# Medicaid Implementation Readiness Checklist

For Medicaid, healthcare, and public-sector leaders testing whether a benefit, policy, or program is ready to work in practice.

**Use this before launch, expansion, or major policy change.**
Approval, funding, and policy language do not guarantee access. This checklist helps pressure test eligibility, workflows, provider readiness, health plan alignment, member and caregiver usability, reporting, payment, and sustainment before avoidable cleanup becomes the hidden cost of implementation.

## 1. Policy-to-workflow clarity

| Readiness question | Status | Owner | Evidence / notes |
|---|---|---|---|
| The approved policy, benefit, or requirement has been translated into step-by-step workflows. | ■ Yes<br>■ No<br>■ Not sure | | |
| Eligibility rules are simple enough for staff, providers, members, and caregivers to explain. | ■ Yes<br>■ No<br>■ Not sure | | |
| Required forms, notices, assessments, care plans, and documentation are mapped to the workflow. | ■ Yes<br>■ No<br>■ Not sure | | |

## 2. Ownership and decision rights

| Readiness question | Status | Owner | Evidence / notes |
|---|---|---|---|
| State, health plan, provider, vendor, and partner responsibilities are documented and understood. | ■ Yes<br>■ No<br>■ Not sure | | |
| Each key handoff has a named owner, expected turnaround time, and escalation path. | ■ Yes<br>■ No<br>■ Not sure | | |
| Decision rights are clear for exceptions, appeals, authorization, billing, payment, and service changes. | ■ Yes<br>■ No<br>■ Not sure | | |

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Continue pressure testing the operating model before launch or scale.

## 3. Member, caregiver, and provider usability

| Readiness question | Status | Owner | Evidence / notes |
|---|---|---|---|
| Members and caregivers can understand how to access the benefit, service, or program. | ■ Yes<br>■ No<br>■ Not sure | | |
| Provider guidance explains referral, authorization, documentation, billing, and follow-up expectations. | ■ Yes<br>■ No<br>■ Not sure | | |
| Training and tools have been tested with the people closest to the work, not only leadership teams. | ■ Yes<br>■ No<br>■ Not sure | | |

## 4. Systems, reporting, and payment readiness

| Readiness question | Status | Owner | Evidence / notes |
|---|---|---|---|
| Systems can support eligibility, authorization, claims, notices, reporting, and monitoring needs. | ■ Yes<br>■ No<br>■ Not sure | | |
| Billing and payment logic has been tested before volume increases or providers depend on it. | ■ Yes<br>■ No<br>■ Not sure | | |
| Dashboards show resolution and access impact, not only activity, volume, or task completion. | ■ Yes<br>■ No<br>■ Not sure | | |

## 5. Health plan, vendor, and stakeholder alignment

| Readiness question | Status | Owner | Evidence / notes |
|---|---|---|---|
| Health plans, vendors, providers, and partners use consistent standards, definitions, and guidance. | ■ Yes<br>■ No<br>■ Not sure | | |
| Stakeholder feedback has a visible path into workflow change, not just meeting notes. | ■ Yes<br>■ No<br>■ Not sure | | |
| Cross-organization issues have a cadence, owner, decision path, and closure criteria. | ■ Yes<br>■ No<br>■ Not sure | | |

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Use this page to interpret readiness and decide what needs to be tightened before scale.

## 6. Monitoring, sustainment, and risk control

| Readiness question | Status | Owner | Evidence / notes |
|---|---|---|---|
| Go-live metrics include access, timeliness, administrative burden, rework, denials, complaints, and equity. | ■ Yes<br>■ No<br>■ Not sure | | |
| There is a rapid-cycle process to adjust workflows after launch as real issues appear. | ■ Yes<br>■ No<br>■ Not sure | | |
| Risks and exceptions are reviewed before they become audit findings, access gaps, or provider burden. | ■ Yes<br>■ No<br>■ Not sure | | |

## Readiness interpretation

| Score | Readiness signal | Recommended action |
|---|---|---|
| Mostly Yes | Likely ready for controlled implementation or scale. | Proceed with monitoring checkpoints, evidence review, and feedback loops. |
| Mixed / Not sure | Useful policy or benefit, but readiness risk is present. | Clarify owners, workflows, payment testing, reporting, communications, and exceptions before expanding. |
| Mostly No | Approval exists, but the operating model is not ready to carry the work. | Pause scaling. Build the execution structure, test with users, and reduce avoidable cleanup risk. |

**Simple operating question: Before we call it implemented, can the people closest to the work actually use it?**

If the answer depends on side spreadsheets, manual trackers, extra meetings, email chains, or informal coordination, the issue may not be the policy alone. It may be the operating model around the policy.

**Ono Logic** helps healthcare, Medicaid, and public-sector teams turn complex policy, compliance, and AI readiness into executable systems with clear ownership, workflows, evidence, and audit-ready execution.