
Part III — Technical Architecture

Chapter 2 — MITA Principles, Goals, Objectives

Introduction

The Medicaid IT Architecture (MITA) Technical Architecture (TA) is intended to foster integrated business and IT transformation for the Medicaid enterprise in all 50 States and the District of Columbia. It will establish national guidelines for technologies and processes that can enable improved program administration for the State Medicaid enterprises. The MITA TA will enable State Medicaid enterprises to meet common objectives defined by the Framework while supporting unique local needs. The MITA TA is aligned with the National Health Information Infrastructure (NHII), an initiative of the U.S. Department of Health and Human Services (DHHS), to improve the quality of health. This section will review the technical principles, goals, and objectives used to develop the MITA TA.

This chapter answers the following questions:

- What are the MITA Technical Principles?
- What are the MITA Technical Goals?
- What are the MITA Objectives?

Purpose

The purpose of the MITA principles, goals and objectives is to guide the development of the MITA Technical Architecture.

Scope

The technical principles, goals, and objectives are driven by Medicaid Enterprise Business requirements and closely aligned with the MITA Initiative, government initiatives, and commercial technology initiative. Because any of these initiatives may change based on legislation, regulation, economics, and technology changes, the MITA technical principles, goals and objectives must be assessed periodically to determine whether any updates are required.

What Are the MITA Technical Principles?

Technical principles will shape MITA's definition and the State's implementation of the Medicaid Enterprise Architecture. The MITA TA is based on the following technical principles:

- **Business driven.** Technology will only be used when it supports a business goal or objective; technology will not be used for technology's sake alone.
- **Implementation neutral.** States will continue to be responsible for selecting their own implementation technology (e.g., J2EE, .Net, etc.).

- **Platform independent.** Application software and infrastructure components should be developed for reusability and platform independence.
- **Adaptable, extensible, and scalable.**
- **Open technology and standards based.** The advantages of standardization (e.g., data sharing and interoperability) should be leveraged.
- **Security and privacy must be integrated** throughout MITA.
- **Interoperability standards** are established and followed.
- **Quality data is enabled** to support good decision making.
- **Current and proven technology** is selected.

What Are the MITA Technical Goals?

MITA technical goals are aligned to support the overall MITA goals and the MITA technical principles. The MITA technical goals are as follows:

- Promote an enterprise view that supports enabling technologies that are aligned with State business processes and technologies.
- Provide performance measurement for accountability and planning.
- Develop systems that can effectively communicate to achieve common program goals through interoperability and common standards.
- Promote an environment that supports flexibility, adaptability, and rapid response to changes in programs and technology.
- Provide data that is timely, accurate, usable, and easily accessible in order to support program analysis and decision making.
- Reduce duplication of costs by collecting data already available elsewhere and using that data to administer the program more effectively.

What Are the MITA Objectives?

- Adopt data and industry standards and promote the development of appropriate standards when needed.
- Promote the use of data and technical standards to improve the cost effectiveness of IT development. The use of data standards provides better access to data by promoting data consistency and enhanced sharing through common data-access mechanisms. Adherence to technical standards, specifically open standards, facilitates integration of commercial off-the-shelf (COTS) solutions and the reuse of solutions within and among States, resulting in lower development costs and reduced development risk.
- Review national standards for health and data exchange and open standards for technical solutions. The MITA TA will utilize existing national standards wherever possible. Where Medicaid-specific standards are needed, MITA will foster agreement

within the Medicaid community and, if appropriate, submit standards to national standards bodies for review and approval.

- Promote reusable components and modularity.
 - As common technical standards are collaboratively developed, reusable services can be developed so that a single service could pass eligibility information from a variety of program systems to a single Medicaid Management Information System (MMIS). PDA access could be provided to multiple applications, or, conversely, a single application could allow access from multiple devices (e.g., Web interfaces, PDAs, kiosks, and voice response systems [VRSs]).
 - MITA was designed to differentiate between the processes, data, and technical solutions that are common to many State Medicaid enterprises and those that are specific to individual States.
 - Identifying common business processes enables the definition and reuse of common solutions, which in turn enables States to share development costs.
 - The structure of the MITA models and templates is designed to capture and represent State differences with the common business processes, which in turn accommodates cost-effective implementation of specific State needs.
 - States will participate in the development of the MITA models and templates to ensure that commonality and differences are appropriately represented.
 - This approach creates a balance between commonality and differences that enables standard mechanisms for interoperability and data exchange. The objective is to maximize the benefit across the Medicaid enterprise, while promoting innovation and creativity in local implementations.
- Promote efficient and effective data sharing to meet stakeholder needs.
 - MITA was designed to facilitate data exchange and data sharing, while giving each organization control and ownership of its own data. For instance, it will enable data sharing without requiring the data to be moved to a central location.
 - Data will be described using standard definition formats that will map the data to standard data elements, where appropriate, and provide the data descriptions when the data elements are nonstandard.
 - Security and privacy access rules for each data element will also be represented in a standard way.
 - A collection of services will read the data descriptions and the security and access rules and use that information to “expose” the data to users who qualify for access and to receive and process their queries.
 - MITA supports data processing and data sharing. It will enable event processing, process notifications, and provide access to standard service interfaces to connect State and Federal applications and systems.

- MITA does not propose one single federally owned hub to manage all data exchange. Rather, individual organizations may choose to host hubs, and those hubs will, through services and use of standards, identify themselves to each other for the purpose of processing and exchanging data.
- Provide a beneficiary-centric focus.
 - Access channels, input device transparency, and built-in security and privacy will provide beneficiaries with “one-door” access to Medicaid services.
 - MITA’s architecture will improve the validity of statistical analysis by improving the quality of the data.
 - Data quality will be improved by using data standards, implementing standard performance metrics, and relying on the availability of the enhanced data exchange and sharing provided by the hub architecture.
 - The improved validity of statistical analysis for comparative and normative analyses will provide information that can be used to improve service to beneficiaries and improve health outcomes by more effectively monitoring patient safety and patient care.
- Enable and support interoperability, integration, and open architectures.
 - MITA was designed to utilize services that would make it possible to implement common interoperability (i.e., system-to-system communication) and access (i.e., system-to-person communication).
 - MITA uses a design strategy in which common functionality and capabilities are packaged with standard, well-defined interfaces (i.e., services) that can be used by new applications, legacy applications, COTS software, or all three to invoke the functionality.
 - MITA builds in the characteristics of adaptability and extensibility. Adaptations (i.e., the capability that allows users to change the specifics of processes, data, or technical solutions using configuration files) will enable States to customize MITA elements to meet their unique needs. Extensions (i.e., the capability that allows users to add functionality and capabilities) will enable States to add new functionality to MITA elements in order to meet their needs, while still meeting MITA goals and objectives.
- Promote secure data exchange. Security and privacy capabilities are defined and woven throughout the architecture. Access requirements are identified in the business processes, defined within the data models, and implemented through the MITA technical models. The MITA TA provides the capabilities to protect the Medicaid enterprise against known threats and, through evolution of the MITA Enterprise Architecture, the readiness to respond to new threats.

- Promote good practices (e.g., the Capability Maturity Model [CMM] and data warehouse).
 - States will be able to align IT solutions with business needs because MITA is firmly grounded in enterprise architecture methodology. The MITA TA will help States to identify and then use common solutions to drive their TA. MITA will also support alignment with State enterprise architectures.
 - The use of standards and agreement on a set of common business processes and data standards make it possible to develop performance metrics, measurement techniques, and corresponding utility services. Performance metrics make it possible to track changes in programs and policies and evaluate corresponding changes in health outcomes, measuring business performance across the Medicaid enterprise.
- Support integration of clinical and administrative data. It will provide easier access to data and information through a combination of the standards approach, services, and a common approach to security and privacy. Increased data exchange and access will facilitate early detection of health patterns (e.g., disease and bioterrorism) to improve health outcomes. Through better access to information for decision making and the use of common performance metrics, States can improve investment decisions. This will enable States to invest in solutions that will improve health outcomes, which will reduce payments for preventable diseases. Dollars formerly spent on preventable diseases or on IT maintenance can then be redirected to more pressing needs.
- Break down artificial boundaries between systems, geography, and funding (within the Title XIX program). The MITA TA is location-, technology-, and organization-neutral. States are responsible for adapting the MITA TA to meet their specific needs.

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