

South Carolina Department of Health and Human Services

Medicaid Enterprise System (MES) Modernization Roadmap

FINAL DRAFT v1.0
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Executive Summary

Background and Context

- The South Carolina Department of Health and Human Services (SCDHHS) aims to **modernize its 40-year-old legacy Medicaid Management Information System (MMIS)** as part of a broader **Medicaid Enterprise Systems (MES) modernization program**.
- This modernization program focuses on **updating and improving the technology infrastructure and capabilities** supporting the State's Medicaid programs and operations.
- The Agency requires these efforts to **align with its broader business transformation goals**, as it **accelerates the transition to a managed care model** for most of its Medicaid programs and population.
- SCDHHS engaged Gartner to define a **strategic roadmap for replacing its legacy Core MMIS** and aligning it with the **roll-out of a larger MES modernization program**.

MES Modernization Vision and Goals

Manage Healthy Connections using technologies that ensure the maximum value of care and services purchased, with a focus on improving the health and quality of life for South Carolinians.

**Optimize
Member
Experience**

**Support
Effective
Service
Delivery**

**Improve
Operational
Efficiencies**

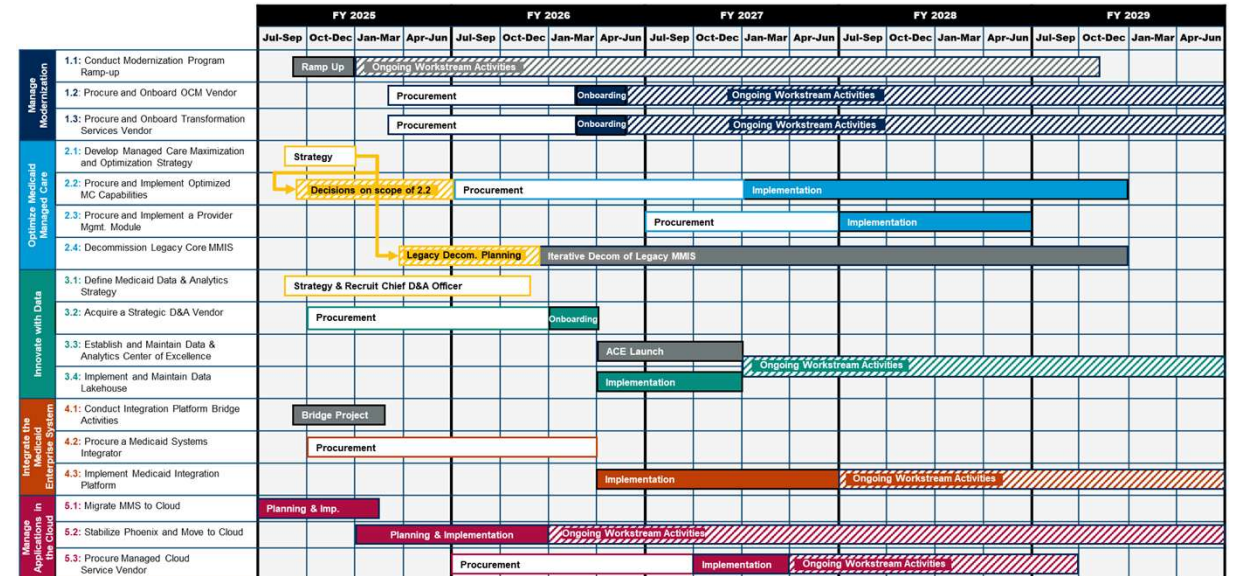
**Provide
Data-Driven
Insights**

**Respond to
Changing
Needs**

Introduction to the MES Modernization Roadmap

- The MES Modernization Roadmap begins with a **comprehensive gap analysis** comparing the current state of Medicaid business capabilities to its envisioned future state.
 - This analysis is accompanied by a set of **recommendations to address these gaps**.
 - Gartner **prioritized** these gaps and recommendations based on their **criticality to Medicaid operations** and their **effectiveness in supporting the Agency's managed care business strategy**.
- Gartner then developed the MES Modernization Roadmap, encompassing **seventeen workstreams** distributed across **five key initiative areas**.
 - Each workstream is designed to address identified gaps, implement recommendations, and furnish the Agency with a **practical plan to advance its modernization program** and accomplish its strategic goals, including **replacing the legacy Core MMIS system**.
 - Gartner created "**mini-charters**" for each workstream, encompassing its goals, objectives, benefits, dependencies, timing, and critical success factors.
 - These mini-charters outline **high-level tasks and activities** that the Agency can follow to successfully plan for and execute workstream objectives.
- Gartner also developed a **high-level schedule** of the Roadmap, showing the **timeline and sequencing** of workstreams over the next five years.

MES Modernization Roadmap



Key Roadmap Initiatives



Manage Modernization



Optimize Medicaid Managed Care



Innovate with Data



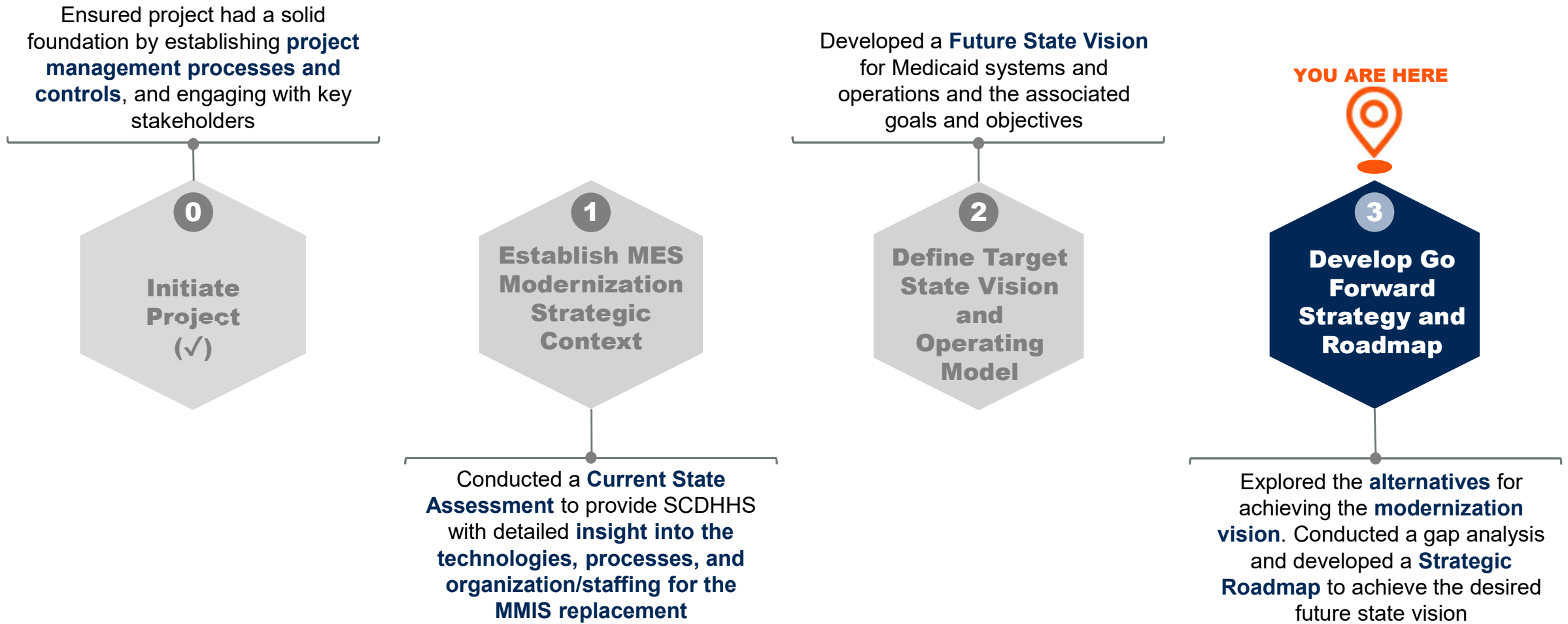
Integrate the Medicaid Enterprise System



Manage Applications on the cloud

Approach and Methodology

Gartner developed the MES Modernization Roadmap collaboratively with SCDHHS, building on assessments completed in prior phases



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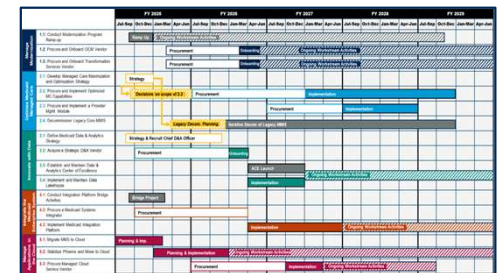
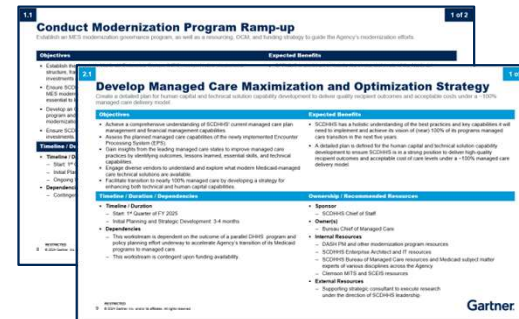
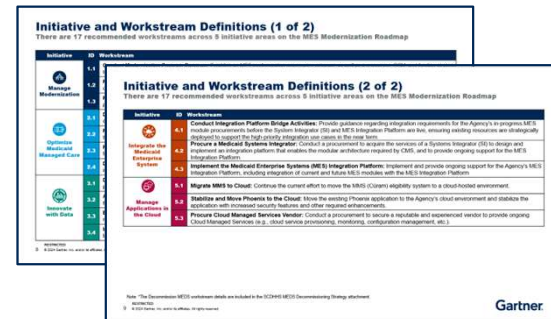
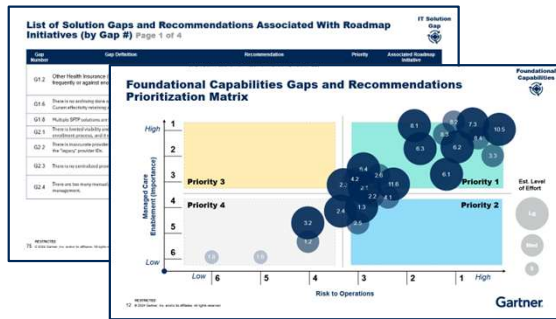
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Gartner identified and prioritized the gaps between the current and envisioned future state and developed MES Modernization Roadmap initiatives and workstreams to address each gap



- Based on the current state and future state assessments Gartner identified major capability and solution functionality gaps. Gartner then drafted recommendations to close each gap.
- Next, Gartner graphed gaps and recommendations across the dimensions of “Risk to Operations” and “Managed Care Enablement” to establish their relative prioritization on a scale of 1-4.
- Based on the prioritized gaps the Gartner team collaborated with SCDHHS to develop a set of key roadmap “initiatives” – major areas of investments and activities needed for SCDHHS to realize its future state vision.
- For each initiative area, Gartner then developed a set of workstreams – specific projects to achieve the goals and objectives of each investment area.
- Next, Gartner defined the scope, timeline, effort, resources, benefits, and dependencies estimates for each workstream.
- Using this information, Gartner developed “mini-charters” for each workstream and vetted these with the SCDHHS’s DASH team.
- Gartner then sequenced the workstreams to create a high-level schedule, factoring in prioritization, and logical business, technical and capacity dependencies.
- Finally, Gartner reviewed roadmap initiatives, workstreams, and their sequencing with SCDHHS executive leadership for input and further refinement.



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Gap Analysis and Recommendations

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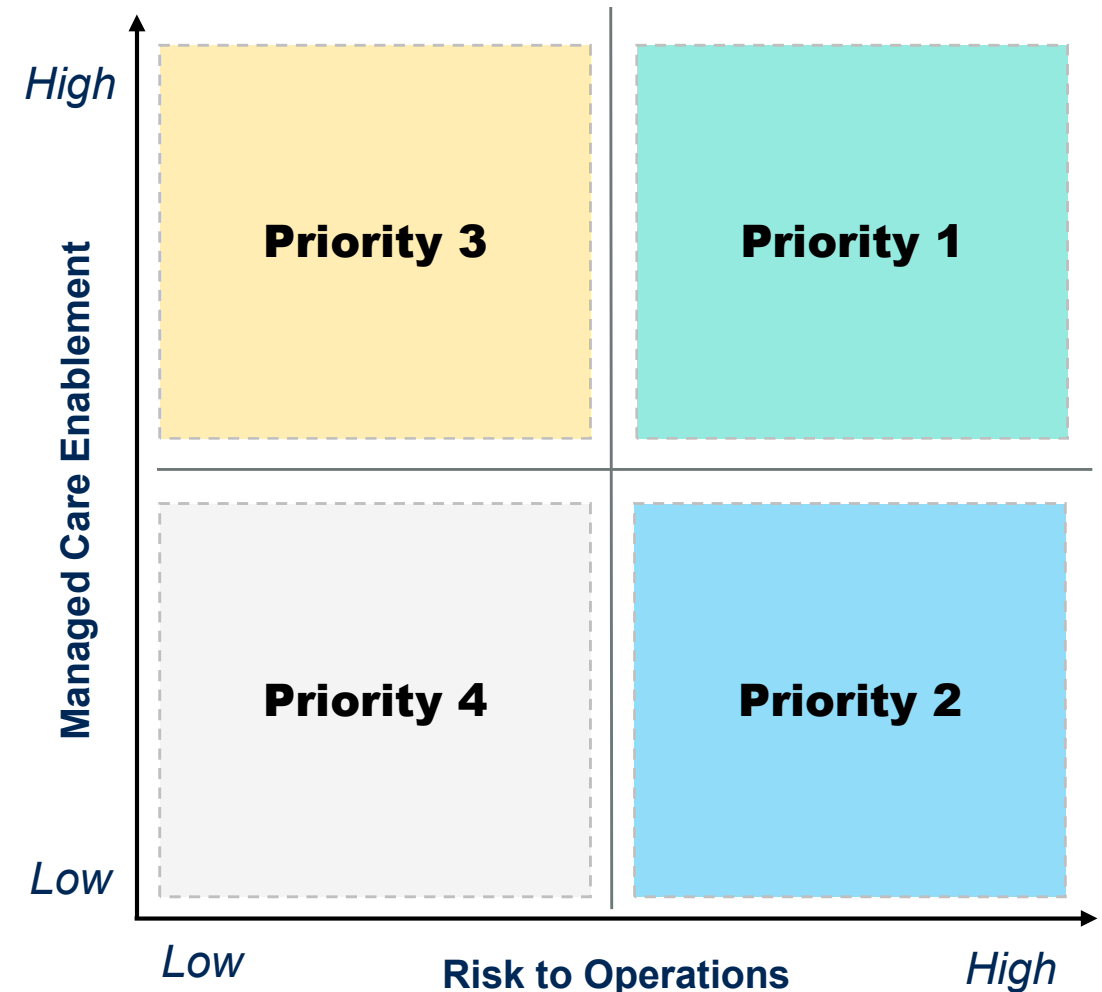
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Gaps and Recommendations — Framework and Methodology

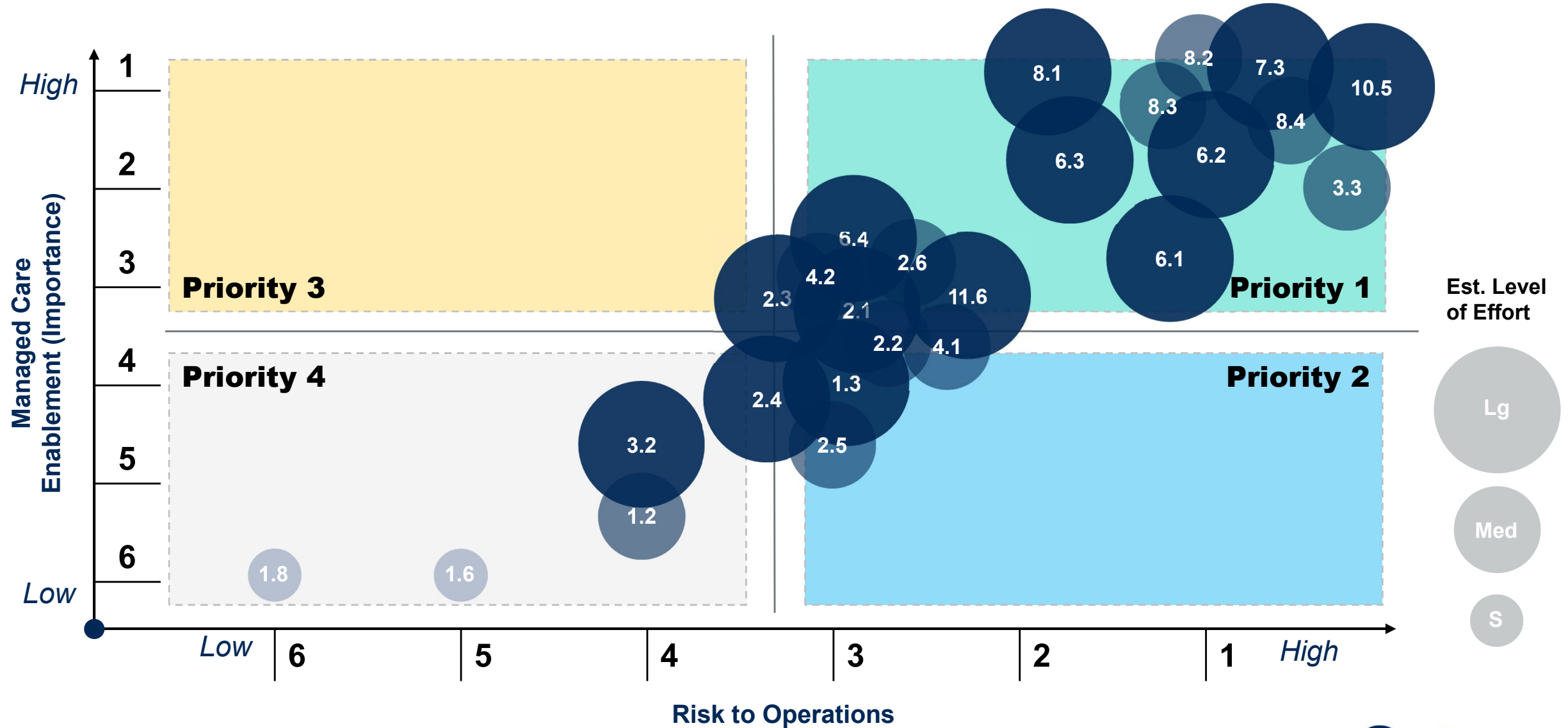
Gartner used these prioritized gaps and recommendations to develop the initiatives and workstreams on the Agency's MES Modernization Roadmap.

After completing the Current and Future State assessments, the Gartner team:

- Identified the functionality/capability gaps that need to be addressed for SCDHHS to realize its future state vision.
- Categorized each gap as pertaining to either:
 - Foundational Capabilities — related to the essential business operations required to administer SC's Medicaid programs
 - Enabling Capabilities — the overarching management capabilities for the organization
- Developed recommendations to close each gap.
- Assessed the impact of each gap and recommendation on a scale of 1-6 across two dimensions:
 - Risk to current Medicaid Operations
 - Enablement of the Agency's business transformation to majority Managed Care
- Prioritized each gap/recommendation by mapping to a two-dimensional matrix.
- Developed initiatives and workstreams to address gaps and recommendations.



Foundational Capabilities Gaps and Recommendations Prioritization Matrix



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Foundational Gaps and Recommendations Associated with Roadmap Initiatives (by Priority #)

#	Gap	Recommendation	Priority*	Associated Roadmap Initiative
G2.1*	There is limited visibility and transparency into the provider enrollment process, and it requires too much manual effort.	Utilize an enhanced provider portal with improved communication throughout the enrollment process.	1	2.3: Procure and Implement a Provider Management Module
G2.3	There is no centralized provider credentialing tool or system.	Implement a centralized credentialing solution that is accepted by all of SC's MCO Plans, that is the single source of truth for provider data participating in the SCDHHS Medicaid program.	1	2.3: Procure and Implement a Provider Management Module
G2.6	Verification of provider information is manual.	System provides automatic verification of provider information against IRS, state, and federal databases.	1	2.3: Procure and Implement a Provider Management Module
G3.3	Claims processing system has limited ability to consume, store, share, and report on encounters files.	Use a system that has architecture that can fully consume, store, share, and report on encounters files.	1	6.10 Encounters Processing System
G4.2	The current process for changing provider information is manual and cannot be exchanged between systems.	Introduce automation of data flow from eligibility and enrollment systems to Phoenix and other ancillary modules.	1	2.3: Procure and Implement a Provider Management Module

Notes:

*The gap numbers refer to related Level 0 business capabilities in the Business Capability Model (BCM) used in the Current and Future State Assessment reports. To differentiate between Roadmap Initiatives, the gaps start with a G.

** Please see Appendix A for complete priority scoring information, including "MCO Enablement" and "Risk to Operations" scoring for each gap.

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Foundational Gaps and Recommendations Associated with Roadmap Initiatives (by Priority #)

#	Gap	Recommendation	Priority	Associated Roadmap Initiative
G6.1	Current analytics system doesn't use customized algorithms to identify abnormalities or risk on real-time provider, member, claims, and MCO information from MES Integration Hub.	Use customized algorithms to identify abnormalities or risks on real-time provider, member, claims, and MCO information from MES Integration Platform.	1	3.3 Establish and Maintain Data & Analytics Center of Excellence and 3.4 Implement and Maintain Data Lakehouse
G6.2	Current analytics system doesn't audit MCO program integrity.	Develop an audit process and implement an analytics system with the capability to perform financial, compliance, and performance checks on MCO Program Integrity.	1	3.3 Establish and Maintain Data & Analytics Center of Excellence and 3.4 Implement and Maintain Data Lakehouse
G6.3	Current analytics system doesn't use prepayment detection metrics to monitor KPIs.	Use prospective (prepayment) detection metrics, in addition to retrospective (postpayment) metrics, to monitor KPIs such as percentage cost avoidance by total claims, likely fraud instances, and intervention success before payment.	1	3.3 Establish and Maintain Data & Analytics Center of Excellence and 3.4 Implement and Maintain Data Lakehouse
G6.4	Current analytics system doesn't use analytics to prevent overpayment.	Use predictive analytics to prevent overpayment of claims identifying payment patterns, assigning risk scores, and detecting anomalies.	1	3.3 Establish and Maintain Data & Analytics Center of Excellence and 3.4 Implement and Maintain Data Lakehouse
G7.3	Capitation payments management is currently handled through the MMIS with functionality not designed for managed care finances. Gross-level-adjustments (GLA) are used for retroactive capitation premium payment adjustments. CMS incentive payments are processed as a paper GLA. SCDHHS does not have the capability to execute incentive payments based on quality criteria.	SCDHHS should implement modern managed-care centric financial management functionality that includes sophisticated capitation payment management and innovative payment model functionality.	1	2.1 Develop Managed Care Maximization and Optimization Strategy and 2.3 Procure and Implement a Provider Management Module

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Foundational Gaps and Recommendations Associated with Roadmap Initiatives (by Priority #)

#	Gap	Recommendation	Priority	Associated Roadmap Initiatives
G8.1	Lack of process to define benefit plans, service categories and limits.	Adopt a system that allows for easy definition and updates of covered services, categories, and limits. The system should include self-service capabilities for SCDHHS to implement changes rapidly.	1	2.1 Develop Managed Care Maximization and Optimization Strategy and 2.3 Procure and Implement a Provider Management Module
G8.2	Insufficient data and process to measure effectiveness of clinical interventions and outcomes.	Improve MCO data capture, storage, and exchange including full encounters files. SCDHHS will need to develop a system to evaluate the effectiveness of clinical interventions (e.g., medical and pharmacy services).	1	2.1 Develop Managed Care Maximization and Optimization Strategy, 2.3 Procure and Implement a Provider Management Module, and 6.10 Encounters Processing System
G8.3	Manual efforts required for routine business processes to support MCOs.	Reduce manual updates to benefit information by adopting a system that prioritizes MCO business operations and technical support.	1	2.1 Develop Managed Care Maximization and Optimization Strategy and 2.3 Procure and Implement a Provider Management Module
G8.4	Manual intervention required to calculate member capitation rates.	Incorporate enhanced automated capitation rate calculation and adjustments.	1	2.1 Develop Managed Care Maximization and Optimization Strategy and 2.3 Procure and Implement a Provider Management Module

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Foundational Gaps and Recommendations Associated with Roadmap Initiatives (by Priority #)

#	Gap	Recommendation	Priority	Associated Roadmap Initiative
G10.5	No infrastructure resources or tools available that can provide integrated SCDHHS-wide management of data for the purposes of analytics.	<p>Implement a modern Data Lakehouse architecture to provide the basis for the organization of a variety of data (including well-understood data from transactional systems, structured and unstructured external data, and data from the frontier of understanding and exploration of the impact of Medicaid in SC) for SCDHS analytics efforts.</p> <p>Establish a Data Lakehouse deployment and data engineering team: Establish a technical proficient data management team to actively manage and support usage of this infrastructure for analytics as necessary.</p>	1	<p>3.2 Acquire a Strategic D&A Vendor</p> <p>3.4 Implement and Maintain Data Lakehouse</p>
G11.6	Lack of a defined integration platform to support modules.	SCDHHS should define a centralized integration platform and team empowering IT and non-IT personas to integrate across modules, supporting a variety of integration styles, patterns, and technologies to streamline operations.	1	<p>4.1 Conduct Integration Platform Bridge Activities</p> <p>4.2 Procure a Medicaid Systems Integrator</p> <p>4.3 Implement the Medicaid Enterprise Systems(MES) Integration Platform</p>
G2.2	There is inaccurate provider information and mismatches due to the "legacy" provider IDs.	Eliminate the "Legacy" Provider ID and expedite claims processing by having accurate provider information readily available that fully leverages industry-standard provider IDs (e.g., NPI, EIN).	2	2.3: Procure and Implement a Provider Management Module



Foundational Gaps and Recommendations Associated with Roadmap Initiatives (by Priority #)

#	Gap	Recommendation	Priority	Associated Roadmap Initiative(s)
G2.4	There are too many manual processes required to support provider management.	Adoption of a more modern provider module would allow for reduction of manual intervention needed in the current provider enrollment and management.	2	2.3: Procure and Implement a Provider Management Module
G2.5	Current provider taxonomy is inconsistent and can result in problems for claims payments.	Adoption of a more modern provider module with standardized taxonomy rules would help resolve this issue.	2	2.3: Procure and Implement a Provider Management Module
G4.1	The current process of verifying a member's Medicaid eligibility and enrollment before enrolling them into a waiver program is manual. This requires significant effort from eligibility and enrollment staff, and the Phoenix Central Intake team to manually confirm these details.	Introduce automation of data flow from eligibility and enrollment systems to Phoenix and other ancillary modules.	2	5.2: Stabilize Phoenix and Move to Cloud
G1.2	Other Health Insurance (OHI) checks are not performed frequently or against enough systems.	In the future OHI checks will be handled by the future TPL vendor. The vendor should conduct more frequent checks for OHI early during eligibility and increase the number of carriers with which matches are performed to decrease Pay and Chase efforts.	4	6.4 Third Party Liability
G1.6	There is no archiving done on any Member data stored in MEDS or MMS effectivity retaining all historical information indefinitely.	Migrate all MEDS data and archive, or purge data beyond the timeframes defined in the SCDHHS retention policy.	4	6.1: Decommission MEDS
G1.8	Multiple SFTP solutions are being used for MEDS interfaces.	Consolidate using a single SFTP solution (GOAnywhere) that is in-line with the enterprises' recommended systems.	4	6.1: Decommission MEDS
G3.2	Claims processing system has limited data storage and plan management capabilities.	Establish standardized flexible and robust Benefit Plan Management capabilities that defines enrollment groups, benefit plans, covered services, and limits.	4	2.2: Procure and Implement Optimized Managed Care Capabilities

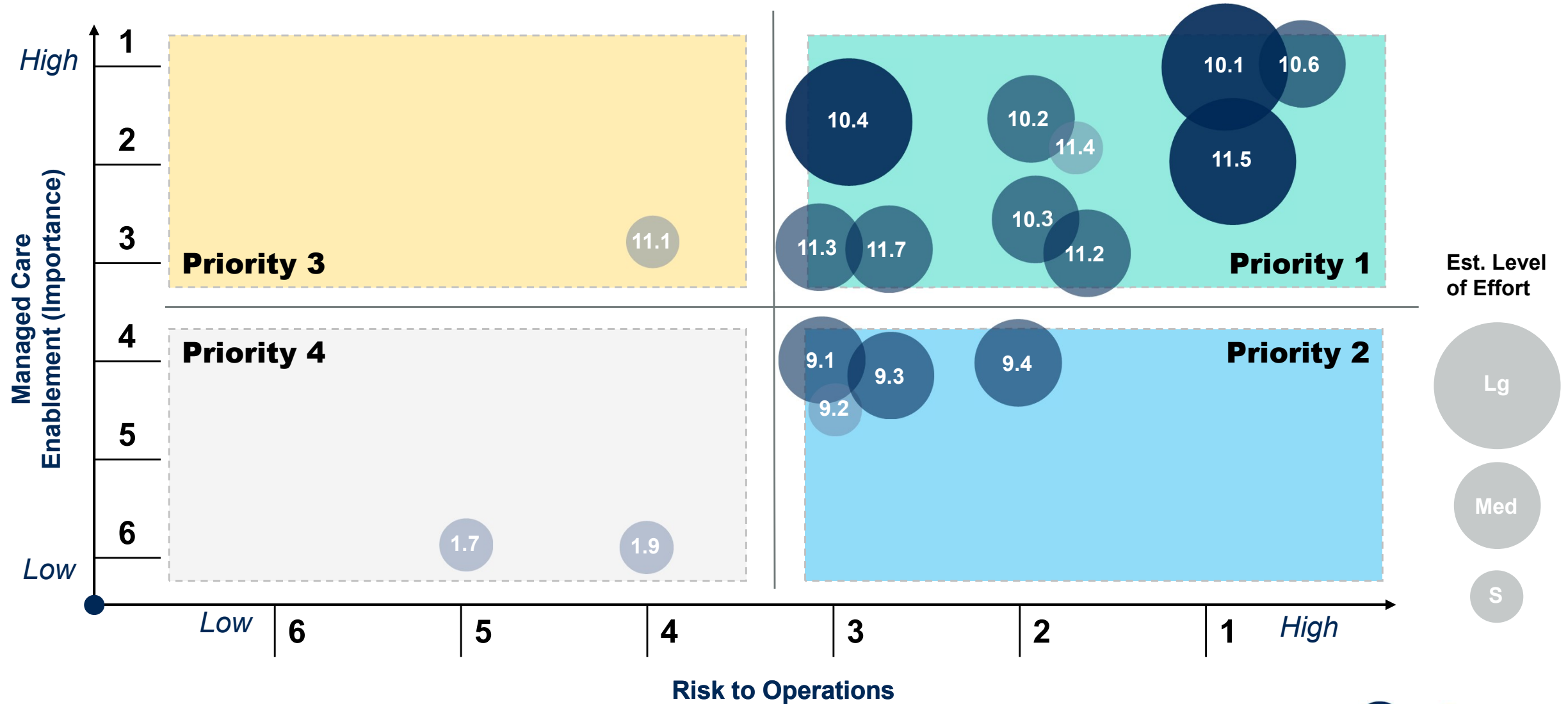
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Enabling Gaps and Recommendations Capabilities Prioritization Matrix



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Enabling Capabilities Gaps and Recommendations Associated with Roadmap Initiatives (by Priority #)

#	Gap	Recommendation	Priority	Associated Roadmap Initiative
G10.1	No clear and widely acknowledged leadership and strategy for achieving the vision of data enablement.	Create, articulate, and share an enterprise-wide D&A strategy and Assign executive leadership — a Chief Data and Analytics Officer (CDAO).	1	3.1: Define Medicaid Data & Analytics (D&A) Strategy
G10.2	Inadequate (for achieving the vision of a data-enabled approach to policy and operations) SCDHHS-wide approach to decision-making regarding key SCDHHS data and analytics assets (data governance).	As part of the D&A Strategy define and initiate Agency-wide data governance and stewardship mechanisms with the correct level of control and relative importance (in alignment with the Gartner best practice model for adaptive data governance) to support the current and planned analytics efforts. This should take direction from the D&A strategy and leverage the results of the North Highland and EY Data Governance projects.	1	3.1: Define Medicaid Data & Analytics (D&A) Strategy
G10.3	Analytics efforts across SCDHHS typically address important business needs but are siloed and uncoordinated.	Optimize organization structures and processes to make the most of department talent, data and technologies to understand, innovate, and measure the results of Medicaid policy and operations.	1	3.2: Acquire a Strategic Data and Analytics Vendor
G10.4	Lack of focus on developing internal SCDHHS talent in analytics, especially advanced analytics and modeling.	Create a business-centric approach to data and analytics support with a specialized center of excellence, managed and repeatable methodologies and processes and training for SCDHHS staff to improve technical and behavioral skills.	1	3.3 Establish and Maintain Data and Analytics Center of Excellence (ACE)
G10.6	No strategy, agreed processes, or infrastructure for managing consistency of core critical Medicaid enterprise-wide data entities (member and provider).	Implement a “Consolidated” MDM model for these entities using the Data Lakehouse as the data store infrastructure.	1	3.2: Acquire a Strategic Data and Analytics Vendor 3.4 Implement Data Lakehouse



Enabling Capabilities Gaps and Recommendations Associated with Roadmap Initiatives (by Priority #)

#	Gap	Recommendation	Priority	Associated Roadmap Initiative
G11.2	DASH will need to scale its resource levels significantly across a variety of project and program management disciplines in the next few years to effectively support the Medicaid Modernization.	The appropriate resources must be onboarded through DASH expansion or a transformation services support vendor under DASH leadership to scale staff levels from procurement planning support to more complex development and implementation project roles.	1	1.1. Conduct Modernization Program Ramp-up 1.3 Procure and Onboard Transformation Services Vendor
G11.3	Comprehensive project and program management standards are needed that all Medicaid Modernization vendors are required to follow for consistency.	A standardized project and program management framework (that includes Hybrid Waterfall/Agile elements) and toolkit must be used to define (for both vendors and SCDHHS project teams) the key processes, templates, and guidelines to be followed across all transformation projects. KPIs and SLAs aligned to these standards should represent the basis for vendor compliance monitoring activities and should be communicated through weekly and monthly vendor, project, and program dashboards. Vendors must be managed in alignment with the strategy and roadmap with periodic updates to reflect progress and any strategic changes. Additionally, initiatives must be prioritized and sequenced in alignment with the modernization strategy and resources must be allocated based on prioritization, and at appropriate levels to support success.	1	1.1. Conduct Modernization Program Ramp-up 1.3 Procure and Onboard Transformation Services Vendor
G11.4	DASH will require a transformation-specific governance program that will replace the historical RMMIS Executive Oversight Committee that oversaw previous attempt(s) at MMIS replacement.	While several enterprise IT Governance bodies exist at SCDHHS, DASH will require so much effort and attention from the Agency for the next five to seven years it will require its own dedicated Governance and decision-making framework. DASH Governance will necessarily interact with the enterprise governance teams like the ARB and Data Governance (when operating) as appropriate. Effective transformation governance should be designed in three tiers of escalating impact. If high-impact decisions don't escalate you risk losing strategic alignment, but if everything escalates executives become a bottleneck and source of delays.	1	1.1. Conduct Modernization Program Ramp-up 1.3 Procure and Onboard Transformation Services Vendor



Enabling Capabilities Gaps and Recommendations Associated with Roadmap Initiatives (by Priority #)

#	Gap	Recommendation	Priority	Associated Roadmap Initiative
G11.5	DASH requires a clear business process re-engineering and organizational change management strategy and an approach to scale these capabilities effectively across a variety of vendor implementations.	Before effective organizational change management strategy can be developed, Business Process Re-Engineering (BPR) is a critical capability that needs to be addressed. Effective Medicaid modernization teams recognize the importance of defining current state business processes, identifying improvement opportunities and collaborating with solution vendors for the development of future state processes. These two elements are necessary for solution vendors to be able to effectively design and execute a cohesive and specific change management plan for their respective implementations.	1	1.2: Procure and Onboard an Organizational Change Management (OCM) Vendor
G11.7	While Procurement expertise is present, mature Vendor Management currently does not exist and vendor oversight past the procurement stage is challenging. Vendor Manager responsible for working with state / Agency procurement and scaling the capability past the procurement stage.	DASH needs at least 1 person for the Vendor Management capability now, and this function will need to scale with the transformation as more vendors are onboarded. Establish Executive buy-in to procure/shift additional project resources within DASH (source could be existing state / Agency procurement officer).	1	1.1. Conduct Modernization Program Ramp-up 1.3 Procure and Onboard Transformation Services Vendor



Enabling Capabilities Gaps and Recommendations Associated with Roadmap Initiatives (by Priority #)

#	Gap	Recommendation	Priority	Associated Roadmap Initiative
G9.1	MES Modernization IT Services and Operational Processes should be proactively managed, continuously and iteratively optimized, rationalized against existing portfolios, and require clear business objectives as well as a clear process for measuring Return on Investment (ROI).	IT services and supporting processes, such as incident, change, and release management, related to MES Modernization initiatives, should be actively managed. They should be continuously and iteratively optimized, while also being aligned with existing enterprise and vendors' IT process improvement efforts. Clear business objectives and a formula for measuring return on investment (ROI) from the planned enhancements should be established.	2	DASH to work collaboratively with IT Infrastructure and Operations team to oversee improvement efforts via Workstreams 1.1 — Conduct Modernization Program Ramp-up and 1.3 — Procure and Onboard Transformation Services Vendor and scale as appropriate
G9.2	KPIs are needed in place to track desired business outcomes and process must be established to support the KPI development and monitoring.	Establish KPIs to measure key MES Modernization outcomes that inform governance and guide business partner decision-making through continuous review of value, performance and risk.	2	DASH to work collaboratively with Enterprise Architecture team to oversee development of KPIs via Workstreams 1.1 and 1.3
G9.3	IT staffing and toolsets are not set up to address evolving MES Modernization demands and meet key objectives. Cross-disciplinary agile teams are not being created.	For internal MES Application Development teams, create an IT staffing approach and Agile/DevOps toolsets to respond to evolving business demands and assess progress from a business (rather than IT) perspective. Create cross-disciplinary teams by encouraging agility, openness and an agile mindset.	2	DASH to work collaboratively with IT Infrastructure and Operation and Application Development teams to oversee development of staffing and toolset strategies via Workstreams 1.1 and 1.3
G9.4	Lack of clear strategy for MES Infrastructure and Operations (I&O) team.	For MES Modernization Infrastructure and Operations (I&O), take an enterprise-wide view, with a focus on recruitment and hiring strategy, including incentives for career development. Look for opportunities to create cross-disciplinary teams.	2	DASH to work collaboratively with IT Infrastructure and Operation teams to oversee development of Hybrid Cloud I&O Strategy for MES Modernization via Workstreams 1.1 and 1.3



Enabling Capabilities Gaps and Recommendations Associated with Roadmap Initiatives (by Priority #)

#	Gap	Recommendation	Priority	Associated Roadmap Initiative
G11.1	Current DASH resources levels have not allowed for sufficient systematic engagement of internal and external stakeholders in the Medicaid modernization.	Dedicated DASH resources must be identified with responsibilities for stakeholder engagement. Stakeholders across SCDHHS (e.g., at the Executives, Business and policy stakeholders, and external Legislative and national CMS stakeholders) must be prioritized for engagement based on their potential impact on the success of the MMIS modularity transformation. Structure outreach to ensure stakeholder awareness, buy-in, and approval across various transformation phases.	3	1.1. Conduct Modernization Program Ramp-up 1.3 Procure and Onboard Transformation Services Vendor
G1.7	There are limited resources assigned to manage the MEDS Decommissioning project.	The MEDS decommissioning project is complex and requires a dedicated PM and two full-time BAs assigned to drive it to completion.	4	6.1 Decommission MEDS
G1.9	There is limited visibility into the MMS to AWS cloud project status.	Develop an OCM plan for the MMS move to the cloud to create better visibility and accountability for the migration.	4	5.1 Migrate MMS to Cloud

Gaps and Recommendations Not Associated with Roadmap Initiatives (by Priority #)

These Gaps/Recommendations are not fully addressed by MES Modernization Roadmap workstreams. Gartner recommends SCDHHS consider these recommendations for future modernization efforts.

#	Gap	Recommendation	Priority
G3.4	Claims processing system has limited ability to check for TPL, adjust or re-adjudicate claims, or provide accurate payment amounts.	Adopt a more modern MMIS with a full suite of claims processing features. If SCDHHS decides to expand the scope of 2.2 Procure and Implement Optimized Managed Care Capabilities to include claims processing this could be resolved.	2
G1.3	MMIS System is only able to provide member eligibility information to providers within a 13-month time frame and system is limited to five eligibility determinations per member in MMIS eligibility file.	Provide all historical eligibility data via real-time updates in the single eligibility system that is used by SCDHHS after MEDS is decommissioned. If SCDHHS decides to expand the scope of 2.2 Procure and Implement Optimized Managed Care Capabilities to include claims processing this could be resolved.	2
G1.4	Business rules and processes are not used in a standard way to assign members to coverage, or disenroll them.	As an additional element of 2.2 Procure and Implement Optimized Managed Care Capabilities the Agency should also standardize policies and procedures to for coverage, plan assignment/enrollment, services, limits, etc.	3
G3.1	Claims processing system has limited ability to consume nursing home claims, Medicare Buy-in claims, paper claims, and has limited ability to provide information on the claims.	The continued shift to higher percentages of managed care will reduce the impact of this gap. To the extent possible, SCDDHS could require more standardized formats for all providers and entities submitting claims. If SCDHHS decides to expand the scope of 2.2 Procure and Implement Optimized Managed Care Capabilities to include claims processing this could be resolved.	4

Gaps and Recommendations Not Associated with Roadmap Initiatives (by Priority #)

These Gaps/Recommendations are not fully addressed by MES Modernization Roadmap workstreams. Gartner recommends SCDHHS consider these recommendations for future modernization efforts.

#	Gap	Recommendation	Priority
G1.1	Members are unclear on the eligibility and enrollment process and enrollment with MCOs takes too long.	Create clearer messaging in the eligibility system upon application completion. Orient messaging around the MCO enrollment process. Create tighter integration of messaging with MCOs. Depending on the scope and solution of 2.2 Procure and Implement Optimized Managed Care Capabilities this gap could be addressed by that workstream.	4
G1.5	No centralized notification portal/tool.	Determine one system to be the source of member communications.	4
G5.1	A high level of manual effort is required to process appeals with multiple separate systems needed to manage an appeal from beginning to end with various systems used, depending on appeal source.	Adopt one of the current systems (either Workload Pro or OnBase) being used to manage appeals as the system to use to manage all appeals or acquire a dedicated appeals management solution that can process appeals from all submission sources.	4
G7.1	Currently, SCDHHS relies on redundant dual maintenance of fund code in MMIS and SCEIS.	Future enhancements should establish a single-source of record for FMAP service rates (what are fund codes in current MMIS) within SCEIS. Eliminate redundant dual maintenance of fund codes in MMIS & SCEIS. Depending on the scope and solution of 2.2 Procure and Implement Optimized Managed Care Capabilities this gap could be addressed to some extent by that workstream.	4
G7.2	Current SCDHHS accounts receivable processes related to claims processing and that are driven by MMIS, are heavily reliant on manual, redundant, and occasionally hard-copy based business processes.	Ideally future enhancements should automate accounts receivable processes. Depending on the scope and solution of 2.2 Procure and Implement Optimized Managed Care Capabilities this gap could be addressed by that workstream.	4

MES Modernization Roadmap

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Summary of the Roadmap Initiatives and Workstreams

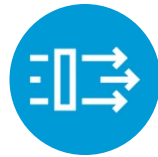
MES Modernization Roadmap

The MES Modernization Roadmap includes activities and investments spanning five key initiative areas



Manage Modernization

Enhance and scale the capabilities and resources required to effectively govern and manage the Agency's MES modernization efforts.



Optimize Medicaid Managed Care

Implement capabilities that support SCDHHS's managed care business strategy and enable the decommissioning of the legacy Core MMIS.



Innovate with Data

Acquire resources, tools, and infrastructure to enable the Agency to leverage data effectively for informed decision-making, performance monitoring, cost management, and enhancing the quality of purchased services.



Integrate the Medicaid Enterprise System

Implement an integration platform that supports the integration of SCDHHS's current and future MES modules, improves interoperability with external data and systems, and complies with Federal requirements and guidance.






Manage Applications in the Cloud

Acquire resources to manage the Agency's preferred cloud environment and migrate key MES modules to the cloud.

Initiative and Workstream Definitions

Each initiative consists of workstreams – projects that target specific objectives aligned with the overall MES Modernization vision and goals

Initiative	ID	Workstream
 Manage Modernization	1.1	Conduct Modernization Program Ramp-up: Establish an MES modernization governance program, as well as a resourcing, OCM, and funding strategy to guide the Agency's modernization efforts.
	1.2	Procure and Onboard an Organizational Change Management (OCM) Vendor: Source a vendor partner to lead and support OCM and communication efforts related to MES modernization.
	1.3	Procure and Onboard Transformation Services Vendor: Source a vendor partner to support transformation management and scale resources across project management, business analysis, procurement, vendor management, and solution management capabilities etc.
 Optimize Medicaid Managed Care	2.1	Develop Managed Care Maximization and Optimization Strategy: Develop a detailed plan for human capital and technical solution capability development to deliver quality recipient outcomes and acceptable costs under a ~100% managed care delivery model.
	2.2	Procure and Implement Optimized Managed Care Capabilities: Source and implement the managed care enablement solutions and skills identified in the Managed Care Maximization and Optimization Strategy.
	2.3	Procure and Implement a Provider Management Module: Source a modern Provider Management Module to reduce the provider enrollment time frame, centralize credentialing, and serve as a central source of provider data across the Medicaid enterprise.
	2.4	Decommission the Legacy Core MMIS: Develop and implement a plan to incrementally deprecate legacy Core MMIS functionality as the Agency implements improved Medicaid capabilities over time, and then decommission the legacy system entirely when it is no longer needed.
 Innovate with Data	3.1	Define Medicaid Data & Analytics (D&A) Strategy: Define an enterprise Medicaid D&A strategy, hire a CDAO, launch data governance, and optimize processes and organizational model/human capital alignment to make the most of SCDHHS data assets.
	3.2	Acquire a Strategic Data and Analytics Vendor: Procure a strategic D&A services partner to help SCDHHS implement and deploy several aspects of the target state D&A operating model and technology infrastructure.
	3.3	Establish and Maintain an Analytics Center of Excellence (ACE): Launch and operate an ACE to collect and centralize the resources and expertise needed to deliver D&A capabilities and implement the Agency's D&A Strategy.
	3.4	Implement Data Lakehouse: Plan for and implement the Data Lakehouse capabilities and infrastructure to support the Agency's D&A strategy and business intelligence, reporting and analytics needs.

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Initiative and Workstream Definitions (2 of 2)

Each initiative consists of workstreams – projects that target specific objectives aligned with the overall MES Modernization vision and goals

Initiative	ID	Workstream
 <p>Integrate the Medicaid Enterprise System</p>	4.1	Conduct Integration Platform Bridge Activities: Provide guidance regarding integration requirements for the Agency's in-progress MES module procurements before the System Integrator (SI) and MES Integration Platform are live, ensuring existing resources are strategically deployed to support the high-priority integration use cases in the near term.
	4.2	Procure a Medicaid Systems Integrator: Conduct a procurement to acquire the services of a Systems Integrator (SI) to design and implement an integration platform that enables the modular architecture required by CMS, and to provide ongoing support for the MES Integration Platform.
	4.3	Implement the Medicaid Enterprise Systems (MES) Integration Platform: Implement and provide ongoing support for the Agency's MES Integration Platform, including integration of current and future MES modules with the MES Integration Platform.
 <p>Manage Applications in the Cloud</p>	5.1	Migrate MMS to Cloud: Continue the current effort to move the MMS eligibility system to a cloud-hosted environment.
	5.2	Stabilize and Move Phoenix to the Cloud: Stabilize the Phoenix application with increased security features and other required enhancements and move the application to the Agency's cloud environment if/when appropriate.
	5.3	Procure Cloud Managed Services Vendor: Conduct a procurement to secure a reputable and experienced vendor to provide ongoing Cloud Managed Services (e.g., cloud service provisioning, monitoring, configuration management, etc.).

Note: *The Decommission MEDS workstream details are included in the SCDHHS MEDS Decommissioning Strategy attachment.

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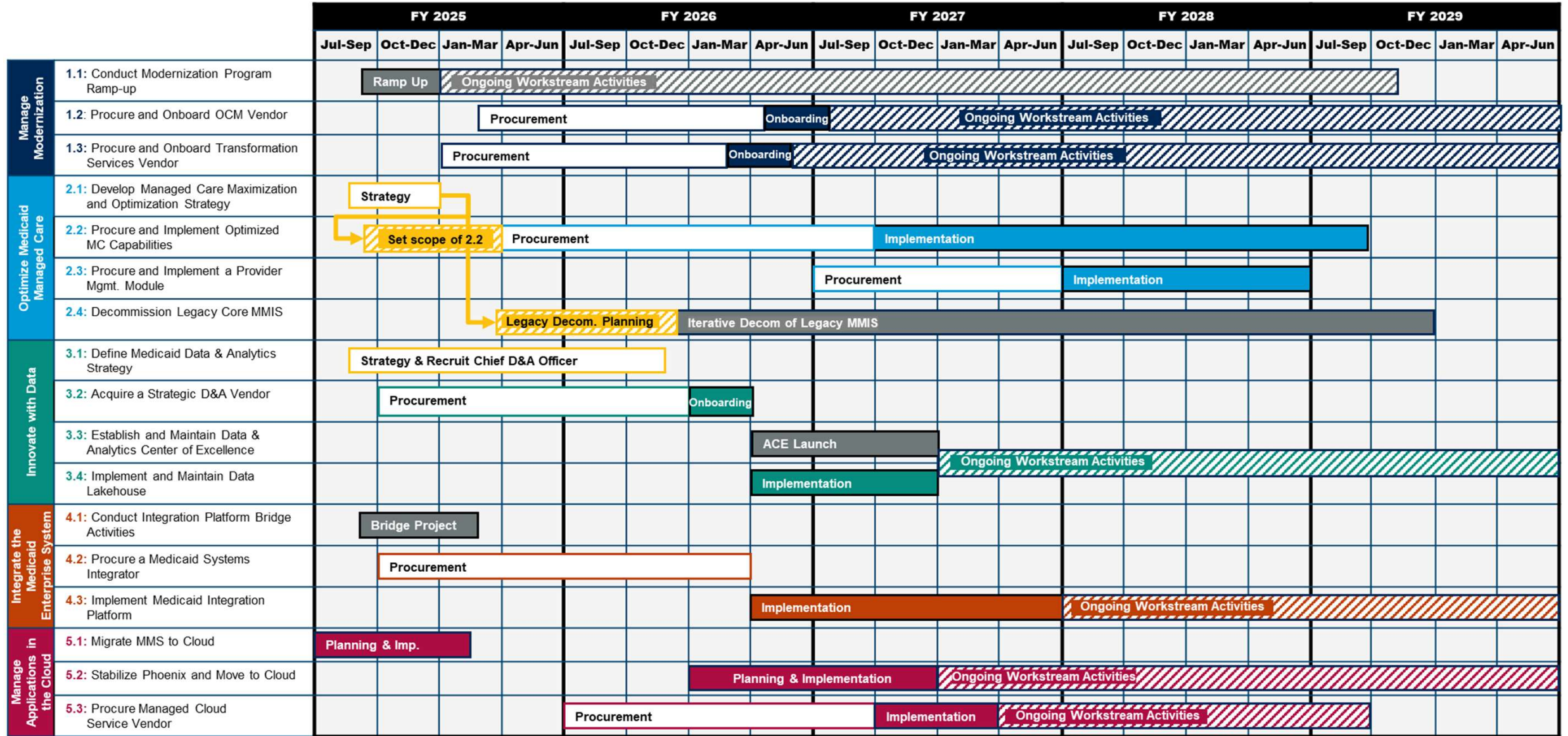
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MES Modernization Roadmap High-Level Schedule

MES Modernization Roadmap High-Level Schedule



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In-Flight Modernization Initiatives

		FY 2025				FY 2026				FY 2027				FY 2028				FY 2029			
		Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun
In-Flight DASH Projects	6.1: Decommission MEDS*	MEDS																			
	6.2: Electronic Visit Verification	EVV																			
	6.3: Health and Welfare Critical Incident Management					HWCIM															
	6.4: Third Party Liability					TPL															
	6.5: Pharmacy Benefits Administrator					PBA															
	6.6: Dental Prepaid Ambulatory Health Plan	DPAHP																			
	6.7 Financial Management System					FMS															
	6.8: Non-Emergency Medical Transportation Program	NEMT																			
	6.9: BIS Re-platform	BIS																			
	6.10: Encounters Processing System	EPS Phase 3 TBD...																			
	6.11: Medicaid Clinical Data Exchange	MCDE																			
	6.12 Healthy Connections South Carolina	HCSC																			

Procurement DDI Certification

Note: *The Decommission MEDS initiative details are included in the SCDHHS MEDS Decommissioning Strategy attachment.

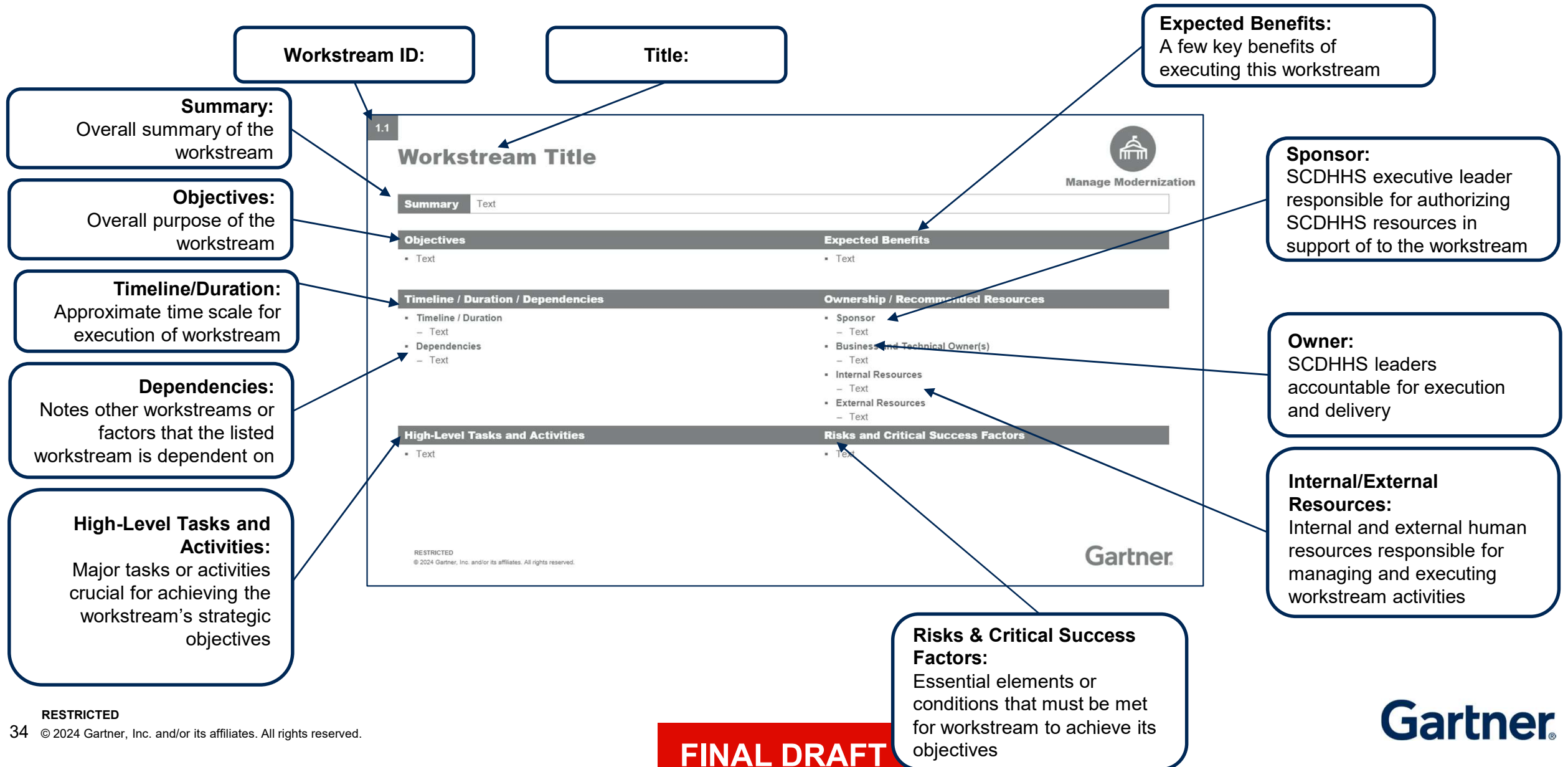
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MES Modernization Roadmap Workstream Mini-Charters

The following framework outlines the details for each workstream on the MES Modernization Roadmap





Manage Modernization



Conduct Modernization Program Ramp-up

Establish an MES modernization governance program, as well as a resourcing, OCM, and funding strategy to guide the Agency’s modernization efforts.

Objectives Expected Benefits

- Establish the Agency’s Medicaid Enterprise System (MES) modernization governance structure, framework and processes to guide SCDHHS’ MES modernization program investments and initiatives.
- Ensure SCDHHS has a near- and long-term resource strategy for managing all aspects of MES modernization, including the ability to scale the adequate and appropriate resources essential to lead and coordinate a successful modernization.
- Develop an OCM and Communication strategy to support the overall MES modernization program and the enterprise through the business transformation related to MES modernization.
- Ensure SCDHHS has a funding strategy in place to support anticipated MES modernization investments.

- SCDHHS is equipped to handle the scope and scale of the Medicaid modernization it requires to support its business goals, with robust program management capabilities and the authority needed to support a mature MES modernization effort.
- SCDHHS transformation and project initiatives possess the necessary capabilities and authority, enabling the Agency to prioritize its goals of maximizing the value of care and services purchased, while focusing on improving the health and quality of life for South Carolinians.

Timeline / Duration / Dependencies Ownership / Recommended Resources

- **Timeline / Duration**
 - Start: 1st Quarter of FY 2025
 - Initial Planning and Strategic Development: 4 months
 - Ongoing Workstream Activities: Duration of MES modernization efforts
- **Dependencies**
 - Contingent upon funding availability

- **Sponsor**
 - SCDHHS CIO
- **Owner**
 - SCDHHS DASH PMO
- **Internal Resources**
 - SCDHHS executives for governance participation
 - SCDHHS business and technical stakeholders
 - DASH leaders and team members
 - Bureau Chief, APD Development Team
- **External Resources**
 - Supporting strategic consultants — as needed

Conduct Modernization Program Ramp-up

Establish an MES modernization governance program, as well as a resourcing, OCM, and funding strategy to guide the Agency’s modernization efforts.

High-Level Tasks and Activities Risks and Critical Success Factors

- Establish MES Modernization Governance
 - Establish a DASH program charter summarizing and defining the program’s role in managing a portfolio of related MES modernization and business transformation projects.
 - Design and implement a MES modernization governance program. Pilot the program with appropriate stakeholders throughout the Agency. Refine as needed and codify the outcome in a Governance Charter.
- Develop the MES Modernization Resourcing Strategy
 - Develop a near-term resourcing plan for DASH, focused on adding and augmenting to existing DASH program resources. Focus on those program and project management (PPM), procurement, vendor and contract management resources, OCM and software QA resources needed to ramp-up MES modernization efforts in the next 6-12mos.
 - Develop a long-term resourcing strategy for managing the modernization program over the coming years. Define the high-level scope for the potential procurement of a transformation services vendor (Workstream 1.3) to enable DASH to scale.
 - Develop processes and controls to monitor and manage resources moving forward.
- Develop the OCM and Communications Strategy
 - Draft an overall OCM and Communications strategy for the MES modernization program and the larger business transformation that will be enabled by this modernization. Review and validate this strategy with appropriate Agency stakeholders.
 - Define the scope for the potential procurement of an OCM vendor to execute and implement the OCM and Communications strategy (Workstream 1.2).
- Develop the MES Modernization Funding Strategy
 - Conduct an analysis of the Agency’s current approach and processes to plan and manage state and federal funding of modernization efforts.
 - Develop a long-term strategy for all aspects of the funding process (including Federal Financial Participation [FFP]) together with the completion of the feasibility study, alternatives analysis, cost-benefit analysis, and APD development and management required for FFP.

- Governance success is dependent on buy-in from executive participants. Early in the transformation governance decision needs may be light and this could trivialize the needs for structure and meetings. DASH leaders should set this expectation and champion the need for “building SCDHHS’ governance muscle” before the intensity of future solution implementations begin.
- Implementing technology solutions requires adequate resources and expertise. The risk of insufficient resources and expertise can lead to delays, cost overruns, and suboptimal outcomes. It is crucial for the DASH to allocate the necessary budget and skilled personnel, and technology infrastructure to support the transformation initiatives. Additionally, having a lack of expertise in managing complex technology implementations can result in poor decision-making, inadequate project planning, and increased risk of failure.

Procure and Onboard Organizational Change Management Vendor

Source a vendor partner to lead and support OCM and communication efforts related to MES modernization.

Objectives Expected Benefits

- Leverage the OCM strategy work coming out of Workstream 1.1 to procure and onboard an OCM support vendor, managing work to support business process re-engineering (BPR), and execute change management plans for effective adoption of new Medicaid solutions.
- Address OCM and BPR needs to enable MES module solution vendors to design and execute effective change management plans.
- Design an effective division of responsibilities for OCM and BPR between the State’s transformation team, an OCM support vendor, and solution vendors.
- Define current state business processes and collaborate with solution vendors to develop future state processes, recognizing that change management is critical and appropriately resourced for this transformation.

- Ensure effective change management for Medicaid modernization solutions through sufficient resourcing and expertise.
- Establish transparency for stakeholders by creating a clear vision for the modularity transformation and outlining desired outcomes and goals.
- Foster active employee involvement by developing a comprehensive communication plan and staffing to keep stakeholders informed and engaged.
- Adapt organizational systems/processes to meet transformation requirements, including performance metrics, operational APS, leadership priorities, organizational structures, etc.

Timeline / Duration / Dependencies Ownership / Recommended Resources

- **Timeline / Duration**
 - Start: 3rd Quarter of FY 2025
 - Procurement: 10-12 months
 - Vendor Onboarding: 3 months
 - Ongoing Workstream Activities: Continue through duration of Roadmap (FY 29)
- **Dependencies**
 - Workstream 1.1: This workstream is dependent on OCM and Communications Strategy defined during the Modernization Program Ramp-up workstream.
 - Contingent upon funding availability.

- **Sponsor**
 - SCDHHS Chief of Staff
- **Owner**
 - DASH Program Director
- **Internal Resources**
 - DASH project manager and other program resources
 - SCDHHS Bureau Chief, APD Development Team
 - SCDHHS Bureau of Contracts and Procurement
- **External Resources**
 - Procurement planning and support vendor (as needed)
 - State Materials Management Office (MMO) (as needed)

Procure and Onboard Organizational Change Management Vendor

Source a vendor partner to lead and support OCM and communication efforts related to MES modernization.

High-Level Tasks and Activities Risks and Critical Success Factors

- Plan the OCM procurement
 - Based on the OCM and Communications Strategy, finalize the scope of OCM services to be procured.
 - As needed, complete a feasibility study to assess the viability and potential impact of the OCM Vendor procurement.
 - Develop a procurement strategy to guide the acquisition of OCM Vendor capabilities.
 - Develop an advanced planning document (APD) to obtain FFP. Conduct Agency and Federal review and approval of APD.
- Develop the OCM procurement solicitation (Request for Proposals [RFP])
 - Develop solicitation-level requirements and prepare RFP.
 - Plan for how the Agency will evaluate and score vendor proposals. Work with Office of State Procurement to finalize RFP evaluation tools.
 - Conduct Agency and Federal review and approval of RFP.
- Conduct the OCM procurement
 - Host a vendor conference and conduct vendor Q&A to provide vendors with an opportunity to ask questions and seek clarifications about the RFP.
 - Evaluate the responses to the RFP and select the vendor based on pre-defined evaluation criteria.
 - Conduct contract negotiations to finalize terms and conditions with the selected vendor.
 - Finalize and award the contract to the selected vendor.
- Onboard the OCM vendor
 - Onboard the selected vendor to prepare for the commencement of the project.

- Lack of alignment and communication between DASH and other departments or stakeholders within the Agency.
- Internal / External stakeholder resistance to changes associated with new technology adoption.
- Disagreement on scope and approach to procurement of required OCM services.
- DHHS's resistance to leverage outside subject matter experts for OCM support.
- Transparent and structured procurement processes and full support from SCDHHS business and IT executives remain critical success factors.

Procure and Onboard Transformation Services Vendor

Source a vendor partner under the leadership of DASH to support transformation management and scale resources across project management, business analysis, procurement, vendor management, and solution management capabilities etc.

Objectives Expected Benefits

- Enable DASH to quickly scale fluctuating resources to support MES modernization efforts.
- Procure a vendor to provide modernization resource capabilities such as project management, resource management, financial analysis, governance, business process reengineering, certification management, vendor management, procurement support, and solution management.
- DASH will have the resources across transformation capabilities needed to successfully lead the Medicaid modernization initiatives.
- In contrast to SCDHHS hiring for this modernization demand, the transformation vendor can seamlessly reassign resources elsewhere when modernization efforts wind down.

Timeline / Duration / Dependencies Ownership / Recommended Resources

- **Timeline / Duration**
 - Start: 3rd Quarter of FY 2025
 - Procurement: 10-12 months
 - Vendor Onboarding: 3 months
 - Ongoing Workstream Activities: Continue through duration of Roadmap (FY 29)
- **Dependencies**
 - Workstream 1.1: This scope of this workstream is dependent on MES Modernization Resourcing Strategy defined during the Modernization Program Ramp-up workstream.
 - Contingent upon funding availability.
- **Sponsor**
 - SCDHHS CIO
- **Owner**
 - DASH Program Director
- **Internal Resources**
 - DASH Project Manager and other modernization program resources
 - SCDHHS Bureau Chief, APD Development Team
 - SCDHHS Bureau of Contracts and Procurement
- **External Resources**
 - Procurement planning and support vendor (as needed)
 - State Materials Management Office (MMO) (as needed)

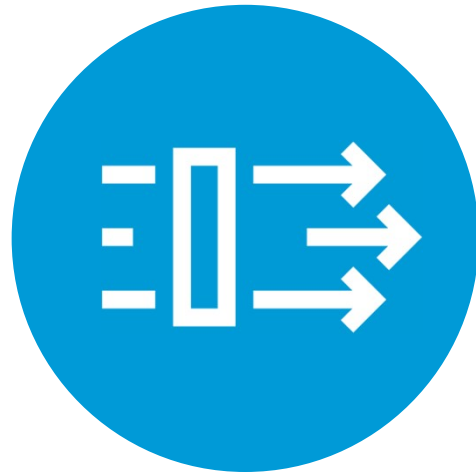
Procure and Onboard Transformation Services Vendor

Source a vendor partner under the leadership of DASH to support transformation management and scale resources across project management, business analysis, procurement, vendor management, and solution management capabilities etc.

High-Level Tasks and Activities Risks and Critical Success Factors

- Plan the Transformation Services procurement
 - Based on the MES Modernization Resourcing Strategy, finalize the scope of the transformation services to be procured.
 - As needed, complete a feasibility study to assess the viability and potential impact of the procurement.
 - Develop a procurement strategy to guide the procurement.
 - Develop an advanced planning document (APD) to obtain FFP. Conduct Agency and Federal review and approval of APD.
- Develop the Transformation Services procurement solicitation (RFP)
 - Develop solicitation-level requirements and prepare the RFP.
 - Plan for how the Agency will evaluate and score vendor proposals. Work with Office of State Procurement to finalize RFP evaluation tools.
 - Conduct Agency and Federal review and approval of RFP.
- Conduct the Transformation Services procurement
 - Host a vendor conference and conduct vendor Q&A to provide vendors with an opportunity to ask questions and seek clarifications about the RFP.
 - Evaluate the responses to the RFP and select the vendor based on pre-defined evaluation criteria.
 - Conduct contract negotiations to finalize terms and conditions with the selected vendor.
 - Finalize and award the contract to the selected vendor.
- Onboard the Transformation Services vendor
 - Onboard the selected vendor and prepare for the ramp-up of services.

- Successful procurement of a transformation services vendor is dependent on early buy-in from SCDHHS executive participants and the appropriate alignment of DASH resources to plan, develop, procure, and onboard the transformation services vendor.
- DASH must ensure that SCDHHS program transformation requirements are successfully captured and communicated in the RFP and that these requirements and all contract documents are aligned with CMS approval processes and Federal review cycles.



Optimize Medicaid Managed Care



Develop Managed Care Maximization and Optimization Strategy

Create a detailed plan for human capital and technical solution capability development to deliver quality recipient outcomes and acceptable costs under a ~100% managed care delivery model.

Objectives Expected Benefits

- Achieve a comprehensive understanding of SCDHHS' current managed care plan management and financial management capabilities.
- Assess the planned managed care capabilities of the newly implemented Encounter Processing System (EPS).
- Gain insights from the leading managed care states to improve managed care practices by identifying outcomes, lessons learned, essential skills, and technical capabilities.
- Engage diverse vendors to understand and explore what modern Medicaid-managed care technical solutions are available.
- Facilitate transition to nearly 100% managed care by developing a strategy for enhancing both technical and human capital capabilities.

- SCDHHS has a holistic understanding of the best practices and key capabilities it will need to implement and achieve its vision of (near) 100% of its programs managed care transition in the next five years.
- A detailed plan is defined for the human capital and technical solution capability development to ensure SCDHHS is in a strong position to deliver high-quality recipient outcomes and acceptable cost of care levels under a ~100% managed care delivery model.

Timeline / Duration / Dependencies Ownership / Recommended Resources

- **Timeline / Duration**
 - Start: 1st Quarter of FY 2025
 - Initial Planning and Strategic Development: 3-4 months
- **Dependencies**
 - This workstream is dependent on the outcome of a parallel DHHS program and policy planning effort underway to accelerate Agency's transition of its Medicaid programs to managed care.
 - This workstream is contingent upon funding availability.

- **Sponsor**
 - SCDHHS Chief of Staff
- **Owner(s)**
 - Bureau Chief of Managed Care
- **Internal Resources**
 - DASH PM and other modernization program resources
 - SCDHHS Enterprise Architect and IT resources
 - SCDHHS Bureau of Managed Care resources and Medicaid subject matter experts of various disciplines across the Agency
 - Clemson MITS and SCEIS resources
- **External Resources**
 - Supporting strategic consultant to execute research under the direction of SCDHHS leadership

Develop Managed Care Maximization and Optimization Strategy

Create a detailed plan for human capital and technical solution capability development to deliver quality recipient outcomes and acceptable costs under a ~100% managed care delivery model.

High-Level Tasks and Activities Risks and Critical Success Factors

- Conduct Managed Care Current State Assessment
 - Assemble a team and conduct an assessment of the Agency’s:
 - Current managed care-related business processes, including those related to plan management, capitation payment, and financial management.
 - EPS current and planned capabilities and use cases.
- Conduct Managed Care Trends and Capabilities Market Scan
 - Conduct a market scan of other states’ business and technical approaches and capabilities to support their managed care Medicaid delivery. Focus scan on those states that have, or currently are moving to, a higher percentage of their Medicaid populations covered under managed care programs.
 - Conduct a vendor market scan of products and services available in the marketplace to enable SCDHHS’s vision for enhanced managed care management business capabilities.
- Develop Managed Care Maximization and Optimization Strategy
 - Develop a strategy and go-forward recommendations for the Agency’s development and implementation of business and technical capabilities needed to support its managed care programs.
 - Facilitate workshops with appropriate Agency leadership to review the draft Managed Care Maximization and Optimization Strategy and offer input. Revise strategy accordingly.

- Active participation and buy-in from key Agency stakeholders, especially program and policy leadership.
- Close alignment with a parallel program and policy planning effort underway within the Agency to accelerate the transition of Medicaid programs to managed care.
- Ability to obtain relevant data from the Agency’s managed care rate setting vendor (Milliman).
- Identification of appropriate other state Medicaid agencies to interview as part of the market scan process, and their active and timely participation in the interview process.

Procure and Implement Optimized Managed Care Capabilities

Source and implement the managed care enablement solutions and skills identified in the Managed Care Maximization and Optimization Strategy.

Objectives Expected Benefits

- Develop a strategy and plan to procure and implement the future-state managed care capabilities needed to support the Managed Care Maximization and Optimization Strategy (Workstream 2.1).
- Conduct a procurement to acquire a technical solution(s) and/or services to ensure SCDHHS has the appropriate capabilities (e.g., financial management, encounters processing, etc.) needed to deliver high-quality recipient outcomes and maintain acceptable cost of care levels under a ~100% managed care delivery model.
- Onboard the selected vendor(s) and implement the solution(s) and/or services, integrating them into the Agency’s existing Managed Care capabilities and business processes.
- Implementing modern managed care technology solutions provides sophisticated financial management functionality, supporting innovative payment models that drive quality improvements for managed care plans.
- Using NASPO ensures cost-effective and reliable selection of proven MMIS solution vendors.
- New solutions enable more efficient capitation payments with reduced manual intervention, lowering errors and administrative burden.
- Transitioning all capitation volume off the legacy Core MMIS allows SCDHHS to decommission outdated systems, reducing maintenance costs and operational risks.
- Adopting best-practice payment models and advanced technology helps the state control costs and improve care quality for Medicaid recipients.

Timeline / Duration / Dependencies Ownership / Recommended Resources

- **Timeline / Duration**
 - Start: 4th Quarter of FY 2025
 - Initial Planning and Scope Development: 3-8 months
 - Procurement: 12-18 months. *Note — dependent on potential procurement paths*
 - DDI: Continue through Jan 2030 or until end of implementation
- **Dependencies**
 - Workstream 2.1: The MC Maximation and Optimization Strategy must be completed and approved to inform this project.
 - Legislative approval and funding for the required solutions and workforce development.
- **Sponsor**
 - SCDHHS Chief of Staff
- **Owner(s)**
 - Bureau Chief of Managed Care
- **Internal Resources**
 - DASH project manager and other modernization program resources
 - SCDHHS Bureau of Managed Care staff
 - SCDHHS Bureau Chief, APD Development Team
 - SCDHHS Bureau of Contracts and Procurement
 - SCDHHS Enterprise architect and IT resources
- **External Resources**
 - Procurement planning and support vendor (as needed)
 - State Materials Management Office (MMO) (as needed)
 - Selected vendor(s) to implement technological capabilities and/or provide services

Procure and Implement Optimized Managed Care Capabilities

Source and implement the managed care enablement solutions and skills identified in the Managed Care Maximization and Optimization Strategy.

High-Level Tasks and Activities Risks and Critical Success Factors

- Plan the Managed Care Capabilities Procurement
 - Based on the Managed Care Maximization and Optimization Strategy (Workstream 2.1), finalize the scope of the procurement of managed care capabilities,.
 - Complete a feasibility study (including, as needed, a market scan, alternatives analysis, and cost-benefit analysis) to assess the viability and potential impact of the procurement.
 - Develop a procurement strategy to guide how the Agency will go to market to acquire the managed care capabilities.
 - Develop an advanced planning document (APD) to obtain FFP. Conduct Agency and Federal review and approval of APD.
- Develop Managed Care Capabilities procurement solicitation(s)
 - Develop solicitation-level requirements and prepare solicitation materials. If SCDHHS plans to use NASPO ValuePoint for this procurement, analyze the existing NASPO requirements and develop a Participating Addendum, as appropriate.
 - Plan for how the Agency will evaluate and score vendor proposals. Work with Office of State Procurement to finalize RFP evaluation tools.
 - Conduct Agency and Federal review and approval of procurement solicitation.
- Conduct the Managed Care Capabilities procurement
 - As needed per procurement strategy, host a vendor conference and conduct vendor Q&A to provide potential vendors with an opportunity to ask questions and seek clarifications about the RFP.
 - Evaluate the responses to the RFP and select the vendor based on predefined criteria.
 - Conduct contract negotiations to finalize terms and conditions with the selected vendor.
 - Finalize and award the contract to the selected vendor.

- SCDHHS may use the National Association of Procurement Officials (NASPO) ValuePoint cooperative purchasing agreement for this procurement. Given the Agency’s lack of experience with this procurement vehicle, the Agency will need to ensure adequate procurement process planning and involvement of appropriate Agency and State procurement resources and subject matter experts.
- Overcoming any resistance from internal and external stakeholders to the changes associated with transitioning to a 100% managed care model.
- Sufficient development of the necessary workforce capabilities within SCDHHS to support the new managed care model.
- Overcoming any difficulties in selecting the right vendors and negotiating contracts that meet the state's needs and timelines for SCDHHS go-forward MCMO strategy. One concern may be resource limitations on the part of solution vendors who are completing similar work across several states simultaneously.
- Without timely approval and funding, the project could face significant delays, which would affect the procurement and implementation timelines. This could also lead to increased costs and missed opportunities for early benefits realization.

Procure and Implement Optimized Managed Care Capabilities

Source and implement the managed care enablement solutions and skills identified in the Managed Care Maximization and Optimization Strategy.

High-Level Tasks and Activities

- Implement Managed Care Capabilities
 - Onboard the selected vendor to prepare for the commencement of the project.
 - Validate requirements and proceed with design and development to ensure the solution meets the specified needs.
 - Integrate the solution with the MES Integration Platform to ensure seamless operation within the existing infrastructure.
 - Kick off the workforce development program to prepare staff for the new system and processes.
 - Conduct an assessment to identify potential skills gaps, retooling needs, additional talent acquisition, staff re-allocation, or training needed as a result of the new system adoption.
 - Conduct solution testing and implementation to ensure the solution is functional and meets all requirements.

Procure and Implement a Provider Management Module

Source a modern Provider Management Module to reduce the provider enrollment time frame, centralize credentialing, and serve as a central source of provider data across the Medicaid enterprise.

Objectives Expected Benefits

- Develop a plan to procure and implement a Provider Management module to achieve SCDHHS’s goals for improved Medicaid provider management.
- Prepare for and conduct the procurement of a Provider Management module, including the solution and/or services related to this module.
- Implement the Provider Management module, including implementation of specific provider management solution(s), integration with the MES Integration Platform and the re-engineering of provider management business processes.
- Develop and execute OCM strategy to support successful roll-out and adoption of the Provider Management module.
- Certify the Provider Management module to ensure FFP.

- SCDHHS anticipates a Provider Management module would improve:
- Quality and accessibility of provider data for SC Medicaid, through the implementation of a single source of truth for provider data and provider taxonomy standardization.
 - Provider experience through improved provider communications, self-service capabilities and visibility into the provider enrollment and credentialing processes.
 - Administrative overhead to manage the provider enrollment and credentialing processes, such as through automatic verification processes with external agencies (NPPES, FBI, etc.).
 - Provider data integration with other MES modules.

Timeline / Duration / Dependencies Ownership / Recommended Resources

- **Timeline / Duration**
 - Start: 1st Quarter of FY 2027
 - Procurement: ~ 12-18 months. *Note — dependent on the selection of NASPO’s collaborative purchasing option*
 - DDI: ~12 months
- **Dependencies**
 - Workstreams 2.1 and 2.2: The Managed Care Maximization and Optimization Strategy, and the implementation of optimized managed care capabilities will inform the scope and timing of the Provider Management module procurement and implementation.
 - Workstreams 4.2 and 4.3: The Medicaid Systems Integrator will play a key role in integrating the Provider Module with the MES Integration Platform.
 - Contingent upon funding availability.

- **Sponsor**
 - SCDHHS Chief of Staff
- **Owner**
 - SCDHHS Bureau Chief of Provider and Support Services
- **Internal Resources**
 - DASH Project Manager and other modernization program resources
 - SCDHHS Director of Provider Services
 - SCDHHS Enterprise Architect and IT resources
 - SCDHHS Bureau Chief, APD Development Team
 - SCDHHS Bureau of Contracts and Procurement
- **External Resources**
 - State Materials Management Office (MMO) (as needed)
 - Incumbent Provider Management services vendor (Blue Cross Blue Shield/BCBS)
 - Optimized managed care capabilities vendor
 - Medicaid Systems Integrator (SI)
 - Centers for Medicare and Medicaid Services (CMS) certification review staff



Procure and Implement a Provider Management Module

Source a modern Provider Management Module to reduce the provider enrollment time frame, centralize credentialing, and serve as a central source of provider data across the Medicaid enterprise.

High-level Tasks and Activities

- Plan the Provider Management module procurement
 - Based on the Managed Care Optimization and Modernization Strategy (Workstream 2.1), and the scope of optimized managed care capabilities to be procured as part of Workstream 2.2, develop and finalize the scope of a Procurement Management module.
 - Complete a feasibility study (including market scan, alternatives analysis, and cost-benefit analysis, as needed) to assess the viability and potential impact of the procurement.
 - Develop a procurement strategy identifying the best go-to-market strategy for the Provider Management capabilities.
 - Develop an advanced planning document (APD) to obtain FFP. Conduct Agency and Federal review and approval of APD.
- Develop the Provider Module procurement solicitation
 - Develop solicitation-level requirements and prepare the procurement solicitation. If SCDHHS plans to use NASPO ValuePoint for this procurement, analyze the existing NASPO requirements and develop a Participating Addendum, as appropriate.
 - Plan for how the Agency will evaluate and score vendor proposals. Develop procurement evaluation tools, as needed.
 - Conduct Agency and Federal review and approval of procurement solicitation.
- Conduct the Provider Module procurement
 - Host a vendors' conference and conduct vendor Q&A to allow potential vendors to ask questions and seek clarifications about the RFP.
 - Evaluate the responses to the RFP and select the vendor based on predefined criteria.
 - Conduct contract negotiations to finalize terms and conditions with the selected vendor.
 - Finalize and award the contract to the selected vendor.

Critical Success Factors

- SCDHHS may consider procuring a provider management module with new Managed Care capabilities using a “catalog of services” procurement and require vendors to articulate the discount if awarded both options.
- Managed Care Plans may be resistant to accepting centralized credentialing decisions.
- Developing an in-depth understanding of legacy provider management business rules.

Procure and Implement a Provider Management Module

Source a modern Provider Management Module to reduce the provider enrollment time frame, centralize credentialing, and serve as a central source of provider data across the Medicaid enterprise.

High-level Tasks and Activities

- Implement the Provider Management module
 - Onboard the implementation vendor to prepare for the commencement of the project.
 - Validate requirements and proceed with DDI activities.
 - Conduct an analysis of legacy BCBS applications to identify elements of data integration with Managed Care Plans.
 - Integrate the solution with the MES Integration Platform.
 - Develop and implement policy changes from the managed care plans to enable the introduction of Centralized Credentialing.
 - Coordinate the rollout of a new Provider Management Solution with the procurement and reorganization of Managed Care Plans in South Carolina.
 - Launch the centralized credentialing committee and credentialing verification organization.

Decommission the Legacy Core MMIS

Develop and implement a plan to incrementally deprecate legacy Core MMIS functionality as the Agency implements improved Medicaid capabilities over time, and then decommission the legacy system entirely when it is no longer needed.

Objectives Expected Benefits

- Based on the Managed Care Maximization and Optimization Strategy (Workstream 2.1), and the scope of the capabilities and solutions procured and implemented in Workstreams 2.2 and 2.3, develop a detailed legacy Core MMIS deprecation and decommissioning strategy to map out the elements of the legacy Core MMIS that can be sunset and the timeframes of those activities.
- As modernized modules are implemented, transition managed care operations to new solutions and where possible incrementally deprecate functionality in the legacy Core MMIS.
- Decommission the remaining components of the legacy Core MMIS when the Agency has ceased its FFS programs, or fully-transition FFS claims processing operations to a new MMIS solution, if/as appropriate
- Migrate the legacy Core MMIS data out of the Clemson environment through a Cloud-based data retention strategy.

- SCDHHS will transition Medicaid operations off a dated and fragile legacy solution that is difficult and costly to maintain and operate, and which does not efficiently or adequately support the Agency’s Managed Care programs.
- Eliminate operational and data quality risks associated with dependence on this legacy solution.

Timeline / Duration / Dependencies Ownership / Recommended Resources

- **Timeline / Duration**
 - Start: 4th Quarter of FY 2025
 - Initial Planning: 6-9 months
 - Integrative Decommissioning: Continue through Jan 2023 or until implementation of workstream “2.2: Procure and Implement Optimized Managed Care Capabilities” is complete.
- **Dependencies**
 - Workstream 2.1: The Managed Care Maximization and Optimization Strategy will inform the strategy for the scope of functionality that will be deprecated from the legacy Core MMIS, and when the Core MMIS can ultimately be decommissioned.
 - Workstream 2.2 and 2.3: The timing of these solution implementations will inform the sequencing of the deprecation of functionality from the Core MMIS.

- **Sponsor**
 - SCDHHS CIO
- **Owner**
 - MMIS Operations Leader
- **Internal Resources**
 - DASH Project Manager and modernization program resources
 - SCDHHS Bureau of Eligibility and Enrollment resources and subject matter experts across the Agency
- **External Resources**
 - Clemson MMIS Team

Decommission the Legacy Core MMIS

Develop and implement a plan to incrementally deprecate legacy Core MMIS functionality as the Agency implements improved Medicaid capabilities over time, and then decommission the legacy system entirely when it is no longer needed.

High-Level Tasks and Activities

- Develop Legacy Core MMIS Decommission Strategy
 - Assemble a team of business and technical subject matter experts and key stakeholders to identify functional capabilities that DHHS can incrementally deprecate from the legacy Core MMIS system over time as new Medicaid modules and systems become available.
 - Develop a plan to deprecate this functionality, including activities to make technical changes to the appropriate systems and address business processes and operational impacts. Ensure the plan contains:
 - System Description and Inventory
 - Assessment of Current System Environment
 - Decommissioning Objectives and Success Criteria
 - Decommissioning Approach and Methodology
 - Data Migration and Archiving Strategy
 - Application Migration or Replacement Strategy
 - Infrastructure and Hardware Decommissioning Plan
 - Business Continuity and Disaster Recovery Considerations
 - Stakeholder Communication and Change Management
 - Risk Management and Mitigation
 - Resource and Budget Planning
 - Project Timeline and Key Milestones
 - Post-Decommissioning Support and Maintenance
 - Review and validate plan with appropriate business and technical stakeholders.
- Execute Legacy Core MMIS Decommission Strategy on an incremental basis, as new functional modules are delivered to production, or the functionality is no longer needed. Continuously update the Legacy Core MMIS Functional Capability Deprecation Strategy as appropriate.
- When the Agency has either (a) identified a replacement solution to support the remaining functionality the legacy Core MMIS provides (e.g., FFS claims adjudication and processing); or (b) has moved all Medicaid beneficiaries to managed care, complete legacy Core MMIS decommissioning and sunset the system.

Risks and Critical Success Factors

- Continuous and visible leadership support
- Effective business and technical SMEs and leadership collaboration and coordination
- The workstream is directly dependent on the Managed Care Maximization and Optimization Strategy (2.1) to guide the deprecation of encounter and claims processing functionality from the legacy Core MMIS, as well as the ultimate decommissioning of that system. Any risks to that workstream, or lack of clarity in the resulting strategy, jeopardize this workstream.
- Successful, timely implementation of new modules to replace the functionality that is currently provided in MMIS.
- Clemson leadership may require that the Core MMIS system hosting and support contract end earlier than the planned timeline in FY2029.



Innovate with Data



Define Medicaid Data and Analytics (D&A) Strategy

Define an enterprise Medicaid D&A strategy, hire a CDAO, launch data governance, and optimize processes and organizational model/human capital alignment to make the most of SCDHHS data assets.

Objectives Expected Benefits

- Create, articulate, and share an enterprise-wide D&A strategy.
- Establish selected data and analytics governance responsibilities and processes based on adaptive governance best practices.
- Optimize organizational D&A resources, structures, and processes to understand, innovate, and measure the results of Medicaid policy and operations.

- In the CDAO, the Agency will have an executive leader who is accountable for the Agency’s D&A assets, who will lead the development and execution of the Agency’s D&A strategy, and who will ensure that the Agency’s D&A investments are focused on measurable business outcomes.
- The D&A Strategy will:
 - Provide guidance for the roll-out of a Data Governance program. Data Governance is fundamental for effective management of the organization’s critical data assets in support of all analytics efforts. The D&A strategy will help focus and enhance governance mechanisms already in place or currently being implemented.
 - Provide internal and external stakeholders with an understanding the Agency’s D&A approach and its importance.
 - Focus and prioritize D&A investments on obtaining the greatest business value and allowing the Agency to manage these investments at the enterprise level.
 - Lead to enhanced data understanding, clarity, consistency, and quality.
 - Increase data literacy and advanced analytics skills through coordinated staff deployment, development and acquisition.
 - Maximize self-service across the enterprise for analytics.

Define Medicaid Data and Analytics (D&A) Strategy

Define an enterprise Medicaid D&A strategy, hire a CDAO, launch data governance, and optimize processes and organizational model/human capital alignment to make the most of SCDHHS data assets.

Timeline / Duration / Dependencies Ownership / Recommended Resources

- **Timeline / Duration**
 - Start: 1st Quarter of FY 2025
 - CDAO Strategic Development and Recruitment: 6-9 months
 - Development of Medicaid D&A Strategy: 6-9 months
- **Dependencies**
 - BIS procurement efforts should be put on hold until full alignment with the D&A strategy can be established.

- **Sponsor**
 - SCDHHS Director
- **Owner**
 - Ultimately this effort will be owned by the CDAO, until then the SCDHHS CIO
- **Internal Resources**
 - CDAO — TBA
 - DASH Project Manager
- **External Resources**
 - Supporting strategic consultant — as needed
 - Contractors supporting enterprise architecture

Define Medicaid Data and Analytics (D&A) Strategy

Define an enterprise Medicaid D&A strategy, hire a CDAO, launch data governance, and optimize processes and organizational model/human capital alignment to make the most of SCDHHS data assets.

High-Level Tasks and Activities Critical Success Factors

- Recruit and hire a CDAO (Chief Data and Analytics Officer) to establish, lead and operate the D&A function; develop talent and mature the SCDHHS D&A culture; build trust and manage data; and evolve technology capabilities.
- Establish a D&A Strategy Steering Committee, including key leaders and stakeholders across the Agency, such as Chief of Staff, CIO, CFO, Bureau Chief and Assistant Bureau Chief of Managed Care, Bureau Chief of Quality, Deputy Director of Eligibility and Enrollment Management, Chief Medical Officer.
- Develop a comprehensive D&A strategy document, including:
 - Vision, principles, and drivers
 - Outcomes (goals and measures) for analytics producer and consumer populations
 - Value proposition for D&A
 - Data governance and stewardship mechanisms with appropriate levels of control needed to support analytics efforts at various levels
 - Information and technology architecture vision
 - Gap analysis for operating model focus
 - Hybrid (combination of organizationally centralized and distributed) operating model for data and analytics delivery
- Confirm the need to bring onboard a strategic D&A partner to:
 - Design and implement an Analytics Center of Excellence (ACE) for the Agency
 - Implement a Data Lakehouse (data sharing infrastructure for analytics)

- Establishing a mutually agreed upon strategy that is aimed at achieving targeted business goals (e.g., increased wellness of member populations, management of plans effectiveness, reducing cost, improving speed of eligibility and enrollment, etc.).
- Instill a culture of evidence-based decision-making, transparency, innovation, and willingness to change.

Acquire a Strategic D&A Partner

Procure a strategic D&A services partner to help SCDHHS implement and deploy several aspects of the target state D&A operating model and technology infrastructure.

Objectives Expected Benefits

- Conduct a competitive procurement to acquire a strategic D&A services and implementation partner to help SCDHHS implement and deploy several aspects of the Agency’s Medicaid D&A Strategy, operating model and technology infrastructure.
- A trusted partnership with a proven D&A vendor will enable SCDHHS to supplement and enhance SCDHHS knowledge, expertise, and decision-making and mature its in-house D&A capabilities.
- A D&A vendor will enable the Agency to:
 - Establish, launch, and initially operate an Analytics Center of Excellence to serve as the “hub” of a hybrid D&A delivery model
 - Design and implement a “Data Lakehouse” — infrastructure to support D&A delivery efforts as needed

Timeline / Duration / Dependencies Ownership / Recommended Resources

- **Timeline / Duration**
 - Start: 2nd Quarter of FY 2025
 - Procurement: 12-18 months
 - Onboarding: 3 months
- **Dependencies**
 - Workstream 3.1: The Agency’s Medicaid D&A Strategy will guide the scope of services it seeks to acquire from a strategic D&A vendor.
- **Sponsor**
 - SCDHHS CIO
- **Owner**
 - SCDHHS CDAO (or CIO, until CDAO is hired)
- **Internal Resources**
 - DASH Project Manager and modernization program resources
 - Current SCDHHS D&A subject matter experts and other resources (as needed)
 - SCDHHS IT resources (as needed)
 - SCDHHS Bureau Chief, APD Development Team
 - SCDHHS Bureau of Contracts and Procurement
- **External Resources**
 - State Materials Management Office (MMO) (as needed)

Acquire a Strategic D&A Partner

Procure a strategic D&A services partner to help SCDHHS implement and deploy several aspects of the target state D&A operating model and technology infrastructure.

High-Level Tasks and Activities Critical Success Factors

- Plan the D&A vendor procurement
 - Based on the Medicaid D&A Strategy, finalize the scope of the D&A vendor services to be procured.
 - As needed, complete a feasibility study to assess the viability and potential impact of the procurement.
 - Develop a procurement strategy to guide the procurement.
 - Develop an advanced planning document (APD) to obtain FFP. Conduct Agency and Federal review and approval of APD.
 - Develop the D&A vendor procurement solicitation (RFP)
 - Develop solicitation-level requirements and prepare the RFP.
 - Plan for how the Agency will evaluate and score vendor proposals. Develop RFP evaluation tools as needed.
 - Conduct Agency and Federal review and approval of RFP.
 - Conduct the D&A vendor procurement
 - Host a vendors' conference and conduct vendor Q&A to provide vendors with an opportunity to ask questions and seek clarifications about the RFP.
 - Evaluate the responses to the RFP and select the vendor based on pre-defined evaluation criteria.
 - Conduct contract negotiations to finalize terms and conditions with the selected vendor.
 - Finalize and award the contract to the selected vendor.
 - Onboard the D&A vendor
 - Onboard the selected vendor and prepare for the ramp-up of services.
- SCDHHS to receive the necessary state and federal funding.
 - D&A Partner chosen based on a combination of relevant experience, technical strength, and willingness to form a genuine strategic partnership.
 - Contractual arrangement that rewards partnership behavior.

Establish and Maintain an Analytics Center of Excellence

Launch and operate an Analytics Center of Excellence (ACE) to collect and centralize the resources and expertise needed to deliver D&A capabilities and implement the Agency’s D&A Strategy.

Objectives Expected Benefits

- Link and align ACE goals and objectives with the Agency’s Medicaid D&A strategy and desired business outcomes.
- Define the scope, roles, and responsibilities of the Agency’s D&A support structure including the ACE.
- Determine the skill gap and strategy for skill/staff acquisition.
- Establish a time-phased plan for staff acquisition and stand up of the Data and Analytics support structure and ACE.
- Define initial targets to measure success and ongoing service-level agreements between the ACE and its customers (internal and external).

- Creation of a business-centric approach for D&A, enabling the Agency to measure and report on its strategic objectives.
- Develops D&A capability, using specialized knowledge and resources to guide complex problem-solving. Allows the Agency to develop and implement D&A best practices and ensure their consistent use across the enterprise.
- Develops stable, standardized, scalable, and repeatable D&A methodologies that increase business partner satisfaction and confidence.
- Enables the Agency to develop employees’ technical and behavioral skills to better execute their responsibilities and develop expertise on complex D&A capabilities.
- As the organizational business needs and D&A capabilities evolve, the ACE will adjust and reprioritize efforts in an ongoing way.

Timeline / Duration / Dependencies Ownership / Recommended Resources

- **Timeline / Duration**
 - Start: 4th Quarter of FY 2026
 - ACE planning: Approx. 3 months
 - ACE launch: Approx. 6 months
 - Ongoing Workstream Activities: Continue through FY 29 or until end of contract
- **Dependencies**
 - Workstream 3.1: The Agency’s Medicaid D&A Strategy should guide the focus and activities of the ACE.
 - Workstream 3.2: The ACE should be driven by the D&A strategic partner.

- **Sponsor**
 - SCDHHS CIO
- **Owner**
 - SCDHHS CDAO
- **Internal Resources**
 - SCDHHS existing analytics resources (part-time involvement)
 - SCDHHS IT resources (as needed)
 - DASH modernization program resources (as needed)
- **External Resources**
 - ACE will initially consist largely of staff of the D&A Strategic Implementation Partner

Establish and Maintain an Analytics Center of Excellence

Launch and operate an Analytics Center of Excellence (ACE) to collect and centralize the resources and expertise needed to deliver D&A capabilities and implement the Agency’s D&A Strategy.

High-Level Tasks and Activities Critical Success Factors

- Plan the ACE
 - Conduct analytics population analysis to define the characteristics (demographics) and current/future distribution (across the SCDHHS and partners) of the various target analytics populations (consumer, explorer, innovator and expert).
 - Build the business case for the ACE to secure Agency buy-in and to define benefits for each stakeholder group.
 - Define measures of success and targets, specifying main areas of responsibility, such as:
 - Data governance support (including data quality metrics)
 - Data literacy improvement program
 - How ACE will liaise with the Data Lakehouse deployment and data engineering team
 - Self-service leadership, education, certification, guidance and alignment with strategic measures
 - Analytics development and implementation
 - Determine skills requirements, analyze gaps and develop a D&A staffing strategy
 - Analyze analytics customers’ needs and manage the expectations of vendors to meet their needs through the formal process of Service Level Agreements (SLAs). Institutionalize SLAs into how the ACE operates with internal and external customers and vendors.
 - Launch the ACE
 - Reach out to all departments across SCDHHS who are part of the analytics process.
 - Continually monitor and improve the ACE’s effectiveness.
- Agency-wide participation in analytics needs identification, opportunities, and comprehensive requirements development.
 - Ability to access integrated operational, financial, and externally sourced data at various levels of detail.
 - Acquisition of skill sets and competencies to effectively meet new expectations of the ACE.
 - Increase in data literacy across SCDHHS leading to a commitment to improved data quality.
 - Business enthusiasm and participation in data stewardship.

Implement and Maintain a Data Lakehouse

Plan, design and implement Data Lakehouse* capabilities and infrastructure to support the Agency’s D&A strategy and business intelligence, reporting, and analytics needs.

Objectives Expected Benefits

- Provide SCDHHS with both data lake and data warehouse capabilities in a relatively short period of time by leveraging a set of AWS Lakehouse technologies as the SCDHHS standard for integrated data for analytics.
- Establish a technically proficient data management team to actively manage and support usage of this infrastructure (AWS Lakehouse) for analytics, as appropriate/needed.
- Provides the basis for the organization for a variety of data (including well-understood data from transactional systems, structured and unstructured external data, and data from the frontier of understanding and exploration of the impact of Medicaid in SC) for SCDHS analytics efforts.
- Helps SCDHHS move to a “Consolidated” MDM model by taking granular snapshots of data and making it available to queries.

Timeline / Duration / Dependencies Ownership / Recommended Resources

- **Timeline / Duration**
 - Start: 4th Quarter of FY 2026
 - DDI: 9-12 months
 - Ongoing Workstream Activities: Continue through FY 29 or until end of contract
- **Dependencies**
 - Workstream 3.1: The strategic goals, objectives and capabilities the Data Lakehouse is to support will be defined by the Medicaid D&A strategy.
 - Workstream 3.2: The design and implementation of the Data Lakehouse will largely depend on the resources of the D&A strategic partner.
- **Sponsor**
 - SCDHHS CIO
- **Owner**
 - SCDHHS CDAO
- **Internal Resources**
 - IT or DASH project management resources
 - SCDHHS Enterprise Architect and IT resources (including DBAs and data engineers participating in the data management team)
 - SCDHHS business stakeholders
- **External Resources**
 - Strategic D&A Partner will provide data management and engineering resources and will be the “customer,” coordinating the business analytics needs of the Data Lakehouse

* Note: A Data Lakehouse is a converged data architecture that combines and unifies the architectures and capabilities of a data warehouse and a data lake on a single platform (usually cloud-based). This setup enables data and analytics leaders to reap the leading benefit of the Data Lakehouse: the reduction of architectural redundancies.

Implement and Maintain a Data Lakehouse

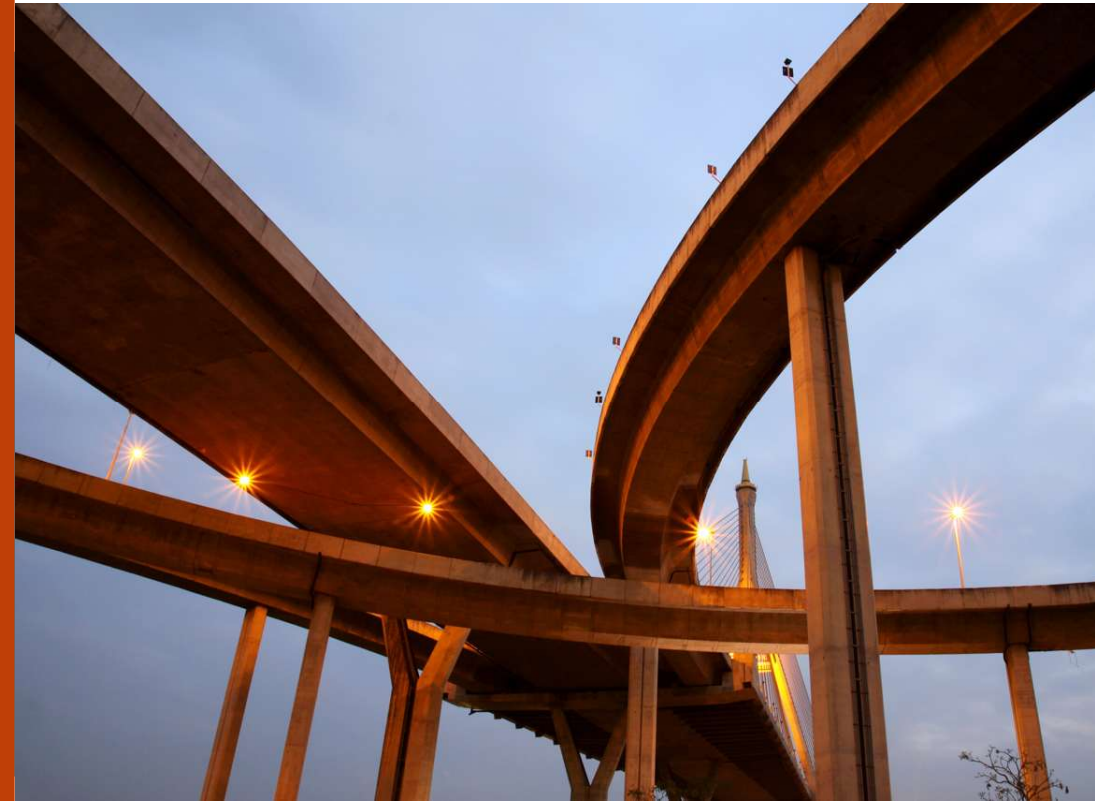
Plan, design and implement the Data Lakehouse* capabilities and infrastructure to support the Agency's D&A strategy and business intelligence, reporting and analytics needs.

High-Level Tasks and Activities

- Implement the Data Lakehouse
 - Set and adopt standards for Data Lakehouse population and data pipeline development (including testing and implementation)
 - Provision services, including those for:
 - Data Lakehouse storage capacity
 - Data Lakehouse structures and metadata (including data catalog, business glossaries, and access controls/obfuscation to protect privacy and security)
 - Management of the data life cycle (including backup and archiving)
 - Design, development, testing, and implementation of data pipelines
- Maintain the Data Lakehouse
 - Incrementally populate Data Lakehouse contents based on the data requirements for each prioritized and approved analytics product, including activities such as:
 - Design Data Lakehouse content and structures
 - Identify authoritative sources and data mappings
 - Design and develop data pipelines
 - Conduct full testing cycle
 - Implement in production — synchronized with deployment of the associated analytics product(s)



Integrate the Medicaid Enterprise System



Conduct Integration Platform Bridge Activities

Provide guidance regarding integration requirements for the Agency’s in-progress MES module procurements before the System Integrator (SI) and MES Integration Platform are live, ensuring existing resources are strategically deployed to support the high-priority integration use cases in the near term.

Objectives Expected Benefits

- | | |
|---|--|
| <ul style="list-style-type: none"> ▪ Define a centralized integration platform and team empowering multiple IT personas and roles to integrate across Medicaid Enterprise Systems modules, supporting a variety of integration styles, patterns, and technologies to streamline operations. ▪ Leverage the existing technology platforms deployed at Clemson and AWS to address the high-priority integration use cases for projects approaching the implementation phase. ▪ Ensure existing internal and external technical resources are strategically deployed to support the high-priority integration use cases. ▪ Provide guidance regarding integration requirements for the in-progress module procurements. ▪ Promote the proper leverage of current architecture standards and technologies for integration. | <ul style="list-style-type: none"> ▪ As SC transitions from a single-vendor, monolithic legacy system with many point to point interfaces, to a multi-vendor modular MES solution, the integration platform serves as the dedicated and formally managed capability to enable modular solutions’ data exchange and integration of process and events in the MES ecosystem. ▪ Availability of capability to integrate MES modules and data when mediation between the differing protocols and data models of multiple modules and system components is required while applying routing and error-handling logic. ▪ Enables formal oversight over data pipelines and security to optimize MES operations. |
|---|--|

Timeline / Duration / Dependencies Ownership / Recommended Resources

- | | |
|--|--|
| <ul style="list-style-type: none"> ▪ Timeline / Duration <ul style="list-style-type: none"> – Start: 1st Quarter of FY 2025 – Project Launch: 6-8 months ▪ Dependencies <ul style="list-style-type: none"> – 2.1: Managed Care Maximization and Optimization Strategy – 3.1: Define Data & Analytics Strategy | <ul style="list-style-type: none"> ▪ Sponsor <ul style="list-style-type: none"> – SCDHHS CIO ▪ Owner <ul style="list-style-type: none"> – SCDHHS DASH Program Director ▪ Internal Resources <ul style="list-style-type: none"> – SCDHHS DASH Project Manager and IT resources – DASH OCM Analyst – EA Integration and Enterprise Architects ▪ External Resources <ul style="list-style-type: none"> – Expert Hybrid Integration Platform advisory services |
|--|--|

Conduct Integration Platform Bridge Activities

Provide guidance regarding integration requirements for the Agency's in-progress MES module procurements before the System Integrator (SI) and MES Integration Platform are live, ensuring existing resources are strategically deployed to support the high-priority integration use cases in the near term.

High-Level Tasks and Activities

- Focus the available resources on critical integration foundations
 - Secure resources for an interim “Integration Strategy Empowerment Team” (ISET) as documented in Gartner’s MES Core Alternatives Analysis work product, leveraging existing dedicated internal and external specialized teams to enable all modules to be integrated via the MES Integration Platform, starting with the addition of a dedicated integration architect. These responsibilities will be transferred to the SI vendor once selected and onboarded.
 - Define and document the core components of the new MES Integration Platform based on Gartner’s MES Core Alternatives Analysis, leveraging infrastructure investments to date.
 - With key components of the MES Integration Platform’s infrastructure defined and a number already implemented, establish systematic governance of integrations. This should be based on agreed measures of success for prioritized integration use cases and MES Integration Platform / ISET service levels.
- Provide interim guidance to the existing and planned integration efforts
 - Define and standardize APIs for MES module design, development and implementation (DDI) activities.
 - Manage integration standards compliance (from RFP through implementation) for current and planned module procurements. Document the module integration standards (SFTP, MQ, API, etc.) and provide the standards to each of module procurement planning and module implementation teams.
 - Establish the MES Integration Platform Guiding Principles leveraging the principles documented by Gartner in the MES Integration Platform alternatives analysis.
- Review and evolve existing integration technologies and standards
 - Establish a plan for platform technology component review, re-evaluation and platform infrastructure improvement.
 - Continue with leverage of the current MES Core AWS infrastructure and services deployed for integration as well as the integration-related technology components deployed for the EPS (e.g., IBM IIB).
 - Leverage IBM Enterprise Service Bus (ESB) integration infrastructure deployed as part of EPS, along with other products and cloud services such as IBM App and API Connect or MuleSoft AnyPoint, to build out the full Hybrid Integration Platform (HIP) capabilities needed for the MES Integration Platform.
 - Assess the cost and value of the MarkLogic-based Operational Data Store / Data Hub considering the alternative technologies available via the new AWS infrastructure (i.e., Amazon DocumentDB, MongoDB, etc.).
 - Develop plans to leverage the MES Integration Platform to serve the data acquisition needs of the target strategic Data and Analytics architecture (as covered by the Gartner GSD deliverable).
 - Over time, transition Axiom/Actian EDI infrastructure used by MCOs and Providers over to the IBM EDI infrastructure deployed as a part of the EPS deployment in AWS cloud.

Critical Success Factors

- Executive (business and technical leaders) support for the MES integration strategy.
- Adequate funding for the interim resources with anticipated tasks and activities.
- Proactive OCM support to communicate the planned integration approach, and to be more aggressive in ensuring the adoption of integration infrastructure to business and technical stakeholders across MES.
- Availability of enterprise architecture and IT resources to help identify and support new integration use cases.

Procure a Medicaid Systems Integrator

Conduct a procurement to acquire the services of a Systems Integrator (SI) to design and implement an integration platform that enables the modular architecture required by CMS, and to provide ongoing support for the MES Integration Platform.

Objectives Expected Benefits

- Plan and conduct a procurement to acquire a proven Systems Integrator to drive the creation and operationalization of an integration platform that underpins and enables the modular MES architecture articulated and required by CMS. This will require the acquisition of services from a specialist system integration consultancy (SI) to build and provide ongoing support for a strategic MES Integration Platform, leveraging existing technology assets where appropriate).
- Require the vendor to leverage elements of existing SCDHHS integration tool infrastructure (cloud and on-premises) and combine with new tools and frameworks to accelerate the delivery of an optimal integration platform.
- Execute a fair and transparent procurement that ensures a competent and experienced partner is selected to help SCDHHS build and operate an effective integration platform and capability.

- Procuring SI support for the MES Integration Platform provides clear alignment with SCDHHS’ overall strategic vision and goals and the preferred delivery model for MES Modernization by allowing the Agency to manage a vendor with documented success in integration solutions that provides the right resources at the right time.
- Contracting with an SI to manage the MES Integration Platform will meet expectations around timelines for delivering value and benefits to the Agency for specific integration use cases.
- The ongoing costs for having an SI to manage the MES Integration Platform are likely to be well-controlled as the procurement process ensures competitive pricing, and the contract will establish the expectations on performance and ongoing cost.

Timeline / Duration / Dependencies Ownership / Recommended Resources

- **Timeline / Duration**
 - Start: 2nd Quarter of FY 2025
 - Procurement: 12-18 months
- **Dependencies**
 - Workstream 4.1: Integration Platform Bridge Activities will inform the requirements for the Medicaid SI Procurement.

- **Sponsor**
 - SCDHHS CIO
- **Owner**
 - DASH Program Director
- **Internal Resources**
 - DASH Project Manager and modernization program resources
 - SCDHHS Enterprise Architect and IT resources
 - SCDHHS Bureau Chief, APD Development Team
 - SCDHHS Bureau of Contracts and Procurement
- **External Resources**
 - State Materials Management Office (MMO) (as needed)

Procure a Medicaid Systems Integrator

Conduct a procurement to acquire the services of a Systems Integrator (SI) to design and implement an integration platform that enables the modular architecture required by CMS, and to provide ongoing support for the MES Integration Platform.

High-Level Tasks and Activities

- Plan the Medicaid SI procurement
 - Finalize the scope of the SI services to be procured, including Integration Strategy Enablement Team (ISET) services scope, deliverables, skills and competencies.
 - As needed, complete a feasibility study to assess the viability and potential impact of the procurement.
 - Develop a procurement strategy to guide the procurement.
 - Develop an advanced planning document (APD) to obtain FFP. Conduct Agency and Federal review and approval of APD.
- Develop the Medicaid SI procurement solicitation (RFP)
 - Develop solicitation-level requirements and prepare the RFP.
 - Plan for how the Agency will evaluate and score vendor proposals. Develop RFP evaluation tools as needed.
 - Conduct Agency and Federal review and approval of RFP.
- Conduct the Medicaid SI procurement
 - Host a vendors' conference and conduct vendor Q&A to provide vendors with an opportunity to ask questions and seek clarifications about the RFP.
 - Evaluate the responses to the RFP and select the vendor based on pre-defined evaluation criteria.
 - Conduct contract negotiations to finalize terms and conditions with the selected vendor.
 - Finalize and award the contract to the selected vendor.
- Onboard the Medicaid SI vendor
 - Onboard the selected vendor and prepare for the ramp-up of services.
 - Setup vendor management processes (i.e., contract and performance management).

Critical Success Factors

- Completion of Workstream 4.1 activities to ensure that integration enablement services and timelines for various modules are considered within the RFP scope of required services, including the integration phases for each of the modules as they are procured and get ready to go live.
- Contract structuring for task orders and specific module POs must align to the scope and forecast budget for the MES Integration Platform initiative.
- Clear and concise requirements, roles, and responsibility for SCDHHS and vendor.
- Practical Service Level Targets and Performance management requirements.
- Selection of an experienced vendor with prior experience and track record of success in delivering similar services for state Medicaid agencies.
- Transparent, open, and competitive procurement process.

Implement and Maintain MES Integration Platform

Implementation and ongoing support for a strategic MES Integration Platform and the actual integration work to connect the Medicaid business modules with the integration platform.

Objectives Expected Benefits

- Provide SCDHHS with expert ongoing enablement service, operations and infrastructure to support the integration of MES modules and data from a variety of internal and external sources to ensure streamlined and optimized MES operations.
- Build upon the internal work started under Workstream 4.1 to establish a mature Integration Strategy Enablement Team (ISET) to set integration-related standards and address all integration-related needs.
- Establish standard practice, technology, and design patterns to help existing and new module development and maintenance teams effectively integrate modules across the MES environment.

- Expert implementation of the required integration infrastructure needed for the MES modules.
- Well managed integration environment.
- Optimized processes and operations with timely exchange of data.

Timeline / Duration / Dependencies Ownership / Recommended Resources

- **Timeline / Duration**
 - Start: 4th Quarter of FY 2026
 - Vendor Onboarding 2-4 months
 - DDI: 15-18 months
 - Ongoing Workstream Activities: Continue through FY 29 or until end of contract
- **Dependencies**
 - Workstream 4.1: To inform the standards and infrastructure processes to be setup by the selected Systems Integration vendor.
 - Workstream 4.2: To define the requirements and expectations for, procure and onboard the Medicaid Systems Integrator.

- **Sponsor**
 - SCDHHS CIO
- **Owner**
 - DASH Program Director
- **Internal Resources**
 - DASH PMO Resources
 - SCDHHS Enterprise Architect and Integration Architect
- **External Resources**
 - Medicaid Systems Integrator (SI)
 - MES Module vendors

Implement and Maintain MES Integration Platform

Implementation and ongoing support for a strategic MES Integration Platform and the actual integration work to connect the Medicaid business modules with the integration platform.

High-Level Tasks and Activities

- Finalize the skills required and staffing strategy.
- Onboard the new System Integration vendor team and conduct orientation activities as appropriate.
- Consistent with the General System Design guidance, work with the Integration Services vendor to confirm the preferred integration frameworks and tools to be used for the MES modules integration and deployment.
- Setup the administrative systems and processes to respond to integration-related support requests.
- Design and deploy the enhanced hybrid integration platform leveraging existing investments and the proposed new technologies.
- Initiate provision of guidance to the existing and planned integration efforts
 - Provide standardized APIs for MES module design, development and implementation (DDI) activities.
 - Manage integration standards compliance during implementation of new modules.
 - Enable the deployment of the module integration standards (SFTP, MQ, API, etc.) and provide the standards to each of the modules.
 - Promote and oversee compliance with the MES Integration Platform Guiding Principles leveraging the principles documented by Gartner in the MES Integration Platform alternatives analysis.
- Provide guidance and training to the wider SCDHHS IT community and module deployment teams.
- Establish the standard operating procedures for the integration platform operations.
- Operate the core integration infrastructure with high reliability and performance according to the service-level agreement targets.

Critical Success Factors

- Executive Leadership visible and proactive support.
- Allocation of skilled resources.
- Effective integration governance processes.
- Adequate funding for ongoing operations.



Manage Applications in the Cloud



Migrate MMS to the Cloud

Continue the current effort to move the MMS eligibility system to a cloud-hosted environment.

Objectives Expected Benefits

- Migrate the current Medicaid Management System (MMS) eligibility from the Clemson data center to the Agency’s preferred cloud environment (AWS).

- Accelerated processing speeds and enhanced application responsiveness.
- Elastic scalability and increased flexibility to accommodate fluctuating workloads.
- Enhanced connectivity for seamless integration with the Medicaid Enterprise System (MES) integration platform.
- Decreased reliance on Clemson hosting facilities.

Timeline / Duration / Dependencies Ownership / Recommended Resources

- **Timeline / Duration**
 - Start: 1st Quarter of FY 2025
 - Initial Planning and Implementation: 6-8 months. *Note — Production readiness and cutover scheduled for Jan 2025.*
- **Dependencies**
 - Obtain SSA signoff and PHI approval.
 - Validate testing-related tasks and timelines upon the completion of the test plan.
 - The process is dependent on IBM’s ability to support the solution in a cloud environment.

- **Sponsor**
 - SCDHHS CIO
- **Owner**
 - Bureau of Medicaid Systems Program Manager
- **Internal Resources**
 - SCDHHS IT SMEs, including those from: Bureau of Applications & End User Services, Bureau of Medicaid Systems and Bureau of Cloud-Based Systems
- **External Resources**
 - IBM (system integrator for the AWS cloud migration)
 - AWS consulting resources

Migrate MMS to the Cloud

Continue the current effort to move the MMS eligibility system to a cloud-hosted environment.

High-Level Tasks and Activities	Critical Success Factors
---------------------------------	--------------------------

- Assign dedicated resources to oversee and execute the MMS migration initiative.
- Conduct the final construction of the AWS environment and complete the Plan of Action and Milestones (POAM).
- Perform and validate Non-PHI (Protected Health Information) testing to ensure system integrity and compliance.
- Secure formal approval from the System Security Administrator (SSA) for the migration of PHI data.
- Finalize the data migration process, ensuring all data is accurately and securely transferred.
- Execute comprehensive testing and validation of PHI to confirm data integrity and compliance with regulatory standards.
- Assess and confirm production readiness, ensuring all systems and processes are fully operational.
- Complete all necessary third-party assessments (e.g., SSP controls) required for certification by CMS and SSA.
- Initiate the production cutover, followed by continuous monitoring and support to ensure seamless operation and address any emerging issues promptly.

- Conduct comprehensive testing and validation for both Non-PHI and PHI data to ensure accuracy, security, and compliance with industry standards.
- Secure executive endorsement by demonstrating the strategic value and benefits of the migration initiative.

Stabilize Phoenix and Move to the Cloud

Stabilize the Phoenix application with increased security features and other required enhancements and move the application to the Agency’s cloud environment if/when appropriate.

Objectives

- Stabilize the Phoenix application, by addressing Phoenix’s security, technical, and functional deficiencies.
- Identify out-of-scope functionality to deprecate from Phoenix (i.e., Critical Incident Management, EVV, Provider Payroll and Tax Services, Member Management, and Provider Management).
- Move the existing Phoenix application off the Clemson data center to the Agency’s cloud environment.
- Integrate Phoenix with MMIS, MMS, FMS, and EVV through the MES Integration Platform.

Expected Benefits

- Faster processing and application response time.
- Improved solution scalability and flexibility.
- Instant increased capacity on demand.
- Better disaster recovery and service continuity.
- Reduce dependency on Clemson hosting facilities.
- Reduction of hosting costs.

Timeline / Duration / Dependencies

- **Timeline / Duration**
 - Start: 3rd Quarter of FY 2026
 - Complete move from Clemson to State Data Center 10-12 months. *Note — Migration to the State Data Center is expected to complete in June 2025 and is not depicted in the Roadmap.*
 - Planning and Implementation:
 - Platform Stabilization: 4-6 months. *Note — Stabilization activities begin once the move from Clemson to the State Data Center is completed.*
 - Phoenix cloud migration activities (run concurrently) include:
 - Lift and Shift (Re-Platform) Plan Development: 2-3 months
 - Lift and Shift (Re-Platform) Implementation: 2-3 months
 - Ongoing workstream activities: Continue through FY29 or sunseting of Phoenix application
- **Dependencies**
 - Workstream 2.1: SCDHHS determination of whether/how long it will continue to use Phoenix as its case management solution.
 - Workstream 4.3: The MES Integration Platform must be operational before Phoenix can be integrated with it.
 - Workstream 5.3: The Managed Cloud Services vendor will support Phoenix in the Agency’s cloud environment.

Ownership / Recommended Resources

- **Sponsor**
 - SCDHHS CIO
- **Owner**
 - Bureau of Systems, Application, Integration, and Development IT Manager
- **Internal Resources**
 - DASH Project Manager and BA
 - SCDHHS Technical SMEs
- **External Resources**
 - RFA Phoenix O&M team
 - Cloud Managed Services vendor

Procure Managed Cloud Services

Procurement to secure a reputable and experienced vendor to provide ongoing AWS Cloud Managed Services (e.g., cloud service provisioning, monitoring, configuration management, etc.)

Objectives Expected Benefits

- Undertake a procurement to secure a partner for professional management of cloud applications and infrastructure deployed in AWS and Azure.
- Execute a fair and transparent procurement that ensures a competent and experienced partner is selected to help SCDHHS manage and operate its cloud applications and infrastructure.
- Ensure consistent and uninterrupted operations of all cloud-based applications.

- Formal management and monitoring of the native cloud infrastructure.
- Rapid and timely provisioning of new technical services.
- Secure cloud applications operations.
- Cost-effective management of cloud resources.
- Effective DevSecOps for cloud applications.

Timeline / Duration / Dependencies Ownership / Recommended Resources

- **Timeline / Duration**
 - Start: 1st Quarter of FY 2026
 - Procurement: 12-15 months
 - Ongoing Workstream Activities: Continue through 1st Quarter of FY 29 or until end of contract
- **Dependencies**
 - None

- **Sponsor**
 - Chief Information Officer
- **Owner**
 - Business: DASH PMO
 - Technical: EA
- **Internal Resources**
 - DASH PMO Project Manager
 - EA Cloud Infrastructure Architect
 - SCDHHS Bureau Chief, APD Development Team
 - SCDHHS Bureau of Contracts and Procurement
- **External Resources**
 - State Materials Management Office (MMO) (as needed)

Procure Managed Cloud Services

Procurement to secure a reputable and experienced vendor to provide ongoing AWS Cloud Managed Services (e.g., cloud service provisioning, monitoring, configuration management, etc.)

High-Level Tasks and Activities

- Plan the Managed Cloud Services procurement
 - Finalize the scope of the managed cloud services to be procured.
 - Develop a procurement strategy to guide the procurement.
 - As needed, develop an advanced planning document (APD) to obtain FFP. Conduct Agency and Federal review and approval of APD.
- Develop the Managed Cloud Services procurement solicitation (RFP)
 - Develop solicitation-level requirements and prepare the RFP.
 - Plan for how the Agency will evaluate and score vendor proposals. Develop RFP evaluation tools as needed.
 - Conduct Agency and Federal (as needed) review and approval of RFP.
- Conduct the Managed Cloud Services procurement
 - Host a vendors' conference and conduct vendor Q&A to provide vendors with an opportunity to ask questions and seek clarifications about the RFP.
 - Evaluate the responses to the RFP and select the vendor based on pre-defined evaluation criteria.
 - Identify the top 2-3 competitive proposals for and conduct contract negotiations and best and final offer discussions.
 - Select the best value proposal and finalize Managed Cloud Services contract.
- Onboard the Managed Cloud Services vendor
 - Onboard the selected vendor and prepare for the ramp-up of Managed Cloud services.

Critical Success Factors

- Clearly defined requirements and expectation for required services.
- Transparent process and timely communications.
- Effective procurement governance.
- Ability to attract competitive service providers.



In-Flight Modernization Initiatives

In-flight/active projects are included with limited detail to facilitate Roadmap prioritization and highlight resource constraints. Detailed information related to each initiative can be found in Project Charters, Advanced Planning Documents (APDs), and vendor contracts.



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Decommission MEDS*

Objectives Expected Benefits

- Transition all remaining, active eligibility cases to MMS.
- Implement a data retention policy for MMS and MEDS and archive all the necessary historical data.
- Enhance MMS integration with external entities by replacing existing MEDS integrations.
- Decommission MEDS and sunset the redundant eligibility solution.

- Mitigate decommissioning risk by employing a formal framework that directs the development process.
- Enhance accountability for integration and application development.
- Achieve efficient application and integration design and construction through concurrent activities.
- Ensure effective system and User Acceptance Testing (UAT) via dedicated, well-defined testing cycles.

Timeline / Duration / Dependencies Ownership / Recommended Resources

- **Timeline / Duration**
 - Start: 1st Quarter of FY 2025
 - Initial Planning and Implementation: ~14-20 months.
 - MEDS Decommissioning activities (run concurrently) including:
 - Migration and Archive: ~4-6 months
 - Integration Development: ~6-8 months
 - application development: ~1-2 months
 - Mainframe decommissioning: ~3-4 months
- **Dependencies**
 - Finalize the migration of the MMS system from on-premises infrastructure to the cloud, as scheduled for January 2025.
 - Determine functional and organizational data retention timeframes in accordance with SCDHHS guidelines.
 - Develop an archiving process for historical data for both MMS and MEDS.

- **Sponsor**
 - SCDHHS CIO
- **Owner**
 - Bureau of Medicaid Systems Program Manager
- **Internal Resources**
 - Bureau of Systems, Application, Integration, and Development IT Manager
 - SCDHHS Technical SMEs
- **External Resources**
 - Clemson

Note: *The Decommission MEDS initiative details are included in the SCDHHS MEDS Decommissioning Strategy attachment.

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Decommission MEDS*

High-Level Tasks and Activities Critical Success Factors

- Assign dedicated resources (Dedicated PM, BA, mainframe experts, data analysts, cloud migration specialists) necessary to successfully manage the MEDS decommissioning plan.
- Establish and implement data retention policies for MEDS and MMS systems.
- Migrate active member eligibility records to the MMS platform.
- Archive historical eligibility data from the MEDS system in accordance with archival best practices and retention schedules.
- Develop MMS integration with external entities without needing MEDS.
- Implement the necessary modifications to existing applications, such as MMS, MMIS, SAS, and Phoenix to support the decommissioning of MEDS.
- Perform comprehensive end-to-end testing to verify that all integrations and functionalities with MMS and ancillary applications are operating as expected and that user scenarios meet functional requirements.
- Systematically shut down MEDS, disconnect integrations, close out all related contracts and agreements, and properly dispose of associated hardware and infrastructure.

- Allocate adequate internal resources to effectively manage the complexity and scale of the project.
- Address all existing licenses and functionalities that are dependent on MEDS but not integrated with MMS (e.g., MMIS licenses operating on the MEDS server).
- Conduct comprehensive and thorough end-to-end testing.

Note: *The Decommission MEDS initiative details are included in the SCDHHS MEDS Decommissioning Strategy attachment.

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Electronic Visit Verification (EVV)

Objectives

- Procure a vendor to implement an Electronic Visit Verification (EVV) tool for the Agency's Critical Long-Term Care (CLTC) and Waiver programs.

Expected Benefits

- Electronic Visit Verification for all Medicaid personal care services (PCS) and home health services (HHCS) that require an in-home visit by a provider and compliance with Section 12006(a) of the 21st Century Cures Act.

Timeline / Duration / Dependencies

- Timeline / Duration**
 - Procurement: 9 months
 - DDI: 17 months
- Dependencies**
 - Federal funding

Ownership / Recommended Resources

- Sponsor**
 - DHHS CIO
- Owner**
 - DASH
- Internal Resources**
 - Project Manager
 - Business Analysts / System Users
 - Certification Manager / Team
 - SCDHHS Bureau of Contracts and Procurement
- External Resources**
 - State Materials Management Office (MMO) (as needed)
 - EVV Vendor
 - Organizational Change Management (OCM) Team

High-Level Tasks and Activities

- RFP Published Date: April 2024
- Contract Award Date: December 2024
- Implementation Completion: April 2026
- Federal Certification Completion: October 2026

Critical Success Factors

- Federal Certification

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Health and Welfare Critical Incident Management (HWCIM)

Objectives

- Procure a vendor to design, develop, and implement a system for the Agency's Critical Long-Term Care and Waiver programs.

Expected Benefits

- Implementation of a HWCIM system which:
 - Assures that reports of incidents are filed
 - Tracks that incidents are investigated in a timely fashion
 - Analyzes incident data and develops strategies to reduce the risk and likelihood of the occurrence of similar incidents in the future

Timeline / Duration / Dependencies

- Timeline / Duration**
 - Procurement: 10 months
 - DDI: 16 months
- Dependencies**
 - Federal funding

Ownership / Recommended Resources

- Sponsor**
 - DHHS CIO
- Owner**
 - DASH
- Internal Resources**
 - Project Manager
 - Business Analysts / System Users
 - Certification Manager / Team
 - SCDHHS Bureau of Contracts and Procurement
- External Resources**
 - State Materials Management Office (MMO) (as needed)
 - HWCIM Vendor
 - Organizational Change Management (OCM) Team

High-Level Tasks and Activities

- RFP Published Date: September 2024
- Contract Award Date: June 2025
- Implementation Completion: September 2026
- Federal Certification Completion: March 2027

Critical Success Factors

- Federal Certification

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Third Party Liability (TPL)

Objectives

- Procure an administrative services organization (ASO) to manage Third Party Liability (TPL) and fund recovery.

Expected Benefits

- Enforcement of, and reporting on, the legal obligation of third parties (for example, certain individuals, entities, insurers, or programs) to pay part or all of the expenditures for medical assistance furnished under the South Carolina Medicaid state plan.

Timeline / Duration / Dependencies

- Timeline / Duration**
 - Procurement: 10 months
 - DDI: 16 months
- Dependencies**
 - Federal funding

Ownership / Recommended Resources

- Sponsor**
 - DHHS CIO
- Owner**
 - DASH
- Internal Resources**
 - Project Manager
 - Business Analysts / System Users
 - Certification Manager / Team
 - SCDHHS Bureau of Contracts and Procurement
- External Resources**
 - State Materials Management Office (MMO) (as needed)
 - TPL system vendor
 - Organizational Change Management (OCM) Team

High-Level Tasks and Activities

- RFP Published Date: November 2024
- Contract Award Date: August 2025
- Implementation Completion: November 2026
- Federal Certification Completion: May 2027

Critical Success Factors

- Federal Certification

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Pharmacy Benefits Administrator (PBA)

Objectives

- Procure an administrative services organization (ASO) to manage the Agency's Medicaid pharmacy benefits program.

Expected Benefits

- Procurement of administrative services, such as claims processing and data reporting

Timeline / Duration / Dependencies

- Timeline / Duration**
 - Procurement: 9 months
 - DDI: 16 months
- Dependencies**
 - Federal funding

Ownership / Recommended Resources

- Sponsor**
 - DHHS CIO
- Owner**
 - DASH
- Internal Resources**
 - Project Manager
 - Business Analysts / System Users
 - Certification Manager / Team
 - SCDHHS Bureau of Contracts and Procurement
- External Resources**
 - State Materials Management Office (MMO) (as needed)
 - Organizational Change Management (OCM) Team
 - PBA Vendor

High-Level Tasks and Activities

- RFP Published Date: December 2024
- Contract Award Date: August 2025
- Implementation Completion: November 2026
- Federal Certification Completion: May 2027

Critical Success Factors

- Federal Certification

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Dental Prepaid Ambulatory Health Plan (PAHP)

Objectives	Expected Benefits
<ul style="list-style-type: none"> Procure an administrative services organization (ASO) to manage the Agency's dental benefits program. 	<ul style="list-style-type: none"> Dental services to enrollees provided under contract with the South Carolina Department of Health and Human Services based on prepaid capitation payments.
Timeline / Duration / Dependencies	Ownership / Recommended Resources
<ul style="list-style-type: none"> Timeline / Duration <ul style="list-style-type: none"> Procurement: 9 months DDI: 14 months Dependencies <ul style="list-style-type: none"> Federal funding 	<ul style="list-style-type: none"> Sponsor <ul style="list-style-type: none"> State Medicaid Director Owner <ul style="list-style-type: none"> DASH Internal Resources <ul style="list-style-type: none"> Project Manager Business Analysts / System Users SCDHHS Bureau of Contracts and Procurement External Resources <ul style="list-style-type: none"> State Materials Management Office (MMO) (as needed) PAHP Vendor Organizational Change Management (OCM) Team
High-Level Tasks and Activities	Critical Success Factors
<ul style="list-style-type: none"> RFP Published Date: December 2024 Contract Awarded Date: August 2025 Implementation Completion: September 2026 	<ul style="list-style-type: none"> Selection of a non-comprehensive prepaid health plan that provides outpatient dental services.

Financial Management Solution (FMS)

Objectives

- Procure a vendor to provide financial management administrative services for the Agency's Critical Long-Term Care and Waiver programs.

Expected Benefits

- Provision administrative services provider for CLTC and Waiver programs.
- Informed Agency decision making on financial management issues.

Timeline / Duration / Dependencies

- Timeline / Duration**
 - Procurement: 9 months
 - DDI: 17 months
- Dependencies**
 - Federal funding

Ownership / Recommended Resources

- Sponsor**
 - DHHS CIO
- Owner**
 - DASH
- Internal Resources**
 - Project Manager
 - Business Analysts / System Users
 - Certification Manager / Team
 - SCDHHS Bureau of Contracts and Procurement
- External Resources**
 - State Materials Management Office (MMO) (as needed)
 - FMS Vendor
 - Organizational Change Management (OCM) Team

High-Level Tasks and Activities

- RFP Published Date: May 2025
- Contract Award Date: January 2026
- Implementation Completion: May 2027
- Federal Certification Completion: November 2027

Critical Success Factors

- Federal Certification.

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Non-Emergency Medical Transportation (NEMT) Program

Objectives

- Procure a vendor to provide Non-Emergency Medical Transportation (NEMT) services.

Expected Benefits

- Provision of necessary medical transportation for beneficiaries to and from providers of covered services, in accordance with the Consolidated Appropriations Act, 2021.

Timeline / Duration / Dependencies

- Timeline / Duration**
 - Procurement: 4 months
 - DDI: 7 months
- Dependencies**
 - Federal funding

Ownership / Recommended Resources

- Sponsor**
 - DHHS CIO
- Owner**
 - DASH
- Internal Resources**
 - Project Manager
 - Business Analysts / System Users
 - SCDHHS Bureau of Contracts and Procurement
- External Resources**
 - State Materials Management Office (MMO) (as needed)
 - NEMT Vendor
 - Organizational Change Management (OCM) Team

High-Level Tasks and Activities

- RFP Published Date: October 2024
- Contract Award Date: January 2024
- Implementation Completion: March 2025

Critical Success Factors

- Selection of a vendor to provide Non-Emergency Medical Transportation services.

Business Intelligence System (BIS)

Objectives

- Procure a vendor to provide the Agency with data analysis, business intelligence, and reporting capabilities.

Expected Benefits

- Access to real-time data and analytics.
- Informed Agency decision making on operational and policy issues.

Timeline / Duration / Dependencies

- **Timeline / Duration**
 - Procurement: N/A
 - DDI: 18 months
- **Dependencies**
 - Federal funding

Ownership / Recommended Resources

- **Sponsor**
 - DHHS CIO
- **Owner**
 - BIS
- **Internal Resources**
 - Project Manager
 - Business Analysts / System Users
 - Certification Manager / Team
 - SCDHHS Bureau of Contracts and Procurement
- **External Resources**
 - State Materials Management Office (MMO) (as needed)
 - BIS Vendor
 - Organizational Change Management (OCM) Team

High-Level Tasks and Activities

- Contract Award Date: June 2024
- Implementation Completion: November 2025
- Federal Certification Completion: May 2026

Critical Success Factors

- Federal Certification.

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Encounters Processing System (EPS)

Objectives Expected Benefits

- | | |
|--|---|
| <ul style="list-style-type: none"> ▪ Procure a cloud-based platform intended to be implemented by the Agency to replace the existing legacy Encounters Processing Platform (EPP). | <ul style="list-style-type: none"> ▪ Tracking of MCO submission requirements, allowing the state to enforce consequences for non-compliance. ▪ Support for payment comparisons and cost-of-care analysis. |
|--|---|

Timeline / Duration / Dependencies Ownership / Recommended Resources

- | | |
|--|---|
| <ul style="list-style-type: none"> ▪ Timeline / Duration <ul style="list-style-type: none"> – Procurement: N/A – DDI: N/A ▪ Dependencies <ul style="list-style-type: none"> – Federal funding | <ul style="list-style-type: none"> ▪ Sponsor <ul style="list-style-type: none"> – DHHS CIO ▪ Owner <ul style="list-style-type: none"> – MCBS ▪ Internal Resources <ul style="list-style-type: none"> – Project Manager – Business Analysts / System Users – Certification Manager / Team – SCDHHS Bureau of Contracts and Procurement ▪ External Resources <ul style="list-style-type: none"> – State Materials Management Office (MMO) (as needed) – EPS Vendor – Organizational Change Management (OCM) Team |
|--|---|

High-Level Tasks and Activities Critical Success Factors

- | | |
|---|--|
| <ul style="list-style-type: none"> ▪ Phase 2 Implementation Completion: June 2024 ▪ Phase 3 Implementation Completion: TBD – Timeline / Requirements in Development | <ul style="list-style-type: none"> ▪ Federal Certification. |
|---|--|

Medicaid Clinical Data Exchange (MCDE)

Objectives Expected Benefits

- Procure a solution to allow for patient-authorized exchange of ED clinical data via industry accepted standards.
- Sharing and coordination of clinical data between hospitals, SCDHHS, and Medicaid Managed Care Organizations (MCOs).

Timeline / Duration / Dependencies Ownership / Recommended Resources

- **Timeline / Duration**
 - Procurement: 7 months
 - DDI: 15 months
- **Dependencies**
 - Federal funding
- **Sponsor**
 - DHHS CIO
- **Owner**
 - TBD
- **Internal Resources**
 - Project Manager
 - Business Analysts / System Users
 - Certification Manager / Team
 - SCDHHS Bureau of Contracts and Procurement
- **External Resources**
 - State Materials Management Office (MMO) (as needed)
 - Solution Vendor
 - Organizational Change Management (OCM) Team

High-Level Tasks and Activities Critical Success Factors

- RFP Published Date: June 2024
- Contract Award Date: January 2025
- Implementation Completion: March 2026
- Federal Certification Completion: September 2026
- Federal Certification.

Healthy Connections South Carolina (HCSC)

Objectives Expected Benefits

- Centralization of customer service delivery and efficient, easy-to-use self-service options.
- Improved customer service delivery for recipients and those assisting them.
- Improved self-service support quality and efficiency.

Timeline / Duration / Dependencies Ownership / Recommended Resources

- **Timeline / Duration**
 - Procurement: 8 months
 - DDI: 19 months
- **Dependencies**
 - Federal funding
- **Sponsor**
 - State Medicaid Director
- **Owner**
 - TBD
- **Internal Resources**
 - Project Manager
 - Business Analysts / System Users
 - Certification Manager / Team
 - SCDHHS Bureau of Contracts and Procurement
- **External Resources**
 - State Materials Management Office (MMO) (as needed)
 - HCSC Vendors
 - Organizational Change Management (OCM) Team

High-Level Tasks and Activities Critical Success Factors

- RFP Published Date: December 2024
- Contract Award Date: September 2025
- Implementation Completion: March 2027
- Federal Certification Completion: September 2027
- Federal Certification.

Appendix A: Gaps and Recommendation Scoring



Foundational Gaps, Recommendations, & Scoring Associated with Roadmap Initiatives (by Priority #)

#	Gap	Recommendation	Priority	MCO Enablement	Risk to Operations	Associated Roadmap Initiative
G2.1	There is limited visibility and transparency into the provider enrollment process, and it requires too much manual effort.	Utilize an enhanced provider portal with improved communication throughout the enrollment process.	1	3	3	2.3: Procure and Implement a Provider Management Module
G2.3	There is no centralized provider credentialing tool or system.	Implement a centralized credentialing solution that is accepted by all of SC's MCO Plans that is the single source of truth for provider data participating in the SCDHHS Medicaid program.	1	3	3	2.3: Procure and Implement a Provider Management Module
G2.6	Verification of provider information is manual.	System provides automatic verification of provider information against IRS, state, and federal databases.	1	3	3	2.3: Procure and Implement a Provider Management Module
G3.3	Claims processing system has limited ability to consume, store, share, and report on encounters files.	Use a system that has architecture that can fully consume, store, share, and report on encounters files.	1	2	1	6.10 Encounters Processing System
G4.2	The current process for changing provider information is manual and cannot be exchanged between systems.	Introduce automation of data flow from eligibility and enrollment systems to Phoenix and other ancillary modules.	1	3	3	2.3: Procure and Implement a Provider Management Module



Foundational Gaps, Recommendations, & Scoring Associated with Roadmap Initiatives (by Priority #)

#	Gap	Recommendation	Priority	MCO Enablement	Risk to Operations	Associated Roadmap Initiative
G6.1	Current analytics system doesn't use customized algorithms to identify abnormalities or risk on real-time provider, member, claims, and MCO information from MES Integration Hub.	Use customized algorithms to identify abnormalities or risks on real-time provider, member, claims, and MCO information from MES Integration Platform.	1	3	1	3.3 Establish and Maintain Data & Analytics Center of Excellence and 3.4 Implement and Maintain Data Lakehouse
G6.2	Current analytics system doesn't audit MCO program integrity.	Develop an audit process and implement an analytics system with the capability to perform financial, compliance, and performance checks on MCO Program Integrity.	1	2	1	3.3 Establish and Maintain Data & Analytics Center of Excellence and 3.4 Implement and Maintain Data Lakehouse
G6.3	Current analytics system doesn't use prepayment detection metrics to monitor KPIs.	Use prospective (prepayment) detection metrics, in addition to retrospective (post payment) metrics, to monitor KPIs such as percentage cost avoidance by total claims, likely fraud instances, and intervention success before payment.	1	2	2	3.3 Establish and Maintain Data & Analytics Center of Excellence and 3.4 Implement and Maintain Data Lakehouse

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Foundational Gaps, Recommendations, & Scoring Associated with Roadmap Initiatives (by Priority #)

#	Gap	Recommendation	Priority	MCO Enablement	Risk to Operations	Associated Roadmap Initiative
G6.4	Current analytics system doesn't use analytics to prevent overpayment.	Use predictive analytics to prevent overpayment of claims identifying payment patterns, assigning risk scores, and detecting anomalies.	1	3	3	3.3 Establish and Maintain Data & Analytics Center of Excellence and 3.4 Implement and Maintain Data Lakehouse
G7.3	Capitation payments management is currently handled through the MMIS with functionality not designed for managed care finances. Gross-level-adjustments(GLA) are used for retroactive capitation premium payment adjustments. CMS incentive payments are processed as a paper GLA. SCDHHS does not have the capability to execute incentive payments based on quality criteria.	SCDHHS should implement modern managed-care centric financial management functionality that includes sophisticated capitation payment management and innovative payment model functionality.	1	1	1	2.1 Develop Managed Care Maximization and Optimization Strategy and 2.3 Procure and Implement a Provider Management Module



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#	Gap	Recommendation	Priority	MCO Enablement	Risk to Operations	Associated Roadmap Initiative
G8.1	Lack of process to define benefit plans, service categories and limits.	Adopt a system that allows for easy definition and updates of covered services, categories, and limits. The system should include self-service capabilities for SCDHHS to implement changes rapidly.	1	1	2	2.1 Develop Managed Care Maximization and Optimization Strategy and 2.3 Procure and Implement a Provider Management Module
G8.2	Insufficient data and process to measure effectiveness of clinical interventions and outcomes.	Improve MCO data capture, storage, and exchange including full encounters files. SCDHHS will need to develop a system to evaluate the effectiveness of clinical interventions (e.g., medical and pharmacy services).	1	1	1	2.1 Develop Managed Care Maximization and Optimization Strategy, 2.3 Procure and Implement a Provider Management Module, and 6.10 Encounters Processing System
G8.3	Manual efforts required for routine business processes to support MCOs.	Reduce manual updates to benefit information by adopting a system that prioritizes MCO business operations and technical support.	1	1	1	2.1 Develop Managed Care Maximization and Optimization Strategy and 2.3 Procure and Implement a Provider Management Module

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G8.4	Manual intervention required to calculate member capitation rates.	Incorporate enhanced automated capitation rate calculation and adjustments.	1	1	1	2.1 Develop Managed Care Maximization and Optimization Strategy and 2.3 Procure and Implement a Provider Management Module
G10.5	No infrastructure resources or tools available that can provide integrated SCDHHS-wide management of data for the purposes of analytics.	<p>Implement a modern Data Lakehouse architecture to provide the basis for the organization of a variety data (including well-understood data from transactional systems, structured and unstructured external data, and data from the frontier of understanding and exploration of the impact of Medicaid in SC) for SCDHS analytics efforts.</p> <p>Establish a Data Lakehouse deployment and data engineering team: Establish a technical proficient data management team to actively manage and support usage of this infrastructure for analytics as necessary.</p>	1	1	1	3.2 Acquire a Strategic D&A Vendor 3.4 Implement and Maintain Data Lakehouse

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Foundational Gaps, Recommendations, & Scoring Associated with Roadmap Initiatives (by Priority #)

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G11.6	Lack of a defined integration platform to support modules.	SCDHHS should define a centralized integration platform and team empowering IT and non-IT personas to integrate across modules, supporting a variety of integration styles, patterns, and technologies to streamline operations.	1	3	3	4.1 Conduct Integration Platform Bridge Activities 4.2 Procure a Medicaid Systems Integrator 4.3 Implement the Medicaid Enterprise Systems(MES) Integration Platform
G2.2	There is inaccurate provider information and mismatches due to the "legacy" provider IDs.	Eliminate the "Legacy" Provider ID and expedite claims processing by having accurate provider information readily available that fully leverages industry-standard provider IDs (e.g., NPI, EIN).	2	4	3	2.3: Procure and Implement a Provider Management Module
G2.4	There are too many manual processes required to support provider management.	Adoption of a more modern provider module would allow for reduction of manual intervention needed in the current provider enrollment and management.	2	4	3	2.3: Procure and Implement a Provider Management Module
G2.5	Current provider taxonomy is inconsistent and can result in problems for claims payments.	Adoption of a more modern provider module with standardized taxonomy rules would help resolve this issue.	2	4	3	2.3: Procure and Implement a Provider Management Module

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Foundational Gaps, Recommendations, & Scoring Associated with Roadmap Initiatives (by Priority #)

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G4.1	The current process of verifying a member's Medicaid eligibility and enrollment before enrolling them into a waiver program is manual. This requires significant effort from eligibility and enrollment staff, and the Phoenix Central Intake team to manually confirm these details.	Introduce automation of data flow from eligibility and enrollment systems to Phoenix and other ancillary modules.	2	4	3	5.2: Stabilize Phoenix and Move to Cloud
G1.2	Other Health Insurance (OHI) checks are not performed frequently or against enough systems.	In the future OHI checks will be handled by the future TPL vendor. The vendor should conduct more frequent checks for OHI early during eligibility and increase the number of carriers with which matches are performed to decrease Pay and Chase efforts.	4	5	4	6.4 Third Party Liability
G1.6	There is no archiving done on any Member data stored in MEDS or MMS effectivity retaining all historical information indefinitely.	Migrate all MEDS data and archive, or purge data beyond the timeframes defined in the SCDHHS retention policy.	4	6	5	6.1: Decommission MEDS

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G1.8	Multiple SFTP solutions are being used for MEDS interfaces.	Consolidate using a single SFTP solution (GOAnywhere) that is in-line with the enterprises' recommended systems.	4	6	6	6.1: Decommission MEDS
G3.2	Claims processing system has limited data storage and plan management capabilities.	Establish standardized flexible and robust Benefit Plan Management capabilities that defines enrollment groups, benefit plans, covered services, and limits.	4	5	4	2.2: Procure and Implement Optimized Managed Care Capabilities

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Enabling Gaps, Recommendations, & Scoring Associated with Roadmap Initiatives (by Priority #)

#	Gap	Recommendation	Priority	MCO Enablement	Risk to Operations	Associated Roadmap Initiative
G10.1	No clear and widely acknowledged leadership and strategy for achieving the vision of data enablement.	Create, articulate, and share an enterprise-wide D&A strategy and Assign executive leadership — a Chief Data and Analytics Officer (CDAO).	1	1	1	3.1: Define Medicaid Data & Analytics (D&A) Strategy
G10.2	Inadequate (for achieving the vision of a data-enabled approach to policy and operations) SCDHHS-wide approach to decision-making regarding key SCDHHS data and analytics assets (data governance).	As part of the D&A Strategy define and initiate Agency-wide data governance and stewardship mechanisms with the correct level of control and relative importance (in alignment with the Gartner best practice model for adaptive data governance) to support the current and planned analytics efforts. This should take direction from the D&A strategy and leverage the results of the North Highland and EY Data Governance projects.	1	2	2	3.1: Define Medicaid Data & Analytics (D&A) Strategy
G10.3	Analytics efforts across SCDHHS typically address important business needs but are siloed and uncoordinated .	Optimize organization structures and processes to make the most of department talent, data and technologies to understand, innovate, and measure the results of Medicaid policy and operations.	1	3	2	3.2: Acquire a Strategic Data and Analytics Vendor

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Enabling Gaps, Recommendations, & Scoring Associated with Roadmap Initiatives (by Priority #)

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G10.4	Lack of focus on developing internal SCDHHS talent in analytics, especially advanced analytics and modeling.	Create a business-centric approach to data and analytics support with a specialized center of excellence, managed and repeatable methodologies and processes and training for SCDHHS staff to improve technical and behavioral skills.	1	2	3	3.3 Establish and Maintain Data and Analytics Center of Excellence (ACE)
G10.6	No strategy, agreed processes, or infrastructure for managing consistency of core critical Medicaid enterprise-wide data entities (member and provider).	Implement a "Consolidated" MDM model for these entities using the Data Lakehouse as the data store infrastructure.	1	1	1	3.2: Acquire a Strategic Data and Analytics Vendor 3.4 Implement Data Lakehouse
G11.2	DASH will need to scale it resource levels significantly across a variety of project and program management disciplines in the next few years to effectively support the Medicaid Modernization	The appropriate resources must be onboarded through DASH expansion or a transformation services support vendor under DASH leadership to scale staff levels from procurement planning support to more complex development and implementation project roles.	1	3	2	1.1. Conduct Modernization Program Ramp-up 1.3 Procure and Onboard Transformation Services Vendor

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Enabling Gaps, Recommendations, & Scoring Associated with Roadmap Initiatives (by Priority #)

#	Gap	Recommendation	Priority	MCO Enablement	Risk to Operations	Associated Roadmap Initiative
G11.3	Comprehensive project and program management standards are needed that all Medicaid Modernization vendors are required to follow for consistency.	A standardized project and program management framework (that includes Hybrid Waterfall/Agile elements) and toolkit must be used to define (for both vendors and SCDHHS project teams) the key processes, templates, and guidelines to be followed across all transformation projects. KPIs and SLAs aligned to these standards should represent the basis for vendor compliance monitoring activities and should be communicated through weekly and monthly vendor, project, and program dashboards. Vendors must be managed in alignment with the strategy and roadmap with periodic updates to reflect progress and any strategic changes. Additionally, initiatives must be prioritized and sequenced in alignment with the modernization strategy and resources must be allocated based on prioritization, and at appropriate levels to support success.	1	3	3	1.1. Conduct Modernization Program Ramp-up 1.3 Procure and Onboard Transformation Services Vendor

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Enabling Gaps, Recommendations, & Scoring Associated with Roadmap Initiatives (by Priority #)

#	Gap	Recommendation	Priority	MCO Enablement	Risk to Operations	Associated Roadmap Initiative
G11.4	DASH will require a transformation-specific governance program that will replace the historical RMMIS Executive Oversight Committee that oversaw previous attempt(s) at MMIS replacement.	While several enterprise IT Governance bodies exist at SCDHHS, DASH will require so much effort and attention from the Agency for the next five to seven years it will require its own dedicated Governance and decision-making framework. DASH Governance will necessarily interact with the enterprise governance teams like the ARB and Data Governance (when operating) as appropriate. Effective transformation governance should be designed in three tiers of escalating impact. If high-impact decisions don't escalate you risk losing strategic alignment, but if everything escalates executives become a bottleneck and source of delays.	1	2	2	1.1. Conduct Modernization Program Ramp-up 1.3 Procure and Onboard Transformation Services Vendor



Enabling Gaps, Recommendations, & Scoring Associated with Roadmap Initiatives (by Priority #)

#	Gap	Recommendation	Priority	MCO Enablement	Risk to Operations	Associated Roadmap Initiative
G11.5	DASH requires a clear business process re-engineering and organizational change management strategy and an approach to scale these capabilities effectively across a variety of vendor implementations.	Before effective organizational change management strategy can be developed, Business Process Re-Engineering (BPR) is a critical capability that needs to be addressed. Effective Medicaid modernization teams recognize the importance of defining current state business processes, identifying improvement opportunities and collaborating with solution vendors for the development of future state processes. These two elements are necessary for solution vendors to be able to effectively design and execute a cohesive and specific change management plan for their respective implementations.	1	2	1	1.2: Procure and Onboard an Organizational Change Management (OCM) Vendor
G11.7	While Procurement expertise is present, mature Vendor Management currently does not exist and vendor oversight past the procurement stage is challenging. Vendor Manager responsible for working with state / Agency procurement and scaling the capability past the procurement stage.	DASH needs at least 1 person for the Vendor Management capability now, and this function will need to scale with the transformation as more vendors are onboarded. Establish Executive buy-in to procure/shift additional project resources within DASH (source could be existing state / Agency procurement officer).	1	3	3	1.1. Conduct Modernization Program Ramp-up 1.3 Procure and Onboard Transformation Services Vendor

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Enabling Gaps, Recommendations, & Scoring Associated with Roadmap Initiatives (by Priority #)

#	Gap	Recommendation	Priority	MCO Enablement	Risk to Operations	Associated Roadmap Initiative
G9.1	MES Modernization IT Services and Operational Processes should be proactively managed, continuously and iteratively optimized, rationalized against existing portfolios, and require clear business objectives as well as a clear process for measuring Return on Investment (ROI).	IT services and supporting processes (e.g., incident, change, release management, etc.) related to MES Modernization initiatives should be proactively managed, continuously and iteratively optimized, and rationalized against existing enterprise and vendors' IT process improvement efforts, with clear business objectives, and a formula for measuring ROI from the planned enhancements.	2	4	3	DASH to work collaboratively with IT Infrastructure and Operations team to oversee improvement efforts via Workstreams 1.1 — Conduct Modernization Program Ramp-up and 1.3 — Procure and Onboard Transformation Services Vendor and scale as appropriate
G9.2	KPIs are needed in place to track desired business outcomes and process must be established to support the KPI development and monitoring.	Establish KPIs to measure key MES Modernization outcomes that inform governance and guide business partner decision-making through continuous review of value, performance and risk.	2	4	3	DASH to work collaboratively with Enterprise Architecture team to oversee development of KPIs via Workstreams 1.1 and 1.3



Enabling Gaps, Recommendations, & Scoring Associated with Roadmap Initiatives (by Priority #)

#	Gap	Recommendation	Priority	MCO Enablement	Risk to Operations	Associated Roadmap Initiative
G9.3	IT staffing and toolsets are not set up to address evolving MES Modernization demands and meet key objectives. Cross-disciplinary agile teams are not being created.	For internal MES Application Development teams, create an IT staffing approach and Agile/DevOps toolsets to respond to evolving business demands and assess progress from a business (rather than IT) perspective. Create cross-disciplinary teams by encouraging agility, openness and an agile mindset.	2	4	3	DASH to work collaboratively with IT Infrastructure and Operation and Application Development teams to oversee development of staffing and toolset strategies via Workstreams 1.1 and 1.3
G9.4	Lack of clear strategy for MES Infrastructure and Operations (I&O) team.	For MES Modernization Infrastructure and Operations (I&O), take an enterprise-wide view, with a focus on recruitment and hiring strategy, including incentives for career development. Look for opportunities to create cross-disciplinary teams.	2	4	2	DASH to work collaboratively with IT Infrastructure and Operation teams to oversee development of Hybrid Cloud I&O Strategy for MES Modernization via Workstreams 1.1 and 1.3

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G11.1	Current DASH resources levels have not allowed for sufficient systematic engagement of internal and external stakeholders in the Medicaid modernization.	Dedicated DASH resources must be identified with responsibilities for stakeholder engagement. Stakeholders across SCDHHS (e.g., at the Executives, Business and policy stakeholders, and external Legislative and national CMS stakeholders) must be prioritized for engagement based on their potential impact on the success of the MMIS modularity transformation. Structure outreach to ensure stakeholder awareness, buy-in, and approval across various transformation phases.	3	3	4	1.1. Conduct Modernization Program Ramp-up 1.3 Procure and Onboard Transformation Services Vendor
G1.7	There are limited resources assigned to manage the MEDS Decommissioning project.	The MEDS decommissioning project is complex and requires a dedicated PM and two full-time BAs assigned to drive it to completion.	4	6	5	6.1 Decommission MEDS
G1.9	There is limited visibility into the MMS to AWS cloud project status.	Develop an OCM plan for the MMS move to the cloud to create better visibility and accountability for the migration.	4	6	4	5.1 Migrate MMS to Cloud

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Gaps and Recommendations Not Associated with Roadmap Initiatives (by Priority #)

#	Gap	Recommendation	Priority	MCO Enablement	Risk to Operations
G3.4	Claims processing system has limited ability to check for TPL, adjust or re-adjudicate claims, or provide accurate payment amounts.	Adopt a more modern MMIS with a full suite of claims processing features. If SCDHHS decides to expand the scope of 2.2 Procure and Implement Optimized Managed Care Capabilities to include claims processing this could be resolved.	2	5	3
G1.3	MMIS System is only able to provide member eligibility information to providers within a 13-month time frame and system is limited to five eligibility determinations per member in MMIS eligibility file.	Provide all historical eligibility data via real-time updates in the single eligibility system that is used by SCDHHS after MEDS is decommissioned. If SCDHHS decides to expand the scope of 2.2 Procure and Implement Optimized Managed Care Capabilities to include claims processing this could be resolved.	2	4	3
G1.4	Business rules and processes are not used in a standard way to assign members to coverage, or disenroll them.	As an additional element of 2.2 Procure and Implement Optimized Managed Care Capabilities the Agency should also standardize policies and procedures to for coverage, plan assignment/enrollment, services, limits, etc.	3	2	4
G3.1	Claims processing system has limited ability to consume nursing home claims, Medicare Buy-in claims, paper claims, and has limited ability to provide information on the claims.	The continued shift to higher percentages of managed care will reduce the impact of this gap. To the extent possible, SCDDHS could require more standardized formats for all providers and entities submitting claims. If SCDHHS decides to expand the scope of 2.2 Procure and Implement Optimized Managed Care Capabilities to include claims processing this could be resolved.	4	5	4

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Gaps and Recommendations Not Associated with Roadmap Initiatives (by Priority #)

#	Gap	Recommendation	Priority	MCO Enablement	Risk to Operations
G1.1	Members are unclear on the eligibility and enrollment process and enrollment with MCOs takes too long.	Create clearer messaging in the eligibility system upon application completion. Orient messaging around the MCO enrollment process. Create tighter integration of messaging with MCOs. Depending on the scope and solution of 2.2 Procure and Implement Optimized Managed Care Capabilities this gap could be addressed by that workstream.	4	5	5
G1.5	No centralized notification portal/tool.	Determine one system to be the source of member communications.	4	5	5
G5.1	A high level of manual effort is required to process appeals with multiple separate systems needed to manage an appeal from beginning to end with various systems used, depending on appeal source.	Adopt one of the current systems (either Workload Pro or OnBase) being used to manage appeals as the system to use to manage all appeals or acquire a dedicated appeals management solution that can process appeals from all submission sources.	4	6	5
G7.1	Currently, SCDHHS relies on redundant dual maintenance of fund code in MMIS and SCEIS.	Future enhancements should establish a single-source of record for FMAP service rates (what are fund codes in current MMIS) within SCEIS. Eliminate redundant dual maintenance of fund codes in MMIS & SCEIS. Depending on the scope and solution of 2.2 Procure and Implement Optimized Managed Care Capabilities this gap could be addressed to some extent by that workstream.	4	5	4
G7.2	Current SCDHHS accounts receivable processes related to claims processing, and that are driven by MMIS, are heavily reliant on manual, redundant, and occasionally hard-copy based business processes.	Future enhancements should automate accounts receivable processes through SCEIS. Depending on the scope and solution of 2.2 Procure and Implement Optimized Managed Care Capabilities this gap could be addressed by that workstream.	4	5	4

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