



Fundamentals of MITA 3.0 CMS Perspective

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Overview of Changes

- The MITA Framework incorporates **updates and new guidance** on several legislative initiatives and directives available 10/2011
 - HIPAA, ICD-10, 5010, NCPDP, CHIPRA, ARRA, HITECH
 - Affordable Care Act
 - Medicaid Program; Federal Funding for Medicaid Eligibility Determination and Enrollment Activities (90/10 Rule)
 - Enhanced Funding Requirements: Seven Conditions and Standards
 - Guidance for Exchange and Medicaid Information Technology Systems
 - *Not released in time for inclusion: Eligibility Changes Final Rule*
 - Tentative release expected, Summer of 2012

Overview of Changes

- **Revised business process model** to include current business procedures and rules
 - Local, regional, and national information exchanges
 - Electronic Health Records (EHR)
 - EHR Incentive Program Registration and Attestation System
 - Health Information Exchanges
 - Health Insurance Exchanges
 - Division of financial activities from operational activities
 - *Withheld: Member Eligibility and Enrollment as well as Member Management (8 business processes and capability matrices)*
 - Tentative release expected, Summer of 2012

Overview of Changes

- Expansion of current **information data standards** guidance for Health Care and Health Insurance industries
- Addition of current **technological advancements** such as business rules engines, cloud computing, enterprise architecture, and performance monitoring
- Expansion of **technical services** and **technical standards** guidance for Enterprise Architecture
- Guidance for **State Self-Assessment, APD Process and MITA Roadmap**
 - *May continue SS-A planning activities and proceed to conduct SS-A without Eligibility & Enrollment content*

Business Architecture 3.0

- **New content** to reflect federal initiatives, programs, and legislation that influence the MITA Framework
- Expansion of the **Concept of Operations** for the State Medicaid Enterprise
- Modification of the **Maturity Model Matrix**
- Expansion of **Business Process Model** to ten (10) business areas and eighty (80) business processes
- Expansion of **Business Capability Matrix** to include Level 4 and 5 definitions
- Guidance for **Performance Monitoring**

MITA 3.0 does not include Eligibility & Enrollment for Member and Member Management business processes (8 business processes withheld)

Business Relationship Management ⁴

- Establish Business Relationship
- Terminate Business Relationship
- Manage Business Relationship Information
- Manage Business Relationship Comm.

Care Management ⁹

- Establish Case
- Perform Screening and Assessment
- Manage Case Information
- Manage Treatment Plan and Outcomes
- Manage Population Health Outreach
- Authorize Referral
- Manage Registry
- Authorize Service
- Authorize Treatment Plan

Contractor Management ⁹

- Inquire Contractor Information
- Award Contract
- Manage Contractor Information
- Close Out Contract
- Manage Contractor Communication
- Manage Contract
- Perform Contractor Outreach
- Produce Solicitation
- Manage Contractor Grievance and Appeal

Eligibility and Enrollment Management ⁸

- Determine Member Eligibility
- Determine Provider Eligibility
- Enroll Member
- Enroll Provider
- Inquire Member Eligibility
- Inquire Provider Information
- Disenroll Member
- Disenroll Provider

Financial Management ¹⁹

- Manage Provider Recoupment
- Manage Capitation Payment
- Manage TPL Recovery
- Manage Incentive Payment
- Manage Estate Recovery
- Manage Accounts Payable Information
- Manage Drug Rebate
- Manage Accounts Payable Disbursement
- Manage Cost Settlement
- Manage 1099
- Manage Accounts Receivable Information
- Formulate Budget
- Prepare Member Premium Invoice
- Manage Budget Information
- Manage Contractor Payment
- Manage Fund
- Manage Member Financial Participation
- Generate Financial Report
- Manage Accounts Receivable Funds

Member Management ⁴

- Manage Member Information
- Manage Applicant and Member Communication
- Manage Member Grievance and Appeal
- Perform Population and Member Outreach

Operations Management ⁹

- Generate Remittance Advice
- Process Claim
- Inquire Payment Status
- Process Encounter
- Prepare Provider Payment
- Calculate Spend-Down Amount
- Manage Data
- Submit Electronic Attachment
- Apply Mass Adjustment

Performance Management ⁵

- Identify Utilization Anomalies
- Manage Compliance Incident Information
- Establish Compliance Incident
- Determine Adverse Action Incident
- Prepare REOMB

Plan Management ⁸

- Develop Agency Goals and Objectives
- Manage Performance Measures
- Maintain Program Policy
- Manage Health Benefit Information
- Maintain State Plan
- Manage Reference Information
- Manage Health Plan Information
- Manage Rate Setting

Provider Management ⁵

- Manage Provider Information
- Manage Provider Communication
- Terminate Provider
- Manage Provider Grievance and Appeal
- Perform Provider Outreach

Business Architecture 3.0

- Expansion of **Business Process Model** to ten (10) business areas and eighty (80) business processes
 - Appendix E contains the cross walk between the MITA 3.0 business processes and the MITA 2.01 business processes

Version 2.0	Version 3.0
• Business Relationship Management	• Business Relationship Management
• Care Management	• Care Management
• Contractor Management	• Contractor Management
• N/A	• Eligibility and Enrollment Management
• N/A	• Financial Management
• Program Management	• Health Plan Management
• Member Management	• Member Management
• Operations Management	• Operations Management
• Program Integrity Management	• Performance Management
• Provider Management	• Provider Management

Information Architecture 3.0

- Inclusion of **Summary of Components**
- Inclusion of **Data Management Strategy (DMS)**
- Expansion of the **Conceptual Data Model (CDM)**
- Expansion of the **Logical Data Model (LDM)**
- **Industry standards** are identified as structured data standards or vocabulary data standards
- Addition of **Information Capability Matrix (ICM)**

Technical Architecture 3.0

- Enhanced **detail and guidance** on how the federal initiatives and other similar legislation change the Medicaid Enterprise
- Enhanced **Technical Management Strategy** to include business rules engines, cloud computing, enterprise architecture, and performance monitoring
- Enhanced **Business Services** and **Technical Services**
- Inclusion of **Application Architecture**
- Expansion of **Technology Standards** to align with Seven Conditions and Standards
- Addition of **Technical Capability Matrix (TCM)**

New to MITA Framework 3.0

- Expansion of **acronyms and abbreviations**
- Addition of glossary of **MITA terms**
- Addition of **MITA At-A-Glance** summary
- Addition of **Quick Reference Guide** for topics of interest
- Addition of **Crosswalk from 2.01 to 3.0** business process models
- Incorporated **plain language guidelines** from the Plain Writing Act of 2010

The Seven Conditions and Standards

- Modularity
- Advance the MITA Maturity Level
- Meet Industry Standards
- Promote Sharing, Leverage and Reuse
- Support Business Results
- Meet Program Reporting Requirements
- Be Interoperable by supporting seamless coordination and integration

Maturity Levels

- **Level 1** – Comply the mandatory changes but lack technical flexibility. Program changes are costly and time consuming to implement.
- **Level 2** – Introduce elements of flexibility in program design and selection of technology driven by requirements to manage costs and implement new programs.
- **Level 3** – Focus on adopting national standards, collaborating with other agencies in developing reusable business processes, and promoting one-stop-shop solutions for providers and consumers. Agencies encourage intrastate data exchange.
- **Level 4** –Benefit 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.
- **Level 5** – Focus 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.

State Self-Assessment 3.0

- New **Companion Guide** with relevant information for conducting the SS-A
- Guidance on **assessing As-Is and To-Be capabilities**
- Guidance on **supporting evidence references**
- Information on **other uses** for SS-A results
- Guidance on **MITA Roadmap, Concept of Operations, Business Process Models, and APD Overview**
- Tools such as **profiles and scorecard templates**
- Appendix with **Seven Conditions and Standards Maturity Model and Capability Matrix**

Transition Period for Compliance with the Seven Conditions and Standards

- New MMIS
- MMIS Development already underway
- MMIS in Maintenance and Operations

New MMIS

- If you are planning a new MMIS you should begin that planning now using a SS-A.
- The SS-A will be included in the IAPD.

New MMIS Currently in Development

- You already have an Approved APD for 90% FFP.
- Within 14 months of the effective date of the Final Rule you need to submit an IAPD detailing how you intend to meet the 7 Conditions and Standards.

MMIS in Maintenance and Operations

- Within 38 Months of the effective date of the Final Rule you must submit an IAPD with plans to upgrade or modify systems to meet the 7 Conditions and Standards.

Closing Thoughts

- Continues to be a collaborative effort supported by CMS, States, agencies, vendors and other organizations
- Provides a common vision for Medicaid programs
- Remains a Framework
- Collection of National Resources