



HCMACS Enterprise EHR Roadmap

July 2025



Contents

HCMACS Enterprise EHR Roadmap	1
Contents.....	2
Executive Summary.....	3
HCMACS Background.....	6
System Scope and Design	8
Mission, Vision, and Guiding Principles.....	9
Government-to-Government Relationships	9
Organization and Governance	10
HCMACS Implementation.....	11
Pre-Implementation Readiness and Planning.....	13
Phase 0: Foundational Improvement Pre-work and Training	17
Phase 1: Workflow Walkthrough and Initial Configuration.....	22
Phase 2: Readiness, Content Review, and Testing.....	25
Phase 3: End-User Training and Go-Live.....	28
Phase 4: Post-Live Support and Optimization	31
Phase 5: Rollout and Support to Additional Sites	33
Conclusion.....	37
Appendix A: HCMACS Outcomes and Metrics from I-APD	38
Appendix B: Epic Modules In-Scope.....	40
Appendix C: Deliverables by Implementation Phase	43

Executive Summary

The State of Washington is undertaking a bold, transformative initiative to improve how health care is delivered, coordinated, and experienced for some of its most vulnerable populations. At the heart of this effort is the Health Care Management and Coordination System (HCMACS)—an integrated, enterprise-wide Electronic Health Record (EHR) platform that will help unify care delivery across multiple state agencies, Tribes, public health institutions, and community-based providers.

HCMACS will be initially implemented at state-run facilities within Washington's Department of Social and Health Services (DSHS) and the Department of Corrections (DOC), as well as at safety net organizations who work with the Health Care Authority (HCA) to serve Apple Health (Medicaid) patients such as Federally Qualified Health Centers (FQHC), Tribes and Indian health care providers (IHCPs), behavioral health providers, rural health providers, and critical access hospitals.

Roadmap Scope and Audience

This document details how the HCMACS Program will operationalize the vision of Washington's **Enterprise EHR Plan** including the approach, phases, deliverables, and activities to successfully implement the HCMACS Enterprise EHR System. This Roadmap will primarily focus on implementation activities for the first HCMACS go-live planned in Q3 of calendar year (CY) 2027. The vision and intent for future HCMACS implementation waves is discussed in Phase 5: Rollout and Support to Additional Sites.

This Roadmap is meant for a broad set of users, teammates, stakeholders, and partners who are engaged with or impacted by the HCMACS Enterprise EHR System implementation.

The HCMACS Program Office and Agency Projects led the development of this Roadmap building on the approved Enterprise EHR Plan. Senior leadership, partners, and other impacted groups provided input and feedback to shape this plan. The Roadmap will be updated as needed and as the HCMACS Program evolves.

HCMACS Goals

In alignment with the Enterprise EHR Plan and the use cases approved by the Centers for Medicare and Medicaid Services (CMS) to improve Medicaid operations and state-specific outcomes, the overarching HCMACS goals are:

- **Promoting Population Health** to include seamless care coordination across clinical settings, prevention of contradicting and duplicative care, and leveraging analytics to predict care needs and inform population health management.
- **Improving Clinician and Patient Experience** to include reducing administrative and documentation burden, increasing time clinicians spend with patients, increasing equitable patient access to health records, and streamlined transitions between providers.
- **Reducing the Cost of Health care** to include less redundancy from operating multiple EHRs, leveraging state purchasing power and economies of scale, and lowering costs caused by duplicative diagnostics, care, medication, etc.

HCMACS Program and Agency outcomes and metrics will be further developed in the Pre-Implementation Phase. Outcome metrics approved by CMS as part of the Implementation Advanced Planning Document (I-APD) are included in Appendix A.

Program Scope and Schedule

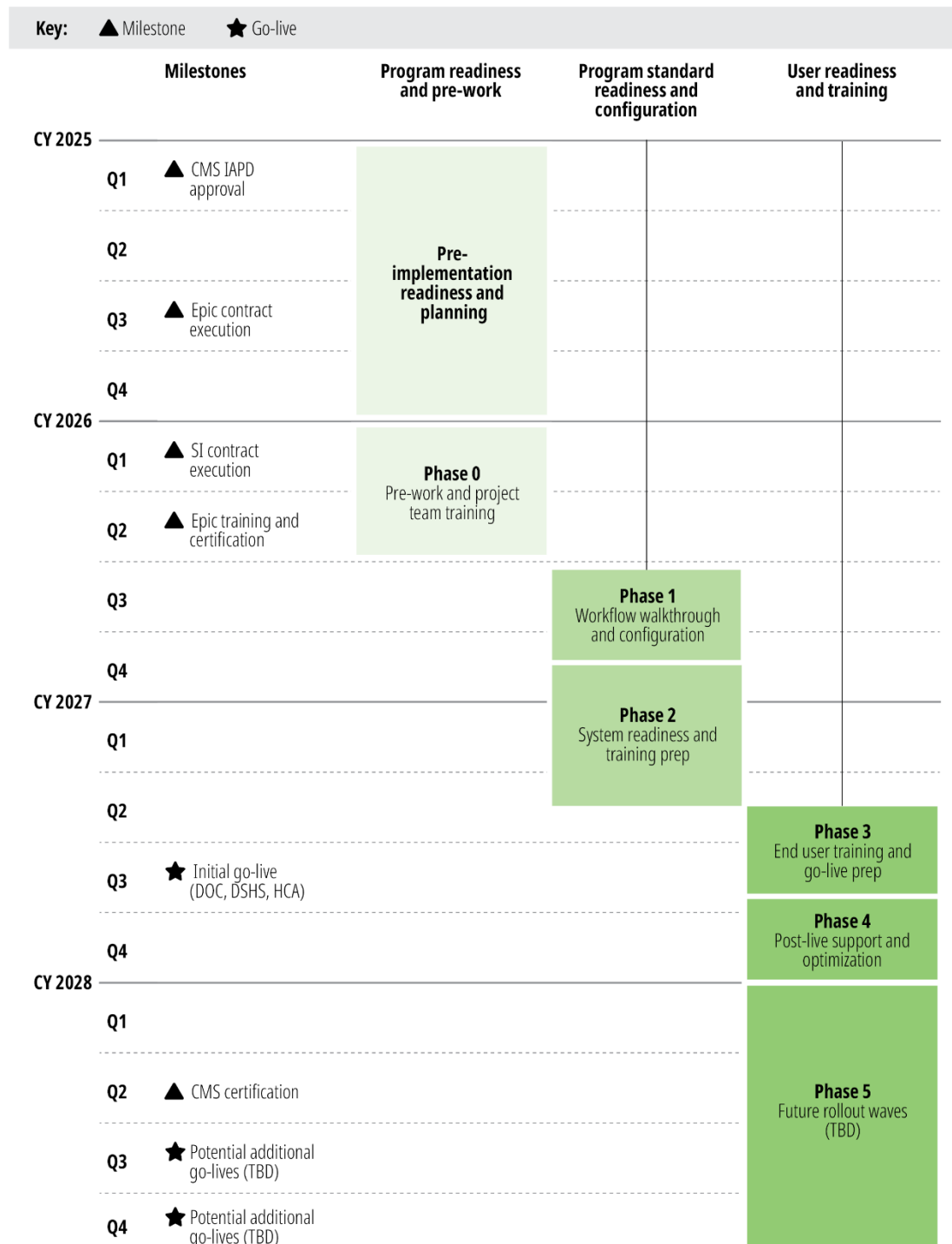
The foundational HCMACS Enterprise EHR System will go live at DOC, DSHS, and HCA facilities by Q3 of CY 2027. The initial go-live will include:

- **DSHS:** Eastern State Hospital, Western State Hospital (including the Behavioral Health and Treatment Center - Steilacoom Unit and the Child Study & Treatment Center), and the new forensic hospital planned for the Western State Hospital campus.
- **DOC:** All facilities.
- **HCA:** Approved for up to 8 IHCPs and up to 20 Behavioral Health Providers (exact number and composition of providers may change based on HCA priorities and provider readiness).

Following the foundational system implementation and initial go-live and assuming funding for the HCMACS Program continues to be available, the HCMACS Enterprise EHR System will be expanded to include additional Medicaid providers and DSHS facilities. Over a longer horizon, HCMACS can be expanded to additional facilities, providers, and agencies including Washington's Department of Health (DOH), Department of Children, Youth, and Families (DCYF), jails, local health jurisdictions (LHJ), and others.

The graphic on the next page shows the timeline and phases to configure and deploy the foundational HCMACS Enterprise EHR System in the first go-live planned for Q3 CY 2027.

Figure 1: HCMACS Foundational System Implementation Phases and Timeline



HCMACS Background

Need for HCMACS

For years before the HCMACS Program was established, Washington's leaders, Tribes, clinicians, and stakeholders identified major challenges with legacy health record systems across state agencies and providers, including:

- Fragmented use of paper records and incompatible EHR systems, risking care coordination and patient safety.
- Limited ability to coordinate care across agencies and clinical settings.
- A lack of resources and expertise among Tribal, behavioral health, and rural providers to implement modern EHRs.

Stakeholders called for an improved health care coordination and management system to better support Medicaid and other underserved populations.

2022-2023: Inception and the Enterprise EHR Plan

In 2022, the Legislature, Governor, and the Washington Health and Human Services (HHS) Coalition¹ directed funding to establish the HCMACS Program with the goal of procuring and configuring a single enterprise EHR instance across HCA, DSHS, and DOC.

In 2023, HHS Coalition agencies designated HCA as the lead for the HCMACS Program, with WaTech coordinating development of the Enterprise EHR Plan alongside DOC, HCA, and DSHS. The plan was approved by the Technology Services Board (TSB) and Office of Financial Management (OFM) in October 2023. The approved plan outlined a statewide strategy covering governance, licensing, procurement, implementation, budgeting, system maintenance, agile management, independent audits, and a funding request process.

Soon after, agencies established the HCMACS Executive Steering Committee (ESC) to oversee governance, which included senior clinical and technical leadership from the participating agencies. The HCMACS ESC is part of Washington's HHS Coalition governance, reporting to the Enterprise Steering Committee (G2) and the Executive Sponsor Committee (G1).

See the 2023 [Enterprise EHR Plan](#) for more information on the need, establishment, and governance of the HCMACS Program.

¹ Washington's HHS Coalition is a collaborative multi-agency effort that provides strategic direction and federal funding guidance for HHS Information Technology (IT) projects with cross-organizational impact.

2024-2025: Program Establishment and Readiness

In 2024, the HCMACS Program accelerated planning and readiness efforts, which included selecting Epic as the Enterprise EHR System vendor, securing contracts and staff, drafting a request for proposals (RFP) for a Systems Integrator (SI) and provider support services, and accessing state and enhanced federal funding.

In September 2024, the HCMACS Program submitted a request to CMS for enhanced federal financial participation (FFP), which was approved in January 2025 through an Implementation Advanced Planning Document (I-APD). Access to federal match funds requires alignment with the approved I-APD, including verification of technology budgets and expenses. After initial deployment, the system must be certified to maintain ongoing federal funding for operations.

In May 2025, Washington's legislature approved funding through SFY 2026, supporting progress toward key milestones for system configuration and implementation. The HCMACS Program is collectively appropriated \$28,973,000 for SFY26, with an assumed federal match rate of 68 percent. This implies total funds available to the HCMACS Program of \$90,540,625 for SFY26. Based on this funding and the multi-year nature of the implementation, the HCMACS Program will need to request additional funding for SFY27 and the SFY 2028-2029 biennium.

Visit the [HCMACS webpage](#) for more information on the Program's background, goals, benefits, and partners.

System Scope and Design

DSHS and DOC will fully configure and implement the HCMACS Enterprise EHR System at facilities identified for the first go-live, while HCA will offer a software-as-a-service (SaaS) solution to safety net organizations such as Federally Qualified Health Centers (FQHC), Tribes and Indian health care providers (IHCP), behavioral health providers, and rural health providers, and critical access hospitals.

The HCMACS Enterprise EHR System is a modular addition to Washington's Medicaid Enterprise System (MES), joining core systems like ProviderOne, ACES (eligibility), and Healthplanfinder (exchange). It will formally become part of the MES once implementation is complete in 2028 and certified by CMS.

HCMACS will leverage and integrate data from other MES components (e.g., ACES for Medicaid eligibility data) and will link to state and federal registries, health information exchanges (HIE), and public health databases. The project aligns with the federal Medicaid Information Technology Architecture (MITA) framework and supports the 1115 Medicaid Transformation Project by enabling whole-person care through integrated technology and data systems.

Interoperability features in certified health management systems enable data sharing with other providers, regardless of whether they use the same or different systems, helping improve services for Medicaid clients. The extent of data sharing depends on the systems used by other providers. A shared platform offers the most effective data exchange, with common software solutions providing a secondary benefit.

The initial HCMACS Enterprise EHR System will be scoped to serve Washingtonians across five service types and seven service settings:

Service Types

- Clinical Services
- Provider Services
- Business Services including Revenue Cycle
- Operational Services
- Technology Services

Service Settings

- Inpatient
- Outpatient Procedural
- Outpatient Clinical
- Residential Treatment Centers
- Home Health
- Long-term Care
- Dental

Specific Epic modules that are in-scope for the foundational HCMACS Enterprise EHR System configuration and which agencies will deploy each module are listed in Appendix B.

Mission, Vision, and Guiding Principles

Mission

The HCMACS Program will procure and configure a single Enterprise EHR System instance and establish a foundation of common data and workflows that HCA, DSHS, DOC, and other agencies in future phases can use to improve the coordination of care across the state and to build upon it based on individual agency client and program needs and requirements.

Vision

HCMACS will improve care coordination for Medicaid clients and other vulnerable populations by sharing pertinent information among those who provide care and case management. Through its interoperability and integration functions, HCMACS enables data sharing between Medicaid providers, patients, and health data source systems, further enhancing the ability to successfully coordinate care. Additionally, HCMACS will support the re-use of data for enhanced reporting and analytics, providing essential information to understand, analyze, and improve care for Medicaid patients and other underserved populations.

Guiding Principles

- **Patient and Provider Focus:** Our North Star is to elevate the experience and outcomes of those who receive and deliver care, especially the most vulnerable.
- **Enterprise Approach: Act as One Program:** We take a shared approach across agencies and favor standardization over customization to realize enterprise benefits.
- **Deliver What We Promise:** We set clear, realistic expectations, prioritize what matters most, communicate transparently, and deliver reliably.
- **Trust and Empower Teams:** We support clinical and technical teams closest to the work to make timely, informed decisions that minimize rework and maintain momentum.
- **Collaborate and Commit:** We foster trust by encouraging open dialogue during decision-making, then align fully behind shared decisions.
- **Listen, Iterate, and Adapt:** We constantly seek feedback and evolve our approach based on real-world needs and frontline voices.
- **Seize the Moment:** This is a once-in-a-generation opportunity to lead boldly. We act with urgency, take initiative, produce value, and trust each other to move forward decisively.

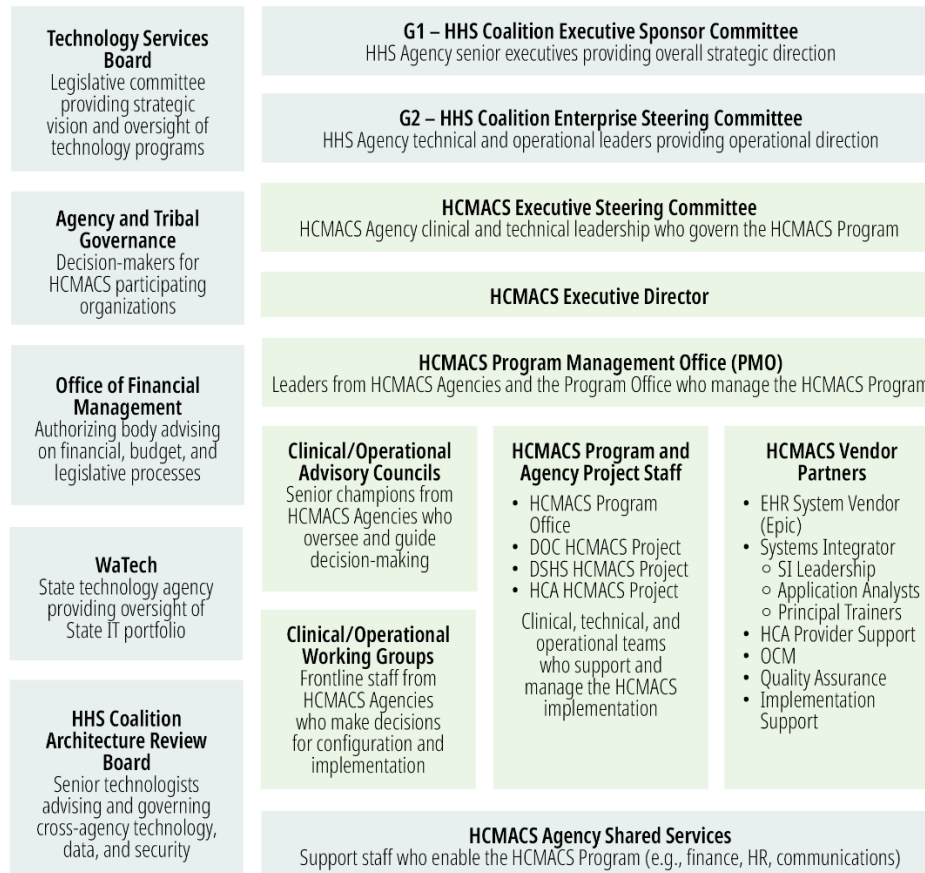
Government-to-Government Relationships

One of the primary audiences for HCMACS is Tribes and Indian health care providers (IHCP). HCMACS recognizes and understands the unique relationship HCA has with Tribes and will work in a government-to-government partnership, both on the individual and collective levels, throughout this project. This means engaging Tribes and IHCPs early in the HCMACS governance model, working in partnership to meet the unique needs of Tribes and IHCPs, supporting individual Tribes and IHCPs in understanding the opportunity, and ensuring success at individual participating sites.

Organization and Governance

Figure 2: HCMACS Organization and Governance Overview

Key: ■ HCMACS Program ■ HCMACS Partners and Authorizing Environment

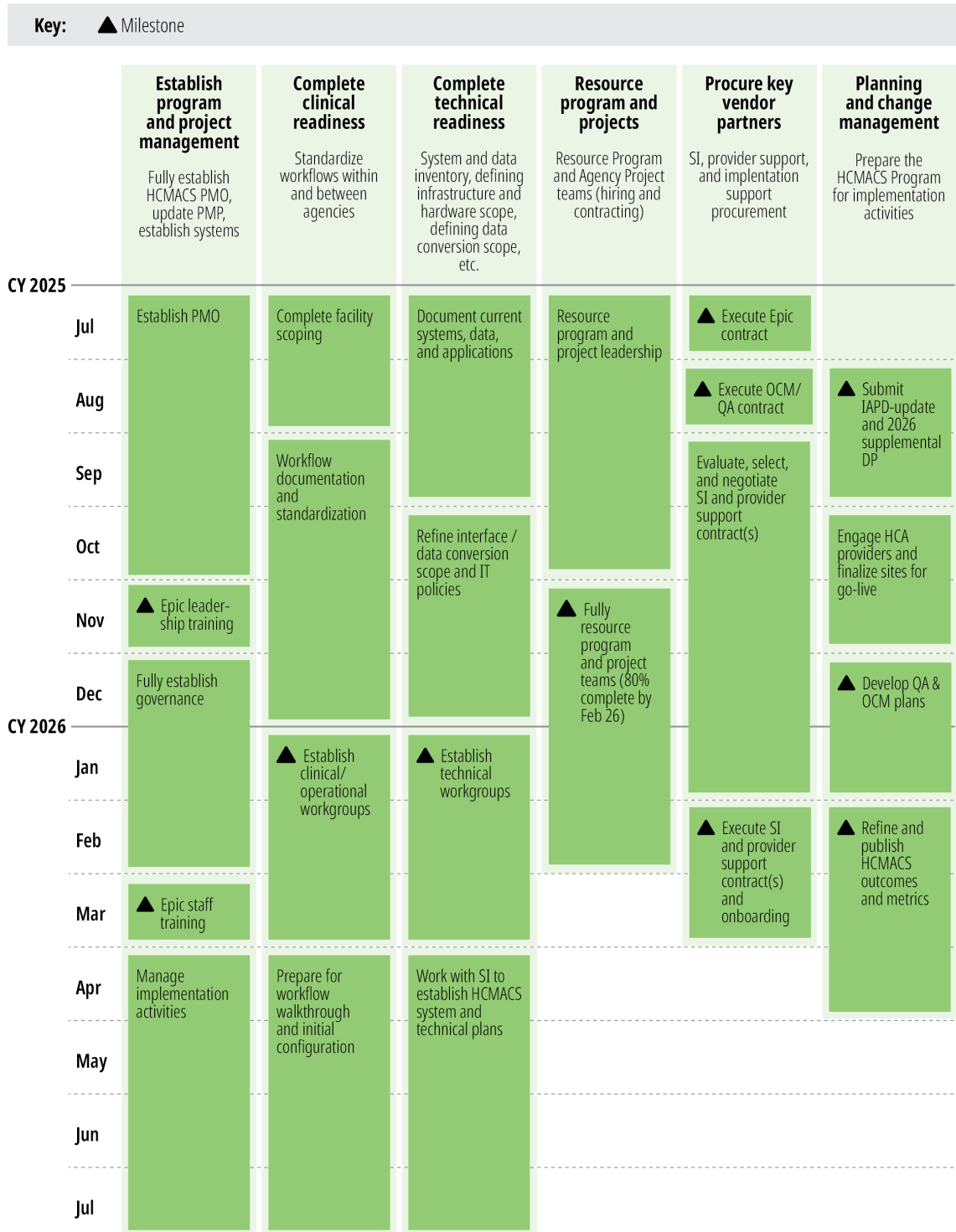


HCMACS Implementation

The HCMACS Enterprise EHR System implementation, with an initial go-live planned for Q3 CY 2027, is divided into several phases as depicted in Figure 1 above. This section will provide details for each phase including an overall summary of the phase, priority activities by owner, and discussion of risks and mitigation approaches. A list of the major milestones and deliverables planned for each phase is included in Appendix C.

Specific activities and milestones will continue to be updated in the HCMACS Program schedule as the Program evolves. Key activities and milestones for the first two phases, Pre-Implementation Readiness and Phase 0 Pre-Work (Q3 CY 2025 through Q2 CY 2026) are depicted on the next page.

Figure 3: HCMACS Key Pre-Implementation Activities and Milestones



Pre-Implementation Readiness and Planning

Q3-Q4 CY 2025

Summary

The Pre-Implementation phase establishes the HCMACS Program and Agency Project structures and focuses on building the program through staffing, vendor procurements, and readiness activities. Program and Agencies assess clinical, technical, and operational preparedness and align on enterprise standards and policies in this phase. The HCMACS Program Management Office (PMO), including representatives from the Program Office and Agency Projects, lead most activities in this phase as they build out the Program and its capacity.

Activities in this Phase

A. Establish Program and Project Management

In this phase, the HCMACS PMO will be fully established to oversee enterprise-wide coordination and manage scope, schedule, budget, and governance across all participating agencies. It will establish systems through the updated Program Management Plan (PMP) to lead vendor oversight, Organizational Change Management (OCM), and ensure compliance with state and federal requirements, including agile implementation per Section 701² and WaTech Gated Funding policy.

The HCMACS PMO includes representatives from DOC, HCA, DSHS, WaTech, and in future phases will include vendor partners such as the EHR System vendor (Epic), Systems Integrator, Quality Assurance (QA), OCM teams, and other vendors using shared tools to ensure on-time, on-budget delivery.

Agency Projects (DOC, DSHS, HCA) will be fully established in this phase to manage implementation within their respective agencies, ensuring alignment with enterprise strategy while addressing agency-specific needs. They will create systems to coordinate resources, manage timelines and risks, and support key activities such as training, testing, and go-live. Together with the HCMACS Program Office, they handle core functions like governance, risk and issue management, vendor coordination, and reporting, with pre-implementation priorities focused on staffing, vendor onboarding, defining system requirements, and preparing communication and reporting processes.

As vendors are contracted by the end of this phase, most activities in this phase are led by the HCMACS PMO and Agency Project teams.

B. Complete Clinical Readiness Activities

Participating agencies will document their current clinical and business practices as a pre-requisite for configuring the foundational system. While the HCMACS Program may support this process, Agency Projects will oversee and coordinate most clinical readiness activities, including:

- **Clinical and Operational Workflow Documentation:** Agency clinicians and administrative staff collaborate to map current patient care processes, detailing each step from patient intake to discharge and understanding how patient information is currently collected.

² Engrossed Substitute Senate Bill 5187, passed in April 2023, requires specified Washington IT projects to use an Agile product development methodology and to regularly report compliance.

- **Internal workflow standardization:** Agencies identify where current workflows are internally inconsistent, i.e., between different facilities or providers, and discuss options for internal standardization in the context of future HCMACS configurations.
- **Identification of unique (e.g., non-foundational) configuration requirements:** Agencies identify specific needs that may necessitate customization of the HCMACS system. This includes accommodating unique clinical workflows or regulatory requirements that may not be addressed by the standard system configuration.

C. Complete Technology Readiness Activities

Agencies will first document their current state systems, data, architecture, policies, and infrastructure:

- **System Inventory and Planning:** Agencies identify current EHRs, ancillary systems (e.g., labs, pharmacy), case management tools, and other applications to make recommendations for which systems should be replaced, interfaced, or sunset as part of the HCMACS implementation.
- **Data Inventory and Planning:** Agencies identify current data (e.g., demographics, medications, problem lists), map data sources and formats, and document data structures to make recommendations for which legacy data should be migrated into the HCMACS Enterprise EHR System.
- **Interface and Technical Architecture Planning:** Agencies identify priority system interfaces (e.g., billing, labs, HIEs), assess infrastructure and hardware readiness, and document current state architecture to make recommendations for HCMACS enterprise technical standards.
- **Security, Privacy, and Data Governance Policies:** Agencies review and identify their current security protocols, access controls, privacy policies, data governance, and other policies that may be relevant for HCMACS to make recommendations for enterprise technical standards, shared data governance, and enterprise policy.
- **Identify hardware and infrastructure needs:** Agencies identify and budget for hardware required to support HCMACS implementation (e.g., workstations, wireless internet).

Once agencies have completed internal inventory, review, and documentation, they will convene as a multi-agency group to make decisions in the HCMACS Technology and Data Working Group, which leads policy and standards development and system security planning for the HCMACS Program.

D. Resource the Program and Agency Projects

During this phase, the HCMACS PMO and Agency Projects will resource their respective teams according to the staffing plans developed, documented, and approved in their Technology Budgets. The HCMACS Program and Agencies will work closely with agency-specific human resources (HR) and procurement staff to resource their teams through a combination of state employees and contracted staff.

HCMACS will aim to resource and onboard most key leadership positions (e.g., Technical Director, Agency Clinical Leads) in time to attend Epic Leadership Orientation in Q4 CY 2025.

E. Procure Key Vendor Partners

During this phase, the HCMACS PMO will conduct procurements for key vendor partners. This includes working with Agency staff, procurement staff, and key stakeholders to define requirements, conduct solicitations, negotiate terms, and onboard vendors to the HCMACS Program.

The HCMACS Program will, at a minimum, contract with the following vendor partners:

- **The EHR System Vendor (Epic)** is already contracted through a Department of Enterprise Services (DES) master agreement, the HCMACS Program will finalize terms in Epic's scope of work (SOW) and execute the contract to purchase software licenses and initiate implementation services.
- **The Systems Integrator (SI)** will be contracted to support the HCMACS Program across all phases, including planning, final design, build (covering configuration, development, testing, data conversion, and integration with external systems), testing, and go-live/rollout. The SI will also operate the HCMACS solution on behalf of the state, hosting it on a vendor-managed, cloud-based platform. As part of this role, the SI will be responsible for regular security patching, software updates (including both core and third-party components), infrastructure management, backup and recovery processes, and ensuring the scalability, resilience, and stability of the hosting environment. The SI will also manage disaster recovery and continuity of operations and provide ongoing training and technical support.
- **The HCA Provider Support vendor** will be contracted to lead the roll-out of the HCMACS Enterprise EHR system to HCA Providers (e.g. small behavioral health, FQHCs, IHCPs, rural hospitals, critical access hospitals). This vendor will lead the effort to engage the Providers, define the standard offering, help Providers deploy the HCMACS Enterprise EHR Solution, and provide ongoing strategic support on behalf of HCA and the Providers.
- **An Organizational Change Management (OCM) vendor** will support the HCMACS Program and Agency Projects by designing and implementing change strategies, communications, and training plans to ensure user readiness, facilitate adoption, and mitigate resistance to the new system across all stakeholders.
- **A Quality Assurance (QA) vendor** will provide independent oversight of implementation activities, develop and apply quality benchmarks, conduct readiness assessments, and monitor vendor deliverables to ensure compliance with project standards and successful delivery of the HCMACS Enterprise EHR System.
- **Other Program Support vendors** as needed to drive specific PMO functions, to provide staff augmentation personnel, implementation consulting services, and other services as required.

During this phase, HCMACS Agency Projects will contract with any vendors as identified in their approved Technology Budgets to provide services that are not covered by Program resources.

F. Planning and Change Management

During this initial phase, the HCMACS PMO will work to prepare organizations and stakeholders for the upcoming implementation. This includes:

- Finalize the HCA sites to be included in the initial go-live, begin provider engagement, and conduct initial onboarding.
- Working with the OCM vendor to publish the HCMACS OCM Plan.
- Working with the QA vendor to publish the HCMACS QA Plan.
- Preparing and submitting a Decision Package to request supplemental funding for SFY27.

In this phase, the Agency Projects will develop their own OCM Plans aligned with the HCMACS OCM Plan and working with the HCMACS OCM vendor or a separately contracted vendor.

Risks and Mitigation for this Phase

Risks	Mitigation Approaches
Long timelines to procure the Systems Integrator (SI) and HCA Provider Support vendor including competitive procurement and CMS approval.	The HCMACS Program will quickly launch its RFP, adhere to clear timelines and requirements, and coordinate with stakeholders, including CMS, to accelerate timeline.
Challenges resourcing and onboarding HCMACS staff due to lengthy hiring processes.	The HCMACS Program and Agencies will appropriately use contracted resources where needed to supplement hiring and meet staffing timeline goals.
Difficulty aligning complex enterprise technology and data policies across multiple agencies.	The HCMACS Program and Agencies will engage senior IT stakeholders early and consistently and prioritize simplicity and practicality in enterprise standards design.

Phase 0: Foundational Improvement Pre-work and Training

Q1-Q2 CY 2026

Summary

The focus of Phase 0 is preparing to configure and implement the HCMACS Enterprise EHR System which includes standing up governance workgroups, conducting site walkthroughs, establishing the HCMACS environment, and preparing Agencies and vendors through Epic training and foundational planning. Key milestones in this Phase include contracting and onboarding the Systems Integrator, fully resourcing the Program Office and Agency Projects, and Epic Staff Training and Certification.

The Systems Integrator in this phase begins to lead several key efforts to include developing the HCMACS system design, data and interface specifications, and training plans. Readiness to advance to the next phase is demonstrated by staff and vendors completing Epic training and certification, completed site walkthroughs, established governance workgroups, and an established HCMACS hosting infrastructure environment.

Activities in this Phase

A. HCMACS PMO

In this phase, the HCMACS PMO continues its oversight and coordination of pre-implementation activities across the entire Program, ensuring alignment of resources, scope, schedule, and governance structures across all participating agencies. The HCMACS PMO supports agencies to ensure that all agency-specific activities, such as site walkthroughs of current clinical and technical workflows, are conducted and documented.

The HCMACS PMO is responsible for ensuring key milestones are met to ensure that HCMACS configuration activities can begin in Q3 CY 2026 to stay on track for a Q3 CY 2027 go-live. The goal is for any Program or vendor staff who require Epic certification to attend the Epic training cycle beginning March 30, 2026. This means that the Program Office and Agency Projects must be fully staffed, and the Systems Integrator must be contracted and onboarded, in March 2026.

In Phase 0, the HCMACS PMO, with representation from the Program Office and Agency Projects, will lead the establishment of the multi-agency workgroups that will make foundational system configuration decisions at the lowest level. These workgroups include:

- **Advisory Councils:** Made up of senior champions who support and oversee clinical and technical workgroups, ensure cross-agency alignment, validate decisions, and escalate unresolved issues.
- **Clinical and Operational Workgroups:** Composed of frontline staff (e.g., nurses, financial recovery staff), these groups document workflows, assess configuration needs, and define policy and care delivery implications.
- **IT Workgroups:** Made up of technical experts (e.g., CIOs, data specialists), they assess and document existing systems, plan data conversion, and support integration and technical readiness.

In this phase, the HCMACS PMO will support Agency Projects to complete agency-specific readiness activities, including:

- Coordinating, facilitating, and overseeing site walkthroughs in collaboration with Epic implementation staff and facility leadership.
- Completing Data Collection Workbooks documenting current state specifications in collaboration with the EHR System Vendor (Epic).
- Supporting and coordinating their Agency's clinical and technical representatives who participate in multi-agency workgroups, to include convening additional agency subject matter expertise as needed to support decision-making.
- Supporting the Systems Integrator, often through technical workgroups, to define HCMACS System Design and Architecture, identifying and developing specifications for interfaces, developing the data conversion plan and specifications, planning to produce reports, queries, and dashboards, and developing the Master Training Plan.

The HCMACS PMO will lead the development and publication of measurable key performance indicators (KPI) through stakeholder engagement and refinement in this phase. Agencies will develop and publish their own KPIs nested within the overall HCMACS Program KPIs.

Additionally, in this phase the HCMACS PMO will also prepare and submit a Decision Package to request HCMACS funding for the SFY28-29 Biennium.

B. EHR System Vendor (Epic)

During this phase, Epic staffs its Implementation Leadership team including the Epic Implementation Executive, an Implementation Director, the Clinical Lead, the Revenue and Access Lead, the Technical Manager, the Technical Coordinator, and the Interface Manager.

Epic staff lead site walkthroughs across DOC, DSHS, and HCA facilities. These walkthroughs assess clinical and technical environments and help inform future-state design by identifying opportunities and constraints within existing care settings.

Epic hosts in-person orientation training for HCMACS Program and Agency staff during this phase, ensuring a common understanding of the Epic system's structure, workflows, and implementation methodology across all stakeholders.

Epic participates in the newly established clinical and technical workgroups to provide expertise in defining potential configuration requirements. While Epic, SI, and other vendor staff may support these workgroups, the HCMACS PMO is responsible for ensuring these workgroups are established and functioning to make effective decisions.

Epic supports the SI's technical planning efforts in this phase including interface and data conversion analysis, advising on integration strategies, and providing documentation on message types and system constraints to help the SI and agency teams prepare for integration.

C. Systems Integrator (SI)

The SI, onboarded early in this phase, conducts detailed system planning and prepares to configure, host, and build the HCMACS Enterprise EHR System. During this phase the SI will:

- Produce the detailed HCMACS System Design Specifications and HCMACS System Architecture.

- Produce an HCMACS Security and Compliance Plan and pass Washington’s Security Design Review (SDR) process.
- Establish the HCMACS hosting infrastructure environment, including:
 - Aligning hosting environment with the EHR System vendor’s architecture and strategies developed in technical workgroups (e.g., interoperability, data-sharing).
 - Integrating required Tier 0 and Tier 1 third-party applications into the hosting environment (required for initial environment and to begin configuration).
- Plan and develop specifications for interfaces, to include:
 - **List of Solution Interfaces:** identifying all interfaces (both temporary and permanent) that are required for the HCMACS solution.
 - **Functional and Technical Specifications for Interfaces:** detailed specifications for each interface (data fields and formats of the data exchange, frequency, etc.).
 - **Interface Test Plan:** defining the test procedures as well as roles and responsibilities of the SI, HCMACS Agencies, and third-party application vendors.
- Plan and develop specifications for data conversion, to include:
 - **Assess Data Conversion Requirements:** documenting the legal requirements for data conservation and any requirements for data to be stored in the EHR.
 - **Data Conversion and Archiving Plan:** defining the approach for identifying, extracting, converting, and loading legacy data into the HCMACS solution or archiving solutions.
 - **Confirm and Validate Data Sources:** inventorying all HCMACS Programs/data sources to be considered for conversion.
 - **Identify Data Conversion Specifications:** documenting conversion specifications for each data source that outlines the data elements, formats and need/process for cleansing and quality assurance.
- Establishing Scanning and Indexing Capability to perform bulk scanning, indexing, and loading/archiving.
- Developing the list of all required Reports, Queries, and Dashboards through stakeholder working sessions.
- Developing plans related to knowledge transfer and sustainability, including:
 - **The Master Training Plan** including timeline, activities, deliverables, and milestones for end-users to successfully use and adopt the HCMACS Enterprise EHR System.
 - **The Documentation and Knowledge Transfer Plan** to ensure continuity through staffing and other changes.
 - **The M&O Transition Plan** to ensure knowledge and responsibilities are transferred from the SI implementation team to the M&O teams following go-live.
- Develop the HCMACS Benefits Realization Metrics and Processes.
- Participating in clinical and technical workgroups to begin defining configuration requirements.

- Assists in standing up the HCMACS PMO, offering expertise in EHR implementation best practices, program governance, and enterprise coordination.
- Establish processes to operationalize Washington Section 701 and legislative reporting requirements.

D. HCA Provider Support Vendor

During this phase, the HCA Provider Support Vendor leads engagement with external provider organizations, including FQHCs, Tribes and IHCPs, behavioral health, and rural hospitals. To support this engagement, the vendor produces an overall HCA Provider Support Plan and Schedule and a Provider Outreach Plan.

The vendor begins working directly with providers in this phase after a warm introduction and handoff facilitated by HCA. The vendor then works with HCA providers to assess their current technical capacity, identify potential barriers to system adoption, and begins planning for future rollouts of the HCMACS system.

The vendor collaborates closely with HCA to define the standard HCMACS offering for providers, ensuring alignment with state priorities, regulatory requirements, and Epic's capabilities. The output of this effort is the Refined Functional Scope of HCA Service to Providers (i.e., the contract between HCA and Providers).

Additionally, the HCA Provider Support Vendor publishes the HCA Provider Onboarding Process and ensures the integration of providers into HCMACS governance and decision-making (i.e., clinical/operational and technical workgroups).

E. OCM Vendor

In this phase, the OCM vendor initiates early-stage change management activities that lay the groundwork for future adoption and training. They complete an Initial Change Impact Assessment, identifying anticipated changes to roles, workflows, and staff responsibilities across agencies. In collaboration with PMOs, they begin developing the Change Network Design, including identifying Change Champions and Super Users who will support readiness efforts in future phases.

The OCM vendor supports and works closely with HCMACS staff, partners, and vendors during this phase, to include:

- **Program Office and Agency Projects:** facilitating communication across all program teams, ensuring consistent messaging, and creating materials that address the cultural and operational shifts expected with the introduction of the HCMACS system.
- **Clinical and Technical Workgroups:** ensuring alignment on change management goals and activities, addressing key areas of resistance and identifying strategies to mitigate potential challenges to successful implementation.
- **EHR System Vendor (Epic):** supporting the Epic orientation sessions, ensuring that all staff members, not just leadership, are familiar with the upcoming changes to workflows and system architecture.
- **Systems Integrator (SI):** conducts an alignment review of the SI's Master Training Plan, ensuring that training plans reflect known stakeholder needs and change adoption priorities.

F. QA Vendor

In this phase, the QA vendor launches foundational quality assurance activities to support consistent standards across agencies and vendors. They develop and distribute Initial QA/TQR Reporting Templates to be used throughout implementation and conduct a Baseline Readiness Assessment to evaluate whether Program and Agency teams are fully prepared for design and build activities.

In parallel, the QA vendor establishes Vendor Work Product Review Protocols, ensuring that documentation and deliverables from each implementation partner meet required quality and traceability standards from the outset.

Furthermore, the QA vendor provides guidance on defining key performance indicators (KPI) and metrics that will be used throughout the implementation process to assess the quality and effectiveness of the deployment.

Risks and Mitigation for this Phase

Risks	Mitigation Approaches
Governance challenges making multi-agency decisions at the lowest level in clinical and technical workgroups.	<ul style="list-style-type: none">• Establish clinical and operational workgroups early in this phase to practice decision-making and establish norms.• Ensure HCMACS Program and Agencies are resourced to support these groups.• Establish clear escalation processes for decision-making.
Vendor management challenges coordinating interdependent activities of the EHR System Vendor, Systems Integrator, Provider Support Vendor, OCM Vendor, and others.	<ul style="list-style-type: none">• Clearly define vendor responsibilities and interdependencies by phase.• Ensure HCMACS leadership coordinates and directs vendor activity (i.e., do not delegate key responsibilities).• Encourage cross-vendor collaboration.
The Program is currently funded through FY26, and future funding may not be known until the end of this phase.	<ul style="list-style-type: none">• Seek early alignment with HHS Coalition leaders, WaTech, OFM, and legislative sponsors through a SFY27 Decision Package.• Work closely with sponsors to ensure predictable funding after this phase.
Delays in HCA Provider onboarding create timeline risks as these groups must be represented in foundational system configuration.	HCMACS will begin to identify and onboard HCA Provider groups and integrate representatives into clinical and operational workgroups before the HCA Provider Support vendor is contracted.

Phase 1: Workflow Walkthrough and Initial Configuration

Q3-Q4 CY 2026

Summary

In Phase 1, Program and Agency teams work closely with Epic to conduct detailed workflow walkthroughs and make decisions to configure the foundational HCMACS system. The Systems Integrator continues building the HCMACS system, including integration of additional third-party applications, while performing early unit and application testing.

Phase 1 is completed when the foundational HCMACS system is initially configured, early testing is complete and successful, and the Program is ready to begin full testing and final configuration.

Activities in this Phase

A. HCMACS PMO

In this phase, the HCMACS PMO manages the execution of Epic workflow walkthroughs and the overall configuration process. They ensure clinical, technical, and operational workgroups are actively participating in sessions, reviewing Epic's foundational workflows, and flagging areas requiring agency-specific input or configuration changes. The PMO uses Project Management tools (including Epic's Orion system) to centrally track configuration decisions, risk items, and integration impacts.

Based on walkthrough findings and decisions from workgroups, the HCMACS PMO manages the Systems Integrator to initially configure the foundational HCMACS System. They coordinate across agencies to ensure consensus on workflow alignment and escalate items requiring cross-agency policy resolution to the Executive Steering Committee. This effort ensures that the system is built to reflect both enterprise-wide and agency-specific operational realities.

The PMO also oversees refinement sessions and local validations, ensuring that configuration inputs are complete, validated, and logged. They work with Epic and the SI to confirm that decisions and exceptions are correctly implemented. Throughout the phase, the PMOs manage coordination across governance structures, staff resources, and schedule adherence to maintain momentum.

B. EHR System Vendor (Epic)

In this phase, Epic leads comprehensive Workflow Walkthroughs across participating agencies, demonstrating standard Epic workflows and capturing detailed feedback. These sessions form the foundation of configuration planning and provide a structured approach for agencies to evaluate alignment between Epic's foundational workflows and their current and future state operations. Epic captures all walkthrough insights and decisions in Orion.

Following walkthroughs, Epic facilitates refinement sessions with clinical and operational workgroups to validate decisions and confirm whether process changes or system configuration are needed.

Epic also provides tools and documentation to support testing activities, including Unit and Application Testing scripts tailored to the foundational configuration.

C. Systems Integrator (SI)

The SI works closely with the Program and Agency teams to implement the initial HCMACS system configuration based on outputs from walkthroughs and workgroup decisions. Using Orion and other PMO

tools, the SI builds the system according to the configuration blueprint while adhering to enterprise policies and best practices for EHR implementations.

In this phase the SI is also responsible for designing and delivering the comprehensive Test Plan and Testing Scripts which specify all test types, the entrance and exit criteria for each test cycle, as well as how many attempts will be acceptable and what “good enough” to go-live means.

Working with Epic and HCMACS workgroups, the SI conducts the following iterative tests to validate the efficacy of configuration before larger-scale testing occurs in the next phase:

- **Unit and Record-Level Testing.** Certain configured database records, such as medications and procedures, are examined individually to ensure their efficacy.
- **Application Testing.** Configuration is tested in a focused, deliberate manner. Each script tests individual software components and configuration items in a step-by-step manner.

The SI finalizes and begins executing the Interface Testing Plan which defines interface testing procedures as well as roles and responsibilities between the SI, Epic, HCMACS, and third-party applications.

The SI also completes the integration of Tier 2 and Tier 3 third-party applications into the HCMACS System (required to complete configuration and begin testing).

D. HCA Provider Support Vendor

In this phase, the HCA Provider Support vendor continues engaging external providers to assess how the Epic foundational workflows demonstrated during walkthroughs translate to diverse provider environments, including FQHCs, behavioral health, Tribes and IHCPs, and rural hospitals. They work with HCA to identify shared workflows that can be adopted by community providers, while flagging configurations or policy support needed to accommodate provider-specific needs.

They also begin developing documentation and internal playbooks to support future configuration and rollout to providers. These outputs help define standard workflows for safety-net settings and contribute to long-term planning for training, onboarding, and ongoing provider engagement.

E. OCM Vendor

The OCM vendor completes detailed change impact assessments based on outputs from walkthroughs. These assessments identify high-impact role, workflow, or policy changes and help prioritize OCM efforts across DOC, DSHS, HCA, and community providers. The vendor also supports HCMACS leadership and team communications to begin preparing staff for the behavioral and cultural shifts that will accompany implementation.

Based on change impact findings, the OCM vendor tailors communication and engagement strategies for each audience segment. These strategies ensure that messaging reflects specific pain points and upcoming changes, and that support resources are designed to address local needs and concerns effectively.

F. QA Vendor

The QA vendor continues monitoring system development and delivers Monthly QA/TQR Assessment Reports that assess the completeness, traceability, and quality of walkthrough outputs, configuration documentation, and early testing results. These reports provide the PMOs and stakeholders with independent verification of project health and alignment to plan.

They also complete Initial Readiness and Risk Assessment Reports that evaluate whether build and testing activities are adequately supported, appropriately documented, and technically sound. These reports highlight gaps in process, misalignment between vendors, or risks in schedule or scope and recommend mitigations for immediate action.

Risks and Mitigation for this Phase

Risks	Mitigation Approaches
Challenges with workgroups aligning a common foundational system configuration or desire for excessive customization.	<ul style="list-style-type: none">• Reinforce through governance the goal of a foundational system configuration and enforce clear guidelines for when customization is allowed.• Escalate decisions through Advisory Councils and ESC as needed.
Testing delays or failed integrations with third-party applications.	Begin interface planning early and involve SMEs in test design.

Phase 2: Readiness, Content Review, and Testing

Q4 CY 2026 – Q2 CY 2027

Summary

In Phase 2, the Program and Agencies validate clinical content and reporting tools while the SI leads comprehensive system testing, including interface, data conversion, and user acceptance tests. Epic and the QA vendor conduct independent reviews to ensure quality and go-live readiness. Progression to go-live requires successful execution of all testing cycles and final readiness sign-off from governance and QA.

Key Activities in this Phase

A. HCMACS PMO

In this phase, the HCMACS PMO coordinates the finalization of outstanding configuration items and workflow decisions across clinical, technical, and operational domains. Through regular engagement with workgroups and advisory councils, they ensure that all content—including order sets, documentation templates, and reporting tools—is validated and approved. The PMO also tracks configuration signoffs and unresolved issues in Orion and manages governance escalations as needed.

The PMO manages and documents Clinical Content Validation and Reporting Validation sessions, ensuring that each participating agency confirms their clinical and business requirements are properly reflected in the system build. These sessions serve as a critical input to downstream testing and go-live preparation, ensuring that users encounter accurate and complete functionality in the system.

Additionally, the PMO monitors SI-led testing, interface validation, and end-to-end workflow assessments to confirm alignment with agency priorities and business continuity plans. They facilitate test scheduling, resource readiness, and cross-agency coordination, maintaining real-time visibility into issue resolution and testing performance through dashboards and governance check-ins.

B. EHR System Vendor (Epic)

Epic provides tailored Testing Toolkits and application-specific scripts to support HCMACS' custom workflows and scenarios. Epic collaborates with the SI and program teams to modify these scripts, enabling aligned and targeted test coverage. Automated tools like the Automated Order Creation Utility expedite complex validations and are deployed across clinical domains for efficiency.

Epic also performs Independent Application Reviews, where Epic experts not previously involved in the project conduct a third-party assessment of the system configuration. Findings from these reviews are shared with Program leadership and used to proactively identify build issues, workflow gaps, or usability concerns.

Throughout testing, Epic provides subject matter experts to troubleshoot failed tests, update configuration guidance, and advise on remediation approaches. They support readiness planning and documentation updates for go-live, including updates to integrated test scripts and downstream readiness documentation, ensuring alignment with the HCMACS Program Standard.

C. Systems Integrator (SI)

In this phase, the SI is responsible for completing all remaining third-party and external interfaces. This includes finalizing development, testing connectivity and functionality, and validating data exchange to

ensure full integration with the HCMACS environment. These interfaces are tested using scenario-based scripts and documented in the Interface Testing Log.

The SI also completes the final Data Conversion, performing full-scale conversions from legacy systems and validating accuracy through conversion reports and cross-checking against legacy values. Communications tests and data quality validations are performed at scale, with approvals captured in Orion before cutover.

The SI is responsible for the completion of scanning and indexing of clinical documents and historical records. These are tested to ensure documents are correctly filed, indexed, and retrievable in the HCMACS system. In parallel, the SI finalizes the build and testing of Reports, Queries, and Dashboards, validating accuracy, access controls, and visual formatting across agencies in line with approved reporting requirements.

The SI is also responsible for planning, coordinating, and conducting all testing activities for the HCMACS system in this phase. The SI finalizes the test strategy, manages execution of test cycles, and maintains the Enterprise Testing Dashboard and issue log in collaboration with agency teams.

The SI will conduct key testing activities, including:

- **Interface Testing:** Communications validation, followed by scenario-driven interface tests with each integrated system.
- **Conversion Testing:** Small- and large-scale validations of converted data to confirm proper migration and storage.
- **Mapped Record Testing:** Ensures record consistency across systems during message exchange.
- **Results Routing Testing:** Verifies timely and accurate delivery of clinical results to the correct staff.
- **Charge Testing:** Confirms charging logic and financial record accuracy in the new system.
- **Parallel Revenue Cycle Testing:** Uses legacy claims data to simulate full clinical-to-claims scenarios in HCMACS, ensuring identical financial outputs.
- **End-to-End Integrated Testing:** Validates multi-system workflows (including devices and third-party apps) in real-world sequences.
- **User Acceptance Testing (UAT):** "Day in the Life" workflows are conducted in live simulation by actual users at each agency.
- **Technical Testing:** Includes performance testing, security testing, business continuity testing, and technical dress rehearsals at every site.

The SI manages defect documentation and triage, retesting, and final validation cycles, ensuring entrance and exit criteria are met for each testing stage. They also prepare final test documentation including a Final Go-live Security Check for governance approval and as criteria to transition to the go-live phase.

D. HCA Provider Support Vendor

The Provider Support vendor supports testing for provider-facing features and participates in UAT scenarios relevant to HCA-sponsored clinics. The vendor also assesses provider readiness to onboard onto the validated system and finalizes onboarding plans for upcoming deployment phases.

Using outputs from testing, the vendor continues to develop tailored provider training and documentation resources. These materials are informed by observed challenges and feedback during UAT and integrated testing, ensuring relevance to provider operations.

E. OCM Vendor

The OCM vendor leads Readiness Sessions and “Day in the Life” activities in tandem with UAT, working with agencies to assess user experience, change preparedness, and any potential workflow friction. These activities are key in supporting staff buy-in and surfacing any unresolved change-related concerns.

The OCM vendor also supports targeted communications to reinforce readiness and provide clear guidance on upcoming cutover and training expectations. Outputs from this phase feed directly into the development of go-live support and adoption strategies.

F. QA Vendor

The QA vendor monitors all testing efforts against quality benchmarks defined in the QA/TQR Management Plan. They observe test sessions, review test artifacts and dashboards, and ensure that test outcomes are documented with clear traceability. QA also evaluates SI and Epic testing practices, issue resolution timelines, and configuration adherence.

At the end of the phase, the QA vendor publishes a Testing QA Review Report and a Lessons Learned Report, highlighting areas of strength and risks to address prior to deployment. These outputs support Program-level readiness assessments and inform adjustments to cutover and support planning.

Risks and Mitigation for this Phase

Risks	Mitigation Approaches
Testing identifies significant defects in configuration or integration late in the cycle.	<ul style="list-style-type: none">• Ensure phased testing with early validation; enforce entrance criteria.• Use Epic's Independent Application Reviews.
UAT participants raise usability or workflow issues not previously identified.	<ul style="list-style-type: none">• Incorporate OCM-led “Day in the Life” sessions early in UAT.• Involve frontline users and gather feedback to drive refinements.
Performance or business continuity testing reveals technical limitations.	Include multiple iterations of technical testing and conduct full technical dress rehearsals at each agency location.

Phase 3: End-User Training and Go-Live

Q2 - Q3 CY 2027

Summary

Phase 3 centers on preparing and training users, finalizing go-live preparation, and executing the cutover to the live system with full support. All participating sites must complete training, readiness assessments, and technical rehearsals. Go-live is authorized only when all pre-launch criteria are met and governance provides final approval.

Key Activities in this Phase

A. HCMACS PMO

In this phase, the HCMACS PMO manages the execution of training and go-live readiness activities across all participating sites. They ensure that Go-Live Readiness Assessments are conducted in collaboration with Epic, the SI, and QA, using standardized checklists and performance thresholds.

The HCMACS PMO also manages the development and approval of agency-specific Cutover Plans, ensuring alignment with the enterprise Cutover Playbook and program-wide contingency procedures. The PMO tracks training participation and oversee progress toward 100 percent completion using dashboards provided by Epic and the OCM vendor. The HCMACS ESC will vote to approve that all pre-go-live criteria have been met and authorize HCMACS to proceed with go-live.

The HCMACS PMO oversees the go-live execution at each Participating Agency, coordinating communication, command center operations, and status reporting. They ensure that cutover steps are followed according to the final plan and that any deviations are documented and addressed in real time. The PMO confirms that clinical and administrative teams are in place and are supported throughout the transition period.

B. EHR System Vendor (Epic)

Epic delivers End-User Training Materials tailored to the HCMACS build, including training guides, simulations, tip sheets, and support documentation. These materials are based on the final validated configuration and are customized by role, location, and workflow. Epic supports the training design and curriculum review process to ensure clinical and operational accuracy.

Epic configures and supports training environments, providing realistic, role-based access for end users to practice with familiar patients, forms, and system behaviors. These environments include training records, mock patient data, and sandbox tools that replicate go-live conditions. Epic provides support to agencies and trainers for environment maintenance and troubleshooting.

Epic also supports final system validation and deployment readiness through Go-Live Readiness Assessments that ensure the build is complete, migrated correctly, and aligned with testing. Epic coordinates with the SI to validate configuration for deployment and assists in technical review sessions to confirm readiness for production cutover.

C. Systems Integrator (SI)

The SI is responsible for technical preparation of training environments, including data seeding, environment cloning, and access control setup to match each Participating Agency's staffing and

workflow model. The SI works with Epic and agency SMEs to validate training accuracy, resolve data issues, and confirm system responsiveness in the training environment.

The SI produces the Final Cutover Plan, which includes detailed technical steps for transitioning systems, hardware, interfaces, and data to the live environment. This plan also includes a Cutover Schedule and Checklist, clearly defining roles, timing, dependencies, and fallback options. The SI provides training and walkthroughs for local cutover leads.

The SI also coordinates and executes Technical Dress Rehearsals at all go-live sites. These rehearsals simulate the full cutover process, validating sequencing, performance, and staff execution. Any findings are documented and resolved prior to activation to minimize downtime and risk during go-live.

Prior to go-live, the SI establishes the Go-Live Command Center and works with HCMACS Program and Epic to establish 24/7 support for at least two weeks following go-live.

Immediately following activation, the SI supports go-live stabilization, including technical support coverage, real-time monitoring of interface health, and system performance. They document system metrics and escalate high-priority issues to the PMOs and governance as needed, ensuring continuity of operations from day one.

D. HCA Provider Support Vendor

The HCA Provider Support vendor supports provider onboarding by preparing site-specific training and go-live guides for community providers. They coordinate training logistics, register participants, and track completion status for all providers targeted for deployment in the first rollout.

The vendor also assists providers in confirming technical readiness and tailors the cutover support approach for unique provider environments. This includes remote or onsite go-live assistance, access provisioning, and post-training reinforcement for key workflows such as referrals, scheduling, and medication management.

E. OCM Vendor

The OCM vendor supports the launch of program-wide and agency-specific training communications, outlining expectations, timelines, and support structures for end users. They develop quick-reference guides, reinforce training participation, and prepare help desk teams and peer support roles for go-live.

The vendor also launches reinforcement campaigns, including newsletters, signage, and manager toolkits to maintain morale and user confidence. Peer champions are mobilized during this phase to support staff in the field, answer questions, and surface real-time concerns back to the PMOs and support teams.

F. QA Vendor

The QA vendor continues to monitor program status through QA/TQR Monthly Reports, focusing on training progress, readiness assessments, and cutover preparations. They conduct site visits or remote reviews to verify checklist completion, documentation standards, and support plans.

QA delivers a comprehensive Go-Live Readiness QA Review, providing independent verification that each agency meets predefined activation criteria. A final Pre-Go-Live Risk Report is submitted, highlighting outstanding issues, potential deployment blockers, and recommended mitigations to support executive decision-making on launch timing.

Risks and Mitigation for this Phase

Risks	Mitigation approaches
Go-live readiness assessments reveal late-stage gaps or unresolved blockers.	<ul style="list-style-type: none">• Conduct readiness reviews early and repeat regularly.• Engage QA and governance for independent validation and risk review.
System instability or critical issues during go-live impact patient care or operations.	<ul style="list-style-type: none">• Ensure round-the-clock go-live support from SI and Epic.• Use command center model and issue triage protocols.
Training participation falls short or users are underprepared for go-live.	<ul style="list-style-type: none">• Monitor training completion in real time.• Engage OCM and agency leadership to reinforce expectations and offer support.

Phase 4: Post-Live Support and Optimization

Q3 – Q4 CY 2027

Summary

Phase 4 is focused on monitoring system performance, addressing go-live issues, and collecting user feedback for system optimization. Once stabilization metrics are achieved—such as resolved high-priority issues and normalized support volume—the Program transitions to maintenance and operations. Phase 4 concludes with a Final Acceptance Review confirming readiness for steady-state operations.

Key Activities in this Phase

A. HCMACS PMO

In this phase, the HCMACS PMO coordinates daily Command Center operations during the initial stabilization window. They monitor incoming issues, escalate critical items, and coordinate floor support coverage.

The PMO leads post-live user feedback sessions and distributes experience surveys to evaluate training effectiveness, workflow design, and usability. Feedback is synthesized to identify areas for short-term improvement and long-term optimization.

Once stabilization criteria are met—including resolution of high-priority issues, normalized support volumes, and infrastructure performance—the PMO oversees the decommissioning of the Command Center and transition to M&O governance. This transition is formalized through the Final Acceptance Review and Systems Acceptance documentation.

B. EHR System Vendor (Epic)

In this phase, Epic provides post-go-live support, assisting with issue resolution related to workflows, documentation, and user roles. They participate in Command Center activities, clarify configuration decisions, and provide rapid responses to emerging clinical questions.

Epic experts contribute to Post Go-Live Visits at Participating Agencies, observing system usage, collecting feedback, and validating workflows in real-world settings. Based on these engagements, Epic delivers a set of optimization recommendations and updates to training or reference materials as needed.

Epic also supports the transition to M&O by advising on system tuning, monitoring configuration change requests, and helping to ensure continuity as ownership shifts to the long-term support model.

C. Systems Integrator (SI)

The SI leads all post-go-live stabilization efforts, including technical support, performance monitoring, and defect management. Their team continues to staff the Command Center in partnership with agency and vendor teams, providing 24/7 coverage as needed during the stabilization window.

The SI conducts formal Post-Live Visits at each Participating Agency and delivers Executive Summaries documenting outcomes, issue trends, and next-step recommendations. These reports are synthesized into overall HCMACS Go-Live Lessons Learned, which are reviewed by the Program and used to assess readiness for the transition to steady-state operations.

As stabilization metrics are achieved—including resolution of all Priority 1 and 2 issues, normalized ticket volume, and validated system performance—the SI activates its Maintenance & Operations Plan as

defined in the RFP. This includes transitioning responsibilities to the long-term M&O team, finalizing help desk handoffs, and enabling steady-state governance and change control processes. The SI concludes the phase by facilitating the Final Acceptance Review, marking formal project closeout and system handover.

D. HCA Provider Support Vendor

The Provider Support vendor continues to assist providers with early post-go-live challenges, reinforcing workflows and resolving adoption issues identified during initial usage. The vendor works closely with the OCM and PMO teams to gather provider-specific feedback and escalate support needs as required.

They also assist in defining optimization opportunities for future provider rollout groups, help document lessons learned, refine onboarding playbooks, and adjust system configurations where provider input indicates a need for adaptation.

E. OCM Vendor

The OCM vendor supports end users through the transition from go-live to steady-state operations by deploying reinforcement materials and providing targeted coaching where adoption issues are observed. They collaborate with PMOs to monitor morale and change readiness throughout the stabilization period.

OCM teams lead post-live change adoption assessments, updating their analysis based on real usage data, issue logs, and survey results. Based on these findings, they adjust messaging, identify training refresh needs, and support the user transition into Maintenance & Operations with clear, confident communications.

F. QA Vendor

The QA vendor continues oversight during the stabilization period, reviewing performance metrics, ticket resolution timelines, and adherence to go-live support protocols. They participate in Command Center operations and evaluate how issue handling aligns with QA/TQR standards.

QA delivers a Post-Go-Live QA Readout summarizing observations, outstanding issues, and final quality trends. They also prepare and submit a QA Closeout and Transition to M&O Report, which confirms that the SI and Epic have fulfilled their stabilization obligations and that systems are ready for long-term support.

Risks and Mitigation for this Phase

Risks	Mitigation Approaches
Critical issues persist post-go-live and delay stabilization.	<ul style="list-style-type: none">• Prioritize resolution of P1/P2 issues; maintain active Command Center staffing until metrics normalize.• Conduct daily issue reviews.
Users become frustrated with unresolved issues or unclear support roles.	<ul style="list-style-type: none">• Launch targeted communications; maintain clear support escalation paths.• Use OCM to sustain engagement and peer support.
Transition to M&O occurs before system is fully stable.	<ul style="list-style-type: none">• Use performance-based transition criteria (not dates).• Require formal Final Acceptance Review and QA validation before shutdown.

Phase 5: Rollout and Support to Additional Sites

Q1 CY 2028 and After

Summary

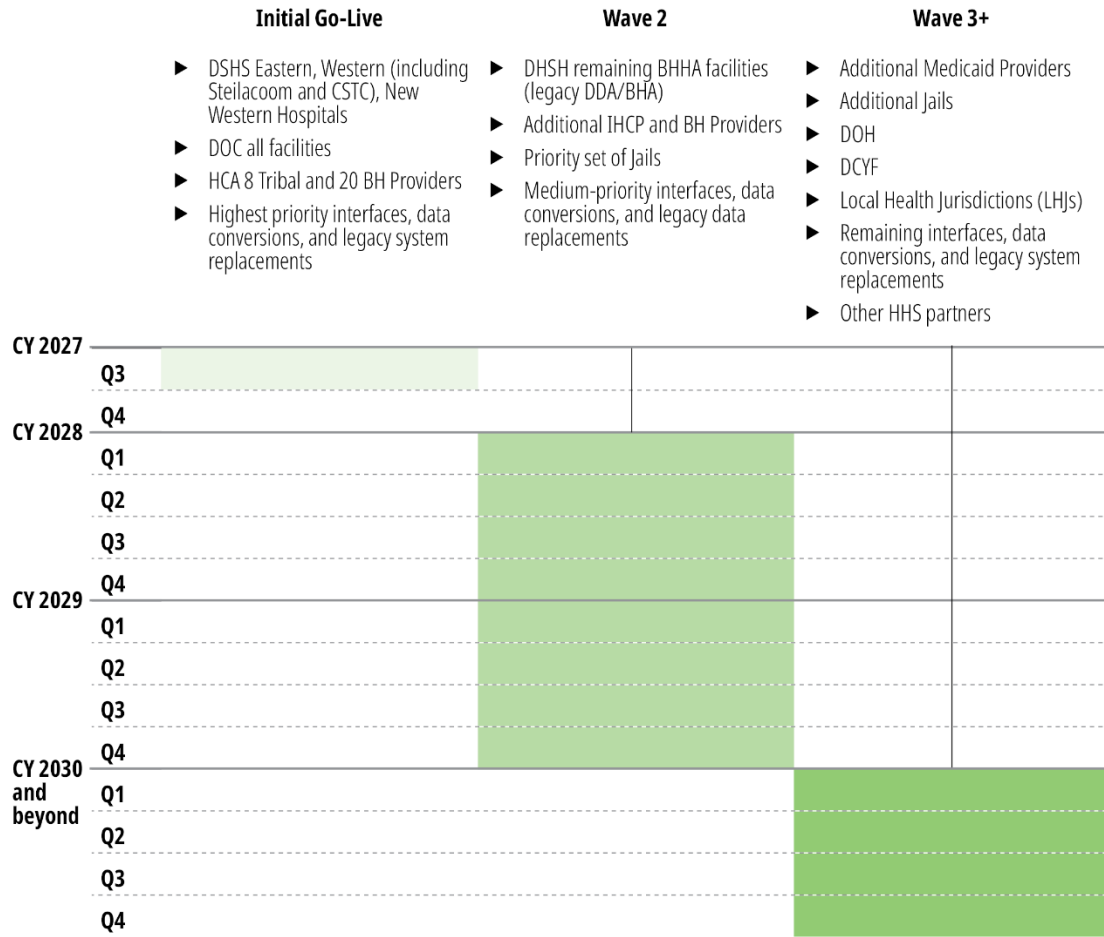
Phase 5 is an ongoing phase where the HCMACS system scales to new providers and agencies through iterative, wave-based deployments. Ongoing activities include onboarding, configuration, and training tailored to new settings while applying lessons from earlier phases. Expansion depends on post-go-live CMS certification, available funding, and demonstrated system value.

Assuming HCMACS funding continues to be available, future HCMACS waves will include additional DSHS facilities, additional HCA providers, jails, and other HHS partner agencies including the Department of Health (DOH), the Department of Children, Youth, and Families (DCYF), and Local Health Jurisdictions (LHJ).

- **DSHS** in future waves will extend the foundational HCMACS Enterprise EHR System to additional facilities under the newly formed Behavioral Health and Habilitation Administration (BHHA), which includes Residential Habilitation Centers, serving adults with intellectual and developmental disabilities, smaller behavioral health treatment facilities, and the Special Commitment Center on McNeil Island. The rollout will support integrated, person-centered care by enabling seamless documentation, interdisciplinary treatment planning, and more efficient coordination between psychiatric, medical, and rehabilitative services across diverse long-term care and secure residential settings.
- **DCYF** aims to implement the Enterprise EHR in future HCMACS waves to support comprehensive medical record management for youth in Juvenile Rehabilitation, foster care, and early learning environments. This system will facilitate smoother transitions of care, especially for youth moving between DCYF, the Department of Corrections, and eventually DSHS's Adult Protective Services. Replacing the current Automated Client Tracking (ACT) Medical Database, the Enterprise EHR will also enable secure and efficient access to health information for providers supporting children and youth with special needs.
- **DOH** seeks to align its current public health technology efforts with the Enterprise EHR System to expand and streamline access to clinical data across a broader set of public health and community-based providers. By integrating use cases such as disease investigation, crisis response, and Health Home services, the Enterprise EHR would enhance interoperability, reduce reporting burdens, and improve timely access to critical data for both state and local health agencies. This alignment would also support population health surveillance and benefit rural and small clinics through improved data exchange and clinical care coordination.

The long-term vision for sequencing subsequent deployments is shown in the strategic horizons on the next page.

Figure 4: HCMACS Future Waves



Key Activities in this Phase

A. HCMACS PMO

After six months of post-go-live outcomes and metrics data has been collected, the HCMACS PMO will work with CMS to coordinate post-implementation certification review (CR) and demonstrate the benefit of the HCMACS Enterprise EHR System to Washington's Medicaid program. This process will include evaluating how the system is performing in accordance with identified outcomes and metrics (see Appendix A) and its alignment with Medicaid Enterprise System Community (MESC) requirements.

Later in Phase 5, the HCMACS PMO will lead the scaling of HCMACS across Washington through iterative, wave-based deployments. This includes onboarding additional facilities, providers, and partner agencies using a repeatable model built from earlier phases. The HCMACS PMO oversees planning, stakeholder engagement, and implementation readiness for each wave, with support from clinical, technical, and operations workgroups.

The HCMACS PMO also leads the optimization of the live system, using user feedback, analytics, and support trends to identify configuration updates, reporting improvements, and usability enhancements. The governance structure remains active, prioritizing future rollouts, allocating resources, and managing funding for sustained expansion.

B. Systems Integrator (SI)

The SI supports the technical delivery and execution of each new wave. For each new site or agency, the SI completes site-specific builds, interface development, testing, and cutover activities. This includes conducting readiness assessments, supporting technical infrastructure planning, and facilitating go-live support as defined in earlier phases.

The SI also leads the scaling of enterprise architecture, optimizing system performance, storage, and access controls for the expanding user base. As additional agencies onboard—such as DCYF, DOH, and Local Health Jurisdictions—the SI ensures that the system supports more complex care coordination and data exchange scenarios.

The SI partners with agencies to support legacy system transitions and integrations, helping streamline operations, consolidate data platforms, and maximize use of the HCMACS Enterprise EHR. Their ongoing involvement ensures system growth is technically sound and strategically aligned with enterprise standards.

C. EHR System Vendor (Epic)

Epic supports Phase 5 by delivering updated workflow configurations and training content tailored to new populations and provider settings. This includes adapting clinical content, templates, and user access models for new sites.

Epic also works with the Program to enhance enterprise-level reporting, population health tools, and interoperability capabilities. These improvements support statewide health surveillance, crisis response, and the use of integrated care plans across agencies and systems.

Epic contributes to long-term strategic planning by identifying technical opportunities and roadmap items to support broader enterprise integration, including use cases for DCYF, DOH, LHJs, and cross-sector data exchange.

D. HCA Provider Support Vendor

The HCA Provider Support vendor continues onboarding additional safety-net providers, FQHCs, and small clinics in coordination with new implementation waves. The vendor leads readiness assessments, onboarding coordination, and tailored training to match provider needs and care models.

This vendor plays a key role in supporting providers participating in DOH- and DCYF-aligned initiatives, helping unify onboarding and support structures for small and rural providers, especially those engaged in public health or community-based services.

E. OCM Vendor

The OCM vendor supports change readiness, adoption, and communication strategies for each new implementation wave. This includes deploying audience-specific training, reinforcing peer support networks, and adapting change materials for new staff groups.

They also assist long-term adoption monitoring, tracking staff engagement, and identifying ongoing change challenges in newly onboarded sites. These insights inform iterative updates to training, support, and leadership communication strategies.

F. QA Vendor

The QA vendor continues to provide independent oversight for each new wave of implementation. This includes validating go-live readiness, monitoring adherence to QA standards, and ensuring lessons learned are incorporated into future planning.

The QA team collaborates with PMOs and the SI to identify systemic quality risks and opportunities for improvement, particularly as enterprise scale increases. Their role supports a culture of continuous improvement and accountability as the system matures.

Risks and Mitigation for this Phase

Risks	Mitigation Approaches
Expansion waves overextend program capacity or dilute quality of implementation.	<ul style="list-style-type: none">• Stagger deployments based on readiness.• Reuse standardized tools and workflows from earlier waves; maintain central PMO oversight.
New agencies (e.g., DCYF, DOH) require significant configuration or support beyond core model.	<ul style="list-style-type: none">• Engage agency SMEs early.• Adapt foundational workflows as needed while maintaining governance review of major changes.
Increased system complexity strains infrastructure or challenges interoperability goals.	<ul style="list-style-type: none">• Proactively scale enterprise architecture.• Prioritize interface and performance testing in each wave.• Monitor with QA oversight.

Conclusion

The HCMACS Enterprise EHR Program represents a transformational effort to improve health and care delivery across Washington State’s public sector, beginning with foundational implementation at DOC, DSHS, and HCA. Through a carefully phased roadmap—spanning planning, system build, go-live, and long-term optimization—the Program establishes a scalable, coordinated infrastructure that improves clinical decision-making, operational efficiency, and patient experience.

HCMACS will become an enterprise platform connecting agencies, providers, and community partners through shared technology, governance, and data. As future waves bring new partners like DCYF, DOH, and Local Health Jurisdictions into the system, the Program will support better care transitions, improved public health data, and greater alignment across the safety net. With a focus on equity, usability, and enterprise value, the HCMACS Program will continue to evolve to support Washington’s goals for population health, efficient government, and a healthier future for all residents.

Appendix A: HCMACS Outcomes and Metrics from I-APD

HCMACS outcome metrics from the approved I-APD are shown below. Additional metrics will be defined during the Pre-Implementation Readiness and Planning Phase based on the goals identified in the Executive Summary.

HCMACS State-Specific Outcomes and Metrics from Approved I-APD

Business Goal: Seamless Information Sharing

Ensure seamless information sharing between programs and providers to facilitate timely access to patient records across different points of care. Identify and stratify high-risk patient populations for targeted interventions by monitoring health trends and outcomes across different demographic groups.

Target date: FY 2028

Metrics, Data Sources, and Goals

Metrics	Data Sources	Goals
Percentage of users utilizing the HCMACS system	Program and Provider survey data	For participating programs, increase percentage of eligible users using the HCMACS system from 0 to 50 percent within 2 years of program launch.
Modules and documents most frequently accessed by users	HCMACS system utilization data	Inventory and track utilization of modules and documents most frequently accessed by users for 100 percent of program participants within 2 years of program launch.
Number of successful data exchanges between different healthcare entities per month	HCMACS system utilization data	Track and report volume of data exchanges by module and document type for 100 percent of program participants within 2 years of program launch.
Cost savings associated with improved care coordination and reduced hospital readmissions	N/A	Reduce avoidable ED visits and hospitalizations for engaged participants of enrolled programs by 5 percent within 2 years of program launch.

Business Goal: Secure Client Access

Enable clients to access their health information securely and participate in their care plans. Improve communication channels between programs, clients and healthcare teams.

Target date: FY 2028

Metrics, Data sources, and Goals

Metrics	Data Sources	Goals
Number of clients registered for and actively using the patient portal	HCMACS system utilization data	Enroll 20 percent of engaged participants of enrolled programs within 2 years of program launch.
Client satisfaction scores related to ease of accessing health information and communication with providers	Client survey data	Achieve 50 percent client satisfaction (defined as good or very good) among engaged participants of enrolled programs who are signed up for HCMACS patient portal within 2 years of program launch.

Business Goal: Streamline Case Management

Streamline case management processes through automated workflows and integrated data, reducing administrative burden and time spent on manual coordination tasks.

Target date: FY 2028

Metrics, Data Sources, and Goals

Metrics	Data Sources	Goals
Reduction in time spent on manual administrative tasks (e.g., chart pulls, faxing)	Program and Provider survey data	75 percent of staff believe that HCMACS has reduced time spent on manual administrative tasks within 2 years of program launch.
Increase in the number of clients managed per case manager per month	Program and Provider survey data	50 percent of staff believe that HCMACS has enabled them to increase the number of clients they manage within 2 years of program launch.
Time to onboard new users onto the system	HCMACS system user data	Track and report time to onboard new users onto HCMACS system for 100 percent of program participants within 2 years of program launch

Appendix B: Epic Modules In-Scope

The tables below detail the Epic modules planned to be in-scope for foundational HCMACS system configuration.

Epic Modules In-Scope for HCMACS Foundational System

HCMACS will license the full suite of Epic applications per Washington's Licensing Agreement with Epic.

Note: "No" means not deployed or needed.

Category	Module name	Included in HCMACS V1.0	Used by DOC	Used by DSHS BHA	Used by DSHS DDA	Used by HCA
Care Coordination	Epic Care Everywhere	Yes	Yes	Yes	Yes	Yes
	Epic Compass Rose	Yes	Yes	Maybe	Yes	Yes
	Epic Link Healthy Planet	Yes	Yes	Yes	Yes	Yes
	EpicCare Link	Yes	Yes	Yes	Yes	Yes
Ancillary - Infection Control	Epic Buggy (Infection Control)	Yes	Yes	Yes	Yes	No
Ancillary-Pharmacy	Epic Willow (Ambulatory)	Yes	Yes	Yes	Yes	Yes
	Epic Willow (Inpatient)	Yes	Yes	Yes	Yes	No
Clin Care - Decision Support	Epic Clinical Decision Support	Yes	Yes	Yes	Yes	Yes
	Epic Cosmos	Yes	Yes	Yes	Yes	Yes
Clin Care - Inpatient	EpicCare ClinDoc (Inpatient)	Yes	Yes	Yes	Yes	No
	Epic Rover	Yes	No	Yes	Yes	No
Clin Care - Ambulatory	Epic Haiku	Yes	Maybe	Yes	Yes	Yes
	EpicCare Ambulatory	Yes	Yes	Yes	Yes	Yes
Clin Care - Behavioral Health	Epic Behavioral Health	Yes	Yes	Yes	Yes	Yes

Category	Module name	Included in HCMACS V1.0	Used by DOC	Used by DSHS BHA	Used by DSHS DDA	Used by HCA
Clin Care - Dentistry	Epic Wisdom	Yes	Yes	Yes	Yes	Yes
Clin Care - Home Health	EpicCare Home Health - Dorothy	Yes	Maybe	No	Yes	Maybe
Clin Care - Long Term Care	Epic - Long Term Care	Yes	Yes	Yes	Yes	No
Informatics and Pop Health	Epic Caboodle	Yes	Yes	Yes	Yes	Maybe
	Epic Chronicles	Yes	Yes	Yes	Yes	Maybe
	Epic Clarity	Yes	Yes	Yes	Yes	Maybe
	Epic Cogito	Yes	Yes	Yes	Yes	Maybe
	Epic Healthy Planet	Yes	Yes	Yes	Yes	Maybe
	Epic Radar	Yes	Yes	Yes	Yes	Maybe
	Epic Radar	Yes	Yes	Yes	Yes	Maybe
	Epic Slicer Dicer	Yes	Yes	Yes	Yes	Maybe
	Reporting Workbench	Yes	Yes	Yes	Yes	Maybe
Patient Admin	Epic Prelude	Yes	Yes	Yes	Yes	Yes
	Epic Grand Central	Yes	Yes	Yes	Maybe	No
Health Info Mgmt. (HIM)	Epic HIM	Yes	Yes	Yes	Yes	Yes
Patient Experience	Epic Happy Together Patient	Yes	Unlikely	No	No	Yes
	Epic Lucy	Maybe	Unlikely	Yes	Yes	Yes
	Epic My Chart Companion	Maybe	Unlikely	No	No	Yes

Category	Module name	Included in HCMACS V1.0	Used by DOC	Used by DSHS BHA	Used by DSHS DDA	Used by HCA
	Epic MyChart	Yes	Maybe	Yes	Yes	No
	Epic Welcome Kiosk	Yes	Unlikely	No	No	No
Patient Scheduling	Epic Cadence	Yes	Yes	Yes	Yes	Yes
	Epic Open Scheduling	Yes	No	No	No	Yes
Provider Experience	Epic Happy Together Clinician	Yes	Yes	Yes	Yes	Yes
Revenue Cycle	Resolute Hospital Billing	Yes	Maybe	Yes	Yes	Yes
	Resolute Professional Billing	Yes	Yes	Yes	Maybe	Yes
Specialty Care	Epic Rehab	Yes	Yes	Yes	Yes	No
	Epic Kaleidoscope	Yes	Yes	Yes	Yes	Yes
System Infrastructure	Epic Bridges	Yes	Yes	Yes	Yes	Yes
	Epic Data Courier	Yes	Yes	Yes	Yes	Yes
	Epic Hyperdrive	Yes	Yes	Yes	Yes	Yes
	Epic Hyperspace	Yes	Yes	Yes	Yes	Yes
	Epic UserWeb	Yes	Yes	Yes	Yes	Yes

Appendix C: Deliverables by Implementation Phase

The tables below list planned deliverables and milestones by owner for each phase of the HCMACS implementation. These deliverables are subject to change as the plan is refined, vendor contracts are negotiated, and the HCMACS Program continues to evolve.

Deliverables and Milestones by HCMACS Implementation Phase Pre-implementation Planning and Readiness

(Q3-Q4 CY 2025)

Team	Deliverables and Milestones
HCMACS PMO	<ul style="list-style-type: none">• Establish Program Management Office with representation from Program Office and Agency Projects.• Program and Agency Project Management Plans (PMPs) complete and operationalized.• Program and Agency Project Leadership resourced and attend Epic orientation training.• Agency Clinical and Technical Readiness activities planned, workgroups established, and work initiated.• Enterprise Technical and Data Readiness activities planned, workgroups established, and work initiated.• Final list of HCA sites to be included in the initial go-live developed• Annual I-APD Update submitted to CMS.• EHR System Vendor (Epic) contract execution, onboarding, and kickoff.• Organizational Change Management (OCM) vendor contract execution, onboarding, and kickoff.• Quality Assurance (QA) vendor contract execution, onboarding, and kickoff.• Other Agency and Program vendors contracted as needed.
OCM Vendor	HCMACS and Agency Project OCM and Communications Plans published.
QA Vendor	QA/TQR Plan published.

Phase 0: Foundational Implementation Pre-work and Training

Q1 – Q2 CY 2026

Team	Deliverables and Milestones
HCMACS PMO	<ul style="list-style-type: none">• Program Office and Agency Projects fully resourced.• Systems Integrator (SI) contract approval by CMS, execution, onboarding, and kickoff.• All staff requiring Epic certification attend Epic training cycle beginning March 30, 2026.• Clinical, operational (including revenue cycle), and technical workgroups, and Advisory Councils, are resourced and active.• Measurable HCMACS key performance indicators (KPIs) published (Program and Agency).

Team	Deliverables and Milestones
	<ul style="list-style-type: none"> • Submit Decision Package to request supplemental funding for the SFY28-29 Biennium. • Annual I-APD Update submitted to CMS. • Complete Data Collection Workbooks with the EHR System Vendor (Epic).
EHR System Vendor (Epic)	<ul style="list-style-type: none"> • Staffed Epic Implementation Leadership Team. • Complete site walkthroughs with Agencies. • Certify HCMACS staff at March 2026 Epic training.
System Integrator	<ul style="list-style-type: none"> • Establish the HCMACS hosting infrastructure environment to include integrating required Tier 0 and Tier 1 third-party applications. • HCMACS environment passes Security Design Review (SDR). • Develop and deliver the following HCMACS system plans and documents: <ul style="list-style-type: none"> ○ Detailed HCMACS System Design Specifications and HCMACS System Architecture. ○ Security and Compliance Plan. ○ List of Solution Interfaces, Functional and Technical Specifications for Interfaces, and Interface Test Plan. ○ Data Conversion and Archiving Plan, Confirm and Validate Data Sources, and Data Conversion Specifications. ○ Scanning and Indexing Capability. ○ List of all Reports, Queries, and Dashboards. ○ Benefits Realization Metrics and Processes. ○ Master Training Plan. ○ Documentation & Knowledge Transfer Plan. ○ M&O Transition Plan.
HCA Provider Support Vendor	<ul style="list-style-type: none"> • Develop and deliver the following HCA provider plans and documents: <ul style="list-style-type: none"> ○ Overall HCA Provider Support Plan and Schedule. ○ Provider Outreach Plan. ○ Refined Functional Scope of HCA Service to Providers (i.e., their contract). ○ HCA Provider Acquisition Plan, Tools, and Templates. ○ HCA Provider Onboarding Process.
OCM Vendor	<ul style="list-style-type: none"> • Initial Change Impact Assessment completed and documented. • Change Network Design (e.g., identification of Change Champions, Super Users) established. • Alignment review of the SI's Master Training Plan with stakeholder needs completed.
QA Vendor	<ul style="list-style-type: none"> • Initial QA/TQR Reporting Templates developed. • QA Baseline Readiness Assessment completed for Program and Agency teams. • Vendor Work Product Review Protocols developed and operationalized.

Phase 1: Workflow Walkthrough and Initial Configuration

Q3 – Q4 CY 2026

Team	Deliverables and Milestones
HCMACS PMO	<ul style="list-style-type: none">Established use of Project Management Tools (e.g., Orion) for tracking decisions, risks, and build impacts.Initial Configuration of the HCMACS System complete based on walkthrough outcomes and decisions in clinical/operational and technical workgroups.
EHR System Vendor (Epic)	<ul style="list-style-type: none">Workflow walkthroughs and refinement sessions completed.Unit and Application Testing scripts and tools tailored to HCMACS needs and delivered.
Systems Integrator	<ul style="list-style-type: none">HCMACS system initially configured.Test Plan, Testing Scripts, and Interface Testing Plan published.Unit and Application Testing completed.Integration of Tier 2 and Tier 3 third-party applications completed.
OCM Vendor	Change impact assessments completed based on workflow walkthrough findings.
QA Vendor	<ul style="list-style-type: none">Monthly QA/TQR Assessment Reports delivered.Initial Readiness and Risk Assessment Reports completed.

Phase 2: Readiness, Content Review, and Testing

Q4 CY 2026 – Q2 CY 2027

Team	Deliverables and Milestones
HCMACS PMO	<ul style="list-style-type: none">Clinical Content Validation sessions completed.Reporting Validation sessions completed.All outstanding configuration and workflow decisions finalized and documented in Orion.
EHR System Vendor (Epic)	<ul style="list-style-type: none">Testing Toolkits and automated utilities (e.g., Automated Order Creation Utility) delivered.Independent Application Reviews completed and findings submitted.Updated integrated testing documentation tailored to HCMACS workflows delivered.
Systems Integrator	<ul style="list-style-type: none">All remaining third-party (Tier 4) applications integrated with interfaces tested.Final Data Conversion completed, validated, and signed off.Scanning and Indexing completed and test results validated.Final build and testing of Reports, Queries, and Dashboards completed.Interface Testing, Conversion Testing, and Mapped Record Testing completed.Results Routing, Charge Testing, and Parallel Revenue Cycle Testing completed.End-to-End Integrated Testing and User Acceptance Testing (UAT) executed.Technical Testing (Performance, Security, Business Continuity, Storage Stress, Dress Rehearsals) completed.Final Go-live Security Check completed.

Team	Deliverables and Milestones
	<ul style="list-style-type: none"> Updated Testing Dashboard and Issue Log maintained throughout.
OCM Vendor	Readiness sessions and “Day in the Life” activities coordinated and documented.
QA Vendor	<ul style="list-style-type: none"> QA/TQR Monthly Assessment Reports delivered. Testing QA Review completed and documented. Lessons Learned Report for Testing Phase published.

Phase 3: End-user Training and Go-Live

Q2 - Q3 CY 2027

Team	Deliverables and Milestones
HCMACS PMO	<ul style="list-style-type: none"> Go-Live Readiness Assessments completed at all participating Agencies. Cutover Playbooks finalized and agency-specific cutover plans approved. Training dashboards and completion reports reviewed and validated. ESC approval that go-live criteria has been met. HCMACS deployed at first go-live sites.
EHR System Vendor (Epic)	<ul style="list-style-type: none"> End-User Training Materials customized and delivered. Training environments and access configured for each Participating Agency. Go-Live Readiness Assessments facilitated.
Systems Integrator	<ul style="list-style-type: none"> Training environments configured with accurate data and role-based access Final Cutover Plan, Schedule, and Checklist delivered. Technical Dress Rehearsals completed at all Participating Agency locations Go-live Command Center established. HCMACS live in production with monitored performance and initial stabilization.
OCM Vendor	<ul style="list-style-type: none"> Training communications and support resources deployed. Reinforcement campaigns and peer support networks launched.
QA Vendor	<ul style="list-style-type: none"> QA/TQR Monthly Reports delivered. Go-Live Readiness QA Review completed and submitted. Pre-Go-Live Risk Report finalized.

Phase 4: Post-Live Support and Optimization

Q3 - Q4 CY 2027

Team	Deliverables and Milestones
HCMACS PMO	<ul style="list-style-type: none"> Post-live feedback sessions and user experience surveys completed. Optimization opportunities identified, documented, and prioritized. Command Center decommissioned following system stabilization and acceptance. Transition to Maintenance and Operations (M&O) governance structure activated. Annual I-APD Update submitted to CMS.

Team	Deliverables and Milestones
EHR System Vendor (Epic)	<ul style="list-style-type: none"> • Post-live support provided including workflow clarifications and issue resolution. • Recommendations for system optimization delivered based on user feedback and post-live observations.
Systems Integrator	<ul style="list-style-type: none"> • All post-go-live support tasks executed (on-site, remote, and technical). • Post-Live Visit Executive Summaries delivered for each Participating Agency. • Go-Live Lessons Learned documented. • Stabilization metrics achieved, including resolution of high-priority issues. • Maintenance and Operations Plan activated and M&O team fully transitioned. • Final Acceptance Review completed and approved.
OCM Vendor	<ul style="list-style-type: none"> • Post-live reinforcement materials distributed. • Updated change adoption assessments completed. • Transition communications delivered to support M&O phase.
QA Vendor	<ul style="list-style-type: none"> • Final QA/TQR Monthly Reports delivered. • Post-Go-Live QA Readout completed. • QA Closeout and Transition to M&O Report submitted.

Phase 5: Rollout and Support to Additional Sites

Q1 CY 2028 and After

Team	Deliverables and Milestones
HCMACS PMO	<ul style="list-style-type: none"> • CMS post-implementation certification review (CR) of the foundational HCMACS Enterprise EHR System. • Rollout plans and resource projections for future waves approved by Executive Steering Committee. • Updated implementation toolkit (training materials, workflow templates, floor support model) distributed for use in new sites. • Optimization priorities documented based on system usage, feedback, and operational outcomes.
EHR System Vendor (Epic)	<ul style="list-style-type: none"> • Updated workflow configurations and training content adapted for new user groups. • Enterprise reporting, population health, and interoperability capabilities refined. • Recommendations provided to support evolving enterprise integration needs.
Systems Integrator	<ul style="list-style-type: none"> • Wave-specific builds, testing, and cutover activities completed for each new site. • Enterprise architecture and technical performance scaled for additional users and organizations. • Legacy system transition and integration plans supported.
OCM Vendor	<ul style="list-style-type: none"> • Change readiness assessments conducted for each new wave.

Team	Deliverables and Milestones
	<ul style="list-style-type: none"> • Communication and training strategies tailored to new sites and stakeholder groups.
QA Vendor	<ul style="list-style-type: none"> • QA/TQR oversight applied to each new wave, including testing and readiness validation. • Continuous quality improvement recommendations issued based on lessons learned.