

## MEST Forum | Q&As

On December 10, 2024, MEST project leaders held an internal forum to update DCH stakeholders on the project's vision, progress, roadmap and more. During this session, attendees were encouraged to submit their questions. Below is a list of questions submitted along with responses, with some queries being edited for clarity:

If you have further questions or additional feedback, please reach out at [GCC.Information@dch.ga.gov](mailto:GCC.Information@dch.ga.gov).

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### **Q1. What type of changes will administrative users see as a result of this MEST Transformation?**

**A.** Administrative users will see a number of changes in the deployment of the new capabilities. The changes are being captured by role in order to inform the change plan and organizational design activities.

### **Q2. How much of the project is subscription-based?**

**A.** A guiding principle of the Medicaid Enterprise System Transformation is to leverage cloud-based services and Commercial-off-the-Shelf (COTS) software for an integrated solution. These products are based largely on consumption and usage, while some may be subscription-based.

### **Q3. How will this MEST Transformation change our processes?**

**A.** Organizational processes associated with future operations are being analyzed. Changes will be incorporated into the overall training program. Currently, the training team plans to include Start, Stop and Continue Diagrams into the training curriculum.

### **Q4. Will shared information also be able to connect throughout different agencies?**

**A.** Yes. Following internal evaluation and approvals, other agencies may be able to integrate to the MES Integration Platform as a module or can be connected to as a data service. All integrations and services will follow prescribed processes related to security, testing, quality, and performance. DCH is planning to provide a number of standard services to satisfy the requirements. (Note: The *MES Integration Platform* is the cloud-based technology on which modules and services are integrated and connected. *Georgia CareConnect* is the portal users will use to access those tools and services.)

### **Q5. How long will GAMMIS be available once the new system goes live and will it still be updated?**

**A.** The timeline for GAMMIS decommissioning has not been defined yet. There will be a project at the end of the MES go-live to migrate GAMMIS and iTrace data to DCH-owned architecture. The scope is being defined at this time.

### **Q6. How will the current political environment influence MES?**

**A.** DCH will continue to follow CMS guidance on desired outcomes to ensure full alignment. DCH is actively monitoring the environment.



**Q7. Is it too soon to ask how will this affect the way that Katie Beckett Medicaid submits medical packets and/or communicates with AHS?**

**A.** The new Katie Beckett solution is under development. The MEST team will work with the Katie Beckett team to document and develop requirements which emphasize business needs and leverage the advantages of the new Medicaid Enterprise System architecture.

**Q8. Will we receive transitional training for users from GAMMIS to the MEST system?**

**A.** DCH will be developing role-based training programs. Additionally, users will be asked to participate in User Acceptance Testing to gain a working knowledge of the new application and the business practices. A Learning Management System will be deployed with Georgia CareConnect which will package specific training materials for all user roles.

**Q9. Is the new system cost effective for the state?**

**A.** The new system will bring cost savings and increased value on state and federal levels. Additionally, we anticipate the ability to expand our service offering and the capabilities offered to our end users.

**Q10. How will job responsibilities change for setting provider rates?**

**A.** All of the role / responsibility changes have not been defined at this time but will be addressed as part of the organizational design activities.

**Q11. Isn't it more beneficial to have a monolithic system where everything is contained in one?**

**A.** Monolithic systems are expensive to operate and slow to change. At this time, CMS will not invest in monolithic systems and is looking for states to offer continuous service delivery improvements through modular approaches and technologies. A modular solution more closely aligns with CMS's desires for Medicaid providers and members. Modular systems should not impede access to data and should, in fact, provide enhanced opportunities to integrate disparate systems and datasets.

**Q12. Has any other state implemented this CMS mandate yet? If so, how are things going ... if we know?**

**A.** States are currently modernizing their Medicaid systems in addition to their enrollment and eligibility systems. Many states have completed the deployment of individual modules and obtained certification under the new rules. We are not aware of any state that has completely overhauled their legacy system to a modular system.

**Q13. Will this MES implementation replace email or Teams?**

**A.** It will not. However, there are opportunities to integrate more with Office365 tools such as Outlook and Teams to provide more seamless business processes.

**Q14. What does compliance look like with multiple systems?**

**A.** There are a number of compliance touchpoints that are being incorporated into business process design. Security, contract, and performance compliance are all being analyzed. More information will be forthcoming.

**Q15. Will there be a training platform for DCH staff? Will staff be trained as each module is implemented?**

**A.** A comprehensive training curriculum will be compiled for each user type and stakeholder. This training will be made available on a Learning Management System (LMS) which will operate as a Georgia CareConnect shared service. The training platform will support DCH employees, Medicaid providers, trading partners, business systems such as the maintenance and operations vendor partner and the business operations center. DCH staff will be trained prior to each module deployment. Our desire is to provide training to core users prior to User Acceptance Testing.

**Q16. Will we have to use different terminology for each vendor when we have issues? Right now, we have CR, M&O, Inc for one vendor. Then, CSR and Action Item for another vendor. I imagine this will expand exponentially.**

**A.** There is a strong likelihood some terminology will change. However, we are working to embed as many of the existing terms and artifacts into our documentation and presentations. We have discussed incorporating an expansive listing of acronyms and terms into the Georgia CareConnect portal. DCH will also expect to drive future processes and terminology.

**Q17. How long will the entire process toward a modular system take?**

**A.** The timeline to fully transition off GAMMIS is undetermined at this time. More information about timeline will be shared when solidified.

**Q18. How are our audiences going to adapt to different modules being onboarded on different dates?**

**A.** The program team is working to minimize the impact on the various user communities. The organizational change management team is developing a comprehensive communication and training strategy to minimize the impact and disruption. The Georgia CareConnect portal will play a vital role in coordinating these changes and providing a single, curated point of entry.

**Q19. When and where will we find the new [role] opportunities that will result from this MES Transformation?**

**A.** Any new DCH positions will be posted by the DCH Office of Human Resources using the existing recruitment processes.

**Q20. Will there be a contract for each module?**

**A.** There will be a contract for each module. Each core partner will also be under contract. These include the system integrator and maintenance and operations vendor. Other enterprise services providers will also operate under contract.

**Q21. When will the newly developed roles be posted?**

**A.** New roles will be posted in alignment with the release schedule and based on organizational strategies and needs as identified.

**Q22. If there is no true finish for all the modules, how can MEST function fully and claims continue to be processed and members serviced?**

**A.** While there is no finish date in a product development operations model, there will be a clear date when GAMMIS services are fully transitioned to the new platforms and service delivery model. Legacy services can be moved over into production with new modules at a certain date and using a timeline which results in GAMMIS being ultimately sunset.

**Q23. How will this impact MFCU who is our law enforcement arm to investigate and prosecute providers for fraud?**

**A.** MFCU users will be onboarded as role-based users just as they are today. They will have access to the new modules, tools, and reports as needed and under the auspices of DCH Office of Inspector General.

**Q24. Will the work to clean up provider addresses, etc. take place during the provider engagement phase? If so, will this take place using the provider module?**

**A.** This issue is still outstanding. We have discussed having providers review their information in coordination with a provider recertification process (four to six months prior to go-live). The mechanism to process corrections has not been defined, but will be determined in the next few months.

**Q25. Will DCH take on all or most of Gainwell's responsibilities?**

**A.** DCH will be taking on a greater coordination and oversight role when MEST goes live. Legacy responsibilities will be distributed to module vendors, the maintenance and operations vendor, and business operations center.

**Q26. Will SHBP be included in the scope of this project/product? If so, how?**

**A.** Not as an integrated module at this time.

**Q27. Once we are live, will information in the system be in real-time or will we have a time frame delay?**

**A.** Data transactions captured on the Integration Platform Operational Data Store (ODS) should be real-time and represent raw data. The ODS will be considered the Source of Truth and the modules will be considered the System of Record. An enterprise data model will be developed and approved by the DCH Enterprise Data Governance Committee.

**Q28. Is there a reason we are not calling it the Claims/Financial module?**

**A.** The claims deployment should be referred to as Claims and Financial Management module release. The program team is aware of the scope needed to support financial management processes and functionality. The scope of work for that module involves claims processing, financial management and fiscal agent services, Electronic Data Interchange (EDI), claims adjudication, federal reporting, and business operations center services (including full call center and print/mail center services) among other things.

**Q29. Will there be a link in the GAMMIS system about Georgia Connect Care?**

**A.** No determination has been made at this time.

**Q30. How does this connect with SHBP?**

**A.** Georgia CareConnect modules and services are Medicaid-enterprise focused at this time. Users accessing the EASE system will do so through the Georgia CareConnect portal, but SHBP systems are not presently in our release plan scope for integration.

**Q31. How do you manage resistance to change when implementing new initiatives?**

**A.** MEST project leaders have prioritized resourcing an Organization Change Management Team to help reduce resistance. The team is focused on transparent communications that utilize multiple mediums. They also plan to leverage multiple mediums and forums to help market the system and services. Change resistance is anticipated across all stakeholder communities. We are building in extra time to train and get users comfortable.

**Q32. In the Georgia CareConnect Portal, will there be a tab for member communications and member outreach? In other words, can we use this portal to communicate with members and providers?**

**A.** We anticipate a separate portal experience for members. Our customer experience team identified the need to segregate the member experience from the provider / support team experience. The member portal will be based on the same technology footprint but will have a distinct look and feel. We also plan to closely coordinate with Georgia Gateway to help ensure a seamless experience.

An enterprise initiative surrounding a member module will be undertaken in the near future to vision member needs and plan an approach for Member Portal services and functionality. This initiative will be focused particularly on fee-for-service members and on providing seamlessness between DCH, CMO, and Georgia Gateway services wherever possible.

**Q33. How will members who do not have family to assure their overall care adapt to this new change?**

**A.** The team anticipates identifying member needs in a DCH enterprise initiative related to member module services. This will have an emphasis on provisioning caregivers among others.