M6: STRATEGIES FOR INTEGRATING MITA 3.0 PRINCIPLES ACROSS THE ENTERPRISE
This session provides an overview of how to integrate and apply MITA 3.0 principles and strategies to support new and existing projects across the Medicaid enterprise. Presenters will discuss their efforts incorporating MITA 3.0 principles to implement Coordinated Care Organizations (CCO) including mapping of Behavioral Health business process to MITA 3.0. Speakers will also discuss real life experiences and strategies for integrating MITA 3.0 in support of Health Insurance Exchange (HIX), Health Information Exchange (HIE) and Provider Enrollment Web Portal development projects.
Agenda/Speakers

- **Moderator:**
- **MITA 3.0**
  - Janet Rhodes, CSG Government Solutions
- **Oregon’s HITA Project**
  - Linda Flicker, State of Oregon
  - Sheila Tolleson, State of Oregon
  - Robin Pratt, Cognosante
- **HIX and HIE**
  - Catherine Graeff, Cognosante
Strategies for Integrating MITA 3.0 Across the Enterprise:
MITA 3.0 Guiding Principles and Tools

Janet Rhodes
Senior Consultant
August 22, 2012
Agenda

- MITA Explained
- MITA 3.0 Guiding Principles
- Tools to Use
- How to Use Tools
MITA 3.0 Framework Key Guiding Principles

- MITA is both an Initiative and Framework
- Business-Driven Enterprise Transformation
- Commonalities and Differences
- Standards First
- Built-in Security and Privacy
- Data Consistency Across the Enterprise
Seven Conditions and Standards

1. Modularity Standard
2. MITA Condition
3. Industry Standards Condition
4. Leverage Condition
5. Business Results Condition
6. Reporting Condition
7. Interoperability Condition

IT Guidance

- Data Hub
- Architecture Guidance
- Standards
Key Features Promoting Integration

- Adaptability and Extensibility
- Business Rules Engines
- Cloud Computing
- Common Interoperability and Access Services
- Enterprise Architecture
- Hub Architecture
- Performance Monitoring
- Service-Oriented Architecture (SOA)
Relationship of MITA Elements

- **COO**
  - Defines Vision and Operations Scenarios

- **MITA Roadmap**
  - Strategies and Plan for Achieving Objectives

- **Business Capability Matrix**
  - Business Behavior at Desired Maturity

- **Business Process Model**
  - Diagrams What the Organization Does

- **Information Capability Matrix**
  - Methods to Support Needs

- **Technical Capability Matrix**
High-Level Vision of the Future

- Identify Drivers and Enablers
  - Legislative, Funding, Federal Initiative, and Demographic Drivers
  - Technology Drivers and Enablers
- Analyze As-Is Operations
- Define To-Be Environment using Organization Mission and Goals
- Define desired Business Improvement Transformation
Roadmap

- Statement of Goals and Objectives
- Project Management Plan
- Proposed Project Budget
Tools for Each Architecture

- **Business Architecture**
  - ✔ Business Process Template
  - ✔ Business Capability Matrix

- **Information Architecture**
  - ✔ Information Capability Matrix

- **Technical Architecture**
  - ✔ Technical Capability Matrix
<table>
<thead>
<tr>
<th>Item</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
<td>A brief statement that describes active roles and the activity the role conducts during the business process.</td>
</tr>
<tr>
<td><strong>Trigger Event</strong></td>
<td>One or more events that directly start a business process (e.g., Receive a request, phone call, or a scheduled date).</td>
</tr>
<tr>
<td><strong>Result</strong></td>
<td>One or more outcomes from the execution of the business rules (results define <em>data in motion</em> and are the immediate output from the business process, not the ultimate, downstream result).</td>
</tr>
<tr>
<td><strong>Business Process Steps</strong></td>
<td>A sequence of steps that execute the successful completion of the business process (steps start with a verb).</td>
</tr>
<tr>
<td><strong>Shared Data</strong></td>
<td>Shared data is <em>data at rest</em> (i.e., data stores accessed to complete a step in the business process).</td>
</tr>
<tr>
<td><strong>Predecessor</strong></td>
<td>The preceding business process to the activity conducted in this process. The result of the previous business process is a trigger to this business process.</td>
</tr>
<tr>
<td><strong>Successor</strong></td>
<td>The succeeding business process to the activity conducted in this process. The result of this business process is a trigger for the next business process.</td>
</tr>
<tr>
<td><strong>Constraints</strong></td>
<td>Conditions that CMS expects States to meet for this generalized process to execute (e.g., enrolling institutional providers requires different information from enrolling pharmacies).</td>
</tr>
<tr>
<td><strong>Failures</strong></td>
<td>An identification of the exit points throughout the business process where the business rules specify that the process terminates because of failure of one or more steps.</td>
</tr>
<tr>
<td><strong>Performance Measures</strong></td>
<td>Key Performance Indicators (KPI) may include the following:</td>
</tr>
<tr>
<td></td>
<td>• Quantitative indicators are usually numerical.</td>
</tr>
<tr>
<td></td>
<td>• Practical indicators interface with existing processes.</td>
</tr>
<tr>
<td></td>
<td>• Directional indicators specify whether an agency is getting better or not.</td>
</tr>
<tr>
<td></td>
<td>• Actionable indicators are sufficiently in an agency’s control to effect change.</td>
</tr>
<tr>
<td></td>
<td>• Financial indicators CMS and the SMA use in performance measurement and when looking at an operating index.</td>
</tr>
<tr>
<td></td>
<td>Measures that describe what to measure:</td>
</tr>
<tr>
<td></td>
<td>• Time to complete process (e.g. real-time response = within ___ seconds; batch response = within ___ days)</td>
</tr>
<tr>
<td></td>
<td>• Accuracy of decisions = ___%</td>
</tr>
<tr>
<td></td>
<td>• Consistency of decisions and disposition = ___%</td>
</tr>
<tr>
<td></td>
<td>• Error rate = ___% or less</td>
</tr>
</tbody>
</table>
## Business Process Title

<table>
<thead>
<tr>
<th>Capability Question</th>
<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><strong>Is the process primarily manual or automatic?</strong></td>
<td>The process consists primarily of manual paper-based activity to accomplish tasks.</td>
<td>SMA uses a mix of manual and automatic processes to accomplish tasks.</td>
<td>SMA automates process to the full extent possible within the intrastate. SMA produces audit trail 100% of the time.</td>
<td>SMA automates process to the full extent possible across the interstate.</td>
<td>SMA automates process to the full extent possible across the nation.</td>
</tr>
</tbody>
</table>

**Business Capability Descriptions**
This section provides general background on the process to identify the differences between the levels of maturity.
# Information Capability Matrix

## Business Area Title

<table>
<thead>
<tr>
<th>Conceptual Data Model (CDM)</th>
<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>Does business area have CDMs?</td>
<td>No CDM developed.</td>
<td>Adoption of diagrams or spreadsheets that depict the business area high-level data and general relationships within the agency.</td>
<td>Adoption of a CDM that depicts the business area high-level data and general relationships for intrastate exchange.</td>
<td>Adoption of a CDM that depicts the business area high-level data and general relationships with regional exchange including clinical information.</td>
<td>Adoption of a CDM that depicts the business area high-level data and general relationships with national exchanges.</td>
</tr>
</tbody>
</table>

## Logical Data Model (LDM)

<table>
<thead>
<tr>
<th>Does business area have LDMs?</th>
<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>No LDM developed.</td>
<td>Identification of data classes and attributes relationships, data standards, and code sets within the agency.</td>
<td>LDM identifies the data classes, attributes, relationships, standards, and code sets for intrastate exchange.</td>
<td>LDM identifies data classes, attributes, relationships, standards, and code sets for regional exchange including clinical information.</td>
<td>LDM identifies data classes, attributes, relationships, standards, and code sets for national exchange.</td>
<td></td>
</tr>
</tbody>
</table>

## Data Standards

<table>
<thead>
<tr>
<th>Does business area use structure and vocabulary data standards to support current and emerging health data standards?</th>
<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>The agency uses non-standard structure and vocabulary data standards.</td>
<td>SMA implements internal structure and vocabulary data standards used for performance monitoring, management reporting, and analysis.</td>
<td>SMA implements state-specific and Health Insurance Portability and Accountability Act of 1996 (HIPAA) data standards.</td>
<td>SMA standardizes structure and vocabulary data for automated electronic intrastate and interoperability.</td>
<td>SMA implements the MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.</td>
<td>SMA standardizes data for automated electronic national interchanges and interoperability. SMA implements the MITA Framework, industry standards, and other nationally recognized standards for national exchange of information.</td>
</tr>
</tbody>
</table>
## MITA Technical Capability Matrix

### Level 1 Capabilities

<table>
<thead>
<tr>
<th>Access and Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Business Intelligence</strong> <em>(Business Results Condition and Reporting Condition)</em></td>
</tr>
<tr>
<td>Business intelligence information available by custom-coded programming.</td>
</tr>
</tbody>
</table>

### Level 2 Capabilities

<table>
<thead>
<tr>
<th>Form and Reporting</th>
<th>Performance Measurement</th>
<th>Level 3 Capabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Forms and Reporting</strong> <em>(Business Results Condition and Reporting Condition)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The SMA conducts direct data entry from paper forms.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The SMA calculates performance measures and metrics in spreadsheets.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The SMA defines enterprise performance standards. The SMA collects information in predefined formats. The SMA generates performance measures and metrics using predefined and ad hoc reporting methods.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Performance Measurement</strong> <em>(Reporting Condition)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The SMA adopts CMS-defined performance standards and metrics. The SMA defines performance measures and metrics for specific business processes for collection and reporting of performance standards.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The SMA produces automatic system alerts and alarms when performance metric is not within defined performance standard boundaries.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The SMA adopts national performance standards with system alerts when performance metric is not within defined performance standard boundaries.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Level 4 Capabilities

<table>
<thead>
<tr>
<th>Level 5 Capabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>The SMA performs behavior simulation and prediction modeling on large populations. The SMA shares business analysis with providers, beneficiaries, and trading partners.</td>
</tr>
</tbody>
</table>
Technical Services Areas

- **Access and Delivery**
  - **Client Support**
    - Browser Coverage
    - Client Communications
    - Portal Accessibility
    - User Experience Management
  - **Business Intelligence**
    - Business Analytics
    - Data Mart and Data Warehouse
    - Information Mining
  - **Forms and Reporting**
    - Ad Hoc Reporting
    - Content Management
    - Operational Intelligence
  - **Performance Measurement**
    - Application Management
    - Business Transaction Management
    - Dashboard Generation
    - Network Management
  - **Security and Privacy**
    - Access Management
    - Credential Management
    - Identity Management
    - Virus & Intrusion Detection

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8/22/2012
Tips on How to Use

- Define Best Practices and Standards to Apply to all IT Projects
- Conduct Training
- Use Best Practices and Standards in Department Documents
Thank you!

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Oregon’s HITA Project
Business Architecture Scope

- Healthcare Reform - Oregon Health Authority
  - Move from today's fragmented and inefficient health care delivery system to one that is more efficiently aligned, more patient-centered, and more affordable for the state.

- Expand the Business Architecture
  - Create a single business reference model to support Oregon’s Healthcare Environment.

We now have the opportunity to serve shared populations with an IT infrastructure that places people at the center of every transaction.
Expanding the MITA Business Architecture created a well rounded Healthcare business reference model that can be applied to the greater Oregon Healthcare Enterprise.

Healthcare Information Technology Architecture (HITA)

12 Business Areas
93 Business Processes
Mapping initiatives to the Business Process Model maintains a single business reference model.

<table>
<thead>
<tr>
<th>Business Process</th>
<th>Business Process Description</th>
<th>HITA Business Area Cross Reference</th>
</tr>
</thead>
</table>
| BP-PM:01 – Establish Issuer and Plan Initial Certification and Agreement | - The Exchange develops and issues a Qualified Health Plan (QHP) solicitation. If the state is requiring services beyond the essential health benefits, the solicitation may specify these services. After the solicitation is issued, the Exchange may elect to hold a vendor conference to answer respondent questions, and issue a data book. - The Exchange evaluates the proposals submitted by the issuers. In evaluating the proposals, the Exchange may need to access information from the following sources: (1) information contained in the issuer’s response, (2) information about the issuer from the State Department of Insurance (SDOI), and (3) may include information about the issuer from HHS (CMS) as the required information. | Contractor Management  
Provider Management  
Eligibility and Enrollment  
Business Relationship Management |
Partnering with the Administration for Children and Families (ACF) to define the descriptions, process steps and capabilities found in the National Human Services Interoperability Architecture (NHSIA).

Through gap analysis, incorporate the unique ACF processes into the HITA BPM to create a business model that can be applied to all Health and Human Services programs in the state of Oregon.
Partnering for Success

- In-depth understanding of issues facing states
- Provides guidance and expertise
- Flexible
- Patient
- Creative
Project Approach

- Early Approach
  - Establish governance as soon as possible
  - Outreach to potential project participants
  - Information gathering
  - Deliverable expectations – getting on the same page
  - Contingency planning

- Evolving the Approach Along the Way
  - Engage and re-engage executive sponsorship
  - Create every possible opportunity to establish project champions across the enterprise
Blending Business Architectures

- Philosophical differences between architectures
- Alignment is not likely to be tidy
- Minimize assumptions based on business process names
- Is the process really different?
HITA Information Architecture

- Project
  - Produced the first enterprise-level view of data for OHA/DHS
  - For each of the 12 business areas created a CDM and LDM

- To Be
  - Reducing the siloing of information
    - Intersecting privacy and security regulations
  - Defining a standard data model
    - Identifying implementable standards that can be used across the enterprise
HITA Technical Architecture

- **Project**
  - Assessed over 100 systems
  - Produced the first enterprise-level picture of IT Assets for OHA/DHS

- **To Be**
  - Consolidation of duplicative and siloed systems
  - Expanding direct data access and automated workflow management
  - Enterprise-wide approach
    - Shared responsibility of systems and IT assets
    - For funding identified improvements
Looking Forward

- National Human Services Information Architecture (NHSIA)
- HIX
- HIE

Integrating these projects into HITA and the Roadmap
- Identify impacts to existing architecture
- Identify new architecture elements
- Identify constraints
- Be ready to modify first impressions
OR’s HIX Project

- There is no model state that OR could start from

- State Based Exchange

- Established a Public Entity

- Recently launched DDI project that includes development of HIX interfaces
OR’s HIE Project

- CareAccord Health Information Exchange

- Phased project, first phase – web portal

- Services available April 2012
HIX, HIE and MITA
# HIX MITA Functional Architecture

<table>
<thead>
<tr>
<th>Individual Eligibility &amp; Enrollment</th>
<th>Plan Management</th>
<th>Financial Management</th>
<th>SHOP</th>
<th>Data Warehousing &amp; Reporting</th>
<th>Consumer Assistance &amp; Small Bus Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Individual Application</td>
<td>A. Plan Submission</td>
<td>A. Premium Aggregation</td>
<td>A. Employee Application</td>
<td>A. Federal Reporting</td>
<td>A. Call Center</td>
</tr>
<tr>
<td>B. Pre-Loo</td>
<td>B. Certification</td>
<td>B. Premium Collection</td>
<td>B. Verification</td>
<td>B. Enrollment/ Eligibility Tracking/ Members Months</td>
<td>B. Correspondence</td>
</tr>
<tr>
<td>C. Pre-Screen</td>
<td>C. Re-Certification</td>
<td>C. Manage Fees</td>
<td>C. Pre-Look</td>
<td>C. Audit Trails</td>
<td>C. Marketing and Outreach</td>
</tr>
<tr>
<td>D. Verification</td>
<td>D. Plan De-Certification</td>
<td>D. Accounting Processes</td>
<td>D. Notification</td>
<td>D. Ad-Hoc</td>
<td>D. Call Center</td>
</tr>
<tr>
<td>E. Eligibility Determination</td>
<td>E. Plan Compliance Monitoring</td>
<td>E. Notifications</td>
<td>E. Eligibility Determination</td>
<td>E. Standard Reports</td>
<td>E. Alerts</td>
</tr>
<tr>
<td>F. MAGI Eligibility Determination</td>
<td>F. Rate Submissions</td>
<td>F. Reporting</td>
<td>F. Plan Presentment</td>
<td>F. Quality Metrics</td>
<td>F. Elearning</td>
</tr>
<tr>
<td>G. Enrollment/ Disenrollment</td>
<td>G. Network Submission</td>
<td>H. Reconciliation</td>
<td>G. Enrollment/ Dis-enrollment</td>
<td>G. Service Level Metrics</td>
<td>G. Broker/ Navigator Assistance</td>
</tr>
<tr>
<td>I. Renewals/ Recertifications</td>
<td>J. Transparent Data</td>
<td>I. Payment History Validation</td>
<td>J. APTC/CSR</td>
<td>I. Usage Statistics</td>
<td>J. Risks Adjustments</td>
</tr>
<tr>
<td>J. Exceptions/ Discrepancies</td>
<td>K. Reports</td>
<td>K. Payment Processing</td>
<td>K. Premium Dispute Processing</td>
<td>K. Case/Account Management</td>
<td></td>
</tr>
<tr>
<td>K. Plan Presentment</td>
<td>L. Complaints</td>
<td>M. Plan Marketing Materials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
HIX MITA Functional Architecture

**Employer Management**
- A. Employer Eligibility and Enrollment
- B. Broker Selection
- C. Employer Account Management
- D. Employer Plan Management

**Carrier Management**
- A. Certification
- B. Registration
- C. Plan Submission
- D. Rate Updates
- E. Network Submission

**Broker/Navigator Management**
- A. Certification
- B. Training
- C. Credentialing
- D. Account Management
- E. Navigator Selection

E. Employer dis-enrollment/re determination
F. Employer Plan Contribution Amount
Must move quickly to implement reforms, HIX

GOP repeal efforts have intensified

States are modifying their approach

Many states have delayed until after election
Operational Options for Exchange

State Based Exchange
- State operates all activities, but can use Federal services
  - APTC & CSR
  - Exemptions
  - Risk adjustment
  - Reinsurance

Federal Exchange
- HHS operates all activities
- Upon agreement with state, will carry out Plan Management on state’s behalf
- States may run
  - Medicaid/CHIP Eligibility
  - Reinsurance

State Partnership with FFE
- State operates activities for:
  - Plan Management
  - Consumer Assistance
  - Both
- States may run
  - Medicaid/CHIP Eligibility
  - Reinsurance
- HHS will administer, operate and retain authority over all Exchange activities
Exchanges Funded Through Federal Grants

- Level 1 and 2 Establishment Grants
  - Applications 4x year through 10/15/14
  - 100% Funding available through 12/31/14 to be used for
    - Establishment of a SBE
    - Development of functionalities for SPE
    - Activities to integrate programs with the FFE

- Activities expanded to include start-up year expenses
  - The end of the first year that coverage is provided through the Exchange, the time a State-based Exchange becomes self-sufficient, or grant funds have been expended, whichever comes first.
States Can Switch Operational Options

- RFPs in 2011 and first half 2012 have been for SBEs
- Some states have declared will use the FFE
- States now electing SPE with intent to stand up SBE in January 2015, 2016 or 2017
- HHS may grant waiver to state use Establishment Grant funds beyond 3 years from grant
- HHS considers FFE a temporary measure
States switching from FFE to SBE will need to develop some interfaces twice

Cognosante is developing the OR HIX Interfaces
- Approximately 120 interfaces for HIX and DHSM projects
- To and from many systems
## OR HIX Primary Interface Systems

<table>
<thead>
<tr>
<th>Description</th>
<th>Data Exchange</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal DSH (IRS, DHS, SSA, DOJ)</td>
<td>Legal Residence, SSN, Tax Credit Offset, etc.</td>
<td>Real-time</td>
</tr>
<tr>
<td>Carrier</td>
<td>Enrollment TX, Quality, Plan Offerings</td>
<td>Real-time, Batch</td>
</tr>
<tr>
<td>MMIS</td>
<td>Medicaid enrollment</td>
<td>Real-time</td>
</tr>
<tr>
<td>CHIP</td>
<td>CHIP enrollment info</td>
<td>Real-time</td>
</tr>
<tr>
<td>DHS/OHA Check Recon Accounting Interface</td>
<td>Payment, credit, adjustments, offsets</td>
<td>Batch</td>
</tr>
<tr>
<td>DHS/OHA Client Maintenance System</td>
<td>Eligibility for Medicaid &amp; CHIP &amp;/or QHPs enroll info</td>
<td>Real-time/Batch</td>
</tr>
<tr>
<td>Oregon DMV</td>
<td>Driver License info</td>
<td>Real-time</td>
</tr>
<tr>
<td>Oregon DOR</td>
<td>Income verification</td>
<td>Real-time</td>
</tr>
<tr>
<td>SERFF</td>
<td>Insurance rate, form filing</td>
<td>Real-time</td>
</tr>
<tr>
<td>PARIS</td>
<td>Automated match</td>
<td>Real-time</td>
</tr>
</tbody>
</table>
Looking Forward

- Elements of HIX and HIE will become standard features of Medicaid enterprises and will need to be incorporated into the MITA architecture.

- Future iterations of SS-As will need to address maturing HIX and HIE capabilities along with other MITA capabilities.
Observations for Discussion

- Are you seeing little integration of initiatives with MITA?
- Do you see a risk in your State of:
  - Creating additional silos
  - Adding an additional layer of non-standard information requirements
  - Acquiring duplicative or potentially difficult to integrate IT assets
- ?
- ?
- ?
Questions?

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