

Planning
ADVANCE PLANNING DOCUMENT
For
**Florida Medicaid Management Information System/
Decision Support System/
Fiscal Agent Operations**

For

**Planning and Research Related to Procurement of a New Fiscal Agent
and Enhancements to or Development of a MMIS/DSS**



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

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EXECUTIVE SUMMARY

The purpose of this document is to provide to the Centers for Medicare and Medicaid Services a Florida Medicaid Planning Advanced Planning Document (PAPD). This is a request for Federal Financial Participation to undertake planning and research related to procurement of a new fiscal agent and enhancements to or development of a Medicaid Management Information System (MMIS) by June 2018.

HP Enterprise Services (HPES) is the Florida Medicaid fiscal agent for the current contract period, July 2008 through June 2018. The planning, preparation and eventual transition of a fiscal agent contract is a costly and time intensive project that historically has spanned several years. Due to the complexity of the current health care industry landscape and Florida Medicaid's many initiatives, especially statewide managed care, research and evaluation of national innovative models as well as Florida Medicaid's needs is essential to determine the extent and type of the MMIS procurement.

1. STATEMENT OF NEED AND OBJECTIVES

1.1 Statement of purpose, including vision 'the roadmap', needs, objectives and anticipated benefits.

Although it is unknown at this time if Florida will pursue a replacement MMIS or a take-over of the current system, several factors will determine the final decision. One factor is the age of the system at the time of the implementation of the next fiscal agent contract. In 2018, our current system will have operated in Florida for ten years. There could be very beneficial advances in technology as we get closer to 2018. Another factor will be the composition of service delivery in Florida as we transition to statewide managed care for recipients. The need for data analytics features of a system may overtake the need for traditional claims processing aspects. The Medicaid expansion provisions in the Affordable Care Act (ACA) of children to 133% of the federal poverty level may also be a factor in determining the path of the next procurement. Florida's Medicaid population is over three million. Significant growth in recipient enrollment impacts data storage and system processing times.

Florida must determine whether to keep the existing MMIS/DSS, enhance the existing MMIS/DSS, obtain a new MMIS/Decision Support System (DSS), or some variation:

- Turnover the existing MMIS to a new fiscal agent without modifications
- Turnover the MMIS but replace the DSS and decide whether to have a separate DSS contractor
- Turnover the MMIS to a new fiscal agent and then add enhanced components on a planned schedule
- Replace some parts of the MMIS and DSS such as Recipient, Provider, or Payments (a modular procurement)
- Partner with another state to share MMIS and DSS systems and operations
- Replace the entire MMIS and DSS (a traditional procurement)

The objective of the project will be to determine the most cost effective and efficient path for Florida Medicaid.

1.2 Describe the business need for system(s) development and/or modifications.

The current Medicaid fiscal agent contract with HPES ends on June 30, 2018; Florida Medicaid must, at a minimum, procure a new fiscal agent contract. Historically, procurement of a new fiscal agent has signaled either enhancement of the existing MMIS during the turnover to the new fiscal agent or a full design and implementation of a new MMIS.

Moreover, Florida is currently installing significant changes that will have an impact on the operation of Florida Medicaid and its MMIS.

- Florida's transition to full state-wide managed care: The Agency will implement the long term care managed care program by November 2013 and intends to implement the managed medical assistance program by August 2014.
- Conversion to Diagnosis-Related Groups (DRG) inpatient hospital reimbursement methodology on July 1, 2013. The Agency anticipates post-implementation activities associated with this critical methodology change to continue for several months after the implementation of the DRG methodology.

In addition to state projects, there are several very critical federal initiatives that impact Florida and must be considered. Some of the more high-profile initiatives that Florida will be working on during the next several years include:

- Installation of ACA-mandated operating rules necessary for the electronic exchange of information, which are meant to realize administrative simplification of HIPAA standard transactions
- Enhancements needed to implement Transformed-Medicaid Statistical Information System (T-MSIS) which will provide CMS with expanded enrollment, utilization and expenditure data for Medicaid and CHIP programs
- New requirements for Medicaid as a result of the Affordable Care Act, including the concept of the health insurance exchange and increased provider enrollment and screening capability
- Transition to the revised CMS-1500 claim form by April 2014
- Transition to the mandated ICD-10 codes by October 2014
- Compliance with the Health Plan Identifier requirements for health plans nation-wide, which must be in use by November 2016.

Also, there are several issues to be considered regarding the Decision Support System (DSS). Many States are looking to their data warehouses to provide users with a greater range of analytical possibilities beyond canned reporting of aggregated data. To achieve that goal, States are integrating external data sources (e.g., immunization and public health records) into their Medicaid data warehouses and supplying more advanced analytical tools to detect fraud and abuse and measure health outcomes. States are looking for comprehensive databases that allow users to perform link analysis, predictive modeling, and anomaly detection across many disparate data sources on an ad hoc basis. Ideally, those comprehensive databases are securely hosted online (without the need for proxy access or multiple platforms), are structured and hosted with enough hardware to support several hundred users, and are designed to accommodate ad hoc querying, large volume data extraction, as well as canned state and federal reporting.

1.3 Indicate which system(s) the state is seeking to modify.

With approval of this PAPD, the Agency along with its consultants will determine through needs assessment, requirements analysis, and thorough research the systems it will modify. Potentially, the Agency will modify or replace components of its MMIS, share functionality with other state's systems, and replace or enhance its DSS to meet the current and changing business needs.

2. REQUIREMENTS AND ALTERNATIVES ANALYSIS

2.1 Summary of the requirements analysis, feasibility study, and alternatives analysis.

Florida Medicaid intends to hire a research and planning consultant to assist the Agency in requirements analysis and alternatives analysis as well as for the preparation of a procurement document for the next fiscal agent contract. Important tasks for the consultant are as follows:

- Research available technologies that will address the impacts from the factors outlined above, including national innovative models and collaborative options with other states
- Research DSS and data analytics products and services
- Conduct an "environmental scan" of the current MMIS and DSS to determine the best type of solution for the future claims/encounter processing capabilities that will be required as Florida implements the new managed care delivery system
- Plan and conduct requirements gathering sessions organized by MITA structure and used to gather updates to the current Florida MITA State Self-Assessment (SS-A)

In collaboration with identified stakeholders, Florida Medicaid staff will lead and participate in necessary requirements analysis sessions to understand the current and projected state and national environments and to select the MMIS/DSS options that best meet the Agency's business needs and support the Florida MITA SS-A.

For functions and capabilities that do not currently exist in the MMIS or DSS, the capability will be designed, developed and implemented through a standard System Life Cycle Development methodology during the implementation phase of the project. All potential solutions will be analyzed to determine the most effective and efficient implementation of the required functions.

2.2 Cost/Benefit analysis.

Cost benefit is the primary consideration of this project. Using the resources outlined in this PAPD, the Agency will identify, through thorough research, the most effective and efficient solutions to meet its business needs that will also reduce the annual operational costs for fiscal agent services and operation of the MMIS/DSS systems. Moreover, the Agency must procure a new fiscal agent contract prior to the expiration of the current contract in June 2018.

3. PROJECT MANAGEMENT PLAN

3.1 Description of the nature and scope of the activities to be under taken and the methods to accomplish the project.

The Agency proposes to contract with consultants that will assist with project management; with research and options development, resulting in a Request for Proposal (RFP) for procurement

of MMIS contractor/s to provide fiscal agent services as well as operation of the MMIS/DSS; and with implementation and testing management activities.

3.1.1 Research and Options Development

The Agency will contract with a research and planning consultant that will update the MITA State Self-Assessment through analysis of the enterprise-wide business needs and conduct comprehensive research to identify available alternatives that will meet the Agency's needs and advance its MITA Maturity Levels. Following thorough consideration of alternatives, the Agency, in conjunction with its research and planning consultant, will determine the most beneficial and cost-effective solutions which will be used as the basis for the development of an RFP to competitively solicit contractor/s to implement system modifications or replace the system, operate the MMIS/DSS, and perform fiscal agent operations. Activities will include:

- Perform research of MMIS, other technologies, and other states' operations;
- Perform research of DSS and other data analysis products and services;
- Perform requirements gathering activities within Florida Medicaid;
- Determine and document alternative solutions for meeting business requirements that advance the states MITA Maturity Level;
- Prepare written documents including an updated MITA State Self-Assessment, a make-or-buy analysis, a cost benefit analysis, and requirement definitions for the Agency's review and approval;
- Assist with the development of the Request for Proposal procurement document and oversight of the technical evaluation of the bids

Each of these activities will be a deliverable of the research and planning consultant contract to be reviewed and approved by the Agency.

3.1.2 Project Management and Oversight

The Agency will contract with two consultant functions for these activities: a consultant to provide professional project management office (PMO) services and a separate Independent Verification and Validation (IV&V) consultant. The PMO consultant will provide comprehensive project management services during the planning phase of the project and continue through implementation of the selected MMIS/DSS solution and turnover of fiscal agent operations. Based on industry best practice, that introducing Independent Verification and Validation (IV&V) early in the process and integrating it closely with the PMO functions tends to mitigate project risk, the Agency proposes to begin the separate IV&V contract at the start of RFP development. Project management and oversight activities of the PMO consultant and the IV&V consultant will include:

- Create a comprehensive project work plan;
- Provide for oversight for the planning and execution of a multi-phased project;
- Obtain independent verification and validation of the MMIS contractor/s practices in developing, implementing, and testing the system.

3.1.3 Implementation and Testing Phase

During the implementation phase of the project, the Agency will contract with an implementation and testing consultant to oversee systems development, installation, user and operational readiness testing, operational readiness and turnover to the new fiscal agent contractor. Activities will include:

- Oversee design and development phases of the FMMS procurement project;
- Oversee the system testing and user acceptance testing (UAT) and operational readiness testing prior to implementation.

3.2 The project organization including personnel resources (in house and/or contractor) and responsibilities statement

The personnel resources identified for this project will include Agency leadership, Agency staff and consultants. The roles and responsibilities are as follows:

AHCA Executive Steering Committee: The Agency's executive steering committee will provide overall governance, guidance, and direction to insure the project achieves the business objectives for scope, time and budget. It also has the authority to cancel or delay the project if deemed appropriate.

Executive Sponsor: The Executive Sponsor will provide leadership and guidance on the overall strategic direction of the project and has overall programmatic responsibility for successful development and implementation of the project. The Executive Sponsor is ultimately responsible for securing spending authority and resources for the project.

Project Sponsor: The Project Sponsor has project ownership and provides guidance on the project activities throughout the duration of the project. The Project Sponsor keeps abreast of major project activities, and is a decision-maker for the project. The Project Sponsor will also resolve major issues, problems, and policy questions, and approve scope changes and major deliverables.

Project Team: The Agency has seven state staff dedicated to procure and manage the research and project management consultants. This team will work with the consultants throughout the term of the project and will coordinate, as needed, with other Agency staff, state agencies and legislature, and federal Medicaid administrators. In addition, the Agency will assign other state staff as needed to perform departmental planning, management, and coordination with regard to this project.

The project will establish cross-departmental work groups consisting of business, technical, and subject matter experts to discuss and provide resolution to strategic business issues affecting implementation. Distinct work groups will be formed to focus specifically on the current operational and systematic functions of the fiscal agent contract, including consideration for the decision support system. A Project Team member, with the assistance of the research and planning consultants, will facilitate team meetings and coordinate information sharing with the leads of each work group.

Project Management Office (PMO)

The Agency will establish a PMO using PMO consultant staff in conjunction with state staff on the project team. The tasks handled by the PMO include:

- Communications management including an electronic repository;
- Contract management support;
- Scope/change management;

- Time/schedule management;
- Cost/resource management, and
- Risk/issues/decisions management.

Each of these activities will be a deliverable of the research and planning consultant contract to be reviewed and approved by the Agency.

Research and Planning Consultant Team

The research consultant team will be responsible for conducting the research and providing technical writing and solicitation support. Their tasks consist of the following:

- Assessment of the Agency's business needs
- Update of the MITA State Self-Assessment
- Research of MMIS and DSS technologies and operations throughout the nation;
- Definition of the requirements within Florida Medicaid;
- Research and documentation of alternative solutions for meeting business requirements;
- Preparation of written documents including a make-or-buy and cost/benefit analysis;
- Assistance with the technical writing of the RFP specifications; and
- Oversight of the evaluation of the RFP responses' technical components.

Each of these activities will be a deliverable of the research and planning consultant contract to be reviewed and approved by the Agency.

Implementation and Testing Consultant Team

The Implementation and Testing consultant staff will be responsible for supporting the Project Team during the design, development and implementation of the system solutions and turnover of the fiscal agent operations. Their tasks include:

- Monitoring and evaluation of the contractor's technical compliance
- Review and validation of system test results
- Development and execution of UAT Testing Plan
- Oversight of the implementation phases of the procurement project.

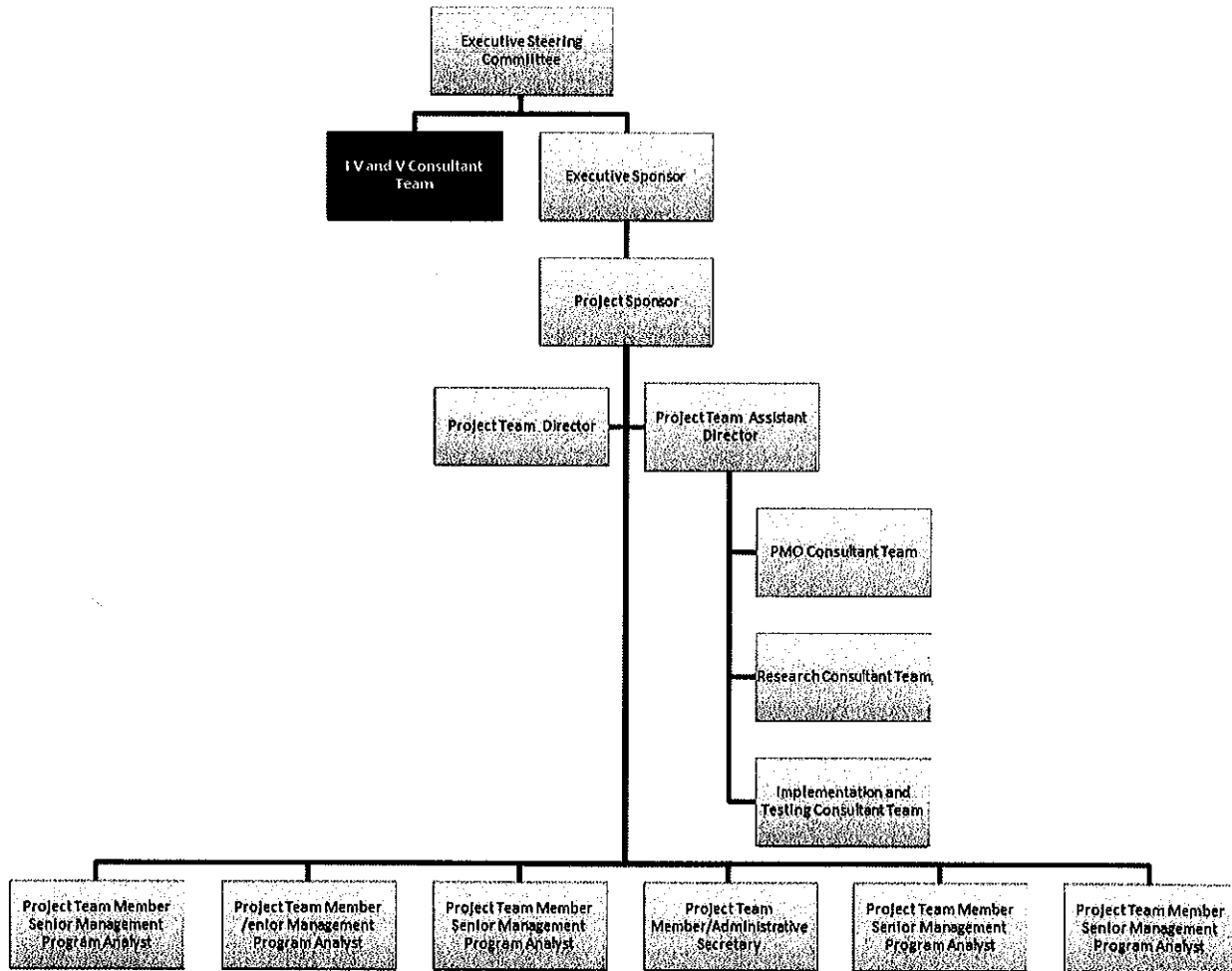
Each of these activities will be a deliverable of the research and planning consultant contract to be reviewed and approved by the Agency.

Independent Validation and Verification (IV&V) Consultant Staff

The Agency, in accordance with 45 CFR Part 95.626 and dependent on the size and scope of the resulting project, will contract with an IV&V consultant whose team will be responsible for the overall evaluation of the project's efficacy in fulfilling the targeted business needs and will provide periodic project assessments to the Executive Steering Committee and CMS. The IV&V consultant will also use the CMS Medicaid Enterprise Certification Toolkit checklists to document compliance with the certification criteria as part of the IV&V review criteria.

Organizational Chart

The following organizational chart represents the Agency and consultant resources planned for the Florida MMIS/DSS Fiscal Agent procurement project.

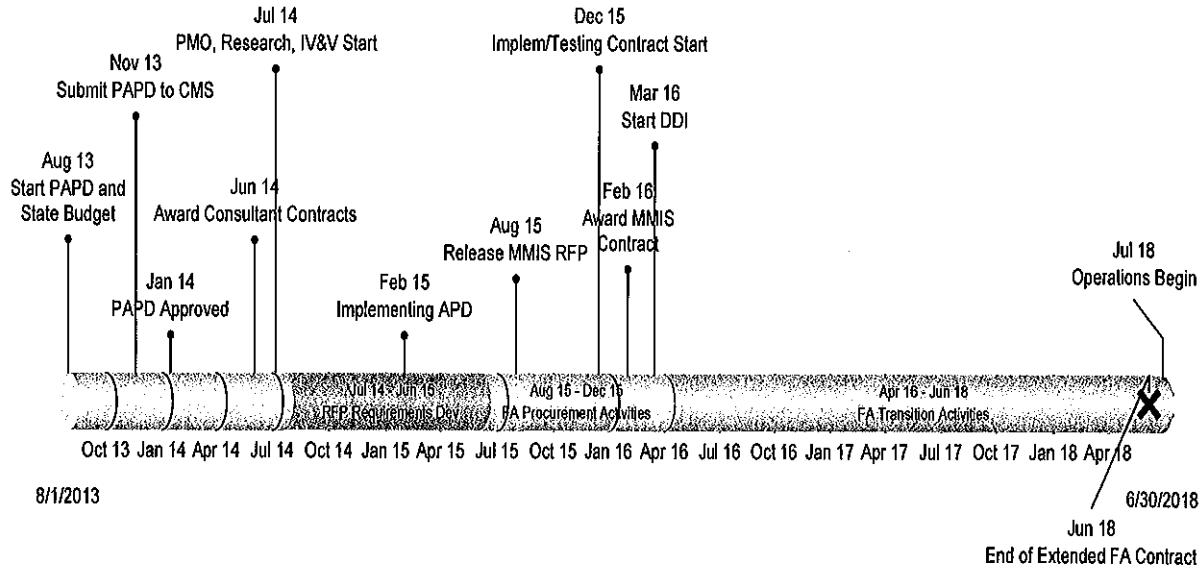


3.3 Project Schedule including major milestones, deliverables and key dates.

This is a complex project which will be accomplished through the efforts of several consultants along with a dedicated state Project Team. The Project Team will oversee all phases and consultants associated with the project, except for the I V and V contractor. The I V and V contractor will report directly to the Executive Steering Committee.

The project is divided into two phases: (1) research and planning and (2) implementation and testing. A tentative timeline is provided below.

Re-procurement Timeline



Florida Re-Procurement Tentative Timeline

3.3.1 Project Management Office (PMO)

A Project Management Office will oversee and support all project phases through implementation. Due to its complexity, the overall project must be well organized, carefully planned and structured to ensure the goals and objectives are attained on time and on budget. For the management of the overall project, the Agency will procure and contract with a professional project management organization to establish a Project Management Office and use professional project management standards that must include the following deliverables:

Table 1: Project Management Deliverables

| Deliverable | Contents |
|---|--|
| Project Charter | <ul style="list-style-type: none"> Title of Project Name of the Project Manager Authority of the Project Manager Result/Product of the Project Constraints Assumptions Executing Authority Date Approved |
| Stakeholder Analysis | <ul style="list-style-type: none"> Identification of stakeholders Stakeholder role/ interests/expectations Stakeholder contact information |
| Communications Management Plan | <ul style="list-style-type: none"> Feedback loops Method and frequency of reports for each stakeholder Project contact list Frequency of meetings and Status Reports Meeting facilitation and minutes production Project electronic repository/Sharepoint site |
| Work Breakdown Structure (WBS) | <ul style="list-style-type: none"> Identify all tasks, deliverables and milestones. Start date, end date, and work effort for all tasks. Task dependencies Resource allocation by task and role |
| Risk Management Plan | <ul style="list-style-type: none"> Identification of risks Process for tracking and monitoring risks Assignment of risk management responsibility |
| Change Management Plan | <ul style="list-style-type: none"> Change control process Assessment and tracking tools |
| Project Schedule | <ul style="list-style-type: none"> Task duration estimates Task sequence |
| Project Status Reporting: Weekly Monthly Quarterly | <ul style="list-style-type: none"> General status report Completed activities Planned activities Project issues and decisions Risk status Cost variance report Schedule variance report |

Table 2: Project Management Office Schedule

| | Milestone | Due Date |
|--|---|--------------------------------|
| Project Management Office (PMO) Consultant Team | Contract Start Up | July 1, 2014 |
| | Project Charter | August 8, 2014 |
| | Electronic Repository And Training | September 1, 2014 |
| | Stakeholder Analysis | September 30, 2014 |
| | Communications Management Plan | September 30, 2014 |
| | Develop Work Breakdown Structures (WBS) | September 30, 2014 |
| | Integrate Work Plans | Throughout all phases |
| | Risk Management Plan | September 30, 2014 |
| | Change Management Plan | September 30, 2014 |
| | Project Schedule | Monthly throughout the project |
| | Project Reporting | Weekly/monthly/quarterly |
| | Lessons Learned and Project Closeout | September 30, 2018 |

3.3.2 Research and Planning Phase

During this phase, the Agency will work with the research and planning consultants to define the business needs, conduct requirements gathering sessions, research appropriate system solutions, develop the procurement document, and oversee the evaluation of a MMIS/DSS systems and fiscal agent operations contractor.

Table 3: Research and Planning Phase Schedule

| Team | Milestone | Anticipated Date |
|-----------------------------------|---|-------------------|
| Planning Research Consultant Team | Contract Start Up | July 1, 2014 |
| | Develop Draft Work Plan | July 30, 2014 |
| | Comprehensive Review Of The Current MITA SS-A | July 18, 2014 |
| | Conduct Needs Assessment And Complete Gap Analysis Based On SS-A | October 31, 2014 |
| | Research, Identify, and Recommend Solutions For Enhancement, Replacement, Or Modifications To FMMIS And DSS Based On Gap Analysis | December 31, 2014 |
| | Develop Make-Or-Buy Analysis | January 17, 2015 |
| | Develop Cost/Benefit Analysis | January 31, 2015 |
| | Develop Draft FMMIS, Fiscal Agent And DSS Requirements | March 31, 2015 |
| | Develop Evaluation Criteria And Tools; Train Evaluators | June 30, 2015 |
| | RFP Vendor Conference Support; Vendor Question Research | September 1, 2015 |
| | Evaluation Oversight And Protest Support | November 30, 2015 |
| | Lessons Learned | December 15, 2015 |
| | Research Phase Close Out | December 30, 2015 |

3.3.3 Implementation Phase and Testing Phase

The Implementation and Testing (I and T) Consultant Team will join the project one month prior to the award of the MMIS/DSS/ Fiscal Agent contract. The I and T team will assist the Project Team in overseeing the implementation and testing of the system changes and user acceptance testing, operational readiness testing and preparing for system and turnover of operations, and oversee the system and operations post implementation.

Table 4: Implementation Phase Schedule

| Team | Milestone | Anticipated Date |
|--|---|---------------------------------------|
| Implementation and Testing Consultant Team | Contract Start Up | Jan. 4, 2016 |
| | Develop Draft Work Plan | January 15, 2016 |
| | Review the Successful Contractor's Proposal | February 8, 2016 |
| | Monitor MMIS/DSS Contractor Tasks And Evaluate Technical Compliance | Ongoing-beginning February 2016 |
| | Develop Operation System Performance Standards | December 2018 |
| | Assess Software and System Development Test Plans | Ongoing beginning with system testing |
| | Monitor Testing Phase | March 2018 |
| | Develop and Execute User Acceptance Test Plan | March, 2018 |
| | Assess Operational Readiness and Monitor Turnover | April 2018 |
| | Monitor Implementation And Post Implementation | September 30, 2018 |
| | Lessons Learned and Project Closeout | September 30, 2018 |

3.3.4 Independent Verification and Validation (IV&V) Services

The Agency will procure a consultant to provide an independent evaluation of the project, verify the project is meeting the needs of the users and stake holders and develop tools to monitor the risk and project schedule. The consultant will independently report the project's status to the Executive Steering Committee and CMS on a periodic basis throughout the project.

Table 5: I V and V Consultant Schedule

| Team | Milestone | Anticipated Date |
|---------------------------|--|---|
| I V and V Consultant Team | Contract Start Up | January 5, 2015 |
| | Develop Draft Work Plan | February 2, 2015 |
| | Review And Make Recommendations On Management Of The Project. | March 1, 2015 |
| | Review Draft RFP And Make Recommendations On The Technical Solutions' Ability to Support Business Needs | March 15, 2015 |
| | Consult With And Assess Stakeholders And User Involvement And Buy-In To Recommended Solutions | April 1, 2015 |
| | Analysis of RFP Responses – Technical Solutions Ability to Support Business Needs | December 1, 2015 |
| | Develop Performance Metrics and Track Project Completion Against Milestones Set By The State. | February 12, 2016 |
| | Conduct An Analysis Of Past Project Performance Make Recommendations For Improvement | During implementation phase |
| | Provide Risk Management Assessment And Capacity Planning Services | During implementation phase |
| | Document Compliance With The Certification Criteria Use The CMS Medicaid Enterprise Certification Toolkit Checklists | During implementation phase |
| | Report To The Executive Steering And Committee And CMS On The Efficacy Of The Project | Periodically throughout the life of the project |

3.4 Procurement and solicitation activities.

The Agency's dedicated Project Team will oversee all aspects of the solicitation activities. There are five separate solicitations that will occur during the project. Three of the solicitations will seek consultants to support the Agency's efforts to: identify the best solution to meet its business needs, develop an RFP for system enhancements and fiscal agent operations, govern the project using standard life cycle development strategies, and provide project management. The Agency will also solicit an IV&V consultant to independently monitor and validate the project. Consultants may bid on any or all solicitations for a PMO, research and planning team, and implementation and testing consultant team. Consultants that bid on the IV&V solicitation may not bid on any other solicitation related to this project.

The final solicitation will seek a contractor or contractors to develop and implement the system's solutions and takeover of the operation of the State's MMIS/DSS systems and fiscal agent operations. The State's solicitation activities will occur as follows:

Table 6: Agency Solicitation Schedule

| Team | Milestone | Anticipated Date |
|----------------------------|--|--|
| Agency Project Team | Submit PAPD to CMS | November 22, 2013 |
| | Develop SOW for Consultant Contracts | February 28, 2014 |
| | Issue Solicitations | March 21, 2014 |
| | Evaluate Responses | May 23, 2014 |
| | Award Contracts | June 2, 2014 |
| | Research and PMO Contract Start Up | July 1, 2014 |
| | | |
| | I V and V Contractor Start Up | January 5, 2015 |
| | Submit IAPD to CMS | February 28, 2015 |
| | Develop SOW For The MMIS/DSS/ FA Operations RFP & Submit For Internal Review | April 1, 2015 |
| | CMS Approval of Solicitation | June 1, 2015 |
| | Issue Solicitation | July, 2015 |
| | Receive Responses | Sept 1, 2015 |
| | Evaluate Responses | Nov. 16, 2015 |
| | Award Contract | Jan. 4, 2016 |
| | Implementation and Testing Contractor Start Up | Jan 4, 2016 |
| | Implementation Startup | Feb 15, 2016 |
| | Oversee Project | Ongoing throughout life of the project |
| | Implementation | July 1, 2018 |
| | Lessons Learned | September 30, 2018 |
| | Shut Down Project | September 30, 2018 |

4. PROPOSED PROJECT BUDGET AND COST DISTRIBUTION

4.1 State Agency Staff Costs Detail

Florida is already claiming 50% administrative match FFP for the existing State positions assigned to this project. This PAPD requests a shift of 40% of the current 50% state match to FFP which brings the total FFP up to 90% for these positions for this project. The chart below reflects this shift.

| State Agency Staff Costs | | | | FFP Per Quarter | | | | STATE Match per Quarter | | | | Total Project State Staff Cost | | | | |
|---|---------|---|----------------------------|-----------------|---------------------------------|-----------------------------|----------------------|-------------------------|-----------------------------|--------------------|---------------------------|--|-------------------------------|-------------------------------------|---------------|-----------------|
| POSITION (currently established Medicaid staff) | No. FTE | Average State BW Salary/Per FTE Per Month | Time Allocation to Project | Cost per month | Total Cost Per 3 months/quarter | Current 50% FFP per quarter | 40% additional match | FFP Total 90% | Current 50% FFP per quarter | 40% Shifted to FFP | Remaining 10% State Match | Total Project State Staff Cost (51 months) | Current 50% FFP Total Project | FFP Calculated 40% additional match | FFP Total 90% | State Match 10% |
| Project Sponsor | 1 | \$6,723.70 | 25% | \$1,680.93 | \$5,042.78 | \$2,521.39 | 2,017.11 | 4,538.50 | 2,521.39 | (2,017.11) | 504.28 | 85,727.18 | 42,863.59 | 34,290.87 | 77,154.46 | \$8,572.72 |
| Project Director | 1 | \$6,537.30 | 100% | \$6,537.30 | \$19,611.90 | \$9,805.95 | 7,844.76 | 17,650.71 | 9,805.95 | (7,844.76) | 1,961.19 | 333,402.30 | 166,701.15 | 133,360.92 | 300,062.07 | \$33,340.23 |
| Assitant Project Director | 1 | \$6,537.30 | 100% | \$6,537.30 | \$19,611.90 | \$9,805.95 | 7,844.76 | 17,650.71 | 9,805.95 | (7,844.76) | 1,961.19 | 333,402.30 | 166,701.15 | 133,360.92 | 300,062.07 | \$33,340.23 |
| Administrative Secretary | 1 | \$2,480.49 | 100% | \$2,480.49 | \$7,441.47 | \$3,720.74 | 2,976.59 | 6,697.32 | 3,720.74 | (2,976.59) | 744.15 | 126,504.99 | 63,252.50 | 50,602.00 | 113,854.49 | \$12,650.50 |
| Senior Management Analysts | 4 | \$5,943.00 | 100% | \$23,772.00 | \$71,316.00 | \$35,658.00 | 28,526.40 | 64,184.40 | 35,658.00 | (28,526.40) | 7,131.60 | 1,212,372.00 | 606,186.00 | 484,948.80 | 1,091,134.80 | \$121,237.20 |
| Subtotals | | | | \$41,008.02 | \$123,024.05 | \$61,512.02 | 49,209.62 | 110,721.64 | 61,512.02 | (49,209.62) | 12,302.40 | 2,091,408.77 | 1,045,704.38 | 836,563.51 | 1,882,267.89 | \$209,140.88 |
| Totals for PAPD | | | | | | | | | | | | | | | | |

4.2 Proposed Budget

| FLORIDA FISCAL AGENT PROCUREMENT PLANNING TASKS | FFY 2013-14 | | FFY 2014-15 | | FFY 2015-16 | | FFY 2016-17 | | FFY 2017-18 | | PAPD Total |
|---|---------------------|---------------------|-----------------------|---------------------|-----------------------|---------------------|-----------------------|---------------------|-----------------------|---------------------|------------------------|
| | FFP 90% | STATE 10% | FFP 90% | STATE 10% | FFP 90% | STATE 10% | FFP 90% | STATE 10% | FFP 90% | STATE 10% | |
| Project Management Office Tasks | | | | | | | | | | | |
| Establish PMO | \$166,604.80 | \$18,511.64 | | | | | | | | | |
| PMO Activities and Reporting | \$166,604.80 | \$18,511.64 | \$666,419.20 | \$74,046.56 | \$666,419.20 | \$74,046.56 | \$666,419.20 | \$74,046.56 | \$666,419.20 | \$74,046.56 | \$3,146,979.48 |
| Research Tasks | | | | | | | | | | | |
| Develop Draft Work Plan | \$30,887.41 | \$3,431.93 | | | | | | | | | |
| Comprehensive Review of MITA SS-A; Needs Assessment and Gap Analysis | \$684,202.84 | \$76,022.54 | \$228,067.61 | \$25,340.85 | | | | | | | |
| Research, Identify, and Recommend Solutions Based On Gap Analysis | | | \$456,135.23 | \$50,681.69 | | | | | | | |
| Develop Make-Or-Buy Analysis, Cost/Benefit Analysis | | | \$154,125.04 | \$17,125.00 | | | | | | | |
| Component Total | \$715,090.25 | \$79,454.47 | \$838,327.88 | \$93,147.54 | | | | | | | \$1,726,020.14 |
| Solicitation Tasks | | | | | | | | | | | |
| Develop Draft FMVMS, Fiscal Agent And DSS Requirements | | | \$308,250.07 | \$34,250.01 | | | | | | | |
| Develop Evaluation Criteria and Tools; Train evaluators | | | \$240,547.37 | \$26,727.49 | | | | | | | |
| RFP Vendor conference support; vendor question research | | | \$160,364.92 | \$17,818.32 | | | | | | | |
| Evaluation Oversight And Protest Support | | | \$80,182.46 | \$8,909.16 | | | | | | | |
| Lessons Learned and Research Phase Closeout | | | \$30,887.41 | \$3,431.93 | | | | | | | |
| Component Total | \$789,344.82 | \$87,704.98 | \$191,252.33 | \$21,250.25 | | | | | | | \$1,089,552.38 |
| IV&V Tasks | | | | | | | | | | | |
| Develop Draft Work Plan | | | 30,887.41 | 3,431.93 | | | | | | | |
| Assessment of Project Management, Stakeholder Involvement, and Technical Solution | | | 160,364.92 | \$17,818.32 | | | | | | | |
| Analysis of RFP Responses – Technical Solutions Support of Business Needs And Performance Metrics Development | | | \$481,094.74 | \$53,454.98 | | | | | | | |
| Implementation Evaluation, Risk Management | | | | | | | | | | | |
| Assessment/Capacity Planning, Certification Compliance; Report to the Executive Steering and CMS | | | \$672,347.07 | \$74,705.23 | | | | | | | |
| Component Total | | | \$1,244,694.14 | \$149,400.44 | | | | | | | \$3,954,350.62 |
| Implementation/Testing Oversight Tasks | | | | | | | | | | | |
| Develop Draft Work Plan and review FA Contractor's Proposal | | | \$178,772.56 | \$19,863.62 | | | | | | | |
| Monitor MIVIS/DSS Contractor Tasks And Evaluate Technical Compliance; Develop Operation System Performance Standards; Testing Oversight | | | \$1,233,000.29 | \$137,000.03 | | | | | | | |
| Assess Operational Readiness and Monitor Turnover | | | | | | | | | | | |
| Monitor Implementation And Post Implementation | | | | | | | | | | | |
| Component Total | | | \$1,411,772.85 | \$156,863.65 | | | | | | | \$5,849,887.50 |
| Building Space rental | | | | | | | | | | | |
| Component Total | | | \$33,408.00 | \$33,408.00 | | | | | | | \$178,176.00 |
| State Agency Staff Costs | | | | | | | | | | | |
| Additional 40% FFP for existing FTE currently at 50% FFP | \$49,209.62 | | \$196,838.48 | | \$196,838.48 | | \$196,838.48 | | \$196,838.48 | | \$836,563.54 |
| PAPD Total | \$942,040.67 | \$109,102.11 | \$3,207,821.44 | \$374,148.32 | \$3,461,880.35 | \$392,478.41 | \$3,674,947.60 | \$386,456.56 | \$3,829,072.64 | \$403,581.56 | \$16,781,529.66 |

4.2 Cost Allocation Plan and/or Methodology

Distribution of FFP as described in this PAPD is in accordance with Part 11 of the State Medicaid Manual and federal regulations at 45 CFR 95.612.

5. COST BENEFIT ANALYSIS

There is financial benefit in making the most appropriate decisions in the modernization of Medicaid's systems and operation of fiscal agent services. It is the intent of this PAPD that the Agency, with the aide of consultants, identifies ways to reduce cost through project management, minimizing manual processes, enhancing data analytics to prevent fraud, improving appropriate programmatic decision making by utilizing advanced statistical analytics, incorporating the use of modular system components, and sharing systems with other states.

With thorough research, independent assessment, and appropriate project management the state will issue a procurement document soliciting contractors that can develop and implement solutions that provide the most modern and effective system and operations with the highest cost savings.

6. STATEMENT OF SECURITY/INTERFACE AND DISASTER RECOVERY REQUIREMENTS

This PAPD is providing evidence of declaration, indicated by the checked boxes below, that the Florida Medicaid will meet these requirements.

- The State Agency will implement and/or maintain an existing comprehensive 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.

7. CMS REQUIRED ASSURANCES

The State of Florida assures that it will adhere to the provisions identified from federal regulations in the table below, as marked.

Assurances to CMS

| | | | |
|----------------------------|--|---------|--------|
| ✓ Procurement Standards | 45 CFR Part 95.613 | ✓ Yes | ___ No |
| | 45 CFR Part 74 | ✓ Yes | ___ No |
| | SMM Section 11267 | ✓ Yes | ___ No |
| | SMD Letter of Dec. 4, 1995 | ✓ Yes | ___ No |
| ✓ Access to Records | 45 CFR Part 95.615 | ✓ Yes | ___ No |
| | SMM Section 11267 | ✓ Yes | ___ No |
| ✓ Software Ownership | The State shall own any software, procedures or publications that are designed, developed, installed or improved with 90 percent FFP. The State shall retain the right to sign, extend, and cancel any licenses for software used in operation of FMMIS. | | |
| ✓ Federal Licenses | The U.S. Department of Health and Human Services has a royalty-free, non-exclusive and irrevocable license to reproduce, publish, or otherwise use and authorize others to use software, modifications to software, and documentation that is designed, developed, installed, or improved with 90 percent FFP. | | |
| ✓ Information Safeguarding | 42 CFR Part 433.112(b)(5) – (9) | ✓ Yes | ___ No |
| ✓ Progress Reports | SMM Section 11267 | ✓ Yes | ___ No |
| ✓ IV&V: | 45 CFR Part 95.626 | ___ Yes | ✓ No |

8. ADDRESSED OR NOT ADDRESSED

1. No **Modularity Condition.** Use of 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; and the availability of business rules in both human and machine readable formats.

APD section(s): 1, 3

2. No **MITA Condition.** Align to and advance increasingly in MITA maturity for business, architecture, and data.

APD section(s): 1, 2, 3

3. No **Industry Standards Condition.** Ensure alignment with, and incorporation of, industry standards: the Health Insurance Portability and Accountability Act of 1996 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.

APD section(s): 1, 3

4. No **Leverage Condition.** Promote sharing, leverage, and reuse of Medicaid technologies and systems within and among States.

APD section(s): 3

5. No **Business Results Condition.** Support accurate and timely processing of claims (including claims of eligibility), adjudications, and effective communications with providers, beneficiaries, and the public.

APD section(s): 1, 2, 3

6. No **Reporting Condition.** Produce transaction data, reports, and performance information that would contribute to program evaluation, continuous improvement in business operations, and transparency and accountability.

APD section(s): 3

7. No **Interoperability Condition.** Ensure seamless coordination and integration with the Exchange (whether run by the state or federal government), and allow interoperability with health information exchanges, public health agencies, human services programs, and community organizations providing outreach and enrollment assistance services.

APD section(s): 1, 2, 3