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# ***Part I — Business Architecture***

## ***Appendix B — Maturity Model Details***

### **Introduction**

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Appendix B contains two parts:

- Part 1: MITA Maturity Model Layers — This document shows how the five levels of maturity form the basis for representing the mission and goals of the Medicaid program and the MITA initiative. MITA Maturity Levels are defined.
- Part 2: Storyboard for the MITA Maturity Model — The Storyboard shows the relationship of the Maturity Model to other components of the Business Architecture.

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## ***MITA Maturity Model: Vision Layer and Maturity Layer***




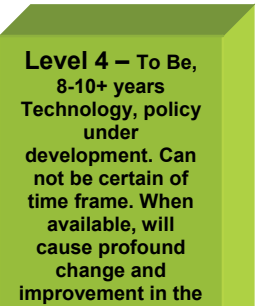
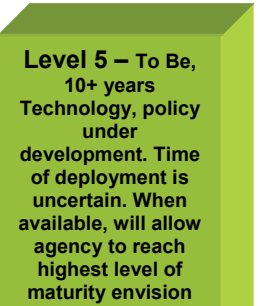
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## The Maturity Model: Description and Uses

### 1. Introduction

- *A Maturity Model shows improvement and transformation over time.* The MMM shows how the Medicaid program will evolve and be transformed over time.
- Why five Levels?
  - Could have only two: As Is, To Be; want to envision a future about 10 years out.
  - Medicaid Enterprise is complex; there are many moving parts.
  - Want to show a reasonable progression; ten steps too many; two is too few; five works in step with evolving enablers.
  - Technology is available now to enable Levels 1-3
  - New technology, policy needed for Levels 4-5 (harder to fix in time); At Levels 4-5 the time targets become soft because of the uncertainties regarding availability of enabling technology.
- Each Level has a distinct definition that differentiates it from other levels.
- Each Level is *loosely* associated with a target time.

Maturity Model Definition of Levels — General Timeline <sup>1</sup>					
Timeline	Level 1	Level 2	Level 3	Level 4	Level 5
	As-Is	Near Term	5-Year MITA Target	8 – 10+ Years	10+ Years
CMS encourages and expects majority of state agencies to be at Level 3 within 5 years and at Level 5 in approximately 10+ years. Agencies may be at Level 1 for some business processes and Level 2 for others in the present time.	 <p><b>Level 1 – As Is</b></p> <p>All technology, policy, and statutory enablers exist and are widely used. Agency complies with baseline requirements.</p>	 <p><b>Level 2 – Now</b> and next few years</p> <p>All technology, policy, and statutory enablers exist and are widely used. Agency improves important parts of its business.</p>	 <p><b>Level 3 – 5 years</b></p> <p>Technology is available but not widely used. New policy required to promote collaboration, data sharing, consolidation of business processes.</p>	 <p><b>Level 4 – To Be,</b> 8-10+ years</p> <p>Technology, policy under development. Can not be certain of time frame. When available, will cause profound change and improvement in the business</p>	 <p><b>Level 5 – To Be,</b> 10+ years</p> <p>Technology, policy under development. Time of deployment is uncertain. When available, will allow agency to reach highest level of maturity envision at this time.</p>

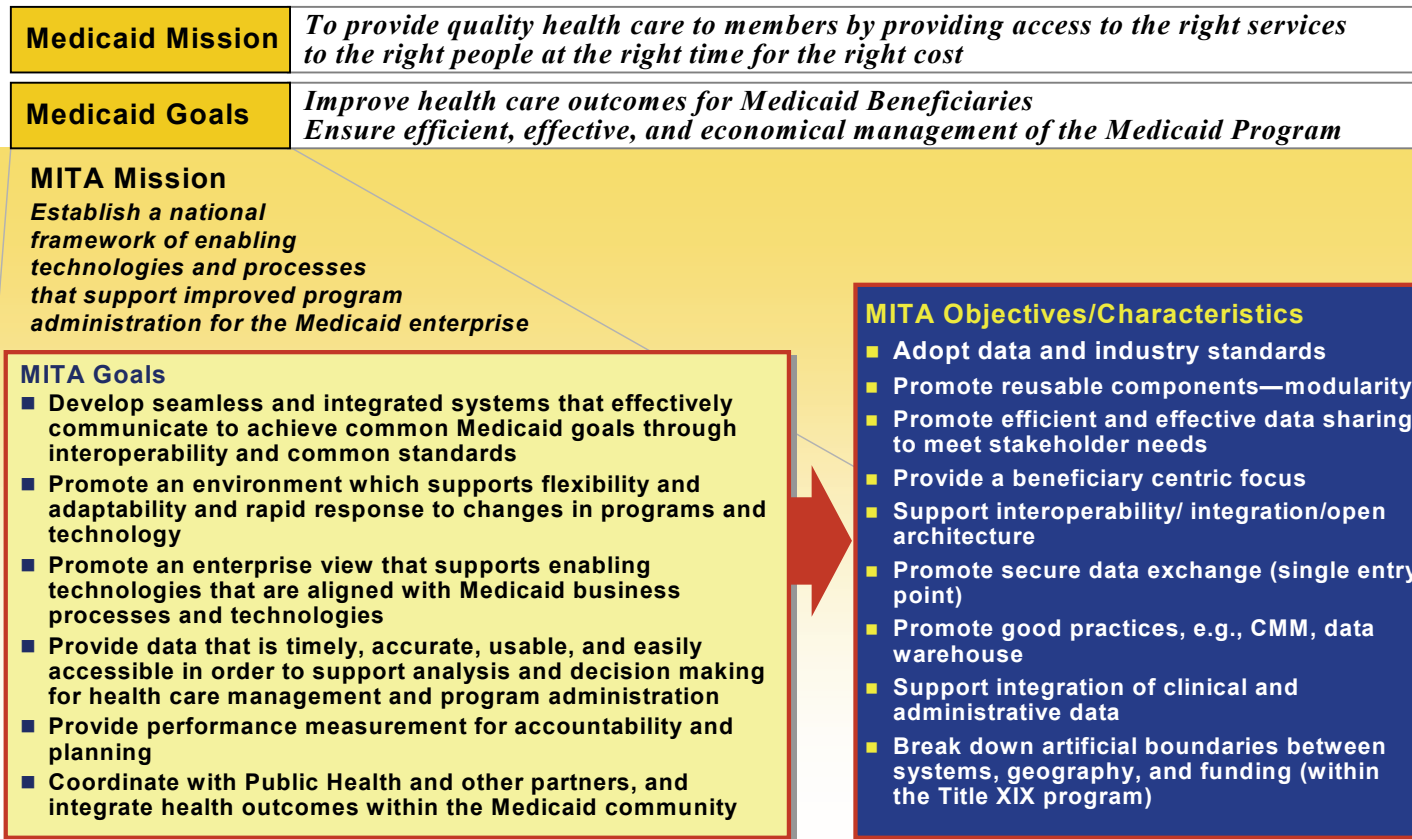
<sup>1</sup> A Maturity Model shows improvement and transformation over time. “Levels” are tightly aligned with definitions and characteristics and loosely associated with Time, e.g., the Present, 2 – 3 years, 5 years, 7 – 8 years, 10 years.

## 2. Uses of MITA Maturity Model

- The MMM serves as a Guidebook for the MITA team in the development of the Business Capabilities.
- The MMM shows traceability from the Medicaid and MITA Mission and vision statements to the Business Capabilities. It shows how each lower level is aligned with its higher level.
- The MMM provides details and examples to back up its definitions. It provides a baseline and grounding for the Levels of Maturity.
- It provides consistency, e.g., all Level 3 descriptions have a common base, look and feel.
- In the future, CMS will use the MMM to adjust the Business Capabilities and maintain alignment with the Mission and Goals.
- In the future, CMS and States could use the Business Capabilities to measure performance; in this case, the MMM serves as a reference establishing the basis of the measurement.
- States and vendors can refer to the MMM to clarify their understanding of Business Capabilities. **[NOTE: States will use the *Business Capabilities* to do their *Self-Assessment*; the MMM is only a Reference model.]**

MITA mission and goals are linked and aligned to the Medicaid program mission and goals.

The following exhibit shows the relationship of the mission, goals, and objectives. Next, we show how the agencies are expected to improve over time in terms of this Vision. To do this, we describe the agency at each Level in terms of meeting the mission, goals, and objectives.





**3. Introduction to the MITA Maturity Model**

The MMM transforms the Medicaid Mission and Goals and MITA Objectives into a structure that the MITA team can use to define Business Capabilities associated with Business Processes.

MITA Maturity Model Vision Layer — Medicaid Mission and Goals					
Component	Level 1	Level 2	Level 3	Level 4	Level 5
<b>Medicaid Mission</b>					
Medicaid Mission — <i>To provide quality health care to members by providing access to the right services to the right people at the right time for the right cost.</i>	At Level 1, the Medicaid agency demonstrates adherence to federal and state legislative mandates to comply with threshold guidelines for enrollment of members and providers, access to care, assessment of appropriateness of care, and oversight of expenditures.	At Level 2, the agency focuses on improvements in quality and access to care primarily through managed care and waiver programs. Use of Web-based and electronic communications increases response time and a wide array of technical tools improves the ability to manage appropriateness and cost of service delivery.	At Level 3, the agency commits to adoption and use of national standards, increased sharing of data, improved access to health care information for stakeholders, collaboration and coordination of health care service delivery among all state agencies, state-wide data sharing, and adoption of reusable business services.	At Level 4, the agency benefits from direct and immediate access to standardized clinical data, empowerment of the patient (as well as the provider) in health care decisions, and performance/ outcome measurements based on observable, clinical evidence.	At Level 5, the agency benefits from availability of clinical and administrative data intra-state and inter-state through national interoperability. The agency is able to focus entirely on its Mission because most operational and administrative business processes. The agency's primary function is to maintain the Mission.

MITA Maturity Model Vision Layer — Medicaid Mission and Goals					
Component	Level 1	Level 2	Level 3	Level 4	Level 5
<b>Medicaid Goals</b>					
Medicaid Goals — <i>Improve health care outcomes for Medicaid Beneficiaries</i>	At Level 1, the agency focuses on compliance with regulatory requirements for enrollment of providers and beneficiaries, and payment of claims within a specified timeframe to encourage the participation of providers and thereby promote access to care.	At Level 2, improved health care outcomes are a by-product of new, creative programs primarily focused on managing costs, e.g., managed care and waiver programs.	At Level 3 there is widespread adoption and use of national standards for administrative data, and sharing of business services which provides a better base for comparing outcomes. Coordination and collaboration across intra-state health care programs contributes to improved outcomes.	At Level 4, all stakeholders have access to clinical data which produces a major leap forward in analysis of health care outcomes. Also, beneficiaries and providers are empowered to make decisions affecting outcomes.	Goal is met in the most comprehensive way we can envision at this time through joining the gains of previous Levels with national interoperability. Agencies now have access to necessary data to compare outcomes across a broad spectrum of other agencies and states.
<i>Transformation of capability to measure health care outcomes</i>	Measurement of outcomes is limited to observations based on administrative data (claims) and surveys. Improved health care outcomes are a by-product of the level of participation of the providers and the agency's ability to perform oversight.	Evaluations of cost effective initiatives are conducted by expert independent research contractors and include statistically sound reports on health care outcomes.	Use of national standards and shared business services, along with multi-program collaboration and use of state/regional information exchange provides access to health care outcome data.	At Level 4, access to clinical data transforms the measurement of outcomes. Now, outcome measurement is based on clinical evidence.	At Level 5, the agency's administrative burden is significantly lightened, and there is time to focus on strategic goals including improved health care outcomes in-state and comparison with national standards.

MITA Maturity Model Vision Layer — Medicaid Mission and Goals					
Component	Level 1	Level 2	Level 3	Level 4	Level 5
Medicaid Goals — <i>Ensure efficient, effective, and economical management of the Medicaid Program</i>	Automated application of rules meets statutory requirements for error rates in eligibility determinations, claims payments, and fee schedules.	Program evaluations show savings resulting from managed care and waiver initiatives, use of Web portal, increases in revenue collections from TPL and SURS, and better decision-making and program analysis using decision support tools.	At Level 3, the agency is able to consolidate programs and processes and experiences economies of shared and reusable business services and standard data.	At Level 4, access to and use of clinical data increases the efficiency and effectiveness of decision-making. Decisions are rapid, consistent, appropriate, and rules-based.	At Level 5, the agency's administrative burden is lightened, and there is time to focus on strategic goals such as effective management.

MMM Vision Layer — MITA Mission and Goals					
MITA Goals	Level 1	Level 2	Level 3	Level 4	Level 5
<b>MITA Mission — Establish a national framework of enabling technologies and processes that support improved program administration for the Medicaid enterprise. The MITA Mission and Objectives are presented in the Technical Capabilities document.</b>					
Develop seamless and integrated systems that effectively communicate to achieve common Medicaid goals through interoperability and common standards.	[No Level 1 representation of this goal] Level 1 systems are typically represented as silos and stove pipes. There is no interoperability or common standards.	At Level 2, agencies begin to implement data exchange standards and establish trading partner agreements, however, there is no interoperability and stove pipes still dominate.	At Level 3, agencies share business services and adopt use of national standards. Statewide or regional data exchanges facilitate communications. Intra-state agencies coordinate and collaborate on common benefit plans and business services, e.g., "Enroll Member".	At Level 4, agencies are able to seamlessly integrate clinical and administrative systems for the first time. This introduces a paradigm shift as providers, members, and payers gain access to clinical information for instant decision-making.	At Level 5, the agency taps into the national health care information infrastructure. Medicaid goals merge with national health care goals. Interoperability strengthens each agency through the power of shared data.
Promote an environment which supports flexibility and adaptability and rapid response to changes in programs and technologies	Agencies meet mandatory changes but lack technical flexibility. Program changes are costly and time consuming to implement.	Agencies introduce elements of flexibility in program design and selection of technology driven by requirements to manage costs and implement new programs.	Agencies improve on flexibility and adaptability through implementation of shared and extensible business services, adoption of national standards, increased collaboration among intra-state agencies, and use of state/ regional information exchange.	Integration of clinical data calls for increased flexibility and adaptability. Immediate access to the clinical information speeds of response time in critical business processes.	This goal is optimized at Level 5 with national interoperability in addition to the gains of Levels 3 and 4. Agencies can collaborate on response to changes and share solutions.

MMM Vision Layer — MITA Mission and Goals					
MITA Goals	Level 1	Level 2	Level 3	Level 4	Level 5
Promote an enterprise view that supports enabling technologies that are aligned with Medicaid business processes and technologies	Agencies do not have an Enterprise View; however, several create a business vision and produce process models and data models representing how the state envisions its Medicaid program. The agency has a Strategic IT plan.	MITA encourages an Enterprise View. The agency adopts an enterprise architecture, with a focus on developing a business vision and architecture and an IT architecture that aligns with its business vision.	The agency adopts an EA and plans its transition to MITA compliance.	The EA is enhanced to include clinical data standards and intra-state standards of interoperability.	The state Medicaid EA may expand into a State EA. There are opportunities for multi-state or regional EA. There may be a national health care Enterprise View.
Provide data that is timely, accurate, usable, and easily accessible in order to support analysis and decision making for health care management and program administration	The source of data is primarily the claim. Data is accessible via a request/response process that meets the current goals but management experiences delays and inconsistencies in acquisition of data. Data is non-standard. Data is primarily used to manage operations.	Claim data and managed care encounter data are available. Decision support tools provide faster, better analysis; and improve decision-making. Data standards are mandated by HIPAA but few agencies use the standard data in their internal processes.	Data standards are adopted nationally. Shared repositories of data improve efficiency of access. This results in improvements in accessibility and accuracy of data used in program administration.	Access to standardized clinical data through regional data exchange greatly enhances the decision-making process. With clinical evidence, decisions can be consistent and decisive.	Data exchange on a national scale optimizes the decision-making capabilities of the state agency.

MMM Vision Layer — MITA Mission and Goals					
MITA Goals	Level 1	Level 2	Level 3	Level 4	Level 5
Provide performance measurement for accountability and planning	Accountability and planning activities are based on administrative, claims-based data. The agency's focus is on day-to-day operations. Provider payment is not tied to performance.	The agency focuses on cost containment and measures the success of its program initiatives, e.g., comparison of managed care and fee-for-service; evaluation of DRG payment systems; comparison of HCB services vs cost of institutional care. Decision support tools improve accountability and planning.	With more standards in place and the ability to share business services, agencies make broader use of performance measurements. Information exchange hubs provide better support for accountability and planning. However, performance measurement continues to rely on administrative data.	At Level 4, with access to clinical information, true performance measurements can be implemented for the first time. The agency can implement payment related to performance. Patient satisfaction is part of the measurement.	At Level 5, agencies are expected to engage in performance measurement for all providers and contractors based on performance information shared with other agencies intra- and inter-state.
Coordinate with Public Health and other partners, and integrate health outcomes within the Medicaid community	Medicaid agencies respond to requests from other agencies for data based primarily on summaries of claims data. Outcome studies are based on special research projects that extract clinical information from medical records (manually) or via surveys.	The state Medicaid agency agrees to share data with sister agencies within the state. Outcome analysis continues to be primarily based on claims/administrative data. Data exchanges typically use archival media and require data translation.	States adopt common standards for shared business services and enter into Service Agreements for data sharing.	Clinical data are available to supplement administrative data. Standards are widely adopted and Service Agreements are used intra-state for data sharing.	Inter-state Service Agreements allow national interoperability.

MMM Vision Layer — MITA Mission and Goals					
MITA Goals	Level 1	Level 2	Level 3	Level 4	Level 5
Provide a beneficiary-centric focus	Level 1 focuses on payments to providers. Service to the beneficiary is a by-product of maintaining an adequate provider network.	Because of a focus on cost management, managed care and waiver programs are introduced and produce results which secondarily benefit the member. Members can access benefit information via a portal or a Help desk.	Applicants and members have direct access to information about program benefits, enrollment procedures, and personal health information. Intra-state agency cooperation reduces stove pipes and establishes a single point of entry. Shared member business services and national data standards increase beneficiary focus.	With the additional access to clinical information and statewide and regional data exchange, the member can participate in treatment choices. <b>NOTE:</b> Only at Level 4 are enablers in place to achieve true beneficiary/patient-centric objectives.	With interoperability and national data exchange, beneficiary health information can be accessed no matter where the individual resides. Providers anywhere can access vital clinical information to coordinate care and respond quickly to emergencies. This further strengthens the beneficiary-focus objective.

**4. The MITA Maturity Model**

- As stated in the introduction, the MMM is a reference model defining parameters for the Medicaid agency as it matures from one Level to the next.
- In this section, we describe the core MMM at each level. We begin by offering a general description of each Level.
- Then, we take several categories of Characteristics used to give more detail to the General Description.
- Together, the General Description and the Characteristics are used by the MITA team to specify Business Capabilities for each Business Process at each Maturity Level.

This section contains THE MMM; sections above show how it was developed using the Medicaid and MITA mission statements.

MITA Maturity Model Description and Characteristics					
General Description	Level 1	Level 2	Level 3	Level 4	Level 5
Brief description that captures essence of the Maturity Level; description is high level and covers all Business Areas	At Level 1, the agency focuses on meeting <b>compliance</b> thresholds dictated by state and federal regulations. It primarily targets accurate enrollment of program eligibles and timely and accurate payment of claims for appropriate services.	At Level 2, the agency focuses on cost management and improving quality of and access to care within structures designed to manage costs, e.g., managed care, catastrophic care management, disease management.	At Level 3, the agency focuses on coordination with other agencies and collaboration in adopting national standards and developing shared business services as a means to improving cost effectiveness of health care service delivery. The agency promotes usage of intra-state data exchange.	At Level 4, widespread and secure access to clinical data enables the Medicaid enterprise to improve healthcare outcomes, empower beneficiary and provider stakeholders, measure quantitative objectives, and focus on program improvement.	At Level 5, national (and international) interoperability allows the Medicaid enterprise to focus on fine tuning and optimizing program management, planning, and evaluation.



Characteristics further detail the look and feel of a Maturity Level. The MITA team uses them as Guidelines for defining Business Capabilities. Business Capabilities describe a Business Process at a specific Maturity Level. Maturity Level Characteristics are measurable and can be used to verify that a Business Capability has been achieved.

MITA Maturity Model Detailed Qualities					
General Description	Level 1	Level 2	Level 3	Level 4	Level 5
Timeliness of process	Business processes meet threshold, mandated requirements for timeliness, i.e., the Results are achieved within the time specified by law or regulation.	Business process timeliness is enhanced through use of Web portal, EDI. Business processes that result in cost savings are prioritized. Timeliness exceeds legal requirements.	Timeliness improves via collaboration, data sharing, and use of state/regional information exchange hubs.	Clinical data is available in real time. Processes using clinical data provide immediate action, response, and result. State or regional stakeholders are interoperable, optimizing timeliness.	Processes are further enhanced through connectivity with other states and federal agencies. Most business processes are executed at the point of service. Results are as close to immediate as we can envision at this time.
Data access and timeliness	Direct access to data is limited to operations staff. Routine reports are produced on schedule with emphasis on reports required by regulation (MARS, SURS, MSIS). Special requests require more time. External access is limited to special requests. Data is primarily related to claims and encounters. No automated access to clinical data. Timeliness is subject to file update schedule.	Access to timely data that are useful in managing costs is improved. Data warehouse and decision support tools increase access and timeliness of data.	Adoption of data standards and intra- and inter-state collaboration improve the quality of data.	Direct and /or virtual access to clinical data in addition to administrative data in real time. New data added to a clinical record is instantly communicated to appropriate business processes. Delay in information transfer is virtually eliminated.	Interoperability nationwide — The gains of Level 4 are expanded to a national scale.

MITA Maturity Model Detailed Qualities					
General Description	Level 1	Level 2	Level 3	Level 4	Level 5
Effort to perform; efficiency	Most business processes are labor-intensive and stove-piped.	Business processes that result in cost management are enhanced.	Effort to perform is reduced and efficiency is increased through state and regional data exchange, collaboration, adoption of data standards.	Business processes are transformed and efficiency is optimized through integration of clinical data. Transformation creates a paradigm shift from labor-based to strategic.	With national interoperability, the gains of Level 4 extend these capabilities to the maximum we can envision at this time.
Cost-effectiveness	The agency meets the requirements of statute for operating the program. Focus is on cost-effectiveness of Medicaid operations, e.g., appropriate payment of claims, enrollment of eligible members.	Cost-effectiveness increases through implementation of programs that target management of costs, e.g., managed care.	Agencies adopt national standards, develop shared business services, collaborate on common programs, and exchange information intra-state and regionally all of which improve cost-effectiveness.	Integration of clinical data stimulates a quantum leap in cost-effective results. Using only claim or encounter data, most business process results are “fuzzy”; clinical data sharpens the focus.	Interoperability nationally extends the gains of Level 4. By Level 5, business process capabilities reach the maximum we can predict at this time.
Accuracy of process results	Accuracy of results meets state and federal tolerance for error.	Priority is given to improve accuracy of results of business processes that focus on cost management.	Accuracy is improved through use of standard data, shared business services, regional information exchange.	Accuracy takes a great leap forward through use of clinical data.	Accuracy is maximized (to the extent we can project today) through interoperability nationally.

MITA Maturity Model Detailed Qualities					
General Description	Level 1	Level 2	Level 3	Level 4	Level 5
Utility or value to stakeholders	The business processes meet the stated targets of the agency, e.g., members are enrolled and receive service; providers are paid timely and accurately. The agency uses reports to manage operations.	Cost management programs are implemented that bring also bring value to stakeholders: i.e., members enrolled in managed care and PCP programs receive better attention for preventive care and treatment.	Level 3 focuses on building Member, Provider, and Medicaid Operations business services. Stakeholders will experience increased satisfaction in the way their needs are met. The administrative burden is lightened.	Integration of clinical data provides the most measurable increase in value that we can envision at this time. Use of clinical data improves most major business processes. Member and Provider stakeholders are empowered to participate in decision-making. The agency can shift its attention to strategic planning and evaluation.	Level 5 consolidates the value gains of previous levels by reaching out to national data sources.

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## ***MITA Maturity Model Storyboard***

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Storyboard for the MITA Maturity Model		
Definition, Uses of the MMM	Traceability	Example
<p>1. <i>Introduction to the MITA Maturity Model</i> – The MMM takes the Medicaid Mission and Goals and places them in a structure designed to show the future (To Be) Vision and the intermediary steps (Levels) that the agency must achieve in order to reach the To Be objectives.</p> <p>The MMM shows a pathway of continuous business improvement. Each higher Level incorporates the best practices of the Level below and more importantly introduces higher level capabilities. The MMM is a <i>Reference Model</i><sup>2</sup> that the MITA team can use to define Business Capabilities<sup>3</sup> associated with Business Processes<sup>4</sup>. The MMM is a <i>Business-driven</i> model. The MMM defines the parameters of each Level.</p> <ol style="list-style-type: none"> <li>The MMM serves as a Guidebook for the MITA team in the development of the Business Capabilities.</li> <li>The MMM shows traceability from the Mission to the Business Capabilities. It shows how each lower level is aligned with its higher level.</li> </ol>	<p>The diagram illustrates the traceability of the MITA Maturity Model. It shows a vertical flow from a 'Business Process' at the bottom to 'Medicaid Mission and Goals MITA Objectives (shows source)' at the top. The flow is mediated by two levels of 'Maturity Model Description and Qualities of Each Level'. Each level consists of five numbered boxes (1-5) representing different maturity levels. The 'Business Process' is represented by a teal box, while the others are light blue. Vertical lines connect the boxes, indicating the progression and alignment between levels.</p>	See examples in the detailed sections below.

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<sup>2</sup> A Reference Model is ...

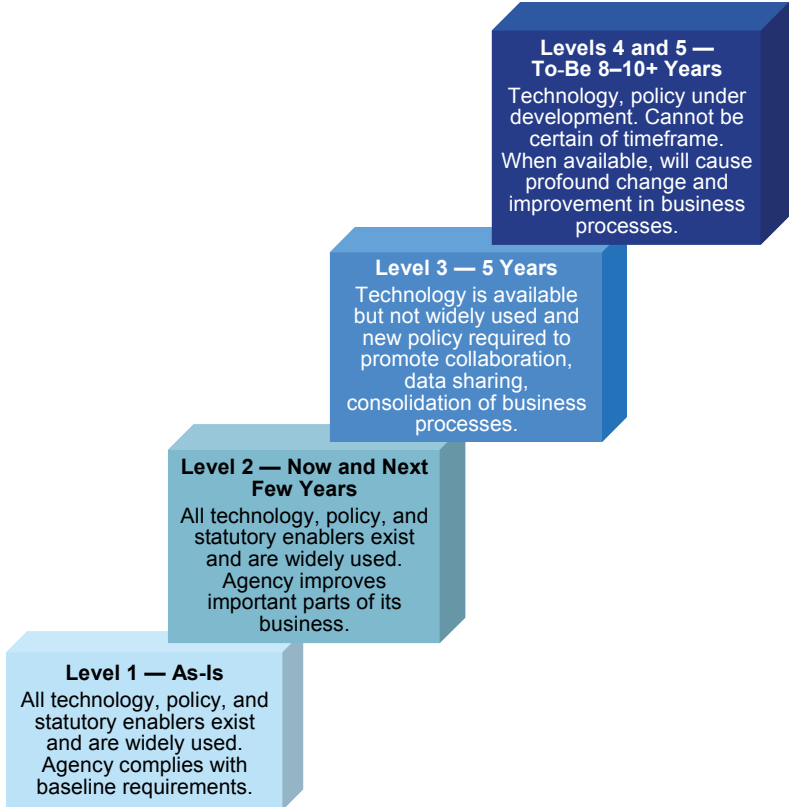
<sup>3</sup> A Business Capability is ...

<sup>4</sup> A Business Process is ...

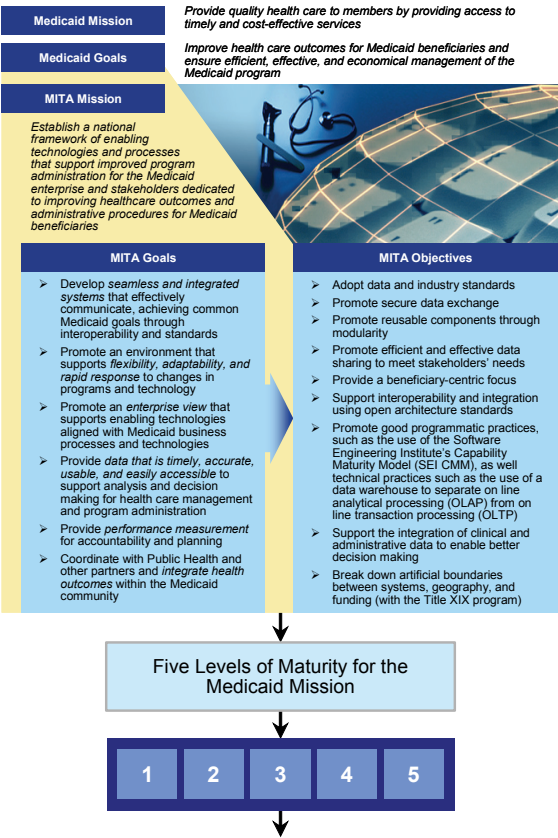
Storyboard for the MITA Maturity Model		
Definition, Uses of the MMM	Traceability	Example
<ul style="list-style-type: none"> <li>c. The MMM provides details and examples to back up its definitions. It provides a baseline and grounding for the Levels<sup>5</sup> of Maturity.</li> <li>d. It provides consistency, e.g., all Level 3 descriptions have a common base.</li> <li>e. In the future, CMS will use the MMM to adjust the Business Capabilities and maintain alignment with the Mission and Goals.</li> <li>f. In the future, CMS could use the Business Capabilities to measure performance of Medicaid agencies; in this case, the MMM serves as a reference establishing the basis of the measurement.</li> <li>g. States and vendors can refer to the MMM to clarify their understanding of Business Capabilities. [Note: States will use the <i>Business Capabilities</i> to do their <i>Self-Assessment</i>; the MMM is only a Reference model.]</li> </ul>		

<sup>5</sup> A Maturity Model shows improvement and transformation over time. “Levels” are tightly aligned with definitions and Qualities and loosely associated with Time, e.g., the Present, 2 – 3 years, 5 years, 7 – 8 years, 10 years.

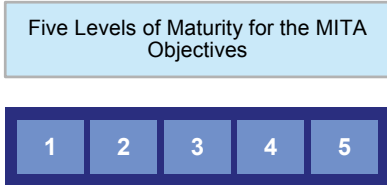


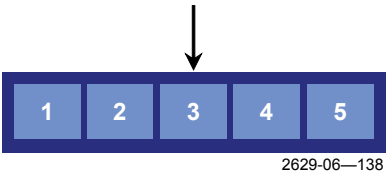
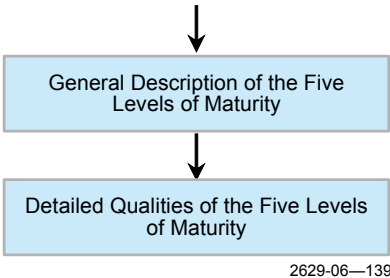
Storyboard for the MITA Maturity Model		
Definition, Uses of the MMM	Traceability	Example
<p>2. A Maturity Model shows improvement and transformation over time<sup>6</sup>. The MMM shows how the Medicaid program will evolve and be transformed over time.</p> <p>a. Why five Levels?</p> <ol style="list-style-type: none"> <li>(1) Could have only two: As Is, To Be; want to envision a future about 10 years out.</li> <li>(2) Medicaid Enterprise is complex; there are many moving parts.</li> <li>(3) Want to show a reasonable progression; ten steps too many; two is too few; five works in step with evolving enablers.</li> <li>(4) Technology is available now to enable Levels 1-3</li> <li>(5) New technology, policy needed for Levels 4-5 (harder to fix in time)</li> </ol> <p>b. Each Level has a distinct definition that differentiates it from other levels.</p> <p>c. Each Level is loosely associated with a target time.</p>	<p>Five Levels of Maturity</p>  <p><b>Level 1 — As-Is</b> All technology, policy, and statutory enablers exist and are widely used. Agency complies with baseline requirements.</p> <p><b>Level 2 — Now and Next Few Years</b> All technology, policy, and statutory enablers exist and are widely used. Agency improves important parts of its business.</p> <p><b>Level 3 — 5 Years</b> Technology is available but not widely used and new policy required to promote collaboration, data sharing, consolidation of business processes.</p> <p><b>Levels 4 and 5 — To-Be 8–10+ Years</b> Technology, policy under development. Cannot be certain of timeframe. When available, will cause profound change and improvement in business processes.</p> <p>2629-06—135</p>	

<sup>6</sup> In the MMM, “Time” is loosely associated with five milestones (of “Levels”) ranging from the present to 10 years from now.

Storyboard for the MITA Maturity Model		
Definition, Uses of the MMM	Traceability	Example
<p>3. The MITA Maturity Model begins with the definition of the Medicaid Mission and Goals. This is a statement in business terms that establishes the long range vision of the Medicaid program.</p> <p>a. The Medicaid Mission expresses a vision of the future.</p> <p>b. The future is achievable as the agency matures aided by technology, policy-making, and legislation.</p>	 <p><b>Medicaid Mission</b> Provide quality health care to members by providing access to timely and cost-effective services</p> <p><b>Medicaid Goals</b> Improve health care outcomes for Medicaid beneficiaries and ensure efficient, effective, and economical management of the Medicaid program</p> <p><b>MITA Mission</b> Establish a national framework of enabling technologies and processes that support improved program administration for the Medicaid enterprise and stakeholders dedicated to improving healthcare outcomes and administrative procedures for Medicaid beneficiaries</p> <p><b>MITA Goals</b></p> <ul style="list-style-type: none"> <li>➤ Develop seamless and integrated systems that effectively communicate, achieving common Medicaid goals through interoperability and standards</li> <li>➤ Promote an environment that supports flexibility, adaptability, and rapid response to changes in programs and technology</li> <li>➤ Promote an enterprise view that supports enabling technologies aligned with Medicaid business processes and technologies</li> <li>➤ Provide data that is timely, accurate, usable, and easily accessible to support analysis and decision making for health care management and program administration</li> <li>➤ Provide performance measurement for accountability and planning</li> <li>➤ Coordinate with Public Health and other partners and integrate health outcomes within the Medicaid community</li> </ul> <p><b>MITA Objectives</b></p> <ul style="list-style-type: none"> <li>➤ Adopt data and industry standards</li> <li>➤ Promote secure data exchange</li> <li>➤ Promote reusable components through modularity</li> <li>➤ Promote efficient and effective data sharing to meet stakeholders' needs</li> <li>➤ Provide a beneficiary-centric focus</li> <li>➤ Support interoperability and integration using open architecture standards</li> <li>➤ Promote good programmatic practices, such as the use of the Software Engineering Institute's Capability Maturity Model (SEI CMM), as well technical practices such as the use of a data warehouse to separate on line analytical processing (OLAP) from on line transaction processing (OLTP)</li> <li>➤ Support the integration of clinical and administrative data to enable better decision making</li> <li>➤ Break down artificial boundaries between systems, geography, and funding (with the Title XIX program)</li> </ul> <p><b>Five Levels of Maturity for the Medicaid Mission</b></p> <p>1 2 3 4 5</p>	<p><b>Medicaid Mission</b> — To provide quality health care to members by providing access to the right services to the right people at the right time for the right cost.</p> <p>Example of Medicaid Mission as demonstrated at Level 2 –</p> <p>The agency focuses on improvements in quality and access to care primarily through managed care and waiver programs. Use of Web-based and electronic communications increases response time and a wide array of technical tools, e.g., decision support, improves the ability to manage appropriateness and cost of service delivery.</p>

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Storyboard for the MITA Maturity Model		
Definition, Uses of the MMM	Traceability	Example
<p>4. MITA Mission, Goals, and Objectives support the Medicaid Mission and Goals.</p> <ul style="list-style-type: none"> <li>a. <i>MITA</i> Mission, et al, aligns with the Medicaid Mission.</li> <li>b. The MITA Framework is a primary guidebook and tool kit used to help the agency achieve the Medicaid Mission over time.</li> <li>c. MITA Objectives are also described for each Level of Maturity.</li> <li>d. MITA Mission and Goals that focus on technology are described in the companion Technical Capabilities Document.</li> <li>e. Once the Medicaid Mission and MITA Objectives are described in the context of the five Levels of Maturity, the groundwork is laid on which to build the MITA Maturity Model.</li> </ul>	 <p>2629-06—137</p>	<p>Example of an Objective described at each Level, e.g., <i>Provide a beneficiary-centric focus</i>:</p> <p><i>Level 1</i> – Service to the beneficiary is a by-product of maintaining an adequate provider network. Level 1 has a provider focus.</p> <p><i>Level 2</i> – Because of a focus on cost management, managed care and waiver programs are introduced and produce results which secondarily benefit the member. Combined provider/beneficiary focus.</p> <p><i>Level 3</i> – Applicants and members have direct access to information about program benefits, enrollment procedures, and personal health information. Beginning of a beneficiary focus.</p> <p><i>Level 4</i> – With the additional access to clinical information and statewide and regional data exchange, the member is empowered to participate in benefit and treatment choices.</p> <p><i>Level 5</i> – With interoperability and national data exchange, beneficiary health information can be accessed no matter where the individual resides. Providers anywhere can access vital clinical information to coordinate care and respond quickly to emergencies. There is a beneficiary focus on a national scale.</p>

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<p>5. The MITA Maturity Model (introduction)</p> <ul style="list-style-type: none"> <li>a. As stated in the introduction, the MMM is a reference model defining parameters for the Medicaid agency as it matures from one Level to the next.</li> <li>b. In this section, we describe the core MMM at each level. We begin by offering a general description of each Level.</li> <li>c. Then, we take several categories of Qualities used to give more detail to the General Description.</li> <li>d. Together, the General Description and the Qualities are used by the MITA team to specify Business Capabilities for each Business Process at each Maturity Level.</li> <li>e. This section contains THE MMM; sections above show how it was developed using the Medicaid and MITA mission statements.</li> </ul>	 <p>2629-06—138</p>	
<p>6. MMM General Descriptions of each Level</p> <ul style="list-style-type: none"> <li>a. Brief description that captures essence of the Maturity Level</li> <li>b. Description is high level and covers all Business Areas</li> </ul>	 <p>2629-06—139</p>	<p>Examples of the General Descriptions of Levels:</p> <p><i>At Level 3</i>, the agency focuses on coordination with other agencies and collaboration in adopting national standards and developing shared business services as a means to improving cost effectiveness of health care service delivery. The agency promotes usage of intra-state data exchange.</p> <p><i>At Level 5</i>, national (and international) interoperability allows the Medicaid enterprise to focus on fine tuning and optimizing program management, planning, and evaluation.</p>

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<p>7. MMM Qualities of each Level</p> <p>a. Qualities further detail the look and feel of a Maturity Level.</p> <p>b. The MITA team uses the Qualities as Guidelines for defining Business Capabilities. (Business Capabilities describe a Business Process at a specific Maturity Level. Maturity Level Qualities are measurable and can be used to verify that a Business Capability has been achieved.)</p>		<p>Example of Quality at Different Levels: <i>Timeliness of process</i></p> <p><i>At Level 2</i>, timeliness of business processes is enhanced through use of Web portal, EDI. Business processes that result in cost savings are prioritized. Timeliness exceeds legal requirements.</p> <p><i>At Level 4</i>, clinical data is available in real time. Processes using clinical data provide immediate action, response, and result. State or regional stakeholders are interoperable, optimizing timeliness.</p>
<p>8. Summary of the MMM and Next Steps</p> <p>a. Sections 2 – 4 above provide the source material for the MMM.</p> <p>b. Section 5 contains the core MMM consisting of a General Description and detailed Qualities for each Level.</p>	<div>MMM Description and Qualities Used to Define Business Capabilities Associated with a Business Process at Different Levels of Maturity</div> <div><div>Business Process</div><div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div></div></div>	<p>See Business Capability Matrix Document.</p>

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<p>Next steps:</p> <ol style="list-style-type: none"> <li>1. The MITA team will apply the MMM to the Business Processes belonging to eight Business Areas. Using the MMM as a guide, the team will create Business Capability statements for each Business Process at 1 – 5 Levels. Business Capabilities at each level can be traced back to the corresponding MMM Maturity Level. Business Capability statements mirror the MMM General Description and detailed Qualities.</li> <li>2. States will collaborate with the MITA Team to refine the capability statements and convert the qualities associated with each business process/capability into a measurable statement. For example: Timeliness for Business Process X at Level 1 = a specific number of days from trigger to result.</li> <li>3. States will use the Business Capability Matrix (a table of Business Capabilities for each Business Process at each Level where they apply) to perform a Self-Assessment to establish their maturity level for each business process. CMS encourages states to develop a strategic plan for continuous improvement, targeting Level 3, later 4 and 5.</li> </ol>		