HCMACS
Health Care Management and Coordination System

HCMACS Enterprise EHR Implementation Roadmap

June 2026

WaTech
Washington Technology Solutions

DSHS
WASHINGTON STATE
Department of Social and Health Services

WASHINGTON STATE
Health & Human Services
ENTERPRISE COALITION

Department of Corrections
WASHINGTON STATE

Washington State
Health Care Authority

Contents

Contents 2
Executive Summary 3
HCMACS Background 5
System Scope and Design 8
Epic Orchard 8
Mission, Vision, and Guiding Principles 10
Government-to-Government Relationships 10
Organization and Governance 11
HCMACS Implementation 12
Phase 0: Pre-Implementation 12
Phase 1: Initial Configuration 18
Phase 2: User & System Readiness 21
Phase 3: Go-Live & Stabilization 26
Phase 4: Rollout and Support to Additional Sites 28
Conclusion 31
Appendix A: HCMACS Outcomes and Metrics from I-APD 32
Appendix B: Deliverables & Milestones by Implementation Phase 34

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 March 2028. The vision and intent for future HCMACS implementation waves is discussed in Phase 4: 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 updated Roadmap building on the approved Enterprise EHR Plan and the previous HCMACS Roadmap published in July 2025. 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:

- **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.
- **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.

- **Reducing redundancy** from operating multiple EHRs, leveraging state purchasing power and economies of scale, and lowering health care costs caused by duplicative diagnostics, care, medication, etc.

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

Program Scope and Schedule

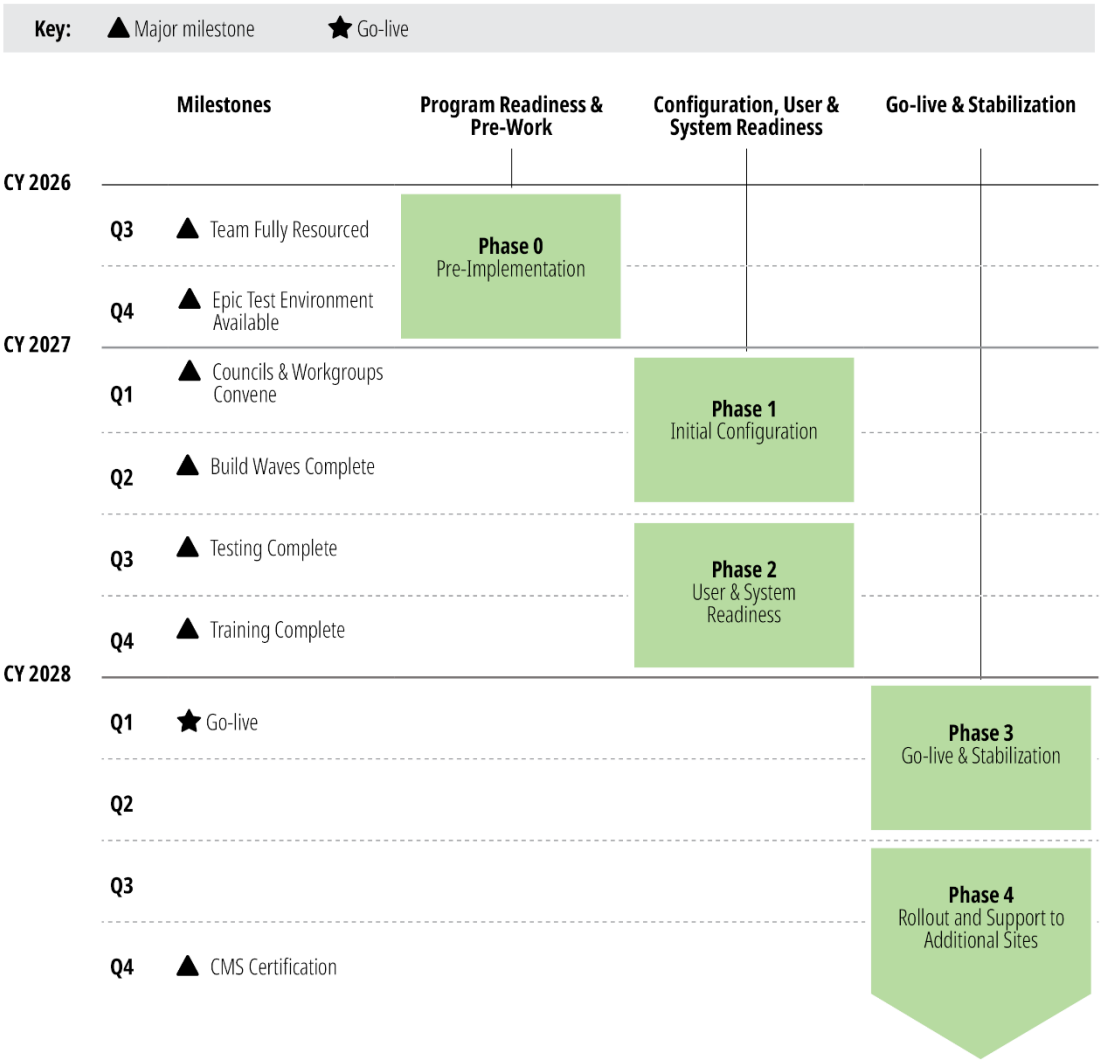
The foundational HCMACS Enterprise EHR System will go live at DOC, DSHS, and HCA facilities by March 2028. The initial go-live will include:

- **DSHS:** All Behavioral Health and Habilitation Administration (BHHA) facilities.
- **DOC:** All facilities.
- **HCA:** Up to 10 total IHCPs and behavioral health providers

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 Apple Health providers and DSHS Developmental Disabilities Administration (DDA) 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, rural providers, 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 March 2028.

Figure 1: HCMACS Implementation Timeline



HCMACS Background

Need for HCMACS

In the years leading up to the establishment of the HCMACS Program, 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 Apple Health clients 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) Coalition[1] 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 Technology Services Board (TSB) and Office of Financial Management (OFM) approved the plan 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.*

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 readiness and implementation. In July 2025, the

[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.

HCMACS Program executed a licensing agreement with Epic Systems (Epic) to procure a perpetual license of the enterprise suite of Epic applications to support Washington's statewide EHR instance. In November 2025, CMS approved the HCMACS I-APD Update, confirming continued federal support for this investment.

2026: Epic Orchard

During the 2026 Supplemental Budget cycle (December 2025 - April 2026), the HCMACS Program and Agency Sponsors worked with OFM and Legislative staff to consider alternative approaches to simplify implementation, reduce costs, and accelerate delivery of the statewide EHR. One of the alternatives considered was Epic's Orchard product and implementation model, where the HCMACS Enterprise EHR System could be hosted in Epic's cloud environment rather than relying on the original systems integrator (SI) hosting and implementation approach described in the 2023 Enterprise EHR Plan.

The HCMACS Program assessed the feasibility of the Orchard approach alongside other alternatives and recommended Orchard to sponsors as an approach that could meet agency, clinical, and technical requirements while reducing implementation costs, expediting the timeline, and reducing overall complexity. Compared to the original SI-led model, Orchard shifts more responsibility for hosting, infrastructure management, training, upgrades, and foundational system configuration directly to Epic using a more standardized implementation framework and pre-integrated set of third-party applications.

This approach is intended to reduce the amount of custom development, local infrastructure, and implementation overhead required while preserving a shared enterprise EHR instance, state-led governance, and the ability to expand the system to additional agencies and providers over time. The Orchard model also offers potential long-term operational benefits, including:

- Faster deployment of new capabilities
- Reduced maintenance burden
- Improved alignment with Epic best practices
- Lower reliance on large vendor implementation teams

Additional details on Epic's Orchard offering can be found in the Epic Orchard section of this Roadmap.

In April 2026, the 2026 Supplemental Budget was signed and provided funding for the HCMACS Program and agency projects through SFY 2027. In May-June 2026, the HHS Coalition G2, HHS Coalition G1, and the TSB approved this Roadmap and the Epic Orchard approach.

Regardless of the implementation approach (Orchard or SI-hosted), the HCMACS Program and Agency Projects will need to request additional funding for the SFY 2028-2029 biennium to complete implementation activities and for ongoing funding beyond go-live to support maintenance, operations, upgrades, and expansion of the HCMACS Enterprise EHR System.

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, 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 Washington Healthplanfinder (the 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.

---

*Visit the **HCMACS webpage** for more information on the Program's background, goals, benefits, and partners.*

Epic Orchard

In 2022, Epic launched Garden Plot, a cloud-based, fully managed EHR service designed for small independent, specialty, and primary care medical groups. In 2025, Epic expanded on this model with Orchard, a fully managed EHR offering designed for larger health systems. By streamlining the implementation process, reducing infrastructure needs, and minimizing the number of application analysts required, Orchard is intended to support faster go-lives and lower total costs.

Under the Orchard model, Epic provides the following in support of the HCMACS Enterprise EHR System:

- The Orchard offering and foundation system, including the enterprise suite of Epic applications and a standard set of workflows, content, and configuration used by successful Epic community members and governed by Specialty Steering Boards staffed by representatives from top-performing organizations.

- During the install, Epic takes on most one-time configuration work and teaches analysts how to own day-to-day system build longer term.
- A set of pre-configured third-party applications that are integrated with Orchard and sublicensed through Epic. Epic also facilitates agreements with vendors to accelerate direct procurement of required third parties. Additional third parties not required by Orchard will be contracted directly by HCMACS.
- An Epic-led user training model using Epic curriculum and training infrastructure, rather than Principal Trainers provided by another vendor.
- Hosting in Epic's cloud environment, including ongoing system management, regular upgrades, content loads, and maintenance of third-party integrations managed directly by Epic.

By leveraging Epic's Orchard model, the state and the HCMACS Program retain:

- Full access to Epic modules, foundational workflows, and end-user experience across agencies.
- A shared enterprise Epic instance that can be extended to additional state agencies and providers over time.
- A state-led governance model with advisory councils and workgroups defining workflows and system configuration.

Based on a comparison of the ability to meet requirements and a cost-benefit analysis, Orchard was selected by HCMACS governance and sponsors as the preferred Enterprise EHR implementation approach. The implementation sections of this roadmap describe how the HCMACS Program, agencies, Epic, and other vendors will work together under the Orchard model to deliver the HCMACS Enterprise EHR System.

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 Apple Health 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 Apple Health 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 Apple Health 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

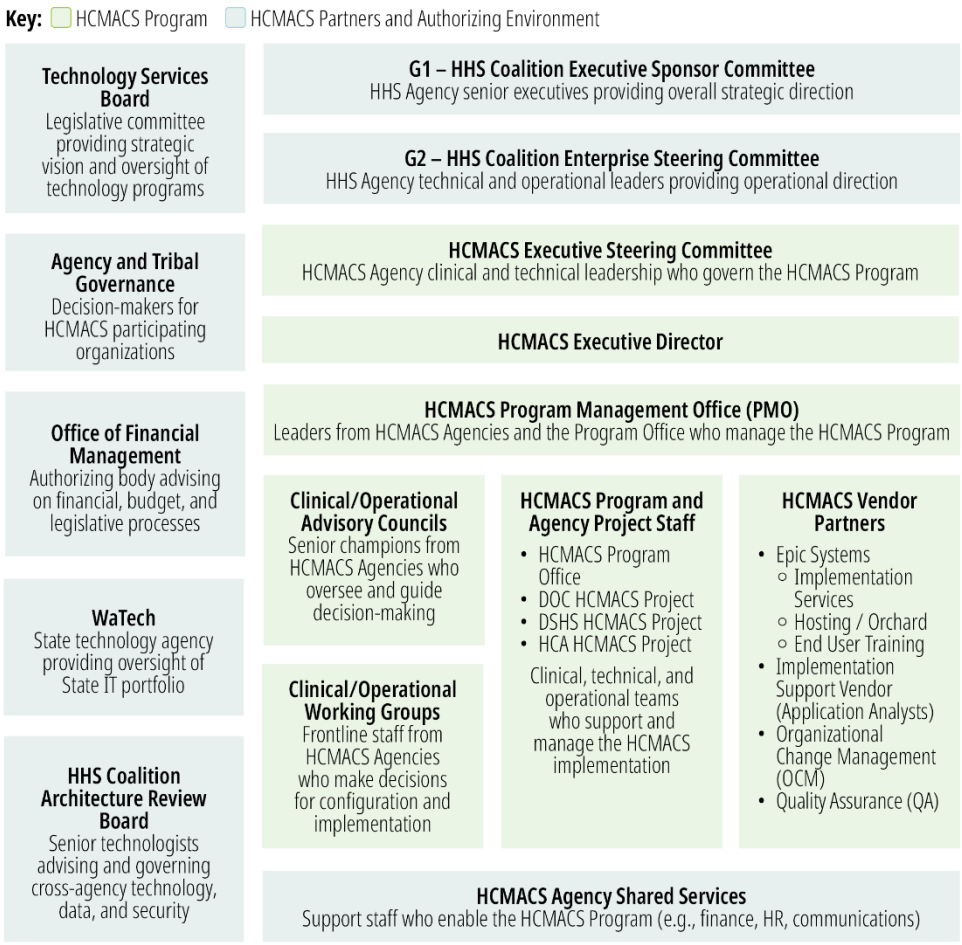
One of the primary audiences for HCMACS is Tribes and Indian health care providers (IHCP). HCMACS recognizes and understands the unique relationship HCA has with Tribes and will work in a government-to-government partnership, both on the individual and collective levels, throughout this project. This 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

The HCMACS Program relies on an ecosystem of Program and Agency staff, vendors, governance bodies, oversight, authorizing environment, and enablers. The high-level organization of the HCMACS Program is shown in the graphic below.

Figure 2: HCMACS Organization and Governance Overview



HCMACS Implementation

The HCMACS Enterprise EHR System implementation, with an initial go-live planned for March 2028, 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, and discussion of risks and mitigation approaches.

A list of the major milestones and deliverables planned for each phase is included in Appendix B. Specific activities and milestones will continue to be updated in the HCMACS Program schedule as the Program evolves.

Phase 0: Pre-Implementation

July – December 2026

Summary

The Pre-Implementation phase establishes the HCMACS Program and agency project structures and builds the foundation for implementation through staffing, vendor procurement, and readiness activities. During this phase, the HCMACS Program and agencies assess clinical, technical, and operational preparedness and align on enterprise standards, policies, and system approach.

The HCMACS Program Management Office (PMO), in partnership with agency projects, leads enterprise coordination, governance, and planning activities while building the capacity required to support system configuration, testing, training, and go-live in subsequent phases.

This phase is complete when:

- The HCMACS Program and agency projects are fully staffed and operational.
- Key vendor contracts are approved and executed.
- Governance structures are established and active.
- System architecture and technical plans are defined.
- Agency readiness activities (i.e., legacy data, users, devices, and third parties) are substantially complete.
- Test environments are established.
- The Program has successfully transitioned through Overview of Implementation (OI) and Epic Orientation Week (EOW) into the system build phase.

Activities in this Phase

Program and Project Management Establishment

The HCMACS Program establishes a fully functioning PMO to oversee scope, schedule, budget, governance, and vendor coordination across all participating agencies. This includes updating the Program Management Plan (PMP), implementation of shared tools (e.g., Jira, Orion), and establishment of processes for risk management, reporting, organizational change management

(OCM), and compliance with state and federal requirements (including Section 701 and WaTech Gated Funding).

Agency HCMACS Projects operate in parallel to manage implementation within DOC, DSHS, and HCA, ensuring alignment with enterprise strategy while addressing agency-specific needs.

Program Resourcing and Staffing

The HCMACS Program and agencies resource their teams according to approved staffing plans, leveraging a combination of state staff and contracted resources. Most roles including application analysts and program leadership are onboarded by October 2026 in alignment with implementation timelines.

In parallel, Epic staffs its implementation leadership team and conducts initial site walkthroughs across agencies to assess current-state environments and inform future system design.

Procurement of Key Vendor Partners

The HCMACS Program executes procurement and contracting for all major vendor partners required for implementation, including Epic Orchard services, implementation support (application analysts), third-party software, OCM, QA, and other PMO support services.

Contracts are approved through HCMACS governance and reviewed by CMS prior to execution. All software applications interfacing with state systems must pass a security design review (SDR) before handling any state data. Priority third-party vendors are engaged early to support integration readiness, with priority applications required to have test environments available by the end of the phase.

Specific procurements include:

- **Epic Orchard**: The HCMACS Program updates its contract with Epic Systems to include the new scope of services for the Orchard model. This includes hosting, implementation support, sublicensed third parties, and end user training in addition to license maintenance included in the previous contract.
- **Implementation support**: The HCMACS Program contracts with multiple implementation support vendors as a result of the competitive procurement conducted in 2025. By October 2026, HCMACS executes contracts with one or more of these vendors to provide Epic-certified application analysts who are required to support configuration of the HCMACS System.
- **Third party software:** In addition to the third party software sublicensed through Epic as part of the updated Orchard contract, the HCMACS Program contracts for any additional third party vendors required to support and integrate with the HCMACS System. HCMACS agency projects will amend contracts with existing third party application vendors as necessary for those applications to integrate or interface with the HCMACS System. High priority third party applications must complete WaTech's security design review (SDR) and have test environments available by the end of 2026.
- **Organizational change management (OCM)**: The HCMACS Program contracts with an OCM vendor to 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.

- **Quality assurance (QA):** The HCMACS Program contracts with a QA vendor to 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:** The HCMACS Program contracts with additional vendors as needed to drive specific PMO functions, to provide staff augmentation personnel, implementation consulting services, and other services as required.

Establish System Governance (Councils & Workgroups)

The HCMACS Program and agency projects define and stand up a coordinated governance structure of advisory councils (Councils) and clinical/operational workgroups (Workgroups) to guide enterprise decision-making, standardization, and issue resolution throughout the HCMACS System implementation. In partnership with agencies, the Program will identify and confirm membership across all governance bodies, ensuring appropriate clinical, operational, and technical representation. System governance bodies 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, identify change management focuses, and define policy and care delivery implications.
- **Specialty subject matter expert (SME) workgroups:** Made up of clinical and operational specialty subject matter experts to design and validate specialty-specific content such as note templates, visit types, and order sets.

The HCMACS Program will begin convening early priority workgroups in September 2026 to initiate foundational decisions, with full governance activation and kickoff of all councils and workgroups during Epic Orientation Week in December 2026.

Complete Agency Technical & User Readiness

HCMACS agency projects, in collaboration with Epic and the HCMACS Program, will complete several readiness activities that serve as a foundation for critical milestones in later phases. These include:

- **Completing legacy data collection workbooks:** Collect and submit information about agency legacy systems to inform early design and configuration of the Epic instance.
- **Completing end user management worksheets:** Identify all agency end users and roles to inform access needs, define security templates, training requirements, and provisioning details for Epic user setup.

- **Initial (round 1) end user device plan, procurement, and deployment:** Initial documentation of the scope of required end-user devices and supporting infrastructure. This includes completing inventory and gap analysis of existing devices, confirming standards for Epic compatibility, and procuring the first set of end user devices.
- **Preparing agency third parties vendors for conversion or interface:** Coordinate with external vendors to either transition off legacy integrations or build, test, and validate interfaces with Epic (e.g., via standard interoperability workflows like HL7/FHIR).
- **Identifying security, privacy, and data governance policies:** Review and identify current agency 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.

Complete HCMACS System Technical Planning

The HCMACS Program and technical leaders from HCMACS agency projects, Epic, and WaTech will work together to complete foundational technical planning for the HCMACS System, including:

- Producing the detailed HCMACS System Design Specifications and HCMACS System Architecture.
- Producing an HCMACS Security and Compliance Plan and ensuring technology vendors pass Washington's Security Design Review (SDR) process.
- Planning and defining Identity and Access Management (IAM) capabilities, including identity provisioning, role-based access controls, authentication standards, single sign-on (SSO), multi-factor authentication (MFA), and integration with agency identity providers and workforce onboarding/offboarding processes.
- Planning the Enterprise Master Patient Index (eMPI) strategy and patient identity management approach, including matching, deduplication, record reconciliation, and integration with enterprise interoperability and health information exchange capabilities.
- Defining the help desk and support model across the HCMACS Program, agencies, Epic, and vendors, including roles and responsibilities for Tier 1, Tier 2, and Tier 3 support, ticket routing and escalation, service level expectations, knowledge management, and support transition planning for post go-live operations.
- Plan and develop specifications for interfaces, to include:
    - **Scope of solution interfaces:** identifying all interfaces (both temporary and permanent) that are required for the HCMACS System.
    - **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 Epic, HCMACS Agencies, and third-party application vendors.

- Plan and develop specifications for data conversion, including:
    - **Confirm and validate data sources:** inventorying all HCMACS agency project data sources to be considered for conversion.
    - **Scope of data conversions:** documenting legal requirements for data conservation and any requirements for data to be stored in the EHR.
    - **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.
    - **Data conversion and archiving plan:** defining the approach for identifying, extracting, converting, and loading legacy data into the HCMACS solution or archiving solutions, including the approach to perform bulk scanning, indexing, and loading/archiving.

Establish HCMACS System Test Environments

The HCMACS Program, in coordination with Epic and third-party application vendors, will provision and validate the hosted environments required to support system configuration, interface/integration development, and end-to-end testing across the HCMACS implementation. Under the Orchard model, Epic leads environment provisioning and management within its cloud infrastructure, while the Program and agencies ensure readiness for integration and use.

This includes:

- **Epic-hosted environments:** Provisioning and configuration of core environments (e.g., build, test, and training instances) within Epic's hosted infrastructure. This includes establishing environment management processes, aligning environments to implementation phases, and ensuring readiness to support configuration, testing, and training activities.
- **Hosting alignment and core integrations:** Aligning the hosted environment with the HCMACS architecture and enterprise technical strategies (e.g., interoperability, data sharing, security) including preparation to integrate required systems to support initial configuration and testing activities.
- **Third-party connectivity and interface readiness:** Establishing and validating connectivity to third-party systems, including standing up interface environments, coordinating test data exchanges, and ensuring external systems are prepared to participate in integrated and end-to-end testing scenarios.

Onboard and Orient the HCMACS Team, Leadership, and Sponsors

The HCMACS Program will lead structured onboarding and alignment efforts for program staff, agency leadership, and executive sponsors to establish a shared understanding of the HCMACS System implementation approach, expectations, and roles. Key events in this phase include:

- **Overview of implementation (OI)** sessions for program and agency leadership, including facility and clinical leaders, to provide a clear preview of what to expect across system configuration, testing, training, and go-live activities.
- **Epic Orientation Week (EOW)** which brings together program leadership, council and workgroup members, Executive Steering Committee (ESC) members, application analysts, and Epic project team members to initiate the build and configuration phase. Epic Orientation Week will formally mark the transition from pre-implementation and foundational planning into active system implementation.

Risks and Mitigation for this Phase

Risks	Mitigation Approach
Procurement timelines, including CMS and DES approvals, delay execution of key vendor contracts.	The HCMACS Program will prioritize procurement activities, maintain coordination with DES and CMS, and leverage existing contracting vehicles where possible.
Security and compliance reviews (e.g., SDR, data governance, AI ethics) delay execution of vendor contracts or establishment of test environments.	The HCMACS Program will maintain coordination with WaTech, HCA, and DSHS/DOC security and compliance teams to establish streamlined processes for reviews of enterprise software and third parties at scale.
Time required for agency readiness (data collection, user management, devices, and third-party vendors) impacts ability to begin build and testing.	The HCMACS Program will standardize readiness deliverables, track progress centrally, and enforce milestone-based checkpoints with escalation through governance to ensure readiness criteria is met on-time.
Change resistance or lack of stakeholder buy-in across agencies limits engagement and readiness for implementation.	The HCMACS Program will proactively engage agency and clinical leadership, deploy OCM strategies, and use Overview of Implementation and Epic Orientation Week to build alignment, reinforce the "one team" approach, and drive adoption expectations early.
Delays confirming HCA Wave 1 providers and refining cost models could impact Program-wide planning, staffing, and readiness activities.	The HCMACS Program and HCA project will prioritize provider outreach, readiness assessments, and cost model refinement during Phase 0. Providers not onboarded by Epic Orientation Week (December 2026) will be deferred to Wave 2.
Epic Orchard environment provisioning dependencies and milestone gates.	The HCMACS Program will develop and track dependencies across agencies to ensure tasks are completed as well as Epic hosted environment tasks are tracked to the planned go live date of March 2028.

Phase 1: Initial Configuration

January – May 2027

Summary

In this phase, the HCMACS Program, agencies, and Epic transition from planning into active system configuration and early validation. Application analysts execute configuration through structured build waves, translate Council & Workgroup decisions into system design, and begin validating functionality through initial testing. In parallel, the Program advances critical readiness activities including third-party integration, user role definition, training preparation, early data conversion, and end-user device preparation.

This phase focuses on establishing a stable, foundational system build and ensuring that the Program is operationally and technically prepared to scale into full integrated testing and final configuration.

This phase is complete when the foundational system build is configured across priority domains, initial testing is successfully completed, the comprehensive testing plan is finalized, and key readiness activities (third-party integration, user role mapping, training planning, data conversion validation, and device readiness) are sufficiently advanced to support entry into full testing.

Activities in this Phase

Initial System Configuration and Build

The HCMACS Program, agencies, and Epic collaboratively execute system configuration through structured build waves. The effort begins with comprehensive workflow walkthroughs of Epic's foundational system, where Epic and application analysts demonstrate standard workflows and captures agency input on alignment with current and future-state operations. These sessions establish the baseline for configuration and highlight areas requiring adaptation, policy decisions, or workflow change.

Configuration is executed in structured build waves, managed and tracked centrally using Epic's Orion system. Councils and workgroups play a leading role in this process, making configuration and workflow decisions across clinical, operational, and technical domains. These groups are supported by application analysts provided by the Implementation Support Vendor and the Epic project team, who provide subject matter expertise, facilitate decision-making, and ensure alignment with enterprise standards and best practices.

Based on decisions made through governance, application analysts configure the system within the Epic environment, translating approved workflows, policies, and requirements into system build. Configuration activities are coordinated across agencies to maintain consistency while accommodating necessary agency-specific variations, with escalation paths in place for cross-agency decisions.

Ongoing refinement and validation sessions are conducted throughout the phase to confirm that configuration aligns with intended workflows and user needs. Progress, decisions, and dependencies are tracked centrally, ensuring transparency, alignment, and readiness for downstream testing activities.

Initial Testing and Test Plan Finalization

Concurrently with early build activities, the HCMACS Program works with Epic and other partners to initiate foundational testing to validate system configuration. Unit, record-level, and application testing are conducted iteratively to confirm core functionality. In parallel, the comprehensive testing plan including testing types, entry and exit criteria, roles and responsibilities, and success thresholds is finalized to support upcoming integrated and user acceptance testing phases.

The HCMACS Program and Epic conduct the following iterative tests in this phase 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.

Third-Party Technical Readiness

The HCMACS Program, agencies, and third-party vendors coordinate to prepare external systems for integration with Epic. This includes finalizing interface designs, establishing connectivity, and completing initial interface builds and validations. Priority third-party applications advance toward interface testing readiness, ensuring they can support integrated workflows in subsequent testing phases.

User Management (Role Analysis, Mapping, and Sign-Off)

The HCMACS Program and agencies define and validate end user roles, access requirements, and security structures to support system use. This includes completing role analysis, mapping users to Epic's standardized role taxonomy, and obtaining formal sign-off to enable downstream provisioning, training alignment, and security configuration within the system.

As part of this effort, any anticipated changes to roles, responsibilities, or job functions resulting from system implementation are identified and coordinated with state and agency human resources (HR) and labor representatives. These activities are conducted in alignment with applicable state policies, labor agreements, and collective bargaining requirements to ensure appropriate review, communication, and workforce readiness.

Training Planning and Schedule Development

As the understanding and mapping of end users evolves in this phase, the HCMACS Program and agency training managers work closely with Epic training leads and the OCM Vendor to develop the HCMACS Training Plan. This includes identifying training audiences and roles, aligning training to system workflows, defining delivery methods (e.g., instructor-led, virtual,

self-paced), establishing training environments and materials, and sequencing training relative to testing and go-live activities. The plan also outlines approaches for tracking training completion, assessing user readiness, supporting knowledge transfer, long-term sustainability, and ongoing optimization.

For the Orchard approach, end user training is primarily delivered by Epic staff, with the HCMACS Program and agencies managing logistics, coordination, and adoption to support Epic-led user training.

Data Conversion (Initial / Small-Scale Completion)

The HCMACS Program and agencies execute initial data conversion activities, including small-scale data loads and validation cycles. These efforts confirm data mapping accuracy, conversion processes, and data quality, reducing risk ahead of larger-scale conversions in later phases.

Risks and Mitigation for this Phase

Risks	Mitigation Approach
Configuration complexity and cross-agency variation slow build progress or create misalignment in system design.	The HCMACS Program will enforce enterprise standards through governance, prioritize decisions through councils and workgroups, and use structured build waves with clear scope and escalation paths to maintain momentum and alignment.
Third-party systems and interfaces are not ready to support integrated testing timelines.	The HCMACS Program will actively manage third-party readiness, prioritize high-impact integrations, and track interface development and testing readiness against defined milestones with escalation for at-risk vendors.
Insufficient user or hardware readiness planning (roles, training, devices) creates downstream risk to testing and go-live.	The HCMACS Program will enforce completion of user role mapping and sign-off, finalize training plans and schedules early, and ensure device inventory and procurement activities are initiated in time to support training and deployment.
State travel constraints could result in more HCMACS configuration and workflow activities occurring virtually than Epic typically recommends, potentially impacting collaboration and decision-making.	The HCMACS Program, agencies, and Epic will prioritize high-value in-person sessions, use hybrid facilitation approaches, and adjust travel plans as needed to maintain implementation quality and momentum.

Phase 2: User & System Readiness

June 2027 – February 2028

Summary

In this phase, the HCMACS Program, agencies, and Epic focus on validating the system, preparing end users, and confirming operational readiness for go-live. The emphasis shifts from designing and configuring the system to proving readiness across people, processes, technology, and operations to support a safe and effective go-live.

User readiness activities focus on preparing staff, leaders, and operational teams to effectively adopt and use the HCMACS system at go-live. This includes training registration and completion, role-based end-user training, personalization, engagement activities led through governance councils and workgroups, workflow validation, operational readiness activities, and multiple cutover and go-live rehearsals. Agencies and governance bodies validate readiness through formal Go-Live Readiness Assessments (GLRAs) to confirm that users, operational processes, and support structures are prepared to transition into production operations.

System readiness activities focus on validating technical performance, integrations, data, devices, and environments required to support go-live operations. This includes execution of integrated and end-to-end testing cycles, validation of clinical content and reporting, completion of large-scale data conversion activities, finalization and testing of third-party integrations, deployment and validation of end-user devices, and preparation of production and support environments. Technical and operational teams complete cutover planning and rehearsal activities to confirm that systems, interfaces, infrastructure, and support processes are fully prepared for deployment.

This phase is complete when all testing cycles have successfully met defined exit criteria, clinical content, integrations, reporting, and data conversions are validated and approved, end users have completed required training and personalization activities, cutover plans have been validated through rehearsals, end-user devices and operational environments are fully ready, and formal 120-, 90-, 60-, and 30-day Go-Live Readiness Assessments confirm readiness with governance approval to proceed to go-live.

Activities in this Phase – User Readiness

End User Registration and Training

Early in this phase, the HCMACS Program and agencies prepare end users for training and system adoption through coordinated readiness activities. This includes hosting user fairs and engagement events, finalizing user rosters, and completing registration for role-based training aligned to deployment timelines.

Later in this phase, the HCMACS Program and agencies deliver role-based end-user training at scale using environments configured to reflect the final system build. Under the Epic's Orchard model, training is delivered using Epic's standardized curriculum and led by Epic instructors, with

support from agency Super Users and Continuous Educators who provide peer-based, at-the-elbow assistance.

Training is organized by role and application, with users assigned to structured training tracks aligned to their workflows and responsibilities. Courses are delivered through live-virtual sessions and supported by a comprehensive set of materials, including role-based exercises, quick reference guides, e-learning modules, and short-form instructional content. Training emphasizes hands-on practice using realistic scenarios and patient data to ensure users are prepared for day-one operations.

Users may complete multiple training sessions depending on role complexity, and competency assessments are used to validate understanding of key workflows and system functionality. Training completion and readiness are tracked centrally to ensure all users meet required thresholds prior to go-live. Following formal training, users have continued access to self-service learning tools and in-system resources to reinforce knowledge and support ongoing adoption.

Day-in-the-Life (DIL) Activities

The HCMACS Program, Epic, and agencies conduct Day-in-the-Life (DIL) activities to reinforce training, validate workflows, and prepare users for real-world system use. These structured, hands-on sessions simulate actual operational scenarios and enable users to practice workflows in an integrated, team-based environment.

DIL activities include a combination of individual and cross-functional exercises, such as shadow charting, scenario-based workflow labs, and collaboration sessions where multiple roles practice end-to-end workflows together. Additional sessions focus on user personalization, common issue resolution, and organizational policy alignment to ensure users understand both system functionality and local operational expectations.

Super Users play a key role in facilitating these activities, providing peer support, and helping users translate training into practice. DIL sessions also serve as a feedback mechanism, identifying workflow gaps, usability challenges, and areas requiring refinement prior to go-live.

Councils and Workgroups Pre-Go-Live Readiness and Personalization

Early in this phase, governance bodies transition from design and build into readiness-focused engagement. Councils and workgroups participate in structured readiness waves to review finalized workflows, validate decisions, and confirm operational readiness for users within their domains. These waves ensure that leadership and subject matter experts are aligned and prepared to support user training and go-live.

Later in this phase, Councils and Workgroups conduct final pre-go-live readiness activities, ensuring that clinical, operational, and technical domains are fully prepared for deployment. This includes validating workflows, confirming role expectations, reviewing outstanding issues, and ensuring alignment across agencies in advance of go-live.

As part of this effort, end users complete system personalization activities within the Epic-hosted HCMACS System environment, including configuring individual preferences, workflow settings, and commonly used tools. Councils and workgroups support and guide these activities through

structured sessions, ensuring personalization aligns with standardized workflows, organizational policies, and best practices.

These sessions reinforce user readiness by bridging training and real-world application, while also serving as a final checkpoint to confirm that workflows, roles, and operational expectations are clearly understood and consistently adopted across the enterprise.

Activities in this Phase – System Readiness

Clinical Content and Reporting Validation

The HCMACS Program and agencies validate all clinical, operational, and reporting content to ensure alignment with real-world workflows. This includes review and approval of order sets, documentation templates, and reports, ensuring that system configuration accurately reflects enterprise standards and agency-specific needs prior to go-live.

Comprehensive System Testing

The HCMACS Program works with Epic and third-party partners to execute a full suite of testing activities to validate system performance, integration, and end-to-end workflows. Testing is conducted in structured cycles with defined entry and exit criteria and includes:

- **Interface testing:** Communications validation followed by scenario-based testing across all integrated systems
- **Conversion testing:** Validation of small- and large-scale data conversions to ensure data integrity and accuracy
- **Mapped record testing:** Verification of data consistency across systems during exchanges
- **Results routing testing:** Validation of correct and timely delivery of clinical results
- **Financial testing:** Confirmation of charging logic and financial accuracy, and simulation of clinical-to-claims workflows using legacy data to ensure equivalent outputs (Parallel Revenue Cycle Testing)
- **End-to-end integrated testing:** Validation of complete workflows across systems, devices, and third-party applications
- **User acceptance testing (UAT):** Day-in-the-Life scenarios conducted by end users to validate usability and workflow alignment
- **Technical testing:** Performance, security, and business continuity testing, including technical dress rehearsals

Testing results are tracked centrally, with defects managed through structured triage and resolution processes to ensure readiness for go-live.

Third-Party Integration, Testing, and Validation

The HCMACS Program, agencies, and vendors complete all interfaces and execute comprehensive testing and final validation of third-party integrations to confirm production readiness. This includes validating data exchange, workflow integration, system dependencies, stability, and performance through end-to-end workflow scenarios to ensure all external systems and interfaces function seamlessly within the HCMACS environment.

Data Conversion, Scanning, and Abstraction

The HCMACS Program and agencies complete large-scale and final data conversion activities to ensure all required legacy data is accurately migrated, validated, reconciled, and available for use at go-live. These activities include validation of data accuracy, completeness, and usability through multiple conversion and reconciliation cycles to confirm readiness for final cutover and support clinical and operational needs in the live environment.

Where applicable, agencies also complete scanning and ingestion of paper records into the designated archiving solution to ensure historical information is accessible following go-live.

Final (Round 2) End User Device Plan, Procurement, and Deployment

HCMACS Agencies complete procurement and deployment of all required end-user devices and supporting infrastructure. Remaining gaps identified in prior phases are addressed, ensuring that all devices are configured, distributed, and ready to support training and go-live operations.

M&O Transition Planning

The HCMACS Program, agencies, Epic, and support vendors will begin planning for the transition from implementation to long-term maintenance and operations. This includes defining steady-state support models, operational roles and responsibilities, service management processes, support handoffs (e.g., help desk), knowledge transfer expectations, and criteria for transition to ongoing operations following go-live stabilization.

Cutover Planning and Dry Runs

The HCMACS Program, agencies, Epic and other partners finalize and validate detailed cutover plans outlining all technical, operational, and workflow steps required to transition to the live system. Two full cutover dry runs are conducted (December 2027 and January 2028) to simulate go-live activities, validate sequencing, test contingency plans, and ensure staff readiness to execute cutover procedures.

Technical Dress Rehearsals (Devices and Infrastructure)

The HCMACS Program conducts full technical dress rehearsals across all participating sites to validate end-user device readiness, system access, network performance, and operational workflows. These rehearsals simulate real-world conditions to ensure that all technical components function as expected under conditions like go-live.

Go-Live Readiness Assessments (GLRAs)

The HCMACS Program conducts formal Go-Live Readiness Assessments at 120, 90, 60, and 30 days prior to go-live. These assessments evaluate readiness across training, technical infrastructure, workflows, staffing, and support models. Governance reviews results to identify risks, enforce mitigation actions, and confirm readiness to proceed.

Risks and Mitigation for this Phase

Risks	Mitigation Approaches
Testing identifies significant defects in configuration or integration late in the cycle.	The HCMACS Program will enforce phased testing with strict entry criteria, prioritize early validation of high-risk areas, and leverage independent reviews to identify and resolve issues as early as possible.
Third-party integrations or data conversions fail to meet quality thresholds at scale.	The HCMACS Program will prioritize high-risk integrations and data domains, execute multiple validation cycles (including two large-scale conversions), and actively manage vendor performance to ensure readiness for cutover.
Users are not adequately trained or prepared to operate in the system at go-live.	The HCMACS Program will track training completion and competency, require personalization activities, and reinforce readiness through governance, communications, and targeted support to ensure users are confident and prepared. Training and completion of end user proficiency assessments are required by Epic to be able to use the system.
Cutover execution risks due to insufficient rehearsal or coordination across teams.	The HCMACS Program will conduct multiple cutover dry runs and technical dress rehearsals, validate detailed cutover plans, and ensure all roles and contingencies are clearly defined and tested prior to go-live.
Go-live readiness gaps identified late in the process (technical, operational, or staffing).	The HCMACS Program will execute structured GLRAs at 120, 90, 60, and 30 days, enforce remediation of identified gaps, and require formal governance approval before proceeding to go-live.

Phase 3: Go-Live & Stabilization

March – June 2028

Summary

In this phase, the HCMACS Program, agencies, and Epic execute go-live, stabilize system operations, and transition users and support teams into steady-state workflows. Following activation, the focus shifts to rapid issue resolution, user support, and continuous optimization based on real-world system use.

Structured support models including Command Center operations, What to Do (WTD) sessions, and Thrive training are used to reinforce user adoption, resolve workflow gaps, and improve efficiency. As system performance stabilizes and support volumes normalize, the Program transitions to Maintenance & Operations (M&O).

This phase is complete when system performance is stable, high-priority issues are resolved, support volumes have normalized, users are operating effectively in the system, and a Final Acceptance Review confirms readiness to transition to steady-state operations.

Key Activities in this Phase

Go-Live Execution

The HCMACS Program and agencies execute the transition from legacy systems to the live Epic environment following the validated cutover plan. This includes activation of all workflows, interfaces, and user access, with coordinated communication and support across all participating sites.

Command Center and Stabilization Support

A centralized Command Center manages issue intake, triage, and resolution during the stabilization period. Cross-functional teams provide at-the-elbow support, monitor system performance, and coordinate rapid response to critical issues to ensure continuity of operations and patient safety.

What to Do (WTD) Sessions

Structured "What to Do" (WTD) sessions are conducted to observe real-world system usage and identify gaps between designed workflows and actual user behavior. These sessions enable rapid refinement of workflows, documentation practices, and configuration to improve efficiency, usability, and adoption.

Thrive Training and Ongoing User Support

Thrive training is delivered as targeted, post-go-live education to reinforce key workflows, address common issues, and optimize user proficiency. Training is informed by real-time feedback, support trends, and observed challenges, ensuring users continue to build confidence and efficiency in the system.

Issue Resolution and System Optimization

The HCMACS Program and partners prioritize and resolve defects identified during go-live, with a focus on high-impact clinical, operational, and technical issues. Configuration updates, workflow adjustments, and system tuning are implemented iteratively to improve performance and user experience.

Post-Go-Live Feedback and Performance Monitoring

User feedback is collected through surveys, support interactions, and direct observation to assess system usability and training effectiveness. System performance, interface stability, and support metrics are monitored continuously to track stabilization progress and identify areas for improvement.

Transition to Maintenance & Operations (M&O)

As stabilization criteria are met, the HCMACS Program transitions from intensive go-live support to steady-state operations. This includes formalizing support structures, handing off responsibilities to long-term operations teams, and completing a Final Acceptance Review to confirm readiness for ongoing system management.

Risks and Mitigation for this Phase

Risks	Mitigation Approaches
Critical issues persist post-go-live, impacting operations and user confidence.	The HCMACS Program will maintain a fully staffed Command Center, prioritize rapid resolution of high-severity issues, and conduct daily issue triage to ensure timely stabilization.
Users struggle to adopt workflows despite training, leading to inefficiencies or workarounds.	The HCMACS Program will provide at-the-elbow support at go-live, leverage WTD sessions, and use Thrive training to reinforce workflows, address real-world challenges, and continuously improve user proficiency and adoption.
Premature transition to Maintenance & Operations before system stability is achieved.	The HCMACS Program will use performance-based stabilization criteria (e.g., issue resolution, support volume, system performance) and require formal Final Acceptance Review and QA validation before transitioning to steady-state operations.

Phase 4: Rollout and Support to Additional Sites

July 2028 and After

Summary

Phase 4 is an ongoing phase in which the HCMACS system scales to additional providers and agencies through iterative, wave-based deployments. In parallel, the HCMACS Program operates using a long-term Maintenance & Operations (M&O) model supporting Wave 1 facilities and providers through ongoing system operations, maintenance, optimization, upgrades, cybersecurity, vendor management, training, and user support. During this phase, the Program also pursues CMS certification to formally establish HCMACS as part of Washington's Medicaid Enterprise System (MES).

Expansion in future waves depends on successful post-go-live stabilization, CMS certification, continued available funding, and demonstrated system value. The HCMACS Program evolves its shared services model providing centralized EHR governance, operations, and support capabilities on behalf of participating agencies and providers, supported through sustained long-term funding.

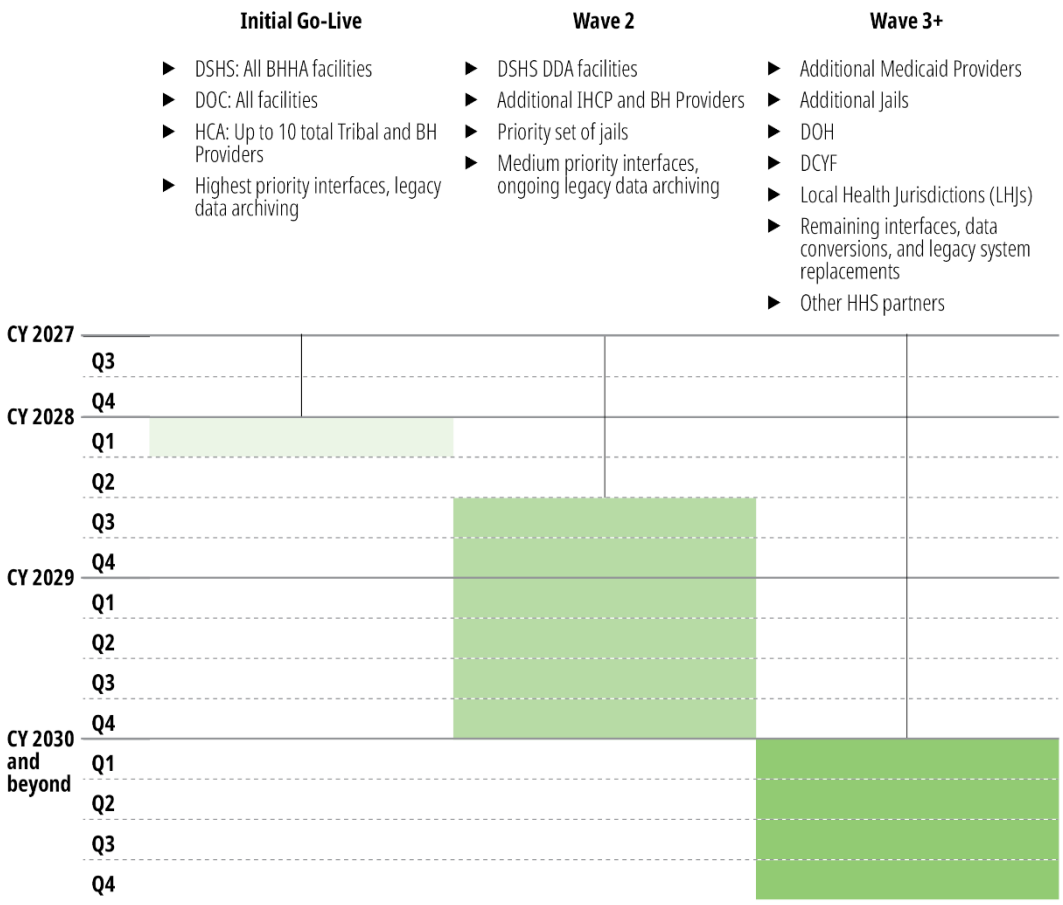
Assuming HCMACS funding continues to be available, future HCMACS waves will include additional DSHS facilities, additional HCA providers, jails, and other HHS partner agencies including the Department of Health (DOH), the Department of Children, Youth, and Families (DCYF), and Local Health Jurisdictions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

- **DSHS** in future waves will extend the foundational HCMACS Enterprise EHR System to additional facilities under the DSHS Developmental Disabilities Administration (DDA). 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 below.

Figure 3: HCMACS Future Waves



Key Activities in this Phase

CMS Certification and Validation of System Value

The HCMACS Program evaluates system performance and outcomes to support CMS certification review and demonstrate alignment with Medicaid Enterprise System (MES) requirements. This includes tracking key metrics, validating system value, and ensuring continued eligibility for federal funding support.

Wave-Based Expansion to Additional Sites

The HCMACS Program, agencies, and Epic execute iterative, wave-based deployments to onboard additional facilities, providers, and partner agencies. New sites and agencies complete readiness activities aligned to earlier phases, including workflow alignment, technical readiness, user role definition, and training preparation.

Lessons learned from prior waves are applied to streamline onboarding and reduce implementation risk. Each wave follows a repeatable implementation model, including site readiness, configuration refinement, testing, training, and go-live, tailored to the needs of each new setting.

The HCMACS Program and partners adapt foundational workflows, clinical content, and system configurations to meet the needs of new populations and care settings. This includes extending capabilities to behavioral health, juvenile services, public health, and community-based providers while maintaining enterprise standards.

End-user training, personalization, and go-live support are delivered for each new wave, leveraging standardized materials and refined approaches from earlier phases. Training is tailored to user roles and site-specific workflows to ensure effective adoption.

Ongoing System Optimization and Enhancement

The HCMACS Program continuously evaluates system performance, user feedback, and support trends to identify opportunities for optimization. Enhancements to workflows, reporting, and usability are prioritized through governance to improve system effectiveness and user experience over time. Upgrades will be taken regularly throughout the year to ensure early adoption of new features and enhancements.

Enterprise Scaling and Interoperability Expansion

The HCMACS Program and partners expand system capabilities to support increased scale, complexity, and cross-agency coordination. This includes enhancing interoperability, supporting population health use cases, and enabling data sharing across a broader network of providers and agencies.

Risks and Mitigation for this Phase

Risks	Mitigation Approaches
Expansion waves outpace program capacity, reducing quality or consistency of implementation.	The HCMACS Program will sequence deployments based on readiness, maintain centralized oversight, and reuse standardized tools, workflows, and lessons learned to ensure consistent execution across waves.
New agencies or care settings require significant deviations from the foundational system design.	The HCMACS Program will engage agency stakeholders early, evaluate required adaptations through governance, and balance flexibility with adherence to enterprise standards to prevent unnecessary complexity.

Risks	Mitigation Approaches
Increased scale introduces system performance, interoperability, or support challenges.	The HCMACS Program will proactively scale infrastructure, monitor system performance, and prioritize interface and integration testing for each wave, with ongoing QA oversight to ensure stability and reliability.

Conclusion

The HCMACS Enterprise EHR Program represents a transformational effort to improve health and care delivery across Washington state's connecting 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 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 frequently accessed by users	HCMACS system utilization data	Inventory and track utilization of modules and documents that are 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 into the system	HCMACS system user data	Track and report time required to onboard users onto HCMACS system for 100 percent of program participants within 2 years of program launch

Appendix B: Deliverables & Milestones 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

Phase 0: Pre-Implementation

July – December 2026

Milestone / Deliverable	Definition of Done	Due Date
PMO and agency project structures operational	PMO staffed and operating; PMP approved; governance cadence active; tools (e.g., Jira, Orion) in use; reporting, risk, and issue management processes functioning.	August 2026
Epic Orchard contract executed	Epic Orchard contract approved by HCMACS Governance and CMS, SDR complete, and contract executed.	September 2026
Implementation support contract executed	Implementation Support contract approved by HCMACS Governance and CMS and contract executed.	September 2026
OCM contract executed	OCM contract approved by HCMACS Governance and CMS and contract executed.	September 2026
QA contract executed	QA contract approved by HCMACS Governance and CMS and contract executed.	September 2026
Program and Agency teams fully resourced	Program leadership, application analysts, and key roles onboarded; Epic implementation team staffed.	October 2026
Priority third party contracts executed	Priority (Bucket 0-2) Third Party contracts approved by HCMACS Governance and CMS, SDR complete, contracts executed, and vendor resources onboarded.	December 2026
Governance structure established and activated	Councils and Workgroups staffed; charters and decision frameworks approved; early workgroups convened; full governance kickoff completed at Epic Orientation Week.	December 2026
Agency readiness activities complete	Data workbooks, user role worksheets, device inventories, and third-party readiness activities completed and validated, gaps identified and mitigation plans in place.	December 2026

Round 1 end user device plan, procurement, and deployment complete	Device inventory and gap analysis are completed. Standards are confirmed and procurement and deployment is complete.	December 2026
System architecture and technical plans finalized	Architecture, security/compliance plan (including SDR), interface specifications, and data conversion strategy completed, reviewed, and approved.	December 2026
Test environments established and ready	Epic-hosted environments provisioned; third-party connectivity enabled; environments validated for configuration and testing use.	December 2026
Program onboarding and orientation completed	Overview of Implementation (OI) and Epic Orientation Week (EOW) completed, stakeholders aligned on roles, expectations, and implementation approach.	December 2026

Phase 1: Initial Configuration

January – May 2027

Milestone/Deliverable	Definition of Done	Due Date
Workflow walkthroughs completed	Foundational workflows are reviewed with agencies. Gaps are identified and decisions are documented in Orion to inform configuration.	February 2027
Initial testing completed and test plan finalized	Unit, record level, and application testing are completed. The comprehensive test plan is finalized with defined scope, roles, and entry and exit criteria.	March 2027
User roles defined, mapped, and approved	Role taxonomy is finalized and users are mapped to roles. HR and labor coordination is completed and formal sign-off is obtained.	April 2027
Foundational system build completed	Configuration is executed across all ten sprints. Governance decisions are translated into system build and core workflows are aligned across agencies.	May 2027
Initial data conversion validated	Small-scale data loads are completed, and data mapping and transformation logic are validated to confirm the conversion approach.	May 2027

Phase 2: User & System Readiness

June 2027 – February 2028

Milestone/Deliverable	Definition of Done	Due Date
Third-party interfaces ready for integrated testing	Interface designs are finalized and initial builds are completed. Priority third-party systems are connected and ready for integrated testing.	June 2027
Training plan and schedule finalized	Training delivery methods, logistics, and schedule are aligned to user roles and deployment timelines and are ready to support registration.	June 2027

Milestone/Deliverable	Definition of Done	Due Date
Comprehensive testing completed	All testing cycles including interface, conversion, integrated, user acceptance, and technical testing are executed. Defects are resolved or mitigated and exit criteria are met.	October 2027
Third-party integrations fully tested	All interfaces are validated across end-to-end workflows, and external systems function as expected.	October 2027
Large-scale data conversion validated	Two full mock conversions are completed. Data accuracy, completeness, and usability are confirmed through reconciliation.	October 2027
Governance readiness waves completed	Councils and workgroups complete readiness reviews and confirm workflows, decisions, and operational readiness across domains.	October 2027
Users registered and prepared for training	User rosters are finalized and training registration is complete. Engagement activities are conducted to prepare users for training.	October 2027
End user devices deployed and ready	Devices are procured, configured, and deployed. Infrastructure is validated to support training and go-live operations.	October 2027
Clinical content and reporting approved	Order sets, documentation templates, and reports are validated and approved through governance and aligned to enterprise workflows.	October 2027
Round 2 end user device plan, procurement, deployment, and configuration complete	Device inventory and gap analysis round 2 are completed. Procurement, deployment and configuration are complete to support technical dress rehearsal and go-live.	November 2027
Final data conversion completed	Production data migration is executed and validated. Data is reconciled and ready for use at go-live.	January 2028
Third-party systems validated for production	All interfaces are tested and confirmed stable for production use with all dependencies operational.	January 2028
Cutover plan validated through dry runs	Two full cutover rehearsals are completed. Sequencing, roles, and contingency plans are validated.	January 2028
Go-live readiness approved	Go-Live readiness assessments at 120, 90, 60, and 30 days are completed. Risks are mitigated and governance approval is obtained to proceed.	February 2028
End user training completed	All users complete required training and meet competency thresholds. Training completion is tracked and validated.	February 2028
Day-in-the-Life activities completed	Users participate in scenario-based simulations and validate workflows across roles. Gaps are identified and addressed prior to go-live.	February 2028

Milestone/Deliverable	Definition of Done	Due Date
Personalization and final readiness confirmed	Users complete personalization and validate workflows. Governance confirms readiness across clinical, operational, and technical domains.	February 2028
Technical dress rehearsals completed	Devices, system access, and infrastructure are tested under real-world conditions and issues are resolved.	February 2028

Phase 3: Go-Live & Stabilization

March – June 2028

Milestone/Deliverable	Definition of Done	Due Date
Go-live successfully executed	The system is live across all sites and users are transitioned. Workflows and interfaces are fully operational.	March 2028
Command center operational and stabilization underway	A centralized Command Center is active. Issue intake, triage, and escalation processes are functioning with full support coverage.	March 2028
Workflow optimization completed	Workflow-to-Documentation sessions are conducted. Workflow and documentation improvements are implemented based on real-world usage.	March 2028
Post go-live training delivered	Thrive training is completed and users demonstrate improved proficiency based on observed needs.	June 2028
High-priority issues resolved and system stabilized	High-severity issues are resolved, and support volumes have normalized. System performance meets expected levels.	June 2028
Performance monitoring and feedback completed	User feedback is collected and performance metrics are tracked. Optimization opportunities are identified and prioritized.	June 2028
Transition to maintenance and operations approved	Stabilization criteria are met and a Final Acceptance Review is completed. The system transitions to steady-state operations.	June 2028

Phase 4: Rollout and Support to Additional Sites

July 2028 and After

Milestone/Deliverable	Definition of Done	Due Date
CMS certification and value realization achieved	Certification review is completed and system value is demonstrated in alignment with Medicaid requirements.	December 2028
Continuous optimization implemented	Enhancements are identified and implemented based on user feedback and system performance.	Ongoing

Milestone/Deliverable	Definition of Done	Due Date
Enterprise scaling and interoperability expanded	Infrastructure is scaled and integrations are expanded to support cross-agency data sharing.	Ongoing
New agency and site readiness completed	Each new agency or site meets defined readiness criteria prior to deployment.	TBD
Configuration extended for new use cases	The system is adapted for new populations and services while maintaining enterprise standards and governance approval.	TBD
Training and adoption achieved for new users	Training is delivered and users demonstrate proficiency and adoption in each new wave.	TBD
Wave-based deployments executed	Additional sites are onboarded using a repeatable model. Each wave completes readiness, build, testing, training, and go-live.	TBD