

**FX ANNUAL  
ADVANCE PLANNING DOCUMENT  
UPDATE**

**Medicaid Enterprise Systems (MES)**



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

**November 2021**

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## **1 EXECUTIVE SUMMARY**

The purpose of this Operational/Annual Advance Planning Document is to provide the Centers for Medicare and Medicaid Services (CMS) with the status of current project activities for the Florida Agency for Health Care Administration's (Agency) Medicaid Enterprise Systems (MES) for the State Fiscal Year ending June 30, 2021. Florida is evolving the Florida Health Care Connection (FX) program, within which functional areas of the Medicaid Management Information System (MMIS) will be transformed from the legacy system to modern, flexible systems that are interoperable. Over time, the benefits of this series of systems can be shared with other divisions of the Agency as well as other Health and Human Services agencies and departments within the state.

The MES includes the business, data, services, technical processes, and systems necessary for the administration of the Medicaid business functions. The Florida Health Care Connections (FX) Program will provide a framework to inter-connect modules that will modernize the functions of the legacy Medicaid Management Information Systems (MMIS) and other MES activities. Initial FX systems include, but are not limited to, the Florida Medicaid Management Information System (FMMIS), the Decision Support System (DSS), enrollment broker, third party liability, pharmacy benefits management, fraud and abuse case tracking, prior authorization, home health electronic visit verification, and Health Quality Assurance licensure system. The scope of the FX Program also includes interconnections and touch points with systems residing outside the Agency, across the Florida Medicaid Enterprise, including systems hosted by the Social Security Administration, as well as Florida's Department of Children and Families, Department of Health, Department of Elder Affairs, Agency for Persons with Disabilities, Florida Healthy Kids Corporation, Department of Financial Services, Department of Law Enforcement, Department of Juvenile Justice, and Vital Statistics.

## **2 STATEMENT OF NEED AND OBJECTIVES**

The Medicaid Fiscal Agent contract primarily fulfills the operations and maintenance requirements of the Medicaid system that are necessary for the administration of the Florida Medicaid program. In addition, the Agency amends the Medicaid Fiscal Agent contract as needed to implement various projects for system enhancements required by the Agency or to implement federal mandates. These projects are referred to as FMMIS Special Projects and are described within a separate Annual APDU.

FX is a multi-year transformation project that modernizes the current Medicaid technology using a modular approach, while simultaneously improving overall Agency functionality and building better connections to other data sources and programs, resulting in the ability to provide better healthcare.

The refreshed FX Strategy and future state Transformation Roadmap build upon the FMMIS transition work completed in Phase I and Phase II and continue with the procurement and implementation of a set of transformation activities in Phase II, III, and IV that are prioritized and aligned with the FX Vision.

Florida Medicaid supports the CMS transition of the systems certification process to one that evaluates how well Medicaid information technology systems support desired business outcomes while reducing the burden on states. As modular projects rise as a priority, the Agency anticipates a streamlined process for preparation and performance of the certification process that produces meaningful results to improve the operation of Medicaid.

**2.1 Florida Medicaid Transformation**

The FX Program will lead the Agency in the transformation of the business, data, services, technical processes, and systems necessary for the administration of the Florida Medicaid program. FMMIS has historically been the central system within the Florida Medicaid Enterprise, functioning as the single, integrated system of claims processing, data storage, and information retrieval. As the Medicaid program has grown more complex, the systems needed to support the Florida Medicaid Enterprise have grown in number and complexity.

**2.2 Future-State**

The future-state transformation is a four-phased strategy that builds on work completed in Phases I and II of the original FX Procurement strategy, which was initiated in 2016. Phases II–IV have been updated to align with the refreshed FX Strategy. These phases are overlapping and will be executed concurrently. MES components will either remain under the MES umbrella, integrating with other MES components through the IS/IP vendor, or will become a module in the future FX. The following is the general status of each phase as of the end of the state fiscal year 2020/21.

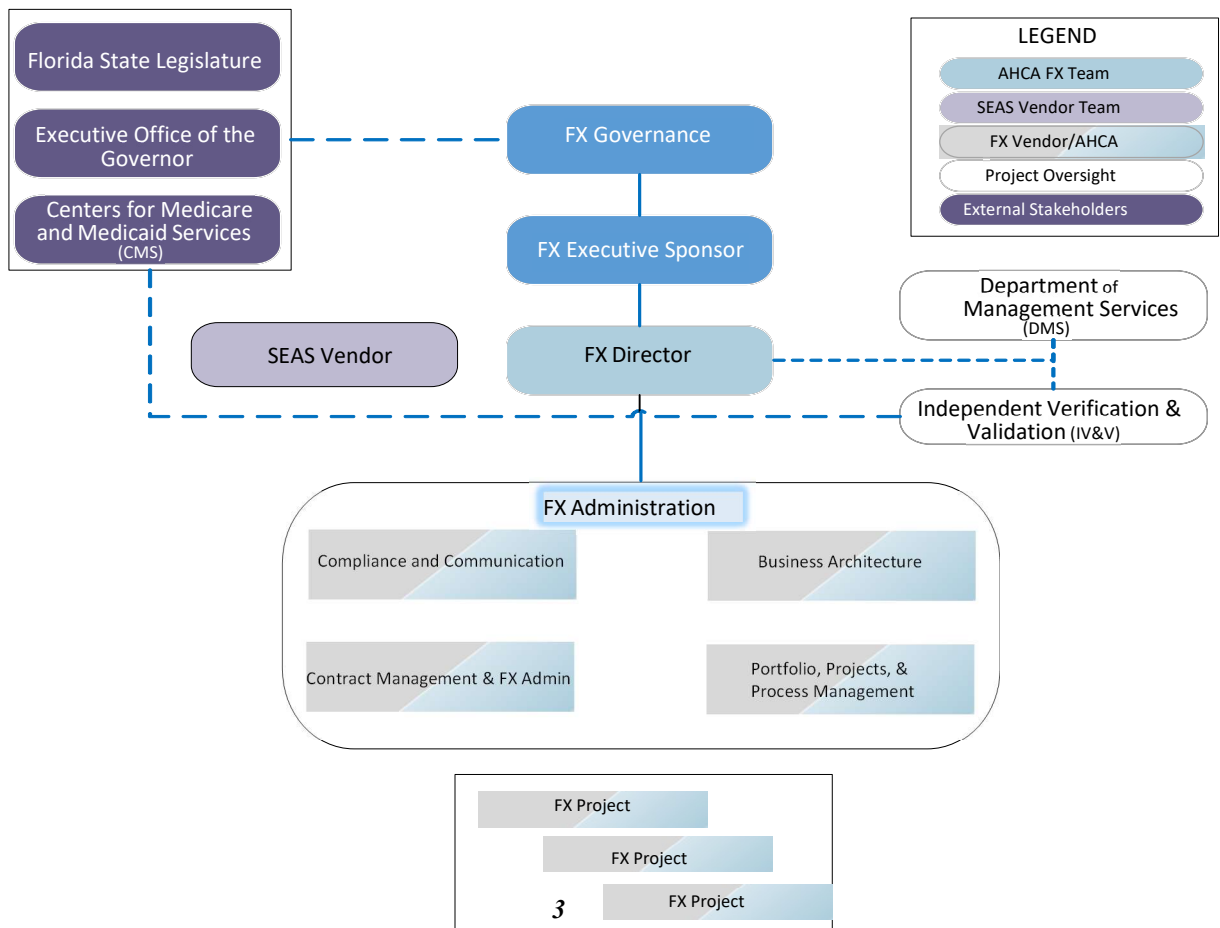
#	PHASE	COMPONENT / MODULE	STATUS
I	Professional Services Support	<ol style="list-style-type: none"> <li>1. Strategic Enterprise Advisory Services</li> <li>2. Independent Verification and Validation</li> </ol>	<ol style="list-style-type: none"> <li>1. Initiated and ongoing</li> <li>2. Initiated and ongoing</li> </ol>
II	FX Infrastructure	<ol style="list-style-type: none"> <li>1. Integration Services and Integration Platform</li> <li>2. Enterprise Data Warehouse</li> </ol>	<ol style="list-style-type: none"> <li>1. Initiated and operational</li> <li>2. In DDI</li> </ol>
III	FX FMMIS Transition	<ol style="list-style-type: none"> <li>1. Unified Operations Center</li> </ol>	<ol style="list-style-type: none"> <li>1. In procurement</li> </ol>

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		2. FX Core (Claims/Encounter/Financial/ Management) 3. Provider Services Module 4. Pharmacy Benefit Management	2. In planning 3. In planning 4. Future project
IV	Remaining Functional Modules	1. Plan Management 2. Third Party Liability 3. Enterprise Case Management 4. Contractor Management	1. Future project 2. Future project 3. Future project 4. Future project

### 3 AHCA ORGANIZATIONAL CHART

The FX organizational chart is provided below. The blended nodes for FX projects represent the partnership between FX Administration staff, Agency stakeholders and vendor staff. For example, the transition efforts of the Fiscal Agent (FA) would require project management support from FX Administration, Subject Matter Expert (SME) support from the Bureau of Medicaid Fiscal Agent Operations, master schedule management, portfolio management, and technical advisement from the SEAS Vendor, and transition services from the FA. These resources are further defined in the respective project charters.

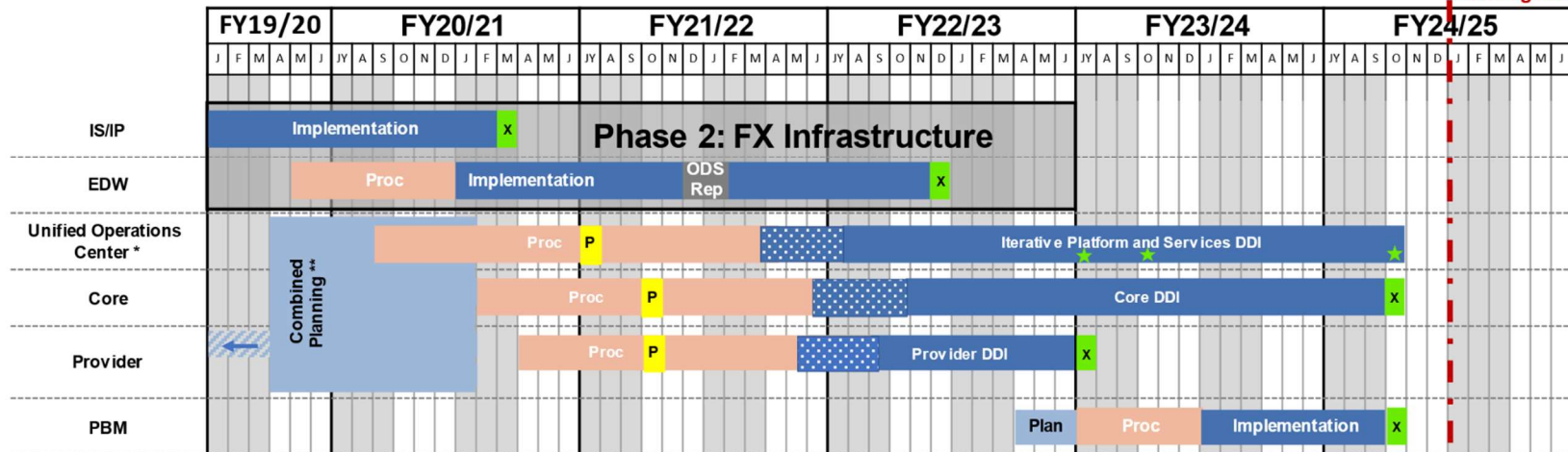




## 4 FX FUTURE-STATE TRANSFORMATION ROADMAP

### FX ROADMAP

Deadline to resolve  
Fiscal Agent contract



- Procurement- anticipated release **P**
- Integration between UOC and the Provider, Recipient (Oct 2023), Core, and PBM modules ( )
- \* Recipient functionality will be included in UOC
- \*\* Combined Planning includes: UOC, Recipient, Core, Provider



## **5 CMS REQUIRED ASSURANCES**

This APD update provides evidence of declaration, indicated by the checked boxes below, that Florida Medicaid will meet these requirements in each procurement and operational project.

### **Security/Interface and Disaster Recovery/Business Continuity Requirements Statement**

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

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

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

#### **5.1 Conditions Attestation**

This section provides the required assurances of compliance with 42 CFR 433.112(b)(1) through (b)(22). These conditions must be met by states to be eligible for 90 percent enhanced match funding for the design, development, installation, or enhancement of a mechanized claims processing and information retrieval system. The State of Florida, Agency for Health Care Administration, attests that the project will comply with the CMS conditions described below.

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#	Condition Name and Description	Compliance	
		Yes	No
1	The system will provide a more efficient, economical, and effective administration of the State plan.	X	
2	The system meets the system requirements, standards and conditions, and performance standards in Part 11 of the State Medicaid Manual, as periodically amended.	X	
3	The system is compatible with the claims processing and information retrieval system used in the administration of Medicare for prompt eligibility verification and for processing claims for persons eligible for both programs.	X	
4	The system supports the data requirements of quality improvement organizations established under Part B of title XI of the Act.	X	
5	The State owns any software that is designed, developed, installed, or improved with 90 percent FFP.	X	
6	The Department has a royalty free, non-exclusive, and irrevocable license to reproduce, publish, or otherwise use and authorize others to use, for Federal Government purposes, software, modifications to software, and documentation that is designed, developed, installed, or enhanced with 90 percent FFP.	X	
7	The costs of the system are determined in accordance with 45 CFR 75, subpart E.	X	
8	The Florida Medicaid Agency for Health Care Administration agrees in writing to use the system for the period of time specified in the advance planning document approved by CMS or for any shorter period of time that CMS determines justifies the Federal funds invested.	X	
9	The Florida Medicaid Agency for Health Care Administration agrees in writing that the information in the system will be safeguarded in accordance with 42 CFR 431 subpart F.	X	
10	The Florida Medicaid Agency for Health Care Administration will use a modular, flexible approach to systems development, including the use of open interfaces and exposed application programming interfaces; the separation of business rules from core programming, available in both human and machine readable formats.	X	
11	Align to, and advance increasingly, in maturity for business, architecture, and data.	X	
12	The Florida Medicaid Agency for Health Care Administration ensures alignment with, and incorporation of, industry standards adopted by the Office of the National Coordinator for Health IT in accordance with 45 CFR part 170, subpart B: The HIPAA privacy, security and transaction standards; accessibility standards established under section 508 of the Rehabilitation Act, or standards that provide greater accessibility for individuals with disabilities, and compliance with Federal civil rights laws; standards adopted by the Secretary under section 1104 of the Affordable Care Act; and standards and protocols adopted by the Secretary under section 1561 of the Affordable Care Act.	X	
13	Promotes sharing, leverage, and reuse of Medicaid technologies and systems within and among States.	X	



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#	Condition Name and Description	Compliance	
		Yes	No
14	Supports accurate and timely processing and adjudications/eligibility determinations and effective communications with providers, beneficiaries, and the public.	X	
15	Produce transaction data, reports, and performance information that would contribute to program evaluation, continuous improvement in business operations, and transparency and accountability.	X	
16	The system supports seamless coordination and integration with the Marketplace, the Federal Data Services Hub, and allows interoperability with health information exchanges, public health agencies, human services programs, and community organizations providing outreach and enrollment assistance services as applicable.	X	
17	For E&E systems, the State must have delivered acceptable MAGI-based system functionality, demonstrated by performance testing and results based on critical success factors, with limited mitigations and workarounds.		N/A
18	The State must submit plans that contain strategies for reducing the operational consequences of failure to meet applicable requirements for all major milestones and functionality. This should include, but not be limited to, the Disaster Recovery Plan and related Disaster Recovery Test results.	X	
19	The Florida Medicaid Agency for Health Care Administration in writing through the APD, has identified key state personnel by name, type and time commitment assigned to each project.	X	
20	Systems and modules developed, installed or improved with 90 percent match must include documentation of components and procedures such that the systems could be operated by a variety of contractors or other users.	X	
21	For software systems and modules developed, installed or improved with 90 percent match, the State must consider strategies to minimize the costs and difficulty of operating the software on alternate hardware or operating systems.	X	
22	Other conditions for compliance with existing statutory and regulatory requirements, issued through formal guidance procedures, determined by the Secretary to be necessary to update and ensure proper implementation of those existing requirements.	X	

**Exhibit 10: CMS Conditions Compliance Matrix**

The Agency plans to use open and competitive procurements for all contracted work related to the design, development, and implementation of enhancements. The procurement process will comply with all applicable federal regulations and provisions as indicated.

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

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## **ATTACHMENT A— PHASE I: PROFESSIONAL CONTRACTS**

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

### **A.1 Strategic Enterprise Advisory Services (SEAS) Vendor**

The SEAS Vendor is tasked with providing the consulting expertise needed to develop the strategic plan for FX in accordance with the MITA Framework 3.0 and the CMS Standards and Conditions, develop and manage FX Governance, manage a PMO for individual FX projects, develop data and technical standards, develop and maintain information and technical architecture documentation, and establish an enterprise data security plan. The SEAS Vendor is also tasked with providing strategic project portfolio management

#### **Periodic Reporting**

Monthly project status reports are provided to CMS throughout the report period. The June 2021 report is included as a sample (Appendix A.1)

#### **Planned and Expended Costs**

SEAS budgeted and actual costs for the report period are in the FX Spend Plan for 2020/2021 (Appendix A.3).

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

The IV&V Vendor is tasked with providing an independent and unbiased assessment of deliverables produced by FX vendors, including the SEAS Vendor. The IV&V Vendor is assessing and reporting on each FX project's organization and planning, procurement, management, technical solution development and implementation, and is producing IV&V progress reports and related checklists required for the CMS certification.

#### **Periodic Reporting**

Monthly project status reports are provided to CMS throughout the report period. The June 2021 report is included as a sample (Appendix A.1)

#### **Planned and Expended Costs**

IV&V budgeted and actual costs for the report period are in the FX Spend Plan for 2020/2021 (Appendix A.3).

## **ATTACHMENT B— PHASE II: FX INFRASTRUCTURE**

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

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

IS/IP serves as the conduit, or interface, through which all FX data is requested and returned.

The Integration Platform went live in March 2021. The Implementation Phase of IS/IP was delivered in the following three workstreams:

**Workstream A:** The current Florida Medicaid Enterprise relies heavily on point-to-point system integrations, flat file transfers, and multiple sign-on or authentication solutions. This workstream establishes the Enterprise Service Bus, which controls information flow in and out of modules to simplify and streamline technology components that will communicate with each other. This workstream also provides a Business Rules Engine to help ensure all federal and state rules are decoupled from systems and accurately applied. Tasks and activities required for Workstream A have been completed.

**Workstream B:** This workstream focuses on the master person and organization indices, which will present a consolidated master view of providers and recipients. This consolidation will reduce costs associated with duplicative or invalid actions caused by redundant records. Tasks and activities required for Workstream B have been completed.

**Workstream C:** This is the security layer for authentication and authorization for all of FX. It establishes an FX single sign-on, to simplify user access and account provisioning at the Agency, by managing authentication of users across multiple systems. Tasks and activities required for Workstream C have been completed.

IS/IP is required by contract to provide a single sign-on capability and administrative layer for all AHCA systems connected to IS/IP, simplifying password resets. Planning work for this started in the report year of SFY 2020/2021 and is expected to be complete in SFY 2021/2022.

### **Periodic Reporting**

Monthly project status reports are provided to CMS throughout the report period. The June 2021 report is included as a sample (Appendix A.1)

Weekly dashboards to report current project status reports are provided throughout the report period. The June 25, 2021, dashboard is included as a sample (Appendix A.2)

### **Planned and Expended Costs**

IS/IP budgeted and actual costs for the report period are in the FX Spend Plan for 2020/2021 (Appendix A.3).

### **Outcome Based Certification**

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

## **B.2 Enterprise Data Warehouse (EDW) Vendor**

The EDW contract was executed in December 2020. The EDW solution will allow the Agency to conduct complex analysis of program data for many aspects of Medicaid, from health outcome measurement to managed care rate setting. The Agency has procured an EDW solution, operational services, and analytical capabilities to meet the Agency's data requirements. The EDW will be a modern data management solution that, along with the enhanced analytical tools and operational services, will provide:

- A single source of truth to improve data quality, accuracy, and accessibility
- A data management solution for new modular business processing solutions
- Improved timeliness and consistency of data
- Improved predictive modeling and analytic data processing with holistic business unit and personal optimized data marts and tools
- An elimination of duplicated and inconsistent data
- System innovation and simplified system implementation
- Improved data protection and privacy including authorizing and logging of data use
- Minimization of data conversion costs for future system replacements
- Business Intelligence and data analytics tools for decision-making activities and fraud, waste, and abuse detection, prevention, and recoupment

The Implementation activities for establishing the EDW are moving forward in this report period. The EDW Vendor, the SEAS Vendor and Agency staff are working with the incumbent Fiscal Agent Vendor to establish the process of data replication and have begun planning for the transfer and update of current business rules.

**Periodic Reporting**

Monthly project status reports are provided to CMS throughout the report period. The June 2021 report is included as a sample (Appendix A.1)

Weekly dashboards to report current project status reports are provided throughout the report period. The June 25, 2021, dashboard is included as a sample (Appendix A.2)

**Planned and Expended Costs**

EDW budgeted and actual costs for the report period are in the FX Spend Plan for 2020/2021 (Appendix A.3).

**Outcome Based Certification**

The Agency, EDW vendor, and SEAS have been in design, development, and implementation activities for most of this report period. Development of the desired outcomes and required metrics are being developed and will be reported to CMS in future APD updates. DSS and EDW outcomes in Appendix B.1 are base-line outcomes that will be refined in the development efforts under way.

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

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

### **C.1 CMS Interoperability**

CMS has promoted the interoperability of healthcare delivery systems. On March 9, 2020, CMS released the Interoperability and Patient Access final rule (CMS-9115-F), which provides patients access to their health information when they need it most and in a way that they can best use it. The Interoperability and Patient Access final rule (CMS-9115-F) is a step towards this goal by regulating Medicare Advantage (MA), Medicaid, Children’s Health Insurance Program (CHIP), and Qualified Health Plan (QHP) issuers on the Federally Facilitated Exchanges (FfEs). There are seven policies in this ruling. Among them, the Patient Access API and Provider Directory API. Florida is committed to implementing the CMS Interoperability rule to ensure a more effective management of Florida Medicaid,

This FX project work effort includes the Plan, Analyze and Design phase of the Patient Access Application Programming Interface (API) and Provider Directory API as described in the Centers for Medicare and Medicaid Services (CMS) Interoperability and Patient Access final rule (CMS-9115-F).

#### **Periodic Reporting**

Monthly project status reports are provided to CMS throughout the report period. The June 2021 report is included as a sample (Appendix A.1)

Weekly dashboards to report current project status reports are provided throughout the report period. The June 25, 2021, dashboard is included as a sample (Appendix A.2)

#### **Planned and Expended Costs**

CMS Interoperability was not budgeted in the report period of SFY 2020/2021 and did not have any actual costs for the report period are in the FX Spend Plan for 2020/2021.

#### **Outcome Based Certification**

The Agency and SEAS are in the planning stages for the implementation of the CMS Interoperability rule. Development of the desired outcomes and required metrics will be developed and reported to CMS in future APD updates.

Interoperability-related outcomes in Appendix B.1 are base-line outcomes that will be refined in the development efforts under way.

## **C.2 FMMIS Transition Services**

The current Fiscal Agent Vendor has been tasked to create a schedule mutually agreed upon by the Agency SEAS, and the Vendor, including planning, system analysis/design, testing, implementation, and post-implementation activities. A FMMIS Transition Project team has been established with resources allotted for the current Fiscal Agent in the FX budget, in addition to Agency and SEAS staff. Tasks planned for Fiscal Agent staff of the FMMIS Transition Project include, but are not limited to:

- Perform project planning and systems analysis to integrate key business areas within the FMMIS to support the FMMIS Transition Project.
- Document all interfaces and FMMIS business rules needed for the FMMIS Transition Project.
- Create, document, and execute a testing plan for the FMMIS Transition Project.
- Coordinate with the Agency, the FX vendors, and the SEAS vendor and implement required tasks to facilitate integration of replacement FX modules.
- Develop and maintain a two-way data replication solution between FMMIS and the EDW Operational Data Store.
- Create an enhanced testing environment to support transition activities.
- Provide training to future FX module vendors as directed by the Agency.
- Support integration activities between the IS/IP vendor's platform and FMMIS.
- Integrate with the FX Single-Sign On solution.
- Make the required modifications to FMMIS, as necessary, to prepare for FX implementation.
- Perform data clean-up in FMMIS, as necessary, to prepare for FX implementation.
- Execute Iterative Turnover Phase activities.

### **Periodic Reporting**

Monthly project status reports are provided to CMS throughout the report period. The June 2021 report is included as a sample (Appendix A.1)

### **Planned and Expended Costs**

FMMIS Transition Services are budgeted and actual costs for the report period are in the FX Spend Plan for 2020/2021 (Appendix A.3).



### **Outcome Based Certification**

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

### **C.3 Unified Operations Center (UOC) Vendor**

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

The UOC solicitation has been released. Due to a protest by one of the vendors, the procurement is in a stay status, which stops forward motion of the procurement process. The Agency is working on a settlement agreement with the vendor and resolution should be forth coming.

### **Periodic Reporting**

Monthly project status reports are provided to CMS throughout the report period. The June 2021 report is included as a sample (Appendix A.1)

Weekly dashboards to report current project status reports are provided throughout the report period. The June 25, 2021, dashboard is included as a sample (Appendix A.2)

### **Planned and Expended Costs**

UOC budgeted and actual costs for the report period are in the FX Spend Plan for 2020/2021 (Appendix A.3).

### **Outcome Based Certification**

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

## **C.4 FX Core Module**

The FX Core Module will adjudicate fee-for-service claims for Medicaid reimbursement, process managed care encounter transactions, and support all Medicaid financial activity. The FX Core Module represents the most fundamental functionality required for Medicaid transition, and involves the longest combined timeframe for planning, procurement, and implementation.

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

### **Periodic Reporting**

Monthly project status reports are provided to CMS throughout the report period. The June 2021 report is included as a sample (Appendix A.1)

Weekly dashboards to report current project status reports are provided throughout the report period. The June 25, 2021, dashboard is included as a sample (Appendix A.2)

### **Planned and Expended Costs**

Core planning budgeted and actual costs for the report period are in the FX Spend Plan for 2020/2021 (Appendix A.3).

### **Outcome Based Certification**

The Agency and SEAS are in the procurement stages for the implementation of the Core Module. Development of the desired outcomes and required metrics will be developed and reported to CMS in future APD updates. Core-related outcomes in Appendix B.1 are base-line outcomes that will be refined in the development efforts under way.

## **C.5 Provider Services Module**

The Provider Services Module plans include provider credentialing, Medicaid enrollment, and file maintenance. The Provider may offer a solution that will better integrate existing professional and facility licensure, Medicaid enrollment, and health plan credentialing processes into a single source to minimize errors and simplify the process for the provider community. The Provider solution will leverage the Master Person Index and Master Organization Index developed in the Phase II IS/IP implementation to improve provider identity reconciliation. The Agency is developing requirements and leveraging NASPO-published material in the process, even though the NASPO process will not be used in this solicitation.

### **Periodic Reporting**

Monthly project status reports are provided to CMS throughout the report period. The June 2021 report is included as a sample (Appendix A.1)

Weekly dashboards to report current project status reports are provided throughout the report period. The June 25, 2021, dashboard is included as a sample (Appendix A.2)

### **Planned and Expended Costs**

Provider Services planning budgeted and actual costs for the report period are in the FX Spend Plan for 2020/2021 (Appendix A.3).

### **Outcome Based Certification**

The Agency and SEAS are in the procurement stages for the implementation of the Provider Management Module. Development of the desired outcomes and required metrics will be developed and reported to CMS in future APD updates. Provider enrollment-related outcomes in Appendix B.1 are base-line outcomes that will be refined in the development efforts under way.

## **C.6 Pharmacy Benefits Management [Project scheduled for future fiscal year]**

The Pharmacy Benefits Management (PBM) Module will perform designated financial and clinical services for the fee-for-service (FFS) Medicaid population and services that are used in both FFS and managed care (i.e., drug rebate negotiation with manufacturers and maintenance of the preferred drug list). The PBM solution includes a system to process pharmacy claims, e-prescribing functionality, integration with pharmacy point-of-sale systems, pharmacy fee collection, and pharmacy rate negotiation and rebate processing. Prior authorization for specified required drugs is also included in the PBM solution. The PBM vendor is required to monitor prospective and retrospective drug utilization and oversee preferred drug lists. The PBM vendor will also provide operational staff to deliver information to providers, pharmacists, and recipients. The PBM Module functions are currently included in the FMMIS/fiscal agent contract and are fulfilled through a sub-contract. Vendors who submit a proposal for the FX Core system will be allowed to offer a

PBM as an innovative solution for FX Core, changing the planned PBM module as described above.

**Periodic Reporting**

TBD

**Planned and Expended Costs**

TBD

**Outcome Based Certification**

TBD

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## **ATTACHMENT D—PHASE IV: REMAINING FUNCTIONAL MODULES**

The objective of Phase IV of FX is to implement the remaining functional modules necessary to accomplish the FX vision. In some cases, these modules are part of the certified MMIS. Also included are modules that are not part of the current fiscal agent contract and are intended to improve the management of the Medicaid program.

### **D.1 Third Party Liability (TPL) *[Project scheduled for future fiscal year]***

Third Party Liability Module including all systems and operations necessary to determine the legal liability of third parties to pay for care and services available under the Medicaid state plan. This module would replace existing legacy systems and introduce new functionality for legal liability, estate recovery, data matching, and post-payment support. TPL functions that support claims adjudication will be incorporated in the Core Module. TPL is part of the certified MMIS.

### **D.2 Prior Authorization *[Project scheduled for future fiscal year]***

The Agency has contracted with a certified Quality Improvement Organization Inc., to provide medical necessity reviews for fee-for-service Medicaid services, but are contracted out separate from the FMMIS. These functions will be incorporated in FX at a later time.

### **D.3 Plan Management *[Project scheduled for future fiscal year]***

A Plan Management Module is planned to support collaboration between the Agency and the Statewide Medicaid Managed Care plans, enabling increased accountability and transparency and drive positive outcomes for recipients.

### **D.4 Enterprise Case Management *[Project scheduled for future fiscal year]***

An Enterprise Case Management Module solution is planned to streamline and consolidate case management information from across the Medicaid enterprise into a single system. This system will facilitate the availability of complete and comprehensive information for state agencies, providers, and recipients.

### **D.5 Contractor Management *[Project scheduled for future fiscal year]***

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

## **APPENDICES**

### **APPENDIX A-1—FX MONTHLY STATUS REPORT**



July 2021 Monthly  
Status Report-100.doc

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### **APPENDIX A-2—FX WEEKLY DASHBOARD REPORT**



FX-SEAS-Prog-Dashb  
oard-210729-100.pdf

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### **APPENDIX A-3—FX SPEND PLAN FOR 2020/2021**



FY 2020-21 Spend  
Plan 2021.08.10.xlsx

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### **APPENDIX B-1—FX OUTCOME CRITERIA**



20-21 Annual APD  
CMS-required Outcon

*FX Annual Advance Planning Document: State Fiscal Year 2020/2021  
Medicaid Enterprise Services  
Florida Agency for Health Care Administration*

**APPENDIX C: MMIS DETAILED BUDGET TABLE (FX)**

Federal Fiscal Years 2021-2022

MES/FX Phase II	CMS Share	State Share	CMS Share	State Share	CMS Share	State Share	FUNDING	State Share Total
	(90% FFP)	-10%	(75% FFP)	-25%	(50% FFP)	-50%	FFP Total	
	2B†		2B†		2B†		2B	
FFY 2020 ‡	\$5,697,631	\$633,070	\$844,425	\$281,475	\$115,000	\$115,000	\$6,657,057	\$1,029,545
FFY 2021	\$54,751,493	\$6,083,499	\$3,592,445	\$1,197,482	\$0	\$0	\$58,343,938	\$7,280,981
<b>Total</b>	<b>\$60,449,124</b>	<b>\$6,716,569</b>	<b>\$4,436,870</b>	<b>\$1,478,957</b>	<b>\$115,000</b>	<b>\$115,000</b>	<b>\$65,000,994</b>	<b>\$8,310,526</b>

MES/FX Phase II	CMS Share-- State Staff Costs	State Share-- State Staff Costs	CMS Share	State Share	CMS Share	State Share	FUNDING	State Share Total
	(90% FFP)	-10%	(75% FFP)	-25%	(50% FFP)	-50%	FFP Total	
	2A†		--		2A†		2A	
FFY 2020 ‡	\$693,833	\$77,093	\$0	\$0	\$0	\$0	\$693,833	\$77,093
FFY 2021	\$2,775,330	\$308,370	\$0	\$0	\$0	\$0	\$2,775,330	\$308,370
<b>Total</b>	<b>\$3,469,163</b>	<b>\$385,463</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$3,469,163</b>	<b>\$385,463</b>

MES/FX Phase II	CMS Share	State Share	CMS Share	State Share	CMS Share	State Share	TOTAL FFP	STATE SHARE TOTAL	APD TOTAL (TOTAL COMPUTABLE)
	2A&B†	--	4A&B†	--	5A,B&C†	--			
FFY 2020 ‡	\$7,350,889	\$1,106,638					\$7,350,889	\$1,106,638	\$8,457,527
FFY 2021	\$61,119,268	\$7,589,351					\$61,119,268	\$7,589,351	\$68,708,618
<b>Total</b>	<b>\$68,470,157</b>	<b>\$8,695,989</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$68,470,157</b>	<b>\$8,695,989</b>	<b>\$77,166,145</b>

‡ - FFY 2020 includes only quarter 4