



State of Rhode Island

Department of Human Services

MITA State Self Assessment

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1.0 EXECUTIVE SUMMARY

The Centers for Medicare & Medicaid Services (CMS) introduced the Medicaid Information Technology Architecture (MITA) as a framework to help States improve the operation of their Medicaid programs. A State Self-Assessment (SS-A) based on the MITA Framework is now a prerequisite for federal funding of Medicaid program enhancements.

This report represents the RI Medicaid MITA SS-A. The Executive Summary is organized around three critical questions which are expressed in more detail over the next several pages:

- Why should RI Medicaid care about MITA? This question is answered with reasons why MITA's impact matters to DHS leadership.
- What have we learned? This question is answered with key results from the MITA State Self-Assessment.
- What does RI Medicaid do next? This question is answered with a short list of executive actions that follow from this assessment effort.

1.1 Why Should RI Medicaid Care About MITA?

Introduced in 2003, the goal of the MITA initiative is to improve Medicaid performance through enhanced federal funding of States' targeted improvements in program automation, standardization, and integration.

CMS requires a MITA SS-A from each state. Current levels of maturity for each business process within the Medicaid program are documented to establish a baseline for future improvements. This documentation provides a baseline capability profile of the Medicaid program. The SS-A complements the DHS strategic planning process by identifying targeted business process improvements for the RI Medicaid program over

the next 5-10 years and beyond. It provides a common roadmap for RI Medicaid business process improvements in a unified, enterprise-wide plan.

The SS-A effort also provides the tools and processes that can be re-used at any time if for progress measurement or baseline adjustments. This defines a “living” process to continuously assess and improve the RI Medicaid program over time. The SS-A belongs to DHS and should accurately reflect the strategic plan and specific endeavors to implement that plan. CMS is expecting updates to the SS-A over time, rather than a one-time snapshot. If target capabilities change, adjustments can be made to the SS-A to accurately reflect true expectations.

1.1.1 MITA Supports Major Rhode Island Initiatives

MITA provides a standardized frame that facilitates RI Medicaid’s upcoming system improvements and implementations with enhanced CMS funding. More than a “compliance” activity, MITA facilitates transformation of business processes, supportive data and information, and supportive technology of the Medicaid organization. These transformations are consistent with RI Medicaid, state, federal and industry-wide influences. Examples of these converging influences include:

- The Department’s Strategic Technology Plan
- The Department’s State Medicaid HIT Plan (SMHP)
- The Takeover and Enhancement of the MMIS
- The Eligibility Health Insurance Exchange project which includes eventual replacement of the state’s eligibility system
- Health Information Technology (HIT) and Health Information Exchange (HIE) initiatives

MITA is aligned with these trends and enables progress on RI Medicaid activities currently underway. CMS support through its MITA initiative will help align and

leverage planned improvements to RI Medicaid’s business process capabilities during a time of significant system enhancement and replacement initiatives.

1.1.2 MITA Sustains Enhanced FFP Flow

Future requests to the federal government for enhanced Federal Financial Participation (FFP) for RI Medicaid system changes that are inconsistent with future MITA-aligned improvements, will be heavily scrutinized and likely denied. Starting in April 2007, CMS has stated the output of the SS-A is a required attachment to any State Medicaid program request for 90% FFP. Advance Planning Documents (APDs) now must include information on how a RI Medicaid project is expected to improve program capabilities consistent with the MITA Framework.

In April of 2011, CMS released the Enhanced Funding Requirements: Seven Conditions and Standards, a Medicaid IT Supplement document. This document provides more detail on the CMS requirements for Medicaid technology investments. The MITA condition outlined “...requires states to align to and advance increasingly in MITA maturity for business, architecture and data. CMS expects the states to complete and continue to make measurable progress in implementing their MITA roadmaps.”

In addition to obtaining 90% FFP for SS-A activities, States can request enhanced FFP for other activities furthering their adoption of the MITA Framework, such as planning and analysis initiatives that prepare it for the MITA transition. These incentives have an immediate influence on RI Medicaid priorities, budgets, staffing, and systems.

1.2 What Have We Learned?

The MITA Framework broadens the definition of the MMIS. For example, in addition to core provider, claims, and eligibility processes, the SS-A also requires evaluation of “administrative” tasks such as vendor contracting, program integrity, care management, and policy-making. The MITA SS-A guidance includes 78 generic Medicaid business processes, organized by business area, to which RI Medicaid must map its business processes.

The MITA Framework also includes a capability maturity model, against which RI Medicaid must assess the current and future state of each business process. The MITA maturity model uses a five-level scale that evaluates business processes based on their level of automation, standardization, and integration. The model also distinguishes between various maturity qualities, such as timeliness, accuracy, efficiency, and stakeholder value.

In applying the MITA Framework to RI Medicaid, 71 distinct business processes emerged in 9 business areas. Summary results showing current and future capability maturity are shown in the figure below. The MITA scale of 1 to 5 assesses the degree of automation, standardization and integration. The highest level of capability for all 71 RI Medicaid business processes in the current view was a level 3. This was seen most often in the Operations business area. Looking forward over the next 5- to 10 years, RI Medicaid target capabilities realize a maximum of level 4 maturity. Level 5 maturity is yet to be determined. Speculation is that a level 5 maturity will consist of nation-wide interoperability and exchange of information. The standards and guidelines around this time of information sharing is still largely a work in progress within the industry.

Figure 1: Percent of Business Processes by Maturity for each RI Business Area



1.2.1 RI has a Data Driven Focus

While performing the current view interviews across the Medicaid program, it was clear that that RI has a data driven focus. The program staff place a high value on using data to make decisions. This focus is key to continuing along the path of MITA maturity and understanding the importance of making data available to the right people at the right time. The new Human Services Data Warehouse provides program staff with access to data in a centralized repository. This data repository brings together information that was previously unavailable and inaccessible. The wealth of information now available to the department and across the agency is an opportunity with which the Medicaid program can gain huge benefits if utilized.

1.2.2 RI is on the Path for Increased Maturity

Key RI systems are changing. The EOHHS Strategic Technology Plan is completely consistent with MITA and is among the main drivers behind efforts to improve RI Medicaid's operational capabilities. Various major systems updates (e.g., MMIS, Health Benefit Exchange Eligibility Determination Project) will be implemented in the next ten years. Their enhanced capabilities are expected to impact nearly all RI Medicaid business processes and are key to reaching the 5 and 10 year goals of the Medicaid program.

1.2.3 RI MITA Roadmap does not address all Future Target Capabilities

The RI MITA Roadmap is an implementation plan that charts the state's course for future transformation and improvement, also referred to as a Transformation Plan. The plan consists of planned projects and initiatives that collectively move the state from its current business capabilities to targeted future capabilities. This progression will occur in a series of manageable increments that meet the state's needs, priorities, and budget constraints.

Although the majority of Medicaid business processes are maturing with the upcoming MMIS enhancement and the Health Benefit Exchange Eligibility Determination projects, there are a number of target business process capabilities that are not supported by any initiatives or planned project. The SS-A results of the Future “To-Be” Views (Attachment B) show progression, although minimal, in all areas of the RI Medicaid program. CMS “requires states to align to and advance increasingly in MITA maturity...” and “to complete and make measurable progress in implementing their MITA roadmaps.”¹ To adhere to this requirement and to meet the targeted goals identified and documented in RI’s Future View (Attachment B), the DHS must plan for additional work not currently addressed by any initiatives. The business areas not supported by any RI planned projects are:

- Business Relationship Management
- Contractor Management
- Program Management (those business processes related to policy/planning, budgeting and the state plan)

These business areas have 10 year capability goals that need to be accounted for and supported by future projects. CMS requires that the state’s MITA Roadmap be updated annually. The RI Roadmap (section 8) will need to include how the department is going to address the above mentioned business areas and their 10 year targeted goals.

1.3 What Does RI Do Next?

CMS and the MITA Framework state that the SS-A is only the first phase of a state's transition. The following actions summarize next steps that follow from the RI SS-A, which are described further below:

- Apply what you are doing well to business areas not addressed

¹ CMS, Enhanced Funding Requirements: Seven Conditions and Standards, pg. 6

- Set up a state owner of the MITA transition plan
- Take advantage of available FFP for MITA related projects
- Address organizational change management

1.3.1 Apply what you are doing well to Business Areas not Addressed

RI is working diligently towards business process improvements that support change required by the Affordable Care Act. The Eligibility Business Process Mapping project recently kicked off to understand how business processes will be impacted by the implementation of the Health Benefits Exchange (HBE). The scope of the project will include documentation of current Medicaid eligibility processes and to present recommended changes to support the phase 1 implementation of the HBE project. The goal of this work is to position RI for a successful implementation of the HBE and to identify other eligibility processes improvement opportunities.

The concept of mapping current business processes to identify improvement opportunities can be leveraged to other business areas within the RI Medicaid program, specifically those areas that do not have any concentrated effort to increase maturity capabilities (i.e. Business Relationship, Contractor and Program Management). RI has the opportunity to take the process developed during the Eligibility Business Process Mapping project, standardize the steps and create a repeatable implementation plan for the remaining areas within the program. Documented business process steps will help enable RI to identify changes needed to reach targeted business capabilities.

1.3.2 Set up a State Owner of the MITA Transition Plan

As the MITA initiative continues to drive CMS regulation, ownership on the state side becomes increasingly important. CMS is showing momentum in continuing to develop the MITA framework and to accelerate the modernization of the Medicaid

enterprise. To stay current and align with CMS vision, it is highly recommended that the state assign an organizational owner to the MITA initiative and transition plan. This owner would be responsible for staying atop MITA news and anticipated regulation and to update the roadmap on an annual basis. CMS has indicated that a new version of the framework, version 3.0, is expected to be released in 2011. Once the new version is released, states will be required to update their SS-A within 12 months. Having a MITA owner at the state will become increasingly important as this new version is released.

1.3.3 Take Advantage of Available FFP for MITA Related Projects

Through new planning, implementation, and update APDs, DHS can obtain CMS support that will support RI Medicaid capability improvements consistent with the MITA Framework. In 2011, CMS released the Enhanced Funding Requirements: Seven Conditions and Standards, which outlined the MITA requirements for FFP. With federal Medicaid funding polices still being defined; RI can act now to leverage CMS flexibility in the early stages of these new regulations. Under the title of increased MITA maturity, RI can obtain 90% federal funding to execute their transition plan to reach the 5 and 10 year target capabilities outlined in this SS-A.

1.3.4 Address Organizational Change Management

With all the changes coming to the RI Medicaid program as a result of the planned system improvements, the department will need to address organizational change management. Many staff will be reluctant to change business processes or tools that they are used to. This is a common result of large scale change and if addressed, can ease the transition and empower staff to embrace the future vision.

Organizational Change Management (OCM) is a discipline that reflects the art and science of managing change to organizations and individuals in concert with changes to practice, policy, technologies, and other aspects common to improvement

initiatives. OCM is an integral component of transitioning individuals from a current state to a desired future state. A system implementation will never be considered successful if it demonstrates poor adoption. Successful adoption is critical to yielding the desired operational benefits.

The RI Medicaid program would greatly benefit from recognizing the need for OCM and incorporating the following elements of change into each planned project:

- **Leadership** – identifying leaders from top to bottom that illustrate the importance of change and reflect those that are impacted by change.
- **Communication** – preparing and implementing an effective communication plan that focuses on building and sustaining momentum for change through the support of individuals and organizations impacted by the change.
- **People Centered** – recognizing and managing the motives and fears of people who must define, implement, and sustain change in an organization.
- **Full Life Cycle** – integration of OCM into the product or initiative life cycle (e.g., systems development life cycle) to achieve the desired results for the organization.
- **Measurement** – employ some form of measurement to demonstrate incremental and end-point success as a primary means of motivation and management.

2.0 READER’S GUIDE

This guide to the RI MITA SS-A provides a short orientation to this document to facilitate navigation and understanding its contents. Although many section titles clearly imply the content of the section, the level of detail or complexity in each section varies significantly. In general, there are three levels of content complexity and detail in this report as described in the table below.

Table 1: Rhode Island MITA SS-A Report Targets

Level	Content	Audience
1	High Level content that often presents summary information, rolled-up data, and broad concepts	Program executives and those requiring a cursory understanding of the assessment and its implications for the RI Medicaid program
2	Mid Level content that speaks to high level results but often has summary content that is specific to business areas within the RI Medicaid program	Program managers and enhancement implementation leads responsible for planning system/process upgrades
3	Low Level detail where business process specific detail is provided, typically characterized by a much higher volume of documentation than Level 1 and 2	Front-line staff responsible for the day-to day operations and specifications associated with current and new system or process capabilities

Readers of this document can use the “Level” assignments as an additional aid in deciding what content is of interest. The report is organized into the following major components with associated content levels:

Table 2: Rhode Island MITA SS-A Report Components

Document Component	Description	Level
Executive Summary	This section provides items that are of executive interest and gives an overview of the accomplishments of the MITA SS-A effort, including a summary of the background, methods and findings. The Executive Summary outlines key points and issues discovered in the assessment effort, including policy and planning considerations	1
Background and Methods	This section includes an overview of MITA and a description of the RI MITA SS-A Team’s methodology for conducting the RI MITA SS-A, which assists the reader in understanding the progressive evaluation process.	1
Key Planning Influences	This section documents existing strategic planning efforts for Rhode Island and DHS organizations, as well as other relevant planning documents that are applicable to DHS and the RI SS-A (e.g., statewide strategic planning and enterprise architecture initiatives). The “Key Planning Influences” section also will incorporate a discussion on the previously completed RI MITA Readiness Report.	1
Enterprise View	This section of the document provides a summarized enterprise-wide assessment of the current and future of RI Medicaid business processes. The Enterprise View is comprised of views for each RI Medicaid business area and includes RI’s MITA process mapping, expected process capability level trends, and business area-specific change highlights.	2
Gap Analysis	This section identifies gaps between the current business processes and the future capabilities of each business process. This will provide the State with insight into deficiencies that must be addressed in order to meet the 5 and 10 year goals for each business process.	2

Document Component	Description	Level
MITA Roadmap	This section provides an implementation plan for executing improvements consistent with the RI SS-A findings. Future capabilities for each business are shown based on the 5-Year and 10-Year goals set by DHS. The Implementation Plan includes a timeline for each project.	2
Appendix A: Current View of RI Medicaid Business Processes and Capabilities	This section illustrates the current view of the RI Medicaid business processes and their mapping to the MITA Business Process Model (BPM). This section also includes an assessment of RI Medicaid's current business capabilities as measured using the MITA Business Capability Matrix (BCM). A separate evaluation of the current view is presented for each RI Medicaid business process.	3
Appendix B: RI Medicaid's Future View Target Capabilities	This section illustrates RI Medicaid's targeted future business capabilities for the program's business processes based on the organization's goals, vision, and strategic plans as well as MITA goals, vision, and objectives. Future capabilities for each business process are described based on targeted improvements planned over the next 5-10 years. Business capabilities that are targeted for a MITA Maturity Level lower than 3 are clearly highlighted in bold font. A separate evaluation of the future view is presented for each RI Medicaid business process.	3
Appendix C: MITA APD Attachment	This section includes a table representing the output of the SS-A required by CMS for all APDs based on the data accumulated for this report. This report must be updated as needed for submission to CMS as the underlying data change (e.g., improved current business process capability levels or new future capability expectations).	2
Appendix D: MITA BPM and BCM Tools	This section includes copies of the documents used to identify the MITA business processes to which the RI Medicaid processes map. In addition, the documents used to evaluate the capability level for each business process are included.	3

3.0 BACKGROUND AND METHODS

This section includes a brief overview of MITA, the SS-A process, and future Centers for Medicare & Medicaid Services (CMS) expectations related to MITA. Following this overview is a brief walkthrough of the Rhode Island MITA SS-A Methodology.

3.1 MITA Overview

CMS introduced MITA as an initiative to help States improve the operation of their Medicaid programs. As part of the initiative, CMS developed the MITA Framework, currently in Version 2.0². A SS-A based on the MITA Framework is now a prerequisite for federal funding of Medicaid program enhancements. Specifically, Rhode Island's Advance Planning Documents (APDs) now must include information on how a project is expected to improve program capabilities consistent with the MITA Framework.

MITA prescribes an enterprise architecture for Medicaid programs that is comprised of three architectural layers:

- Business Architecture – a layer that focuses on business processes and a maturity model that describes in detail how Medicaid operations are expected to mature over time
- Information Architecture – a layer that focuses on data and information to support the business architecture, including data management strategies and data standards

² The 2.0 version of the MITA framework is the latest version officially released by CMS and published on the CMS MITA website. Updates are in the process of being approved by CMS and released for use, version 2.01. There were instances during the RI SS-A where it made more sense to use the updated version of the framework (version 2.01). These instances are noted within the applicable sections of the deliverable.

- Technical Architecture – a layer that focuses on the technology that supports both the information architecture and business capabilities, and defines a set of services and standards that States can use to plan and specify their future systems

MITA provides a standardized frame that facilitates Rhode Island’s upcoming system improvements and implementations with enhanced CMS funding. More than a “compliance” activity, MITA facilitates transformation of business processes, required data and information, and supportive technology of the Medicaid organization. These transformations are consistent with converging Rhode Island, federal and industry-wide influences. MITA directly impacts Rhode Island’s ability to improve outcomes, contain costs, and reduce administrative burdens.

The MITA Framework broadens the definition of the MMIS. For example, in addition to core provider, claims and eligibility processes, the SS-A requires evaluation of “administrative” tasks such as vendor contracting, program integrity, care management, and policy-making. The MITA SS-A guidance includes 78 generic Medicaid business processes, organized by business area, to which Rhode Island must map its business processes.

In addition to this business process model, The MITA Framework also includes a capability maturity model, against which Rhode Island must assess the current and future state of each business process. The MITA maturity model uses a five-level scale that evaluates business processes based on their level of automation, standardization, and data integration. While the model is customized for each business process within its BCM, the overall descriptions for each level are described below from the MITA Framework:

Figure 2: Maturity Model from MITA Framework

Definition of State Medicaid Levels of Maturity				
Level 1	Level 2	Level 3	Level 4	Level 5
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.	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, and disease management). Focus on managing costs leads to program innovations.	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.	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.	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.

Current levels of maturity for each business process within the Medicaid program are documented to establish a baseline capability profile of the Medicaid program. Future projected capabilities are assessed to provide target business process functionality goals over the next five to ten years. The capabilities are further described in the model based on the following maturity qualities from the MITA Framework:

- **Timeliness of Business Process:** Time lapse between the initiation of a business process and attaining the desired result
- **Data Access / Accuracy:** Ease of access to data that the business process requires
- **Effort to Perform:** Efficiency of the business process given current resources
- **Cost Effectiveness:** Ratio of the amount of effort and cost to outcome
- **Accuracy of Process:** Demonstrable quality resulting from using the business process

- **Value to Stakeholders:** Impact of the business process on individual beneficiaries, providers, Medicaid staff and others involved with the program

Further within the MITA maturity model for each of these business processes, these defined qualities are described in greater detail to assist with the maturity evaluation for a business process. Within each quality are “characteristics” that are assessed to determine the capabilities of each business process.

Notably, the maturity model does not support indicating partial maturity. For this reason, the least mature quality of a process will prevent the overall rating for the process from being rated at a higher level of maturity (i.e., a business process is rated at the lowest common rating evaluated among the six qualities described above). This also means that values such as “Level 1.6” do not exist to describe the maturity of a process. In addition, a business process cannot be rated lower than a Level 1, despite the fact that its current capabilities may not strictly meet even the lowest measurable maturity definition.

The MITA SS-A is focused on assessing the current and future (5 and 10 years out) view of business capabilities. These capabilities are defined in the MITA Framework for each business process for every Medicaid organization. The MITA Framework provides a structure for self assessment that is well defined for a “template” Medicaid organization. The MITA SS-A establishes the baseline of current business process performance as well as projecting process performance enhancements (including system enhancements) over the next five to ten years.

The MITA Framework is dynamic, and CMS is aggressively creating momentum for MITA adoption and implementation. At the close of 2007, CMS established a formal process by which it will review and formally approve additions to the Framework for use by the States and others. The MITA governance organizational structure was created to manage the development of specifications for both the MITA Initiative and the MITA Architecture. The overall responsibility for the governance of MITA falls on CMS with significant participation from States and industry. The governance process

is proactive in scanning the Medicaid landscape for potential changes to the MITA Initiative and Architecture and most importantly, designed to allow for MITA growth. CMS encourages Medicaid programs to help refine the MITA Framework by providing feedback based on actual experience utilizing the Framework, including its financial support of States' participation in improving MITA guidance and artifacts.

CMS and the MITA Framework state that the SS-A is only the first phase of a State's transition. According to the MITA Framework, following completion of the SS-A, the State will develop a transition and implementation plan that charts the State's course for future transformation and improvement, directing States to describe activities that will close the gap between a State's current capabilities and its targeted capabilities. The plan will consist of many projects that can collectively move a State from its current business capabilities to targeted future capabilities. This can occur in a series of manageable increments that meet the State's needs, priorities, and budget constraints. The Rhode Island MITA SS-A project includes the development of the Implementation Plan and is a separate section within this deliverable.

3.2 Rhode Island MITA SS-A Methodology

Between September 2010 and May 2011, Hubbert Systems Consulting (HSC) worked with the Department of Human Services (DHS) to identify subject matter experts who could describe current and future Rhode Island capabilities. The series of current- and future-view interviews engaged individuals throughout DHS and the Rhode Island Executive Office of Health and Human Services, including Administrators, Division Chiefs, other managers and front-line experts with extensive knowledge of the RI Medicaid program.

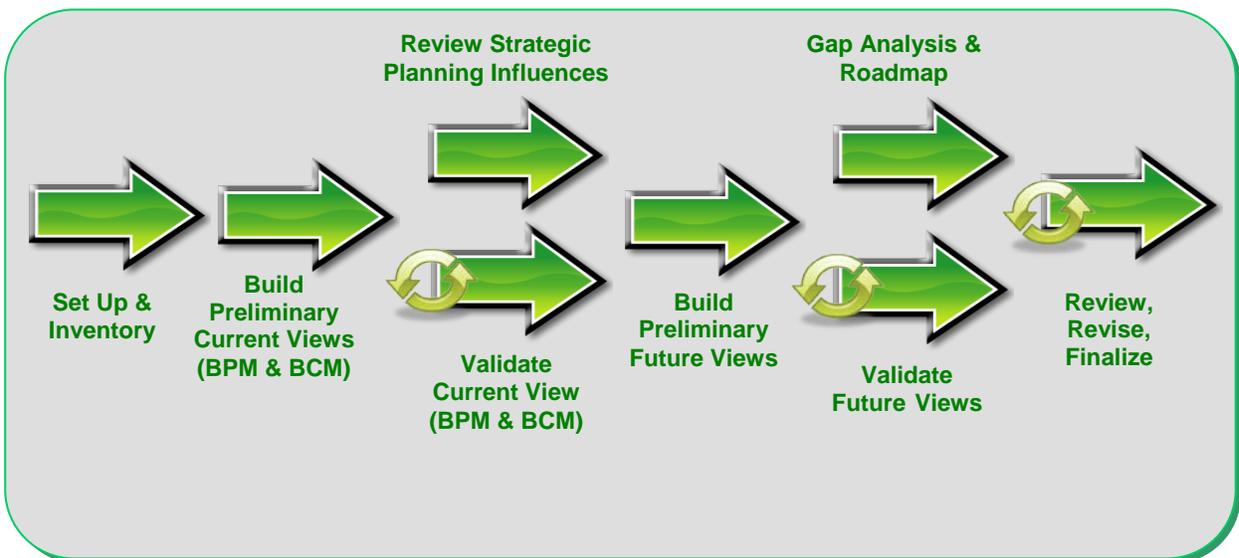
The thorough, iterative RI MITA SS-A process included multiple phases and check-points. All parties involved in the SS-A were apprised of project goals, timelines, and progress.

The RI MITA SS-A team applied a methodology that fit the MITA model to the RI program in order to create an accurate and complete picture of the RI Medicaid

program. The team created preliminary views of current and future capability states. The team then validated these preliminary views with key RI management and staff to achieve an assessment of each business process within the RI Medicaid program.

The assessment methodology is presented in the following figure with the iterative steps described further below:

Figure 3: RI MITA SS-A Overview



- **Set up and inventory** – HSC and DHS worked together to create an inventory of RI Medicaid organizations and business processes that would be covered during the assessment. At one point, over 100 potential unique business processes were identified. Initial feedback helped identify whether additional, separate processes were expected to exist or if certain processes across program areas were not significantly different and could be documented as one process.
- **Build of preliminary ‘current’ views** – Using RI Medicaid subject matter experts and participating in the PCG Discovery interviews, draft views of the current state of RI Medicaid business processes were documented.

The views assessed each business process using the MITA Framework BPMs and BCMs.

- **Validating current view** – Each current view was then validated through interviews with DHS staff and contractor staff from HP to affirm an accurate assessment of the business processes and their maturity. The validation process also identified a need to have additional business processes documented and the opportunity to consolidate the documentation of business processes that were previously separated. This final consolidation resulted in the final assessment of 75 RI Medicaid business processes.
- **Document key planning influences** – HSC reviewed and documented existing strategic plan materials, including existing or in-process strategic planning efforts for the DHS and EOHHS organizations, as well as other relevant planning documents.
- **Build preliminary ‘future’ views** – Using the current view, HSC constructed a 5 year and a 10 year view of targeted business capabilities for all RI Medicaid business processes and presented these proposed enhancements to the Medicaid Director. The 5 year goals were based upon current projects and initiatives underway within the department. The 10 year goals take into account the 5 year targets and build upon them. CMS requires states to continue to show advancement in maturity.
- **Validate ‘future’ views** – The RI MITA SS-A team engaged the DHS Medicaid Director, Administrators as well as representatives from other EOHHS departments, who participate in administering the RI Medicaid program, in a review and validation of the future view of business capabilities. A senior management workgroup was convened to discuss priorities set by the Medicaid Director. This workgroup established seven major areas of enhancement to be included in the upcoming MMIS RFP.

These enhancements were the baseline for the Future Views of the RI Medicaid program.

- **Gap Analysis and Implementation Roadmap** - Using the validated assessment information, HSC distilled and presented gaps between the current business processes and the future capabilities of each business processes. This provides the State with insight into deficiencies that must be addressed in order to meet the 5 and 10 year goals for each business process. The Implementation Plan, or Roadmap, shows how RI will close the gap identified and includes a proposed timeline for each project.
- **Review, revise, finalize** – The final deliverable is an integrated product that includes the Executive Summary, the current and future views, and a rich analysis of the data collected during the assessment.

Review and revision by various parties occurred throughout the assessment, including the finalization of the assembled deliverable. Executive staff, management, and other representatives from DHS and other agencies supporting the RI Medicaid program were consulted at many points during the assessment.

3.2.1 Customization of the MITA Framework

Significant customization to the MITA Framework was required in order to transform the CMS guidance into a usable assessment tool. The following enhancements were among the major improvements made by the RI MITA SS-A team. Documentation describing these detailed MITA Framework remediation efforts was forwarded to CMS:

- **Completed Underdeveloped BPMs** – although this is a commonly understood shortcoming of the MITA 2.0 Framework, it is important for a State to overcome the difficulty these gaps pose to a Medicaid program undertaking its required SS-A.

- **Completed Underdeveloped BCMs** – this is also a known Framework issue, and it is crucial to dispel the uncertainty the incomplete BCMs present to the States as their Medicaid programs apply the Framework to their SS-A efforts.
- **Presented BCM Capabilities as “Characteristics” In Singular Form** – this significantly improves efforts to understand and confirm current and future business process capabilities more completely.
- **Uniformly Distributed “Characteristics”** – Many capabilities/characteristics are currently aggregated within each “Quality” for all BCMs. Completed BCMs are structured in an inconsistent manner and are in various stages of completion within the MITA Framework. Some BCM reformatting can assist tremendously in the SS-A effort.
- **Ensured a Meaningful Progression of BCM Characteristics** – capability gaps exist where progressive capabilities conceptually should instead exist.
- **Resolved Inapplicable Characteristics** – some capabilities did not appear to be appropriate or applicable to the business process or quality to which they were assigned.
- **“MITA Standards and Interfaces” Left Open for Future** – additional definitions are required in the BCM to support States’ description of their future business process capability progressions. States should probably not invent state specific definitions for these.

The RI MITA SS-A effort delivers the tools and processes that can be re-used at any time for progress measurement or baseline adjustments. This defines a “living” process to continuously assess and improve the RI Medicaid program over time. The SS-A belongs to DHS and is harmonious with the DHS strategic plan. CMS is expecting RI to update its SS-A over time, rather than having it remain a one-time snapshot. If target capabilities change, adjustments can be made to the SS-A to accurately reflect new targets.

4.0 KEY PLANNING INFLUENCES

Those influences that significantly impacted the projection of future capabilities for Medicaid business processes are described in this section. The next subsection describes “Sources of Influence” which are comprised of key documents and activities within and around DHS. These sources were used to identify key planning influences that can act as either a barrier or facilitator of business capability improvements. These same influences should be considered during subsequent efforts focused on MITA compliance (e.g., Transition Planning and Information Architecture work).

4.1 Sources of Influence

A handful of influence sources were identified that refine key factors expected to impact the future improvements to RI Medicaid business processes, the most relevant and defining of which is the EOHHS Strategic Technology Plan. Other major sources of influence include National initiatives, the MITA Framework itself, other State planning efforts initiatives, and current RI Medicaid projects underway, which in addition to the EOHHS strategic plan represent the sources of momentum most relevant to Rhode Island’s MITA adoption. Execution of plans related to these sources of influence, outlined further below, are expected to impact changes to the RI Medicaid program and its business processes through the next decade.

EOHHS Strategic Technology Plan

The strategic plan emphasizes, among other priorities, increased accountability, improved outcomes, and information technology enhancements. It also incorporates elements of health care reform goals, including those related to health care transparency and performance rewards.

Global Compact Waiver (Global Waiver)

The Global Waiver gives RI Medicaid the flexibility to create a stronger and more streamlined system to identify consumers’ needs and build service capacity in the community to meet those needs in the right place at the right time. The Global

Waiver also allows the State to improve the efficiency of administering the Medicaid program through smart purchasing techniques and performance-based contracting that works with community providers to implement evidence-based and cost-effective services. The Global Waiver provides the RI Medicaid program with a greater range of options in managing the costs and delivery of services to consumers in order to assure the sustainability of the program.

American Recovery and Reinvestment Act of 2009 (ARRA)

Stimulus funding opportunities and associated requirements and deadlines are the latest package of initiatives to hit State Medicaid agencies. Each State is asked to apply for Planning and Implementation grant money to establish an HIE capability to interface with providers (not just Medicaid) and facilitate the exchange of clinical information and facilitate “Meaningful Use” of the providers’ data. Each State also must establish a mechanism for certifying Meaningful Use compliance and distributing funds to the compliant providers. The role Medicaid will play in this new activity has now been defined with the Rhode Island SMHP and will be further delineated over the next year. Each State is responsible for establishing its role and obtaining the Stimulus grant and/or matching funds.

Patient Protection and Affordable Care Act (PPACA)

Under the PPACA, a new Medicaid Eligibility category will be mandatory. Eligible individuals include: all non-elderly, non-pregnant individuals who are not entitled to Medicare (e.g., childless adults and certain parents) with income at or below 133 percent of the Federal Poverty Level (FPL) beginning January 1, 2014. Also, as of January 1, 2014, the mandatory Medicaid income eligibility level for children ages six to 19 changes from 100 percent FPL to 133 percent FPL. States have the option to provide Medicaid coverage to all non-elderly individuals above 133 percent of FPL through a State plan amendment. Federal funds to implement the new Medicaid eligibility category could be leveraged for other member management improvements.

Electronic Medical Records (EMR)

The Electronic Medical Record Advisory groups are moving toward the development of a standard electronic medical record architecture and processing model. There may be implications in these proposed structures for the data that will be required by an MMIS particularly as MMIS systems participate in Health Information Exchanges (HIE). Health Level 7 (HL7) has already developed standards for data contained within an electronic health record and these are in use through the Certification Commission for Healthcare Information Technology (CCHIT) initiative for the certification of Electronic Health Record (EHR) software products. Currently, electronic clinical data is not being received by State Medicaid agencies. MITA Level 4 business process capabilities require use of clinical data.

Health Insurance Portability and Accountability Act (HIPAA)

Many health care organizations have yet to implement all the requirements from the original HIPAA rules. Additionally, the two new HIPAA Modification Rules require the promulgation of several more regulatory mandates in the next few years, including additional or updated Privacy and Security requirements, as well as updates and new initiatives within the Transactions and Code Sets compliance requirements. The first Rule requires adoption of significant changes to transactions including X12 (ASC X12) Version 5010 and (NCPDP) Version D.0. Also included in the rule is a new standard for Medicaid subrogation for pharmacy claims, known as NCPDP Version 3.0. The compliance date for all covered entities is January 1, 2012. The second Rule requires adoption of the ICD-10 by October 1, 2013 for all covered entities.

MITA Framework 2.0

MITA's Federal funding incentives will have a greater impact on RI Medicaid than any CMS directive in decades. First introduced in 2003, the goal of the MITA initiative is to improve Medicaid performance through enhanced federal funding of States' targeted improvements in program automation, standardization, and data integration. The 2.0 release in March 2006 included significant new content that described CMS expectations, including the need for each State to undertake a MITA SS-A. The SS-A

complements the EOHHS strategic planning process by identifying targeted business process improvements for the RI Medicaid program over the next 5-10 years and beyond. The SS-A initiates the development of a common roadmap for RI Medicaid business process improvements that ultimately will be captured in a unified, enterprise-wide plan.

4.2 Key List of Planning Influences

Decisions by policy-makers at DHS are influenced by a variety of factors. The sources of key planning influences described above were used to derive “Key Planning Influences” for construction of the Future RI Medicaid view (Appendix B). Through this process, these influences were found to be common across business areas. Barriers and facilitators to RI Medicaid’s adoption of the Future view are woven throughout these influences. Examples include:

- RI Medicaid support systems upgrades and enhancements currently underway or planned
- RI Medicaid budget and cost drivers
- Health care and technology industry developments focusing on performance measurement
- Institutional issues related to managing divergent government health care agency priorities
- State and federal legislation, including federal regulation and oversight (e.g., CMS)

The program-wide Key Planning Influences relevant to RI Medicaid’s MITA adoption are described below.

Changes to Supporting Systems

Over the years, the RI Medicaid program has been subjected to a host of incremental changes that have fragmented the organization, financing and delivery of Medicaid

services. Making incremental changes across RI Medicaid’s multiple supporting IT systems is cumbersome, time-consuming, and prone to error. For these and other reasons, InRhodes and the MMIS will be replaced or enhanced during the 5- to 10-year SS-A “future view” timeframe. Their enhanced capabilities are expected to impact nearly all RI Medicaid business processes.

Achieving these system improvements will allow program administrators to spend more time focusing on analysis of underlying cost and quality drivers, to which the DHS leadership can respond opportunistically with policy and program changes. In addition, these new and enhanced systems are expected to be more flexible, timely and capable of consistent results that will benefit all RI Medicaid stakeholders. Increased automation, decreasing reliance on non-electronic or non-standard data exchange, and introduction of clinical data are additional features expected of the new systems supporting the RI Medicaid program. Changes will impact the cost, utilization, access and outcomes for all RI Medicaid recipients.

Managed Care Expansion

The Medicaid Director envisions moving towards more managed care. Medicaid will play less of a role of an insurer and more of a purchaser. More enrollees in Managed Care will increase the volume of encounters and facilitate the need for cleaner, more accurate data.

Budget Initiatives

The structure of the economic recovery and the necessity to decrease the deficit will place pressure on funding for public health insurance programs for some time to come. Changing population demographic will add to that pressure.

Funding Concerns

Federal matching funds may protect some RI Medicaid initiatives from across-the-board cost cuts and divert budget attention to the unmatched general fund expenditures of other State agencies. In addition to obtaining 90% FFP for the SS-A, States can request enhanced FFP for other activities furthering their adoption of the

MITA Framework. This includes activities such as planning and analysis initiatives that prepare the State for the MITA transition.

These incentives have an immediate influence on DHS priorities, budgets, staffing, and systems. It is becoming increasingly apparent that DHS can obtain CMS support to sustain and mature the RI Medicaid capability improvements consistent with the MITA Framework. The vehicles for this support are new or updated planning and implementation APDs related to MITA maturity.

The Rhode Island Pre-MITA Readiness Report

In September of 2007, The FourThought Group completed the Rhode Island Pre-MITA Readiness Report. The report outlined recommendations and next steps for technology planning with a focus on MITA readiness. The following five recommendations were observed:

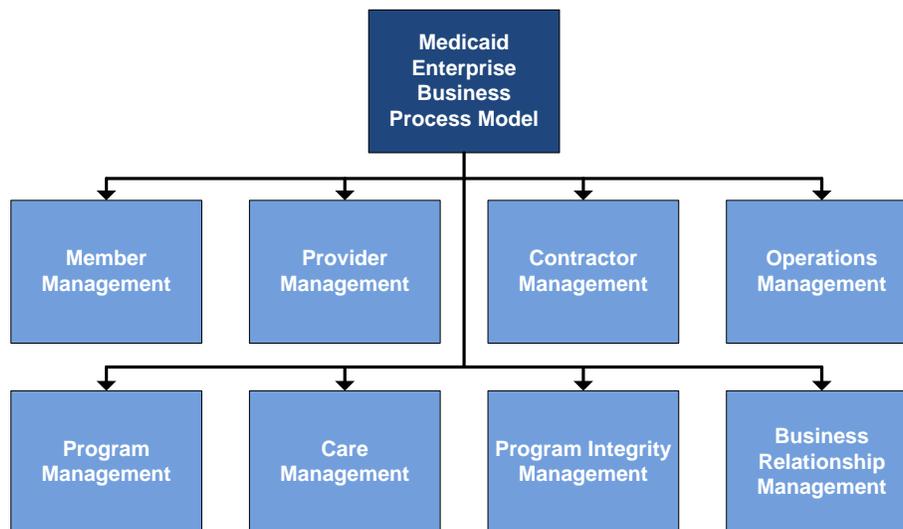
- Move quickly with HIE
- Address access to data
- Leverage call center functions
- Address member eligibility issues first
- Address overlap of business processes, in particular Care Management

The department has already begun activities to address many of these recommendations through current or planned projects. These recommendations were taken into consideration when creating the RI Medicaid Future Views (Appendix B).

5.0 RI MEDICAID ENTERPRISE VIEW

The MITA Framework provides a categorical structure that is comprised of several layers and components. The highest level in this structure has three elements: Business Architecture, Information Architecture, and Technical Architecture. The State Self-Assessment (SS-A) work is contained within the Business Architecture. The next layer under the Business Architecture is a series of 8 Business Areas found within a standard Medicaid organization. Within each of these MITA Business Areas are a set of business processes that comprise that business area for any Medicaid organization. These Medicaid Business Areas from the MITA Framework are shown in the figure below.

Figure 4: MITA Business Areas



This section of the document provides an enterprise-wide perspective of the MITA SS-A of the RI Medicaid Business Processes and Business Areas, including a high-level discussion of current and targeted future capabilities for the Medicaid program. After this Business Area overview, more detailed sections decompose the various Business Areas into the following aspects:

- **Mapping MITA to RI** – where MITA framework processes are mapped to RI Medicaid business processes
- **Expected Business Capability Trends** – where current, 5 year future, and 10 year future business capabilities are assessed and forecasted
- **Change Highlights** – where changes for this business area are further described, including process consolidation and unique influences

Each RI Medicaid business area summary provided in this section of the deliverable is based on data found in the report's appendices. The detailed reports in the appendices contain supporting process-by-process assessments describing the current and future expected views, which are rolled up in this section into the business area summaries. Also included in the report appendices for the reader's reference are summary lists of major systems that support the business processes, which also are noted in the process-by-process assessments.

5.1 Enterprise-Wide Perspective

This section of the report provides a high-level perspective of the SS-A results in terms of:

- Business area and process mappings
- Business process capability assessments and progressions
- Conceptual representations of the RI Medicaid current and future views

Additional information about each RI Medicaid Business Area is contained within the reports subsequent sections.

5.1.1 Summary of Mapping RI Business Processes to MITA

In applying the MITA Framework to the RI Medicaid program, 71 distinct business processes emerged in 9 business areas. A summary of the current business process volumes is outlined in the table below.

Table 3: MITA Business Areas and Volume of Business Processes for Current View

MITA Business Area	Number of MITA Business Processes	Number of Related RI Medicaid Business Processes
Business Relationship Management	4	2
Care Management	4	2
Contractor Management	11	7
Member Management	8	11
Operations Management	25	22
Program Integrity Management	2	2
Program Management	17	18
Provider Management	7	6
State Specific	0	1
TOTAL Business Processes	78	71

While business areas such as Program Integrity and Program Management show little or no variation between RI and MITA, other areas such as Member Management have many more processes in RI than which is found in MITA. This expansion is largely the result of parallel business processes that operate to meet parallel program needs (e.g., BCCTP, Respite Care for Children).

Reducing from the total potential number of mapped business processes are 14 MITA BPMs that are not performed within the RI Medicaid program or are included within another business process. These unmapped or redundant processes are shown in the table below.

Table 4: Unmapped MITA Business Processes

MITA Business Area	MITA Business Process	Justification
Business Relationship Management	Terminate Business Relationship	No formal, current process exists
Business Relationship Management	Manage Business Relationship Communications	No formal, current process exists
Care Management	Establish Case	Covered in Establish Care Plan
Care Management	Manage Immunization Registry	No formal, current process exists
Contractor Management	Award Administrative Contract	Covered in Award Administrative/Health Services Contract
Contractor Management	Close-out Administrative Contract	Covered in Close-out Administrative/Health Services Contract
Contractor Management	Manage Administrative Contract	Covered in Manage Administrative/Health Services Contract
Contractor Management	Manage Contractor Communication	No formal, current process exists
Operations Management	Manage Payment Information	Not applicable to RI Medicaid
Operations Management	Authorize Referral	Not applicable to RI Medicaid
Operations Management	Prepare COB	Not applicable to RI Medicaid
Operations Management	Prepare HCBS Payment	Covered in Edit and Audit RI Medicaid Claim
Operations Management	Prepare Premium EFT-check	Covered in Prepare RI Medicaid Provider and Premium EFT
Provider Management	Perform Provider Outreach	Covered in Manage Standard RI Provider Communication

There were also four MITA BPMs that are not currently performed (no Current View) within the RI Medicaid program but were identified as new business processes to be created in the Future View. These new processes are contained in the following table.

Table 5: New RI Medicaid Business Processes in Future View

MITA Business Area	New RI Business Process
Business Relationship Management	Terminate RI Medicaid Business Relationship
Business Relationship Management	Manage RI Medicaid Business Relationship Communications
Care Management	Manage Immunization Registry
Contractor Management	Manage Contractor Communication

Over time the number of RI Medicaid business processes is expected to contract. The Member and Operations Management business areas, as mentioned previously, currently operate parallel business processes for different programs. These areas are expected to become more standardized as their capabilities become more mature. Consolidation is expected among the various parallel RI Medicaid beneficiary eligibility processes. While each program may have unique business, the overall infrastructure supporting these processes will be more standardized and automated.

In some cases, a RI Medicaid business process currently is performed by multiple business units but may map to a single MITA BPM. These are cases in which, despite the program-specific application of different business rules, the process operates with similar steps, exhibits comparable capabilities, and is assessed with the same level of maturity. Examples include many of the processes under the MITA Contract Management and Business Relationship Management Business Area. In the Current View for these business processes, various program areas may perform the BPM tasks differently, i.e., applying different business rules, but the high-level steps are the same and the level of automation or standardization (i.e., the lack thereof) is consistent throughout the Medicaid program.

The table below provides a summary of the number of current and future expected Medicaid business processes found in RI.

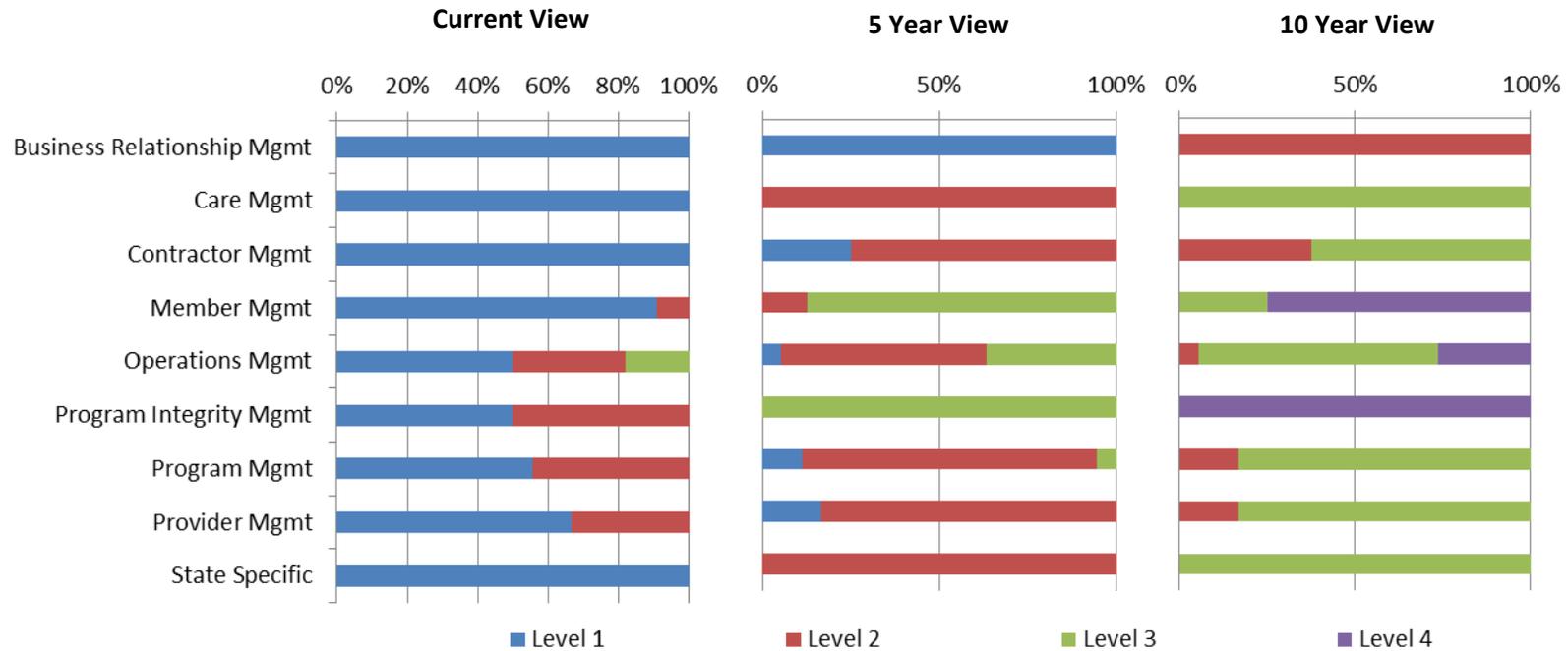
Table 6: RI Medicaid Business Areas, Current and Future Volume of Business Processes

MITA Business Area	CURRENT RI Medicaid Business Processes	FUTURE RI Medicaid Business Processes
Business Relationship Management	2	4
Care Management	2	3
Contractor Management	7	8
Member Management	11	8
Operations Management	22	19
Program Integrity Management	2	2
Program Management	18	18
Provider Management	6	6
State Specific	1	1
TOTAL Business Processes	71	68

5.1.2 Overview of Current & Future Business Process Maturity

Within RI Medicaid, best practices flourish alongside critical program functions that remain largely manual. Summary results showing current and future capability maturity for each business area are shown in the figure below. The highest future level of capability for all 71 RI Medicaid business processes was a level 4. Therefore, no level 5 capabilities are represented in the distribution.

Figure 5: Percent of Business Processes by Maturity for each Business Area



5.2 Enterprise-Wide Perspective

This section of the report provides a high-level perspective of the SS-A results in terms of:

- Business area and process mappings
- Business process capability assessments and progressions
- Conceptual representations of the RI Medicaid current and future views

Additional information about each RI Medicaid Business Area is contained within the reports subsequent sections.

Current business process maturity is at a Level 1 or 2 with a small percentage of Level 3 within Operations Management. With most business processes capabilities currently at a Level 1, the degree of automation, standardization and data integration is limited. It should be noted that there are several business processes that currently rate at a Level 2 including specific processes within areas such as Member Management, Provider Management, Program Management, Program Integrity and Operations Management. These current processes should be reviewed during transition planning as a means of leveraging their maturity to improve the maturity of other processes.

Conceptual Current and Future RI Medicaid Views

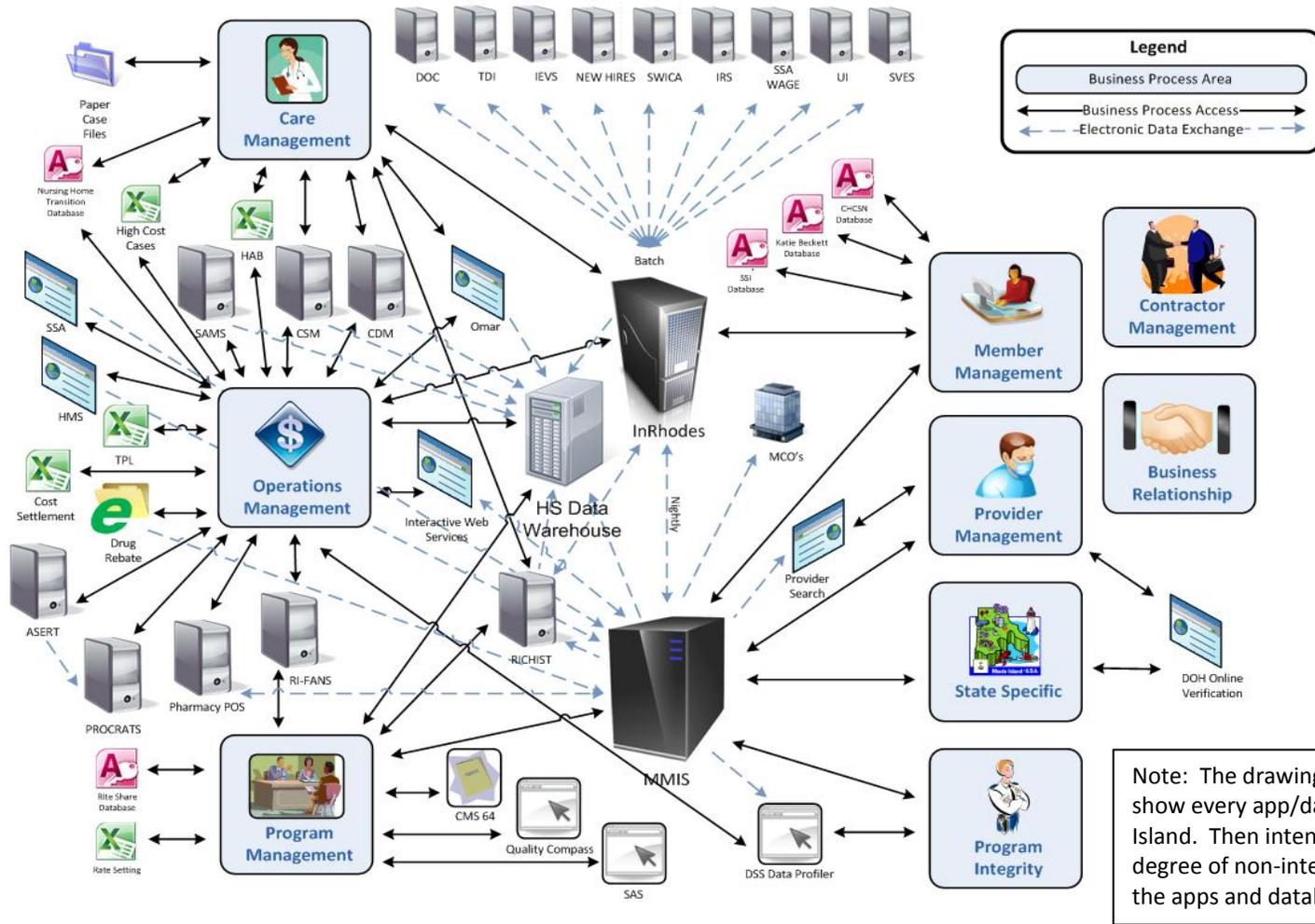
Driving the current maturity ratings is that the many systems, interfaces, and data sets integral to Medicaid program operations are not able to share data in a timely, automated manner. Multiple, stand-alone repositories may support a single business area, and these repositories supporting one business area may not be able to share data effectively with other interdependent business areas. The lack of automated interfaces within and between business areas is a common aspect of the RI Medicaid Current View.

The figure below is a conceptual representation of the current Medicaid business process view. Business Process Areas are represented in boxes with arrows indicating business process interactions. Data exchange is also presented.

Key elements shown in the current view are:

- Multiple stand-alone data repositories
- Non-standard interfaces and data exchange
- Limited coordination between business process areas
- Multiple business process interactions with the stand alone data repositories

Figure 6: RI Medicaid Current Business Process View

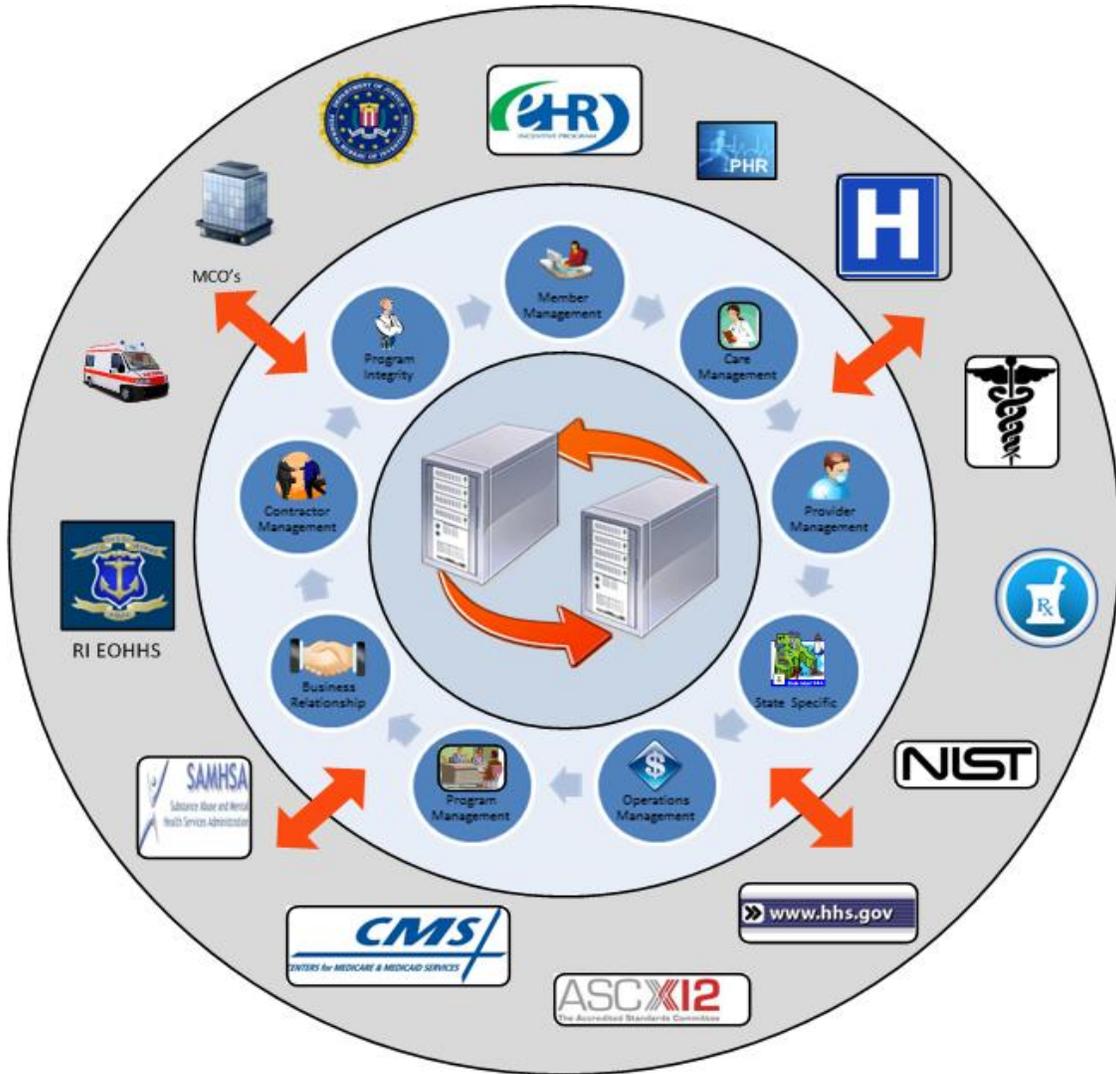


In the future, RI's business processes are expected to be more automated, standardized, unified, and timely. Stakeholders will not be required to access the Medicaid program through numerous, disparate channels and will benefit from new agency interfaces that feature capabilities supporting "single point of entry" or "no wrong door" concepts. In addition, beneficiary, provider, claims, and other repositories will operate in a federated architecture, transmitting standardized data real-time through shared technology services throughout the Medicaid program. A federated architecture allows for coordinated sharing and exchange of data by semi-autonomous lines of business using defined interfaces. This improved coordination will improve the RI Medicaid program's cost-effectiveness and significantly enhance the value to its many stakeholders.

The diagram below represents a conceptual view of the RI Medicaid program in ten years. Aspects of this future view include:

- Consolidated interfaces with program stakeholders
- Federated data repositories accessible throughout the agencies supporting the RI Medicaid program
- Business area consolidation
- Improved coordination between programs and business processes

Figure 7: RI Medicaid Future Business Process View



To ensure improved standardization, timeliness, data integration, and automation, DHS should establish a means to harmonize its system development projects consistent with MITA guidance. Improvements in one initiative should be shared and utilized across all initiatives as applicable. Whatever priorities are selected,

stakeholders will benefit from the great care taken to coordinate and leverage various parallel initiatives to improve their integration.

In the sections below, this report elaborates on the current and future view for each of the RI Medicaid Business Areas.

5.3 Business Relationship Management

The Business Relationship Management business area as defined by the MITA 2.0 Framework involves:

- Standards for integration between the agency and its partners
- Establishing interagency service agreements
- Identifying the types of information to be exchanged
- Identifying security and privacy requirements
- Defining communication protocol
- Overseeing the transfer of information

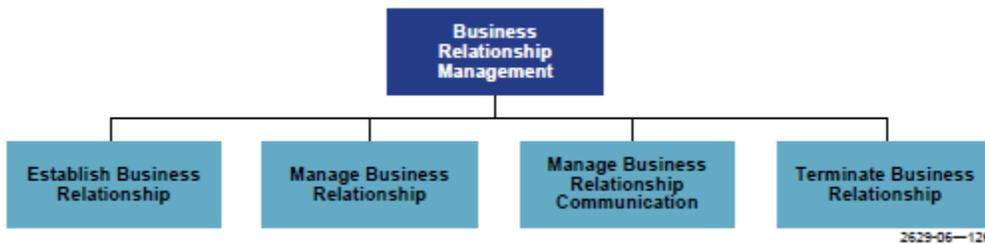
The rest of this section is organized into the following components:

1. **Mapping MITA to RI Medicaid** – where MITA framework processes are mapped to RI Medicaid business processes.
2. **Business Process Maturity** – where current, 5 year future, and 10 year future business capabilities are assessed and forecasted.
3. **Specific Planning Influences, Barriers & Facilitators** – where current or future initiatives will facilitate the maturity of the business process; or lack of any initiatives hinders the maturity of the business process.

5.3.1 MITA to RI Medicaid Business Process Mapping

This RI Medicaid business area contains business processes from the Business Relationship business area, which is shown below. There are four specific Business Relationship business processes defined by the MITA 2.0 Framework.

Figure 8: MITA Business Relationship Management



The RI Medicaid program performs two of the defined business processes:

- Establish Business Relationship
- Manage Business Relationship

Table 7: Business Relationship Management Mapping

#	RI Medicaid Business Process	MITA Business Process	Owner
1	Establish RI Medicaid Business Relationship	Establish Business Relationship	Department of Human Services
2	Manage RI Medicaid Business Relationship	Manage Business Relationship	Department of Human Services

The following MITA Business Processes are not currently performed by RI:

- Manage Business Relationship Communication – No formal process exists.
- Terminate Business Relationship – No formal process exists. Interagency Service Agreements expire.

5.3.2 Business Relationship Management Business Process Maturity

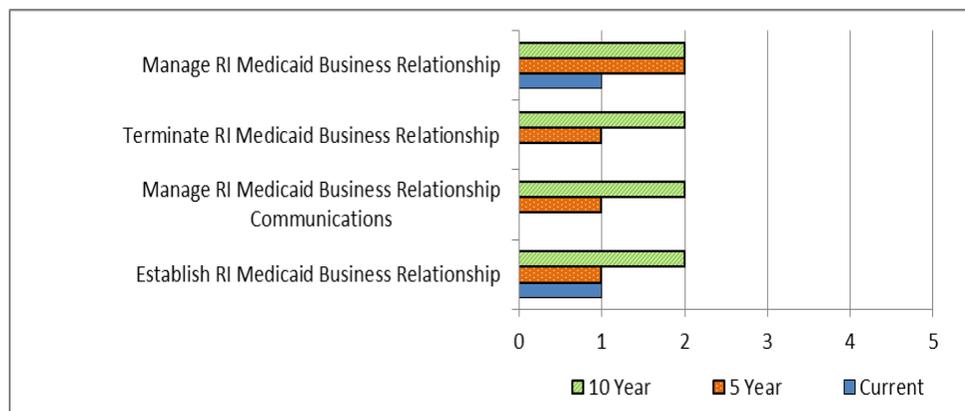
Current View – The business processes for Business Relationship Management currently rate at a Level 1 business capability. This is due to highly manual processing and lack of supporting technology.

5 Year View – Within 5 years the Business Relationship Management business processes will not change significantly. There will be some introduction of automation to improve timeliness and accuracy, but most processes will remain at their current level of capability.

10 Year View – Over the next 10 years there will be some changes to Business Relationship Management that will allow all business processes to reach at least a Level 2. Changes will include the introduction of standardization of data and data exchanges, some flexibility of business rules across programs, a shared contractor registry, and integration of data across different Agencies that support the RI Medicaid program.

The following chart illustrates each of the Business Relationship Management business processes and their current, 5 and 10 year capabilities.

Figure 9: Business Relationship Management Business Capability Levels – 10 Year, 5 Year, & Current



5.3.3 Strategic Planning Influences, Barriers & Facilitators

Strategic Planning Influences

- The former EOHHS Modernization Initiative included simplification of state forms/applications, enhanced citizen access to services, technical infrastructure modernization to upgrade/replace outmoded legacy hardware and software, improved case management including data integration and improved reporting capabilities. Although this initiative has been disbanded under the new EOHHS administration, the goal of simplification is still in progress under other initiatives such as the Health Insurance Exchange initiative. This will lead to increased user-driven functionality such as Benefits Screeners, On-Line Eligibility, and On-Line Application intake for multiple state programs.³

Facilitators and Barriers

- A significant goal of the Global Waiver demonstration is to advance efficiencies through interdepartmental cooperation. Increased standardization and process definition for the Interagency Service Agreements will help to facilitate this goal.⁴
- A goal of the Global Waiver is to maximize available service options. Through the use of Interagency Service Agreements, the Medicaid program will be able to leverage service offerings from other departments within the State.⁵

³ Executive Office of Health and Human Services, EOHHS Strategic Technology Plan FY2011-FY2013, p. 55

⁴ Executive Office Health and Human Services, Designated Medicaid Information July 1, 2009 – December 31, 2009, p. 2

⁵ *ibid*

- RI-FANS Electronic Submission of Bids project will include a repository of bid opportunities. This document management functionality could be used to store Interagency Service Agreements as well.
- The upcoming new FA contract and replacement of the current MMIS will limit available resources. With the focus on larger projects such as the reprocurement of a Fiscal Agent (FA) and enhancements to the existing MMIS, resources will not be available for process improvements initiatives related to Interagency Service Agreements in the upcoming 5 years.