



Deloitte.



Enhancing Medicaid with AI

Meet today's needs with
an eye to the future.

From programs to operations and technology, Deloitte provides deep health care experience and innovative solutions fueled by AI.

Visit us at booth #105 to learn how we can work together to improve outcomes for the people you serve.

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The New England States Consortium Systems Organization (NESCSO) welcomes you to the 2023 Medicaid Enterprise Systems Conference! NESCSO, in collaboration with the Centers for Medicare & Medicaid Services (CMS), Systems Technical Advisory Group (S-TAG), National Medicaid EDI HIPAA Workgroup (NMEH), and the Private Sector Technology Group (PSTG), supports the nation’s health and human service agencies through hosting the Medicaid Enterprise Systems Conference. The Conference brings together thought leaders from the public and private sectors to share knowledge and ideas related to Medicaid Enterprise systems and initiatives.

NESCSO would like to thank the members of the 2023 MESC Planning Committee for their assistance in the Conference:

Colorado

- Chris Underwood

CMS

- Ed Dolly
- Eugene Gabriyelov
- Barbara Fuller

NESCSO

- David Huffman
- Michele Allan
- Samantha Haley, Vermont
- Darren Steiner
- Lorrie Scardino

S-TAG

- Joe Graves

TPL TAG

- Patrick Tighe, Ohio

NMEH

- Michael Collisi

PSTG

- Lisa Alger, NTT DATA
- Michele Romeo, SAS
- Carrie Moore, Magellan Rx Management

NESCSO is a private, non-profit corporation organized by the New England Health and Human Service agencies and the University of Massachusetts Chan Medical School. It is our mission to support efforts to ensure health and human services are delivered in a cost-effective, person-centered manner. NESCSO supports State Health and Human Service agencies through the pursuit of initiatives that promote:

- Effective and efficient procurement and application of information technology;
- Continuous development of State employees through training and resources needed to meet the challenges of their jobs;
- Attainment of cost-savings and other efficiencies through multi-state procurements of goods and services; and
- Measurement and improvement of agency performance through multi-state data analyses.

The underlying goal of these initiatives is to improve the effectiveness and operations of Health and Human Service agencies so that they are better able to meet the needs of the people they serve.

New England States Consortium Systems Organization (NESCSO)

333 South Street
Shrewsbury, MA 01545

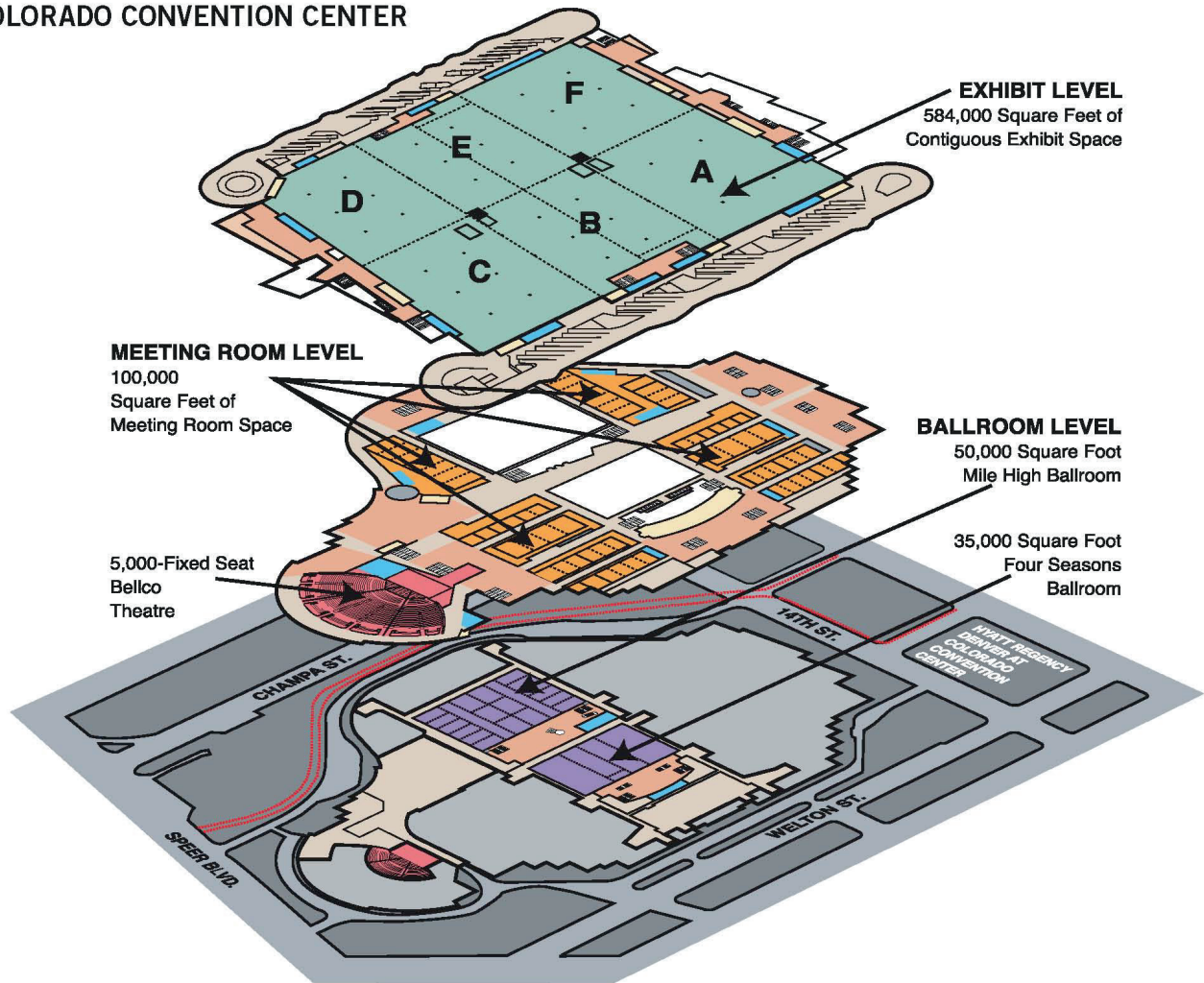
David Huffman
Executive Director
mobile: 508.365.7833
David.Huffman@nescso.org

<http://nescso.org>

<http://mesconference.org>

Colorado Convention Center Overview

COLORADO CONVENTION CENTER



Location Overview

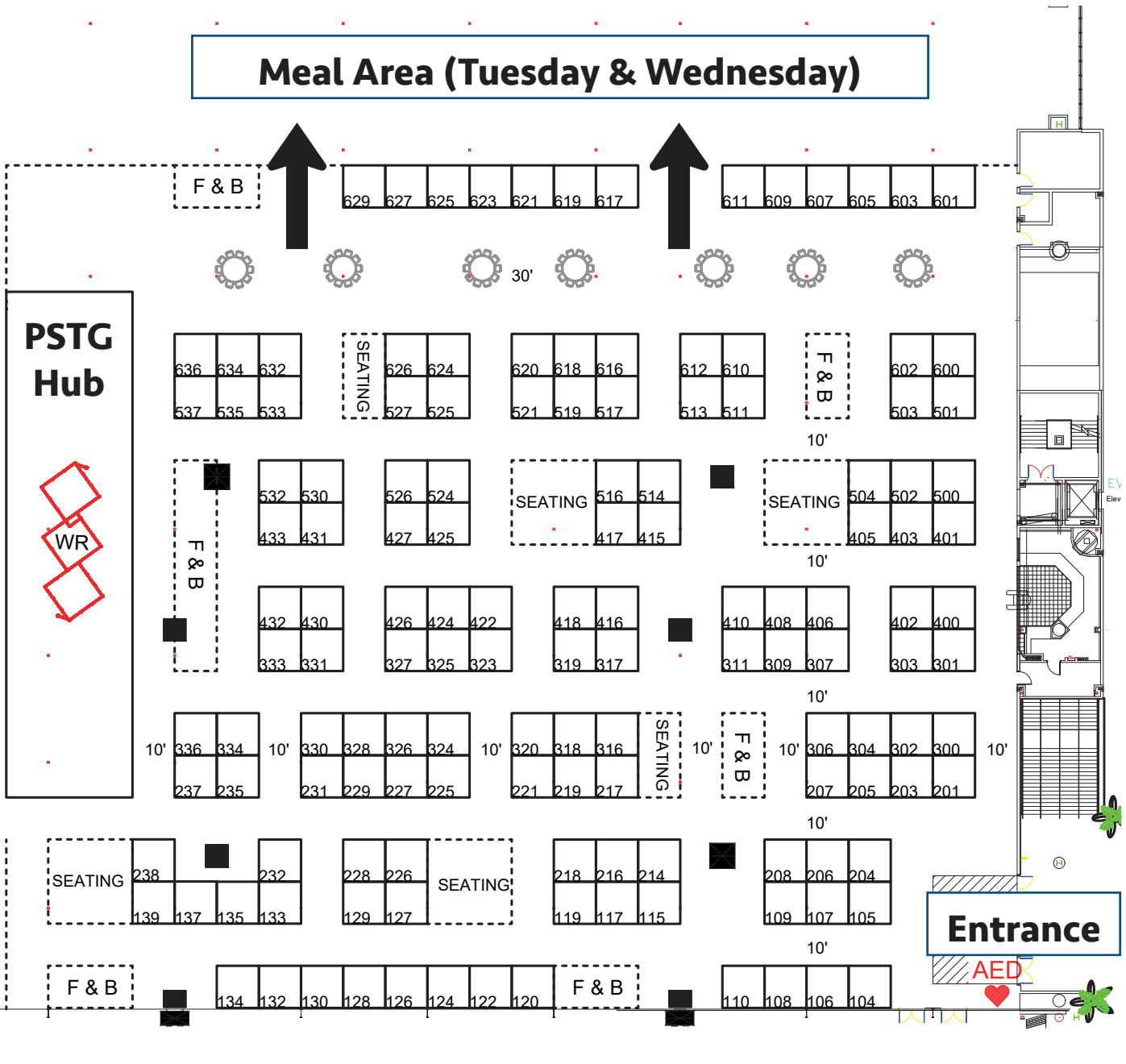
Exhibit Hall
Monday Lunch / Thursday Breakfast
Monday Opening Reception
Tuesday Breakfast and Lunch
Tuesday Poster Session
Wednesday Breakfast and Lunch
All Sessions
Demo Rooms / CMS Office Hours

Hall F (Exhibit Level)
Room 201/203/205 (Meeting Room Level)
Hall F (Exhibit Level)
Hall F (Exhibit Level)
Hall F (Exhibit Level)
Hall F (Exhibit Level)
Hall F (Exhibit Level)
Mile High Ballroom (Ballroom Level)
Various Rooms (Meeting Room Level)

Exhibit Hall F

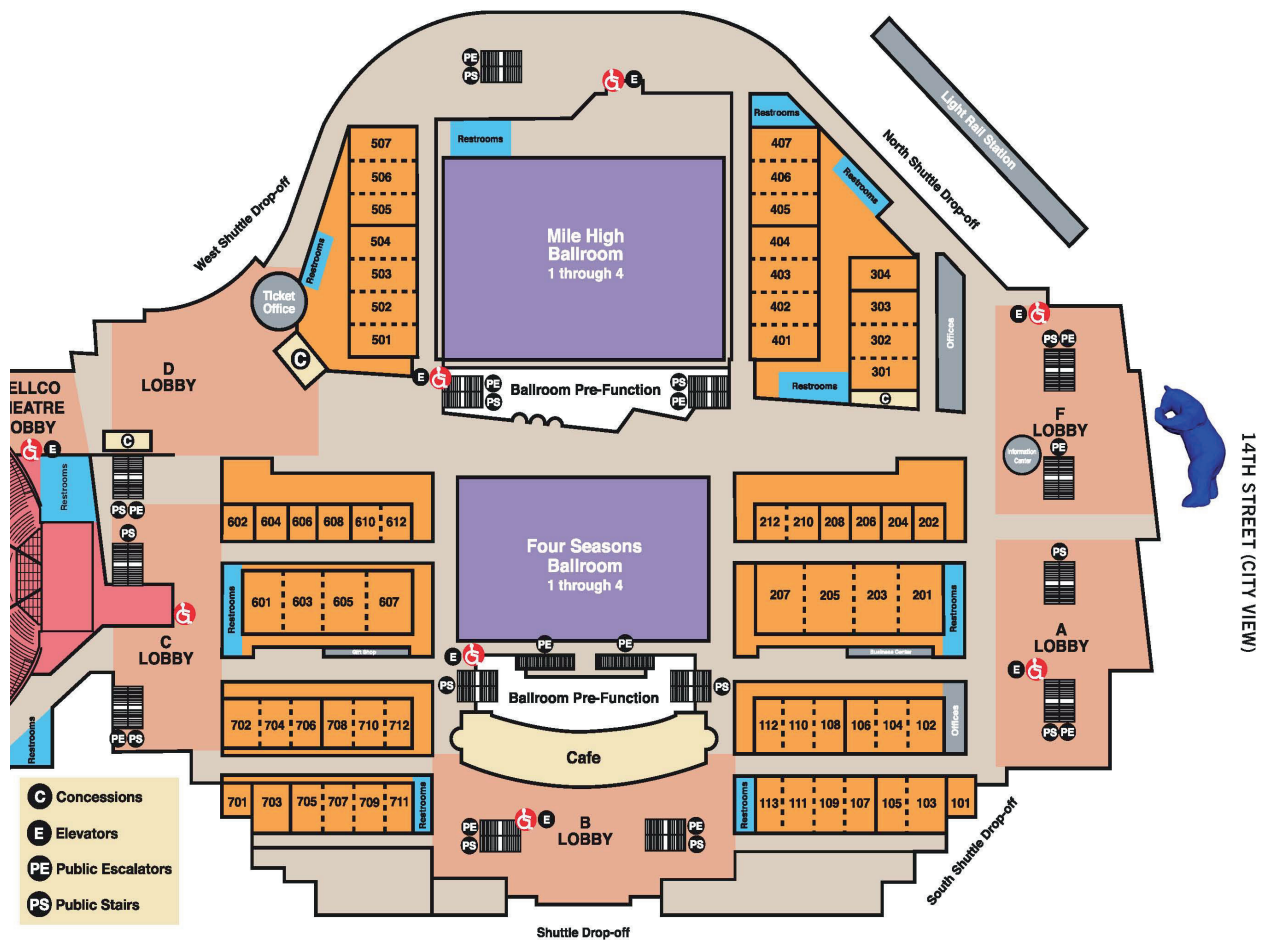
Exhibit Hall and Meals

Meal Area (Tuesday & Wednesday)



Meeting Room Level

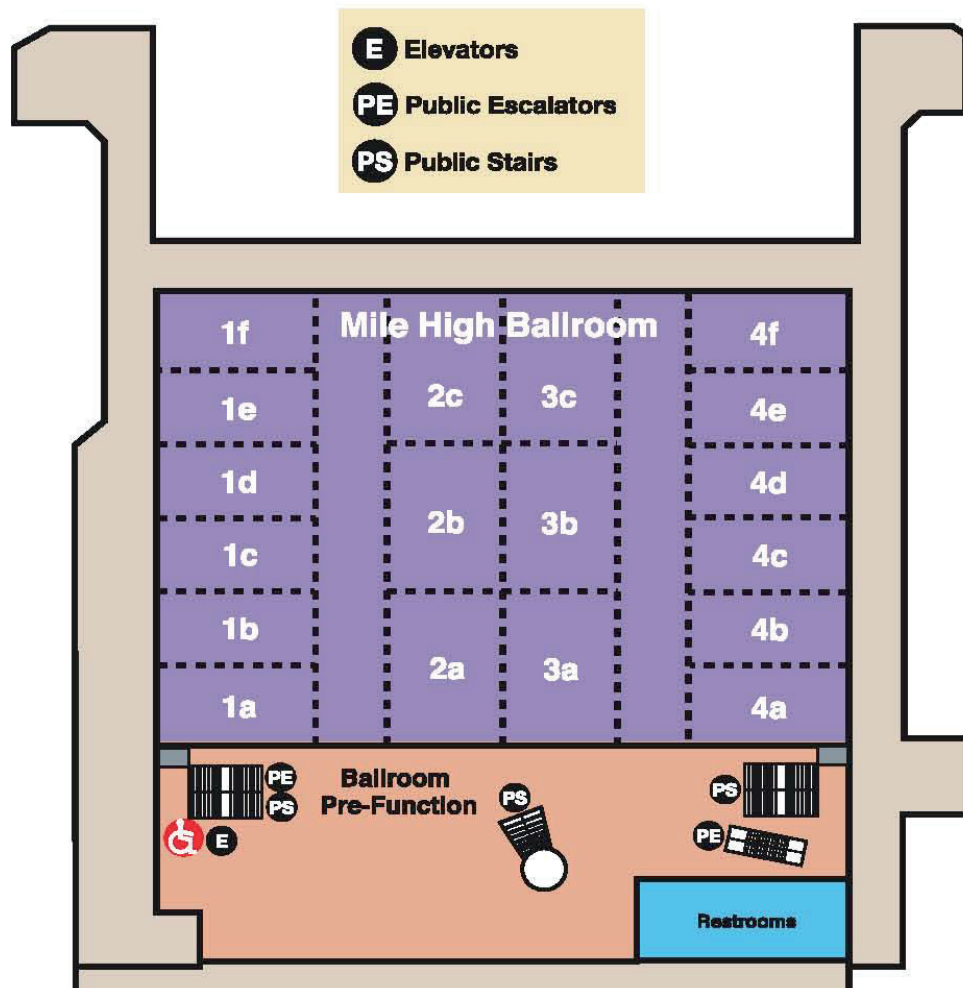
Demo and Meeting Rooms



Company Name	Sponsored Rooms	Company Name	Sponsored Rooms
Accenture	402	Google for Government	407
Acentra Health	401	HealthTech Solutions, LLC	507 (M-W)
Adobe	104	IBM	108
Amazon Web Services	506 (T-TH)	KPMG	610
Benefit Recovery	102 (W)	LexisNexis Risk Solutions	403
BerryDunn	303	Mathematica	405
Conduent	504	Maximus	404
CSG Government Solutions	212	NTT DATA	406
Deloitte	501, 612	Optum	208
EY	106	Progress MarkLogic	503
FEI Systems	502	Salesforce	606
Gainwell Technologies	210, 301, 302, 304	TEKsystems	505 (T-W)
GDIT	608 (T-W)		

Ballroom Level (Sessions)

Session Rooms



Session Room Assignments

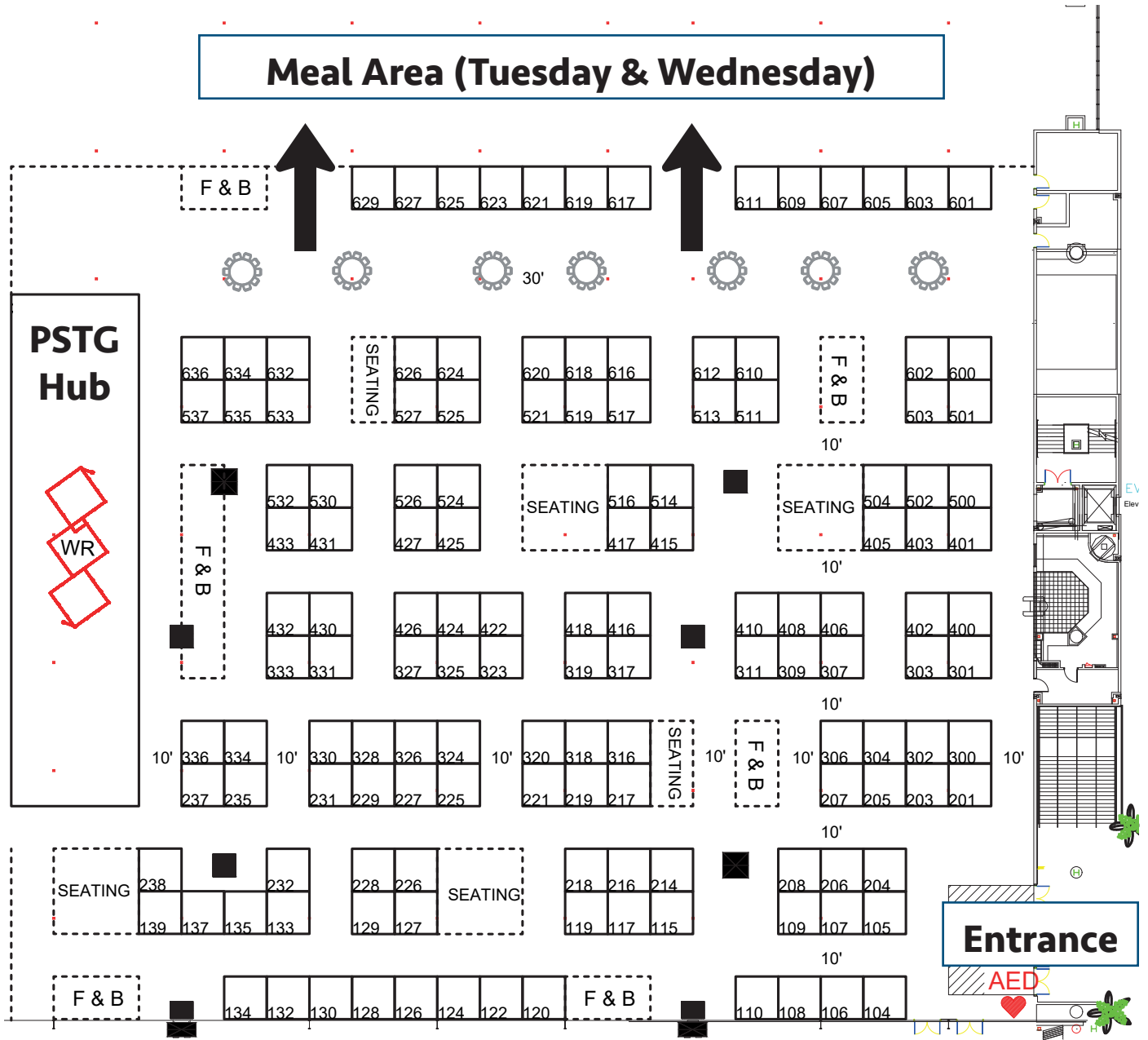
Plenary Sessions (Tuesday / Thursday)
 Breakout Session Rooms #1
 Breakout Sessions Room #2
 Breakout Sessions Room #3
 Breakout Sessions Room #4
 Breakout Sessions Room #5
 Breakout Sessions / Industry Sessions
 Breakout Sessions / Industry Sessions

Mile High Ballroom 1/2
 Mile High Ballroom 4A/4B
 Mile High Ballroom 4C/4D
 Mile High Ballroom 3A
 Mile High Ballroom 3B
 Mile High Ballroom 3C
 Mile High Ballroom 4E
 Mile High Ballroom 4F

Sponsors

Overview of Exhibit Hall

Exhibit Hall is located in Exhibit Hall F on the Exhibit Level.



Exhibitor Listing, By Name

1upHealth.....	Booth 336	iLAB.....	Booth 519
Accenture.....	Booths 431, 433, and Booths 530, 532	Infosys Public Services, Inc.....	Booth 334
Acentra Health.....	Booths 425, 427, and Booths 524, 526	Innovaccer Inc.....	Booth 232
Alation.....	Booth 326	InterSystems.....	Booth 238
Alvarez & Marsal.....	Booth 328	Knowli Data Science.....	Booth 134
Amazon Web Services.....	Booth 323	KPMG.....	Booths 415, 417, and Booths 514, 516
AssureCare.....	Booths 309, 311	Kunz, Leigh and Associates.....	Booth 110
Automated Health Systems.....	Booth 327	LexisNexis Risk Solutions.....	Booth 316
Bamboo Health.....	Booth 117	Magellan Rx Management.....	Booth 237
Benefit Recovery.....	Booth 527	Mathematica.....	Booth 139
BerryDunn.....	Booths 624, 626	Maximus.....	Booths 317, 319, and Booths 416, 418
Briljent.....	Booth 324	MedeAnalytics.....	Booth 602
CAQH.....	Booth 525	Medicaid Recovery Network.....	Booth 618
Cardinality.ai.....	Booth 535	MedImpact.....	Booth 325
CMA Consulting, Inc.....	Booths 501, 503	Mercer Government.....	Booth 620
CMS.....	Booth 537	Myers and Stauffer LC.....	Booth 106
Collibra.....	Booth 217	NASPO ValuePoint.....	Booth 307
Comagine Health.....	Booth 517	NAMD.....	Booth 636
Conduent.....	Booths 229, 231	NCPDP.....	Booth 533
ContactEngine A NICE Company.....	Booth 128	Noridian Healthcare Solutions.....	Booth 424
CSG Government Solutions.....	Booths 201, 203	North Highland.....	Booth 521
CMS.....	Booth 537	NTT DATA.....	Booths 617, 619
Cúram by Merative.....	Booth 119	Optum.....	Booths 205, 207
DataBricks.....	Booth 300	Oracle.....	Booth 302
Deloitte.....	Booths 105, 107, 109, & Booths 204, 206, 208	PointClickCare.....	Booth 104
Direct Care Innovations.....	Booth 408	Progress MarkLogic.....	Booth 410
DocuSign.....	Booth 330	Public Consulting Group.....	Booths 120, 122
Dynatrace.....	Booth 304	Quadient.....	Booth 406
Edifecs.....	Booth 126	RedMane Technology.....	Booth 504
Elyon Enterprise Strategies.....	Booth 616	Salesforce.....	Booth 225
EY.....	Booths 331, 333, and Booths 430, 432	SAS.....	Booths 127, 129, and Booths 226, 228
FEI Systems.....	Booths 403, 405	Senture, a Teleperformance Company.....	Booth 227
Gainwell Technologies.....	Booths 511, 513, and Booths 610, 612	Snowflake.....	Booths 219, 221
GDIT.....	Booths 318, 320	SourcePulse.....	Booth 235
Google for Government.....	Booth 115	Splunk.....	Booth 611
Health Management Associates.....	Booth 306	Steady Platform Ghost.....	Booth 238
HealthTech Solutions, LLC.....	Booth 133	Syrtris Solutions, Ltd.....	Booth 632
Healthy Together.....	Booth 502	TEKsystems.....	Booths 216, 218
HHAeXchange.....	Booth 108	Telligen.....	Booth 214
IBM.....	Booths 135, 137	Trinisis.....	Booth 426
		Tyler Technologies.....	Booth 124

Exhibitor Listing, By Booth Location

Booth 104.....	PointClickCare	Booth 325.....	MedImpact
Booths 105, 107, 109 ..	Deloitte	Booth 326.....	Alation
Booth 106.....	Myers and Stauffer LC	Booth 327	Automated Health Systems
Booth 108.....	HHAEExchange	Booth 328.....	Alvarez & Marsal
Booth 110	Kunz, Leigh and Associates (KL&A)	Booth 330	DocuSign
Booth 115.....	Google for Government	Booths 331, 333	EY
Booth 117	Bamboo Health	Booth 334.....	Infosys Public Services, Inc.
Booth 119.....	Cúram by Merative	Booth 336.....	1upHealth
Booths 120, 122	Public Consulting Group	Booths 403, 405	FEI Systems
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Booth 214	Telligen	Booth 502	Healthy Together
Booths 216, 218	TEKsystems	Booth 504	RedMane Technology
Booth 217.....	Collibra	Booths 511, 513	Gainwell Technologies
Booths 219, 221.....	Snowflake	Booths 514, 516	KPMG
Booth 225.....	Salesforce	Booth 517	Comagine Health
Booths 226, 228	SAS	Booth 519	iLAB
Booth 227	Senture, a Teleperformance company	Booth 521	North Highland
Booths 229, 231	Conduent	Booths 524, 526	Acentra Health
Booth 232.....	Innovaccer Inc.	Booth 525.....	CAQH
Booth 235.....	SourcePulse	Booth 527	Benefit Recovery
Booth 237	Magellan Rx Management	Booths 530, 532	Accenture
Booth 238.....	InterSystems	Booth 533.....	NCPDP
Booth 238.....	Steady Platform Ghost	Booth 535.....	Cardinality.ai
Booth 300	DataBricks	Booth 537	CMS
Booth 302	Oracle	Booth 602	MedeAnalytics
Booth 304	Dynatrace	Booths 610, 612	Gainwell Technologies
Booth 306	Health Management Associates	Booth 611.....	Splunk
Booth 307.....	NASPO ValuePoint	Booth 616	Elyon Enterprise Strategies
Booths 309, 311	AssureCare	Booths 617, 619.....	NTT DATA
Booth 316	LexisNexis Risk Solutions	Booth 618	Medicaid Recovery Network
Booths 317, 319.....	Maximus	Booth 620	Mercer Government
Booths 318, 320.....	GDIT	Booths 624, 626	BerryDunn
Booth 323.....	Amazon Web Services	Booth 632.....	Syrtis Solutions, Ltd.
Booth 324.....	Briljent	Booth 636	National Assc. of Medicaid Directors

Exhibitors and Sponsors



1upHealth

Booth 336

1upHealth is the industry leading healthcare FHIR® data platform supporting more than 70 enterprise health plans, digital health companies and health systems. Founded in 2017 and built natively in the cloud using FHIR, the 1up data cloud delivers an industry leading Connect, Control and Compute infrastructure to enable quick connections using FHIR APIs to patient data at an individual and population level. The platform provides for high quality transformation of claims and clinical data at scale, unmatched security, and consent management. The architecture's extensible design supports application containerization and open analytical data access.



Accenture

Booth 431, 433, 530, 532 | Demo Room 402

Accenture is a leading global professional services company that helps businesses, governments and other organizations build their digital core, optimize their operations, accelerate revenue growth and enhance citizen services to create tangible value at speed and scale. We are a talent and innovation led company with 732,000 people serving clients in more than 120 countries. We combine our strength in technology with unmatched industry experience, functional expertise and global delivery capability to create 360° value for our clients, each other, our shareholders, partners and communities. Visit us at www.accenture.com.



Acentra Health

Booth 425, 427, 524, 526 | Demo Room 401 | Wi-Fi (Monday/Tuesday)

Acentra Health, formed in 2023 by the merger of industry leaders CNSI and Kepro, combines public sector knowledge, clinical expertise, and technological ingenuity to modernize the healthcare experience for state and federal partners and their priority populations. From designing and developing advanced claims, encounter, and provider solutions that drive efficiency and cost savings to delivering clinically focused service models for care management and quality oversight, Acentra Health is accelerating better outcomes.



Adobe

Demo Room 104

Adobe Experience Driven Government puts the needs and preferences of individuals at the center of service delivery. It enables government to deliver accessible, equitable services at the right time and channel in a person's life journey. It serves as a purpose-built strategy that helps government extend its digital capabilities, so it's better equipped to engage customers, streamline services and create a more modern, connected experience – online and offline. As a result, agencies can save substantial costs, improve staff capacity, and positively impact outcomes for benefit recipients. With 25 years of proven innovation, Adobe is transforming the way agencies interact, deliver, and meet their mission.



Alation

Booth 326

Alation is the leader in enterprise data intelligence solutions, enabling data search and discovery, data governance, data stewardship, analytics, and digital transformation. More than 450 enterprises in myriad industries build data culture and improve data-driven decision-making with Alation, including local, state, and federal government agencies such as the State of Tennessee, the Ohio Department of Job and Family Services, and the Centers for Medicare and Medicaid Services (CMS). Learn more about how Alation helps Public Sector agencies transform data systems to facilitate mission delivery, fortify data integrity, and elevate service standards at alation.com/solutions/public-sector.



Alvarez & Marsal

Booth 328

Alvarez and Marsal's Public Sector Services Practice is a national leader in IT systems transformation with experience in MMIS modernization in over a dozen states. Our IT assessment, strategic planning, and tactical implementation acumen supports the full range of tasks required to transform your state's Medicaid IT enterprise. Amplifying your Medicaid program begins with a conversation with our experts on topics ranging from modularity planning, staffing assessment, change management, and navigating the competing priorities that emerge within the enterprise. Our team brings a special blend of Medicaid IT, operations, and policy expertise to inform and drive a thoughtful and well-rounded approach to your Medicaid enterprise system. A&M supports states no matter where they are on their modernization journey – from setting the vision, early program design, organizational change management, and all the way through successful implementation and operations. Talk to us, we would love to be your partner!



Amazon Web Services

Booth 323 | Industry Session (Tuesday)

Amazon Web Services (AWS) Worldwide Public Sector helps government, education, and nonprofit customers deploy cloud services to reduce costs, drive efficiencies, and increase innovation across the globe. Public Sector organizations of all sizes use AWS to build applications, host websites, harness big data, store information, conduct research, improve online access for citizens, and more. AWS has dedicated teams focused on helping our customers pave the way for innovation and, ultimately, make the world a better place through technology.



AssureCare

Booth 309, 311

AssureCare is a population health management company offering a CMS-Certified Modular, COTS, Software as a Service (SaaS) cloud-deployed Care Management solution fully aligned with the CMS Seven Standards and Conditions and MITA Framework. Our Population Health Management platform includes comprehensive functionality supporting Care Management, Utilization Management, Pharmacy Management, appeals and grievances, member/provider portals, quality reporting, and much more. Designed to enhance your organization's ability to significantly improve member outcomes, while reducing program costs, all through a single system. We are committed to connecting individuals with quality care, their care teams, and community, leading to better health and healthier outcomes. AssureCare serves all healthcare programs including Medicaid, LTSS, & Medicare Part A, B, C, D.



Automated Health Systems

Booth 327

At Automated Health Systems, we are dedicated to revolutionizing healthcare management. Our mission is to design and implement innovative programs that make a real difference in people's lives. By partnering with state and local government agencies, we deliver comprehensive solutions that improve access to quality healthcare services while effectively managing costs and ensuring compliance. With our collaborative culture, we leverage cutting-edge technology and data-driven strategies to streamline processes and enhance the healthcare experience for both beneficiaries and providers. Our ultimate goal is to optimize healthcare outcomes, drive operational efficiency, and elevate the overall quality of care provided to individuals and families. With passion and commitment, we strive to transform the healthcare landscape, one program at a time.



Bamboo Health

Booth 117

Bamboo Health, the leader in Real-Time Care Intelligence™, delivers actionable insights on a patient's physical, behavioral and social health – empowering healthcare professionals to provide the right care at the right time for the right outcomes. Delivered through our Smart Signals™ network – the largest and most interoperable care collaboration community in the nation – our insights improve more than 1 billion patient encounters a year across more than 2,500 hospitals, 8,000 post-acute facilities, 25,000 pharmacies, 32 health plans, 50 state governments and 1 million acute and ambulatory providers. Connect with Bamboo Health on Twitter, LinkedIn and Facebook. Visit BambooHealth.com to learn more.



Benefit Recovery

Booth 527 | Poster Session Specialty Bar

Benefit Recovery, a revenue cycle management company, assists clients to ensure that they are the payers of last resort by discovering and billing non-reported or mis-reported health insurance coverage. Our ARMS PRO® software is redefining the billing and collection industry. So superior it was purchased for use in the state of South Carolina, and purchased by the US government for use in military hospitals. Benefit Recovery stays on the cutting edge in technology, trends and new legislation regarding healthcare cost containment, billing and collection solutions. We provide the savings and expense reduction services to achieve our clients' goals. Our expertise includes identifying Other Health Insurance coverage, reconciling coordination of benefits, under/ overpayments, generating claims, follow-up, aggressively pursuing denied claims, and analytical reporting. Our exclusive LIVE® insurance database portal provides "real-time" current insurance information on over 300 million lives ensuring payments that are the responsibility of a third party are recovered.



BerryDunn

Booth 624, 626 | Demo Room 303 | Medicaid Glossary

BerryDunn's Medicaid consulting team is passionate about helping agencies adapt to regulatory changes, improve systems, and streamline processes through our deep understanding of the daily and long-term challenges facing state agencies. We bring an independent, experienced, and national perspective to our work. Our areas of expertise include ten practices under three categories: Medicaid Enterprise Services - Strategic Planning Practice - Project, Program, and Portfolio Management (P3) Practice - Funding and Acquisition Support Practice - Oversight Support Practice - Technical Advisory Services Practice - Regulatory Compliance and Certification Support Practice Organization Excellence - Organization Development Practice - Medicaid Learning Center/Training Practice Healthcare Innovation - Medicaid Innovation & Healthcare Transformation Managed Care Organization Practice - Medicaid Innovation & Healthcare Transformation Policy Practice Our team of highly trained consultants work with agencies across the country to build stronger and more efficient systems, compliant organizations to optimize Centers for Medicare & Medicaid Services funding and improve services to their constituents. Learn more at berrydunn.com/medicaid.



Blue Tack Consulting

Public Sector Partnership Travel Program

Blue Tack Consulting provides services to vendors in the HHS and MES markets. We focus our attention on what vendors need to be successful in the market, working side by side with our clients to support their business development, sales and implementation efforts. We offer business strategy services to help vendors identify the right opportunities, optimize pursuit plans and capture business. We work with our clients to align their solution roadmaps with industry trends, directions and requirements, including federal policy. Proposal support is provided by consultants with deep Medicaid and HHS experience and years of crafting winning proposals.



Briljent

Booth 324

For more than 25 years, Briljent has worked with State Medicaid Agencies in all 50 U.S. states and 6 territories to modernize the complex processes, technologies, and systems that support their work and improve the health outcomes of our nation's most vulnerable populations. This breadth of experience equips Briljent with knowledge of the unique challenges faced by State Medicaid Agencies and their partners when balancing competing priorities, staff turnover, system upgrades, and business process changes. Whether your focus is on implementing a new modular system, training your staff, managing a complex project, or supporting Medicaid redeterminations, Briljent is equipped with the expertise, experience, and people-centered approach to ensure your success.



CAQH

Booth 525 | Industry Session (Wednesday)

CAQH helps 2 million providers, 1,000 health plans, government entities and other healthcare organizations connect, exchange information and operate more efficiently. CAQH data solutions improve the accuracy and efficiency of credentialing, directory management, coordination of benefits and interoperability for providers and payers. Leveraging a registry of coverage information on 200 million members updated every week, CAQH helps Medicaid programs streamline eligibility and redeterminations, automate operations and lower costs.



Cardinality.ai

Booth 535

Cardinality.ai is a software company helping government agencies achieve better outcomes through artificial intelligence and the strategic use of data. Over 5000 caseworkers across 8 government agencies, 5 states, 10+ nonprofits and healthcare providers are already using Cardinality.ai ready-built solutions. Founded in 2017, helping government agencies achieve better outcomes through artificial intelligence and the strategic use of data. Our solutions — engineered for health and human services programs — deliver enhanced efficiency and improve the lives of citizens. Together with our agency customers, we achieve remarkable outcomes for families. Our built-for-government suite of case management solutions employ configurable modules, cloud-based tech, a powerful AI assistant, an intuitive interface, and data-driven workflows on a low-code platform that enables agencies to modernize faster, and with greater confidence, than custom development projects.



CMA Consulting, Inc.

Booth 501, 503

CMA designs, develops, and operates secure, scalable data management and analytics platforms that serve as the strategic foundation of our clients' objectives. Our cloud-enabled Mosaic Suite of software products rapidly accelerates the movement and sharing of data from an array of legacy sources, empowering self-service analytics, reporting, and predictive analysis. Leveraging CMA's Medicaid applications, our clients excel their mission to improve the lives of the population their program serves- bringing health equity to Federal and State Medicaid agendas. Let's continue working together to improve population health, reduce costs and support value-based program and contract management. Visit the CMA Team at Booth 501 to learn more about enabling data driven Medicaid reforms.



Collibra

Booth 217

Since 2008, Collibra has been uniting agencies and organizations by delivering trusted data for every use, for every user, and across every source. Our Data Intelligence Cloud brings flexible governance, continuous quality and built-in privacy to all types of data. Public agencies and organizations rely on Collibra to provide a single system of engagement for data that accelerates data-driven decision making and better outcomes for citizens. To learn more, visit collibra.com, follow @Collibra on Twitter or follow us on LinkedIn.



Comagine Health

Booth 517

Comagine Health is a national, nonprofit, health care consulting firm. We work collaboratively with patients, providers, payers and other stakeholders to reimagine, redesign and implement sustainable improvements in the health care system. As a trusted, neutral party, we work in our communities to address key, complex health and health care delivery problems. In all our engagements and initiatives, we draw upon our expertise in quality improvement, care management, health information technology, analytics and research. We invite our partners and communities to work with us to improve health and redesign the health care delivery system.



Conduent

Booth 229, 231 | Demo Room 504

Conduent Government Healthcare Solutions combines more than 50 years of Medicaid experience, innovative business operations and technology excellence and a mission to move Medicaid forward. We deliver constituent-centric and mission-critical program administration solutions for state Medicaid programs that create exceptional outcomes for the individuals and communities they serve by improving access and compliance, reducing costs, and increasing scale and security. Visit us at booth #229 & 231, or at www.conduent.com/government to learn more.



ContactEngine A NICE Company

Booth 128

ContactEngine is the only proactive conversational AI platform purpose built to engage those customers that never contact you, and to do this without driving any increase in inbound calls to your call centre. It enables you to engage those silent customers, to remove the assumption, to reduce costs, to increase revenue, and to dramatically improve CX all at the same time.



CSG Government Solutions

Booth 201, 203 | Demo Room 212

CSG Government Solutions is a national leader in government operations consulting focused on helping states modernize critical Medicaid and other HHS program enterprises. CSG's services include planning, program and project management, IV&V, organizational change management, testing, and federal compliance. Clients include more than 200 government organizations across 47 states and the U.S. Department of Health and Human Services. The operation of CSG's business is characterized by The CSG Way, an environment that emphasizes teamwork, communication, and consistent high-quality work. Established in 1997, CSG brings more than 25 years of experience serving as a trusted advisor to the public sector. We work collaboratively with our clients to deliver results, which is one of the many reasons we have been recognized as one of America's Best Management Consulting Firms six years in a row by Forbes magazine (2018-2023) and one of the Top 50 Consulting Firms of 2022 by The Consulting Report.



Cúram by Merative

Booth 119

With over 25 years of transforming health and social services at the federal, state, and local level, Cúram by Merative brings a wealth of experience in the Health and Human Services arena. Cúram's health and human services solutions deliver focused innovation and deep expertise to help agencies transform the delivery of services, empower caseworkers, and help people access the programs they need, our technology and expertise can improve outcomes for individuals and the communities our clients serve. The Cúram team designs its software and solutions with the client at the center – the citizen who needs benefits and supportive services to thrive. By empowering health and social services organizations to address the whole person – determining their eligibility and entitlement, improving their access to benefits, and integrating health and social services programs to improve their outcomes, Cúram's solutions are helping to support 64M people in communities around the world. Learn more at merative.com



databricks

DataBricks

Booth 300

With origins in academia and the open source community, Databricks was founded in 2013 by the original creators of Apache Spark™, Delta Lake and MLflow. As the world's first and only lakehouse platform in the cloud, Databricks combines the best of data warehouses and data lakes to offer an open and unified platform for data and AI. Today, more than 9,000 organizations worldwide rely on Databricks to enable massive-scale data engineering, collaborative data science, full-lifecycle machine learning and business analytics. Headquartered in San Francisco, with offices around the world and hundreds of global partners, including Microsoft, Amazon, Tableau, Informatica, Capgemini and Booz Allen Hamilton, Databricks is on a mission to simplify and democratize data and AI, helping data teams solve the world's toughest problems.

Deloitte.

Deloitte

Booth 105, 107, 109, 204, 206, 208 | Demo Room 501, 612 | Public Sector Partnership Travel Program

Connecting with clients on a more personal level has been a cornerstone of how Deloitte operates for more than 175 years. We utilize these strong, collaborative relationships and our deep knowledge of the health care ecosystem to connect human insights with advanced, cutting-edge technologies like generative AI and cloud computing. Deloitte's State Health teams — our people, ideas and technologies — connect for impact to help clients achieve their missions and improve health outcomes for the people they serve. Deloitte's understanding of new technologies and emerging trends can help you engineer advantage, drive bold innovation, and push the boundaries of the possible. Let's build a healthier future together: www.deloitte.com/us/statehealth.



Direct Care Innovations

Booth 408

Direct Care Innovations (DCI) is a healthcare technology company that creates business management platforms for providers and government agencies in the Medicaid, Medicare, and Managed care markets. We believe our innovation can create a better future for Direct Care workers and the people they support. Our vision is to design systems that enable government agencies to eliminate fraud and abuse while empowering providers to put more money into the hands of Direct Care Workers.

DocuSign®

DocuSign

Booth 330 | Industry Session (Wednesday)

DocuSign helps public sector organizations connect and automate how they navigate their systems of agreement. As part of its industry-leading product lineup, DocuSign offers eSignature, the world's #1 way to sign electronically on practically any device, from almost anywhere, at any time. Over 5,000 local, state, and federal organizations use DocuSign's agreement technology to transform manual processes into automated, digital experiences. To learn more, visit www.docusign.com/government



dynatrace

Dynatrace

Booth 304

Dynatrace exists to make the world's software work perfectly. Our unified platform combines broad and deep observability and continuous runtime application security with the most advanced AIOps to provide answers and intelligent automation from data at an enormous scale. This enables state, local and educational innovators to modernize and automate cloud operations, deliver software faster and more securely, and ensure flawless digital experiences.



Edifecs

Booth 126

Edifecs is a premier technology company in the US Healthcare market with solutions focused on interoperability, workflows, value-based care payments and analytics. With innovative technology and solutions, Edifecs helps its customers by optimizing the secure exchange and processing of administrative and clinical data, reducing the cost of meeting various regulations, and automating workflows involved in multiple core processes within the healthcare ecosystem. Edifecs is a frontrunner in bringing new technology for B2B data exchange in healthcare streamlining business processes from “card to care,” and reducing the industry burden associated with data provisioning at the points of enrollment, care, payment, and reporting. With the advent of FHIR and new regulatory guidance from HHS, Edifecs has emerged as a leader in easing the effort associated with achieving compliance with new federal rules and in making the healthcare consumer the primary stakeholder. The company is headquartered in Bellevue, Washington, with additional offices in Atlanta, Georgia, San Francisco, California, Pittsburg, Pennsylvania and Mohali, India, an engineering center in Moldova, Belarus and the Ukraine, and has more than 600,000 employees.



Elyon Enterprise Strategies

Booth 616 | Industry Session (Wednesday)

At Elyon Strategies, we pride ourselves on providing top-notch AI-powered assessments and industry expertise to future-proof public sector organizations and private companies. Our strategic advisory services aim to bridge the gap between complex business strategies and actionable project portfolios, resulting in tangible change. Our team has a wealth of experience executing transformational projects from planning to implementation, ensuring that our clients achieve the maturity needed for successful modernization efforts. We specialize in six core competencies, including advising on best practices for modernization, developing clear strategies for change, customizing industry frameworks to assess portfolio success, and improving existing business capabilities and outcomes. Our commitment to excellence is evident in everything we do, and we strive to provide unmatched expertise and support to help our clients thrive. Whether you're looking to transform your people, programs, processes, budget, finance, or systems, you can count on the Elyon Strategies team to deliver results.



EY

Booth 331, 333, 430, 432 | Demo Room 106

Ernst & Young LLP (EY US) is a pioneer in services for Medicaid Enterprise System modularity, providing a modern modular integration platform solution. We support some of the country's largest Medicaid programs in SI and planning activities. Within the EY US Government & Public Sector Health and Human Services practice, the Medicaid Transformation solution is a multidisciplinary team of professionals who provide business and technology consulting services to support state and local governments in addressing essential health imperatives to help states achieve their mission-driven goals. Our proven capabilities and offerings enable and accelerate teams in driving change and optimizing operations. Our teams work with state and local Medicaid agencies to create better outcomes for those we serve, together. We support agencies in realizing their transformation objectives and improve their programs and systems. We are experienced in working alongside clients through their transformation journeys, from planning to execution.



FEI Systems

Booth 403, 405 | Demo Room 502 | Industry Session (Wednesday)

FEI Systems provides innovative healthcare information technology solutions that assist federal, state and county agencies, as well as MCOs, in caring for the most vulnerable members of our communities. We specialize in comprehensive LTSS, behavioral health and provider management solutions as well as provide IT support services for agencies working at home and abroad. Our technology solutions and support services enable more direct, quality care for those who need it most. We bring a person-centered approach to program management, providing configurable, modular solutions that relieve the massive administrative burden on agencies. Our solutions offer clear-cut visibility into resource utilization, compliance, program outcomes, and more. Since operations began in 1999, we have helped our partners respond to the growing demand for health and human services in the ever-changing healthcare landscape.



ForHealth Consulting

Monday Workshop

At ForHealth Consulting, we partner with organizations to make the healthcare experience better. We dive deep into our clients' worlds to understand their goals and develop actionable strategies to help them do better—for themselves, for the people they serve, and for the healthcare system as a whole. We leverage world-class expertise and deep experience to create transformational system-wide solutions, from payment and financing to clinical practice and information management. Our Third Party Liability (TPL) experts work with Medicaid programs to identify and coordinate other sources of payment, including Medicare and private insurance. These experts have developed strategies to integrate eligibility processes, data sources, and TPL methodologies — expanding member benefits while also providing savings to the Medicaid program. Bottomline: ForHealth Consulting collaborates with purposeful organizations to make health and human services more equitable, effective, and accessible. Together, we can create a better healthcare experience for everyone.



Gainwell Technologies

Booth 511, 513, 610, 612 | Demo Room 210, 301, 302, 304 | Industry Session (Wednesday)

Gainwell Technologies is the leading provider of digital and cloud-enabled solutions vital to the administration and operations of health and human services programs. With more than 50 years of proven experience, Gainwell has a reputation for service excellence and unparalleled industry expertise. We offer clients scalable and flexible solutions for their most complex challenges. These capabilities make us a trusted partner for organizations seeking reliability, innovation and transformational outcomes. Learn more at gainwelltechnologies.com.

GDIT

GDIT

Booth 318, 320 | Industry Session (Wednesday)

GDIT is a global technology and professional services company that delivers consulting, technology and mission services to every major agency across the U.S. government, defense and intelligence community. Our 30,000 experts extract the power of technology to create immediate value and deliver solutions at the edge of innovation. We operate across 30 countries worldwide, offering leading capabilities in digital modernization, AI/ML, Cloud, Cyber and application development. Together with our clients, we strive to create a safer, smarter world by harnessing the power of deep expertise and advanced technology.



Google for Government

Google for Government

Booth 115 | Demo Room 407 | Industry Session (Tuesday)

Google for Government is helping state and local governments empower their workforce and improve the lives of their constituents with our secure, interoperable, intelligent platform. Whether your organization is looking to build new applications in the cloud or transform your current infrastructure, we can help modernize service delivery. <https://cloud.google.com/solutions/state-and-local-government>



HMA

Health Management Associates

Booth 306

HMA is an independent, national research and consulting firm specializing in publicly funded healthcare and human services policy, programs, financing, and evaluation. We're known for our deep Medicaid expertise, but we offer much more. Our strength is in our people; the experience they bring to the most complex issues, problems, and opportunities. We bring together industry-leading policy expertise and clinical experience to provide comprehensive solutions that make healthcare and human services work better for people. We serve government, public and private providers, health systems, health plans, community-based organizations, institutional investors, foundations, and associations. Every client matters. The healthcare landscape is always changing, and as part of our commitment to staying ahead of the curve to best serve our clients, HMA has welcomed new companies and colleagues, enhancing our reach and capabilities while staying true to our commitment to provide the best solutions to healthcare's biggest problems. Learn more at healthmanagement.com.



HealthTech Solutions, LLC

Booth 133

HealthTech Solutions partners with governmental agencies and private companies to provide professional consulting services and technology products. Our technology products include the emPower suite of solutions that provides integrated analytics and reporting for governmental agencies. Our strategic insights are driven by current data and decades of experience at the state and federal level. We are your trusted, committed, and dependable partner. We specialize in Medicaid system integration, program management, and modernization of legacy systems. HealthTech Solutions wants to be a part of your team. Learn more at healthtechsolutions.com and connect with us here in Denver!



Healthy Together

Healthy Together

Booth 502

Healthy Together is a health technology company that builds SaaS solutions for government. Their platform increases the reach and efficacy of program initiatives, improves health equity and reduces cost. Healthy Together is utilized in eligibility and enrollment efforts for programs such as Medicaid, Supplemental Nutrition Assistance Program and WIC, as well as behavioral health management, disease surveillance, child welfare and more. Healthy Together's mobile application has reached #1 in the App Store Health & Fitness category and has over 225k reviews with a 4.9/5 star rating.



HHAeXchange

Booth 108

At HHAeXchange, we believe that healthcare should be simple, effective, and transparent. Since 2008, our software has helped thousands of providers and payers increase efficiency, ensure compliance, and deliver better care. Today, HHAeXchange is the leading technology platform for homecare and self-direction program management. Developed specifically for Medicaid home and community-based services (HCBS), the HHAeXchange platform connects state agencies, managed care payers, providers, and caregivers through one easy-to-use, intuitive web-based platform for unparalleled communication, transparency, efficiency, and compliance. Learn more today by visiting www.hhaexchange.com or contact us at 855-400-4429.



HSITAG (Human Services IT Advisory Group)

Monday Workshop

HSITAG is an industry trade association that serves as a collaborative source of knowledge, educational outreach and guidance to improve the delivery of human services programs within government.



IBM

Booth 135, 137 | Demo Room 108

At IBM Consulting, we have proven that science, creativity, and radical collaboration can accelerate business transformation. As catalysts for growth, we bring together diverse teams to help you reimagine every corner of your business—from strategy, to experiences, technologies and operations—because we don't just want you to anticipate the future, we want you to create it.



iLAB in Partnership with The Greentree Group

Booth 519

Experience the cutting-edge collaboration between iLAB and The Greentree Group, bringing together two industry frontrunners to redefine software standards. By combining iLAB's Software Quality Assurance (SQA) expertise with The Greentree Group's advanced Independent Verification and Validation (IV&V) solutions, we redefine the boundaries of quality. Together, we deliver a powerhouse of SQA and IV&V services that elevate software performance, reliability, and compliance to unparalleled levels. Our holistic approach ensures that every aspect of your software development lifecycle is meticulously examined, optimized, and validated, resulting in exceptional software solutions that exceed expectations. From rigorous testing methodologies to robust quality control measures, our collaboration unlocks the full potential of your software, enabling you to achieve your business objectives with confidence. Discover the true power of software excellence with iLAB and The Greentree Group. Together, we pave the way for a new era of quality-driven solutions that empower organizations to thrive.



Infosys Public Services, Inc.

Booth 334 | Industry Session (Wednesday)

From maintaining and operating existing systems to embarking on a transformation of technology and processes, Infosys Public Services combines its four decades of global government healthcare experience, its HHS Center of Excellence, and innovative solutions for Medicaid Enterprise Systems, Integrated Eligibility, and Next-gen Technology to make health and human services (HHS) agencies more digital and resilient, enabling them to improve outcomes. Visit www.infosyspublicservices.com/HHS to learn more.



Innovaccer Inc.

Booth 232

Innovaccer Inc., the Health Cloud company, is dedicated to accelerating innovation in healthcare. The Innovaccer® Health Cloud unifies patient data across systems and empowers healthcare organizations to improve clinical, financial, and operational outcomes. Innovaccer has helped more than 1,600 hospitals and clinics unify health records for more than 54 million people, enabling care delivery transformation for more than 96,000 clinicians. For more information, please visit innovaccer.com.



Intellaegis dba masterQueue

Industry Session (Wednesday)

Qualified Medicaid beneficiaries are losing their Healthcare coverage due to inaccurate contact information resulting from the three year pause in eligibility redetermination from the Public Health Emergency. masterQueue is a Contact Management Platform that utilizes data aggregation, workflow automation, and advanced analytics to validate addresses and facilitate contact with Medicaid enrollees in the redetermination process. Intellaegis is a software development company that launched masterQueue in 2011, and in 2022 we contracted with Colorado to assist them with their redetermination contact efforts to meet CMS guidelines and to help keep qualified Medicaid enrollees covered.



InterSystems

Booth 238

InterSystems is the leading provider of data technology for healthcare, powering the electronic medical records of 2 out of 3 Americans, including 19.4 million New York State citizens and 9.2 million U.S. veterans. Our data platform allows for building applications that seamlessly connect siloed data and interact with citizens and agencies to provide superior experiences and insights for more informed decisions. InterSystems helps national and local governments deliver seamless care, improve public health, and control costs through cutting-edge data management, interoperability, and analytics.



Knowli Data Science

Booth 134

Knowli Data Science ("Knowli") is a Women-Owned data science and research firm with over 13 years of experience supporting the management of multi-billion-dollar public programs with innovative data science solutions. We assist our clients in growing advanced data science programs, transforming data into actionable information for decision-makers.



KPMG

Booth 415, 417, 514, 516 | Demo Room 610 | Industry Session (Tuesday)

At KPMG LLP, we help you drive an outcomes-first approach across each step of your Medicaid modernization journey. We have more than 40 years of experience assisting states with large health and human services transformation initiatives, including more than 23 Medicaid enterprise system initiatives in the last decade. We bring a tested record of delivering a full spectrum of services—including systems integration, transformation advisory, PMO, QA, IV&V services, and more—and have lived first-hand the complexities associated with Medicaid modernization. Our tailored accelerators, KPMG Enterprise Reference Architecture (KERA) and the KPMG Resource Integration Suite (KRIS) Connected Platform, help accelerate the planning, design, configuration, and delivery of Medicaid solutions, reduce risk, and minimize costs—so you can focus on delivering care to citizens in need. Learn more at visit.kpmg.us/MES



Kunz, Leigh and Associates (KL&A)

Booth 110

Kunz, Leigh and Associates (KL&A) is an IT solutions provider focused on building meaningful relationships between people, processes, and technology. KL&A specializes in developing, supporting, maintaining, and enhancing enterprise IT solutions for various state government programs, including those related to public health. In addition to custom software solutions, KL&A provides professional consulting services for program and project management, testing and quality assurance, and implementation support. KL&A is also an Atlassian Government Verified Solution Partner.



Leidos

Public Sector Partnership Travel Program

Leidos is a Fortune 500® technology, engineering, and science solutions and services leader working to solve the world's toughest challenges in the defense, intelligence, civil, and health markets. The company's 45,000 employees support vital missions for government and commercial customers. Headquartered in Reston, Virginia, Leidos reported annual revenues of approximately \$14.4 billion for the fiscal year ended December 30, 2022. For more information, visit www.leidos.com.



LexisNexis Risk Solutions

Booth 316 | Demo Room 403

LexisNexis® Risk Solutions harnesses the power of data and advanced analytics to provide insights that help businesses and governmental entities reduce risk and improve decisions to benefit people around the globe. We provide data and technology solutions for a wide range of industries including insurance, financial services, healthcare and government. Headquartered in metro Atlanta, Georgia, we have offices throughout the world and are part of RELX (LSE: REL/NYSE: RELX), a global provider of information-based analytics and decision tools for professional and business customers. For more information, please visit www.risk.lexisnexis.com/government or Booth #316



Magellan Rx Management, a Prime Therapeutics company

Booth 237

Prime Therapeutics and Magellan Rx Management are joining forces to create a brighter future for pharmacy management. As a diversified pharmacy solutions organization, our goal is to drive affordability, enhance the member, provider and customer experience and integrate whole-person care to improve health outcomes. Our expanded capabilities allow us to offer integrated solutions that transform the industry, unlock new possibilities and deliver even more value to those we serve.



Mathematica

Booth 139 | Demo Room 405 | Public Sector Partnership Travel Program

At Mathematica, we use data, analytics, and technology to address pressing social challenges, from disparities in health care, employment and education to the effects of climate change on communities around the world. We're an employee-owned and mission-driven company, with a deep bench of expertise in both data and social science. Because we are employee-owners, we take particular pride in our work, and our partners know that we share not only their commitment but also a stake in the outcome. The wide range of organizations that rely on Mathematica count on us to deliver evidence-based solutions that improve programs, refine strategies, and deepen understanding.



Maximus

Booth 317, 319, 416, 418 | Demo Room 404 | Industry Session (Wednesday)

Maximus delivers unified customer engagement services across all channels and touchpoints, digital and human, enabling state agencies to serve their Medicaid populations effectively. We combine insightful data with proven processes and technology in ways that empower states to make faster, more accurate program decisions and improve the customer experience and overall outcomes. With GX by Maximus, our people-first, digitally enabled approach is key to how we enhance the customer journey. We provide self-service tools to serve people on their terms, driving greater efficiencies and reducing program costs. Learn more at maximus.com/GX.

MedeAnalytics

Booth 602

A leader in healthcare analytics, MedeAnalytics provides innovative SaaS solutions that enable measurable impact across the value-based care continuum. Through advanced data orchestration, augmented analytics, and self-service analysis, we empower commercial and government payers with actionable insights to facilitate high-quality, equitable and affordable care for beneficiaries. Combining quality, cost and utilization data, we deliver 360-degree visibility into beneficiary care, allowing states and managed care organizations (MCOs) to improve population health and wellness, identify and address socioeconomic disparities, ensure network adequacy, and strengthen value-based care arrangements. States benefit from more efficient administration of their Medicaid programs, and MCOs have improved accountability to the states, resulting in better outcomes for beneficiaries. Learn more at www.medeanalytics.com.



Medicaid Recovery Network

Booth 618 | Industry Session (Wednesday)

The Medicaid Recovery Network (MRN), a revolutionary tool in TPL recoveries, electronically matches Medicaid recipients with liability and workers' compensation claims daily. MRN's proprietary and unique data matching allows us to easily identify qualified claims early in the claim lifecycle and as a result, ensure states can recover medical claim costs from insurers at the time of settlement, significantly maximizing collections. Utilizing our established MRN platform, we create customized workflows that can complement any process currently in place by supplying a daily pool of qualified leads to pursue. Rhode Island was the first member to join MRN in 2012, followed by Texas in 2018. In addition, NASPO ValuePoint, in cooperation with Georgia (Lead State), recently awarded MRN with a Master Agreement to provide state agencies with Third Party Liability Recovery Services. Since its launch, MRN continues to be an invaluable solution for states to mitigate overall medical assistance claim costs.



MedImpact

Booth 325

MedImpact currently provides Medicaid Pharmacy Benefit Management (PBM) services to 14 Medicaid programs serving more than 3 million lives across 11 states. We are striving to bring a new and creative way to manage your members and improve their experience. As Medicaid programs continue to evaluate their business models, our modular open-architecture solutions are MITA aligned and certification ready. MedImpact helps states deploy their next generation of public sector solutions. For more information please contact: Robert.Coppola@MedImpact.com



Mercer Government

Booth 620

In 1985, Mercer Government became the first fully-dedicated consulting practice to work with publicly-funded health and human service programs across the country. Serving the actuarial, financial, clinical, policy, pharmacy, and analytical needs of state Medicaid agencies and beyond by delivering an individualized focus, powered by industry-leading experience, integrated capabilities, and passionate people. We help clients achieve better outcomes, develop and deploy defensible strategies, and reshape the delivery of health care. Our mission is to help elevate quality and outcomes of healthcare for the most vulnerable populations served by states. Our partnership with 45 states, for over 38 years, has provided us with the opportunity to share experiences in helping state programs and those they serve. We are proud of the longevity in service to our clients, along with the breadth and depth of services provided. Ready for next. Together.



Myers and Stauffer LC

Booth 106

Myers and Stauffer LC is a national certified public accounting and consulting firm, specializing in program integrity, health information technology, and operational support services to public health care and human service agencies. We provide encounter data validation, data warehouse technology, rates and payment methodologies, enterprise data governance, HIT consulting, benefit/program integrity auditing, managed care compliance and support, cost report attest and DSH auditing, nursing facility rate setting and MDS verification, and pharmacy rate setting. We have the tools in place to help you achieve results. Please see us at our booth and visit www.myersandstauffer.com for more information.



NASPO ValuePoint

Booth 307

NASPO ValuePoint is part of the cooperative contracting division of the National Association of State Procurement Officials (NASPO). We are a non-profit organization dedicated to providing states the support and procurement resources they need. All ValuePoint contracts are competitively solicited using a Lead State™ model, supported by a Sourcing Team™ comprised of procurement officers and subject matter experts from multiple states. Leveraging the expertise and buying power of all states, local governments, public schools, and public colleges and universities, we deliver the highest value, competitively sourced contracts, offering all public entities outstanding prices.



National Association of Medicaid Directors

Booth 636

NAMD represents, elevates, and supports state and territorial Medicaid leaders to deliver high value services to the millions of people served by Medicaid and CHIP so they can achieve their best health and thrive in their communities.



NCPDP

Booth 533

NCPDP is a not-for-profit, multi-stakeholder forum for developing and promoting industry standards and business solutions that improve patient safety and health outcomes, while also decreasing costs. The work of the organization is accomplished through its members who bring high-level expertise and diverse perspectives to the forum. NCPDP's consensus process provides a model for creating health information technology (HIT) solutions essential to new reform efforts.



Noridian Healthcare Solutions

Booth 424

Noridian Healthcare Solutions, LLC (Noridian) leverages nearly 60 years of experience to develop customizable, high-quality operational solutions for federal, state and commercial health care organizations. Noridian's newly branded Medicaid Experience Elevated (MXe) product suite helps state Medicaid programs implement services faster, scale their program, improve outcomes and stay head of compliance. The Noridian MXe product suite of operational services includes claims management, provider management, medical review and contact centers. The suite of scalable solutions also lets Noridian take on special projects, such as the public health emergency (PHE) unwinding. Noridian offers flexible engagement approaches to fit a state's program needs. Whether it's a fully outsourced approach or operations only, Noridian's services are tailored to each state's program. Headquartered in Fargo, N.D. with staff located nationwide, Noridian's people-first services reach people across all 50 U.S. states and territories. For more information, visit www.noridian.com.



North Highland

Booth 521

North Highland makes change happen, helping clients businesses transform by placing people at the heart of every decision. It's how lasting progress is made. With our blend of workforce, customer, and operational expertise, we're recognized as the world's leading transformation consultancy. We break new ground today, so tomorrow is easier to navigate. Founded in 1992, North Highland is regularly named one of the best places to work. We are a proud member of Cordence Worldwide, a global network of truly connected consultancy firms with the ability to think and deliver together. This means North Highland has more than 3,500 experts in 50+ offices around the globe on hand to partner with you. For more information, visit www.northhighland.com

NTT DATA

NTT DATA

Booth 617, 619 | Demo Room 406

NTT DATA Government Consulting and Advisory, has supported state Medicaid agencies for more than 30 years. As a trusted partner to 49 states, the District of Columbia and Puerto Rico, our combined focus is on helping states transform and modernize their Medicaid enterprise systems. We deliver proven methodologies to successfully plan, procure and implement modular solutions. Our clients receive industry leading Medicaid Enterprise Systems experience and expertise backed by a top 10 global IT services and consulting provider with 120,000+ professionals in 50+ countries. Visit us at booths #617 nttdataservices.com

Optum

Optum

Booth 205, 207 | Demo Room 208 | Wi-Fi (Wednesday and Thursday) | Industry Session (Tuesday)

At Optum®, we're evolving health care so everyone can have the opportunity to live their healthiest life. Our impact is broad and growing. Today we're grateful to serve and partner with more than 131 million individuals, 4 out of 5 health plans, 101 global life sciences organizations, a network of over 67,000 pharmacies, 9 out of 10 U.S. hospitals, 9 out of 10 Fortune 100 employers, government entities across 40 states and the District of Columbia, as well as many non-profit organizations. By connecting people, data, technology and expertise, we help make care simpler and more effective for everyone. We're dedicated to bringing simplicity and precision to government health programs, with more than 30 years' experience helping states solve their biggest, most complex challenges. For more information on how we can help your state, visit optum.com/stategov.

ORACLE

Oracle

Booth 302 | Industry Session (Thursday)

Oracle offers suites of integrated applications plus secure, autonomous infrastructure in the Oracle Cloud. For more information about Oracle (NYSE: ORCL), please visit us at oracle.com

PointClickCare®

PointClickCare

Booth 104 | Industry Session (Wednesday)

PointClickCare is a leading North American healthcare technology platform enabling meaningful collaboration and access to real-time insights at every stage of the patient healthcare journey. For over 20 years, the company has realized the same vision: to help the world care for vulnerable populations. Since its inception, PointClickCare has grown exponentially, with over 2,000 employees working to impact millions. Recognized by Forbes as one of the Top 100 Private Cloud Companies and acknowledged by Waterstone Human Capital as Canada's Most Admired Corporate Culture, PointClickCare leads the way in creating cloud-based software. PointClickCare solidifies its position as a high-growth healthcare software provider, serving over 27,000 long-term and post-acute care providers, over 3,100 hospitals and health systems, 2,200 ambulatory clinics, every major U.S. health plan across the U.S., and over 70 state and Government agencies. To learn more, visit pointclickcare.com.



Private Sector Technology Group

Workplace Retreat

The Private Sector Technology Group (PSTG) is a broad based group of innovative companies and professionals providing Health Information Technology (HIT) products and services to state governments and federal agencies. This group's talents and expertise ranges from system design consulting to program operations. The PSTG is a resource for federal and state governments to obtain information regarding the application of information technologies to optimize the delivery of health services administration. The PSTG is based on collaboration and a "leave your logo at the door" approach to health care system discussions with state and federal partners. The PSTG seeks to provide technical and policy suggestions on matters of significance to the health care system in the United States. The PSTG uses "white paper" committees with broad industry representation and actively seeks guidance and input from public partners in the state and federal government throughout the white paper development process. Producing, on average, one in-depth white paper per year the final product is always a consensus document with review and comment from our public partners throughout the development process. Learn more at: www.pstg.org



Progress MarkLogic

Booth 410 | Demo Room 503 | Industry Session (Wednesday)

The MarkLogic data platform by Progress gives Global 2000 and public sector organizations a faster, trusted way to unlock value from complex data and achieve data agility. Our single, unified enterprise-grade platform combines a multi-model database, search, and semantic AI technology to couple data with its metadata and put information in context to its state, use, and audience. Organizations benefit from a single data resource that enables informed search, contextual applications, grounded data for analytics, and facts-based intelligence. The MarkLogic platform helps organizations respond nimbly to business change while providing rigorous data governance and transformational data security.



Public Consulting Group

Booth 120, 122

Public Consulting Group LLC (PCG), a leading public sector solutions implementation and operations improvement firm, has been dedicated to one pursuit—providing solutions that matter. PCG offers services across the full lifecycle of your Medicaid modernization project. We look forward to engaging with state Medicaid agencies in discussions focused on the modernization journey. Visit us in the Exhibit Hall to learn more about how PCG's services can assist you across the full life cycle of your Medicaid modernization project.



Quadient

Booth 406

Quadient is the driving force behind the world's most meaningful customer experiences. By focusing on Intelligent Communication Automation, Parcel Locker Solutions and Mail-Related Solutions. Quadient helps hundreds of thousands of customers worldwide simplify the connection between people and what matters. Quadient Inspire helps companies create nimble, effective, and unified customer communications for all digital and print channels, managed from a single, central platform with simple drag and drop layout design, to deliver a complete omnichannel customer experience that spans the entire customer journey.



RedMane Technology

Booth 504

RedMane is a software solutions and systems integration firm that helps health and human services organizations address their most complex challenges. With expertise in Medicaid, TANF, SNAP, Child Support, Child Welfare, and other programs, RedMane helps organizations better protect the vulnerable, enable self-sufficiency, and improve outcomes. RedMane brings know how in systems development, software integration, solution architectures, and project management to deliver modern, cloud-based applications that make a difference in millions of lives. RedMane delivers results. RedMane is the partner of choice to help agencies achieve operational excellence, improve service delivery, and ultimately make a meaningful impact on the lives of individuals and families. RedMane is a problem-solving company. Technology is just one of our tools.



Salesforce

Booth 225 | Demo Room 606 | Industry Session (Wednesday)

Salesforce, the #1 CRM, is enabling public sector organizations around the world to modernize government service. Customer 360 for Public Sector allows you to transform digital service delivery with easy automation tools, achieve faster time to value with purpose-built solutions, and improve mission success with smart insights that help you move the mission forward - all within a secure, compliant cloud environment. We lead with our core values of trust, customer success, innovation, equality, and sustainability, and we are proud to be recognized as a leader in innovation, culture and philanthropy. For more information, please visit www.salesforce.com/government.



SAS

Booth 127, 129, 226, 228 | Industry Session (Tuesday) | Industry Session (Wednesday)

SAS is the world's leader in analytics. We turn huge amounts of complex data into knowledge you can use. And for more than four decades, we've been doing it better than anyone. SAS enables government health care organizations to improve the lives of those they serve by combining disparate data and deploying advanced analytics to drive insights and innovation. Use data-driven decisioning to evaluate outcomes, manage program costs, identify fraudulent behavior, and improve equity and access. SAS provides the knowledge to fortify value-based care, whole person care, and the entirety of public payer and provider operations.



Senture, a Teleperformance company

Booth 227

Senture, a Teleperformance company, is the U.S. public sector delivery unit for Teleperformance. Recognized by Gartner as the global leader in customer experience management, Teleperformance offers state agencies a turn-key support model leveraging end-to-end digital solutions and private sector best practices to optimize business processes and improve the citizen experience. Come see us at Booth #227.



Snowflake

Booth 219, 221 | Industry Session (Tuesday)

Leverage the Snowflake Data Cloud and platform to adapt and build a healthier future. Snowflake helps federal, state, and local agencies power IT modernization, improve citizen services, and drive innovation and efficiency. Share sensitive data securely within and beyond your organization with built-in security and governance that supports HIPAA, HITRUST, SOC 1 and 2 Type II, PCI DSS, and FedRAMP requirements across multiple public clouds. Learn more at snowflake.com/public-sector.



Sourcepulse

Booth 235

MITAPulse® is a SaaS platform with the following suite of applications to support Medicaid IT modernization:

- OBC/SMC: To measure Medicaid business outcomes.
- MITA SS-A: To assess the architectural maturity and flexibility.
- MARS: To ensure the security controls compliance.

Salient features of Pulse platform are:

- Provides Medicaid application portfolio management with investment tied to outcome goals.
- Provides streamlined workflow to the states in developing measurable and achievable outcomes that are reflected in the MES strategic goals.
- Provides secure APIs to automate periodic reporting of operational metrics to CMS that will significantly reduce the ongoing burden on state staff to stay compliant.
- Out of the box connectors to JIRA and the Box applications to collect and present Evidence required for certification to CMS.
- Readily available operational and metric reports for submitting enhanced funding requests to CMS.
- Document Library to store and review artifacts



Splunk

Booth 611

Splunk helps make organizations more resilient. Leading organizations use our unified security and observability platform to keep their digital systems secure and reliable. Organizations trust Splunk to prevent security, infrastructure, and application issues from becoming major incidents, absorb shocks from digital disruptions and accelerate transformation. Splunk helps SecOps, ITOps and DevOps teams deliver these outcomes with comprehensive visibility, rapid detection and investigation, and optimized response, all at the scale necessary for the world's largest digitized organizations. For more information, visit splunk.com/publicsector.



Steady Platform Ghost

Booth 238

SteadyIQ is the nation's leading provider of 1099 & gig income. Non-standard workers are the driving force behind the growth of the fastest-expanding sector within the U.S. workforce. This rapidly expanding sector comprises the self-employed, gig workers, 1099 contractors, and contingent workers, who currently account for 36% of the workforce. By 2025, they will account for more than half of the workforce. The absence of paystubs for non-standard workers results in immense challenges in providing proof of income, which in turn, complicates their eligibility determination for Medicaid. SteadyIQ's Income Passport is a user-permissioned solution that provides data directly from financial institutions and employment platforms such as Uber, Lyft, and Doordash. We then generate a 1-page report which summarizes the member's income. States now have real-time access to non-W2 income and this ensures equitable access to Medicaid regardless of their employment type.



Syrtis Solutions, Ltd.

Booth 632

Syrtis Solutions pioneered the only TPL identification solution that leverages precise E-Prescribing eligibility data to significantly reduce improper claims payment rates. Syrtis' ProTPL offers a unique data source and platform that supports payers of last resort in the prospective identification of unreported primary insurance on its members, thus mitigating costly 'pay and chase' activities. ProTPL has been adopted by leading plans all over the country due to its exclusive prospective methodology and the speed in which it delivers active and accurate pharmacy and medical eligibility data. The deployment of ProTPL will help your plan make tremendous strides in minimizing improper claims payments and deliver a best-in-class ROI. Contact Syrtis for a demonstration and free proof of concept today.



TEKsystems

Booth 216, 218

We're TEKsystems. We accelerate business transformation by solving complex technology, business and talent challenges—across the globe. We partner with 80% of the Fortune 500 to create solutions that enable them to capitalize on change. For over 35 years, we have partnered with state government healthcare agencies and systems integrators to meet the goals of their critical technology projects. Our proven track record and experience enables us to navigate complex environments and ever-changing requirements. More recently TEKsystems has taken on the challenge to help states through their Unwinding PHE efforts. Organizations taking on Public Assistance Program's system modernization need a partner that can tackle the most novel technology challenges with structure and flexibility—we bring both. TEKsystems is an Allegis Group company. Learn more at TEKsystems.com.



Telligen

Booth 214

Qualitrac® is Telligen's proprietary population health management application offering a modular solution for complex healthcare data management and analytics. Qualitrac is a suite of inter-connected modules that can function on their own or serve as a comprehensive population health management solution when combined. These modules include: **CASE MANAGEMENT:** Person-centered care coordination that facilitates communication and management with the whole care team through the Member Hub, care team portal, and mobile app. **UTILIZATION MANAGEMENT:** Ensure the right care, in the right place and in the right setting. Integrated clinical guidelines for automated authorizations, reducing administrative burdens and managing healthcare costs. **CARE MANAGEMENT:** Real-time risk stratification algorithms, configurable care plans, and engagement tools for scheduling, correspondence, and referrals. **QUALITY MEASUREMENT & REPORTING:** Collects, validates, enhances, and reports quality data in one place. Configurable dashboards provide actionable insights to proactively address care gaps; including HEDIS and non-HEDIS measures.

**Trinisys**

Booth 426

Trinisys is a Nashville-based technology company focused on providing software solutions that materially improve its client's operations. Its experienced team of product developers and software engineers have developed solutions tailored to address the challenges State Medicaid offices face around compliance, manual and paper processes, and data integration and accessibility. Once implemented, the application becomes an all-inclusive, one-stop shop for Managed Care Contractors (MCCs) and other users. Backed by the powerful features of the Trinisys Convergence platform, these solutions have advanced workflow architectures that modernize and automate workflows and internal processes, migrate data from one-off legacy systems, implement application processing, provide digital health dashboards, and ensure security and compliance around Managed Care Organizations (MCOs). For more information about Trinisys and its products, please stop by Booth 426 or visit www.trinisys.com/government-medicaid.

**Tyler Technologies**

Booth 124

Tyler Technologies provides integrated software and technology services to the public sector. Tyler's end-to-end solutions empower local, state, and federal government entities to operate more efficiently and connect more transparently with their constituents and with each other.

**Verato**

Booth 422

Verato, the identity experts for healthcare and government organizations, enables smarter growth, improved care quality and efficiency, and better population health by solving the problem that drives everything else — knowing who is who. Over 80 of the most respected healthcare, health and human services and government organizations rely on Verato and our platform for a complete and trusted 360-degree view of the people they serve - clients, providers, and communities.

Monday

Monday

Mon	Tues	Wed	Thur
21	22	23	24

Monday, August 21

7:00 AM – 7:00 PM

Registration Desk is Open

10:30 AM; in Mile High 4F

MITA Governance Board

Session description coming soon!

12:00 PM; in Room 201/203/205

Monday Lunch

To ensure our attendees have a full understanding of the options available for each meal we have included the actual selections with notations for dietary accommodations. We hope this helps our attendees better understand the options available. Menu selections are subject to change.

GOURMET SANDWICH BOXED LUNCH

- BBQ Chicken Sandwich - Sliced BBQ Chicken Breast with Smoked Cheddar Cheese, Sliced Tomato, Grilled Red Onions and Baby Arugula with Honey Chipotle Aioli on Onion Roll
- California Turkey Sandwich - Shaved Mesquite Turkey Breast with Applewood Smoked Bacon, Sliced Cucumber, Pickled Red Onion and Alfalfa Sprouts with Avocado Aioli on Ciabatta Roll
- Roasted Chicken and Kale Sandwich - Seasoned Chicken Breast with Kale and Carrot Slaw, Oven Roasted Tomatoes with a Dijon Aioli served on Ciabatta Roll
- Mexican Fajita Wrap - Marinated and Grilled Steak with Shredded Iceberg Lettuce, Pico de Gallo, Cotija Cheese, Roasted Peppers, Black Beans and Crème Fraiche Wrapped in Jalapeno Tortilla
- Marinated Grilled Vegetable Hoagie - Zucchini, Asparagus, Eggplant and Portabella Mushrooms with Sliced Heirloom Tomatoes, Gouda Cheese and Red Leaf Lettuce on Asiago Hoagie with Smoked French Dressing (Veg)
- Chicken Caesar Salad - Chopped Romaine, Marinated Cherry Tomatoes, Shaved Parmesan, Marinated Grilled Chicken Breast, Croutons and Creamy Caesar Dressing and a Fresh Baked Roll
- Greek Chicken Salad - Lemon Oregano Marinated Grilled Chicken, Chopped Romaine and Iceberg Lettuce, Marinated Cherry Tomatoes, Garbanzo Beans, Kalamata Olives, Feta Cheese, Cucumbers and Pickled Red Onions with Red Wine Vinaigrette and a Fresh Baked Roll
- Quinoa Salad - Toasted Black & White Quinoa served with Salt Roasted Red & Gold Beets, Oranges and Toasted Pepitas served with Grilled Tofu and a Fresh Baked Roll (GF, Veg, DF)

All lunches come with Freshly Brewed Coffee, Decaffeinated Coffee, Hot Tea, Water and Iced Tea

Sponsored by NESCSO

Mon	Tues	Wed	Thur
21	22	23	24

Monday, August 21

Monday

1:00 PM; in Mile High 4C/4D

All Industry Meeting

All industry representatives are invited to join the Private Sector Technology Group (PSTG) conference session. Hear updates on our current industry collaboration efforts with CMS and the State Technical Advisory Group (STAG); PSTG communication initiatives; and PSTG business updates. In addition, we will explore how PSTG can best serve our membership and the private sector through facilitating active audience participation in breakout groups to address a series of questions tailored to identify perspectives on relevant issues affecting the Health IT industry today. Members and non-members are welcome!

Moderated by Lisa Alger, NTT DATA

1:00 PM; in Mile High 4A/4B

All State Meeting

This two-hour, highly interactive session invites all state attendees to share information on the latest happenings within their states. Come join your peers and meet other State representatives from across the country in this State-only session.

3:00 PM; in Mile High 4F

HSITAG Members Meeting

Session description coming soon!

3:00 PM; in Mile High 4A/4B

CMS Workshop: Envisioning the Next Generation of Medicaid Information Technology Architecture (MITA) and State Self-Assessment (SS-A)

Speakers: Ed Dolly, CMS; Gina Molla, MITRE

The Centers for Medicare and Medicaid Services (CMS) released Medicaid Information Technology Architecture (MITA) 3.0 in 2012. Since then, the Medicaid landscape has changed significantly, and CMS, with input from the recently reconvened MITA Governance Board, will be updating MITA guidance to align it with technology advancements and Streamlined Modular Certification (SMC). CMS and the MITA Governance Board want to hear from the Medicaid Enterprise Systems (MES) community about their ideas and recommendations for revising the MITA framework as CMS begins an initiative to develop the next generation of MITA and State Self-Assessment (SS-A). This session will be an interactive, human-centered design workshop in which attendees will participate in a set of facilitated exercises designed to elicit feedback and generate ideas.

Mon	Tues	Wed	Thur
21	22	23	24

Monday, August 21

3:00 PM; in Mile High 4C/4D

Workshop: Re-align Your Strategic Plan Around Program Outcomes

Speakers: Kevin Sutherland, Iowa; Bob Schlueter, Iowa; Invited Speakers, BerryDunn

Iowa adopted a #EpicShift mantra, recognizing the organizational change required to fully align to the most recent CMS streamlined modular certification guidance.

See the following informational videos to gain a clearer understanding of Iowa's #EpicShift strategy:

- Medicaid Modernization Introduction: <http://youtu.be/dDuSOsRGNGk>
- Medicaid Modernization Update: http://www.youtube.com/watch?v=6r0Iz4y_iso

One aspect of the #EpicShift mindset is a realignment of strategic planning from a solution/IT focus to an outcomes focus. We recognize this transition will be a major challenge for states, especially states with traditionally defined roadmaps centered around only the sequence of capabilities and modules to be delivered.

The purpose of this workshop session is to share Iowa's #EpicShift principles and approach we followed to update our strategic roadmap, discuss a few common examples as a large group, and then break into smaller groups of states to:

- Evaluate existing strategic roadmap content;
- Identify primary outcome drivers and sequencing; and define next steps unique to the group's context and current-state.

We recommend states interested in this session prepare by bringing electronic copies of strategic planning and roadmap content.

Iowa plans to have 6-7 staff available to facilitate the workshop session and provide guidance/feedback in small group settings.

3:00 PM; in Mile High 3A

CMS Workshop: T-MSIS Engagement and Enhancements

Speakers: Tinu Arowojolu, CMS; Stan Ostrow, CMS; Invited Speakers, Mathematica; Invited Speakers, Tista

The Transformed Medicaid Statistical Information System (T-MSIS) State Engagement and Enhancements Workshop is an opportunity for State Executives, State T-MSIS Points of Contact and State Vendors to provide feedback on the federal implementation of T-MSIS initiatives and priorities. In this workshop, the Centers for Medicare and Medicaid Services (CMS) will review new developments for the second set of T-MSIS file layout changes, as well as Data Quality progress since the last MES. Following a short break, CMS staff will provide updates on research and design for T-MSIS Eligibility, Provider, Third Party Liability, and Managed Care File Submission Methods (non-claims files), expanded file ingestion options, and the vision for APIs. There will be small group discussions on workshop topics shared for attendees to provide feedback.

Mon	Tues	Wed	Thur
21	22	23	24

Monday, August 21

Monday

3:00 PM; in Mile High 3B

CMS Workshop: Unified APD Workshop

Speakers: Edward Dolly, CMS; Eugene Gabriyelov, CMS; Alejandra Johnson, CMS

At MESC 2022, the Centers for Medicare and Medicaid Services (CMS) held a workshop to discuss potential improvements to the Advance Planning Document (APD) template and submission process. Discussions included exploration of a single APD template, electronic submission methods, and a streamlined Medicaid Detailed Budget Table (MDBT). As a follow-up to this discussion, CMS will first share the progress made toward developing a unified APD template and a streamlined MDBT workbook, then seek feedback from the Medicaid Enterprise Systems (MES) community about these documents, their usability, and the impact to state processes in APD submission. This session will be an interactive, hands-on workshop in which attendees will participate in a set of facilitated exercises designed to elicit feedback and ideas.

Moderated by Ashley Gray, MITRE; Invited Speakers, MITRE

3:00 PM; in Mile High 3C

Workshop: Level Up Coverage and Savings: How Integrating Eligibility, Data, and TPL Can Expand Member Benefits while Improving the Medicaid Bottom Line

Speakers: Jen Hartman, ForHealth Consulting at UMass Chan Medical School; Judy Fleisher, ForHealth Consulting at UMass Chan Medical School; Matthew Hemberger, ForHealth Consulting at UMass Chan Medical School

Medicaid is complex. Eligibility rules and Third Party Liability (TPL) requirements present another layer of challenges. Multiple eligibility and TPL systems and data sources often further complicate the process of delivering a user-friendly, member-centric experience—all while meeting program and compliance requirements in a cost-effective way.

ForHealth Consulting at UMass Chan Medical School partners with healthcare organizations to make the healthcare experience better. We work with states to take Medicaid eligibility and TPL processes to the next level by identifying and coordinating other sources of payment, including Medicare and private insurance. Our approach integrates Medicaid eligibility and TPL data, operations, and systems development to identify and secure new TPL opportunities beyond traditional data matching and recoveries.

In our workshop, you'll learn how we level up coverage and savings through:

1. Enhanced Coordination of Benefits: to increase commercial health insurance coverage for members with medically complex conditions
2. Medicare Eligibility Enhancement services: to maximize Medicare benefits
3. Eligibility and Program Integrity initiatives: to help ensure accuracy of eligibility data and benefits

Working together, our TPL and eligibility solutions support better access with expanded member benefits, better knowledge through enhanced data insights, and better performance to improve the healthcare experience for the members we serve.

Monday, August 21

Mon	Tues	Wed	Thur
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6:00 PM; in Exhibit Hall F

MESC 2023 Opening Reception

Welcome back to the MESC! We are thrilled that you are here in Denver for MESC 2023. Enjoy the great food, beverages, all of our sponsors and most importantly reconnecting with colleagues and friends, new or old, during the Opening Reception. Cheers!



Monday



Tuesday

Tuesday

Mon	Tues	Wed	Thur
21	22	23	24

Tuesday, August 22

7:00 AM – 7:00 PM

Registration Desk is Open

7:00 AM; in Exhibit Hall F

Tuesday Breakfast

To ensure our attendees have a full understanding of the options available for each meal we have included the actual selections with notations for dietary accommodations. We hope this helps our attendees better understand the options available. Menu selections are subject to change.

GLENWOOD SPRINGS BREAKFAST BUFFET

- Denver Frittata with Ham, Onions, Bell Peppers and Cheddar Cheese (GF)
- Seasonal Blue Bear Farm Vegetable Frittata (GF, Veg)
- Roasted Fingerling Potatoes with Caramelized Onions (GF, DF)
- Honey Smoked Bacon and Local Rome's Small Batch Artisan Link Sausage (GF, DF)
- Assorted Bottled Fruit Juices and Farm Fresh Seasonal Sliced Fruit (GF, Vegan)
- Local Freshly Baked Muffins, Breakfast Breads and Pastries with Butter and Preserves (Veg, CN)

All breakfasts come with Freshly Brewed Coffee, Decaffeinated Coffee, Hot Tea, Water and Iced Tea

Sponsored by NESCSO

8:30 AM; in Mile High Ballroom 1/2

Welcome from NESCSO

Speaker: David Huffman, NESCSO

The New England States Consortium Systems Organization (NESCSO), coordinator for the Medicaid Enterprise Systems Conference, provides the opening remarks to kick-off MESC 2023.

8:40 AM; in Mile High Ballroom 1/2

Welcome to Colorado!

Speakers: Chris Underwood, Colorado; Kim Bimestefer, Colorado; Adela Flores-Brennan, Colorado; Stephanie Pugliese, Colorado

See the MESC app for the latest information.

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Tuesday, August 22

Tuesday

9:20 AM; in Mile High Ballroom 1/2

CMS Opening Plenary

Speakers: Brent Weaver, CMS; Loretta Schickner, CMS; Stan Ostrow, CMS; Ed Dolly, CMS

Welcome to the 2023 MESC! As we kick off, join Brent as he facilitates a panel discussion with CMS leadership to discuss success criteria for MESC, share observations about the current IT climate, and highlights of both system modernization best practices and the Medicaid Enterprise Systems landscape from the CMS point of view.

As part of this interactive conversation, panelists will share their individual perspectives related to future areas of focus in the Data & Systems space as well as answer the question “What keeps us up at night?” The CMS team will then take audience questions and will encourage insight from attendees on criteria that defines a successful conference this year.

10:20 AM; in Mile High Ballroom Pre-Function

Break

Join us in the Mile High Ballroom Pre-Function area for light refreshments and a quick beverage during this short break between plenary sessions.

10:30 AM; in Mile High Ballroom 1/2

Opening Keynote: Kathy Buckley

Speaker: Kathy Buckley

See the MESC app for the latest information.

11:30 AM; in Exhibit Hall F

Dedicated Meeting Time / Visit the Exhibit Hall

Use this break to meet with your colleagues, or to visit the Exhibit Hall. Light refreshments and beverages will be available in the Exhibit Hall.

Sponsored by NESCSO

Tuesday, August 22

Mon	Tues	Wed	Thur
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12:00 PM; in Exhibit Hall F

Tuesday Lunch

To ensure our attendees have a full understanding of the options available for each meal we have included the actual selections with notations for dietary accommodations. We hope this helps our attendees better understand the options available. Menu selections are subject to change.

SEVEN FALLS BUFFET

- Colorado Farmers Market Salad- Fresh Romaine, Chopped Iceberg and Frisee, Tossed with Marinated Cherry Tomatoes, Cucumbers, Sliced Mushrooms and Julienne Red Bell Peppers (GF, Vegan), Home Style Croutons, Shredded Cheddar Cheese and Ranch Dressing (Veg)
- Parker House Rolls and Butter (Veg)
- Colorado Sweet Corn Succotash- Roasted Red and Green Bell Peppers, Edamame, Pearl Onions and Cilantro Lime Butter (GF, Veg)
- Chiefton Wild Rice Pilaf- Split Pea, Israeli Cous Cous, Tossed Orzo and Fresh Herbs (Veg, DF)
- Homemade White Cheddar Mac & Cheese with Toasted Gratin Topping (Veg)
- Garlic and Herb Roasted Chicken Breast, Braised Leeks, Root Vegetables with Garden Herb Jus (GF)
- Smoked Beef Brisket- Sweet Baby Rays BBQ Sauce, Grilled Oranges, Red Onions, Charred Chilies (GF)
- Rocky Mountain Tarts (CN) and Blueberry Corn Cookies (Veg)

All lunches come with Freshly Brewed Coffee, Decaffeinated Coffee, Hot Tea, Water and Iced Tea

Sponsored by NESCSO

Public Sector Participation Travel Program

Thank you to our generous sponsors who funded the Public Sector Participation Travel Program. Through the generous donations of Blue Tack Consulting, Deloitte, Leidos, Mathematica, and Softheon, staff from ten States were able to participate in-person at MESC 2023.



Mon	Tues	Wed	Thur
21	22	23	24

Tuesday, August 22

Tuesday

1:00 PM; in Mile High 4C/4D

1-01: Technical and Organizational Success Criteria for Building a Comprehensive MES Environment

Speakers: David Wieters, New Hampshire; Hatem Ghafir, Alvarez and Marsal

States are now in various stages of procuring and implementing modular systems. These initiatives are complex, and completing the transition will take years. During development of a modular MMIS, most states rightfully take the opportunity to reengineer business processes and use industry best practices in technology and systems development processes to meet changing user needs, expectations, and evolving policies.

The shift from MMIS to MES is more than just another acronym change. If done correctly, the MES vision supports a new enterprise and an integrated system architecture where all systems work together to offer a single 'truth,' where data governance and data integration are paramount, and where analytics and reporting are performed at the person level as well as the program level. Designing an MES and reimagining business processes require stakeholder engagement, user-centered design, system architecture, design patterns, data integration, data quality and analytics. In addition, this large transformation also requires crucial structural and cultural organizational changes.

The New Hampshire Department of Health and Human Services (DHHS) initiated the MMIS modular procurement effort with the goal to use this initiative as the first step of establishing a Medicaid Enterprise Systems (MES) environment. DHHS recognized from day one that a successful and sustainable MES implementation requires a combination of technical and non-technical dimensions. In addition, it has been DHHS's vision to leverage certain components of the solution (e.g., SI, Claims, and EDW) beyond the Medicaid Enterprise to support other HHS agencies and their program areas, thus reducing duplication of effort and time to deliver working products.

Moderated by Barb Dawson, Alvarez & Marsal

1:00 PM; in Mile High 3A

2-01: Building Successful Vendor Partnerships - Indiana Families and Social Services Administration Case Study

Speakers: Judith Hutman, Health Management Associates; Stephanie Guetig, Indiana

State government agencies rely heavily on their information technology (IT) vendors to ensure continuity of services in their health and human services programs and to meet regulatory compliance. Integrated eligibility and enrollment (IEE) systems and Medicaid Management Information Systems (MMIS) are the backbone of Medicaid. Human Services programs have similar systems for Child Support, Vocational Rehabilitation, Economic Assistance, Child Welfare and other programs. Public Health manages large IT systems for longitudinal surveillance, licensure and certification, etc. States also manage large Health Information Exchange systems.

In most cases, these are large-dollar IT contracts whose successful implementations and maintenance are critical to efficient program operations. State staff assigned to implement and oversee these large vendor projects often do not have background or training in the contracting and technical skills to do so. Further, high staff turnover among staff continues to be an issue for many state agencies.

Mon	Tues	Wed	Thur
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Tuesday, August 22

This session will help states answer the question, ‘How can we ensure successful vendor partnerships and apply a consistent approach to vendor oversight?’ A team from Health Management Associates (HMA) and the Indiana Families and Social Services Administration will explore how adopting a new distributed vendor oversight model, applying an approach to establishing expectations and measuring performance for work supported across diverse agency offices, and leveraging outcomes-based performance measures helped them build healthy vendor relationships and mitigate program operations risks.

Moderated by Mason Tanaka, Alabama

1:00 PM; in Mile High 3B

4-04: Equity First: Innovative Technical Connections Beyond HITECH

Speakers: Gabrielle Elzinga-Marshall, Colorado; John Kennedy, Colorado; Tracy McDonald, Colorado

In an effort to advance the State of Colorado’s goals in the 2021 Colorado Health IT Roadmap, Health Care Policy and Financing (HCPF), Colorado’s single state agency for the administration of the Medicaid and Children’s Health Insurance (CHIP) programs, has partnered with the Office of eHealth Innovation (OeHI), founded in 2015 as a result of a consensus between public and private stakeholders on the need of Health IT governance in Colorado.

Focusing on expanding connectivity and services to Medicaid members, with the ultimate goal of improving health equity, OeHI and HCPF have collaborated on a number of efforts. To achieve OeHI’s and the eHealth Commission’s vision for the secure exchange of physical, behavioral, and social health related data to improve care delivery and health outcomes for Colorado’s Medicaid members, HCPF and OeHI worked closely with our partners at the Centers for Medicare and Medicaid Services (CMS) to secure funding for the planning and procurement of a Social Determinants of Health (SDoH) Information Exchange using a Planning Advanced Planning Document (PAPD) in December 2022. An Implementation Advance Planning Document (IAPD) was submitted in April 2023.

In Colorado, many of our safety-net providers serve vulnerable populations in both rural and frontier communities. Many rural providers do not have the financial resources, technical expertise, or capacity to connect and adopt essential health information and data sharing at their organizations on their own. To address this disparity between rural and urban providers, OeHI and HCPF have worked closely with community partners to ensure rural Medicaid members have equitable access to health information exchange. Through the support of the Colorado legislature and matching funds from CMS, we connected 98% of our Critical Access Hospitals and Rural Health Clinics between 2019 and 2023. IAPDs for this work since the Rural Connectivity Program was developed following the end of the ARRA HITECH program.

Moderated by Greg Miller, Verato

Mon	Tues	Wed	Thur
21	22	23	24

Tuesday, August 22

Tuesday

1:00 PM; in Mile High 3C

7-01: Innovating and Modernizing MES Systems Via Procurement in the 2020s

Speaker: Alicia Severn, Colorado

As many states have modernized their procurement processes and procedures to permit at least some negotiation activities to take place during public solicitations, opportunities exist to use the flexibility inherent in negotiations to create MES system contracts that are innovative and that modernize system solutions.

In 2018, Colorado enacted into law an Invitation to Negotiate (ITN) solicitation method. The ITN structure requires the State to describe a problem to be solved or goal to be achieved via a resulting contract, and the negotiations that are part of this solicitation method include detailed meetings and discussions with responding vendors regarding the methods by which the State's identified problem can be solved.

In 2021 and 2022, the Department of Health Care Policy and Financing (HCPF), which administers Medicaid in Colorado, used the ITN process to develop a contract that upon execution took an innovative approach to creating an MES system integrator (SI). HCPF is also currently using ITNs to modernize other MES systems, such as the Department's Medicaid Management Information System (MMIS) and Business Intelligence and Data Management (BIDM) systems, via modular approaches, again using problem statements to initiate the procurements. While some of the modular solicitations are active, HCPF's intention is that through negotiations, solutions will be developed that would not have been possible had a traditional procurement method, like an Invitation to Bid or a Request for Proposal, been used.

This session will outline how HCPF uses negotiations during ITN solicitations to discuss and create contract language that results in strong, modern MES solutions. This session will address opportunities and potential pitfalls to watch for as attendees consider if they can leverage and utilize negotiations in their own MES solution procurements in their states. While ITNs may not be an available procurement method in every state, researching the boundaries of permissible negotiations in public procurements in attendees' states may assist in utilizing the tools discussed during this session.

Moderated by Kevin Maloney, CSG Government Solutions

1:00 PM; in Mile High 4A/4B

CMS-09: Unwinding - What's Next for State Systems?

Speaker: Kia Banton, CMS

Now that Unwinding is here and the focus has shifted from planning and readiness to operations, what comes next? How can states take the lessons learned during Unwinding planning to improve their Medicaid Enterprise Systems (MES) going forward? In this session, Centers for Medicare and Medicaid Services (CMS) will provide an update on unwinding progress to date, highlight state systems best practices, and key challenges identified by states during the planning period. Additionally, this session will explore how states can use lessons learned for their ongoing MES planning, including changes required to comply with 2023 Consolidated Appropriations Act (CAA) mitigation plans.

Mon	Tues	Wed	Thur
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Tuesday, August 22

1:00 PM; in Mile High 4E

IS-01: The Art of the Possible: Working Outside the Walls of Medicaid and Corrections



Speakers: Vikki Wachino, Viaduct Consulting, LLC; Brett Davis, SAS Institute; Dr. Patrick Fox, Elevance Medicaid-Colorado

In 2020, more than 500,000 people in the United States returned to communities after leaving prison, and millions more were released from jails. The estimated death rate from overdose in the few weeks following release is significantly higher than the general population, and this high-risk population faces higher rates of asthma, diabetes, hypertension, infectious diseases, mental health conditions and substance use disorders.

With the Centers for Medicare and Medicaid Services (CMS) approving California's 1115 Inmate Exclusion Waiver, and several more State Medicaid Agency applications pending to allow Medicaid benefits to be covered pre-release, there is growing recognition of the powerful role Medicaid can play in helping people return to living in their communities.

This panel will explore re-entry issues, highlighting Medicaid success stories from across the country to identify what is working, why, and what challenges leaders seeking to accomplish similar outcomes may face.

By integrating a wide range of health care and justice data, state agencies can better collaborate with each other and community organizations to holistically identify and mitigate barriers to care to promote better health outcomes, reduce recidivism and improve individual, family, and community health.

After listening to this session, attendees will better understand:

1. Successful examples of organizations partnering to produce positive outcomes for the Justice Involved Population reentering into the community.
2. The most common barriers to data sharing across health care, justice system and community organizations.
3. Medicaid policy and its role in reducing recidivism.
4. How you can start a conversation for change and get started.

Moderated by Matt Salo, Salo Health Strategies

Mon	Tues	Wed	Thur
21	22	23	24

Tuesday, August 22



1:00 PM; in Mile High 4F

IS-02: Transforming Medicaid: Perspectives and Considerations

Speaker: Chris Underwood, Colorado

Transforming Medicaid is a monumental undertaking with different pathways for reaching the peak. State Medicaid agencies must navigate the constantly changing social, economic, and regulatory environments, and keep abreast of technical trends daily to stay on course. From dynamic environmental factors to the prevalence of artificial intelligence and growing consumer demand for transparency and accessibility to services, Medicaid is in a constant state of change. In this session, State Medicaid agency leaders will each bring their unique perspectives to emerging trends, share the impact of these trends on their transformation efforts, and offer considerations for the future. Participants will be engaged in the facilitated panel discussion via polling and are encouraged to come prepared to share their own perspectives and considerations.

Moderated by Amy Lapierre, KPMG

1:50 PM; in Mile High Ballroom Pre-Function

Break

Join us in the Mile High Ballroom Pre-Function area for a quick beverage and light refreshment as you make your way to your next session.

2:00 PM; in Mile High 3C

5-05: Whole-System Data for Whole-Person Care: Enabling Better Care through an Interoperable Data Exchange Framework.

Speakers: Sam Thompson, North Carolina; Loul Alvarez, North Carolina; Katie Horneffer, North Carolina; Vik Gupta, Accenture

Effective, integrated, and well-coordinated person-centered care enablement requires Providers and Care managers to have timely access to complete and quality person-level health and clinical data. This data is often stored across multiple systems in different formats supported by diverse technology foundations, making it difficult to be easily available in a common format/language.

As part of the Managed Care program, North Carolina Department of Health and Human Services (NC DHHS) has developed two foundational care management programs: the Advanced Medical Home (AMH) and Tailored Care Management (TCM). Both focused on delegating person-centered care through primary care and skilled behavioral health care managers at the local level. Both programs are designed to, over time, support increased provider responsibility for overall population health and total cost of care.

In this session you will discover how NC DHHS is enabling whole-person care through its provider network with an interoperable and scalable data exchange framework.

Moderated by Brittney Moulton, Accenture

Tuesday

Mon	Tues	Wed	Thur
21	22	23	24

Tuesday, August 22

2:00 PM; in Mile High 4C/4D

1-07: Offensive Cybersecurity to Protect Your Module-Based Enterprise

Speakers: Barbara Grofe, Wyoming; Jesse Springer, Wyoming; Deanna Hebert, Wyoming

The presentation, titled Offensive Cybersecurity to Protect Your Module-Based Enterprise, will identify and demonstrate how to effectively secure your system assets and lower the overall risk of exploitation and breach. Wyoming, within its WINGS enterprise and its Medicaid eligibility system, leverages both offensive and defensive security to secure its modules as well as the integrated and interconnected modules that make up the WINGS enterprise.

In today's threat environment, hackers are compromising organizations and the personal data stored, in increasingly complex and covert methods. Most organizations only deploy defensive security approaches like access control, perimeter security devices, encryption, and vulnerability scanning. The presentation will provide an overview of offensive and defensive security and how we use a combination of offensive and defensive approaches to remove attack vectors, lower the risk of compromise, and prevent the attack; or minimize the impacts of the attack.

We will identify and demonstrate methods to identify hackers' tactics, techniques, and procedures (TTP) through offensive security. These methods will include threat modeling, threat hunting, red teaming, malicious code review, and penetration testing. The presentation will explain how to use emulation of the hackers TTP to identify areas that pose the greatest risk for compromise within their systems. Leveraging this approach can create a secure-aware organization with the ability to identify attack mechanisms and indicators of compromise more quickly.

Currently, the time to identify a compromise is nine months. The average dwell time, defined as the length of time from when an attacker penetrates an organization's system to when the organization discovers the attacker, to the organizations mitigation of the attack, is twelve months. During a subset of that time, the attacker may have the ability to move laterally in the system, install backdoors, and exfiltrate the system's data.

Moderated by Moises Palomera, Acentra Health

Mon	Tues	Wed	Thur
21	22	23	24

Tuesday, August 22

Tuesday

2:00 PM; in Mile High 3A

3-01: When Policy Meets Operations: Federal Innovation in Support of Medicaid Unwinding Efforts

Speakers: Kia Banton, CMS; Elizabeth Parish, CMS; Jim Jones, J Jones Consulting; Emily Pedneau, CMS

The world of Medicaid is changing. During the COVID-19 public health emergency (PHE), we saw a level and pace of innovation that has served as a bridge to the great unwinding, as CMS, states, and healthcare and health-related service providers lock arms to prevent as many people as possible from losing coverage during the historic redetermination process.

Perhaps the greatest lesson learned over these many unprecedented months is what happens when policy, operations and systems teams have a seat at the same table from the start. Driven by urgent necessity, maintenance of effort requirements initiated a cultural shift in how these teams must work together – from adjacent functions to strategic partners forging the most effective path forward. Today more than ever, this diversity of thought and capability is vital to creating optimal outcomes for people covered by Medicaid.

During this session, we'll explore several examples of what this philosophy makes possible, as forward-thinking executive leaders from CMS and a former state Medicaid director discuss policy-driven and technology-enabled measures reducing coverage churn during the unwinding. We will cover significant areas of progress across technology and member support, including:

- Data analytics
- Medicaid data exchanges
- Accelerated use of account transfers to create a coverage access loop from Medicaid to the Marketplace or state-based exchanges
- Enrollment trend reporting
- Stakeholder engagement and community outreach

Karen Shields, chief client engagement officer for Gainwell Technologies and former deputy director of the Center for Medicaid and CHIP Services, will guide the discussion, highlighting collaborative mitigation efforts underway to promote continuity of coverage through the unwinding and what this means for the future of public health.

Moderated by Karen Shields, Gainwell Technologies

2:00 PM; in Mile High 3B

4-05: Using Text Messaging to Meet People Where They Are and Reduce Churn

Speakers: Amy Ashida, GSA; Timothy Lowden, GSA

Research shows that confusing or unreceived paper notifications are one of the largest barriers to people getting and keeping benefits like Medicaid & SNAP and contribute to the high cost of churn for the agencies administering these programs. While past pilots have proven that using SMS/text messaging as an additional outreach method can decrease churn by up to 20% and save money for administering agencies, fewer agencies than we'd expect are regularly using text messaging to communicate with participants, often citing the high operational costs of procurement & system integration as barriers.

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To help programs clear these initial hurdles to get started with texting, GSA's Public Benefits Studio is developing a federally managed, digital notifications service, U.S. Notify, to enable benefits programs to send customizable text messages at little-to-no-cost, with minimal procurement hassle and zero technical integration required.

In this interactive session, participants will have the opportunity to share their own challenges and successes in utilizing text messaging with each other, the GSA team, and other federal participants, to inform the development of U.S. Notify as well as other future federal opportunities to remove barriers and support adoption of texting tools. Participants will leave the session with a better understanding of how to move forward in implementing text message notifications (wherever they are at), including:

- Where different administering agencies are on their texting journey and the roles different types of agency staff typically play
- What is currently working and how agencies have navigated known barriers

Moderated by Kimberly Beckendorf, Deloitte

2:00 PM; in Mile High 4A/4B

CMS-01: Leveraging Medicaid Technology to Address Behavioral Health and Substance Use Disorders

Speakers: Thomas Novak, Office of the National Coordinator (ONC) for Health IT;
Ricardo Melendez, CMS; Elise Kohl-Grant, Amazon Web Services

SMD #18-011 describes State's ability to use 90/10 to support behavioral health technology. Advancing behavioral health technology adoption and innovation is an HHS priority. Subject matters experts will discuss how states have leveraged Medicaid funding to increase Medicaid providers access to behavioral health electronic health records (EHRs) or care coordination technology. Elise Kohl Grant led efforts in NY state to use Medicaid HCBS and 1115 funds to support behavioral health EHRs; as the State HIT Coordinator for Rhode Island Medicaid, Liv King is a forceful advocate for states leveraging 90/10 to support statewide behavioral health IT infrastructure, and Thomas Novak is leading the work at the ONC in support of the Secretary's Implementation Council to improve behavioral health adoption and innovation at HHS.

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Google
for Government

2:00 PM; in Mile High 4E

IS-03: Supercharging Generative AI for State Medicaid Agencies: Solving Today's Problems and Preparing for Tomorrow

State Medicaid agencies are facing a number of challenges, including rising costs, increasing demand for services, and a growing population of beneficiaries. To help address these challenges, state Medicaid agencies are turning to AI-powered products to automate tasks, improve decision-making, and personalize care. This session will discuss the latest trends in AI for state Medicaid and how Generative AI, MMIS modernization, and whole person care are changing the landscape of Medicaid enterprise systems to improve the patient experience, improve outcomes, and save money - in a safe and secure way.

Presented by Google for Government

Optum

2:00 PM; in Mile High 4F

IS-04: Health Equity in Action: A Tale of Two States

Speakers: Rashmi Gupta, Virginia; Chris Jones, North Dakota

There has been a lot of talk about the importance of health equity in the Medicaid space. There's no questioning about the importance, but what is actually being done to move the needle in this critical area? With the current opportunity to use Medicaid 90/10 dollars for modernization efforts to bolster health equity, there is no better time than now to act.

During this session we will talk to innovators in 2 states that are taking action towards health equity.

- Gain insights on how Virginia Medicaid is improving health equity for all its enrollees through programs focused on maternal health and nursing facility outcomes...
- Hear about how North Dakota is protecting children from health disparities using innovative technology, public/private partnerships, and health policy
- You'll leave this session with practical steps you can take to start moving the needle on health equity in your state.

Moderated by Mylynn Tufte, MBA, MSIM, RN, Optum Advisory Services (Former State Health Official, North Dakota)

2:50 PM; in Exhibit Hall F

Break - Visit the Exhibit Hall

Use this break as an opportunity to visit the Exhibit Hall to network with the MESCSO 2023 Exhibitors. Light refreshments and beverages will be available.

Sponsored by NESCSO

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3:30 PM; in Mile High 4C/4D

1-03: Leveraging smart devices and new technologies to reach members and reduce costs

Speakers: Robin Ochsenchlager, Nevada; Brian Kagele, Nevada; David Dilworth, Gainwell Technologies

Come hear how Nevada has implemented both a smart phone app (Gainwell Technologies' Mobile Digital Platform) as well as SMS text messaging (Twilio) to communicate with members while reducing costs.

We will walk you through our journey to implement the Mobile Digital Platform supporting interoperability and electronic communications, as well as the recent and rapid implementation of text messaging (approx. 2 months) to support outreach during the PHE unwinding.

Key Takeaways:

1. The Mobile Digital Platform aligns with the move into the digital era.
2. The application provides member access to a multi-lingual interface supporting digital ID cards, claims history, provider lookup and multiple other resources.
3. Leveraging the platform to support electronic communication to reduce costs (paper letters), as well as outreach through broadcast notifications.
4. Future items from the application, such as Open Enrollment choice selection, Surveys, etc.
5. Provide helpful insight into rapid implementation of low-cost text messaging service for outreach during the PHE as well as continued member notification activities.

Moderated by Sarah Miller, McKinsey & Co

3:30 PM; in Mile High 3A

2-02: Forecasting Change Management Workload in a Multi-Vendor/Multi-Module Environment

Speakers: Mason Tanaka, Alabama; Joe Cooper, Alabama

As a major component of the Alabama Medicaid Enterprise Systems (MES) Modernization Program (AMMP), the modularization of our legacy Medicaid Management Information System (MMIS) and the integration of our Eligibility and Enrollment (E&E) system into a modernized MES ecosystem presents unique operations and change management challenges. In this multi-vendor, multi-modular environment, the need to have a robust Enterprise Change Management (ECM) process is critical. Alabama identified the importance of ECM early on and determined it was necessary to first quantitatively frame how the modularization and modernization of the MES would impact the change management process.

In this presentation, attendees will learn how Alabama mapped legacy MMIS and E&E change requests to our existing As-Is Business Service and Process Models and projected them against our To-Be Business Service and Process Models to forecast ECM workload in the future modular environment. From this exercise, we estimated when, what and how often change requests will impact multiple modules. Next, we predicted where multiple modules need to work together to design, test and implement changes. Additionally, the changing workload mix allows us to determine the need to either update or replace current change management initiation, workflow, and tracking tools.

Moderated by Lorrie Scardino, Blue Tack Consulting

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3:30 PM; in Mile High 4A/4B

CMS-04: MES State of State Systems

Speaker: Ed Dolly, CMS

The Centers for Medicare and Medicaid Services (CMS) will share a first of its kind report out on the current status of the Medicaid Enterprise State Systems landscape. This session is designed to provide attendees with an in-depth understanding of the latest trends in MES projects, including Eligibility and Enrollment (E&E) systems and other various Medicaid Management Information System (MMIS) modules. Additionally, CMS will share the national view of State Systems alignment with current Program regulations, a summary of Systems Certification activity as well as a forecast of upcoming program and regulatory changes which may impact systems operations. Join CMS for the first of what is intended to become an annual opportunity to engage in an interactive conversation focused on understanding how CMS 'views' Systems operational status as of today, and participate in developing expectations for demonstrating progress toward regulatory compliance moving forward.

3:30 PM; in Mile High 4F

IS-06: Medicaid Debate: Round 2

Speakers: Kat Lawrence, AWS; Nick Aretakis, AWS;
 Sharnee Fonmboh, AWS; Robynn Butler, South Carolina;
 Chris Underwood, Colorado; Paul Messino, Mathematica Policy Research;
 Tim Heid, TEKSystems



Build-It vs. Buy-It? Architect for whole-person care vs. Implement for immediate beneficiary needs? 10,000 data lakes vs a beachfront data house on the data ocean with a beautiful view of the neighboring data lagoon? Join AWS and friends from across government and industry for our second annual debate about the future of Medicaid. The audience decides the winners – no prizes, just bragging rights.

Presented by Amazon Web Services

3:30 PM; in Mile High 3B

6-01: Maximizing Third Party Coverage to Maximize Cost Avoidance

Speakers: Alaina Ross, Kunz, Leigh and Associates; Kaci Powers, Michigan

The number one way to make sure Medicaid is the payer of last resort is to avoid the cost of claims up front, but how as a state Medicaid agency do you gather the necessary third-party coverage information to achieve this? More importantly, how do you make sure the coverage Medicaid has on file stays up to date to avoid access to care issues for members and to allow for accurate coordination of benefits? Learn what methods one state has been using to identify as much third-party coverage as possible as well as their methods for oversight of the sources of coverage in order to maximize their cost avoidance.

Moderated by Heidi Robbins Brown, Acentra Health

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3:30 PM; in Mile High 4E

IS-05: Driving Innovation in Medicaid: TennCare’s Data Ecosystem Solution

Speaker: Hugh Hale, Tennessee

TennCare has established itself as a trailblazer in the realm of Medicaid IT Modernization, consistently harnessing the power of cloud computing to enhance services for its members while concurrently reducing infrastructure costs. TennCare’s Chief Information Officer, Hugh Hale, joins Snowflake to discuss TennCare’s commitment to innovation exemplified by their latest future innovative data solution: the cloud-based Data Ecosystem Solution. This cutting-edge solution adopts a comprehensive approach, comprising four key components that effectively break down traditional data silos. Through this approach, TennCare is empowered to operate with a data-driven mindset, aligning with their overarching mission to “improve lives through high-quality, cost-effective care to support our vision of a healthier Tennessee.”

Moderated by Mathew Walk, Snowflake

3:30 PM; in Mile High 3C

7-09: SUPPORT Act Highlights, Best Practices for SUPPORT Act Section 5042 Annual Reporting, And State Experiences

Speaker: Thomas Novak, Office of the National Coordinator (ONC) for Health IT

In this session a representative from the Centers for Medicare and Medicaid Services (CMS) will discuss the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act and the impact to state Prescription Drug Monitoring Programs (PDMPs).

Section 5042(e)(1) of the SUPPORT Act requires that, beginning with Federal Fiscal Year (FFY) 2023, states are required to submit annual reports about the use of PDMPs as part of the state’s annual Medicaid Drug Utilization Review (DUR) surveys. To help states prepare for the mandatory FFY 2023 reports, Section 5042 questions were included as optional in the FFY 2021 and 2022 DUR surveys. A Medicaid Enterprise Team (MeT) representative will discuss Section 5042 reporting along with findings from interviews with states who optionally answered the Section 5042 questions from the FFY 2021 Managed Care Organization (MCO) and Fee for Service (FFS) DUR surveys, to inform the audience on best practices in compiling Section 5042 data and funding strategies in advance of the required reporting.

Two States will discuss how they utilized SUPPORT Act Funding, best practices and lessons learned from responding to the optional Section 5042 questions for FFY 2021, as well as provide valuable insights on how they are leveraging Medicaid Enterprise Systems funding to support the PDMP.

Moderated by Ashley Clark, HealthTech Solutions

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4:30 PM; in Exhibit Hall F

MESC 2023 Poster Session

It has been a long day...time to get refreshed and head up to the Poster Session presenters in the Exhibit Hall and learn about a wide variety of projects and initiatives underway throughout the country. A multitude States will be sharing information about the successes in their State. While viewing the posters be sure to visit with over eighty exhibitors and sample some of the incredible appetizers and beverages being offered.

Don't forget to vote for the poster(s) with the best graphics and the best content on the MESC app. Winners of the Poster Session presentation receive a complimentary registration to the MESC 2024. Also, be sure to meet with our sponsors to become eligible for the booth bingo raffle drawing on Thursday!

Many thanks to the sponsors of the
MESC 2023 Poster Session

Specialty Beverage Station Sponsors



Food and Beverage Station Sponsor



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7:00 AM – 4:45 PM

Registration Desk is Open

7:00 AM; in Exhibit Hall F



Breakfast

To ensure our attendees have a full understanding of the options available for each meal we have included the actual selections with notations for dietary accommodations. We hope this helps our attendees better understand the options available. Menu selections are subject to change.

PUEBLO BREAKFAST BUFFET

- Green Chili & Pepper Jack Scrambled Eggs, Local Chorizo Sausage Link (GF)
- Peppered Bacon and Roasted Southwest Potatoes with Onion and Pepper (GF, DF)
- Assorted Bottled Fruit Juices and Farm Fresh Seasonal Sliced Fruit (GF, Vegan)
- Local Freshly Baked Muffins, Breakfast Breads and Pastries with Butter and Preserves (Veg, CN)

All breakfasts come with Freshly Brewed Coffee, Decaffeinated Coffee, Hot Tea, Water and Iced Tea.

Sponsored by NESCSO

8:00 AM; in Mile High 4C/4D

1-04: Transforming Staff Augmentation for Medicaid Modularity: How Two Louisiana Agencies Collaborate to Tackle Staffing Challenges

Speakers: Mitzi Hochheiser, Louisiana; Shannon Duplessis, Louisiana

The success of Medicaid module and technical project implementations often hinges on having a team of qualified and efficient resources. However, hiring and retaining such resources can be challenging for state governments. To tackle this challenge, the Louisiana Department of Health (LDH) partnered with the Office of Technology Services (OTS) to adopt the Staffing Support procurement method. This flexible approach to contracting for temporary IT personnel provides LDH with access to resources from over 80 companies and 40 job roles in five functional areas: Application Support, Technical Support, Support Services, Information Security, and Geographic Information System.

In this session, we will explore how OTS and LDH used this procurement methodology to transform staffing for Medicaid modularity. We will discuss how to undertake a Staffing Support procurement including RFP and contracting, implementation techniques, functional areas and job roles, and lessons learned.

By the end of the session, attendees will have a solid understanding of how to leverage the Staffing Support procurement method for their own agency to maximize efficiency in staff augmentation for module and technical project implementations. They will also gain insights into how to overcome talent shortages and drive efficient project delivery through cross agency partnerships.

If you are looking to enhance your technical resource capabilities and improve project delivery for Medicaid module implementations, don't miss this session. Join us to learn from the Louisiana Department of Health and the Office of Technology Services' dynamic collaboration and their successful adoption of a Staffing Support procurement method.

Moderated by Elliott Kelly, Alation

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8:00 AM; in Mile High 3A

2-03: Swimming Upstream: Ensuring That Source System Changes Consider Downstream Impacts

Speakers: Katherine Dyer, IBM; Sally Langston, Colorado; Brandon Lewis, West Virginia; Sri Kandukuri, North Carolina

IBM will facilitate a panel of state leaders from the States of Colorado, West Virginia, and North Carolina through a candid conversation about the lessons learned regarding the clear, the murky and the downright obfuscated relationships between interdependent modules.

There are a number of use cases from TMSIS submission to new program introduction that affect constant change at the source systems within each state's Medicaid Enterprise System (MES). One of the limitations of the modular framework is the increased silos across state staff with familiarity (or lack thereof) in various components of a modular MES. When new programs are introduced, and teams work to quickly respond to high priority changes, the downstream implications of those changes are not always well understood- or even considered. This often leads to unexpected surprises to the downstream data users who see data trickle into reports, or TMSIS, or CMS 64 reporting, and the list goes on. These challenges often result in costly change requests (CRs), impacts to reporting delivery, and unnecessary time 'investigating' the reason for the aberration in the data. Even when changes are well communicated, the impact can be much greater than imagined.

Moderated by Katherine Dyer, IBM

8:00 AM; in Mile High 3B

4-02: Equal Access, Equal Care: Arizona Deploys Data and Technology to Bridge the Digital Divide In Health

Speakers: Anthony Flot, Arizona; Kristen Challacombe, Arizona; Dr. Ryan Bosch, Socially Determined; Dan Lippert, Arizona; Verlon Johnson, Acentra Health; Nilay Patel, Acentra Health

The COVID-19 pandemic uncovered large gaps in data and technology within underserved populations, resulting in an inadequate understanding of health equity. The vital role that digital technology plays in health equity is to provide visibility into the whole-person view, for a comprehensive and holistic profile of the individual.

Leveraging digital technology to improve health equity is at the forefront of Arizona's priorities. By partnering with community resources, the state has taken a proactive approach to providing its priority populations with increased access to digital technology resources. In doing so, Arizona has improved data integrity, which helps the state consistently align with one of CMS' five health equity priorities (2023 CMS Framework for Health Equity).

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In this session, learn from Arizona stakeholders the data-driven digital initiatives that are moving the needle to address health equity in the state, including but not limited to:

- Expedited telehealth for the Medicaid Schools-Based Administrative Claiming Program. This allowed for services to be delivered using a variety of mechanisms while students were at home.
- Audio-only services to be used when there is limited broadband in the more frontier areas of the state.
- Focusing on indicators such as access to care, service utilization patterns, connection to community resources and provider satisfaction.

The panel will also share insights into how data gaps have helped form Arizona's equity strategies through the following measures:

- Forming a health equity and data task force to assist with understanding health disparities and developing strategies to ensure health equity for all Medicaid beneficiaries.
- Creating a communications workgroup and educating from the inside out on how to incorporate health equity into programmatic work, policies, and contractor requirements.
- Planning ahead for anticipated race and ethnicity updates from the OMB in 2024.

Moderated by Verlon Johnson, Acentra Health

8:00 AM; in Mile High 4A/4B

CMS-05: Modernization of The Medicaid Information Technology Architecture (MITA) Initiative

Speakers: Ed Dolly, CMS; Alejandra Johnson, CMS; MITA Governance Board Members

Since the last release of the MITA framework, version 3.0, the Medicaid landscape has changed significantly. The Centers for Medicare and Medicaid Services (CMS) with input from the recently reconvened MITA Governance Board, will be updating MITA guidance to align it with technology advancements and Streamlined Modular Certification (SMC). This session will discuss the long-term vision for MITA modernization and the work of the MITA Governance Board. Discussion will include the goals of the board, the scope and priorities of the working groups in progress, and planned efforts to streamline and modernize the MITA framework. This will be an interactive session with opportunities for attendees to share their thoughts on the MITA initiative and how MITA can inform the future of the Medicaid enterprise.

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8:00 AM; in Mile High 3C

5-08: A People First Approach to Behavioral Health Care Systems: Improving Outcomes and Reducing Administrative Burden Through Human Centered Design

Speakers: Abigail Fisher, Colorado; Alex Orlov, Colorado

The Behavioral Health Administration (BHA) of Colorado is a newly formed cabinet member-led agency operationalized by a legislative mandate in 2022, housed within the Colorado Department of Human Services. The BHA was created with a sweeping mandate to improve care coordination and support providers across the entire spectrum of whole-person care. This includes care provided in a wide variety of social and healthcare environments such as: community-based mental health centers, substance use treatment, outpatient residential, inpatient, crisis intervention, social and behavioral support, education, and youth and family programs.

This presentation will describe how the BHA has put its mission of Co-creating a people-first behavioral health system that meets the needs of all people in Colorado into practice through human-centered design, trauma-informed research, and co-creation research methods. The BHA has implemented commitments throughout its divisions and work in building technology to engaging with members of the Colorado community at every stage of the design and development process.

- Part 1 of the presentation will explore the values of engagement and establishing standard practices and processes. This will include a discussion of what it means to design for real needs, identify new and unknown needs, increase usability and adoption, and build trust and help create transparency. It will also explore the collaboration across state agencies and local community partners that make this work possible.
- Part 2 will discuss the BHA technology portfolio and how its product teams are formed around the populations and individuals who are served through its programs. This includes a public-facing product team, a provider-facing product team, and a data management, interoperability, and government partner-facing product team. This section will discuss how human-centered design has been incorporated into our current products and what we have found so far by approaching our engagement with the Colorado community this way specifically addressing impacts on the reduction of administrative burden across users within the state behavioral health ecosystem.
- Part 3 of the presentation will describe the various areas of opportunity where the BHA is investing support, process development, and policy to operationalize its work in commitment to the mission of co-creating a people-first behavioral health system. How the BHA Values of Equity, Collaboration, Community Informed Practice, Truth, and Generational Impact have informed our focus on operationalizing a human-centered design strategy when it comes to recruitment, funding, accessibility, and governance in our practices. Additionally, we will discuss how agile software development practices ensure continued focus and commitment to building technology with a people-first approach.

Moderated by Alan Ashurst, North Highland

8:00 AM; in Mile High 4E

**IS-07: Protecting Your O&M FFP:
Risk and Compliance Monitoring**



Speaker: Andrea Danes, Global Human Services Leader, EY

CMS has issued additional guidance indicating new reporting and accountability measures for state Medicaid compliance. At the end of the PHE unwinding each state has about two years to create a comprehensive strategy to monitor and report compliance until CMS will reduce federal match for Operations & Maintenance of the MES to 50%. This loss of match from the regular 75% reimbursement indicates a significant fiscal risk for every state Medicaid agency.

Join a panel with federal, state, and vendor perspective on options to automate and advance your risk and compliance strategy. Visit ey.com/us/MESC to learn more

Presented by EY

8:00 AM; in Mile High 4F

IS-08: MES: Portals and Ongoing Evolution



Speakers: Vijay Ravichandran, Infosys Public Services;
Bryan Murillo, Infosys Public Services

Building on its ongoing experience, Infosys Public services will demonstrate how MES operations can be managed through an intuitive, accessibility-compliant portal, providing a user-friendly, pro-business interface into a complex integration layer, making it easier for agencies to administer the program and deliver a superior experience to their staff and residents.

Presented by Infosys Public Services

8:50 AM; in Mile High Ballroom Pre-Function

Break

Join us in the Mile High Ballroom Pre-Function area for a quick beverage and light refreshment as you make your way to your next session.

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1-05: Putting It to the TEST: Testing Management In Agency Modernization

Speakers: Renee Taylor, Vermont; Alex Grodner, EY; Shannon Crane, Alabama; Mitzi Hochheiser, Louisiana

What was once a long-term vision for new, user-centric, modernized systems is now a reality for many State agencies. Agencies are actively undergoing large-scale, cross-programmatic technological modernization initiatives that require high-quality testing, both within the State and by the implementation vendors. Due to the complexity of these efforts, agencies should consider a concentrated plan for test execution and oversight early in the modernization cycle for both new builds and legacy enhancements. Quality in a large-scale product or project modernization effort is supported effectively by comprehensive testing and oversight. Many states are challenged with the capacity to perform this function while simultaneously managing their day-to-day roles. Agencies have several options to pursue testing support including, engaging a third-party vendor, utilizing in-house resources, or creating a hybrid approach to quality management and testing. If testing is not executed broadly, agencies may fare poor outcomes that could result in rework, and additional time and money spent.

Moderated by Tony Franklin, EY

9:00 AM; in Mile High 3A

3-03: The Lessons Learned From The PHE At Montana DPHHS

Speakers: Zach Kozak, Deloitte; Chappell Smith, Montana

The Public Health Emergency (PHE) stands as an unprecedented time in the history of modern healthcare - one where strict requirements to implement changes were put into effect that altered the core operations of Medicaid for three years. As the PHE closes, many of the decisions made during the PHE are providing long-lasting benefits outside of the PHE.

This session will share some of the key benefits experienced by Montana DPHHS, including the following:

- **Benefits of RPA and Automation:** Automation/robotic process automation (RPA) was introduced to reduce redundant business processes. The benefits of automation are being seen today and into the future, reducing FTEs spent on redundant tasks and allowing staff to focus their efforts on higher value tasks. Key automations include:
 - **Redetermination Bot:** Automates no change Medicaid redeterminations
 - **Chatbot:** Checks benefit status in the citizen self-service portal
 - **Returned Mail Bot:** Automates the processing of undeliverable correspondence

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Doing Less is Sometimes More: The Montana implementation took a low-code approach that specifically enabled the changes required for the PHE such as turning off the Medicaid rules that could potentially cause someone to close, using pre-existing system tools/processes to extend issuing to citizens, and implementing a selective 'Checkbox' switch for workers to choose to reevaluate benefits under certain criteria. Going forward this approach has changed how Montana DPHHS evaluates temporary implementations and the long-term impact to all stakeholders including:

- Minimizing impact to current business process to reduce training/retraining of staff
- Allowing all client data to remain up to date as submitted
- Reducing risk of regression issues and system defects via low-code/business process
- Balancing a backlog of redeterminations post-PHE by aligning and moving household due dates to balance staff workloads
- Minimizing the Impact to Montana Citizens: PHE did not create new or additional tasks for citizens to maintain benefits during the PHE amongst system changes.
- Citizen data is up to date if changes were reported during the PHE, minimizing processing once the PHE ends and redeterminations are due
- Program compliance requirements remained static throughout the PHE so citizens are returning to familiar processes that parallel Pre-PHE processes
- Montana conducted outreach and communication about the policy changes and instructions on when/who is due for redetermination

Moderated by Randy Kauftheil, Deloitte

9:00 AM; in Mile High 3C

6-02: Protecting Your Most Valuable Assets: When, Why & How to Implement A TPL Safety Net

Speakers: Susan Geyer, Oklahoma; Lindsey Wilson, California; Lauren Rizzo, Gainwell Technologies

In a managed care environment, come-behind or safety-net billing offers states an additional layer of protection in ensuring Medicaid remains the payer of last resort. By providing the right to recover for third-party liability after a designated time period, a come-behind/safety-net billing program allows states to maximize their recovery efforts and incentivizes their managed care organizations to do the same.

The discussion will cover two state Medicaid programs at different stages of implementing a come-behind/safety-net TPL billing process and cover the following key areas:"

- When to employ a TPL safety net
- Best practices for implementation
- How to minimize abrasion with stakeholders
- The overall benefits to the state
- The value states are realizing from come-behind recovery efforts

Moderated by Lauren Rizzo, Gainwell Technologies

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5-03: Data Governance: Always Critical, Often Overlooked

Speaker: Ranjani Starr, Hawaii

Despite its popularity and seeming importance, data governance is poorly understood and rarely prioritized, funded, or staffed in state government. Often, systems are built with an assumption that the data collected will automatically support their operational and analytic use cases; additionally, data ownership is frequently siloed, data is collected without consideration of upstream or downstream impacts, and the absence of policies makes data management and sharing difficult if not impossible. As a result, Medicaid agencies become ivory towers sitting on mountains of data but utilizing only a small fraction and with substantial difficulty, struggling with non-standardized definitions and inconsistent analytic outputs. Data governance is the key missing ingredient, but implementing successful a data governance strategy, framework, policies, and procedures is challenging.

Hawaii is building an integrated analytics module beginning with thirteen data sources, requiring a strong data governance framework that addresses the need to protect the data through data masking, implement strong access controls, and define allowable use cases; develop data documentation including data dictionaries, business glossaries, and transformation logic; establish data quality standards through profiling, acceptance criteria, and setting data quality metrics and thresholds; define master data management rules for integrating disparate data and to support data model management; and create a governance structure through identifying and clarifying the roles of data owners, stewards, custodians, and oversight hierarchies.

Hawaii engaged a team with practical and theoretical subject matter expertise to help the state develop a strong and actionable data governance framework. Simultaneously, the work strives to be grounded in best practices and data security standards; incorporate national and state policies and legal requirements; be applicable to the specific data sources, user groups, and use cases prioritized by the state; and designed in a way that is practical to implement.

Lessons learned include the need for strong leadership support for centralized data governance; organizational change management to streamline data governance of siloed and uncoordinated data; the need for collaboration across business and technology groups on developing the data governance framework; staffing to maintain data governance activities; and transparency and engagement of data owners to promote comfort and confidence in the oversight, protection and use of the data.

Data governance should neither be forgotten nor an afterthought to building systems. Implementing strong data governance structures increases knowledge of, confidence in, and use of the data within systems to support and drive decision making. Ultimately, isn't that why we build systems?

Moderated by Maret Freeman, Maximus

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9:00 AM; in Mile High 4A/4B

7-06: Artificial Intelligence For Record Review (AI4RR)| AI-Driven, User-Centric Record Insights

Speakers: Rob Brotzman, Deloitte; Tamara Normile, Deloitte; Connie Leonard, CMS

Medical reviews are a necessary activity to identify potential quality-of-care or medical necessity issues. The medical review is a key component of audits to determine if the claim or encounter has been properly paid and may assist Program Integrity (PI) offices in identifying potential fraud, waste, or abuse (FWA.) The medical review process is complex and time-consuming, requiring a specialized skillset to analyze whether a claim has been paid correctly, aligns with payment policy, and complies with regulations.

Incorporating artificial intelligence (AI) into medical records review can improve the efficiency of the reviews. As healthcare clients face challenges with manual processes and evolving regulations and policies, AI can expedite and streamline review processes. Often agencies have to review hundreds of pages of complex medical, contractual, or other documents in order to make determinations. The use of AI can improve decision-making and mitigate FWA. AI holds promise to expedite the review process, prioritize clinical areas of focus, and enhance statistically valid random samples to test the accuracy of the findings. The use of AI brings efficiency and consistency to the currently manual medical review process through advanced machine learning models. Overall, machine learning-driven models can:

- Review a large percentage of claims, canceling the need for a manual review
- Assign risk scores to remaining claims so that manual intervention can be strategically focused
- Provide guidance to the reviewers with applicable evidence regarding adherence to clinical policies while automatically documenting findings

Using the latest industry technologies, AI-driven models can scan clinical documents, parse out relevant portions of the documentation (e.g., lab results, radiology reports, medical history, and clinician notes), and apply clinical policy against the extracted information to aid in quick, informed decision-making. By automating components of the medical review process, AI also provides consistency and reduces non-compliance with policies and medical standards. This session will provide an understanding of the benefits of using some of the latest AI technologies to help determine accurate payment, compliance, and adherence with medical standards.

Moderated by Dan Olson, Deloitte

9:00 AM; in Mile High 4F

IS-10: Presented by Gainwell Technologies

See the MESC app for the latest information.

Presented by Gainwell Technologies



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9:00 AM; in Mile High 4E
IS-09: The Cement Building Stronger
MCO Relationships and Oversight

Speakers: Connor Sperry, SAS; Marnie Basom, SAS

The Centers for Medicare and Medicaid Services (CMS) reported that in 2020 80% of Medicaid recipients were enrolled in some type of Managed Care program. States Managed Care oversight should ensure that Managed Care Organizations (MCOs) are managing costs effectively and efficiently without compromising the quality of care provided to beneficiaries. This includes monitoring the use of services, the appropriateness of care and effectiveness of cost-saving measures.

MCO oversight should ensure that Medicaid beneficiaries have access to the care they need, when they need it. This includes monitoring the availability of providers, the timeliness of appointments and the adequacy of provider networks.

Organized data is the foundation that Medicaid teams need to oversee and evaluate what is happening with their managed care populations. Medicaid staff should be spending time identifying issues, having conversations, running root cause analysis and making improvements rather than compiling spreadsheets, data entry from pdf forms or figuring out if files have come in or not. This session will discuss how to use your Medicaid data for successful managed care oversight.

1. Understanding the types of data available, including claims data, encounter data and enrollment data.
2. Having a clear understanding of the goals and objectives of the oversight program.
3. Develop a strong data analysis plan

During this session our panel of subject matter experts will discuss solutions for MCO insights and how states can use their data to provide analytics with built in alerting capabilities, surfaced in easy to consume visualizations, allowing Medicaid agencies to monitor MCO performance actively and passively. While monitoring adherence to network adequacy and access standards.

1. Monitor network adequacy compliance using distance allowance available by specific routes of interest
2. Analyze specific distance standards between member and location to monitor access to care
3. Drive-time analysis
4. Identifying counties without adequate PCP support
5. Identifying members outside distance standards by MCO

Please join our discussion on how your Medicaid agency can use their data to build a managed care oversight program that focuses on Medicaid member outcomes and contract compliance.

Moderated by Michele Romeo, SAS Institute

9:50 AM; in Exhibit Hall F
Break - Visit the Exhibit Hall



Use this break as an opportunity to visit the Exhibit Hall to network with the MESC 2023 Exhibitors. Light refreshments and beverages will be available.

Sponsored by NESCSCO

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10:30 AM; in Mile High 4C/4D

1-06: Leveraging Technology to Meet CMS Guidelines to Contact Medicaid Enrollees During Redetermination

Speakers: Lisa Pera, Colorado; Monie Mangus, Colorado; Michele Kirby, Intellaegis dba masterQueue; John Lewis, Intellaegis dba masterQueue

Colorado, in partnership with Intellaegis dba masterQueue, is addressing a major issue with the Medicaid redetermination process: the challenge of contacting Medicaid enrollees they've lost touch with. Before masterQueue, outdated member contact information hindered Colorado's efforts to renew Medicaid benefits and re-establish contact with enrollees. This problem had significant implications, as missed opportunities to renew Medicaid benefits could lead to the loss of critical healthcare coverage. By leveraging masterQueue, and the power of data and analytics, Colorado is better serving vulnerable populations effectively and efficiently throughout the Medicaid redetermination process and beyond, and the details of this solution will be shared in this session.

Moderated by Nick Aretakis, AWS

10:30 AM; in Mile High 3A

2-05: We Are Living In A Modular World

Speakers: Matt Jarrard, Georgia; Rick Washabaugh, Kentucky; Kevin Nielsen, Idaho; Anthony Flot, Arizona

When CMS introduced modularity in 2016 the end goal was to implement best in class modules that provide states with a more flexible approach to MMIS system modernization. States have stepped up to the challenge of transforming their MMIS to achieve better outcomes for their populations by using a multi-vendor approach to implement smaller, more agile software and services to help achieve their goals on these complex engagements. So how are they doing?

The states of Georgia, Kentucky, Idaho, and Arizona have embarked on an enterprise model to replace their existing MMIS with multiple modules and vendor partners in very different ways. In this panel, these states will discuss how they used the National Association of State Procurement Officials (NASPO) contract, as well as more traditional state procurement processes, to procure system and service vendors. This session will discuss key areas that supported their successful project planning and initiation including procurement planning, vendor contracting and onboarding, organizational change management, project governance, security, and other strategies.

Come hear how these states are each deploying a distinct approach to advance their MMIS replacements as they share lessons learned and what their future looks like in the modular world.

Moderated by Kristin Sparks, CSG Government Solutions

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10:30 AM; in Mile High 3C

7-04: So, You Think You Know SMC? Maryland's Journey: Navigating the SMC Process In A Multi-Vendor Environment

Speakers: Elle Toney, Maryland; Terry Fahey, NTT DATA; Amy Adams, NTT DATA

Maryland transitioned from MECT to Streamlined Module Certification (SMC) while CMS and MITRE were meeting with pilot states. Because Maryland was not a pilot state for SMC, we had to figure a lot of things out on our own. Maryland has tips, templates and key lessons learned to share with other states. What you will learn will aid in efficient use of the State's, Vendors, CMS, and MITRE's time in preparation for and conducting the Operational Readiness Review (ORR) and Certification Review (CR) during a multi-year journey. We'll also share lessons learned and insights to maximize your time with your federal partners and ways reduce speed bumps by collaborating early. By establishing outcomes and metrics early, and staying in step with your State Officer, you can stay on the right path.

Moderated by Jeff Strand, NTT DATA

10:30 AM; in Mile High 4A/4B

CMS-07: Introducing The State Medicaid Agency (SMA) Endpoint Directory: A Repository For State FHIR APIs Responding To The CMS Interoperability and Patient Access Final Rule

Speakers: Alejandra Johnson, CMS; David Koppel, CMS; Sean Mahoney, MITRE

The Centers for Medicare and Medicaid Services (CMS) Interoperability and Patient Access final rule, published in May 2020, requires states to implement and maintain standards-based application programming interfaces (APIs) for third-party applications to make data available to beneficiaries for their personal use, including via state-implemented Patient Access and Provider Directory APIs. These APIs can be used by third-party developers to build applications that allow beneficiaries to download or share their claims and health data or find providers to serve their healthcare needs. Many states have implemented or begun to implement these APIs. CMS created the SMA Endpoint Directory as a one-stop repository for third-party developers, payers, and even other states to easily find and connect to Patient Access and Provider Directory API endpoints. This session will go over the goals and purpose of endpoint directories, walk the audience through the SMA Endpoint Directory, highlight innovative uses of Patient Access and Provider Directory APIs, and lay out a vision for future use cases of APIs.

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10:30 AM; in Mile High 3B

5-04: Arkansas' T-MSIS Early Warning System: A Proactive Approach to Data Quality Improvement: Moving from Brick Red to Blue in Style

Speakers: Robin Roberts, Arkansas; Jay Arrowood, Optum; Mariel Lesaca, Optum

T-MSIS data provides the most current and complete information on Medicaid and CHIP programs, providing insights into key areas such as service utilization and spending. It's also critical for supporting research, policy decisions and federal oversight aimed at improving the quality of care for the more than 73 million beneficiaries these programs serve.

The success of T-MSIS relies on the integrity and usability of the data to support informed decision making. To assess data quality, the Centers for Medicare & Medicaid Services (CMS) uses the Outcomes Based-Assessment (OBA), a methodology consisting of target-based priority criteria that assess the reliability, completeness, and usability of each state's monthly T-MSIS data extracts against defined Data Quality standards. Moreover, states that fall short of critical priority issues are at risk of losing federal matching money from CMS to fund their Medicaid programs.

Arkansas was struggling to keep up with failing quality measures and was very much in a reactive mode of operations. They decided to take a different approach and with a partnership with Optum started to take a proactive approach to the monthly OBA assessments, the Arkansas Department of Human Services (DHS) implemented the T-MSIS Early Warning System a tool that promotes the detection, investigation, and resolution of data quality issues ahead of time and drives better collaboration across all stakeholders. It runs weekly data audits that replicate more than 570 individual data quality measures on the CMS monthly assessment, allowing the state to proactively identify issues and communicate with CMS sooner, resolving problems before they appear on the assessment. And while the state initially struggled to stay ahead of the curve, it has since seen continuous improvement to data quality. AR has remained in Blue status since June 2021 and has consistently met 100% of all 3 OBA criteria over the last several months.

Join us as we walk through some of the challenges the state faced, the successes they've seen since implementation of the Early Warning system, and where they're looking to go in the future.

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10:30 AM; in Mile High 4E

IS-11: Better Decisions, Faster: Unified Data Hub with Integrated Business Rules Engine



Speakers: Gary Katz, Progress MarkLogic; Seth Meldon, Progress Coricon

Medicaid Enterprise Systems are among the most complex systems in State government. Harnessing the power of MES data has been a continuous challenge because of the complexities of the modules and infrastructure that comprise the MES. MarkLogic has invested in its Data Hub for Medicaid for several years to simplify and optimize data, including the process of onboarding new and unforeseen datasets, providing 360-degree views of members, providers, care plans, programs and more, and supporting interoperability via FHIR.

However, high fidelity data is only valuable if downstream applications can make effective use of it. In the Medicaid space, a central component to timely and accurate data-driven decisions for Eligibility, Enrollment, and Claims and Encounter processing are Business Rules Engines (BRE) like Progress Corticon. In this presentation, MarkLogic unveils the latest innovations to its leading Medicaid data hub solution, showcasing data-driven decisioning through a seamless integration with Corticon—the BRE used by agencies across more than half of US States—and addresses how this important addition to MarkLogic’s MES solution supports and enhances a data-first approach to modernization.

Presented by Progress Marklogic

10:30 AM; in Mile High 4F

IS-12: How to Harness the NASPO MSA for your Provider Management Solution



Speakers: John P. Crouse, MAXIMUS; Maret Freeman, MAXIMUS

See the MESC app for the latest information.

Moderated by Martin Baker, Maximus

11:20 AM; in Exhibit Hall F

Dedicated Meeting Time / Visit the Exhibit Hall



Use this break to meet with your colleagues, or to visit the Exhibit Hall. Light refreshments and beverages will be available in the Exhibit Hall.

Sponsored by NESCSCO

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12:00 PM; in Exhibit Hall F

Lunch



To ensure our attendees have a full understanding of the options available for each meal we have included the actual selections with notations for dietary accommodations. We hope this helps our attendees better understand the options available. Menu selections are subject to change.

FOUR CORNERS BUFFET

- Jicama and Orange Slaw- Julienne Jicama, Orange Segments, Sliced Cucumbers, Shaved Red Onion, Fresh Jalapenos and Shredded Purple Cabbage Tossed in Chili Lime Vinaigrette (GF, DF)
- Calabasitas, Chayote and Flame Roasted Corn, Topped with Chipotle Lime Butter (GF, Vegan)
- Corn Bread (Veg)
- Cilantro Lime Rice (GF, Vegan)
- Quinoa Stuffed Poblano Chilies with Adobo Sauce and Queso Fresca (GF)
- Adobo Chicken with Ancho Roasted Chicken Demi (GF)
- Achiotte Roasted Pork Loin Served with Natural Pan Jus, Charred White Onion, Topped with Grilled Pineapple Salsa (GF)
- Cinnamon Spice Cookie (CN) and Key Lime Tart

All lunches come with Freshly Brewed Coffee, Decaffeinated Coffee, Hot Tea, Water and Iced Tea

Sponsored by NESCSCO

1:00 PM; in Mile High 4C/4D

2-04: OCM: The Shock Absorber for Modernization

Speaker: Hugh Hale, Tennessee

The State of Tennessee has procured a multi-component data solution for DDI across the agency over the next several years. The State's cross-functional Medicaid modernization effort hinges on the success of this implementation for reliable data and advanced data analytics calling upon significant levels of buy-in and intimate involvement across all business units and subunits. Hear how and why Organizational Change Management (OCM) has proven integral in acting as the 'shock absorber' for this long-term, large-scale project, where building trust and collaboration early has propelled stakeholders with multiple interests towards their near and long term desired future state.

During this presentation, the audience will hear more on:

- The role of OCM to help build a stronger working relationship and interdependence between the multi-vendor project team including Transformation Advisory Services, the SI, and TennCare
- Identifying roadblocks and correlating them to behavioral changes needed to get back on track
- Change mitigation tactics to be used in driving desired behaviors among stakeholders including specific communication and engagement examples that supported leadership alignment and executive management
- Key takeaways that can be applied both to future transformational effort at TennCare as well as a part of the greater SLG transformational space

Moderated by Tommy Miceli, KPMG

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1:00 PM; in Mile High 3A

3-02: Arizona's Momentum-Driven and Lockstep Multi-Partner Approach to Delivering High-Performance Results During PHE Unwinding and Beyond

Speakers: Dan Lippert, Arizona; Kristen Challacombe, Arizona; Danielle Klayman, Accenture; Nilay Patel, Acentra Health; Verlon Johnson, Acentra Health

Arizona's proactive approach to unwinding positioned the state to serve as a national leader while the public health emergency was still in effect. At the helm of early adoption, the state has a unique perspective on the execution and project management of unwinding both member and provider processes.

Arizona engaged with Accenture (Eligibility), Acentra Health (Provider), and others to encourage a multi-partner approach to prepare for the unwinding challenges in a quick and coordinated fashion across both the member and provider landscape. This strategy effectively resulted in reduced administrative burdens and improved outcomes for key stakeholders, including but not limited to:

- Reduced calls to the call center
- Fewer reporting changes processed for contact information
- Improved self-service

With a laser focus on CMS requirements and customer/provider needs, Arizona was able to review and identify gaps in data to create a consciously focused vision of the outcomes for customers served - thereby improving and enhancing the program and stakeholder experience, not only for the unwinding but going forward as well. By focusing on proactive communications, coordinated messaging, and advancing the use of technology and artificial intelligence, Arizona is able to measure critical success factors such as operational efficiencies and improved customer satisfaction.

In this session, the state and its partners will share information on the complexities, overall experience, lessons learned, considerations, and the coordinated strategy behind the PHE unwind for both member and provider processes - on the way to achieving successful outcomes. The session will highlight how the state continues implementing improvements and measurable results that will have an impact well beyond the end of the unwind.

Moderated by Verlon Johnson, Acentra Health

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1:00 PM; in Mile High 3B

5-06: Leveraging Health and Medicaid Data to Lead the Way In Addressing The Behavioral Health System

Speakers: Pawel Walczuk, Accenture; Karen Everett, Michigan

Our current behavioral health system is fragmented and difficult to navigate. People experiencing mental health issues may not know who to talk to for help or what services are available to them.

That's why the FCC mandated that states adopt 988 as the national phone number for suicide prevention and mental health crises in July 2022 to increase, simplify, and improve access to mental health lifelines.

However, a new dialing code is just a first step-and where federal guidance largely ends. It is up to states to leverage 988 to connect and provide citizens with needed services. What they implement to serve callers could make the difference between life and death and has a downstream impact to improve crisis outcomes and reduce cost within other programs, such as Medicaid.

Moderated by Rhonda Brinkoeter, Public Consulting Group

1:00 PM; in Mile High 4E

IS-13: Assessing Medicaid Modernization Portfolio Health



Speakers: Carl Engel, Elyon Enterprise Strategies;
Karen Morphy, Elyon Enterprise Strategies

This session is designed to equip Medicaid teams with the necessary skills and knowledge to perform an independent assessment of modernization portfolio health and performance. The session includes comprehensive instruction on identifying warning signs of project failure, differentiating between a project that requires a new baseline versus one that needs to restart, and using multi-variate models to support defensible quantitative assessments. With the constantly evolving worlds of Medicaid and Information Technology, it is essential for Medicaid organizations to have well-managed and successful Modernization projects. Project Managers, Business Analysts, Lead Developers, and other IT professionals responsible for Medicaid organization projects will benefit from case studies, analytics, and benchmark data to enhance their project estimating, budgeting, acquisition, management, and approval skills. The use of multi-variate models in this training session ensures that participants have a reliable and data-driven approach to assessing project health. By implementing the skills learned in this session, Medicaid organizations will have the tools to make informed decisions that will lead to successful project outcomes, ultimately improving their organization's overall IT project management processes. This training session is an investment in the future success of Medicaid organizations, enabling them to provide better services and support to the people they serve.

Presented by Elyon Enterprise Strategies

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1:00 PM; in Mile High 4F

IS-14: Unlocking the Potential: Utilizing Tort Cases and Eligibility Data For Maximum TPL Outcomes



Speakers: Erika French, Medicaid Recovery Network; George French, Medicaid Recovery Network; Kelsey Boothby, Medicaid Recovery Network

In the ever-evolving landscape of healthcare, states have a unique opportunity to unlock the full potential of their Medicaid programs by harnessing the power of automation and advanced data analytics. By effectively utilizing tort cases and eligibility data, state government agencies can identify potentially liable third parties (TPL) with precision, resulting in increased recoveries and streamlined Medicaid program efficiencies.

Join us in this engaging session to gain invaluable insights into the best strategies for qualifying insurance matches and expediting timelines for all stakeholders involved in TPL recovery. Discover how cutting-edge innovation, paired with collaborative efforts with the insurance industry, can revolutionize the Medicaid cost recovery landscape.

This session will delve into the utilization of comprehensive identification tools that leverage existing tort cases and state-specific eligibility data sets. Through a compelling case study featuring the Executive Office of Health & Human Services (EOHHS) in Rhode Island and the Health & Human Services Commission (HHSC) in Texas, participants will learn firsthand how these states applied advanced data techniques to enhance their TPL recoveries. The speakers will share key lessons learned, industry best practices, and notable successes achieved through TPL modernization initiatives.

In this interactive session, attendees will learn how to effectively qualify insurance matches using critical factors such as date of loss, medical bills, and eligibility logistics. By incorporating customized claim processing workflows and state-of-the-art innovation, attendees will discover how to maximize Medicaid recoveries while ensuring a seamless and efficient process.

The session will culminate in an engaging Q&A session, providing participants with a unique opportunity to address their most pressing questions and seek guidance on their own TPL modernization roadmaps.

Don't miss this chance to unlock the potential of your Medicaid program and discover groundbreaking approaches to boost recoveries through advanced data analytics, collaborative partnerships, and the strategic utilization of tort cases. Join us at the Medicaid Enterprise Systems Conference and be prepared to revolutionize your TPL outcomes.

Presented by Medicaid Recovery Network

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1:00 PM; in Mile High 3C

6-04: Streamlining Medicaid Recoveries Through Systems Enhancements and Innovations

Speakers: Ashley Dirienzo, Colorado; Travis Ogle, Colorado

The Colorado Medicaid program is undertaking enhancement work to streamline recovery efforts between Program Integrity and Third-Party Liability (TPL) activities. This presentation will focus on topics including: Replicating vendor interfaces between multiple recovery contracts in order to increase automation from manual workarounds; Enhancing the ability for vendors and internal staff to disposition claims with recovered amounts to prevent duplicate collections between groups; Moving towards automation to uniformly calculate federal share and drop the multi-methodology approach between groups; and Enhancing the ability for providers to rebill claims prior to Medicaid-initiated claim reviews and audits. In addition, the partnership and collaboration between Program Integrity, TPL, and vendor teams to achieve these goals and objectives will be highlighted and discussed.

Moderated by Jen Hartman, ForHealth Consulting at UMass Chan Medical School

1:00 PM; in Mile High 4A/4B

PSTG-1: MES Investment Toolkit Overview – An Approach to Take The SS-A From Maturity to Outcomes

Speakers: Dwayne Carter, Blu Strategies; Austin Wagenknecht, SPM Research Group

The Outcomes Based SS-A Working Group was chartered in 2020 by CMS under the MITA Governance Board. The Group was charged with developing a proposed framework an outcomes-based SS-A approach to replace the current maturity-centric SS-A. The proposed framework was to contain high level processes, activities, guidance and suggested tools for states to create target outcomes, define key performance indicators and identify data needs to support those outcomes. The group was also asked to identify potential updates to the MITA framework that would be needed if the SS-A were to transition from maturity to outcomes. The Outcomes Based SS-A Working Group completed its work in March 2022 and submitted its work product, the MES Investment Toolkit, to CMS. Later that year, the Working Group received the MES Collaboration Award for its public-private sector partnership, dedication and determination and the depth and breadth of the work effort. In this session members of the Working Group will provide an overview of the MES Investment Toolkit and answer questions from attendees.

Why Should Attendees Come to the Session? States and their industry partners who are charged with MITA, SS-A and APD responsibilities will benefit from learning about an outcomes-based orientation for the SS-A. While the adoption of the MES Investment Toolkit is still under consideration, the framework provides a new way of thinking and a path forward for the development and management of MES investments and outcomes.

Key Take Aways: Consistent with SMC/Outcomes Based Certification, the CMCS CIB from May 24, 2023, and CMS' continued emphasis on achieving and reporting of outcomes and metrics, the MES Investment Toolkit charts a path to refocus investment decisions on outcomes rather than maturity.

Moderated by Lorrie Scardino, Blue Tack Consulting

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1:50 PM; in Mile High Ballroom Pre-Function

Break

Join us in the Mile High Ballroom Pre-Function area for a quick beverage and light refreshment as you make your way to your next session.

2:00 PM; in Mile High 4C/4D

1-09: System Integration, Lessons In Leverage and Reuse

Speakers: Rick Washabaugh, Kentucky; Stacy Fish, CSG Government Solutions; Kevin Nielsen, Idaho; Joseph Tedder, CSG Government Solutions

As states plan and initiate their modernization journey, the approach to module integration is a key consideration. Some states have opted to hire a System Integrator (SI) vendor to provide a technical solution and services or an SI Advisor to provide consulting services to help define their integration strategy or some states have opted for in-house integration solutions. The approach to module integration is as varied as each state's Medicaid program. In this session we explore how the State of Idaho and Commonwealth of Kentucky, leverage State IT resources to provide solutions and staffing to meet the Medicaid program's modular integration needs.

Idaho employs a hybrid approach involving a few vendors, Department centralized IT resources, and a combination of existing and new technology solutions. This approach leverages the knowledge of an SI Advisor to design a platform that the Department's IT Division can maintain, reusing current Department technology solutions and identifying additional tools and services required for a comprehensive integration platform. Utilizing Department contracts for IT resources the State will build out the integration platform to meet the needs of Idaho Medicaid with the hope of reuse across the larger Department of Health and Welfare.

The Commonwealth uses the services of a System Integrator Advisor to help them plan for integration. Kentucky's approach leverages an existing centralized Commonwealth IT solution, the State Data Hub, which is in the process of being replaced by the State Integration Hub. These solutions allow Kentucky Medicaid to start integrations for new modules using the existing solution with a plan to eventually migrate all integrations to the SIH. As new modules enter the design, development, and implementation phase, they connect to other systems through the State Data Hub. Kentucky's SI Advisor helped the Department for Medicaid Services to identify next steps for the State Integration Hub and how Medicaid can leverage this centralized solution to meet integration needs.

Join us to hear about these innovative approaches to integration platforms that doesn't rely on a single System Integrator solution.

Moderated by Michael Karris, CSG Government Solutions

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2:00 PM; in Mile High 3A

2-06: Transforming Vendor Management: Enhancing Transparency, Efficiency, and Outcomes Through Accelerated Innovation and Design Thinking

Speaker: Derrick Cash, Indiana

In 2020, we recognized the need for improvements in our Vendor Management Office (VMO). We faced challenges with limited visibility into vendor processes, manual data collection, and a lack of access to relevant information.

to address these issues, we implemented a VMO module within Salesforce CRM, focusing on standardized workflows and advanced technologies. By embracing design thinking and innovation, we improved transparency, reduced errors, streamlined vendor management activities, and optimized vendor spend.

The VMO now tracks performance, monitors service level agreements, and manages risk assessments to ensure compliance and proactive issue resolution. With a commitment to continuous improvement and a focus on collaboration, we have enriched service delivery through enhanced efficiency, increased productivity, and improved vendor relationships.

Moderated by Jim Coursey, EY

2:00 PM; in Mile High 4E

IS-15: How Engagement, Efficiency, and Effectiveness Can Drive Health Equity

DocuSign[®]

Speakers: Karen Shimamoto, Colorado; Todd Kyle, DocuSign; MJ Jackson, DocuSign

The US Population covered by Medicaid per state ranged from 10% to 34% in 2021. How are the states engaging with Medicaid applicants and enrollees in order to meet them where they are and deliver long-term services to support these 90 million+ individuals? Are back-office processes optimized for efficiency? and is there a standardized way to measure the effectiveness of these mission critical programs?

Understanding the key moments in Medicaid workflows can help identify areas where there are disparities and inequities in access and advance the delivery of care. MJ Jackson and Todd Kyle from DocuSign, and Karen Shimamoto from the State of Colorado will walk through how solving for the "3 E's" (engagement, efficiency, and effectiveness) can help advance health equity and improve outcomes for all.

Presented by DocuSign

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2:00 PM; in Mile High 3C

7-10: Organization Excellence: Transforming Systems, Culture and Operations to Support Your Medicaid Enterprise

Speakers: Cynthia Beane, West Virginia; Puanani Crabbe Parker, Hawaii

As State Medicaid agencies (SMA) implement their Medicaid enterprise system (MES) initiatives to improve outcomes and align with Medicaid Information Technology Architecture (MITA) requirements, establishing organization excellence is becoming more critical than ever to transform systems, daily operations and culture. Integrating organization excellence into the daily operations helps SMAs deliver on their mission, vision and values, and to enhance the experience of their members and providers.

States such as West Virginia, Hawaii and Oregon have begun engaging their employees to support organizational excellence and are seeing early gains in this investment as they develop employees, make operational improvements, and better coordinate their MES implementations.

During this panel discussion, leaders from West Virginia, Oregon and Hawaii will discuss their current organization excellence initiatives, and the challenges and future opportunities they face. Our panelists will discuss the results from the commitment they have made to establish organizational excellence.

Learning Objectives:

Participants will leave the session with better understanding of opportunities to implement different OD strategies to impact their organization in areas such as:

- Training development and oversight to support workforce development
- Leadership development
- Kaizen/LEAN process improvement
- Strategic planning
- Performance management
- Competency models
- Key performance indicators
- Wellness
- Diversity, equity and inclusion initiatives (Culture)

Moderated by Peter Alfrey, BerryDunn

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2:00 PM; in Mile High 3B

4-06: U.S. Uninsured Analysis

Speakers: Chris Eshleman, Deloitte; Gregg Conley, Georgia

Stakeholders from the federal and state level face the common challenge of getting people enrolled in health insurance. This challenge grows more acute with respect to those at higher risk of health conditions. The rate of uninsured individuals ranges significantly across states, from estimated lows near 3 percent (in Massachusetts) to highs above 18 percent (Texas). In many cases, those who might qualify for subsidized health insurance experience instability in employment and income, which would complicate any effort to participate in public health care options such as Medicaid or subsidized direct-purchase coverage. Institutions interested in understanding the uninsured population encounter sparse data for analysis.

Our team studied various characteristics of the portion of several states' population predicted to lack health insurance. The work focused on developing a clear understanding of the reasons, beyond those available through previously published research, why the typical uninsured person declined to secure insurance through the public health care Marketplace. Mixed methods included both exploratory analysis and inferential modeling on a handful of key characteristics, including but not limited to household composition and plan cost. This analysis leveraged detailed, individual-level data from two sources, HealthPrism™ – a proprietary dataset developed to better understand individual risks across property, life, and health insurance – and individuals with insurance through Marketplace plans.

This work is directly relevant, for at least two reasons, to Medicaid populations inside and outside the states studied. First, many people eligible for Marketplace plans at one point in time will, if household economic conditions change slightly, be eligible for Medicaid at another time. Any outreach efforts targeting the uninsured population will thus also reach at least some people and households on the edge of Medicaid eligibility. Second, the method – combining data on an eligible population with data on program enrollment – can be directly applied to identify and understand people who are Medicaid-eligible but choose not to enroll.

Moderated by Rick Zelznak, North Highland

2:00 PM; in Mile High 4A/4B

CMS-10: Welcome to The Debut of MC-Review!

Speakers: Tracey Garcia, CMS; Invited Truss contractor speakers

CMCS is replacing the current lengthy, manual email-based process for submitting, reviewing, and approving managed care contracts and rates with the Managed Care Review (MC-Review) application. MC-Review will support the conversation between states and CMCS regarding State Managed Care programs. This system is in the pilot phase now and will be rolling in new states to benefit from the systems efficiency, visibility and accountability for managed care contracts and rates submission, review and approval. We look forward to sharing our product and discussing how states can join in the pilot.

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2:00 PM; in Mile High 4F

IS-16: Accelerating Medicaid Modernization with an Incremental Modernization Strategy

Speakers: Rod Bremby, Salesforce; Huong Nguyen, Washington

As State Medicaid agencies look to modernize their MES solutions, they require a platform that can both provide user-friendly digital engagement channels and provide a 360-degree view of Member, Provider, and Program data. Medicaid agencies need a Single Source of Truth for a complete and cross-functional view into the State’s Medicaid program. This holistic platform approach enables states to improve member experience, drive competition amongst health plans, and drive targeted health equity goals.

Learn how the State of Washington and other states are using the Salesforce and an API-led integration approach to incrementally modernize their Medicaid enterprise by seamlessly connected existing systems with new modules, existing systems, and 3rd party systems, to advance an all-encompassing view of their members and streamline service delivery. Join the discussion to hear how Salesforce shifts the narrative around the goal and desired outcome delivery for the Medicaid program to ultimately drive better health outcomes.

Presented by Salesforce

2:50 PM; in Exhibit Hall F

Break - Visit The Exhibit Hall



Use this break as an opportunity to visit the Exhibit Hall to network with the MESC 2023 Exhibitors. Light refreshments and beverages will be available.

Sponsored by NESCSCO

3:30 PM; in Mile High 4C/4D

1-02: Kentucky’s Journey to Modernize Its APD Development

Speakers: Rick Washabaugh, Kentucky; Brenda Denny, Kentucky; Becky Tubbs, Kentucky; Alejandra Johnson, CMS

In 2017, with feedback from CMS and IV&V, the development of APDs within Kentucky started on a transformational journey. Over the past five years, KY has adapted its approach to their APDs, changed the culture of support for those APDs through Medicaid, initiated organizational changes, staffing changes, documentation changes, and process changes all in an effort to standardize their development. Through referrals from our CMS State Officer, Alejandra Johnson, the fruits of our labor have been able to be shared with eight (8) other states in various stages of their MES journey.

KY has compiled a comprehensive library of artifacts, templates, documents, processes, and procedures that we are able to share with other states. We have adapted what we use internally into artifacts for those states and frequently leverage those for reuse. We would like to share our journey and artifacts with the larger state audience at MESC. We have a substantial list of lessons learned and guidance that can be of assistance to state Medicaid agencies.

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At conferences, we frequently hear questions from states about leveraging APDs or how to obtain federal funding through APDs. While the regulations are written, their practical application is not well known. Following in our footsteps, we hope that States will take away an increased understanding of the APD Development process, tricks to make it easier, tools to use in their states, and actionable tips to benefit them immediately.

Moderated by Ivy Bela, KPMG

3:30 PM; in Mile High 3A

3-04: How Leveraging a State HIE Improved PHE Response and Will Assist Public Health In The Future

Speakers: Chris Baumgartner, Washington; Shawn Roberts, Washington; Christine Nolan, Washington; Kelly McPherson, Washington

Prior to the COVID-19 pandemic, the WA State Department of Health (DOH) partnered with the Health Care Authority (HCA) to leverage funding under HITECH to advance interoperability between public health and clinical partners. This included use of the state-wide HIE, OneHealthPort (OHP), which is appointed under WA law by HCA. Leveraging this shared data exchange service has been critical to modernizing our ability to receive essential data from Medicaid providers and has also been instrumental in providing important data back to improve their care of Medicaid patients. During COVID the value of leveraging the HIE cannot be undersold. DOH went from around 50 million transactions per year prior to the pandemic to over 100 million transactions. to try and manage all those point-to-point connections would not have just been the straw that broke the camel's back but the boulder. For this exchange DOH pays a small annual fee. This has been an incredible bang-for-your-buck investment that has meant WA DOH has more accurate, complete, and timely data for our essential public health work. It also has meant actionable data for patient care provided directly into the workflow of a provider's EMR.

Moving forward, HCA is assisting and partnering with DOH to further leverage OHP after the PHE to ensure that essential public health work can be done and that Medicaid patients, providers, and programs at HCA can realize the full benefits of many of the WA DOH public health systems. WA has a p-APD in place to help DOH work on certification of key modules like our data exchange services with OHP and critical systems like immunization registry, prescription drug monitoring, and syndromic surveillance to enhance care coordination across the Medicaid Enterprise. DOH also has plans/pilots in place to look at modernization birth/death reporting, situational awareness reporting, newborn screening, and many other systems to advance interoperability with our clinical partners and provide Medicaid benefit. We are excited to share our experiences during COVID and how we plan to leverage many of these for our future work.

Moderated by Kipyn Miller, EY

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3:30 PM; in Mile High 3B

5-01: Establishing and Sustaining a Multi-Agency Data Governance

Speaker: Frances Peralta-Donio, New Mexico

Establishing and sustaining an effective data governance program is a significant challenge for many organizations, but where do you start? What are the considerations to ensure you achieve a successful launch and then build upon that success? We will take you through New Mexico's journey from an initial, failed attempt started under a highly technical purview to a new business-driven approach relying upon close collaborations business and information technology departments among multiple agencies. You will hear how we leveraged Gartner's key success factors which ensure the security and quality of data assets that facilitate a data driven organization including our most impressive achievements, the execution of a multi-agency data sharing agreement and data quality plan, which we are operationalizing and utilizing to propel all of New Mexico's health and human services agencies forward towards being data-driven, outcomes-focused organizations.

Moderated by Nancy Bass, North Highland

3:30 PM; in Mile High 4E

IS-17: HAVE A SEAT: The Benefits of Inviting Provider Input During Implementation



Speakers: Angela Sanders, FEI Systems; Janice Gillett, FEI Systems

Medicaid enrollment has always been an administrative hassle for providers. Lengthy application and credentialing processes accompanied by the guarantee that even if claims are paid, the reimbursement rate will be lower than that of private insurance can deter even the most willing providers from adding Medicaid beneficiaries to their patient rosters.

What if the very healthcare workers that are turned off by these administrative hurdles Medicaid enrollment presents could help? It's time for providers to have a seat at the table as state Medicaid agencies seek to upgrade and modernize the health IT solutions, they use to manage complex waiver programs. For agencies looking to improve operations and the services delivered to beneficiaries, there's a lot to be gained from the provider perspective.

Join us for a discussion on how to bring providers into the earliest stages of a new software implementation. By engaging all stakeholders in the configuration of IT solutions, you can ensure your health and human services delivery systems are exactly what your program members need them to be.

Presented by FEI Systems

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3:30 PM; in Mile High 3C

7-05: Migrating an Organization's Data, Applications, and Infrastructure to A Cloud-Based Environment: Challenges and Strategies For Success

Speakers: Prasanna Deshpande, Tennessee; Leigh Ann Pepin, Trinisys; Kelly Silva, Trinisys

Cloud migration has become a prevalent topic in the business world due to its benefits, including improved scalability, cost savings, and flexibility. However, the process also poses challenges that organizations need to consider to ensure success.

This presentation will focus on two significant challenges in cloud migration, namely managing multiple applications and processes in an enterprise cloud environment and ensuring data security and compliance. We will discuss strategies for managing these challenges, including developing a clear migration plan, evaluating cloud providers, standardizing processes, using automation tools, and implementing strong security controls and compliance frameworks.

The presentation will provide attendees with practical insights and actionable strategies for managing cloud migration effectively. Specifically, attendees will learn:

1. The key challenges organizations face when managing multiple applications and processes in an enterprise cloud environment
2. Best practices for developing a clear migration plan that outlines the steps required to move each application/process to the cloud
3. Factors to consider when evaluating cloud providers, such as performance, scalability, security, and cost
4. How to establish consistent processes for managing each application/process to simplify management and reduce complexity
5. How to leverage automation tools to streamline management tasks and improve efficiency
6. The importance of implementing strong security controls and compliance frameworks to protect data and meet regulatory requirements

The presentation will be valuable for state IT professionals, cloud architects, and Medicaid decision-makers responsible for managing cloud migration projects. Attendees will gain practical knowledge and insights that can help them navigate the challenges of cloud migration and achieve success in their projects.

Moderated by Kelly Silva, Trinisys

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3:30 PM; in Mile High 4A/4B

PSTG-2: The Future Looks Bright – Updates and A Sneak Peek of Products Being Produced In Our Important Committees

Speakers: Invited Speakers, Kentucky; Invited Speakers, PSTG

The MES Private Sector Technology Group is excited to share tremendous progress on our past and current committees.

- Kentucky will share updates and lessons learned on their Outcomes Based MITA SS-A
- Our Team will provide updates and a sneak peek into the products that are being produced by the RFP Tools and Templates Committee that is sponsored by CMS
- Our Team will also provide updates and a sneak peek into the outputs of the Implementation to Operations Committee to help guide states on what happens after you implement your new systems and processes.

Moderated by Lisa Alger, NTT DATA

3:30 PM; in Mile High 4F

IS-18: Building Bridges: The Importance of Healthcare Ecosystem Interoperability Platform



Speakers: Krish Kannan, CTO, GDIT; Ravikiran Dharmavaram, Founder & CEO, Exafluence Inc.

A connected healthcare ecosystem is critical to achieving the quadruple aim: achieving a healthy population, increasing patient experience, reducing cost, and improving provider experience. A modern public healthcare ecosystem needs to connect with provider, payors, HIEs, public health surveillance system, Medicaid system, and other federal health systems such as HHS, CDC, FDA, NIH etc. This connection is facilitated through data exchange platforms and within the healthcare arena two major data exchange standards prevail which is X12 EDI and FHIR EDI standards. FHIR standard is evolving, and while adoption is prevalent in commercial its slowly getting traction within public healthcare agencies. During this session, GDIT, in collaboration with our partner Exafluence, will showcase the Federal & State Interoperability Platform (FSIP), which enables FHIR interoperability for electronic health record across public ecosystem. It addresses the unique challenges public agencies face as related to FHIR adoption curve and the ability to integrate with evolving data exchange profiles by multiple agencies to support their specific use cases.

Presented by GDIT

4:20 PM; in Mile High Ballroom Pre-Function

Break

Join us in the Mile High Ballroom Pre-Function area for a quick beverage and light refreshment as you make your way to your next session.

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4:30 PM; in Mile High 4C/4D

1-08: Anyone Know of Available IDEAL Programs or Disrupting Without Disrupting

Speakers: Daniel Lippert, Arizona; Anthony Flot, Arizona; Brad Perrin, NTT DATA

AHCCCS (Arizona's Medicaid Agency) supports not only their own MMIS, but also maintains the core MMIS for Med-QUEST (Hawaii's Medicaid Agency). If that is not unique enough, the system is coded primarily in IDEAL and DATACOM, running on a mainframe. Although the system has served both states well over the last 32 years, it is not feasible to continue as is, and the agencies require a significant change to the MMIS. To reduce risk and establish the foundation for improved integrations with other modules, AHCCCS is implementing a Systems Integration platform. Although a Systems Integration platform is hardly new and exciting, the uniqueness of the partnership, the current systems, and the path towards modernization add that little extra excitement.

AHCCCS is taking a strategic approach to Systems Integration, focusing on the pain points of today, identifying the needs of the next 5 years, and keeping an eye on future needs. The platform becomes the method by which decoupling key functionality from the mainframe can begin, while reducing overall risk and improving upon the integrations of existing modules contained in the overall MES for both AHCCCS and MQD.

Moderated by Jarred Clark, NTT DATA

4:30 PM; in Mile High 3B

2-07: How Shift-Left Testing Improves Outcomes In The Multi-Vendor Environment

Speakers: Herminio "Bebet" S. Navia Jr. RN, New Jersey; Shawn Knox, New Jersey;
Uma Kandasamy, North Highland

State Medicaid Agencies (SMAs) face a range of shared challenges resulting the transition to integrated systems with multiple vendors handling different Medicaid functions. In a multi-vendor environment, prior approaches to pushing testing were based on waterfall methodology, which defers end-to-end integration and testing to latter phases. This approach significantly increases project risk. A Testing Organization model that supports the shift to the multi-vendor model with Shift Left Focus and Continuous Testing avoids foreseeable issues and supports accountability for functions and services that closely interact but may have gaps. For example, the typical MES modernization roadmap includes a sequence of procurements and implementation projects to complete modernization and does not focus on the organization strategy to support testing in a multi-vendor environment. Given the shift to outcome based/streamlined modular certification and CMS's new Testing Guidance Framework, it is measurable, quality outcomes are even more important. In this presentation, the State of New Jersey and North Highland discuss the state's testing challenges in a multi-vendor environment and focus on their plans to achieve quality objectives and meet the CMS Testing Framework guidance by improving ways of working through an enterprise test management strategy, a vital tool in the IT strategic planning process.

Moderated by Amanda Bryson, North Highland

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4:30 PM; in Mile High 3A

1-11: Enabling Data Centricity for Measuring Success and Improving Outcomes

Speakers: Nikole Helvey, Florida; Matt Kline, Florida; Som Khot, Florida;
Paul LaRoche, Deloitte; Don Hoag, Deloitte

The Florida Health Care Connections (FX) Medicaid modernization initiative's Enterprise Data Warehouse (EDW) is the first implementation of an Operational Data Store (ODS) designed as the single source of truth within the Florida MES. The current Florida Medicaid Management Information System (FMMIS) is the primary fiscal agent processing system, while several additional supporting services for Medicaid are performed through separate vendor contracts and sub-contracts that utilize separate, often siloed, information systems. This ODS design decouples the data from the existing MMIS and each of the separate applications where data may be stored, and instead establishes the central source of information - ultimately better supporting iterative integration of modules.

Critical success factors include:

- Enterprise Data Governance - Establish a strong data foundation through a Data Governance decision-making process for data design elements early. Ongoing, maintain Data Governance to define data policies and business rules across data domains, establish consensus strategies across business units, and resolve data conflicts. Leverage Data Governance tools such as the metadata engine, Data Quality rule engines, and the business and technical glossary to aid these functions.
- Data Model - Define a logical model centered around recipients and providers. Design the EDW conceptual and physical models to the logical model with future module integration in mind. Align models with Data Governance policies for naming conventions and data standardization. Maintain the sanctity of a transactional system to support future modules, minimizing interdependencies between the modules.
- Data Decoupling - Meet the essential ODS objective to move the data source from the MMIS production system to ODS. Decoupling from the MMIS minimizes impact to production during module integration and provides consistent information for all modules, centralized access control, and helps in alignment with industry standards such as FHIR for data integration across the Florida MES.
- Implementation Approach - Iterative implementation to minimize impact to business operations and adapt to changing business and legislative needs.

Moderated by Faye Makishima, Deloitte

4:30 PM; in Mile High 4F

IS-20: Value Based Care in a Managed Medicaid World

PointClickCare®

Speakers: Anthony Laflen, PointClickCare; Steve Holt, PointClickCare

See the MESC app for the latest information.

Presented by PointClickCare

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4:30 PM; in Mile High 3C

4-07: Moving Michigan Toward Community Information Exchange Through Strategic Partnerships and Improved Data Relevance

Speakers: Molly Welch-Marahar, Michigan; Christina Engman, Michigan

Community Information Exchange (CIE™) is an emerging priority for the Michigan Department of Health and Human Services (MDHHS) and residents across Michigan. Efforts to build infrastructure facilitating the bi-directional exchange of social and clinical data are already occurring at the local level; however, partners have expressed interest in exploring a statewide framework to support interoperability and development of data governance standards. Therefore, MDHHS established a Community Information Exchange Task Force to develop consensus around practices to collect social care data, provide holistic treatment that addresses social drivers of health outcomes, and connect systems across communities through an interoperable infrastructure.

The CIE Task Force is developing recommendations to inform the creation of statewide infrastructure and capacities to support CIE at the state and local levels.

Facilitating access to information across the MDHHS enterprise to address the social needs of our residents is a focal point of Michigan's CIE strategy. From authoring data standards to improve data relevancy across programs to creating health and social risk scores, data has proven to be a way of empowering our community partners to make better informed decisions related to their interaction with Michiganders.

Through active collaboration with program data experts in MDHHS, throughout the State of Michigan enterprise, and within the community, data strategy initiatives are ongoing, including the implementation of race and ethnicity data standards, making data more useful in measuring and achieving impact on Social Determinants of Health.

By matching homeless data to Medicaid utilization data via our Master Person Index, local homeless agencies prioritized targeted outreach and coordinated housing services to yield significant and measurable improvements to health care utilization. This effort helped inspire the development of a Homeless Vulnerability level, available through the CareConnect360 (CC360) application, which allows practitioners involved in the physical and behavioral health care of Medicaid recipients to include housing stability in their holistic care planning.

We are continuously adding data and functionality to our CC360 application including a social care user role which addresses some of the social determinates of health. In addition to the homeless vulnerability level mentioned previously, we have also added a jail risk indicator, which will aid health workers within the county jails with assessing risk for incoming incarcerates for potential behavioral or physical health issues.

This presentation will discuss both statewide planning to support CIE, as well as the ways this planning is shaping Michigan's enterprise data strategy and systems.

Moderated by Patti Garofalo, NTT DATA

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4:30 PM; in Mile High 4A/4B

7-08: Fueling The FHIR: How Mississippi Is Embracing Interoperability Beyond Compliance

Speakers: Chris Smith, Mississippi; Rajesh Sharma, Gainwell Technologies; Ignatius Cruz, Gainwell Technologies

With the publication of the Interoperability and Patient Access Final Rule, CMS set into motion a journey toward a connected healthcare system where patients, providers and payers can easily exchange information to improve outcomes. The Fast Healthcare Interoperability Resources (FHIR) standard enables flexibility and reduces friction as this information is transmitted between systems.

While compliance with FHIR is essential, it is important for states to regard the rule not just as a requirement they must meet, but rather a catalyst for patient-centered healthcare. Committing to interoperability beyond mandates is what will lead to better health outcomes - the ultimate goal of CMS' rule.

Drawing on experience implementing interoperability projects in at least 14 states, health IT experts from Gainwell Technologies will provide insight into the current and forthcoming interoperability landscape - how CMS is planning to start enforcing the final rule, new considerations with regard to prior authorization, strategies for reducing the overall risk of FHIR implementation and more.

Chris Smith, Enterprise Solution Architect for the Mississippi Division of Medicaid, will put the discussion into context by sharing Mississippi's interoperability vision and efforts the state currently has underway to deliver better outcomes for Mississippians. In addition, Chris will share lessons learned and recommendations for other states as they navigate the journey toward truly interoperable healthcare.

Moderated by Mitzi Hochheiser, Louisiana

4:30 PM; in Mile High 4E

IS-19: Case Study: TPL Strategy Drives Savings and Improved Enrollee Experience for A Medicaid Program



Speakers: Tyler Ford, CAQH; Jay Eisenstock, Zane Networks

Health coverage information (including third-party liability) is critical to supporting the value and efficiency of state and local Medicaid programs. Yet working with coverage data is challenging and too often results in uncaptured opportunities.

In this session, Zane Networks and CAQH will share how an innovative partnership with the District of Columbia's Department of Healthcare Finance (DHCF) has led to service improvements and robust program savings for DC residents. Participants will learn:

1. The goals and objectives the District of Columbia set out for its Medicaid program
2. The partnered approach Zane Networks has used to help DHCF drive greater financial sustainability, including use of a collaborative health coverage data set developed by CAQH
3. Lessons learned from the partnership, including takeaways for other Medicaid leaders

Presented by CAQH

Thursday

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Thursday, August 24

7:00 AM, in Room 201/203/205

Breakfast



N/A

To ensure our attendees have a full understanding of the options available for each meal we have included the actual selections with notations for dietary accommodations. We hope this helps our attendees better understand the options available. Menu selections are subject to change.

COLORADO HEALTH NUT CONTINENTAL

- Assorted Fruit Juices
- Assorted Local Kombucha
- Locally Baked Bran, Blueberry, and Zucchini Muffins - (CN)
- House Made Seasonal Blue Bear Farm Crostatas - (Veg)
- Farm Fresh Seasonal Sliced Fruit Platter - (Vegan, GF)
- Local Noosa Yogurt Bar with Granola, Fresh Berries, Dried Fruits and Nuts - (Veg, CN)
- Steel Cut Oatmeal with Butter, Colorado Honey and Brown Sugar - (GF)

All breakfasts come with Freshly Brewed Coffee, Decaffeinated Coffee, Hot Tea, Water and Iced Tea.

Sponsored by NESCSCO

8:30 AM, in Mile High 3A

5-02: Untangling the Accessibility Knot

Speakers: Renee Taylor, Vermont; Raymond Chin, NTT DATA

Join us as Renee Taylor, Test Manager, State of Vermont, and others discuss the importance and some of the approaches ensuring that systems are appropriately designed to meet Federal Disability guidelines. We will explore how testing can play a key component to ensuring that all users of healthcare systems are protected against bias and can get access, operate, and complete activities regardless of their capabilities.

Our panelists will discuss their approach and considerations implemented for an actual project. This includes:

- Putting Accessibility first
- Definitions and Approaches
- Working with the Vendor early
- Components of Strategy
- Testing Tools
- Considerations and Results

Moderated by Donte R London, NTT DATA

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8:30 AM, in Mile High 4C/4D

2-08: Case Study: Secret Sauce In Practice: LTSS Modernization System

Speakers: Melissa Kmiecik, Tennessee; Arianna Montero Colbert, Tennessee; Tommy Waring, Tennessee; Nicole Craney, Tennessee

We shared how to make the Tennessee Secret Sauce last year, this session demonstrates how to apply the Secret Sauce in a real-life Project!

TennCare has embraced the multi-vendor, multi-module strategy on an enterprise level for many years. Starting with the Eligibility and Enrollment system, Tennessee Eligibility Determination System (TEDS), TennCare included multiple vendors to ensure successful implementation. This included the solution vendor (Deloitte), MMIS Solution vendor (Gainwell), Strategic Project Management Office (Public Consulting Group), Technical Advisory Services (KPMG), and Business Support Services (NTT DATA). As TennCare continued to modernize its Medicaid Enterprise Systems, additional solution vendors were included for Provider Management (Maximus), Pharmacy (Optum), and Data Warehouse/Decision Support System, referred to as 'Data Ecosystem' (IBM). Additional modules have also included Identity and Access Management, Medical Appeals Tracking System (MATS), and the Pre-admission Evaluations and Referrals for Long-term Services and Supports (PERLSS).

Tennessee's Secret Sauce approach is key to success in this multi-vendor, multi-module approach. TennCare and its vendors work together collaboratively, checking their logos at the door, and creating a team built to achieve the desired outcomes.

This presentation demonstrates how the Tennessee Secret Sauce really works collaboratively in the multi-vendor, multi-module environment to achieve successful implementations. The PERLSS project is provided as a Case Study in applying the Secret Sauce strategy in a real-life project. TennCare Business, Business Relationship Management, TennCare PMO, Solution Vendor (Deloitte), UAT vendor (NTT DATA), Certification Management and Electronic Technology Management Office vendor (KPMG), and Business Support Services vendor (NTT DATA) worked collaboratively throughout all SDLC phases to mitigate risks and resolve project issues leading to successful implementation of PERLSS.

Key Takeaways:

1. How state and vendors work collaboratively.
2. Value of each role in the success of the project.
3. Team utilizes a quality driven approach.

Moderated by Cassandra Madison, Tech Talent Project

8:30 AM; in Mile High 3C

IS-20: Presented by DataBricks

See the MESC app for the latest information.

Presented by DataBricks



databricks

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8:30 AM, in Mile High 3B

7-03: Pharmacy Benefits Manager Certification - Nevada's Journey from ORR to Final Certification

Speakers: April Caughron, Nevada; Brian Kagele, Nevada

Certification is a rapidly changing effort which has seen it transition from being fairly complex to a streamlined approach in recent years and the Pharmacy Benefits Manager (PBM) is no exception. Nevada completed its PBM final Certification Review on April 18, 2023, ten months after the July 1, 2022 Go-Live and almost two years after the February 10, 2016 Kick-off. Nevada was the first state to complete an Operational Readiness Review (ORR) and final Certification Review (CR) under Streamlined Modular Certification (SMC). Key to these successful certifications was close communication with CMS, effective coordination of vendor efforts, and targeted use of technology. We will share the lessons we learned throughout this process and technology tips that worked, giving you a bird's eye view of how a State agency worked with CMS to navigate certification process changes and productively coordinated with different vendors to prepare for the evolving certification reviews. Questions about ongoing reporting of outcomes and metrics, as well as moving forward with the new Operational Workbook will be discussed.

Moderated by Christian Jones, North Highland

8:30 AM, in Mile High 4A/4B

CMS-03: Interoperability and Medicaid and CHIP

Speaker: David Koppel, CMS; Brent Weaver, CMS

In May 2020, the Centers for Medicare and Medicaid Services (CMS) released the Interoperability and Patient Access final rule, CMS' first step to guide the health care ecosystem in the direction of interoperability. In December 2022, CMS published a proposed rule on Advancing Interoperability and Improving Prior Authorization Processes. Hear from CMS's Office of Burden Reduction & Health Informatics as they review the major interoperability events leading up to recent regulations and discuss the agency's direction for the future. Learn how CMS' efforts to enable standardized data exchanges across the industry can be leveraged to benefit state Medicaid and CHIP programs. We will discuss both the regulatory requirements for State Medicaid Agencies and their managed care plans, as well as opportunities for states to use Medicaid Enterprise Systems funding to improve interoperability within and between states.

9:20 AM, in Mile High Ballroom Pre-Function

Break

Join us in the Mile High Ballroom Pre-Function area for a quick beverage and light refreshment as you make your way to your next session.

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9:30 AM, in Mile High 4C/4D

1-10: Colorado Medicaid Enterprise Solutions Next-Gen Journey Through Modularity

Speakers: Vicki Foreman, Colorado; Lindsay Espenship, HealthTech Solutions; Tony Franklin, EY; Amber Hartley, BurstIQ

Modularity, Interoperability and Social Determinants of Health are forcing SMAs to rethink procurement strategies and solution requirements. SMAs find themselves in a constant state of procurement and focus on when contracts end and when they need to be replaced. As the MES becomes more modular and data driven, this requires a new procurement and integration strategy and there are new implied requirements to the states integration platform to satisfy the growing needs by all stakeholders.

Colorado is using an Invitation to Negotiate (ITN) playbook to help meet these contractual needs and fulfill the program's MES vision. This process provides more flexibility and leverage to meet business goals and build more enforceable contracts. As an example of this process, an ITN solicitation was used by Colorado to procure an Integration Platform that will streamline operations, improve data security, and advance Colorado's auditing, analytics, and intelligence capabilities. The solution features a new Graph database and a canonical data model that supports all MES modules through an ODS. During this session, the team will review this process, lessons learned, and demo the solution to illustrate how the procurement process brought the right solution, at the right time to support Colorado's future MES vision.

Moderated by Nicolle Field, North Highland

9:30 AM, in Mile High 3A

2-09: Multi-Vendor Data Coordination for Improved Outcomes

Speakers: Heather Kirby, South Carolina

It is not enough to have access to your data. There needs to be a coordination of data and vendor services to truly actualize the beneficial insights held in the numbers. Being able to bring in disparate data sources and coordinate services received from multiple vendors is key to developing the most successful and efficient use of data to fulfill agency business objectives.

Data warehouses are not static entities, and the South Carolina Department of Health and Human Services (SCDHHS) continues to add new data sources that need to be incorporated into existing analytical reporting tools. The challenge: Eliminating the manual receipt and management of data from fellow agencies and vendors through electronic data exchange, scheduling the receipt of data files for the most accurate reporting, establishing a single point of oversight for all changes made to vendor data sources to ensure uniformity of the enterprise data dictionary.

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Not all challenges are technical. Juggling communications between internal agency stakeholders and their data expectations with vendor constraints and working to get associated stakeholders to take ownership of their part in the process can be challenging. SCDHHS is engaging fellow agencies and vendors and identifying potential new data sources to help the agency have a better perspective on its clients.

At this session you will hear how SCDHHS is effectively managing data from a variety of agencies and vendors to manage programs, provide better quality outcomes for its members, and identify and recover agency funds more effectively.

Moderated by Rajesh Sharma, Gainwell Technologies

9:30 AM, in Mile High 3B

3-06: Creating A Rapidly Responding, Flexible System to Promote Equitable Opportunities For All Oregonians—During A Public Health Emergency And Beyond

Speakers: Rae Bauman, Acentra Health; Susan Baker, Acentra Health; Verlon Johnson, Acentra Health; Joshua Thompson, Oregon

The Public Health Emergency (PHE) was not only about coordination of much needed services for affected people, but it was also about coordinating and providing the needed services in an equitable way - applying the principles of social and environmental justice. Just and equitable provision of services includes those individuals who receive Medicaid benefits but also includes all residents within an affected state.

Systems that identify and track only Medicaid beneficiaries, however, are insufficient when an event affects all citizens. Recognizing this limitation and the need to track of all state individuals, Oregon responded with a system infrastructure that permitted rapid development and implementation of assessments and outcomes measurement for all citizens.

In this session, we will review the principles of equity, social justice, and environmental justice and how those principles were applied in rapid response to equitably serve Oregonians during the PHE. Specific themes to be covered include:

- Activities involving nearly 40,000 individuals, identifying those at high risk for poor health outcomes. (Approximately one half of the affected individuals were Medicaid beneficiaries.)
- Success with outreach, improved utilization of hospital resources, placement, and support services, as well as the system needs to operationalize those programs, monitor progress, and provide clear reporting
- Lessons learned for improved operational baselines for future-state readiness
- Oregon's responses to 'emergencies within the PHE'

Further, we will address key takeaways for attending states to put into action, with a broad focus on how state agencies and private enterprise can partner in new ways to overcome challenges faced when implementing services and attempting to serve an entire population.

Moderated by Verlon Johnson, Acentra Health

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9:30 AM, in Mile High 3C

5-07: 1115 Waivers: Operationalizing Policy and Data Together In The Modular World

Speakers: Cynthia Beane, West Virginia; Susan Chugha, BerryDunn

As a Medicaid Agency, facilitating life-changing services to the most vulnerable populations is paramount, especially during successive public health crisis of COVID-19 and opioids. While this PHE trend represented challenges, tracking waiver metrics, and implementing system enhancements is one possible way to get ahead of negative trends.

As your Medicaid agency ponders what steps it can take to bring both policy and data together under one goal, please join speakers from the West Virginia Bureau for Medical Services (BMS). The BMS will share their story on how they are working to bridge the gap between policy and data to have access to real-time data which will assist in policy decisions and use this data to quantify the highest impact for beneficiaries across the State.

Participants will leave this discussion with an appreciation for how data dashboards can support policy decisions, provide state leadership, and state legislation with up-to-date waiver information and support reporting requirements.

Learning Objectives:

1. Understand how WV designed a SUD specific dashboard leveraging their new Enterprise Data Solutions (EDS) system
2. Proactive planning of outcomes, objectives, and requirements reduces downstream inputs and streamlines modernization efforts
3. Understand the functionality of the dashboard and how this will support program goals, help make policy decisions, and provide real-time answers to requests

Moderated by Christopher Davis, North Highland

9:30 AM, in Mile High 4A/4B

7-02: All-Payers Claims Database Use in Support Health Equity

Speakers: Jeff Reger, DHIN; Mike O'Neill, MedicaSoft

Enthusiasm continues for development/support of All-Payers Claims Database, affectionally coined 'APCD'. This significance supports, peer to peer learning, standardizations and data driven policy making, along with advocating for equal care distribution and health equity amongst the Medicaid population despite socioeconomic vulnerabilities.

The Delaware Health Information Network (DHIN) is the cornerstone of such activity for the State of Delaware's All-Payer Claims Database and Health Information Exchange. Delaware's all-payer claims database, known as the HCCD, is the authoritative source of data used to determine the state's spending on health care, identify costs of services at specific facilities, and track healthcare price changes over time with an overarching support of maintaining equal access to healthcare equity. In synergy, the Delaware Health Information Exchange has used the DHIN's advanced Master Patient Index (MPI)

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to build relationships with over 95% of the healthcare organizations in the State including various Medicare and Medicaid payers, the State Division of Medicare, and Medicaid Assistance (DMMA), and the Accountable Care Organizations (ACO's) and Managed Care Organizations (MCO's). Medical Claims, Medical Eligibility, Pharmacy Claims, and Provider data from 17 insurance carriers, aggregates the data, and delivers 28 public-facing reports on various analyses, such as Chronic Disease and Health Care Utilization among Delawareans, for over 900,000 covered lives and growing enables the State of Delaware identify gaps in care to improve healthcare equity for the State's covered lives.

The ability to collect healthcare claims, enrollment, provider data from Medicare, Medicaid, large commercial health insurers in Delaware facilitates data-driven, decisions creating reliable public policy to combat health inequities. A few examples include tracking patient costs based on type of visit - e.g., average cost of a doctor's visit at an Urgent Care facility per region or county. Are more needed based on the data to ensure equitable distribution of care? Or Psychiatric Diagnostic Evaluations with an average cost of \$112 in some areas and more expensive or unavailable in other areas.

A review of the DHIN APCD program authorized by the State of Delaware fueled by FHIR standards is a pivotal health equity opportunity for expansion in other State and the program provides insights to further combat health inequities seen today.

Moderated by Nick Blake, Brilljent

9:30 AM, in Mile High 4A/4B

CMS-02: Data Use Within Medicaid and CHIP

Speakers: Gregory Woskow, CMS; Zachary Holden, CMS

The use of Medicaid and CHIP data continues to grow at an exponential pace with more use than ever before, the power of data to inform Medicaid and CHIP programs and expand the Centers for Medicare and Medicaid Services' (CMS) data driven culture grows as well. CMS continues to utilize data to facilitate data driven decision making within CMS, as well as share insightful Medicaid and CHIP data publicly. This panel presentation will highlight key data products derived from CMS data, such as the novel Medicaid and CHIP Equity Briefs, Public Use Files (PUFs), datasets available for analytics, as well as data products and optimization efforts that help drive better health outcomes and smarter spending within Medicaid and CHIP. The target audience includes external stakeholders who utilize T-MSIS data in their work and those who are interested in learning more about T-MSIS data. The expected value to participants will be information on recent developments in T-MSIS based analytic efforts, as well as insight into the future direction of data analysis and ingestion efforts at CMCS.

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9:30 AM, in Mile High 4E

IS-23: Pairing A Modernized Cloud Platform with Medicaid Data Expertise: A Winning Combination

Speakers: Bob Nevins, Oracle Health; Nathan Gray, Oracle Health

In this sponsored session, you will learn how Oracle Health and Cerner (now Oracle Health) are combining assets to enable a Cloud Ecosystem that will deliver forward-thinking Medicaid solutions for today and tomorrow. This is especially important in today's rapidly changing Medicaid world driven by the unwinding of the Medicaid continuous enrollment provision and the prospects of work requirements for Medicaid and other social services programs. Maximizing Medicaid dollars is of paramount importance.

Presented by Oracle Health

10:20 AM, in Mile High Ballroom Pre-Function

Break

Join us in the Mile High Ballroom Pre-Function area for a quick beverage and light refreshment as you make your way to your next session.

10:30 AM, in Mile High 4C/4D

3-05: Even Covid Couldn't Stop Us: How Hawaii Switched Gears and Created Virtual Self-Paced Job Skills Development Courses During A Global Pandemic

Speakers: Puanani Crabbe Parker, Hawaii; Kaela Stehly, BerryDunn; Nolan Cyr, BerryDunn

State Medicaid Agencies (SMAs) must be agile to keep pace with new innovations, requirements, and guidelines to ensure compliance and fulfill their mission of providing accessible and affordable healthcare to their community. This requires ongoing training to equip staff with the skills to navigate the complex and ever-evolving landscape of Medicaid. Without proper training, SMAs risk noncompliance and ineffective service delivery, resulting in serious consequences for those who rely on them for healthcare coverage.

Med-QUEST (MQD) worked to develop an in-person training program to educate new and existing staff on new employee orientation, Medicaid, and eligibility and enrollment. When the COVID-19 pandemic derailed MQD's plans, Hawaii reinvented their Job Skills Development (JSD) program with the health and safety of their employees at heart. Utilizing an online training format allowed staff to complete the training at their own pace. The switch in training delivery demonstrated the agency's ability to adapt to changing circumstances while continuing to provide flexible and quality training for their staff.

This presentation will walk through how MQD created a virtual self-paced training with their mission, vision, and values guiding the process. We will describe how the training was rolled out to staff through a Learning Management System (LMS) and provide data that shows how impactful and successful the program was. Lastly, we will describe the future of person-centered training through JSD and how it will continue to address staff needs in a post-COVID world.

Moderated by Shea Berry-Brennan, BerryDunn

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10:30 AM, in Mile High 3B

4-03: How Telehealth and Remote Services, Coupled With Broadband Funding Opportunities, Are Advancing Health Equity In Rural And Low-Income Communities

Speakers: Stephanie Pugliese, Colorado; Dawn R. Gallagher, HealthTech Solutions; Ashley Heathfield, Colorado

The panel will discuss successful telehealth and remote strategies for Medicaid populations where and when needed, particularly in rural and low-income areas where inequities are more prevalent. The discussion includes two new federal broadband grants programs that provide opportunities for states to coordinate health and broadband efforts, including defining health and social services facilities that qualify for special 'status' high-speed broadband connections that enhance communications between health facilities and patients, and among health care teams.

Presentations include data reports that quantify benefits of telehealth and remote services, including care coordination, social and behavioral health services, remote patient monitoring, and 'aging in place.' The panel will chronicle avoided Medicaid costs for non-emergency transportation, missed appointments and lost work, emergency department visits, and hospital readmissions--while retaining provider and patient satisfaction.

Many telehealth services require broadband, the emerging backbone "super social determinant of health," yet, many facilities have no, or very poor service, and cannot fully participate in the exchange of patient records, test results, or health care plans.

New federal broadband programs, the Broadband Equity Access Deployment (BEAD) and Digital Equity Act (DEA), are providing \$48 billion nationwide to expand broadband access to close these gaps. To receive funding, states must submit 5-year action plans that also address health inequities (also a component of Medicaid's 5-year State Medicaid Health Plans). Every state is permitted to define 'Community Anchor Institutions' which are locations critical to health, education, or safety. Expanding CAIs to include rural health, social service, imaging, rehabilitation facilities, and the like, makes these locations eligible for special 'status' and enriched funding. In turn, improving the interconnectivity between patients and health care providers promotes communications and active participation of patients in their health care; increases the exchange of patient records among health care teams; and can improve the quality and efficiency of care delivery.

The panel will discuss how states can use BEAD and DEA planning processes as opportunities for broadband, Medicaid, and social service entities to coordinate broadband expansion to meet Medicaid and social and equity needs including: Education on benefits of broadband and telehealth; conducting outreach to low-income households about federal programs offering reduced broadband monthly rates and funding for electronic devices; available social service programs; planning for workforce development efforts; providing technical support to existing and new broadband users; and leveraging the highest federal funding match based on the funding source and eligible projects.

Moderated by Dawn Gallagher, HealthTech Solutions

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10:30 AM, in Mile High 3A

4-01: Serving Washingtonians' Health-Related Social Needs Supported by A Community Information Exchange Program

Speakers: Vishal Chaudhry, Washington; Michael Arnis, Washington

In this session, we will share how HCA is implementing a statewide CIE program in WA and approaching the funding of this effort both from an implementation as well as a sustainability perspective.

The Washington State Health Care Authority (HCA) recently submitted Washington's Medicaid Transformation Project (MTP) waiver renewal application to the Centers for Medicare & Medicaid Services (CMS). With the proposed MTP renewal, the focus is on continuing to improve health outcomes and reducing health disparities through three key goals:

- Expanding coverage and access to care through strategic expansion of Medicaid coverage across life stages and for high-risk and historically marginalized populations
- Advancing whole-person primary, preventive, and home and community-based care beyond the clinical setting through innovative policy and funding mechanisms
- Accelerating care delivery and payment innovation focused on Health-Related Social Needs (HRSNs) like nutrition, housing, transportation, education, and social supports

In relation to goal 3, HCA is establishing community hubs to help navigate and deliver health-related social needs across the state. The hubs will incorporate the implementation of a statewide Community Information Exchange (CIE) Program to meet the growing need for services supporting communities and clients requiring food assistance, job assistance, housing, transportation, and other social supports. HCA has engaged in an extensive landscape and options assessment effort to accurately assess the impact of cost and implementation, as well as cross-CIE data interoperability needs of a statewide CIE, informed by consultation with various partners and stakeholders including other state health and human services agencies, community-based organizations, health plans, accountable communities of health (ACHs), and safety net providers.

Moderated by David Wetherelt, Briljent

10:30 AM, in Mile High 4E

7-07: Surviving Modular MES Implementations

Speakers: Melissa Kmiecik, Tennessee; Ira Baxter, Tennessee; Shonda Ali-Shamaa, NTT DATA; Kristeena Ashby, Tennessee

At the 2022 MESCON, TennCare introduced a "recipe" to evolve collaboration between program areas and Information Systems (IS) by introducing key "ingredients": Business Relationship Management (BRM) and Project Portfolio Management (PPM). This year's session demonstrates how the teams collaborate and "Survive" working together to drive innovation, modernization, and efficiency.

To support the modernization of systems, applications, and business processes in a multi-vendor environment, TennCare formed Tribes including the Business Relationship Management (BRM) Tribe, Project Management Office (PMO) Tribe and Project Portfolio Management (PPM) Tribe. While the PPM Tribe was challenged to streamline project intake and manage projects that maximize value

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and minimize risk to TennCare, the BRM and PMO Tribes were challenged to improve collaboration between business and IS and provide project/program management oversight (respectively). Each Tribe actively engaged with one ultimate goal: To improve collaboration between program areas and Information Systems (IS), improve ability to enable business outcomes and to cultivate long-term business value for TennCare.

As the Governance counsel convenes, which Tribes will be exiled? Will they ultimately “merge” to collaborate as a one unified Tribe? Tune in for the Final Tribal Counsel and hear each Tribe’s journey in becoming the TennCare “MES Survivor”.

BRM Tribe, PMO Tribe, PPM Tribe - Grab your Immunity Idol and join the Challenge.

Moderated by Shonda Ali-Shamaa, NTT DATA

10:30 AM, in Mile High 4A/4B

CMS-06: Streamlined Modular Certification (SMC) Compliance and The Role Of Metrics

Speakers: Eugene Gabriyelov, CMS; Alejandra Johnson, CMS

In April 2022, the Centers for Medicare and Medicaid Services (CMS) issued new guidance entitled, Updated Medicaid Information Technology Systems Guidance: Streamlined Modular Certification (SMC) for Medicaid Enterprise Systems (MES), to sunset the legacy Medicaid Enterprise Certification Toolkit (MECT) in favor of an outcomes-based process. [SMD #22-001] SMC promotes flexibility for states to determine outcomes and metrics that support their business and systems goals for their Medicaid programs. Metrics and operational reporting on system health and outcomes is an integral component of the SMC process and aligns to CMS’s evaluation of system compliance. This session will provide a brief overview of the components of SMC certification and will focus on the role of metrics and operational data reporting in achieving and maintaining compliance for legacy systems and new systems projects. CMS will also provide attendees with an overview of the operational reporting workbook and how to submit the workbook as part of Operational APD updates.



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10:30 AM, in Mile High 3C

6-03: The Gold Rush Is Here: Mining for Cost Avoidance!

Speakers: Valerie Berger, Massachusetts; Denise Poley, Accenture; Alex Kesling, FinThrive

Innovation has transformed large parts of Medicaid program administration and provisioning. We've witnessed transformation in everything from eligibility to value-based payments and electronic claims transactions. However, third party liability (TPL) remains largely the same, costing the program money it could otherwise be using to improve access, experience, and outcomes for members.

- Do you want to learn how states can innovate TPL management through an intelligent process with big data and AI?
- Do you want to know how to get TPL information faster and more accurately?
- Would you like to know more about a Holistic TPL Approach?

Attend this session and catch onto the "Gold Rush" of TPL Innovation where you'll hear:

- How the Commonwealth of Massachusetts is challenging the status quo by combining human talent with big data and AI to enable more effective cost avoidance.
- How Accenture and FinThrive have innovated the TPL identification process by leveraging AI and Automation to increase TPL identifications, moving from the industry norm of grading to 100% validation.

Moderated by Denise Poley, Accenture

11:20 AM, in Mile High Ballroom 1/2

Break - Exhibitor Booth Drawings and Booth Bingo Drawing

Speakers: Michele Allan, NESCSO

Grab a beverage and light refreshment and join us in the Mile High Ballroom for the announcement of the raffle prizes from our sponsors.

The winner of the State attendee "booth bingo" raffle will also be announced (must be present to win).

11:40 AM, in Mile High Ballroom 1/2

CMS Closing Plenary

Speakers: Loretta Schickner, CMS; Stan Ostrow, CMS; Ed Dolly, CMS

As the 2023 MESC winds down, join Brent as he facilitates a closing panel discussion to collectively share observations, remarks, and highlights of the conference as all look back at the time spent together and check against the success criteria identified at the opening plenary.

CMS will share their thoughts, observations, questions, and comments collected from MESC participants throughout the conference. As part of the interactive session, CMS will want to hear from the audience on their observations, what was of value, and areas of opportunity for future consideration.

Moderated by Brent Weaver, CMS

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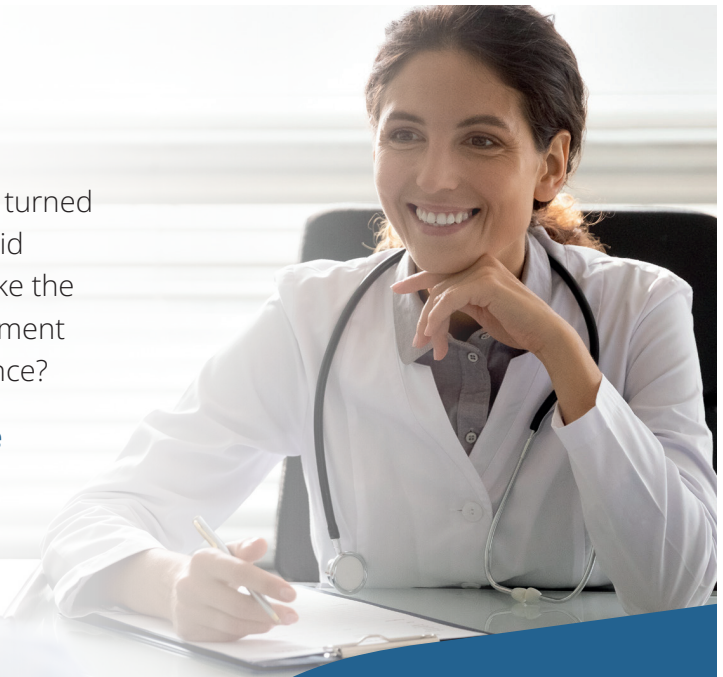
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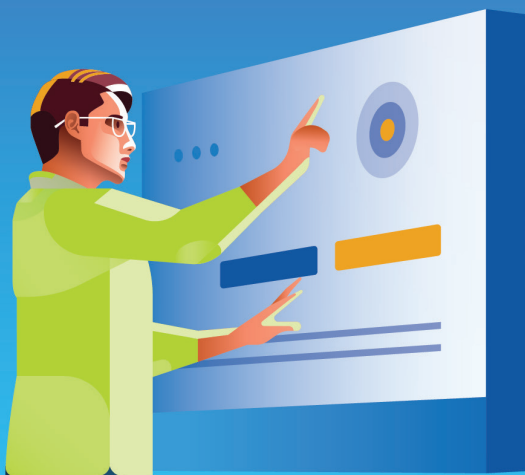
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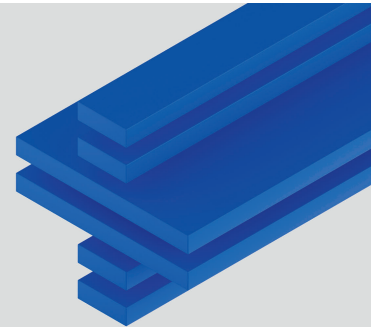
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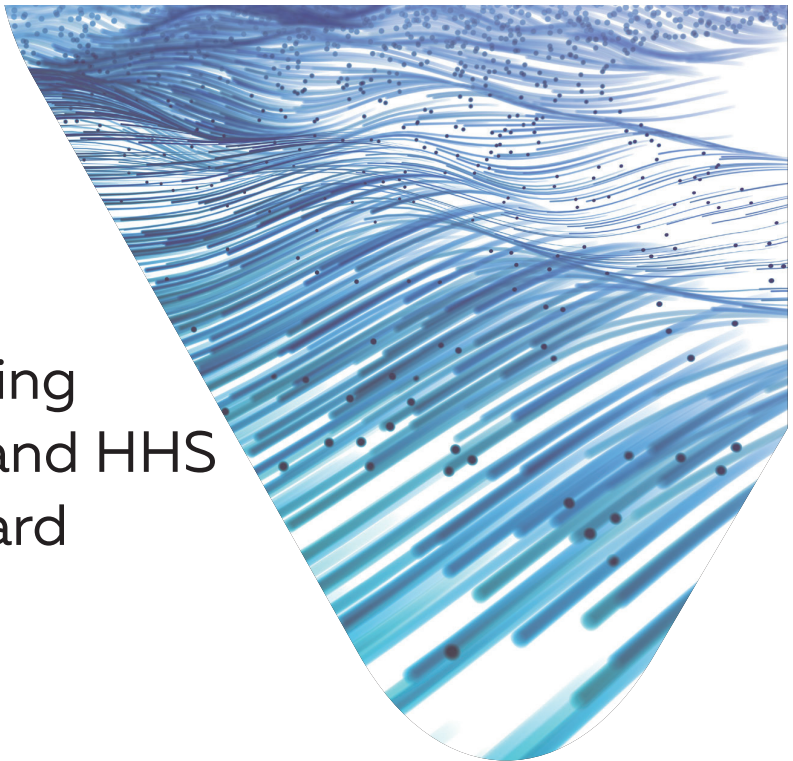




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1099 INCOME

Account Name	Income
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Gross Income

EXPENSES

Total Expenses

Other 1099 income

Source	Amount
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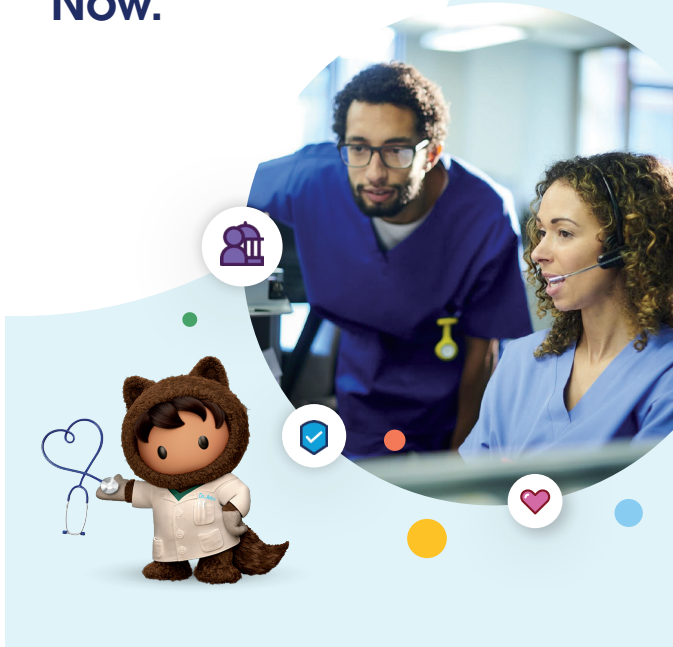
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Glossary

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1115 Waiver

A waiver a state uses to make experimental or pilot demonstration changes to its Medicaid program.

Accountable Care Organization (ACO)

A group of doctors, hospitals, and/or other healthcare providers that work together to improve the quality and experience of care for patients.

Accountable Community of Health (ACH)

A structured, cross-sectoral alliance of healthcare, public health, and other organizations that plans and implements strategies to improve population health and health equity for all residents in a geographic area.

Advance Planning Document (APD)

A document used by states to request funding from the Centers for Medicare & Medicaid Services (CMS). The process resulting in the APD governs the procedure by which states obtain approvals for federal financial participation in the cost of acquiring automated data processing equipment and services.

Advanced Medical Home (AMH)

The North Carolina Department of Health and Human Services developed the AMH program as the primary vehicle for delivering care management as it transitions to NC Medicaid Managed Care.

Alabama Medicaid Enterprise Systems Modernization Program (AMMP)

Alabama's Medicaid modernization program.

All-Payers Claims Database (APCD)

Large state databases that include medical claims, pharmacy claims, dental claims, and eligibility and provider files collected from private and public payers.

American Recovery and Reinvestment Act of 2009 (ARRA)

An economic stimulus package created to preserve and create new jobs.

Application Programming Interface (API)

A software intermediary that allows two applications to talk to each other. APIs are an accessible way to extract and share data within and across organizations.

Arizona Healthcare Cost Containment System (AHCCCS)

Arizona's Medicaid agency that offers healthcare programs to serve Arizona residents.

Artificial Intelligence (AI)

The simulation of human intelligence processes by machines, especially computer systems.

Broadband Equity Access Deployment Program (BEAD)

A formula grant administered by the National Telecommunications and Information Administration—which was established by the Infrastructure Investment and Jobs Act for states, U.S. territories, and the District of Columbia—to utilize for broadband deployment, mapping, and adoption projects.

Business Relationship Management (BRM)

A belief that positive relationships drive value in organizations and contribute the greatest positive impact to economic value, people, and the planet.

Cabinet for Health and Family Services (CHFS)

Kentucky's Cabinet for Health and Family Services is home to most of the state's human services and healthcare programs, including Medicaid, the Department for Community-Based Services, and the Department for Public Health.

Centers for Medicaid and Children's Health Insurance Program Services (CMCS)

Serves as CMS' focal point for assistance with formulation, coordination, integration, and implementation of all national program policies and operations relating to Medicaid, the Children's Health Insurance Program (CHIP), and the Basic Health Program.

Centers for Medicare & Medicaid Services (CMS)

A federal agency within the Department of Health and Human Services (HHS), that administers the nation's major healthcare programs, including Medicare, Medicaid, and the Children's Health Insurance Program (CHIP).

Change Request (CR)

A formal proposal for an alteration to a product or system.

Children's Health Insurance Program (CHIP)

An insurance program that provides low-cost health coverage to children in families that earn too much money to qualify for Medicaid but not enough to buy private insurance.

Colorado Behavioral Health Administration (BHA)

A cabinet member-led agency within the State of Colorado, housed within the Department of Human Services, designed to be the single entity responsible for driving coordination and collaboration across state agencies to address behavioral health needs.

Colorado Office of eHealth Innovation (OeHI)

An entity responsible for defining, maintaining, and evolving Colorado's Health IT strategy.

Community Anchor Institution (CAI)

Schools, libraries, medical and healthcare providers, public safety entities, community colleges, and other institutions of higher education, and other community support organizations and agencies that provide outreach, access, equipment, and support services to facilitate greater use of broadband service by vulnerable populations, including those with low incomes, those who are unemployed, and older adults.

Community Information Exchange (CIE)

Efforts to share information and coordinate care among health and social service providers and other community partners.

Consolidated Appropriations Act (CAA)

An act making consolidated appropriations for providing COVID-19 emergency response and relief as well as for other purposes.

Coordination of Benefits (COB)

Process used by insurance companies to decide which plan will pay first for covered medical services or prescription drugs.

Council for Affordable Quality Healthcare (CAQH)

An alliance of health plans, providers, and related organizations working together to make the business of healthcare streamlined and efficient.

Current Sources of Income and Employment Verification Service (CSI)

The CSI and Employment Verification Service on the Federal Data Services Hub allows states to check employment income as part of the eligibility verification process for Medicaid applicants and beneficiaries.

Delaware Division of Medicaid & Medical Assistance (DMMA)

A subdivision of the Delaware Department of Health and Human Services responsible for the administration of the state's Medicaid program.

Delaware Health Information Network (DHIN)

The statewide health information exchange for Delaware.

Department of Health and Human Services (DHHS)

Administers many of the social programs at the federal level dealing with the health and welfare of U.S. residents.

Department of Health Care Policy and Financing (HCPF)

The state agency responsible for the administration of the Medicaid program for Colorado.

Design, Development, and Implementation (DDI)

A term used to describe the verification of user requirements, generation, testing, and installation of a modern system.

Digital Equity Act (DEA)

The act, administered by the National Telecommunications and Information Administration, established three grant programs that promote digital equity and inclusion. The grants aim to help ensure that all people and communities have the skills, technology, and capacity needed to reap the full benefits of the digital economy.

Diversity, Equity, and Inclusion (DEI)

Encompasses the symbiotic relationship, philosophy, and culture of acknowledging, embracing, supporting, and accepting those of all racial, sexual, gender, religious, and socioeconomic backgrounds, among other differentiators.

Drug Utilization Review (DUR)

Ongoing, systematic quality-improvement activity constructed to help ensure the effective and appropriate use of medicines.

Electronic Health Record (EHR)

The real-time, patient-centered, digital version of a patient's paper chart that makes information available instantly and securely to authorized users.

Electronic Medical Record (EMR)

An electronic record of health-related information on an individual that can be created, gathered, managed, and consulted by authorized clinicians and staff within one healthcare organization.

Electronic/Enterprise Data Warehouse (EDW)

A central repository system that states and territories use to store valuable information for analytics and reporting purposes.

Eligibility and Enrollment (E&E)

The process of determining whether a consumer is eligible for a health insurance program and enrolling them in the appropriate program.

Enterprise Change Management (ECM)

The systematic deployment of change management skills, tools, and processes throughout an organization.

Fast Healthcare Interoperability Resources (FHIR)

A Health Level Seven International® standard for exchanging healthcare information electronically that provides a means for representing and sharing information among clinicians and organizations in a standard way regardless of the ways local EHRs represent or store the data.

Federal Communications Commission (FCC)

Independent U.S. government agency overseen by Congress that regulates interstate and international communications by radio, television, wire, satellite, and cable in all 50 states, the District of Columbia, and U.S. territories.

Federal Financial Participation (FFP)

The federal government's share of a state's expenditures under the Medicaid program.

Federal Fiscal Year (FFY)

The 12-month accounting period (October 1 to September 30) of the federal government.

Federally Qualified Health Center (FQHC)

A health center approved by the government for a program to offer low-cost healthcare.

Fee-for-Service (FFS)

A system of health insurance payment in which a doctor or other healthcare provider is paid a fee for each service rendered.

Florida Health Care Connections (FX)

A multiyear transformation initiative to enhance the provider and recipient experience, improve access to healthcare data, and enhance data integration among Florida agencies.

Florida Medicaid Management Information System (FMMIS)

The computer system used to process Florida Medicaid claims and produce management information relating to the Florida Medicaid program.

Fraud, Waste, or Abuse (FWA)

Fraud is an intentional or deliberate act to deprive another of property or money by deception or other unfair means. Waste includes practices that, directly or indirectly, result in unnecessary costs to federally funded programs, such as overusing services. Abuse includes actions that may, directly or indirectly, result in unnecessary costs to federally funded programs.

Full-Time Equivalent (FTE)

Any employee who works an average of at least 30 hours per week for more than 120 days in a year.

General Services Administration (GSA)

The entity that manages federal property and provides contracting options for government agencies.

Hawaii Med-QUEST (MQD)

The state agency responsible for the administration of the Medicaid program for Hawaii.

Health Care Claims Database (HCCD)

An authoritative data source used to determine a state's spending on healthcare, identify costs of services at specific facilities, and track healthcare price changes over time.

Health Information Exchange (HIE)

The mobilization of healthcare information electronically across organizations within a region, community, or hospital system.

Health Information Technology (HIT)

The use of electronic systems for storing, sharing, and analyzing health information in the healthcare industry.

Health Information Technology for Economic Clinical Health (HITECH)

An act that extended the reach of the HIPAA Security Rule to business associates of covered entities, who also had to comply with certain Privacy Rule standards and the new Breach Notification Rule. It also introduced tougher penalties for HIPAA compliance failures.

Health-Related Social Needs (HRSN)

Individuals' social and economic needs that affect their ability to maintain their health and well-being.

Home- and Community-Based Services (HCBS)

Types of person-centered care delivered in the home and community to address the needs of people with functional limitations who need assistance with everyday activities.

Implementation Advance Planning Document (IAPD)

A written plan of action requesting FFP to acquire and implement information system services and/or equipment.

Independent Verification & Validation (IV&V)

A process for ensuring that a product, service, or system meets requirements and specifications and that it fulfills its intended purpose.

Indiana Family and Social Services Administration (FSSA)

A healthcare and social services funding agency that administers Medicaid in Indiana.

Indiana Office of Medicaid Policy and Planning (OMPP)

The state agency responsible for the administration of the Medicaid program in Indiana.

Information Systems (IS)

Integrated set of components for collecting, storing, and processing data and for providing information, knowledge, and digital products.

Integrated Eligibility and Enrollment (IEE)

Automated rules and case management systems that enable timely and accurate eligibility determinations for Medicaid and other human services programs.

Intellectual/Developmental Disabilities (I/DDs)

Differences usually present at birth that uniquely affect the trajectory of the individual's physical, intellectual, and/or emotional development.

Interoperability and Patient Access Final Rule (CMS-9115-F)

A regulation that aims to give patients access to their health information and promote interoperability among payers.

Invitation to Negotiate (ITN)

A solicitation used by an agency to determine the best method for achieving a specific goal or solving a particular problem and identifies one or more responsive vendors with which the agency may negotiate to receive the best value.

Job Skills Development (JSD)

Development of skills that influence a person's employability and ability to fulfill responsibilities.

Kentucky Department for Medicaid Services (DMS)

The state agency responsible for the administration of the Medicaid program for Kentucky.

Kentucky Department of Community-Based Services (DCBS)

The Kentucky department that provides family support; child care; child and adult protection; eligibility determinations for Medicaid and food benefits; and administration of an energy cost-assistance program.

Kentucky Health Information Data Sharing (KHIDS)

A project put forth by the Commonwealth of Kentucky that provides case managers with access to the health records of children in out-of-home care through the collaboration of multiple state agencies.

Kentucky Health Information Exchange (KHIE)

An electronic health network to enable the safe and secure electronic exchange of patient health information among healthcare providers and organizations throughout Kentucky.

Learning Management System (LMS)

Software-based solution that delivers third-party coursework and training for the personal and professional development of employees.

Long-Term Services and Supports (LTSS)

An array of medical and personal care services for people who struggle with self-care due to aging, illness, or disability.

Louisiana Department of Health (LDH)

The state agency responsible for the administration of the Medicaid program for Louisiana.

Managed Care (MC)

Plans that provide health services on a prepayment basis, based on either cost or risk, depending on the type of contract established with a state Medicaid agency.

Managed Care Organization (MCO)

Entities that serve Medicare or Medicaid beneficiaries at risk through a network of employed or affiliated providers.

Master Patient Index (MPI)

Identifies patients across separate clinical, financial, and administrative systems and is needed for information exchange to consolidate the patient list from various databases.

Medicaid Detailed Budget Table (MDBT)

A table included in a State Medicaid Agency's (SMA's) APD submission that reports budgeted and actual expenditures for Medicaid and CHIP for each fiscal period in addition to actual quarterly expenditures.

Medicaid Enterprise Certification Toolkit (MECT)

A CMS system certification toolkit developed to assist states as they plan, develop, test, and implement their Medicaid Management Information Systems. This legacy toolkit has recently been replaced by the new CMS Streamlined Modular Certification approach and guidance.

Medicaid Enterprise Systems (MES)

Represents a system composed of the total of MES modules, which are the discrete Medicaid IT systems or services used by the Medicaid agency to manage, monitor, and administer the state's Medicaid program.

Medicaid Enterprise Systems Conference (MESc)

A national conference and community for state, federal, and private-sector individuals, and stakeholder entities to exchange ideas related to Medicaid systems and health policy affected by those systems.

Medicaid Enterprise Team (MeT)

A CMS-sponsored team presenting SUPPORT Act highlights, best practices for SUPPORT Act Section 5042 Annual Reporting, and state experiences during the 2023 MECT.

Medicaid Information Technology Architecture (MITA)

A national framework to support improved systems development and healthcare management for the Medicaid enterprise.

Medicaid Management Information System (MMIS)

A CMS-approved system that supports the operation of the Medicaid program, including the following types of subsystems or files: recipient eligibility, Medicaid provider, claims processing, pricing, the Surveillance and Utilization Review Subsystem, the Management and Administrative Reporting Subsystem, and potential encounter processing.

Medicaid Transformation Project (MTP)

Washington's Section 1115 Medicaid demonstration waiver between HCA CMS.

Medical Appeals Tracking System (MATS)

System used to process member appeals arising from adverse benefit determinations, which have been proposed by the member's assigned MCO.

Michigan Crisis and Access Line (MiCAL)

A centralized crisis command center created by the Michigan Crisis and Stabilization Services to strengthen access to and quality of timely behavioral health support.

Michigan Department of Health and Human Services (MDHHS)

The State of Michigan's department responsible for managing the delivery of health- and human-related services for its residents, including Medicaid.

MITA Governance Board (MGB)

A group created to help ensure MITA continues evolving to support a common Medicaid business and information technology framework for states and vendors.

Montana Department of Public Health and Human Services (DPHHS)

The State of Montana's department responsible for managing the delivery of health- and human-related services for its residents, including Medicaid.

National Association of State Procurement Officials (NASPO)

A nonprofit association dedicated to helping its members achieve success as public procurement leaders through promotion of best practices, education, professional development, research, and innovative procurement strategies.

North Carolina Department of Health and Human Services (NC DHHS)

The State of North Carolina's department responsible for managing the delivery of health- and human-related services for its residents, including Medicaid.

Office of Application Technology Services (OATS)

An entity within the Commonwealth of Kentucky that administers a broad range of internal programs and services for IT, including application development, support, and vendor oversight.

Office of Management and Budget (OMB)

An entity that oversees the performance of federal agencies and administers the federal budget.

Office of Technology Services (OTS)

An entity within Louisiana's Division of Administration that establishes competitive, cost-effective technology systems and services while acting as the sole centralized customer for the acquisition, billing, and recordkeeping of those technology services.

Office of the Inspector General (OIG)

The oversight division of a federal or state agency aimed at preventing inefficient or unlawful operations within their parent agency.

Office of the National Coordinator of Health Information Technology (ONC)

A federal agency that supports the adoption and use of health information technology and standards-based health information exchange. It aims to improve healthcare quality, safety, and efficiency.

Operational Data Store (ODS)

A central database that provides a snapshot of the latest data from multiple transactional systems for operational reporting.

Operational Readiness Review (ORR)

The process performed at the end of the implementation and testing phase of the system life cycle prior to the system/module being released into the production environment.

Organizational Change Management (OCM)

The organized, systematic application of knowledge, tools, and resources of change, providing organizations with a key process to achieve their business strategy.

Organizational Development (OD)

A process that helps organizations change and improve their performance and culture.

Pharmacy Benefits Manager (PBM)

Third-party companies that function as intermediaries between insurance providers and pharmaceutical manufacturers.

Planning Advanced Planning Document (PAPD)

A brief written plan of action for activities necessary for a SMA to determine the need for, and feasibility of, projected costs, and benefits of an equipment or services acquisition post development of an IAPD.

Prepaid Health Plan (PHP)

An entity that provides Medicaid-covered specialty services—under a contract with the state and based on prepaid capitation fees—to beneficiaries who need such care.

Prepaid Inpatient Health Plan (PIHP)

An entity that provides health and medical services to enrollees with a limited benefit package that includes inpatient hospital or institutional services, such as behavioral health services.

Prescription Drug Monitoring Program (PDMP)

An electronic database that tracks controlled substance prescriptions at the state level.

Prior Authorization (PA)

A health plan cost-control process that requires physicians and other healthcare professionals to obtain advance approval from a health plan before a specific service is delivered to the patient.

Program Integrity (PI)

The practice of helping ensure that federal and state taxpayer dollars are spent appropriately on delivering quality, necessary care and preventing fraud, waste, and abuse from taking place.

Project Management Office (PMO)

An entity within an organization for the purpose of establishing and maintaining project management guidelines and best practices.

Project Portfolio Management (PPM)

The centralized management of one or more projects to achieve strategic objectives of an organization.

Public Health Emergency (PHE)

A situation requiring healthcare services to respond to a disaster, outbreak, attack, or other event that has the potential to overwhelm routine community capabilities.

Public Use File (PUF)

A file containing non-identifiable data that is within the public domain.

Request for Proposal (RFP)

A formal, questionnaire-style document issued to prospective vendors from an organization that intends to buy a product or service. It provides background information to potential vendors, asks key questions, and invites them to submit a proposal to meet the need.

Robotic Process Automation (RPA)

A software technology that makes it easy to build, deploy, and manage software robots that emulate human actions interacting with digital systems and software.

Short Message System (SMS)

A text messaging service component of most telephone, internet, and mobile device systems that uses standardized communication protocols to let mobile devices exchange short text messages.

Social Determinants of Health (SDoH)

Nonmedical factors that influence health outcomes, such as housing, transportation, education and job opportunities, access to nutritious foods and physical activity opportunities, or language and literacy skills.

Software as a Service (SaaS)

A means of delivering applications remotely over the internet without installing or maintaining them locally. Encouraged by CMS for the development of Medicaid IT systems.

South Carolina Department of Health and Human Services (SCDHHS)

The single state agency designated to administer the South Carolina Medicaid program in compliance with state and federal laws and regulations and the South Carolina State Plan for Medical Assistance.

State Medicaid Agency (SMA)

The state agency responsible for the administration of a state Medicaid program within any given state.

State Medicaid Director (SMD)

The official within each Medicaid state agency who oversees its Medicaid and CHIP programs.

State Self-Assessment (SS-A)

A structured documentation system that describes the business, information, and technical capabilities of a state Medicaid enterprise. Its purpose is to identify as-is operations and the to-be environment sought.

Streamlined Modular Certification (SMC)

The certification method required by CMS for states to receive federal funding for their MES.

Substance Use Disorders (SUDs)

A group of treatable mental disorders that affect a person's brain and behavior, leading to their inability to control their use of substances like legal or illegal drugs, alcohol, or medications.

Substance Use-Disorder Prevention That Promotes Opioid Recovery and Treatment (SUPPORT)

A federal law that aims to address the opioid and substance misuse epidemic in the United States by expanding access to high-quality, evidence-based care; increasing addiction medicine education; and standardizing the delivery of addiction medicine.

Supplemental Nutrition Assistance Program (SNAP)

A federal program that provides food benefits to families with low incomes to supplement their grocery budget so that they can afford nutritious food essential to health and well-being.

Systems Development Life Cycle (SDLC)

A process for planning, creating, testing, and deploying an IS.

Systems Integrator (SI)

An entity that builds computing systems by combining hardware, software, networking, and storage products from multiple vendors.

Systems Technical Advisory Group (S-TAG)

A CMS technical assistance group that supports monthly meetings for state Medicaid agencies to exchange information on how federal policy on Medicaid-funded information technology impacts states.

Tactics, Techniques, and Procedures (TTP)

The behaviors, processes, actions, and strategies used by a threat actor to develop threats and engage in cyberattacks.

Tailored Care Management (TCM)

A model used by North Carolina to provide eligible members with a single, designated care manager— supported by a multidisciplinary care team—to provide whole-person care management that addresses behavioral health and intellectual/developmental disability needs.

Tennessee Eligibility Determination System (TEDS)

The system in Tennessee that establishes if an applicant is eligible for Medicaid or other insurance affordability programs.

The Worker Information System (TWIST)

The Commonwealth of Kentucky's automated case management system.

Third-Party Liability (TPL)

The legal obligation of an entity to pay part or all the expenditures for medical assistance furnished under a Medicaid state plan.

Transformed Medicaid Statistical Information System (T-MSIS)

A CMS initiative that transitioned state reporting to a timelier and expanded data set using a modernized technology platform to collect enhanced Medicaid and CHIP data from states.

User Acceptance Testing (UAT)

The process of defining test data and test scenarios that are executed by state staff and others of IT systems to help ensure all processes within the IT system produce correct and accurate results.

Value-Based Payment (VBP)

A payment model that rewards providers based on achievement of quality goals and, in some cases, cost savings.

Vendor Management Office (VMO)

A business unit that evaluates and oversees suppliers of goods and services.

Washington Department of Health (WA DOH)

A state agency responsible for protecting and improving the health of all people in Washington state.

West Virginia Bureau for Medical Services (BMS)

The state agency responsible for the administration of the Medicaid program for West Virginia.

Wyoming Integrated Next Generation System (WINGS)

A Wyoming Department of Health project that includes various system and service components and modules that will replace the current Wyoming MMIS.



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Raffle

For our State attendees who provide their contact information to at least 50 different exhibitors, your name will be entered into a raffle for **an Apple Watch** to be given away on Thursday, August 24 at 11:30 AM, prior to the start of the Closing Plenary.

MUST BE PRESENT TO WIN

For all attendees, an **Apple Watch** will be awarded following the Conference to a Conference survey respondent.

Instructions for how to access the survey on the MESC app will be sent to your email address on Thursday, August 24.

Be sure to get your survey response entered **NO LATER** than September 16.

NESCSO will notify the winners by September 30 and post the names on <http://mesconference.org>

NESCSO will ship the prize to the lucky winners!

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PRE-CONFERENCE EDUCATIONAL WORKSHOP

Monday, August 21, 3–5 p.m.

Level Up Coverage and Savings: How Integrating Eligibility, Data, and TPL Can Expand Member Benefits while Improving the Medicaid Bottom Line

Our Third Party Liability (TPL) experts will share strategies to integrate eligibility processes, data sources, and TPL methodologies — expanding member benefits while also providing savings to the Medicaid program.

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