actionable reporting.

5.1.4.7 INTEROPERABILITY CONDITION

CMS's Interoperability Condition addresses the level of integration and coordination amongst systems both within and without a SMA's MES. These systems may include health information exchanges, public health agencies across states, human services programs, and community organizations. This interoperability should both lower the administrative burden of all stakeholders (e.g. providers going through a credentialing process across agencies) and enable better decision making.

Several of the Agency's MES Guiding Principles support CMS's Interoperability Condition. The following Guiding Principles lead system investment decisions towards improving interoperability capabilities:

- **Enable High-Quality and Accessible Data** – The Agency's focus on implementing an ESB aligns closely with the Interoperability Condition as a main function of the ESB is to enable interoperability across systems.
- **Reduce Complexity** – A major strategy of the Agency is to lower the complexity of the MES is to create interoperable systems that speak cleanly with one another.
- **Improve Integration with Partners** – Key to improving integration with its partners is the Agency's ability to create interoperable data exchanges both internally and with the partners directly.

SECTION 6 EFFECT OF TRANSFORMATION ON STAKEHOLDERS

Effective data exchange between key stakeholders directly supports the Florida Medicaid program. These stakeholders will see their interactions with the MES change as the Agency continues to implement its modular approach to fulfill the MES Vision of "Integrating advanced analytics and agile technology across the Medicaid Enterprise to deliver the highest quality, best experience, and best value in healthcare." The following section identifies Florida Medicaid's key stakeholders and describes both their current and future roles at a non-technical level. Within the To-Be view of stakeholders' roles, "Current Strategies" refers to the large system transformations currently in process while "Future Strategies" refers to the future system transformations that the Agency is contemplating in the context of its MES Guiding Principles.

	MES GUIDING PRINCIPLES' EFFECT ON STAKEHOLDERS			
MES GUIDING PRINCIPLES	RECIPIENT	PROVIDER	AGENCIES	HEALTH PLANS
Enable high-quality and accessible data	X	X	X	X
Improve healthcare outcomes	X	X		
Reduce complexity	X	X	X	X
Use evidenced-based decision making	X			X
Improve integration with partners		X	X	X
Improve Provider and Recipient experience	X	X		
Provide good stewardship of Medicaid funds			X	X
Enable holistic decision making rather than short-term focus			X	X

Exhibit 6-1: MES Guiding Principles Effect on Stakeholders

6.1 RECIPIENTS

Florida Medicaid is the state and Federal partnership that provides health coverage for selected categories of people in Florida with low incomes. Its purpose is to improve the health of people who might otherwise go without medical care for themselves and their children. To qualify for this benefit program, a recipient must be a resident of the State of Florida, a U.S. national, citizen, permanent resident, or legal alien in need of health care/insurance assistance, and whose income level is low or very low income. A recipient must also be either pregnant, a parent or relative caretaker of a dependent child(ren) under age 19, blind, have a disability or a family member in their household with a disability, or be 65 years of age or older.

6.1.1 AS-IS

In the State of Florida, health plans provide approximately 80% of care with the remaining delivered through Fee for Service.

- The Department of Children and Families (DCF) performs eligibility determination and submits new recipients to the Florida Medicaid Management Information System (FMMIS). The recipient then enrolls in the appropriate health plan. Finally, FMMIS sends the information to the enrollment broker.
- The Agency's Enrollment Broker vendor operates the Choice Counseling call center and performs both mandatory and voluntary recipient enrollments in health plans.
- Termination can occur due to ineligibility after a redetermination or a recipient's status changes. DCF generally sends notifications of disenrollment except for services such as family planning services and the Supplemental Security Income program. In these cases, FMMIS generates the letters of notification.

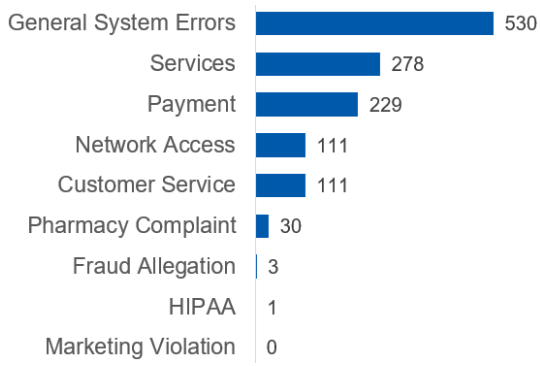

Exhibit 6-2: Recipient Complaints – November 2017

- The case management process is often manual. Data is collected in the field without the benefit of technology enablers (e.g. a tablet).
- Though recipients are the ultimate focus of the Medicaid program, multiple agencies and health plans have fragmented subsets of information without access to a comprehensive view of recipient data. Without a comprehensive view of recipient information, true coordination of care is difficult. Care management is present across sister agencies and vendors, especially for medically complex cases.
- Encounter data contains inaccuracies and timing variations.
- The Agency captures grievances and appeals (see Exhibit 6-2 as an example). Recipient's main areas of complaint are "General System Errors" (defined as "issues

requiring a system/file correction"), complaints on Services, and Payment for services.

6.1.2 To-Be

6.1.2.1 Current Strategies

Many of the Agency's current strategies will improve the recipient experience, the quality of care delivered to recipients, or both.

- **Integration Services Platform** – The implementation of the ESB and SI will indirectly affect recipients across the State of Florida by improving the quality of information across the MES. This improved quality of information will allow for the following future enhanced capabilities:
  - The availability of 360-degree view of information about recipients and providers to improve coordination of care
  - Expedited Medicaid eligibility information from DCF to the Agency's FMMIS and Enrollment Broker vendor, facilitating timely enrollment in health plans
- **EDW** – The EDW implementation will indirectly benefit recipients by improving the Agency's capabilities to consolidate, organize, analyze, and report on new and existing information in the Medicaid enterprise. This improved capability will allow the Agency to better leverage data to improve quality of care using advanced analytics.
- **Provider Identity Reconciliation** – This Strategic Priority will indirectly benefit recipients as greater Provider Identity Management may enable the Agency to implement tighter controls around provider performance, thereby affecting the consistency care quality across the state.
- **Provider Credentialing** – By streamlining the provider onboarding process, the Agency will increase recipients' access to care.
- **Improved User Interface / Recipient Portal** – While the Strategic Priorities will create tangible benefit for the recipient, the improved portal will benefit the recipient directly. Expected outcomes of the improved portal include the following:
  - Improved recipient experience through greater interactivity and level or service
  - Improved collection of recipient experience data, thereby creating a virtuous cycle of continued experience improvement
  - Increased recipient engagement in healthcare through increased accessibility to meaningful and actionable information

6.1.2.2 Future Strategies

- **Enable High-Quality and Accessible Data** – The Agency will improve the recipient's experience and healthcare outcomes by creating higher quality and more accessible data sets. Specific areas of focus will include improving the quality of recipient encounter data and making provider, health plans, and Agency performance data more accessible. This greater data quality and accessibility will

improve the recipient experience by a more active recipient role in managing healthcare and will improve healthcare outcomes through creating accountability across the continuum of care.

- **Improve Healthcare Outcomes –** The Agency's Guiding Principle to "Improve healthcare outcomes" will affect both the recipient's experience with the healthcare system and the quality of the care recipients receive. One future MES initiative will include a greater predictive analytics model to make data-driven decisions around preventative care.
- **Reduce Complexity –** The Agency will make future MES investments to continue to reduce the complexity of both care delivery and the recipient journey across the recipient experience.
- **Use Evidenced-Based Decision Making –** The Agency will use evidenced-based decision making enabling the MES to continually improve the recipient experience and healthcare outcomes. This includes using other data sources such as social determinants of health data across the Medicaid and health and human service ecosystem to improve health outcomes.
- **Improve Provider and Recipient Experience –** As stated above, the Agency will fund future MES initiatives to improve the recipient's experience across the healthcare journey. One of these initiatives may include continuing to create transparency around provider, health plan, and Agency performance.

6.2 PROVIDERS

The Agency is responsible for enabling access to care through an adequate network of providers which recipients can access for care. The Agency also licenses and verifies provider's credentials to provide care for recipients. The providers that the Agency credentials includes individual providers, (doctors, nurses, social workers, dentists, and other ancillary providers), as well as facilities, (hospitals, ambulatory surgery centers, assisted living facilities, nursing homes, and home health agencies).

6.2.1 PROVIDERS AS-IS

- As the State provides most of its care through a majority Managed Care model, most of the provider interaction beyond the initial enrollment process is with the health plans.
- The Agency enrolls individual providers, medical facilities, ancillary providers, and health plans as providers through a similar enrollment process. Providers must manually complete an application in a web-based enrollment wizard. Providers can track the status of their enrollment application online and through provider alerts for those who enroll for the service. Once a provider has satisfied the requirements for the application (e.g. licensure verification), including background screening and credentialing, the system assigns the provider a contract. This contract details the services the provider can provide. Providers often reference the length and complexity of the enrollment process with the Agency and the health plans as a key pain point.

- The disenrollment process is less automated and has been described as manual and labor-intensive.
- A major pain point for the Agency within the provider area is Provider Identity Management. Providers must manually fill out an application for each Medicaid contract the provider holds. This duplicative and manual process creates room for identity discrepancy across contracts. Furthermore, the Agency's provider enrollment process does not incorporate input from other agencies or bureaus in a comprehensive fashion. Agency Subject Matter Experts (SMEs) have noted that there are several provider systems of record across the state that contain unreconciled provider identities. This also creates opportunity for Provider Identity discrepancy across health plans and the MMIS.

6.2.2 PROVIDERS TO-BE

6.2.2.1 CURRENT STRATEGIES

Many of the Agency's current strategies directly or indirectly improve the provider experience.

- **Integration Services Platform** – The Platform will affect the provider by streamlining the credentialing process through a Master Person Index and by improving the quality of information across the MES. Improved information quality will increase the speed and accuracy at which the Agency credentials providers.
- **EDW** – The current strategy of implementing an EDW may indirectly affect providers by increasing the amounts and types of insights the Agency shares across its provider networks, such as insights on social determinates of health for providers' patients.
- **Provider Credentialing** –Consolidating the credentialing of providers into one streamlined process via both technology changes (see Integration Services Platform above) and process changes will greatly improve the provider experience with Florida Medicaid.

6.2.2.2 FUTURE STRATEGIES

- **Improve Integration with Partners** – The Agency plans to increase its collaboration with both its sister agencies and its internal bureaus. The Agency will prioritize sharing updates on provider information between itself and the Department of Health as well as HQA and the Medicaid programs internally. These data exchanges would take place within the Agency via a secure information hub enabling messaging or an Application Programming Interface (API).
- **Improve Healthcare Outcomes** – The Agency will tailor future MES investments towards improving data exchange across the continuum of care, including amongst agencies, health plans, and providers. This focus area will enable the Agency to measure and report provider performance. Providers could potentially measure their performance against anonymous providers with similar recipient populations. This could create a competitive environment where providers have incentives to improve the quality of their care.

- **Use Evidenced-Based Decision Making** – The Agency will develop future MES investments towards enabling evidenced-based decision making around provider performance.
- **Improve Provider and Recipient Experience** – Future self-service functionality may allow providers to request updates to their information, while providing security and the ability to audit and validate the data. The Agency could improve stakeholder involvement by enabling more access for providers and recipients to online surveys and other tools.

6.3 AGENCIES

The Agency is responsible for carrying out the mission of "Better Health Care for all Floridians." There are many other "sister agencies" that the Agency interacts with which have similar goals and mandates. Sister agencies operate in a siloed model, meaning that each agency functions independently, but relies on other agencies for information and data exchange to carry out assigned processing functions. The other agencies and entities that the Agency primarily interacts with most include the Florida Department of Children and Families, Florida Department of Elder Affairs, the Florida Department of Health, and the Florida Agency for Persons with Disabilities.

6.3.1 AGENCIES AS-IS

While the Agency is responsible for the administration of the Medicaid program, the MES stretches across many agencies across Florida.

- Different agencies have different roles across the MES. For example, while the Agency enrolls providers, DCF sends the Agency a file with a list of eligible recipients after DCF has finalized eligibility determination. The Agency for Persons with Disabilities, the Department of Elder Affairs, and Children's Medical Services execute some level of care determination and case management tasks for certain Medicaid waiver populations. These sister agencies also evaluate members' health information and facilitate evaluations and records results (though contractors also execute this process).
- To control costs and improve functionality, the Agency collaborates with its sister agencies to identify systems it can share across the MES as well as commercial off-the-shelf and open-source solutions. However, duplication of systems still exists.
- The Agency routinely exchanges data both internally with its divisions and externally amongst sister agencies. This data includes information on providers and HIPAA compliant recipient encounter data. The management of the supporting data sharing agreements does not currently interface with the FMMIS, making the Agency's governance of data a manual and therefore limited process. If the MES were to interface with a system that tracked sharing agreements, data governance would be less manual.

6.3.2 AGENCIES TO-BE

6.3.2.1 CURRENT STRATEGIES

The Agency's current strategies will foster greater coordination amongst the agencies involved with the Medicaid program.

- **Integration Services Platform** – The ISP builds capabilities allowing for information sharing and business and technology service reuse. This may create the ability for greater technology leverage between the agencies currently responsible for coordinating care.
- **EDW –** A robust data warehouse may allow for analytics to occur across Agency datasets, where appropriate.
- **Provider Identity Reconciliation** – Consistency on provider identity will allow the different agencies that deal with providers to cleanly leverage each other's information, where appropriate.

6.3.2.2 FUTURE STRATEGIES

- **Enable High-Quality and Accessible Data** – The Agency plans to increase its level of coordination with its sister agencies across the Medicaid Enterprise. This increased level of coordination may facilitate more widespread data exchange, thereby increasing the accessibility and (potentially) the quality of data through greater interoperability of systems across the MES. Furthermore, greater coordination across the Medicaid Enterprise can create alignment on the types of data collected from providers, recipients, and health plans.
- **Reduce Complexity** – As in other processes, the Agency plans to reduce the complexity around managing its inter-agency relationships. This is especially true around the governance of exchanges of sometimes sensitive data.
- **Improve Integration with Partners** – As stated above, the Agency plans to increase the level of collaboration amongst bureaus and agencies to enhance data sharing. By enhancing data sharing, the Agency will be able to better monitor the internal performance, and performance of health plans and providers. More data sharing will also provide insights into best practices across the state. Areas for future collaboration include the following:
  - Interoperability of systems
  - Alignment of data standards and electronic data interchange transactions
  - Implementation of national standards
  - Opportunities for commercial off-the-shelf and open-source solutions
  - Use of common interfaces, databases, vocabulary and code sets across systems
- **Enable Good Stewardship of Medicaid Funds** – Greater collaboration amongst the agencies and bureaus that make up the MES may increase the value of exchanged data, reduce the number of manual or duplicative processes, and may reduce the instances of duplicative systems across the MES. Each of these factors

will further the Agency's continued focus on being an excellent steward of Medicaid funds.

- **Enable Holistic Decision-Making rather than Short-Term Focus** – As the Agency focuses on increasing the level of coordination across agencies and bureaus, the exchange of data may become more frequent and of a higher quality, as mentioned above. The greater availability of more diverse and high-quality sets may enable the Agency to be more holistic in its decision making around quality of care.

6.4 HEALTH PLANS

The Agency carries out its mission through two models: fee for service which directly manages care for recipients, and managed care which contracts with health plans to manage an assigned group of recipients. Florida performs approximately 80% of its care delivery through health plans and is moving more and more towards this model over time. The health plans are responsible for credentialing their providers, managing the care delivered to recipients, and maintaining a network to provide adequate access to their covered recipients.

6.4.1 HEALTH PLANS AS-IS

17 health plans across the State manage a large portion of Florida's Medicaid care.

- The Agency's move to Statewide Medicaid Managed Care has placed some of the case management responsibilities on the health plans.
- Each health plan has a provider record and number assigned within the FMMIS, just as do all providers.
- Health plans contract with providers to provide services through their network. Though the health plans are responsible for managing most of the provider relationships, the Agency requires that providers enroll with Florida Medicaid in the FMMIS to provide services to Medicaid recipients. Additionally, health plans have individual credentialing requirements to enroll their network providers.
- While the Agency's provider enrollment department manages changes to the provider record, health plans also maintain the provider information in their respective systems. The Agency requires health plans to submit their provider information files to the Agency's enrollment broker on a weekly basis. This process is required for network compliance monitoring purposes and to provide the Choice Counselor with information regarding health plan provider networks to assist recipients with choosing a health plan.
- Capitation payments compensate health plans for their services. The Agency creates these payments using capitation rates and each health plan's enrollment files. The Agency's Medicaid Finance and Data Analytics Bureau develop these capitation rates, has them actuarially certified, and sends them to the fiscal agent to be uploaded into the FMMIS. FMMIS then uses a health plan's enrollment file to automatically develop that health plan's capitation payments. The health plan then receives an X12 820 transaction which details each recipient's payment amount for the current month. This process triggers the electronic funds transfer (EFT) that sends the capitation premium payments to the health plan.

- The Agency uses a mixture of manual and automated processes to manage the health plan and to manage the rate setting process.

6.4.2 HEALTH PLANS TO-BE

6.4.2.1 CURRENT STRATEGIES

The Agency's current strategies may change the way health plans interact with the Agency.

- **Integration Services Platform** – The Agency's current ESB/SI strategy will enable greater data exchange between health plans and the Agency. This data exchange may enable the Agency to practice greater value-based care management.
- **EDW** – As the Agency applies advanced analytics to its new EDW, health plans should expect more frequent guidance on reimbursements for quality of care.
- **Provider Licensure and Credentialing** – The Agency may take a more central role in provider credentialing, removing the added administrative burden on health plans to credential each provider in their network.

6.4.2.2 FUTURE STRATEGIES

- **Enable High-Quality and Accessible Data** – The Agency plans to fulfill this MES Guiding Principle by ensuring that future systems and processes use a clearly defined unified standard across all health plans and providers, which are based on specific industry standards, to foster greater data exchange.
- **Reduce Complexity** – The data exchange between health plans and the Agency is complicated. Each health plan has its own technology system, making smooth and uniform transfer of encounter data across the State's health plans difficult. Furthermore, health plans sometime use the same data field differently, creating further complication.
- **Use Evidenced-Based Decision Making** –The Agency will be able to continue to increase the level of evidenced-based decision making towards healthcare outcomes as it improves the quantity and quality of the exchange of encounter data between health plans and agencies.
- **Improve Integration with Partners** – As referenced above, the Agency will continue to make investments to further integrate with the health plans.
- **Enable Good Stewardship of Medicaid Funds** – The Agency may be able to both reduce costs and improve outcomes by engaging in stronger evidenced-based decision making regarding healthcare delivery.
- **Enable Holistic Decision-Making rather than Short-Term Focus** – Closer integration with health plans may give the Agency access to higher quality encounter data. High quality encounter data may enable holistic decision making with longer-term views of healthcare outcomes.

SECTION 7 EFFECT OF TRANSFORMATION ON DATA EXCHANGE

7.1 THE GENERAL STATE OF DATA EXCHANGE

Currently, the Medicaid enterprise consists of many different computer systems each processing and validating data independently. This process requires multiple copies of the same data for each of these systems. The new system will allow these different systems to share a single data source, thereby reducing the need for large data storage for multiple copies and reducing the potential for inconsistent data

Data exchange between systems occurs both within agencies and across agency boundaries. The processing strategy of the current systems in the Medicaid enterprise is to collect all information needed for processing within each respective silo of Medicaid administration. This often means that multiple systems store copies of the same data. This processing strategy is a legacy remnant of a time when batch processing occurred outside of business hours to simplify data replication processes. Transmission of data between systems occurred at night when online users did not consume network resources. The current system strategy allows each system to have complete control of its processing, reducing cross system coordination and communication.

This current data exchange is primarily occurring using system-to-system batch file exchanges. Systems extract information from one system into files and transfers those files to another system which then loads the file information into data structures within the other system for processing.

The current approach adds significant latency to processing, increasing the elapsed time for business processing. Systems exchange information on a periodic basis (e.g. nightly), transmitted and then processed. Using this approach, processing from business events in another system often occurs one to two days after a business event. The duplication of data and inherent processing latency creates errors, inconsistent information, communication costs, increased member support, and reduced Medicaid outcomes.

There are significant barriers to increasing data exchange between systems. Concerns about security, data ownership, processing costs, reliability, and cost allocation are a few of many barriers to increased real time data exchange.

7.2 THE FUTURE STATE OF DATA EXCHANGE

The Agency will transform its Medicaid Operations As-Is state to its To-Be state to achieve the MES Vision to “Transform the Medicaid Enterprise to provide the greatest quality, the best experience, and the highest value in healthcare” by making decisions based on the following MES Guiding Principles:

- Enable high-quality and accessible data
- Improve healthcare outcomes
- Reduce complexity

- Use evidenced-based decision making
- Improve integration with partners
- Improve provider and recipient experience
- Enable good stewardship of Medicaid funds
- Enable holistic decision making rather than short-term focus

This strategy to migrate to the To-Be state seeks to:

- Reduce implementation risk to current Medicaid processing operations
- Accelerate and maximize the realization of benefits
- Minimize duplicated systems costs

The following is a description of the As-Is state of Medicaid Operations and To-Be state of Medicaid Operations including depictions and descriptions of three interim states of Medicaid Operations.

7.2.1 CURRENT STRATEGIES

The current strategies to improve data exchange includes an Integration Services Platform with capabilities to enable secure real-time information exchange and to establish data services that decouple application processing from proprietary data solutions.

The Integration Services Platform will enable secure real-time information exchange between systems while migration to data services occurs. During transition from the legacy system, integration services enable implementation of modular capabilities that interact with legacy system processing and other modular capabilities. As the use of decoupled information management services increases, the need for module to module integration will decrease.

The implementation of integration services will also enable integration of non-Medicaid data sources and system integrations with MMIS business processing. Integrations between MMIS modular capabilities and non-Medicaid data sources and information types will use the integration services indefinitely.

The implementation of data services used by all systems allows all systems to create, access, and update information in real-time. Real-time use of information by all systems and modular capability implementations reduces the need for data integration and data transmission between systems.

To facilitate migration to modular components, the Agency is evaluating the value of migrating legacy system processing to use data services. Transforming legacy processing to use data services would simplify the effort to implement modular capabilities, allow data services processing to mature, and accelerate the ability to implement new capabilities.

7.2.2 FUTURE STRATEGIES

Future strategies for data exchange are to evolve the data services leveraging technological advances. New technology solutions that may create opportunities for reduced system to system data exchange include the use of Block Chain technologies or similar technologies that provide a virtualized distributed data management that improves the timeliness, security,

and confidence in data collection and usage across stakeholders to the Medicaid enterprise. Using future data management technologies would allow providers to document transactions and encounters in real time. Health plans, the Agency, and providers could use this transaction and encounter data for authorization, analysis, approval, and payment processing, as appropriate. All MES stakeholders of Healthcare for Floridians would be able to contribute, access, and operate using real time information.

7.3 AS-IS, INTERIM, AND TO-BE CONTEXT DIAGRAMS

7.3.1 AS-IS CONTEXT DIAGRAM

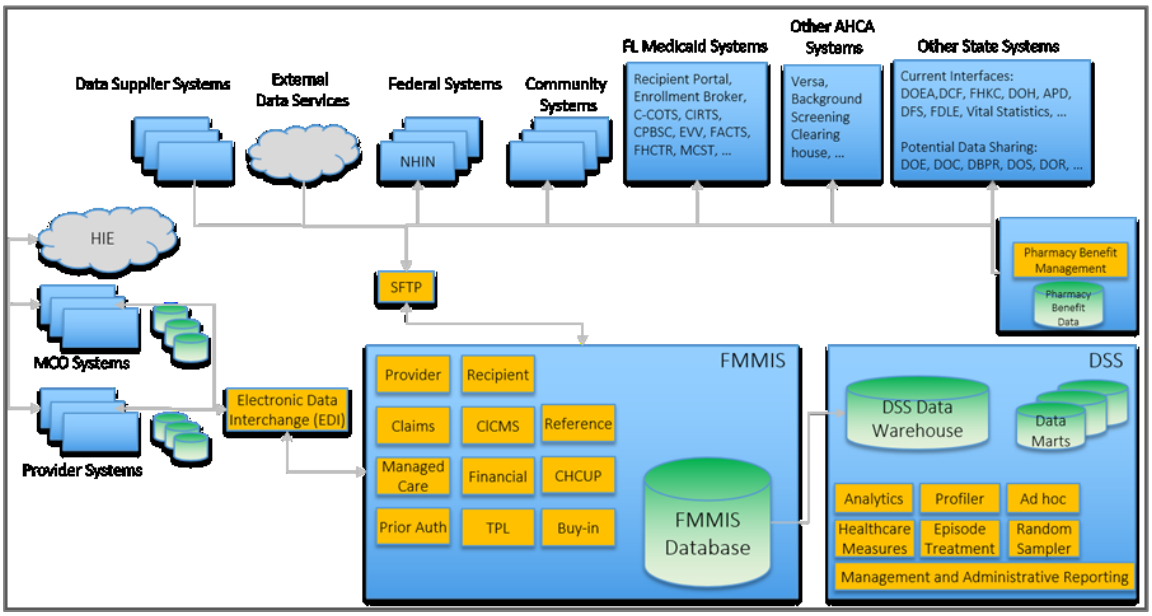

Exhibit 7-1: Enterprise Systems and Data Exchange Current State

In the As-Is State of Medicaid Operations, depicted in Exhibit 7-1: Enterprise Systems and Data Exchange Current State:

- Providers and health plans primarily submit information to FMMIS through Electronic Data Exchange (EDI) and SFTP transmissions of batch information files
- Health plans also submit provider network information to the Provider Network Verification system developed under the Enrollment Broker contract.
- FMMIS is the legacy system that performs most Medicaid business area processes
- Pharmacy Benefits Management is an externalized capability operated by Magellan
- Other agencies perform Medicaid processing separate from agency-specific systems that use replicated Medicaid data
- Agency-specific systems exchange and replicate Medicaid data with FMMIS primarily using batch file exchanges
- Decision Support System (DSS) is the data warehouse that supports analytics, ad hoc inquiry and management and administrative reporting

- The HIE system enables exchange of clinical information via the Event Notification Service
- There are limited information exchanges with other health and human service agencies and other state agencies that have recipient information that could be useful to coordination of care
- There is no 360-degree view of recipient information or alerting of changes in social determinants of health data

The As-Is State begins to transform with the implementation of the Integration Services Platform that enables the integration of data and services from legacy enterprise systems and external system data sources to improve care coordination.

The current inbound and outbound interfaces processed by the FMMIS and DSS can be found in Exhibit 7-2: Current State Inbound Interfaces and Exhibit 7-3: Current State Outbound Interfaces.

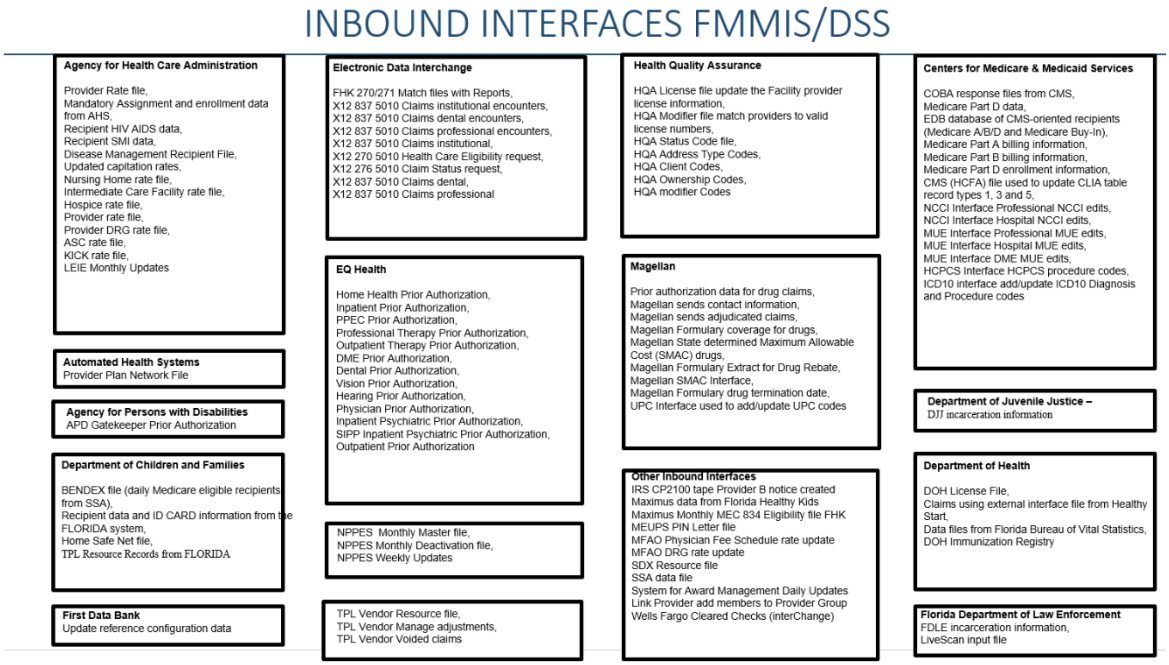

Exhibit 7-2: Current State Inbound Interfaces

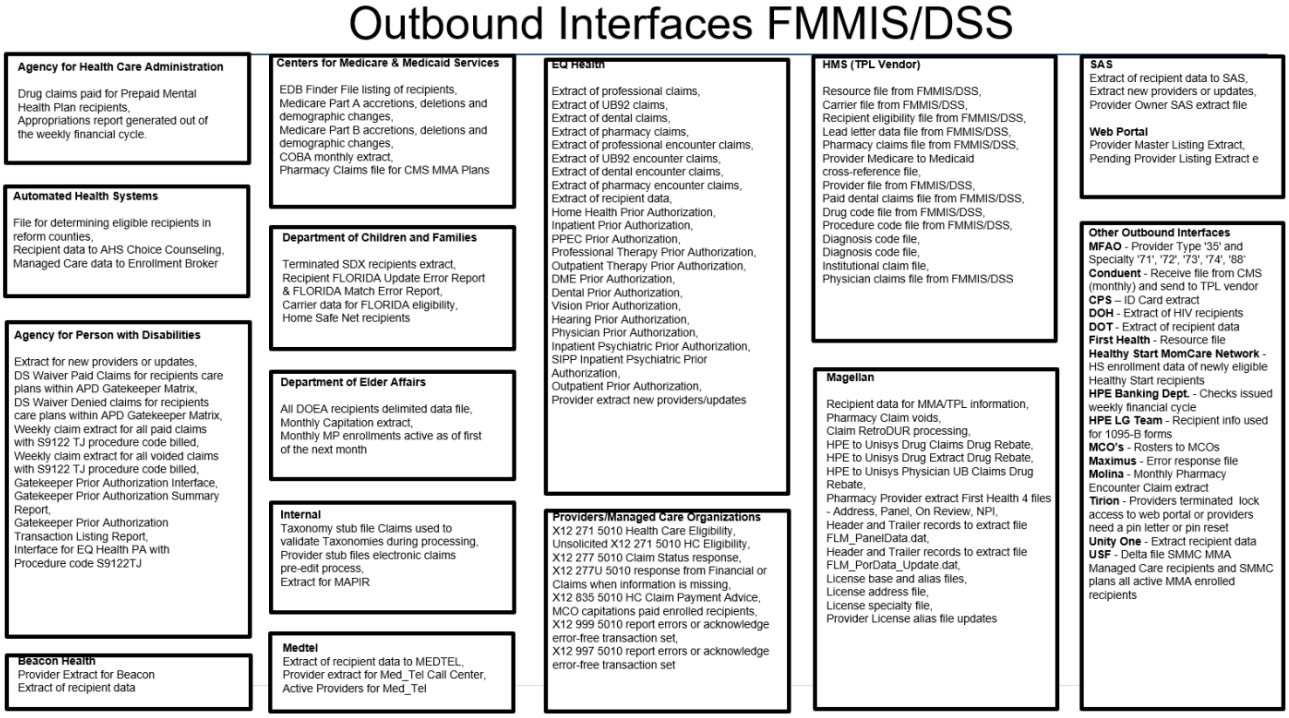

Exhibit 7-3: Current State Outbound Interfaces

7.3.2 INTERIM CONTEXT DIAGRAM

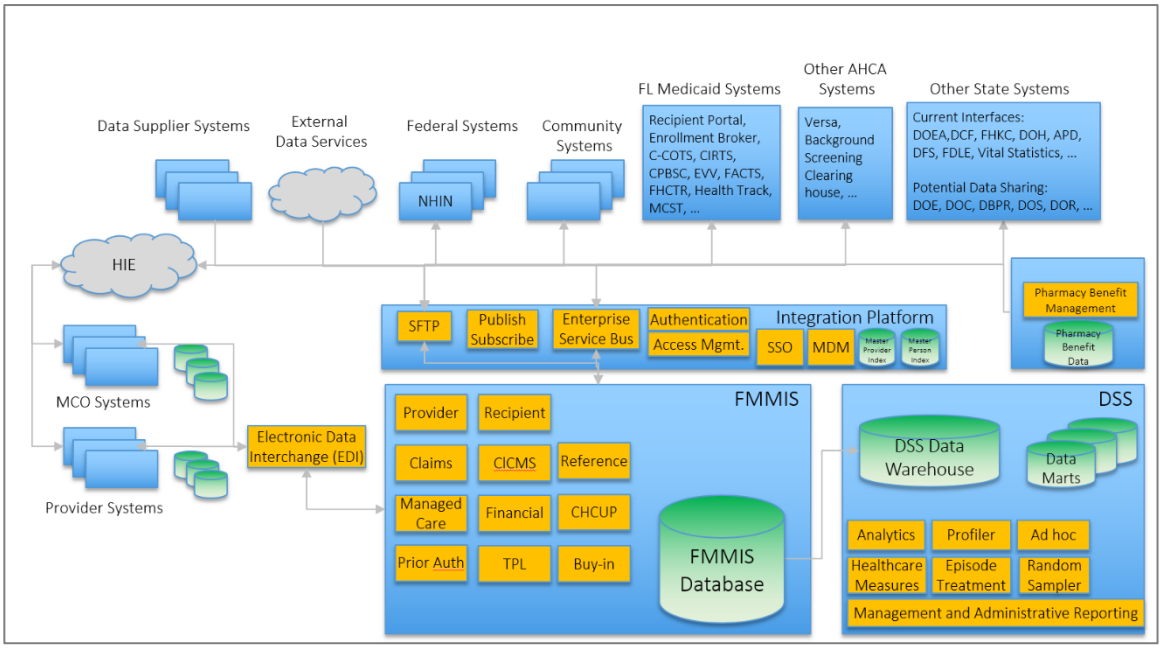

Exhibit 7-4: Enterprise Systems and Data Exchange – Service Platform Implementation

The Integration Services Platform Implementation stage, depicted in Exhibit 7-4, will include:

- An Integration Services Platform that includes an enterprise service bus enables real time data sharing and service reuse
- An identity matching capability establishes a Master Person Index that identifies duplicate recipient identity records within and across systems and links recipient identity records
- An identity matching capability establishes a Master Provider Index that identifies duplicate organization identity records within and across systems and links provider identity records
- Single sign-on, authorization and access controls to support sharing data and processing services across systems and modular processing capabilities
- Improved security of file transfer and integration capabilities
- An ability to send select real time transaction data to the EDW to support real-time analytics and reporting

The Integration Services Platform will enable:

- Replacement of batch processes with real time integrations

- Integration and data sharing with new data sources and data types
- A 360-degree view of recipient and provider information
- Transition of FMMIS processing to MES modular capabilities

The Integration Services Implementation stage continues integration of data and services from legacy MES enterprise systems and external systems and data sources to improve care coordination. Initial Modular Implementations replacing processing components of the FMMIS can begin the following establishment of the Integration Service Model.

7.3.3 To-Be Context Diagrams

In the Initial Modular Implementation stage, depicted in Exhibit 7-5: Enterprise Systems and Data Exchange – Initial Modular Implementation Stage:

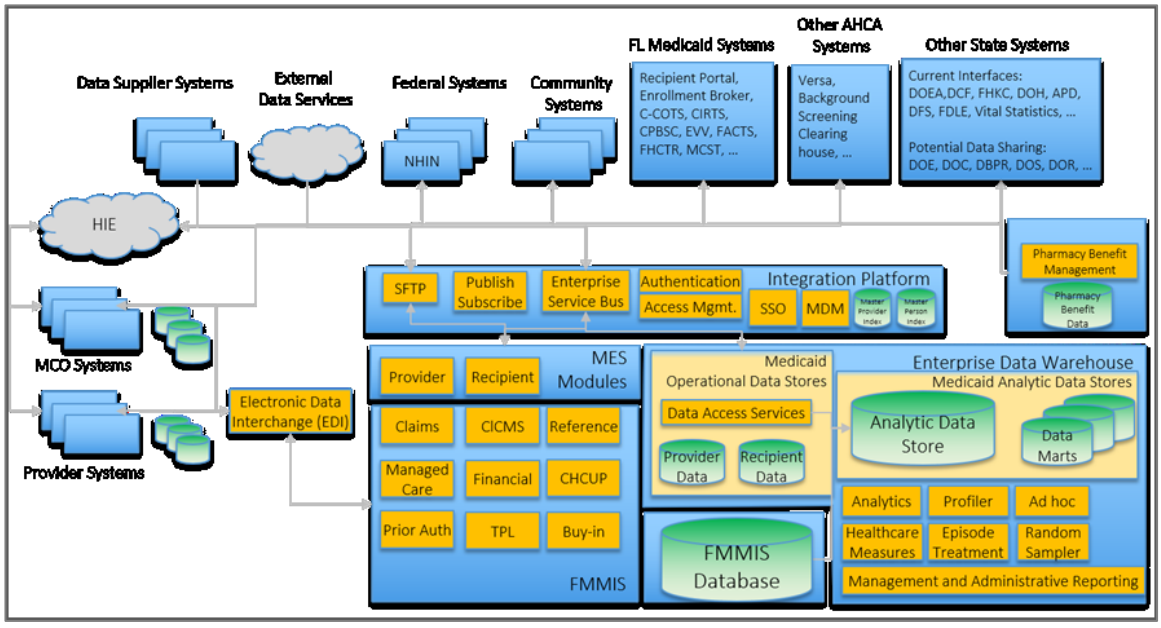

Exhibit 7-5: Enterprise Systems and Data Exchange – Initial Modular Implementation Stage

- The Agency begins to transition business area processing functions currently performed in FMMIS begin to new MES modular components
- Provider and health plan systems begin to use the Integration Services Platform to seamlessly access data available from external systems connected to the Integration Services Platform
- Provider and health plan systems begin to use MES Data Services to contribute and access Medicaid information in real-time

The Initial Modular Implementation stage continues implementation of modular components until achieving the To-Be state of Full Modular Implementation.

In the To-Be Full Modular Implementation state, depicted in Exhibit 7-6:

- The Agency has fully replaced the FMMIS system with modular components

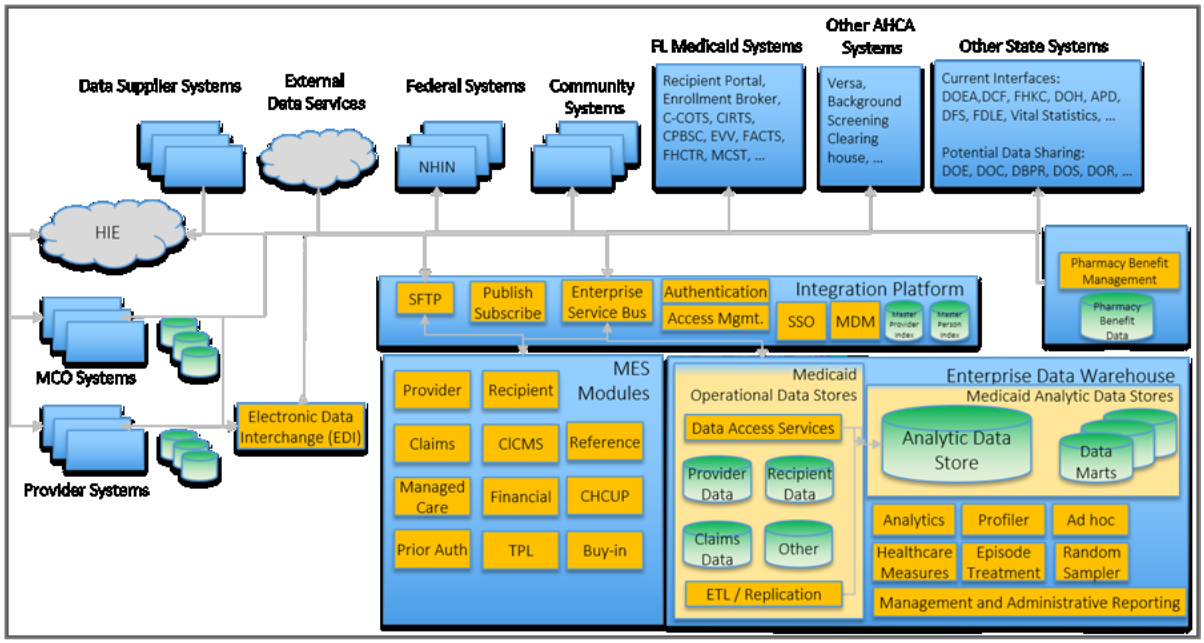

Exhibit 7-6: Enterprise Systems and Data Exchange – Full Modular Implementation

- The Integration Services Platform includes full integrations with state Medicaid agency systems, other state systems, provider and health care systems
- State Medicaid agency systems, provider and health plan systems use Data Access Services to contribute and access Medicaid information in real time
- State Medicaid agency systems reduce storage of replicated Medicaid data in other systems
- An Enterprise Data Warehouse supports real-time analytics and evaluation of new data sources and data types

The To-Be state continues with:

- Periodic update, replacement and introduction of new modular processing capabilities
- Introduction of new data sources and data types
- Evolution and expansion of MES data services

7.4 Effect of Data Exchange Transformation on Stakeholders

While the MES transformation will affect the general state of data exchange, it will also affect the exchange of data amongst the Agency's stakeholders.

7.4.1 RECIPIENTS AS-IS

The current state of data exchange for recipients can be characterized by the following:

- Recipients interact with multiple points across the system
- Recipients share information across system silos with limited interaction between silos
- Recipients have limited engagement in their own care or cost of care

7.4.2 RECIPIENTS TO-BE

The Agency will transform recipients' data exchange to the following:

- Recipients will access consistent information regarding their care across systems
- Better visibility of the full recipient journey (rather than just provider interactions) will allow the Agency and health plans to continually improve the recipient experience

7.4.3 PROVIDER AS-IS

The current state of data exchange for providers can be characterized by the following:

- Providers send information to health plans, the Agency provider management and licensure systems separately
- Providers have a limited view of the comprehensive reason for a claim's denial
- Providers find data submission cumbersome

7.4.4 PROVIDER TO-BE

The Agency will transform providers' data exchange to the following:

- Providers will submit real-time information
- Greater consistency in data submission will lower the administrative cost of dealing with submission exceptions and errors
- Changes in ownership, address, or licensure status will be shared across systems of record without provider having to provide information to each of the various systems.
- Credentialing in the Medicaid program will be a one stop shop eliminating redundant submissions for providers.
- The real-time nature of data submission will allow policy makers to implement policy and measure adherence using up-to-date information

7.4.5 AGENCIES AS-IS

The current state of data exchange for agencies can be characterized by the following:

- Agencies collect and store duplicate information in system siloes
- Data sharing across agencies is the exception rather than the rule
- Most interfaces are batch with one to two-day latency

7.4.6 AGENCIES TO-BE

The Agency will transform agencies' data exchange to the following:

- Agencies will make decisions based on a 360-degree view of the recipient taken from real-time access to all the appropriate systems of the Medicaid Enterprise and the State
- Agencies will reduce duplicated data across systems

7.4.7 HEALTH PLANS AS-IS

The current state of data exchange for health plans can be characterized by the following:

- Encounter data is of limited quality as different health plans take a different approach to completing the same reporting templates. For instance, different health plans will use the same date entry field in different ways
- Health plans exchange data with the Agency via batch processing. This creates administrative costs for exception handling.

7.4.8 HEALTH PLANS TO-BE

The Agency will transform health plans' data exchange to the following:

- Health plans will report encounter data consistently and in real-time as appropriate and as proscribed by the Agency's definitions for reporting. The encounter data will be of a high-quality nature to enable close to real-time decision making by policy makers
- Health plans will coordinate care using a 360-degree view of the recipient taken from the appropriate MES and State systems

SECTION 8 NEXT STEPS

From this Concept of Operations and the Agency's MES Strategic Plan, the Agency will achieve the following in the Fall of 2018:

- Conduct Florida's MITA State Self-Assessment and submit in conjunction with this Concept of Operations
- Submit the Invitation to Negotiate to procure the Integration Platform (see Section 3.1.2.1 of this document)
- Submit the Invitation to Negotiate to procure the EDW (see Section 3.1.2.2 of this document)

The Agency will follow these activities with a strategy refresh in early 2019.