



FLORIDA HEALTH CARE CONNECTIONS

Executive Steering Committee (ESC) Meeting

July 31, 2020





FLORIDA HEALTH CARE CONNECTIONS

Roll Call and Committee Member Introductions

James (JC) Miller, Chair





FLORIDA HEALTH CARE CONNECTIONS

Sunshine Laws Overview

Bill Roberts, Deputy General Counsel



Sunshine Laws Overview

- The Sunshine Law is established by Article I, Section 24 of the Florida State Constitution and Chapter 286, Florida Statutes (F.S.).
- A collegial body is subject to the Sunshine Law. Any gathering (this includes email communications) of two or more members of the collegial body to discuss some matter on which foreseeable action will be taken by the collegial body is considered a meeting subject to Sunshine Law requirements. Collegial body includes:
 - Commission or council
 - Advisory board
 - Ad hoc committee
 - Task force



Sunshine Laws Overview

Basic Requirements

- The Sunshine Law imposes three basic requirements:
 1. Meetings of the collegial body must be open to the public
 2. The collegial body must give “reasonable notice” of its meetings
 3. The collegial body must keep minutes of its meetings

Sunshine Laws Overview

Meetings

- A “meeting” of a body subject to the Sunshine Law is broadly defined to include any gathering – formal or informal – during which two or more members of the body discuss the official business of the body. Accordingly, business-related discussions between members of the collegial body may only take place at open, properly-noticed meetings.
- Members may not discuss the business of the collegial body with each other through private phone conversations or e-mail discussions. Members may distribute documents to each other, but they may not discuss or exchange comments on those documents outside of a public meeting.
- In addition, members may discuss business with third parties (i.e., non-members of the body), provided the members do not use a third party as a liaison for business-related communication with other members.



Sunshine Laws Overview

Notice

- “Reasonable notice” of public meetings is required. AHCA follows Section 120.525, F.S., in providing public meeting notice, which dictates the following:
 - Notice of public meetings, hearings, and workshops shall be by publication in the Florida Administrative Register not less than 7 days before the event. The notice shall include a statement of the general subject matter to be considered.
 - An agenda shall be prepared in time to ensure that a copy of the agenda may be received at least 7 days before the event by any person in the state who requests a copy and who pays the reasonable cost of the copy. The agenda shall contain the items to be considered in order of presentation. After the agenda has been made available, a change shall be made only for good cause, as determined by the person designated to preside, and stated in the record. Notification of such change shall be at the earliest practicable time.



Sunshine Laws Overview

Minutes

- Although the Sunshine Law requires the collegial body to record minutes of its meetings, such minutes need not be verbatim transcripts of the proceedings. A summary or notes of the meeting is sufficient.
- It is within the collegial body's discretion to determine who is responsible for creating the minutes of meetings.

Sunshine Laws Overview

Public Records

- As a general matter, any documents or other materials that are (1) created or received by collegial body members, (2) related to the collegial body's official business are "public records" which must be made available to the public for inspection and copying.
- These are all considered "public records" if they are used to "perpetuate, communicate, or formalize knowledge."
 - Reports – circulated drafts of such reports
 - Business related correspondence between collegial body members and AHCA, or any member of the public
 - E-mail between collegial body members and AHCA, or any member of the public
 - Personal notes of collegial body members



Sunshine Laws Overview

Confidential Information

- It is possible that records created by the collegial body will include information that is considered confidential and exempt from the Public Records Law. For example, some information which could conceivably come before the collegial body, such as Medicaid recipient identifying information and medical records, is confidential and exempt.
- In the event that a collegial body document were to include confidential information, the relevant portions of that document would have to be redacted before the document could be released to the public. Collegial body members should also take care during the public meetings not to discuss information derived from such confidential records.



Sunshine Laws Overview

Public Participation

- Section 286.0114, F.S., requires that members of the public be given reasonable opportunity to be heard on a proposition that is before the Council.
- The opportunity to be heard does not apply to acts which are ministerial, for example, the approval of minutes.
- The Workgroup may develop guidelines for public participation such as providing time limits for speakers, having a single representative speak for a group, using “speakers’ cards,” or designating a specific time period for public comment.



Sunshine Laws Overview

Penalties

- Knowing violations of the Sunshine Law are second degree misdemeanors, which carry a maximum sentence of 60 days and up to a \$500 fine.
- Public officers who violate the law have committed a non-criminal infraction, punishable by a fine of up to \$500.



Sunshine Laws Overview

Resources

- Government in the Sunshine Manual 2020
[http://myfloridalegal.com/webfiles.nsf/WF/MNOS-B9QQ79/\\$file/SunshineManual.pdf](http://myfloridalegal.com/webfiles.nsf/WF/MNOS-B9QQ79/$file/SunshineManual.pdf)
- Department of State Records Retention Schedules
<https://dos.myflorida.com/library-archives/records-management/general-records-schedules/>
- AHCA Public Records Request
http://ahca.myflorida.com/Executive/Communications/public_records.shtml
- Bill Roberts at 850-412-3630
William.Roberts@ahca.myflorida.com





FLORIDA HEALTH CARE CONNECTIONS

ESC Roles and Structure

JC Miller, Chair



ESC Roles and Responsibilities

Implementing Bill 5003 (2020)

Requirement	Compliance
<p>Identify and recommend to the Executive Office of the Governor, the President of the Senate, and the Speaker of the House of Representatives any statutory changes needed to implement the modular replacement to standardize, to the fullest extent possible, the state's healthcare data and business processes.</p>	<p>The Executive Office of the Governor's working group for interagency information technology integration will advise and inform the ESC on recommendations to standardize, to the fullest extent possible, the state's healthcare data and business processes. Other recommendations may come through the project teams and ESC members.</p>
<p>Review and approve any changes to the project's scope, schedule, and budget which do not conflict with the requirements of subsections (1) and (2) [per the Implementing Bill].</p>	<p>FX will present for ESC review, any changes that impact the FX Strategic Roadmap to ensure the resolution of the fiscal agent contract. These would include any changes in the high-level scope of any module or shifts between modules as well as any schedule shifts or delays. Budget changes will be addressed through the Agency's Legislative Budget Request and Quarterly Budget Amendment processes.</p>



ESC Roles and Responsibilities

Implementing Bill 5003 (2020)

Requirement	Compliance
<p>Ensure that adequate resources are provided throughout all phases of the project.</p>	<p>FX will, prior to each Legislative Session, provide to the ESC, a review of the Strategic Roadmap, Operational Workplan (including FX Organizational Structure), and Spending Plan as well as a high-level timeline of all decisions coming before the ESC for the fiscal year.</p>
<p>Approve all major project deliverables.</p>	<p>FX will develop major project deliverables for inclusion in the solicitation document, which will be provided to the ESC for approval prior to release. The committee will receive updates on major deliverables through periodic FX Program Dashboards.</p>
<p>Approve all solicitation-related documents associated with the replacement of the current Florida Medicaid Management Information System (FMMIS) and Medicaid fiscal agent.</p>	<p>FX will provide a high-level overview of each solicitation for the purchase of modular solutions (including any RFP, RFQ, or ITN) to the ESC for approval prior to the submission to CMS for its approval.</p> <p>Specific solicitations for review will be determined in the first ESC meeting of each fiscal year.</p>



ESC Structure

ESC Membership



ESC Structure

Meeting Process

- The FX Executive Sponsor chairs the ESC; however, the FX Director is responsible for conducting the meeting.
- The FX Director will update the ESC on matters related to the FX Program's scope, schedule, and budget.
- The FX Director prepares and distributes the agenda, status reports, and a list of deliverables (as applicable) to ESC members for review prior to the meeting.
- Public comment will be taken prior to voting by ESC members.
- A quorum of the ESC consists of at least 11 members present.
- The ESC action shall be taken by a vote from at least 10 affirmative votes following with the Chair voting on the prevailing side.



ESC Structure

Meeting Schedule

- Quarterly scheduled meetings or as required, at the call of the Chair.
- Meetings scheduled at least two weeks in advance with ESC members and publicly noticed in the Florida Administrative Register at least one week prior to the meeting date.
- Meeting agenda will be provided when the meeting is noticed.



FLORIDA HEALTH CARE CONNECTIONS

FX Program Overview

Mike Magnuson, FX Director



FX Program Overview

Florida Medicaid

- Florida Medicaid Budget (General Appropriations Act (GAA)) for 2020-21: \$29.6 billion
- Florida Federal Medical Assistance Percentages for Fiscal Year (FY) 2020-21: 61.96%
- Fifth largest state for expenditures
- Fourth largest state for enrollment
- 4.1 million Floridians enrolled as of June 2020
- 19% of all Floridians covered



FX Program Overview

Background

- Fiscal Agent contract for FMMIS was set to expire in 2018
- Began Take Over Approach in 2015
 - Operate under the Centers for Medicare & Medicaid Services (CMS) authority (from Advance Planning Document – APD)
 - Medicaid Information Technology Architecture (MITA) requirement
 - 90/10 funding – Design, Development, and Implementation (DDI)
 - Certified
 - 75/25 funding – Operations
- Submitted Invitation to Negotiate for approval October 2015
- CMS denied the Agency’s approach February 2016

FX Program Overview

Background

- CMS issued a rule in 2016 requiring states to follow a modular approach to Medicaid IT acquisition, which reduces system risk compared to a single vendor system
- Modularity means States can take advantage of vendor specialization in niche offerings and that the latest technology and processes can be implemented more quickly and cost effectively
- December 2016 – CMS approved AHCA’s resubmitted strategy beginning with Phase 1



FX Program Overview

FX Phases

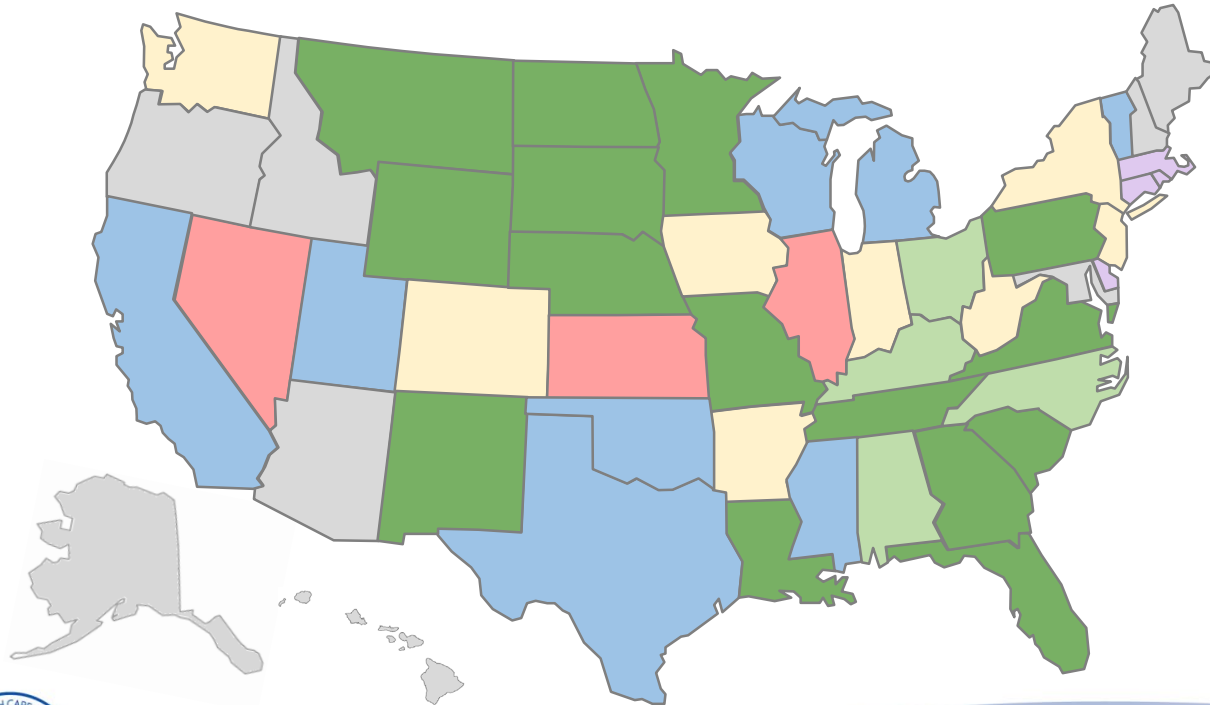
<p>COMPLETE Fall 2017</p>	<p>PHASE 1</p>	<p>Procure a Strategic Enterprise Advisory Services (SEAS) Vendor and an Independent Verification and Validation (IV&V) Vendor</p>
<p>FALL 2019 – 2022 WE ARE HERE</p>	<p>PHASE 2</p>	<p>Establish the technical foundation of the modular transformation through the Agency’s procurement of an Integration Services and Integration Platform (IS/IP) Solution and an Enterprise Data Warehouse (EDW) Solution</p>
<p>Fall 2019 – 2024 WE ARE HERE</p>	<p>PHASE 3</p>	<p>Transition the current fiscal agent contract by December 2024, which include activities to procure modules to transform and improve the FMMIS business processes and replace functionality with solutions that are interoperable with other systems within FX and the larger Florida Health and Human Services agency ecosystem</p>
<p>Spring 2023 – 2027</p>	<p>PHASE 4</p>	<p>Acquisition and implementation of modular processing capabilities, systems and services that upgrade, modernize, and replace the functions currently performed by multiple existing systems</p>



FX Program Overview

Background

There is no one size fits all reaction to trends in either the general healthcare and technology or the specific MMIS spaces.



Legend









- 15** Modular: Replace MMIS with multiple modules
- 8** Takeover: Takeover or keep current MMIS, then modularize over time with existing or other vendors
- 3** Transition: Transition to new MMIS, then modularize
- 4** Leaning Modular: Plans not published, but leaning modular
- 4** Leaning Takeover / Transition: Plans not published, but leaning toward takeover or transition, then modularize
- 9** Plans Not Released: No plans or planning underway, direction not yet known
- 8** Pre-Dates New Rules: Replacement strategy pre-dates new rules, transition recently completed or underway with multiple years remaining on contracts



Note: Based on publicly available information as of June 2, 2017.

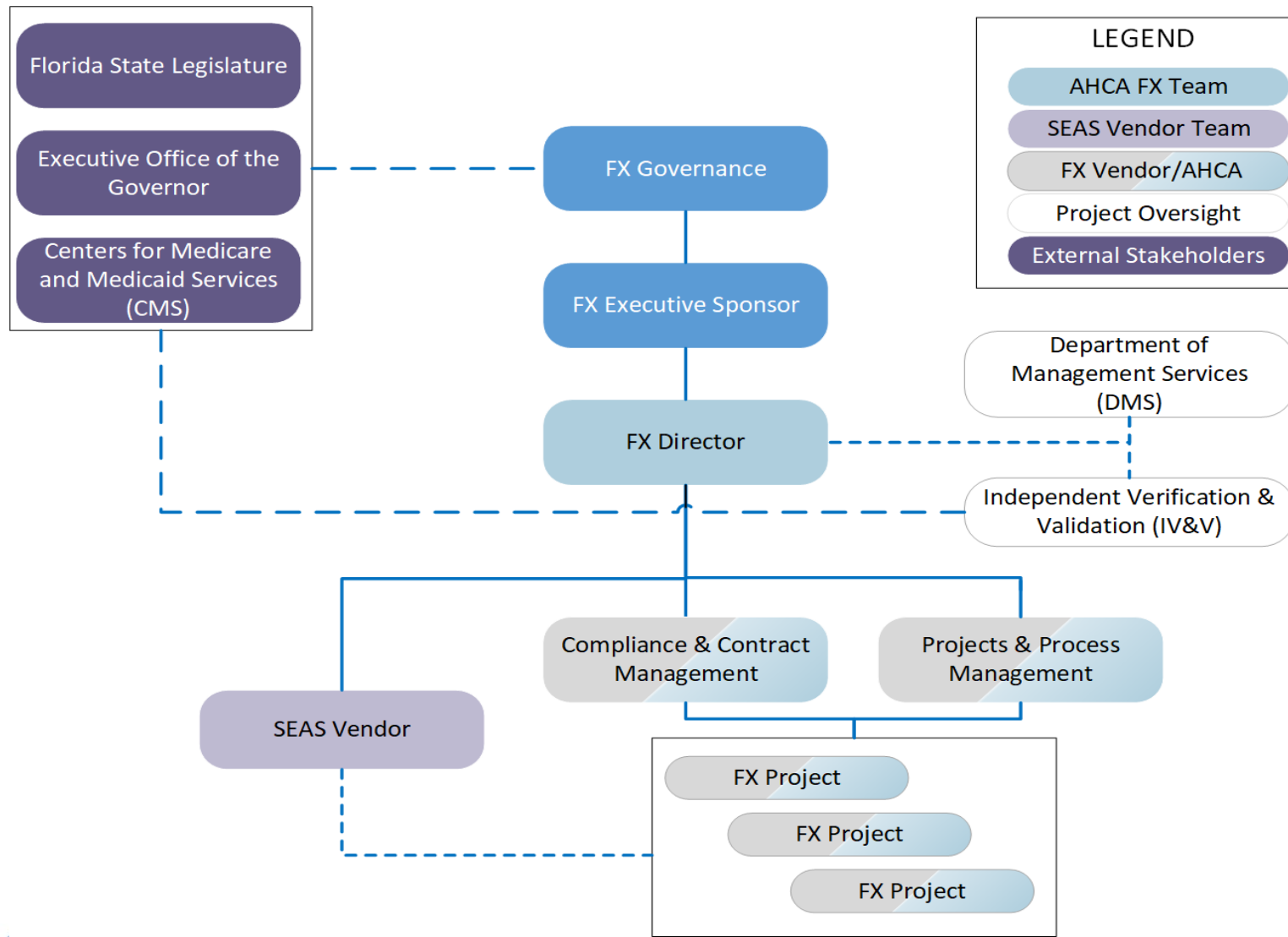
FX Program Overview

Guiding Principles

-  Enable high-quality and accessible data
-  Improve health care outcomes
-  Reduce complexity
-  Improve integration with partners
-  Use evidence-based decision-making
-  Improve provider and recipient experiences
-  Enable good stewardship of Medicaid funds
-  Enable holistic decision-making rather than short-term focus

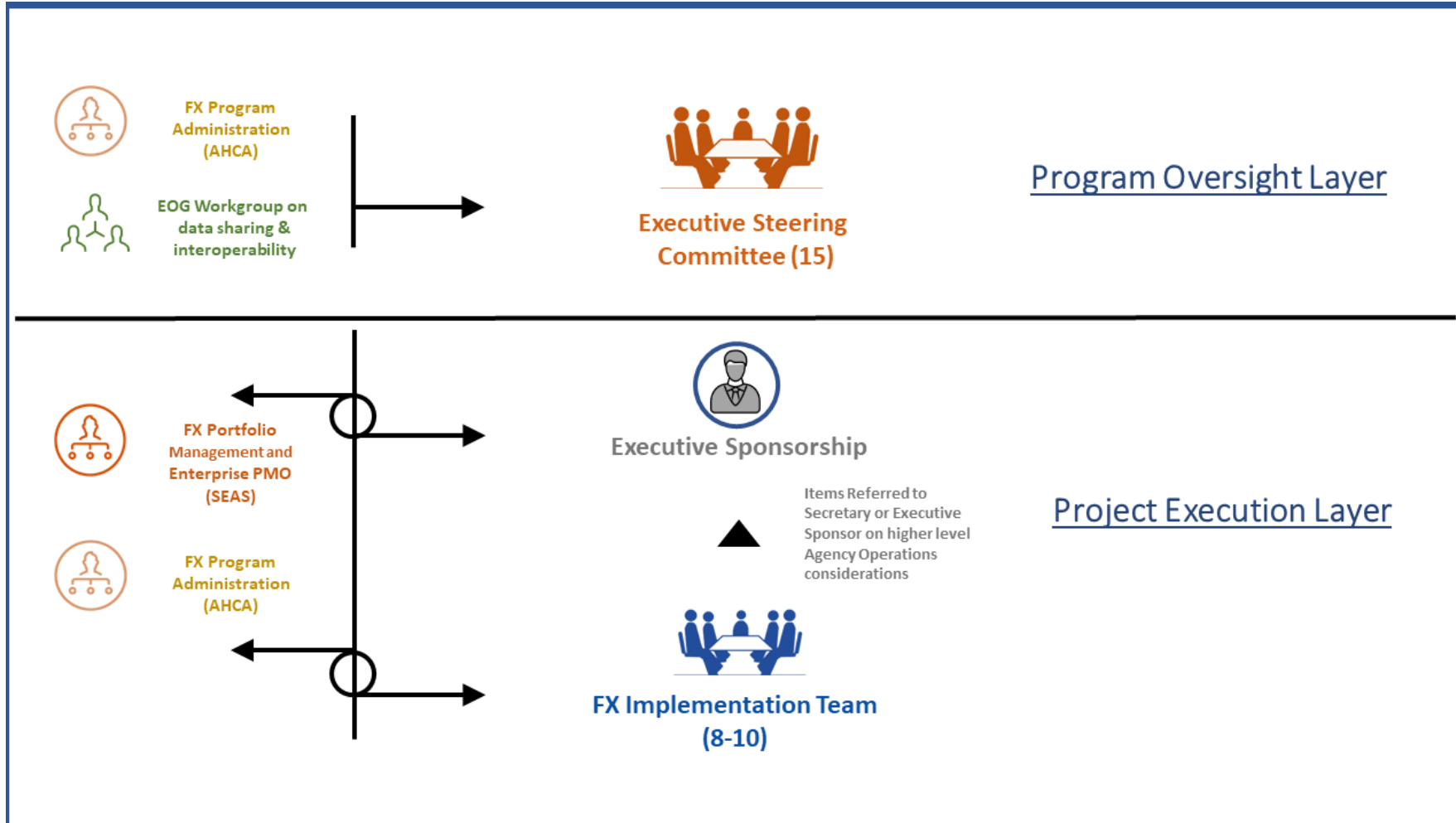
FX Program Overview

Organizational Structure – FY 2020/2021



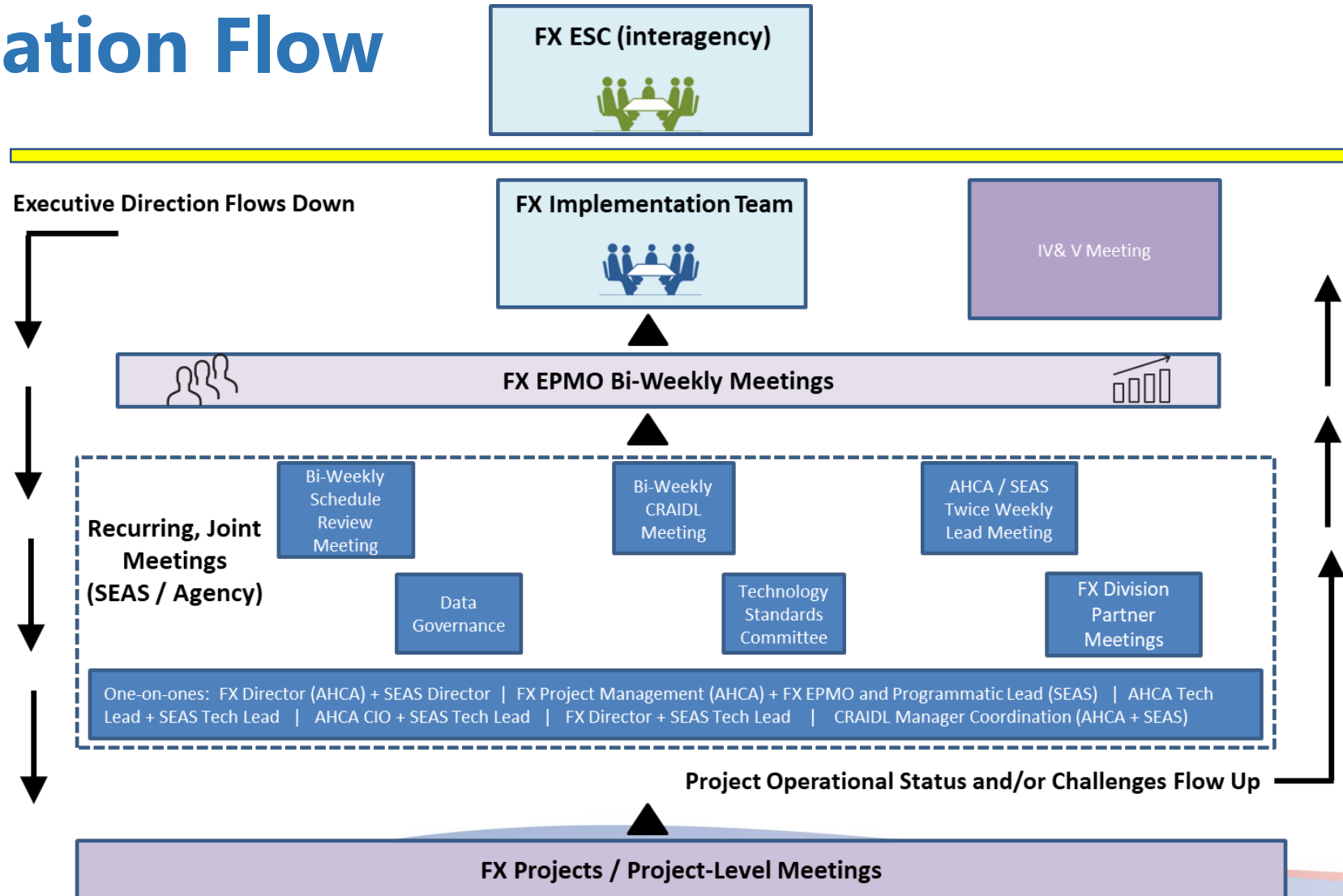
FX Program Overview

Governance



FX Program Overview

Communication Flow





FX Program Overview

Financials as of 7/17/2020 – FY 2019/2020

	Category	Final Appropriation (7/1/2019)	Contracted (Encumbrance)	Actual Spent	Total Expected Spend
Phase 1	SEAS	\$19,543,200.00	\$19,119,949.68	\$15,978,402.46	\$17,331,120.00
	IV&V	\$3,230,996.00	\$3,469,097.90	\$3,196,333.60	\$3,459,097.90
Phase 2	IS/IP - Implementation	\$9,595,958.00	\$9,024,511.31	\$3,680,858.59	\$8,393,031.00
	EDW - Implementation	\$4,582,500.00	-	-	-
	Contracted Services	-	-	\$213,501.25	\$213,501.25
Phase 3	Provider Management Module	\$503,200.00	-	-	-
	FMMIS Support	\$2,804,662.00	\$2,771,021.28	\$2,357,189.07	\$2,626,522.77
Other	ITCO Job Scheduler	\$2,512,000.00	-	-	-
	Case Management	\$1,400,800.00	-	-	-
	Module Integration	\$1,500,000.00	-	-	-
Total		\$45,673,316.00	\$34,384,580.17	\$25,426,284.97	\$32,023,272.92





FX Program Overview

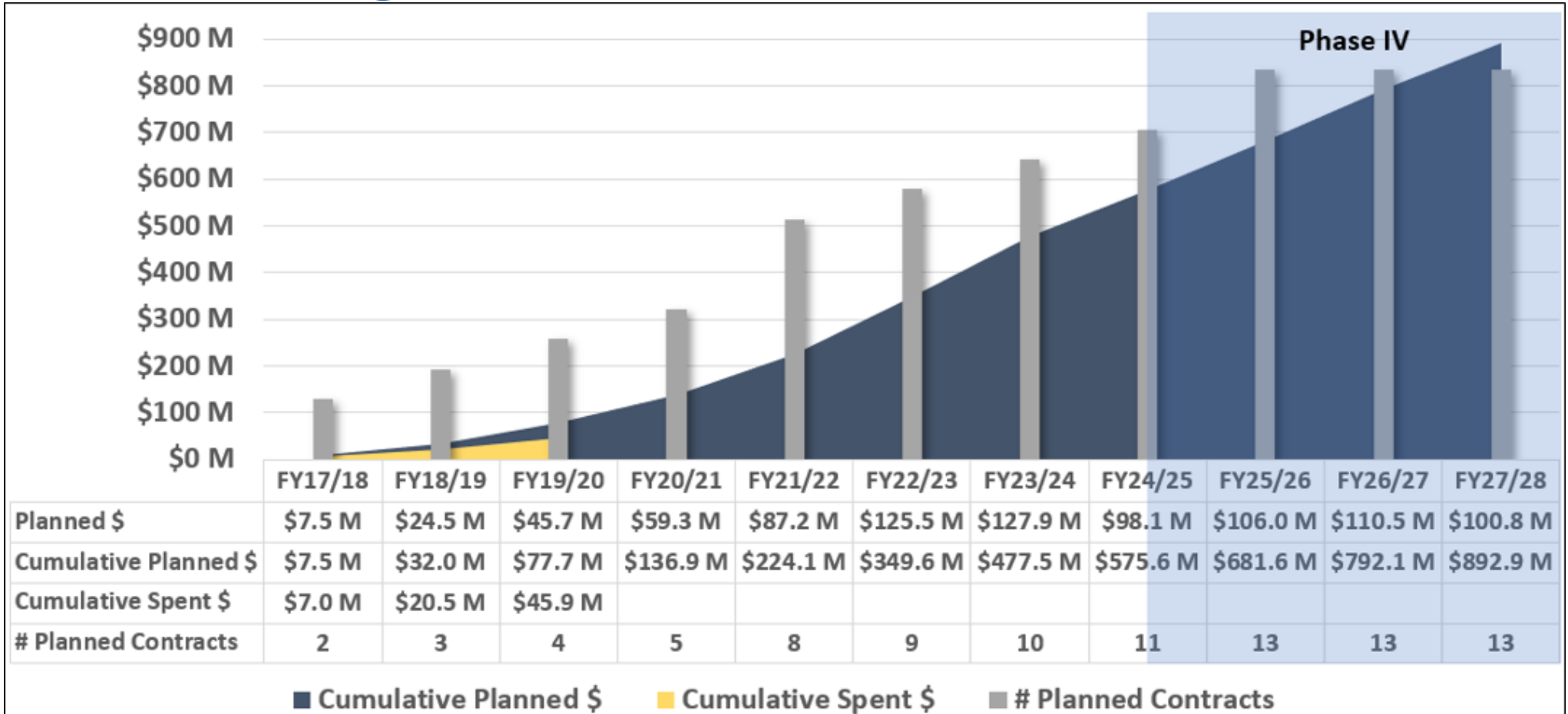
Financials as of 7/17/2020 – FY 2020/2021

	Category	Final Appropriation (7/1/2020)	Contracted (Encumbrance)
Phase 1	SEAS	\$9,710,400	\$9,710,400
	IV&V	\$3,230,996	\$3,230,851
Phase 2	IS/IP - Implementation	\$6,363,460	\$6,363,460
	IS/IP - Operations	\$4,503,602	\$4,503,602
	EDW - Implementation	\$30,252,168	-
	EDW - Data Governance	\$240,232	\$222,000
	EDW - Legal Fees/Court Rept	\$230,000	\$230,000
Phase 3	Core - Procurement	\$1,400,800	\$500,000
	Provider - Procurement	\$150,000	-
	FMMIS Support	\$3,194,400	\$3,194,400
Total		\$59,276,058	\$27,954,713



FX Program Overview

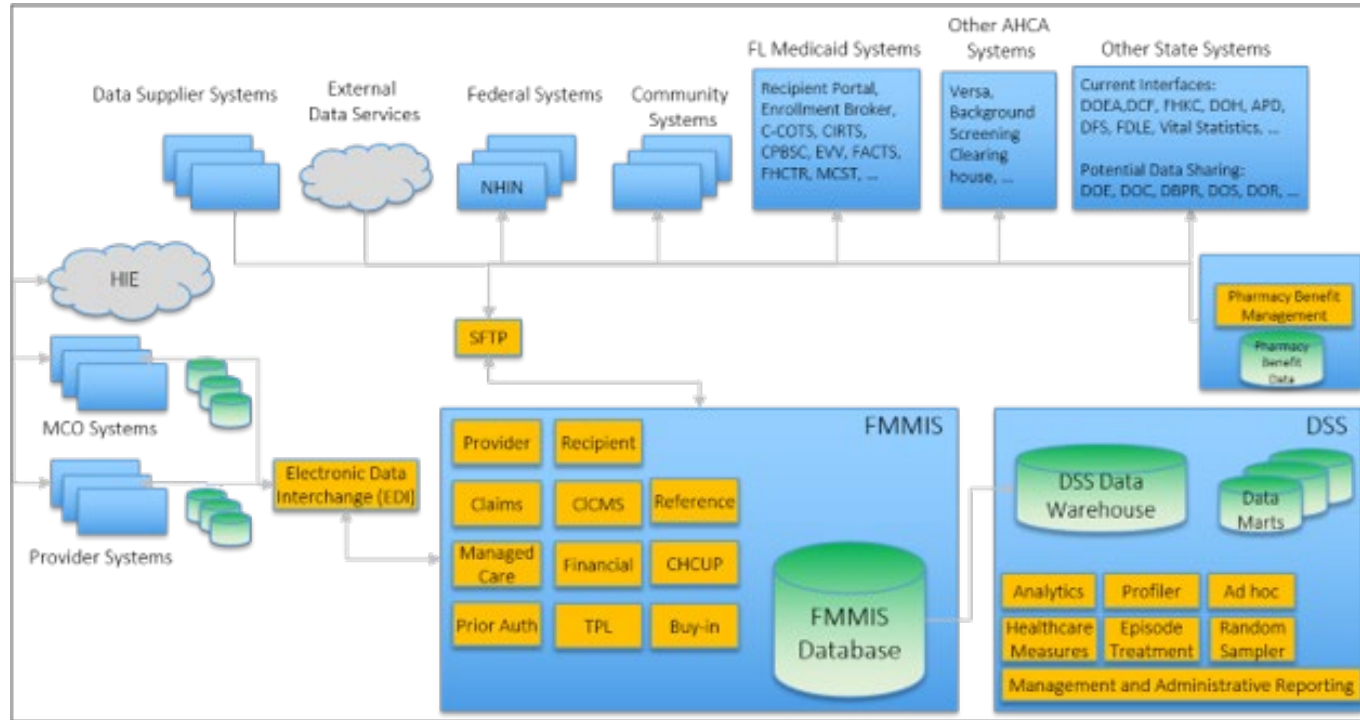
Cumulative Funding Estimates with Planned Contracts



FY 17/18 – FY 20/21 – reflects Appropriated funding
 FY 21/22 – FY 27/28 – reflects estimated funding
 Cumulative Spent includes payments made through June 30, 2020

FX Program Overview

Current State



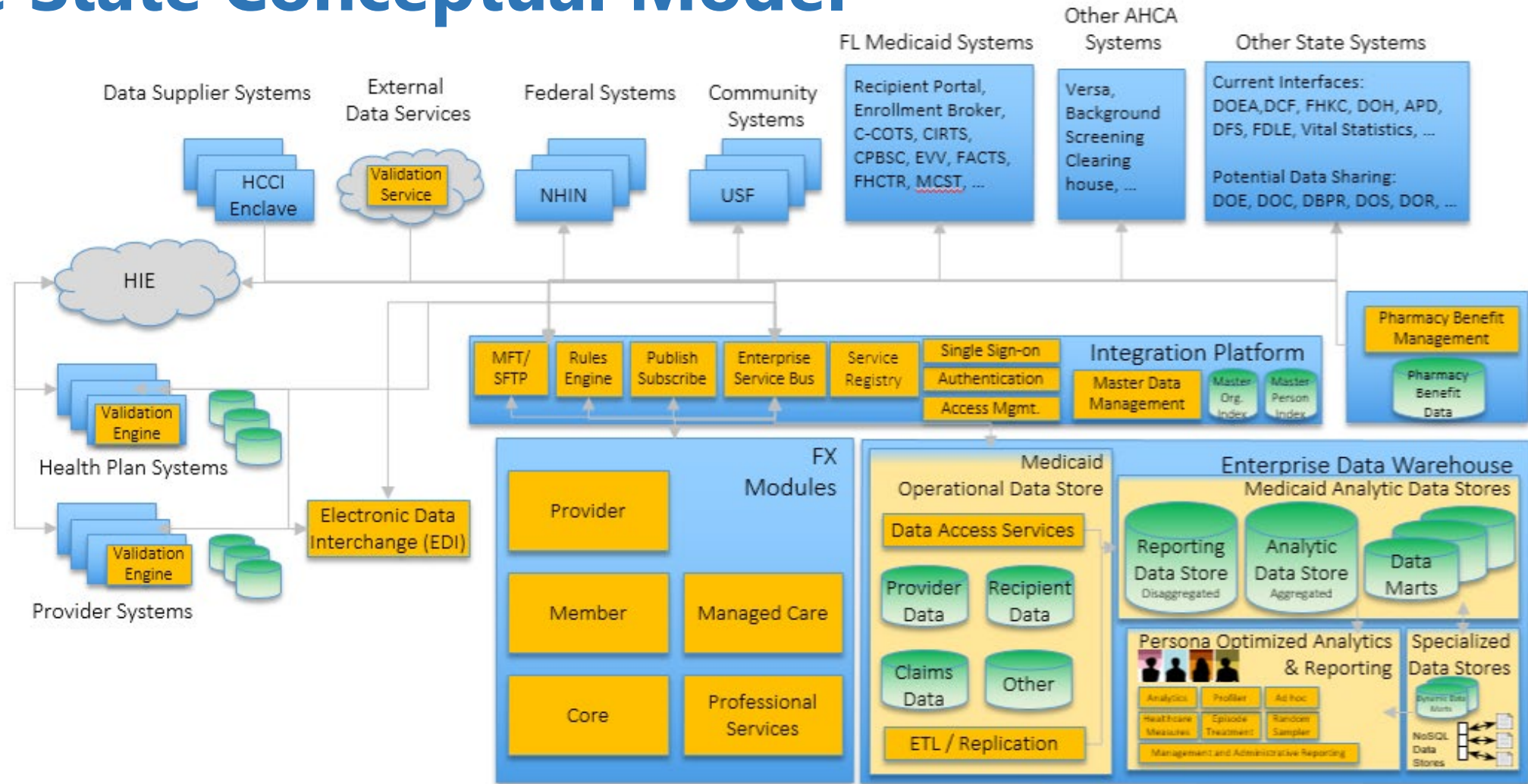
The Florida Medicaid Enterprise System (MES) are a collection of many systems of different shapes and sizes, each with its own platform, systems architecture, and proprietary data stores. The systems in the MES are islands of processing and information. Data exchange provides the bridge between these systems.

This state is categorized by the following:

- Providers, health plans, and AHCA systems primarily submit information to FMMIS through Enterprise Data Exchange and File Transfer Protocol batch transmissions
- Pharmacy Benefits is operated by an outside vendor, Magellan
- The enrollment broker vendor is Automated Health Solutions (AHS). AHS operates both the Choice Counseling call center to enroll recipients in health plans and the Provider Network Verification system to monitor health plan provider networks' compliance
- Other Florida agencies perform Medicaid processes using replicated Medicaid data; there are limited information exchanges
- Decision Support System (DSS) is the data warehouse that supports analytics, ad hoc inquiry and management and administrative reporting
- The Health Information Exchange system enables provider to provider exchange of information
- There is no 360-degree view of recipient information or alerting of changes in social determinants of health data

FX Program Overview

Future State Conceptual Model



FX Program Overview

State Interviews – Lessons Learned

Key Themes Identified Across States

- 7/7** Changed strategic direction and/or procurement timelines for their MMIS/MES modularity strategy after initial plan/approach
- 3/7** Prioritized EDW/DSS due to current pain points around data and analytics
- 6/7** Updated strategies due to strained business relationships with legacy system vendors
- 2/7** Transitioned from an Incremental to Modular Single-Cutover approach
- 7/7** Identified people-centered change management as a key element of overall project success
- 5/7** Leveraged National Association of State Procurement Officials (NASPO) for procurements

Implications for Florida



All states have had to revise their transformation plans; States highlight a need to remain flexible and responsive to new challenges and opportunities



Reuse is an accelerator that has not been optimized in FX; of states furthest along in modularity, NASPO and reuse are common



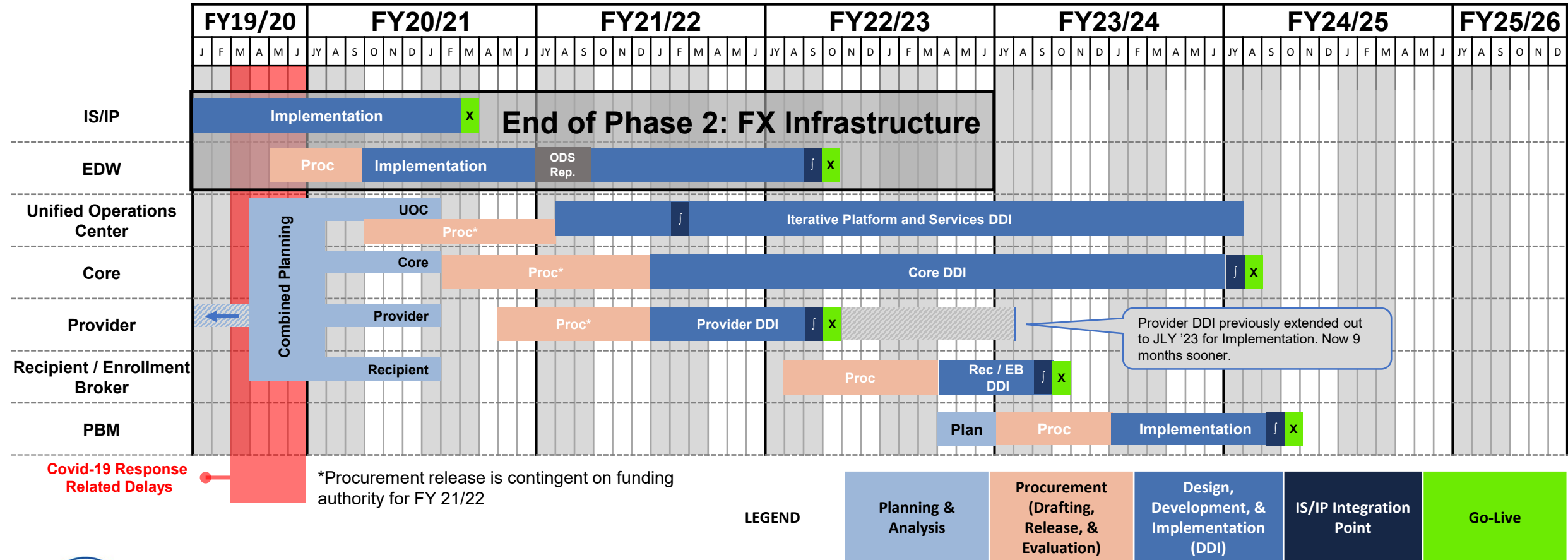
A couple of states have transitioned from Incremental Modular to “Modular Single-Cutover” approach due to problems integrating with their legacy system poses a similar risk for Florida



Organizational change management has been a crucial factor in completing a successful MES transformation

FX Program Overview

FX Strategic Roadmap





FLORIDA HEALTH CARE CONNECTIONS

FX Project Overview – Integration Services/ Integration Platform (IS/IP)

Scott Ward, CIO, Director of Information Technology
& IS/IP Project Executive Sponsor

Angel Garay, IS/IP Project Team Lead



FX Project Overview – IS/IP Partnerships

Agency for Health Care Administration (AHCA/Agency)

- Provides Information Technology Lead staffing resources to support all aspects of the IS/IP project
- Participates in design sessions and enforce technology standards and processes for the IS/IP project
- Participates as key stakeholders during all major IS/IP project milestones



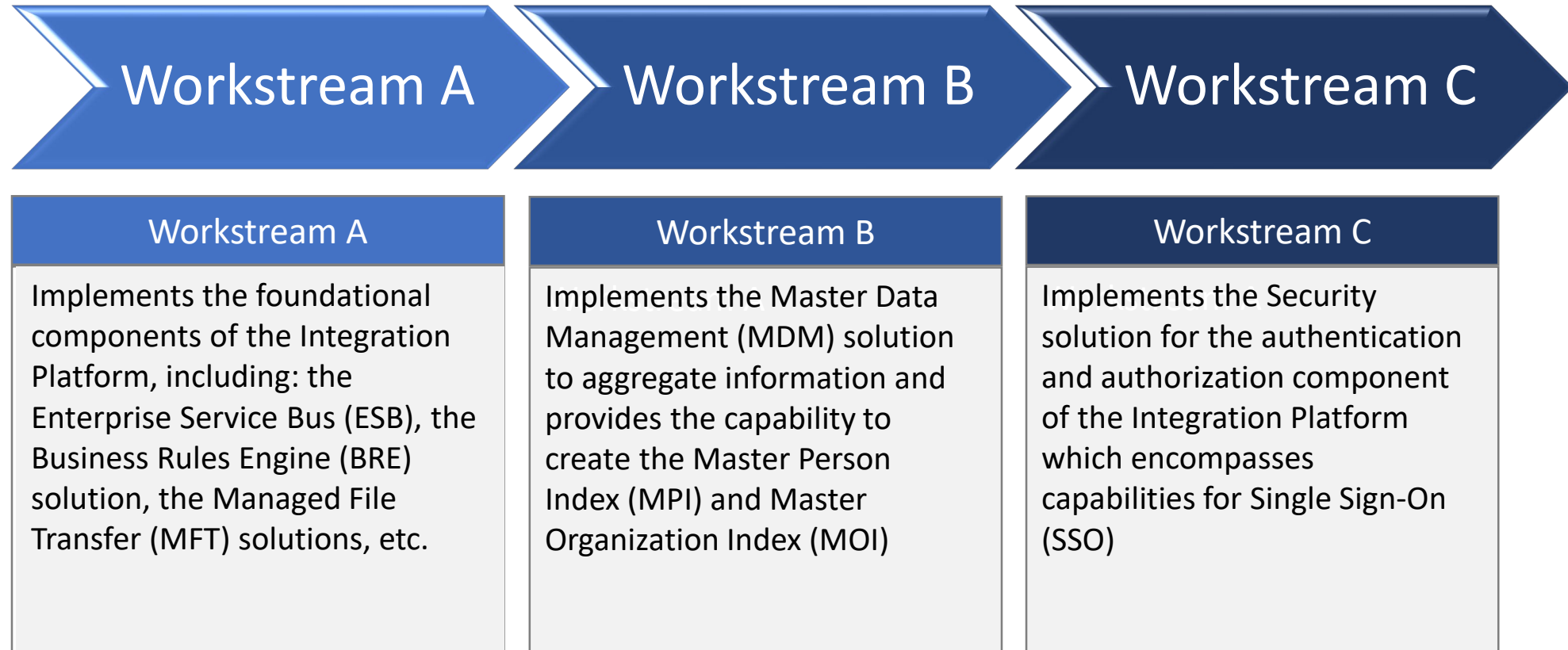
Integration Services/Integration Platform (IS/IP) Vendor

- IS/IP services are focused on establishing and maintaining interoperability through the use of a central platform
- The Integration Platform will serve as the centralized communication hub and foundational platform upon which all future FX modules will communicate and integrate



FX Project Overview – IS/IP

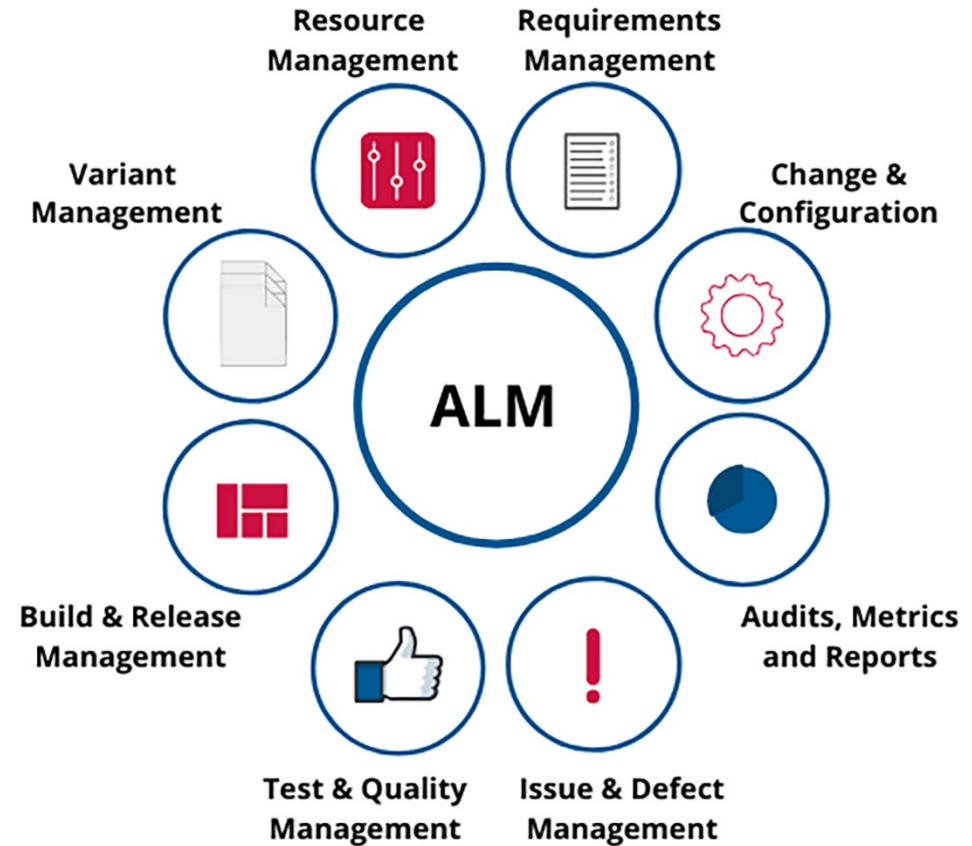
IS/IP Project Workstreams



FX Project Overview – IS/IP

Application Lifecycle Management (ALM) – Workstream A

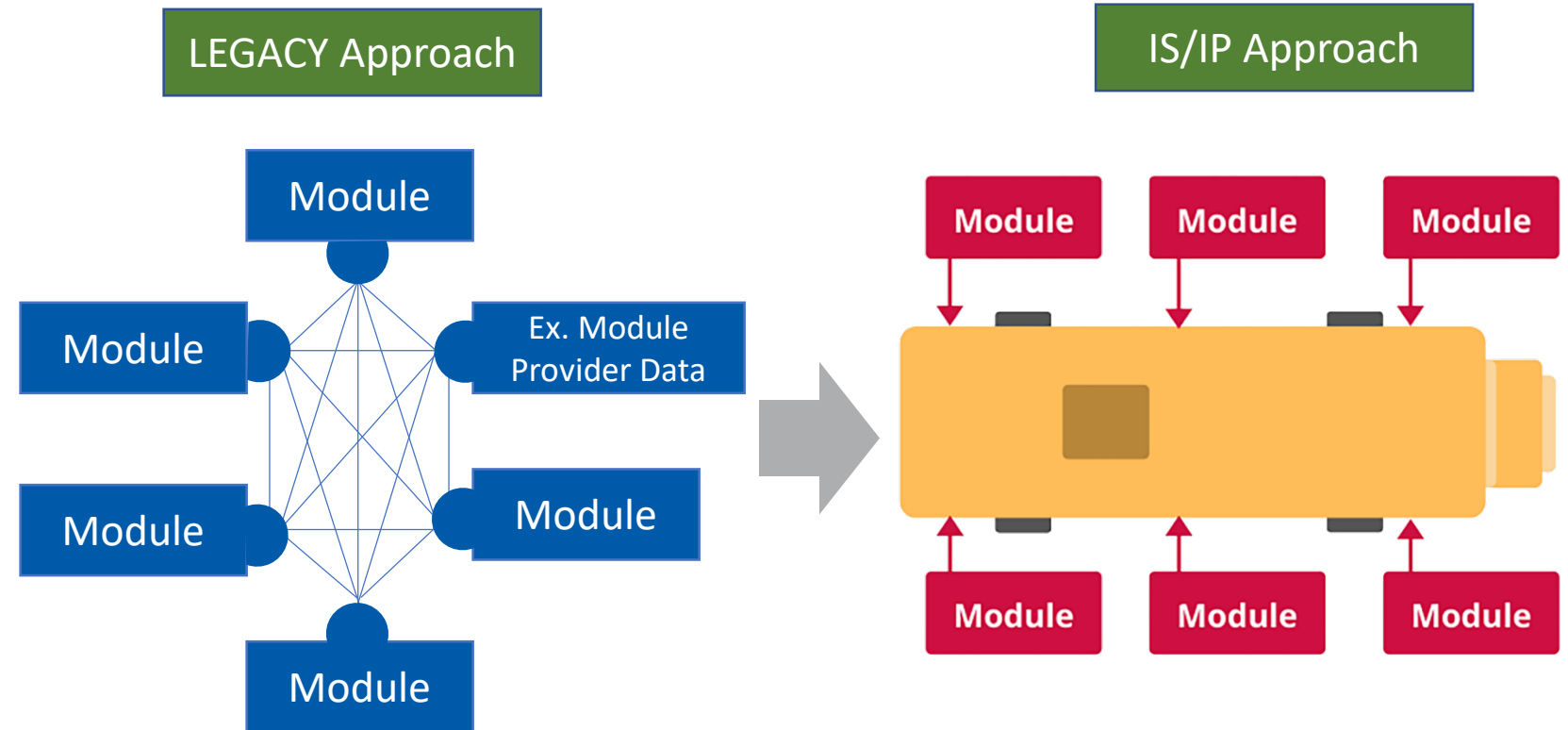
- ALM is a repository and processing methodology to develop and maintain systems.
- The ALM leverages requirements, design details, and validates against previous testing results to help ensure quality and reduce long-term maintenance costs.



FX Project Overview – IS/IP

Enterprise Service Bus (ESB) – Workstream A

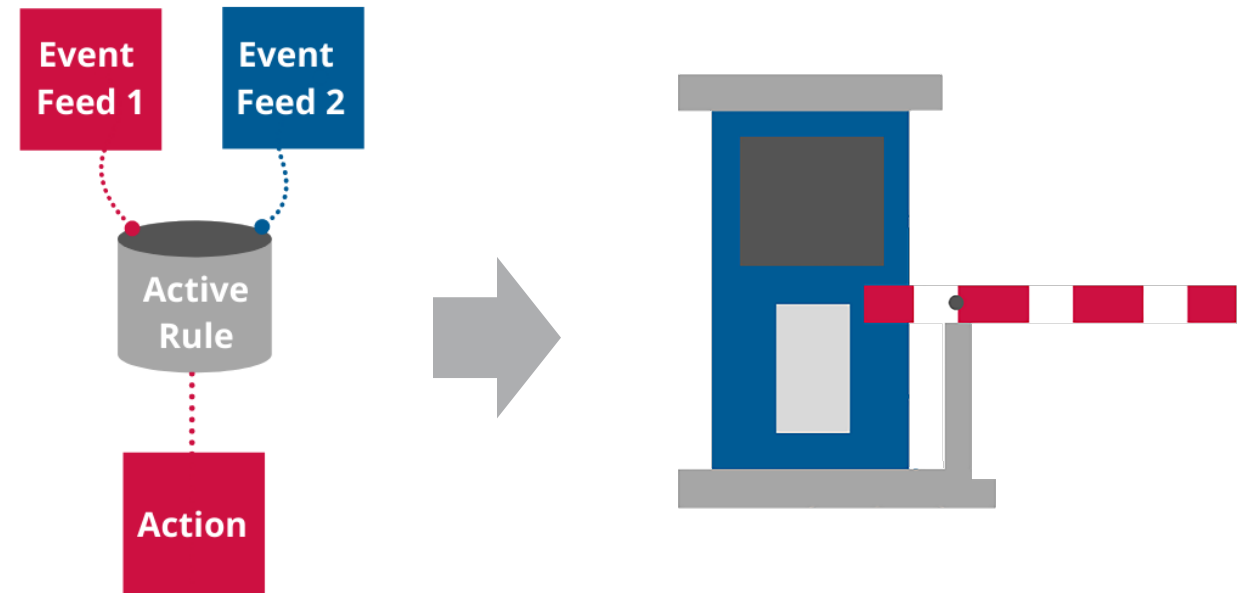
- The ESB is a tool that connects modular systems and simplifies components talking to each other.
- The ESB provides the technical connections, data format transformation, and the business policy rules for accessing other services and modules.



FX Project Overview – IS/IP

Business Rules Engine (BRE) – Workstream A

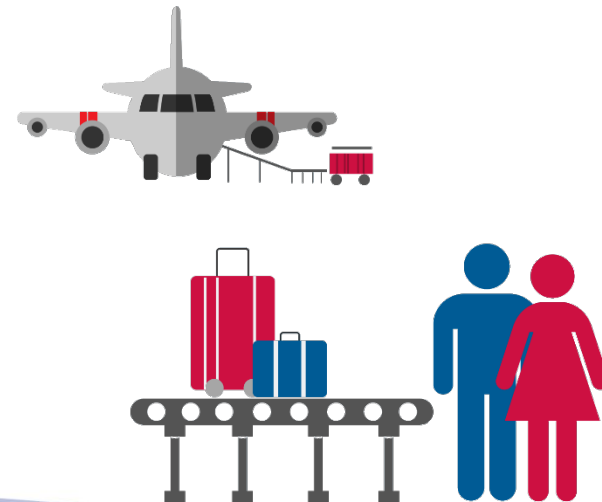
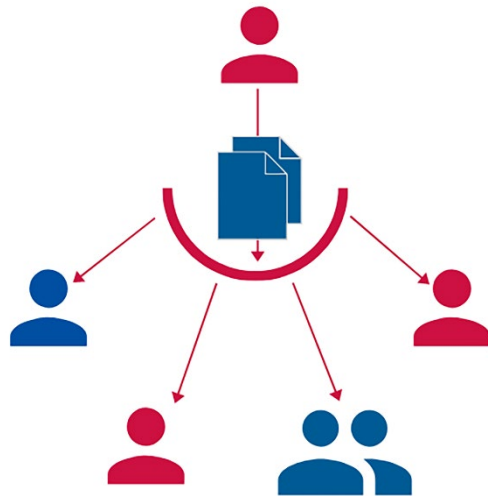
- The Business Rules Engine is what holds rules to permit appropriate actions.
- The Business Rules Engine holds internal security requirements, federal and state legal requirements, and business requirements.



FX Project Overview – IS/IP

Managed File Transfer (MFT) – Workstream A

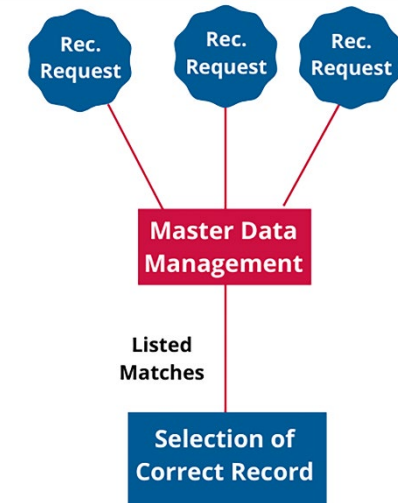
- MFT is the system that handles incoming data files and directs the files to the correct groups, roles, or individuals.
- MFT is the electronic version of airport luggage handling. From your flight to your connection or your final destination, your luggage is identified and routed to exactly where it needs to be.



FX Project Overview – IS/IP

Master Person Index (MPI) and Master Organizational Index (MOI) – Workstream B

- MPI/MOI processes person or organization record requests to find and present a list of matches from across Health and Human Services (HHS) agencies, greatly assisting with Data Interoperability.



Master Person Index

- Identify duplicate master records within systems.
- Identify common recipients across organizations & systems
- Reduce resources spent on manual identity matching processing
- Share event notifications about a person to all systems and records
- Use to reduce or consolidate duplicate communications

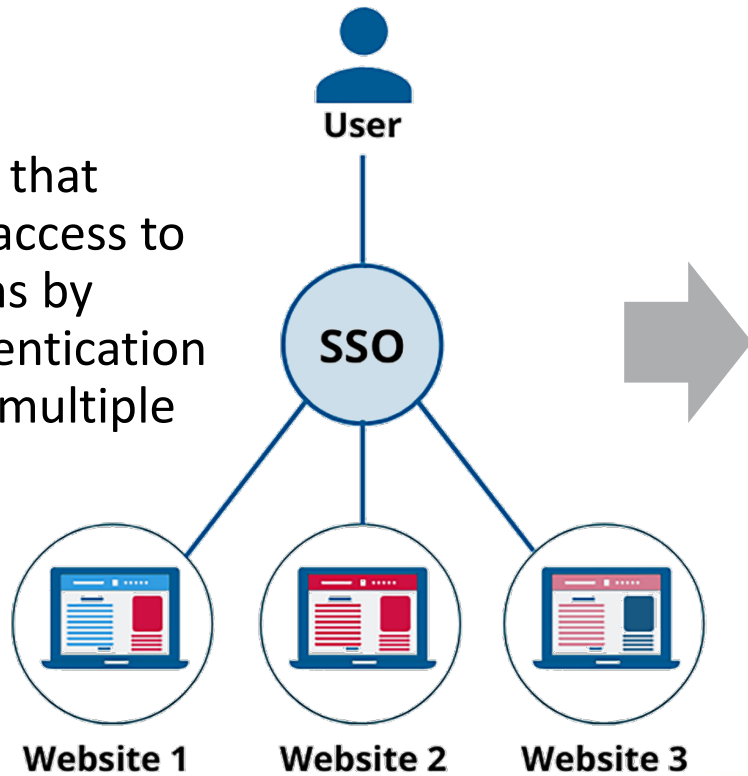
Master Organization Index

- Same as person index for non-person organizations or facilities
- Reduce payments to unauthorized providers
- Reduce suspended providers from applying to provide services as a new provider

FX Project Overview – IS/IP

Single Sign-On (SSO) – Workstream C

- SSO is a service that simplifies user access to multiple systems by managing authentication of users across multiple systems.



- Think of SSO like logging in to Google one time and having access to your mail, calendar, and even shopping and video websites, based on your username and password.



FX Project Overview – IS/IP

Production Readiness Checklist – Workstream A

Upcoming Major Deliverable

Item #	Milestone Name	Associated Deliverable	Criticality	Metric(s)	Dependency	Contingency (Risk/ Issue # identified)	Task Owner	Go/No-Go Decision Owner	Status Notes	Grade: % Complete	Color	Target Compl. Date	Actual Complete Date	Go/NoGo Decision	Conditional Go Details
1 General Readiness Owner = Daymon Jensen and TBD															
2 Technical Infrastructure Owner = Henry Wu and Angel Garay															
3 Testing Owner = Anoop and Erica Wilson															
3.01	Workstream A Unit Test Complete	WS-13A	H	• Unit Test completed in each Environment	Entry criteria met.	N/A	Anoop Yeluru	Angel Garay	DEV: 100% complete INT: 100% complete UAT: 100% complete BETA: 100% complete DR: 100% complete Prod: 100% complete	100%		07/10/20	07/10/20	No	
3.02	Workstream A System Test Complete	WS-14A	H	• System Test completed in DEV and INT Environments	Entry criteria met.	N/A	Anoop Yeluru	Erica Wilson	DEV: 100% complete INT: 100% complete	100%		06/29/20	06/29/20	No	
3.03	Workstream A Regression Test Complete	WS-14A	H	Regression Test completed in each Environment.	Entry criteria met.	N/A	Anoop Yeluru	Erica Wilson	INT: UAT: 100% complete BETA: 100% complete DR: Prod: 100% complete	50%		08/11/20		No	
3.04	Workstream A Performance Test Complete	WS-14A	H	• Performance Test completed (in PRD) Scripts Complete: 75% Scripts Executed: 75% Results Documented: 100%	Entry criteria met.	N/A	Anoop Yeluru	Erica Wilson	7/21: Scripts written, Load UI setup in progress.	25%		08/11/20		No	
3.05	Workstream A Security Testing Complete	WS-14A	H	Security Test completed (in PRD) Scripts Complete: 25% Scripts Executed: 75% Results Documented: 100%	Entry criteria met.	N/A	Anoop Yeluru	Erica Wilson	7/21: Scripts written. Testers identified.	25%		08/11/20		No	
3.06	Workstream A DR Testing Complete	WS-13A	H	DR Test Completed	Entry criteria met.	N/A	Anoop Yeluru	Erica Wilson	DR Test completed and documented as part of ERR	100%		07/10/20	07/10/20	No	
3.07	Workstream A User Acceptance Test Complete	WS-14A	H	• UAT completed in Env:	Entry criteria met.	N/A	Anoop Yeluru	Erica Wilson	7/21: 50% of scripts complete	50%		08/11/20		No	

example





FLORIDA HEALTH CARE CONNECTIONS

Upcoming Activities

Mike Magnuson, FX Director



Upcoming Activities

ESC Dates and Items

Dates*	Review/Approval Items*
August 28	<ul style="list-style-type: none"> • Draft Fiscal Year (FY) 2021/2022 Legislative Budget Request • Quarter 2 Budget Amendment approval • Integration Services/Integration Platform (IS/IP) Workstream (WS)-A Deliverable – demonstration and approval
October 16	<ul style="list-style-type: none"> • EDW Contract Overview and Deliverable Schedule • Summary of Strategic Roadmap Scope for FY 2021/2022
November 20	<ul style="list-style-type: none"> • IS/IP WS-B Deliverable – demonstration and approval • Quarter 3 Budget Amendment approval
December 11 or 18	Requirements review of Unified Operations Center procurement and approval of solicitation release
January 8	IS/IP WS-C Deliverable – demonstration and approval
February 19	Quarter 4 Budget Amendment approval
March 19	Requirements review for Core (based on conceptual) and approval for solicitation release
April 16	Quarter 1 (FY 2021/2022) Budget Amendment approval

* Dates and items may be subject to change.





FLORIDA HEALTH CARE CONNECTIONS

Open Discussion

JC Miller, Chair





FLORIDA HEALTH CARE CONNECTIONS

Next Meeting

August 28, 2020

Virtual - GoTo Meeting





FLORIDA HEALTH CARE CONNECTIONS

Resource Information

<https://ahca.myflorida.com/medicaid/FX/index.shtml>

