Medicaid IT Architecture – MITA
Individual State Process Models

State Self-Assessment

Industry Maturity Model

Business Capability Matrix

Concept of Operations

Industry Concept of Operations

MITA Maturity Model

Business Process Model

State Visioning Surveys
Concept of Operations
AS IS Concept of Operations
TO BE Concept of Operations

Regional Health Information Organization

- Member Management
- Strategic Planning
- Medicaid Agency
- Finance Management
- Decision Support
- Data Sharing and Communications
- Provider and Contract Management

Eligibility Source
Provider
Medicaid Beneficiary
Other Payer
Managed Care
Other RHIOs
CMS
Other Agencies
Bank
Provider
Provider
MITA Maturity Model
### MITA Maturity Model

#### Definition of State Medicaid Levels of Maturity

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency focuses on meeting compliance thresholds for State and Federal regulations, primarily targeting accurate enrollment of program eligibles and timely and accurate payment of claims for appropriate services.</td>
<td>Agency focuses on cost management and improving quality of care within structures designed to manage costs (e.g., managed care, catastrophic care management, and disease management). Focus on managing costs leads to program innovations.</td>
<td>Agency focuses on adopting national standards, collaborating with other agencies in developing reusable business processes, and promoting one-stop-shop solutions for providers and consumers. Agency encourages intrastate data exchange.</td>
<td>Agency benefits from widespread and secure access to clinical data and focuses on improvement of healthcare outcomes, empowering beneficiaries and provider stakeholders, measuring objectives quantitatively, and ensuring overall program improvement.</td>
<td>Agency focuses on fine tuning and optimizing program management, planning and evaluation since it has benefited from national (and international) interoperability and previously noted improvements that maximize automation of routine operations.</td>
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</tbody>
</table>
MITA Business Process Model
Major Business Areas

- Provider Management
- Contractor Management
- Operations Management
- Business Relationship Management
- Program Management
- Program Integrity Management
- Care Management
- Member Management
- Contractor Management
- Operations Management
The Business Process Is the Focus of the BPM

- Member Management
- Provider Management
- Contractor Management
- Operations Management
- Care Management
- Program Management
- Program Integrity Management
- Business Relationship Management

• Definition
• Description of Business Logic
• Performance Measures

Business Process

Trigger → Business Logic → Result
MITA Business Process

- Definition
- Description of Business Logic
- Performance Measures

Business Process

- Shared Data
- Predecessor and Successor
- Constraints
- Failures

Trigger Event (Data) → Business Logic → Result (Data)
Enroll Provider Business Process

Shared Data: License, Prior History, NPI

Trigger: Provider Application Data

Provider Enrollment Steps

Result: Provider Enrollment Status Data
MITA Business Process and Business Capabilities

Business Process

Trigger Event → Business Logic → Result

Business Capabilities

- Level 1 Capability
- Level 2 Capability
- Level 3 Capability
- Level 4 Capability
- Level 5 Capability
Beneficiaries enroll at any location for all benefit plans. Treatment is coordinated. Programs share business services and data.

Beneficiaries are pre-enrolled based on clinical and administrative data shared across programs and State boundaries.

Beneficiaries enroll at multiple locations for different benefit plans. Treatment is not coordinated across programs.
<table>
<thead>
<tr>
<th>Business Capability Descriptions [for each Level of Maturity]</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 1</strong></td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>NOW</td>
</tr>
</tbody>
</table>

- Timeliness of the results
- Data accuracy and accessibility
- Ease of performance; efficiency
- Cost effectiveness
- Quality of process results
- Value to the stakeholders
- Conformance Criteria
## Provider Enrollment Business Capabilities

<table>
<thead>
<tr>
<th>NOW</th>
<th>5 YEARS</th>
<th>10+ YEARS</th>
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</thead>
<tbody>
<tr>
<td>LEVEL 1</td>
<td>LEVEL 2</td>
<td>LEVEL 3</td>
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</table>

### Enroll Provider Business Capabilities

<table>
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<tr>
<th>Level 1</th>
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<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency reviews (nonstandard) application data and validates much of it manually. Agency conducts verification by contacting internal and external sources via phone or fax. Agency decisions may be inconsistent. Agency requires a large staff. Agency decisions may take several days.</td>
<td>Agency receives standardized and automated applications that providers can submit via a portal. Agency conducts verification by a mix of manual and automated steps. Agency decisions improve in consistency. Agency requires fewer staff. Agency decisions take less time.</td>
<td>Agency reviews application data that is standardized nationally (&quot;one-stop shop&quot; within a State or region). Almost all verifications can be automated, though agency may continue to take some manual steps. Agency decisions are consistent. Agency decisions can be immediate.</td>
<td>Agency receives internal and external validation sources, notices of change in provider status, and recertification notices automatically. Agency can access clinical data directly and use it to process enrollment requests. Agency takes manual steps only to handle exceptions. Agency decisions can be immediate.</td>
<td>Agency can send or receive enrollment process inquiries on provider status to or from any other State or Federal agency or other entity. Data exchange partners can send notifications regarding providers enrolled with the Medicaid program in any State.</td>
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The Business Capability Is the Cornerstone
<table>
<thead>
<tr>
<th>Business Process</th>
<th>Level 1</th>
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<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enroll Provider</td>
<td></td>
<td></td>
<td>As-Is</td>
<td></td>
<td></td>
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<tr>
<td>Audit Claim and Encounter</td>
<td>As-Is</td>
<td>To-Be</td>
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<td></td>
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<tr>
<td>Authorize Service</td>
<td>As-Is</td>
<td>To-Be</td>
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<tr>
<td>Manage Provider Grievance and Appeal</td>
<td>As-Is</td>
<td>To-Be</td>
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<tr>
<td>Inquire Member Eligibility</td>
<td>As-Is</td>
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<tr>
<td>Inquire Payment Status</td>
<td>As-Is</td>
<td>To-Be</td>
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<tr>
<td>Develop and Maintain Benefit Package</td>
<td>As-Is</td>
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Business Architecture Take-aways

- The business process/ business capability/logical data combination is the cornerstone of the BA and the driver for the TA
- Business processes map to the Conceptual Data Model; business capabilities map to the Logical Data Model
- The BA is not complete without the IA
- The business process model is neutral re any organization, location, staff, outsourcing, and degree of automation
Business Architecture Take-aways

- States map their business processes to the MITA Business Process Model and match their level of maturity against the definitions in the Business Capability Matrix.
- Each business process has one or more levels of capability.
- Vendors and technical enablers can assist States to achieve higher levels of maturity.
- Capabilities will become more objective as attributes and conformance criteria are defined.
QUESTIONS