



**MEDICAID INFORMATION TECHNOLOGY ARCHITECTURE
(MITA) VERSION 3.0**

STATE SELF-ASSESSMENT

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Version 2.1

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Prepared by:



**6263 North Scottsdale Road, Suite 200
Scottsdale, AZ 85250
(480) 423-8184
www.cognosante.com**

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Cognosante	Signature	Date
Randy Browning		05/17/13
Rick McMahan		05/17/13
Senior Project Manager	Signature	Date
Mirsa Douglass		06/04/13
Contract Manager	Signature	Date
Kimberly Royal		
HHSC Director or Designee	Signature	Date
Kay Ghahremani Bowden Hight		06/04/13

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1 EXECUTIVE SUMMARY

Cognosante, LLC. is under contract to the Texas Health and Human Services Commission (HHSC) to provide consulting services for the Medicaid Information Technology Architecture (MITA) 3.0 State Self-Assessment (SS-A). This assessment is an update to the MITA SS-A completed in 2009.

MITA is a national framework promulgated by the federal Centers for Medicaid and Medicare Services (CMS), that establishes national guidelines for business processes and technologies that enable improved program administration for each State Medicaid Enterprise. The MITA initiative promotes improvements throughout Medicaid and the systems it uses through collaboration between CMS and the States. The framework consists of the models, guidelines, and principles used to carry out this initiative.

1.1 Deliverable Document Overview

This document is organized into eight (8) major sections, as follows:

1. **Executive Summary:** Presents the main topics discussed in the document including a MITA SS-A overview and a summary of findings of both the business and technical assessments.
2. **Texas Medicaid Enterprise SS-A Overview:** Describes the overall MITA SS-A project and the methodologies utilized.
3. **MITA SS-A Business Assessment Results:** Presents the results of the business assessment within ten (10) business areas at the business process level. This includes the as is (current) and to be (future) maturity assessments for eighty (80) business processes in ten (10) business areas.
4. **MITA SS-A Technical and Information Assessment Results:** Presents the results of the as is technical and information assessment. This includes the identification, definition, and diagram of the primary systems supporting the enterprise and the presentation of maturity assessments for these systems relative to fifteen (15) technical functions and seven (7) information capabilities, and technical recommendations structured around the CMS Seven Conditions and Standards.¹
5. **MITA GAP Analysis:** Outlines at a summary level, gaps between the as is and to be maturity for each MITA business area and the general recommended approach to bridge those gaps as part of MITA transition planning.

¹ Centers for Medicare and Medicaid Services. Enhanced Funding Requirements: Seven Conditions and Standards. Medicaid IT Supplement (MITS-11-01-v1.0), April 2011

6. **Texas MITA 3.0 Roadmap:** Explains the purpose of the roadmap, describes the roadmap components required by CMS, presents the high-level MITA 3.0 Roadmap, and addresses required components per project.
7. **Conclusion:** Provides a summary highlighting major risks and addressing some of the high-level challenges.
8. **Appendices:** Provides detailed supporting documentation for key assessment findings.

1.2 Terminology Clarification

The definitions that follow offer clarification on usage for several of the concepts and entities referenced throughout this document.

Texas Health and Human Services (HHS) System (i.e., State, Texas): This document uses the term HHS to refer to the five (5) health and human services operating agencies as follows:

- Health and Human Services Commission (HHSC)
- Department of Aging and Disability Services (DADS)
- Department of State Health Services (DSHS)
- Department of Assistive and Rehabilitative Services (DARS)
- Department of Family and Protective Services (DFPS)

Texas Medicaid Enterprise (i.e., enterprise): The entire Medicaid entity, including staff, business areas, supporting systems, and interfaces that are used to process, hold, or distribute information to support the Texas Medicaid program across the Texas HHS system. See Section 2.1 Overview of the Texas Medicaid Enterprise, and Appendix J: Detailed Outline of the Texas Medicaid Enterprise for more information on the Texas Medicaid Enterprise.

MITA: Medicaid Information Technology Architecture, when used by itself, refers to the federal CMS MITA initiative.

MITA Framework: The MITA Framework or the Framework refers to the set of structures and solutions used in implementing the MITA initiative.

MITA Framework 3.0: The MITA Framework 3.0, or MITA 3.0, refers to the particular solution set included in the 3.0 version of the MITA Framework. Earlier framework versions, 2.0 and 2.1 supported the 2009 SS-A.

Capability: A capability is the competence of an individual, organization, or system to perform a function or process. There are three (3) types of MITA capabilities: business, information, and technical.²

MITA Maturity Model (MMM): The MMM is a model that describes how operations will mature over time by defining the characteristics of five (5) levels of improvement. See Figure 2: MITA Maturity Model – Maturity Level Summary Descriptions for a high-level example of the levels of improvement.

Maturity Level: The MMM describes the capabilities of a business process, technical function, or information component at each of five (5) maturity levels. Taken together the levels show how capabilities progress from the current (as is) operations to the future (to be) environment. Framework 3.0 presents capabilities in matrixes that include a varying number of general capabilities and six (6) qualities that have a specific metric for each maturity level.

1.3 Medicaid Information Technology Architecture Overview

1.3.1 MITA Initiative

MITA is a business initiative of CMS, in cooperation with State programs, intended to stimulate an integrated business and technological transformation of the Medicaid Enterprise in all states. MITA provides states with an information technology architecture they can use as a framework for improving the exchange of data throughout the enterprise, including members, vendors and services providers, state and federal Medicaid agencies, and other agencies and programs supported by matching federal funds. While Medicaid agencies rely heavily on technology to operate, MITA envisions changes that enable Medicaid business processes to drive the technological changes over the next decade. The CMS articulates the MITA vision as follows:

“Establish a national framework of enabling technologies and processes that support improved program administration for the Medicaid Enterprise and for stakeholders dedicated to improving health care outcomes and administrative procedures for Medicaid members.”³

MITA identifies common Medicaid business processes and seeks to automate them into Web services that encompass standards enabling automated applications to communicate and exchange data over the Internet (or intranet) across many sites and organizations. The development of common data and information standards allows interoperability across different platforms, integration of applications, and modular programming, so changes can be introduced incrementally and existing information assets can be leveraged. Many business processes may

² Source: MITA Framework v3.0, Part 1 – Business Architecture, Appendix B – Maturity Model Details, p. 4

³ Source: MITA Framework v3.0, Front Matter – Overview of MITA Initiative, p. 9

be similar among various states and some economies of scale might be realized if these processes were modeled and shared among states.

MITA entails more than paying and documenting claims; it envisions significant business processing, information, and technical changes such as:

- Improvements in monitoring programs and the quality of care through data sharing across the State's Medicaid Enterprise.
- Efficient use of resources through sharing reusable software.
- More timely responses to program changes and emerging health care needs.
- Improved access to high-quality information so patients and providers can make more informed decisions about health care.

1.3.2 MITA Framework

CMS established the MITA Framework, which elaborates on the CMS MITA vision and supports the states in achieving that vision. The framework adopts the best practices in the industry and is a consolidation of principles, business and technical models, and guidelines that creates a template for states to use to develop their individual enterprise architectures to meet the unique requirements of Medicaid.

The MITA Framework includes business architecture, information architecture, and a technical architecture that work in concert to define and improve the administration of Medicaid Enterprises.

- **Business Architecture (BA)** includes all of the business processes defined by the State Medicaid Agency and their associated maturity levels. The business architecture is the most robust portion of the MITA Framework 3.0.
- **Information Architecture (IA)** will define the data and standards necessary to conduct business operations as driven by the business architecture.
- **Technical Architecture (TA)** establishes fundamental concepts of technology, such as interoperability, modularity, and flexibility, without naming specific technology or systems.

All of the concepts in the MITA Framework allow individual Medicaid agencies the options and flexibility to pursue their own enterprise architectures, while still adhering to the basic principles that move the entity forward on the continuum to more mature capabilities that better meet the State's established goals and objectives. The structure of the Framework and SS-A deliverables ensure that technology decisions align with Medicaid business needs and achieve business goals. For state Medicaid programs, this means evolving to optimize adaptability, flexibility, interoperability, and data sharing. This evolution enables the implementation of major improvements in policy and decision-making, as well as day-to-day operations.

The MITA Framework 3.0, effective March 2012, is an enhancement of the 2.0 and 2.01 frameworks, based on analysis of the following:

- American Recovery and Reinvestment Act (ARRA)
- Health Information Technology for Economic and Clinical Health (HITECH) Act
- Health Insurance Portability and Accountability Act (HIPAA)
- Affordable Care Act (ACA) of 2010
- Guidance on Enhanced Funding Requirements: Seven Conditions and Standards

The MITA Framework 3.0 contains new business procedures and business rules to comply with federal regulations. MITA guidelines support states' requests for appropriate Federal Financial Participation (FFP) for a state's Medicaid Enterprise systems, such as the Medicaid Management Information System (MMIS).

The 3.0 Framework update provided considerable revisions to the Business and Technical architectures as well as improvements to the Information Architecture. The MITA Framework 3.0 consists of eighty (80) business processes within ten (10) business areas. As well as adding two (2) new business areas and several new business processes, the changes to the business architecture included combining one (1) or more business processes into a single process, revising the business process definition, shifting business processes from one (1) business area to another, and revising the business capability matrixes (BCM). The revisions to the BCM include a more stringent and consistent definition of capabilities than was the case in the MITA 2.0 version of the Framework that was utilized in the 2009 SS-A.

All of the above changes mean that a comparison between the 2009 SS-A and the 2012 SS-A does not produce much meaningful information on Texas' progress in achieving the maturity improvements identified in the 2009 SS-A. Texas has made some progress and the enterprise has by no means regressed in the level of maturity of its capabilities. However, the assessed maturity level in the 2012 SS-A may be lower, or may not have improved in comparison to the 2009 SS-A. These apparently lower assessments should not be automatically interpreted as a change for the worse. In all cases, the apparent loss of maturity is due to the redefinition of the business process capabilities.

1.3.3 MITA Concept of Operations

CMS recently reaffirmed its guidance to states to focus on documenting a Concept of Operations (COO) that describes the characteristics of current and planned operations from the viewpoint of those working within the enterprise when assessing current capabilities and outlining future goals. In April 2011, CMS issued the *Enhanced Funding Requirements: Seven Conditions and Standards*, which refers to a regulation for new standards and conditions that must be met by the states in order for Medicaid technology investments to be eligible for the enhanced match funding. In the Seven Conditions and Standards, CMS states:

“States should develop a concept of operations and business work flows for the different business functions of the state to advance the alignment of the state's capability maturity with the MITA MMM. These COO and business workflows should align to any provided by CMS in support of Medicaid and exchange business operations and requirements. States should work to streamline and standardize these operational approaches and

business work flows to minimize customization demands on technology solutions and optimize business outcomes.”⁴

Figure 1 below provides a high-level view of COO planning and illustrates how improvements in capability can be made in each area to help reach increasing levels of MITA maturity.

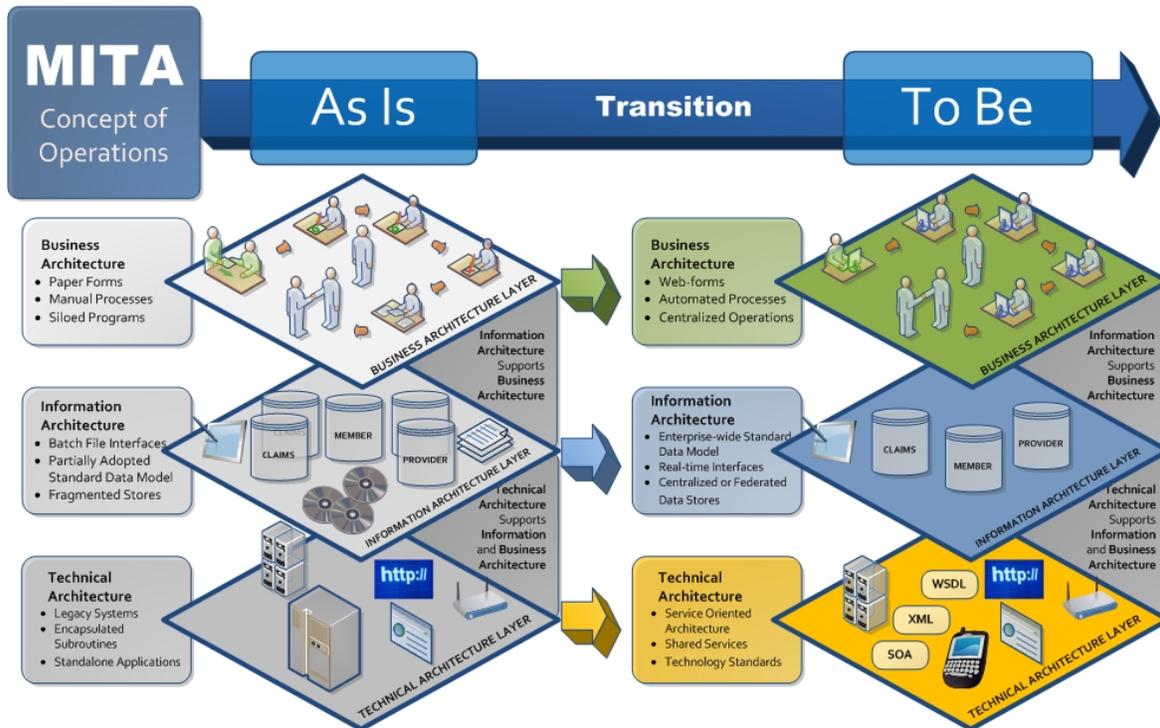


Figure 1: MITA Concept of Operations

1.3.4 MITA SS-A Process Overview

Fundamental to implementation of the MITA concept is the requirement for each state to conduct an annual SS-A update. Within the SS-A, each state is to assess its current business processes as compared to the MITA Framework 3.0 provided by CMS and to establish which business processes pertain to its Medicaid operations. Additionally, a state must determine at what maturity level the business processes, technical functions, and information capabilities are currently functioning – the as is status. The capabilities of a process at each MITA maturity level are specific to that process. These capabilities can be generalized however, as shown in Figure 2 below.

⁴ Source: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/Downloads/EF7-Seven-Conditions-and-Standards.pdf>



Figure 2: MITA Maturity Model – Maturity Level Summary Descriptions

Once the as is MITA maturity level is determined, the SS-A requires the State Medicaid Enterprise to consider where it would like to be over a period of time. The identified goal is the to be MITA maturity level for each business process, technical function, and/or information capability. While MITA typically looks at a five (5) to ten (10) year timeframe for implementing to be goals, the time period is determined by the State. The Texas MITA SS-A assesses to be goals using a five (5) year projection timeframe.

It is important to note that maturity levels were assessed utilizing the guidance that CMS has provided in the MITA Framework 3.0 SS-A Companion Guide⁵. In general, the guidance states that State Medicaid Agencies must meet all the capabilities for a level before it can advance to the next level when evaluating the business, technical, or information architectures. CMS expects the business process to meet all criteria of the maturity level; otherwise, the business process scores at the lower capability level.

Between the as is and the to be are issues that must be addressed before the State Medicaid Enterprise can progress to the higher maturity. These issues represent the gaps. As a state defines the to be MITA maturity level, it must also elaborate on the functionality it needs to

⁵ Source: MITA Framework 3.0 SS-A Companion Guide.pdf, page 20, 27, and 34.

achieve that maturity level. The functionality can represent business process requirements, technical requirements, and information architecture requirements to accomplish that goal.

The MITA Framework 3.0 provides guidelines for a MITA 3.0 Roadmap, but each state must prioritize and specify its own roadmap. The SS-A and the plan to achieve the desired to be MITA maturity levels are developed by the State Medicaid Enterprise and are living documents. Most states are facing budget constraints that may require that State budget and new program initiatives take priority in the coming years affecting the timeframe for improving maturity levels. Over time, priorities may change, new federal and State laws will demand more immediate attention, and technology will continue to evolve. The goal of MITA is to establish a baseline from which to plan and support revision of the plan in order to move the State Medicaid Enterprise forward.

The MITA Business Process Model (BPM) includes common business processes associated with Medicaid operations, but may not include all activities performed by all states. For this reason, the MITA assessment focuses only on the business processes included in the MITA BPM to promote MITA as a standard across all states.

1.4 MITA SS-A Summary of Key Findings

In general, enterprise-wide Subject Matter Experts (SMEs), with the assistance of the Cognosante project team, assessed the Texas Medicaid Enterprise leaning toward a Level 2 maturity level with a goal to progress toward Level 3 within a five (5) year timeframe.

Figure 3 shows an average of all the maturity levels assessed relative to the capabilities of the individual business processes within each business area. The farther the bar is beyond Level 1, the more capabilities are assessed at Level 2 or Level 3. The figure also shows the desired to be MITA maturity level for each business area. An alternate view of this information can be found in Section 3.1, below.

As illustrated in Figure 3, each business area exceeds Level 1 for many business processes, however, each business area does not completely satisfy a Level 2 maturity required by CMS to establish a Level 2 enterprise wide maturity level.

The MITA Framework 3.0 version business capability matrixes emphasize greater collaboration and sharing of data across operating agencies and business units. While Texas HHS operating agencies introduced a number of MITA capability improvements since the 2009 SS-A, the improvements in large part focused on individual agencies and had minimal impact on enterprise-wide gains. Enterprise-wide collaboration should be promoted within the Texas Medicaid Enterprise to ensure MITA maturity gains keep pace with the desired to be goals.

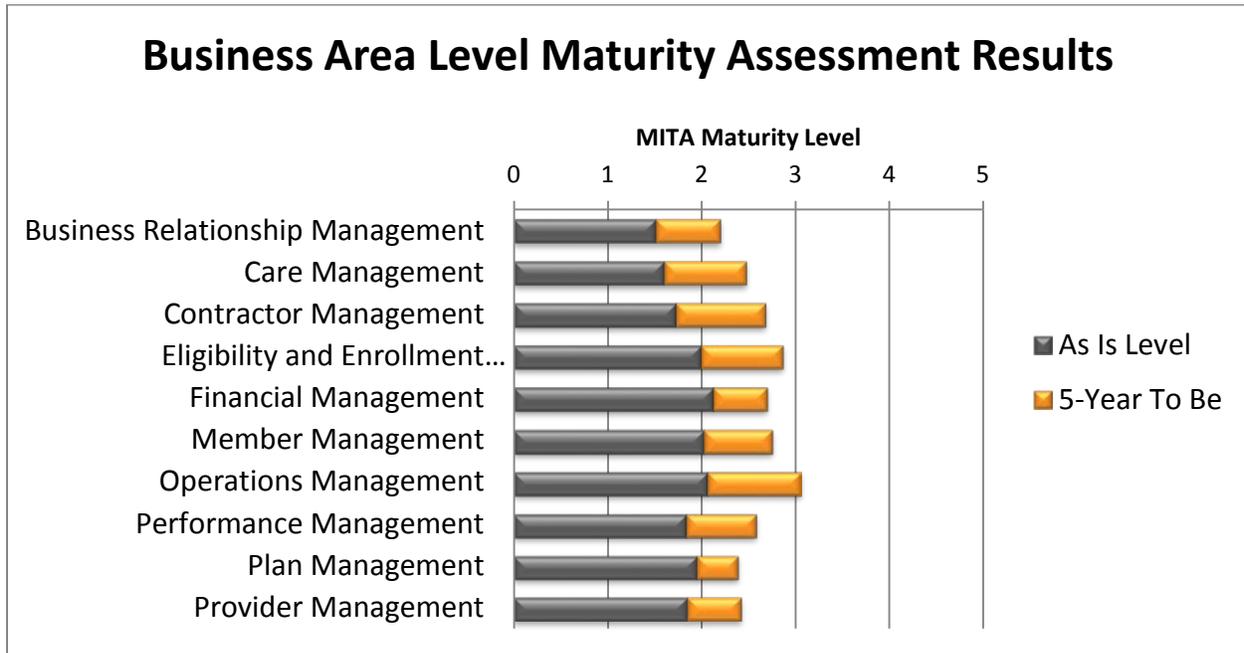


Figure 3: Texas MITA Assessment As Is and To Be Maturity Summary

1.4.1 Common Themes Emerging from the State Self-Assessment

Overall, each of the HHS operating agencies has solid internal processes and systems. Recent and current projects, such as Texas Integrated Eligibility Redesign System (TIERS), Enterprise Data Warehouse (EDW), and Medicaid Enterprise Data Governance (MEDG) have put Texas ahead of comparable states relative to data standards and Web services. These projects will be critical building blocks for future enhancements. There are a number of common themes that became clear as the SS-A activities progressed. They both provide a foundation for decision-making and present challenges to the Texas Medicaid Enterprise's ability to meet and exceed the target MITA maturity levels identified by the SMEs.

Business Assessment Themes – Common themes resulting from the assessment of business processes include concepts around governance, data management, fragmented data sources, standards and automation, information of record sources, and stakeholder satisfaction. These themes are outlined below, in no specific order. Section 3, MITA SS-A Business Assessment Results, and Section 5, MITA Gap Analysis provide further details on the business assessment themes.

- Governance/Policy/Ownership:** Implement an enterprise-wide governance structure to support setting and managing standards and process changes of all types. In today's environment that is rich with the changes mandated by the Health Care Reform Act, there will be significant and overlapping impacts to Medicaid Enterprise operations, including changes resulting from the following:

- Implementation of International Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10) code sets.
- Meeting the following compliance date for new ACA operating rules requirements:⁶
 - January 1, 2013 for:
 - Eligibility for a health plan
 - Health claim status
 - January 1, 2014 for:
 - Electronic Funds Transfers (EFTs)
 - Health care payment and [electronic] remittance advice (ERA)
 - January 1, 2016 for:
 - Health care claims or equivalent encounter information
 - Coordination of benefits
 - Health plan enrollment/disenrollment
 - Health plan premium payment
 - Referral certification and authorization transactions
- New standards must be adopted for:
 - Electronic funds transfers – compliance date is January 1, 2014
 - Health care claims attachments – compliance date is January 1, 2016
- The impact of these changes, along with others introduced by Health Information Exchange (HIE), goes beyond traditional operations activities due to the need to understand how the newly available information (both administrative and clinical) can best be used to improve the quality and effectiveness of health care delivery. Additionally, HIE, enhanced funding for improving eligibility systems, and implementation of Health Insurance Exchange (HIX), expand the boundaries of earlier views of the Medicaid Enterprise. This need will be partially addressed by the Medicaid Enterprise Data Governance (MEDG) planning initiative, which is currently developing a strategic roadmap for implementation of data governance across the Medicaid Enterprise.

⁶ Source: <http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Affordable-Care-Act/OperatingRulesforHIPAATransactions.html>

- **Data Management:** Throughout the Texas Medicaid Enterprise, comply with the minimal data standards as defined by HIPAA and the health care industry to ensure proper understanding and exchange of information.
- **Fragmented Data Resources:** Focus on centralizing or federating data resources across the Texas Medicaid Enterprise to meet the capabilities necessary to advance MITA maturity.
- **Standards and Automation:** Align and standardize business processes across the Texas Medicaid Enterprise, to meet the capabilities necessary to advance MITA maturity.
- **Information of Record:** In most business processes, each agency has ownership of its own data. However, access to enterprise-wide data can present a challenge. Consider options for enterprise governance and the sharing of data across the Texas Medicaid Enterprise to meet the capabilities necessary to advance MITA maturity.
- **Stakeholder Satisfaction:** Put systems and processes in place to manage stakeholder satisfaction on an active basis. This is a common requirement across all MITA business processes and represents an available opportunity for enterprise capability improvement.

Technical and Information Assessment Themes – Common technical and information assessment themes resulting from the assessment of the technical functions and information components include system governance, data management, compliance and system functionality. These themes are presented below in no specific order. Section 4.4 and Section 5 offer further detail on the technical and information assessment themes.

- **Current System Governance:** Maintain governance across the enterprise and within each operating agency. Texas Medicaid Health Care Partnership (TMHP) maintains a number of systems across the enterprise. This need will be partially addressed by the Medicaid Enterprise Data Governance (MEDG) planning initiative, which is developing a strategic roadmap for the implementation of data governance across the Medicaid Enterprise.
- **Data Management:** Comply with data management standards as defined by emerging federal and State regulations, and as defined by the health care industry to ensure proper understanding and exchange of information.
- **Compliance:** Monitor changes published by CMS to meet the standards and conditions of the evolving MITA Framework 3.0. Align current architecture with additional CMS guidance on MITA workflows and modeling requirements when finalized and made available to states.
- **System Functionality:** There are many opportunities across the enterprise to reduce redundancy in system capabilities. Redundancies of these types result in duplication of cost, operations, and maintenance. While the specific program functionality may not be fully compatible, in many cases there are common functionalities and shared data that can be better leveraged across the enterprise. System enhancement projects continue to be program or business unit focused. Enhancement projects should include an associated enterprise strategy that centralizes, federates, or standardizes common functionalities while continuing to support unique program needs.

Figure 4 that follows shows an average of all the information architecture maturity levels assessed relative to the capabilities of the individual business areas. The farther the bar is beyond Level 1, the more capabilities are assessed at Level 2 or Level 3. The figure also shows the desired to be MITA maturity level for each business area.

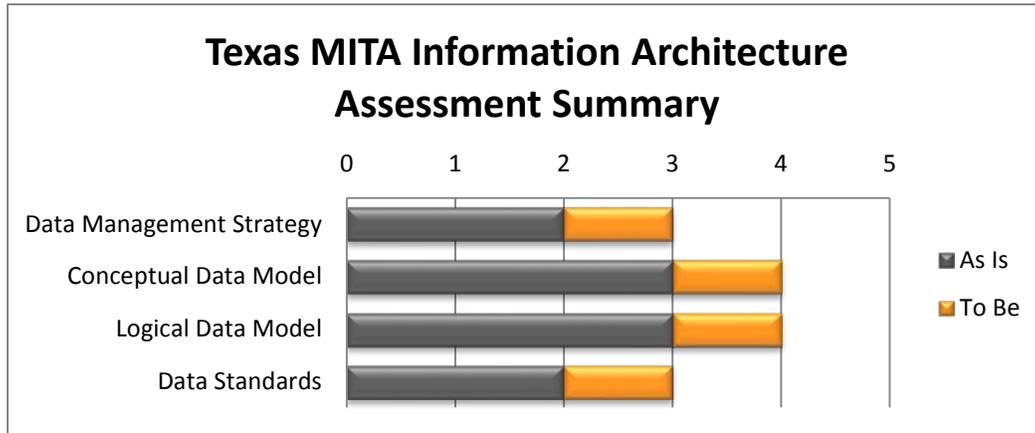


Figure 4: Texas MITA Information Architecture Assessment Summary

Figure 5 that follows shows an average of all the technical architecture maturity levels assessed relative to the capabilities of the individual business areas. The farther the bar is beyond Level 1, the more capabilities are assessed at Level 2 or Level 3. The figure also shows the desired to be MITA maturity level for each business area.

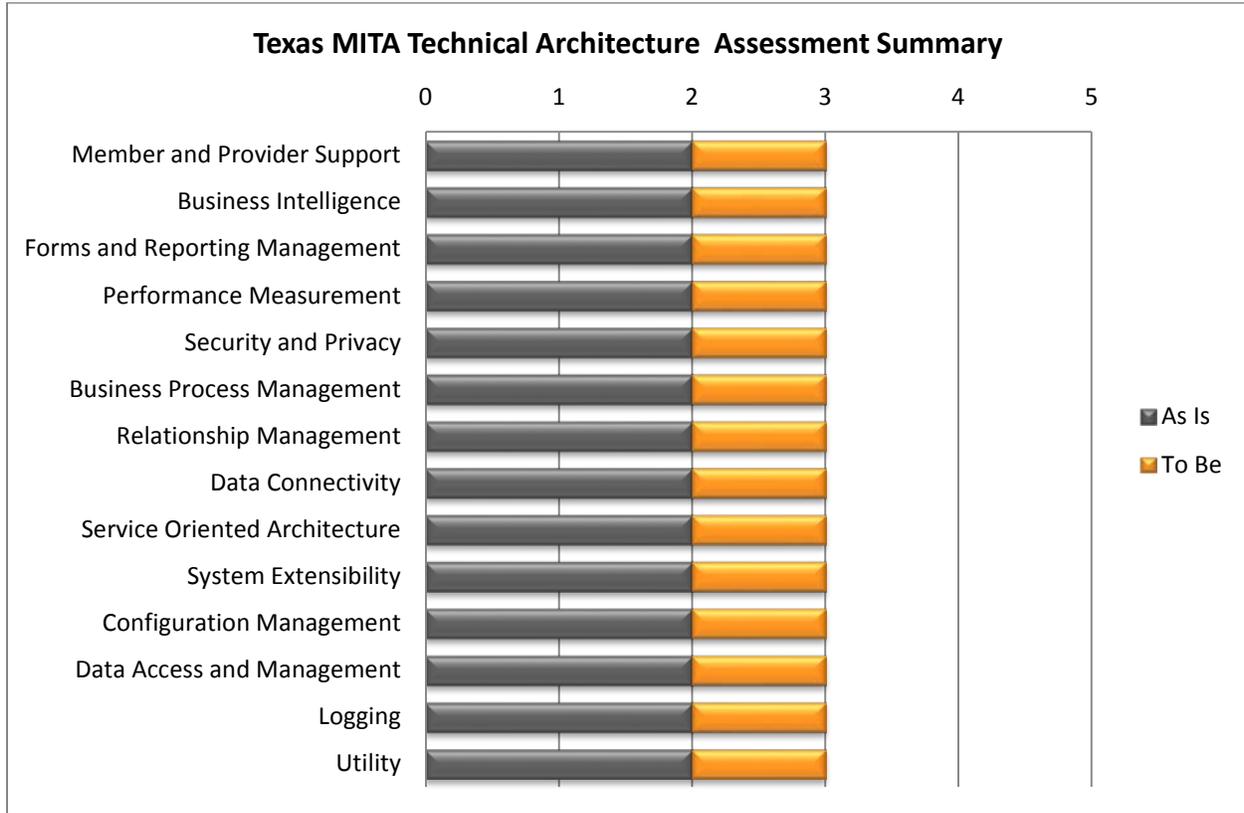


Figure 5: Texas MITA Technical Architecture Assessment Summary

1.4.2 Texas MITA 3.0 Roadmap Summary

The Gantt chart in Figure 6, below, illustrates at a summary level the Texas MITA 3.0 Roadmap. This chart provides a timeline by calendar year of existing planned projects included in the MITA 3.0 Roadmap based on the technical assessment survey completed in August 2012 for this MITA SS-A. However, Figure 6 is not the final word on the order or timeframe within which the projects will be implemented. HHS will use this timeline, accessing funding constraints, resource availability, consolidation of redundant systems, and other drivers to determine the specific order of implementation. Additionally, the Texas MITA 3.0 Roadmap may be subject to changes resulting from the release of future MITA Framework updates, State and federal fiscal impacts, and other future constraints such as availability of MITA national standards for data exchange and messaging which are to be developed and released by CMS. Section 6.2 contains descriptions of the projects included in Figure 6.

2 TEXAS MEDICAID ENTERPRISE SS-A OVERVIEW

2.1 Overview of the Texas Medicaid Enterprise

The primary entity responsible for Medicaid within the Texas Medicaid Enterprise is the Health and Human Services Commission (HHSC). HHSC delegates some of the operational responsibility to State administrative departments, known as the operating departments, which include:

- Department of Aging and Disability Services (DADS)
- Department of State Health Services (DSHS)
- Department of Assistive and Rehabilitative Services (DARS)
- Department of Family and Protective Services (DFPS)

The State also contracts with private organizations to obtain specialized services to support the Texas Medicaid Enterprise activities including:

- Claims Administrator
- Eligibility Support Services and Enrollment Contractor
- Quality Monitor
- Pharmacy Claims and Rebate Administrator
- Pharmacy Prior Authorization Vendor
- Preferred Drug List Vendor

It is important to note that not all portions of a listed business unit need be included in the Medicaid Enterprise. Those portions of the operating departments and commission that do not support Medicaid business processes are not included in the enterprise. Medicaid activities rely not only on exchanges between the entities listed above, but also on exchanges with entities external to the enterprise. Appendix J includes a detailed outline of the portions of the operating departments and the commission that are included in the Texas Medicaid Enterprise and the entities and initiatives with which the enterprise exchanges information.

2.2 HHSC Executive Vision

The Texas Medicaid vision plays a pivotal role in defining the future direction for the Texas Medicaid Enterprise. The vision becomes the catalyst for the next level of strategic planning. Discovery is initiated at this level from the MITA SS-A process and begins to play a pivotal role in identifying the strengths and weaknesses over a broad spectrum of critical process areas within the enterprise. By using the baseline information, the vision statement, and MITA initiatives, strategies, and specific future goals are formulated which describe future expected outcomes over strategic planning periods.

The visioning process benefited from previous HHSC efforts to envision the future and call for transformation and improvements in key business areas. These efforts included developing the enterprise of Texas HHSC State Medicaid Health Information Technology Plan (SMHP) document.⁸

MITA looks to improve health care outcomes and administrative procedures through initiatives such as focusing on a patient-centric view and developing common standards, interoperability, Web-based access, and software reusability. HHS has established goals and objectives to improve its health care system, as demonstrated in the Texas Health and Human Services (HHS) System Strategic Plan for 2013-2017, which aligns with the CMS MITA initiative.

The HHS' priority goal is to promote the health, responsibility, and self-sufficiency of individuals and families by:

- Making public assistance available to those most in need through an efficient and effective system while reducing fraud.
- Restructuring Medicaid funding to optimize investments in health care and reduce the number of uninsured Texans through private insurance coverage.
- Enhancing the infrastructure necessary to improve the quality and value of health care through better care management and performance improvement incentives.
- Continuing to create partnerships with local communities, advocacy groups, and the private and not-for-profit sectors.
- Investing State funds in Texas research initiatives, which develop cures for cancer.
- Addressing the root causes of social and human service needs to develop self-sufficiency of the client through contracts with not-for-profit organizations.
- Facilitating the seamless exchange of health information among State agencies, health care providers, and other information exchange partners to support the quality, continuity, and efficiency of the health care delivered to clients in multiple State programs.⁹

Texas MITA executive visioning sessions were conducted with the purpose of capturing the agency's vision of transformations and improvements under current State strategic planning and aligning this vision with the MITA initiative. As a result of this capture and alignment, Cognosante has outlined the following priority themes and focus areas based on goals captured during the HHS visioning session and during as is validation sessions:

⁸ HHSC's Medicaid Health Information Technology Plan (MHP)
http://www.tmhpc.com/TMHP_File_Library/HealthIT/Texas_MHP.pdf

⁹ Texas Health and Human Services System Strategic Plan for 2013 – 2017, Volume I,
<http://www.hhs.state.tx.us/StrategicPlans/SP-2013-2017/Volume-I.pdf>

- Evolve the Texas Medicaid Management Information System (TMMIS) system to include:
 - A new system that focuses on the review of encounters and MCO oversight needs.
 - Improve system flexibility and interoperability.
 - Minimize reliance on current technology.
 - Enhance interfaces to be SOA and in alignment with higher MITA maturity levels.
 - Ensure continued integration of TMMIS improvement efforts with other initiatives and projects including:
 - MITA transformation project
 - Provider management modernization
 - Enterprise Data Warehouse (EDW)
 - Medicaid Enterprise Data Governance (MEDG) planning
 - Eligibility as a Service (EaaS)
 - Affordable Care Act (ACA) integration
 - Enhanced eligibility systems modernization
 - ICD-10 planning and implementation
- Major system functionalities such as provider and eligibility will establish systems of record and be distinct systems that interface with the claims processing engine.
- New development should be best-of-breed using commercial off-the-shelf (COTS) solutions and mainstream technology.
- Other system enhancements to consider include:
 - User interface upgrade – migrate Phoenix and PSWin to Web-based solutions
 - Rules based engines using a common SOA platform with potential functional areas including:
 - Edits
 - Audits
 - Authorizations
 - Pricing

2.3 Project Scope and Approach¹⁰

A MITA SS-A hinges on determining the executive vision for the future, identifying impacted internal enterprise stakeholders, capturing the current maturity level of business processes within the enterprise, and envisioning the capabilities of an MMIS as it is enhanced over time. While MITA establishes a framework, that framework only serves to initiate the discussion.

Cognosante worked with the State project managers to establish the project management processes and procedures to support the MITA SS-A. These included the support of key management and SMEs throughout the State's Medicaid business and technology enterprise(s). To begin the project, Cognosante conducted the MITA SS-A project kickoff meeting to present to the project steering committee and executive senior staff an overview of the MITA concept and project governance goals and objectives for implementing project processes.

Cognosante performed the following tasks to complete the enterprise's MITA SS-A:

1. Conducted executive visioning sessions to develop Texas' goals for the future.
2. To meet the requirements of the new MITA Framework 3.0, Cognosante leveraged the previous version, MITA Framework 2.0, and solicited updates to validate and update Texas' previous as is MITA maturity assessment, which was completed by the enterprise in July 2009.
3. Mapped the two (2) frameworks to ensure consistency and maintain a comprehensive business review of the Texas Medicaid Enterprise.
4. Conducted MITA sessions with SMEs participating from each of the ten (10) MITA business areas to review, validate, and update the MITA Framework 2.0 SS-A completed in 2009.
5. Distributed online technical surveys to gather system capabilities and criteria
6. Survey responses were collected, compiled, and used to support the technical assessment
7. Conducted MITA to be sessions to confirm understanding and validate the enterprise's vision for progression through MITA maturity levels.
8. Conducted MITA to be sessions with HHS leadership to clarify and confirm the assessment levels for each business area.
9. Obtained additional information through a variety of sources including planned State and federal initiatives and other documentation produced by SMEs.
10. Delivered an updated Texas MITA 3.0 SS-A comprised of the following:

¹⁰ MITA information was provided by HHSC from its previous MITA 2009 SS-A. The to be project updated and validated that information as necessary during the development of the HHSC MITA SS-A in 2012.

- MITA Business, Information, and Technical as is Assessment
- MITA Business, Information, and Technical to be Assessment
- MITA Gap Analysis
- MITA 3.0 Roadmap that documents a blueprint for business and functional improvements to the Texas Medicaid Enterprise

The initial MITA 3.0 SS-A delivered by Cognosante contained results based on an approach that evaluated each business capability with an emphasis on programs having the the least maturity. This approach gave more weight to programs having the smaller programs (i.e., fewer clients) which naturally have fewer volume of transactions, and therefore likely to not have technological advancements compared with the larger programs having higher volume of transactions. The approach did not consider capability assessments based on a collective view of all programs, but rather based ratings on the “weakest link”.

HHSC reviewed the initial version of the SS-A and decided to modify the approach for determining a business process maturity level. The revised approach entailed that the participants would evaluate business capabilities with an emphasis of considering all programs and not the program having the “weakest link”. Smaller programs that performed the business process would be notated but would not dominate the assessment at the capability level. HHSC conducted a reassessment of business capabilities between March and April 2013 for each business process, as applicable, resulting in MITA maturity levels for business processes that are more representative of Texas Medicaid Enterprise.

A visual overview of the MITA 3.0 SS-A for Texas is provided in the Figure 7 below.

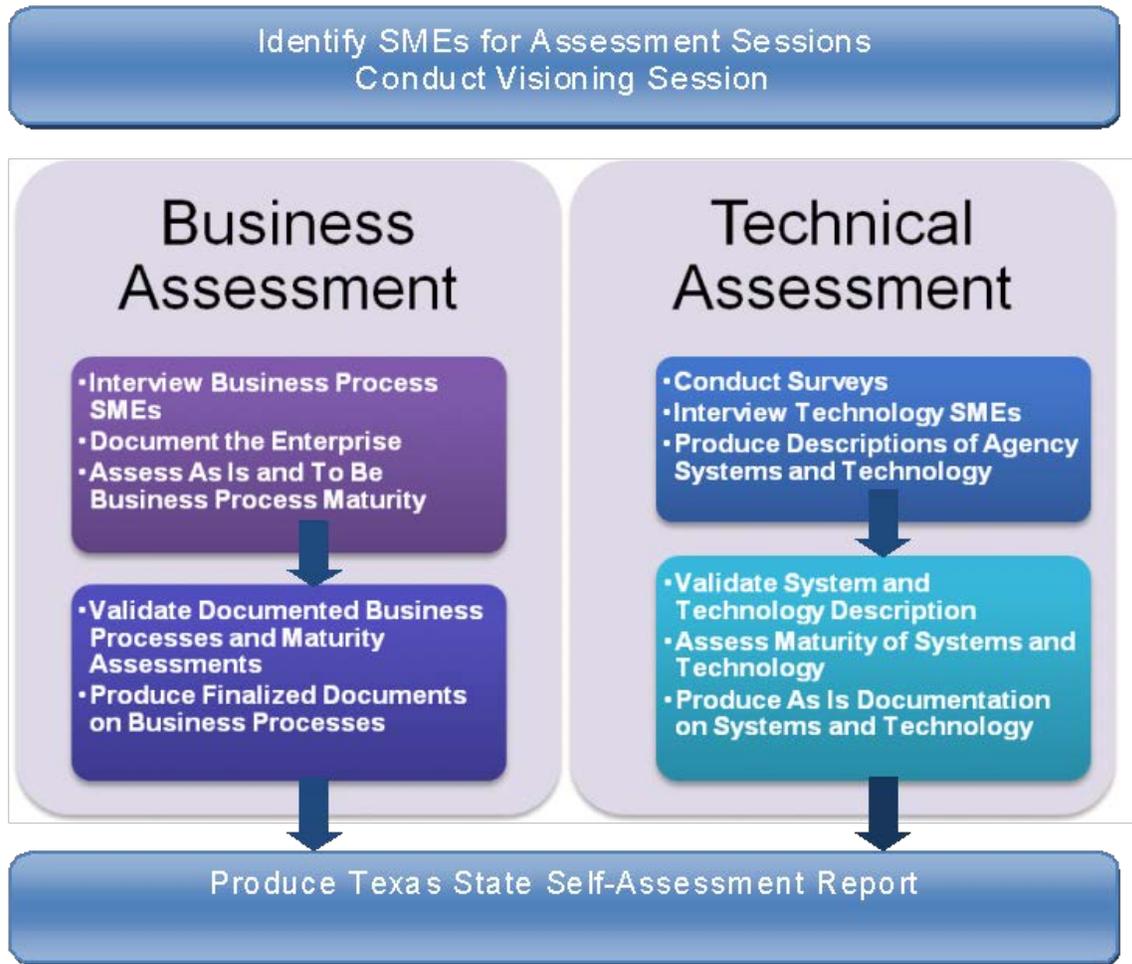


Figure 7: Texas Medicaid SS-A Overview

2.3.1 Participants

Over two hundred (200) stakeholders and SMEs across the enterprise participated in the MITA 3.0 SS-A, including representatives from the Texas Medicaid Healthcare Partnership (TMHP). SMEs were selected from enterprise staff that play key roles in a specific business process. Participants and SMEs in the MITA 3.0 SS-A project were identified by the HHS management and project leadership staff using the 2009 MITA SS-A as a starting point and updates based on staff changes.

For the business assessment, participation was captured for each business process session. For a full list of participants, refer to individual business process templates located in Appendix B: MITA Business Process Assessment Details.

For the technical assessment, participants were identified by associating them to systems assessed for this project as further described in Section 2.5. The participants were identified as SMEs assigned to one or more of the twenty (20) systems included in this assessment. Participation was tracked weekly by reviewing the number of survey questions answered and remaining until all survey responses were complete.

2.3.2 Identifying the Outputs from the MITA SS-A

The MITA SS-A is a prominent tool in the project and procurement life cycle. The goal of the SS-A is to identify and include for each business process a detailed description of its maturity level, capabilities, and qualities, along with current and potential measures as they relate to meeting State program management needs. This information is an input to strategic project planning areas and deliverables, such as the Implementation Advance Planning Document (IAPD), Requirements Planning, Unified Modeling Language (UML), Business Process Modeling, Cost Benefit Analysis (CBA), and the Request for Proposal (RFP) document. For this reason, it is important to identify the primary outputs from the MITA SS-A process:

- A detailed description of the current as is state of each business process, its associated capabilities, the quality of these capabilities (what is going right or wrong), and the organizational units responsible for operating each business process.
- A MITA maturity level assessed for each of the current as is business processes.
- A description of Texas' current Medicaid IT architecture and environment that identifies the technology and information baseline that will be taken into consideration when evaluating which business processes to improve and when the enabling technology and information architecture changes will be required.
- An evaluation of each business process for potential process improvements. When aligned with the prioritized to be goals and objectives of executive management, the future to be level of maturity for each business process is established.

The MITA information flow, as part of the project and procurement life cycle described above, is shown in Figure 8: MITA Information Flow.

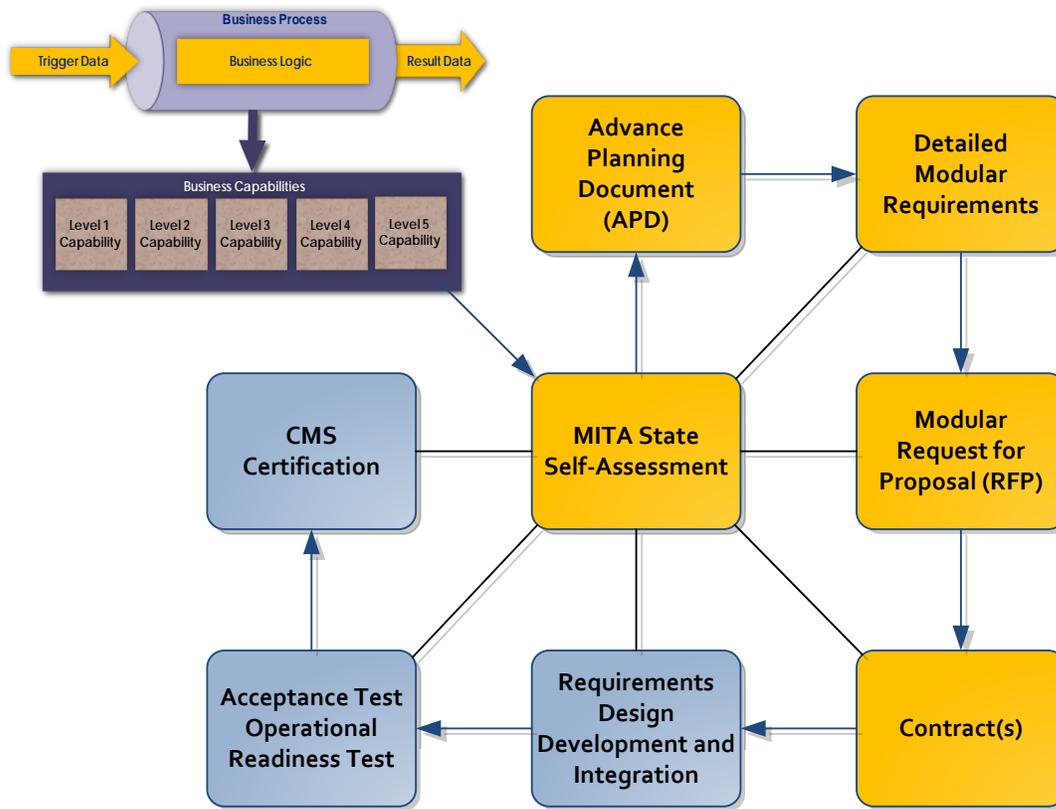


Figure 8: MITA Information Flow

2.3.3 MITA Outputs Transformed for Strategic Inputs

As stated earlier, the MITA SS-A is a living document to be used as a strategic tool throughout the life of the Medicaid program. The SS-A provides the State with a roadmap to future enhancements and will be continuously re-evaluated as business processes progress through the MITA maturity levels. Key uses of this MITA SS-A are identified below.

The MITA 3.0 SS-A and MITA 3.0 Roadmap, in conjunction with future Implementation Advance Planning Documents (IAPDs), will establish future funding and audit trails as part of a governance structure. The summary BCM submitted to CMS identifies potential system enhancements and maturity gains for specific processes and process areas over the project life cycle.¹¹

¹¹ Source: <http://www.cms.gov/MedicaidInfoTechArch/Downloads/appendices.zip>

In April 2011, CMS issued guidance on the Enhanced Funding Requirements: Seven Conditions and Standards. The purpose of this guidance is to:

- Ensure that enhanced FFP funding is approved only when Medicaid infrastructure and information system projects meet statutory and regulatory requirements to support efficient and effective operations of the program.
- Assist states as they design, develop, implement, and operate technology and systems projects in support of the Medicaid program.
- Ensure states meet the conditions and standards for enhanced federal match for Medicaid technology investments.

The guidance¹² outlines the seven conditions and standards that CMS is looking for as states develop their APDs:

- **Modularity Standard:** Requires the use of a modular, flexible approach to systems development, including the use of open interfaces and exposed application-programming interfaces (APIs), the separation of business rules from the core programming, and the availability of business rules in both human and machine-readable formats.
- **MITA Condition:** 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.
- **Industry Standards Condition:** Requires states to align with and incorporate industry standards, specifically standards and protocols adopted in Patient Protection and Affordable Care Act (PPACA); HIPAA security, privacy, and transactions standards; and the Rehabilitation Act accessibility standards or standards that provide greater accessibility for individuals with disabilities, and compliance with federal civil rights laws.
- **Leverage Condition:** Promotion and implementation of sharing, leverage, and reuse of Medicaid technologies and systems within and among states.
- **Business Results Condition:** Systems should support accurate and timely processing of claims (including eligibility claims) and effective communications with providers, beneficiaries, and the public.
- **Reporting Condition:** Solutions should produce transaction data, reports, and performance information that would contribute to program evaluation, continuous improvement in business operations, and transparency and accountability.

¹² Enhanced Funding Requirements: Seven Conditions and Standards, Medicaid IT Supplement (MITS-11-01-v1.0). April 2011. <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/Downloads/EFR-Seven-Conditions-and-Standards.pdf>

- **Interoperability Condition:** Systems must ensure seamless coordination and integration with the exchange (whether run by the State or federal government), and allow interoperability with HIEs, public health agencies, human services programs, and community organizations providing outreach assistance services.

To see an example of how these seven (7) conditions are used, refer to the Enhanced Funding Requirements: Expedited Advance Planning Document (APD) checklist specifically for Medicaid eligibility and enrollment, and information systems (E&E-APD).¹³

2.4 Business Assessment Process

The scope of the 2012 MITA 3.0 SS-A involved identifying business SMEs and managing participation for fifty (50) business validation sessions that started March 27, 2012 and were completed in June 14, 2012. State project managers selected SMEs to represent each of the ten (10) MITA business areas to update and validate the MITA SS-A for HHS. In total, the MITA team and SMEs confirmed the as is and to be MITA maturity levels of eighty (80) business processes. These sessions averaged three (3) hours and covered one to four (4) business processes depending on the complexity of the process.

Figure 9 below illustrates the business assessment process flow for each of the HHS MITA business processes.

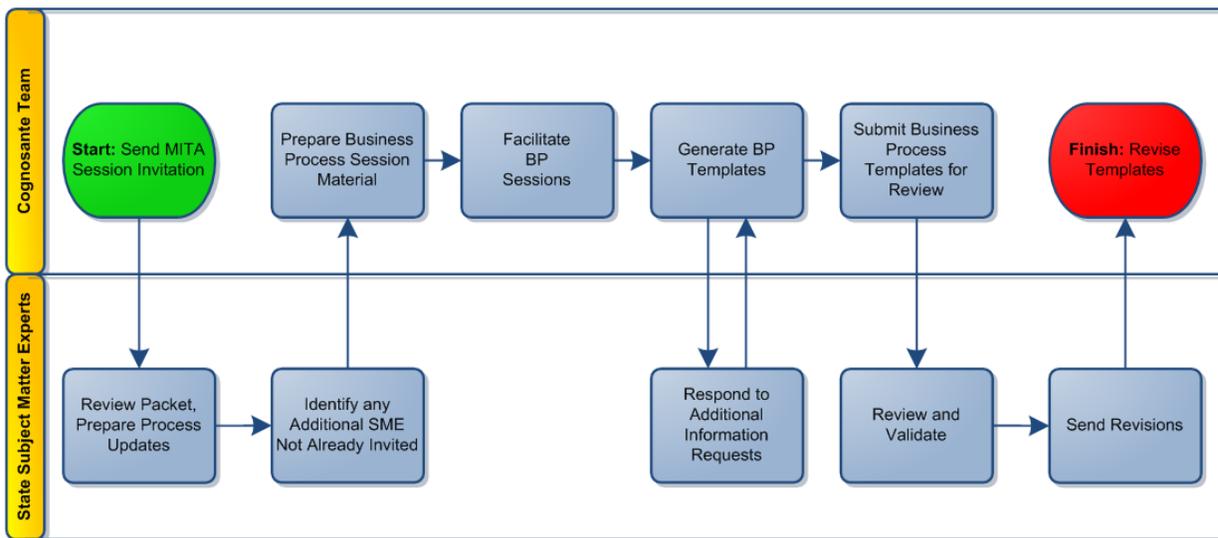


Figure 9: Cognosante Business Assessment Workflow

¹³ <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/Downloads/EFR-Expedited-Advanced-Planning-Doc-Checklist.pdf>

The SMEs were invited to participate in sessions assessing each business process to provide input to standardized templates. Prior to the session, the templates were populated with information gathered from the previous 2009 MITA SS-A. Through a facilitated group review process, the SMEs were questioned about their current business processes and encouraged to elaborate on constraints, opportunities, current issues, and wishes for improved business functionality. This information was added to the templates and the templates were then submitted to the staff for review and feedback.

Based on the information gathered in the business process sessions, MITA maturity levels were assessed for both as is and to be and in consideration of the five (5) year MITA maturity milestone dates previously discussed. Maturity assessments for each business process are provided in a table under each of the business areas within Section 3, along with an overall discussion of the as is and to be objectives for the business area as a whole.

The MITA business process maturity scoring methodology used by Cognosante is based on guidelines provided by the MITA framework. The project team gathers information related to the MITA business process templates including individual business process descriptions, process ownership, process steps, systems used, and activities that are working well within the process. Using this information, the as is and to be business process capabilities are identified.

The methods in the CMS MITA Framework 3.0 SS-A Companion Guide¹⁴ were used to assess business processes. The guidance is as follows:

The SMA must meet all the capabilities for a level before it can advance to the next level when evaluating the BA. A business process scores at a Level 3 only when the SMA achieves all business capabilities defined for Level 3 in the BCM. A maturity level will be a whole number (e.g., Level 1, Level 2, etc.). CMS expects the business process to meet all criteria of the maturity level; otherwise, the business process scores at the lower capability level.

The MITA maturity rating required by CMS for each MITA business process is represented by a single whole number value between one (1) and five (5) for both the as is and to be maturity levels. Individual capabilities are gathered in both the session templates and transferred to the MITA business architecture scorecards in Appendix A. MITA maturity ratings are summarized in the business architecture profiles provided in Appendix E.

In addition to the MITA maturity rating, Cognosante also provides a detailed analysis of individual business processes capabilities and provides a bar chart to illustrate what capabilities are already met by the state and the relative level of effort over the next five years to achieve to be goals. These bar charts provide a full one-to-one rating for each capability aggregated by business process. Capability summaries are provided for each business area in Section 3 of this document.

¹⁴ Source: MITA Framework 3.0 SS-A Companion Guide.pdf, page 20.

In addition, the MITA Framework 3.0 is incomplete at this time. CMS did not release four (4) Member-related business processes in the eligibility and enrollment business area. To capture an accurate picture of how these processes function in Texas, Cognosante utilized a set of process descriptions for the equivalent business processes from the MITA Framework 2.01 and a “generic” set of capabilities developed based on the MITA Framework 3.0 content. This approach provides Texas with the bulk of the data necessary to quickly update the SS-A upon CMS publication of these remaining business processes.

2.5 Technical and Information Assessment Process

In order to capture relevant as is and to be information on key Medicaid systems, associated technical SMEs were identified and technical surveys were created with questions generally aligned to the role that the SMEs plays in supporting the Texas Medicaid Enterprise Technical and Information architectures. Cognosante provided a common list of key Medicaid systems to State staff in March 2012. This list included system categories common to most states including MMIS, eligibility system, pharmacy benefits management (PBM), decision support systems (DSS), provider portal, member portal, and others. Cognosante provided guidance to the State that the systems included in the technical and information assessment list did not need to include all systems, but the major systems that support the Medicaid and Children’s Health Insurance Program (CHIP) programs. This system list was reviewed by State technical leadership and the final list of twenty (20) major Medicaid and CHIP systems was finalized by the State in April 2012. System selection criteria is based on systems receiving funding support from Medicaid, whether the system provides critical operational functions, whether the SMA has ownership and control of the system, and whether the system is subject to updates over the next five (5) years.

The technical and information survey questions are based on technical functions discussed in the MITA Framework 3.0 Part III¹⁵ – technical architecture and other system criteria. Refer to Section 4.1 for a complete list of the twenty (20) systems included in this assessment.

Unlike the business assessment process, which included a focus group or collective input approach to determine maturity assessments for business processes, the technical and information assessment process involved a survey for each system to be completed by a single

¹⁵ <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/MITA/Medicaid-Information-Technology-Architecture-MITA-30.html>

SME.¹⁶ The technical and information survey was sent out to State technical staff and MMIS fiscal agent (FA) staff on April 27, 2012. Survey responders were asked to complete surveys by May 11, 2012. Several survey responses were not completed within that time frame. As a result, the project team allowed surveys to remain open through June 8, 2012 to ensure all responses would be captured. The respondents completed the survey with pertinent information about their respective systems. Six (6) technical and information assessment sessions along with the information from the survey captured the necessary information related to the information and technical architectures at HHS. These sessions and surveys were conducted from April 20, 2012 through June 21, 2012.

Cognosante implemented its standard process to complete this activity as outlined in Figure 10: Cognosante Technical Assessment Workflow below.

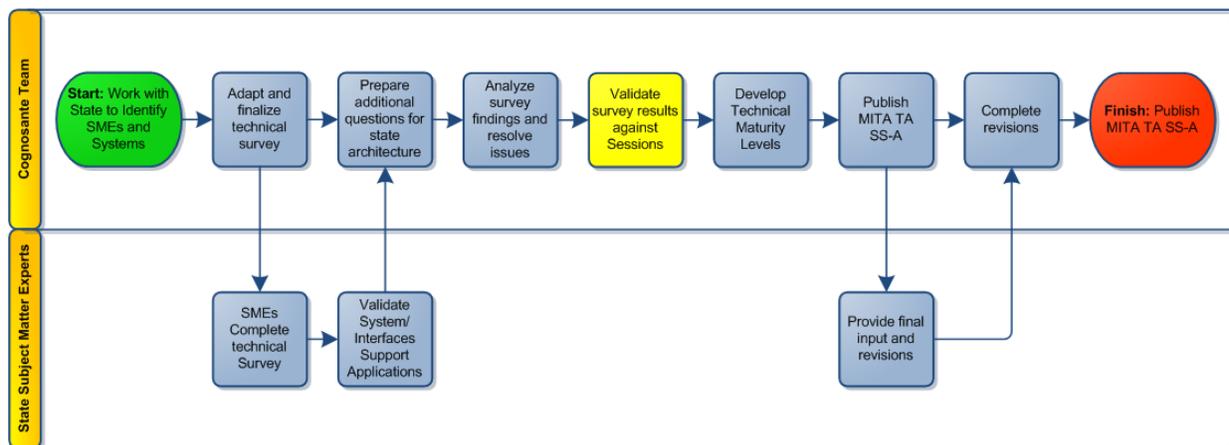


Figure 10: Cognosante Technical Assessment Workflow

HHS systems staff and leadership met with Cognosante to validate the enumerated systems, interfaces, and supporting applications between the outer edge/interfaces of the Texas Medicaid Enterprise. Two key meetings to discuss the CMS Seven Conditions and Standards and potential conceptual technical architecture were completed in June 2012 and allowed a more in-depth development of possible directions the State can take moving forward. Cognosante prepared an additional set of questions related to the State architectural infrastructure focusing on any gaps that were identified through the first round of discovery. From the information gathered in that meeting, differences in interpreting systems, interfaces, applications, and any other technical-related information were resolved.

¹⁶ ID Care and TexMedConnect are information systems used by various stakeholders across the health and human enterprise. In the next annual state self-assessment, it is recommended that a focus group approach is used to assess technical and information maturity for these systems.

The results were analyzed by Cognosante and a synopsis of the as is information was written for each technical area and function. An assessment of the technical maturity was performed for each technical function based on the Technical Capability Matrix (TCM) and Information Capability Matrix (ICM) guidelines outlined in the MITA Framework 3.0, where applicable. The matrices include individual capabilities by technical and information area for each of the five (5) levels of MITA maturity.

The methods in the CMS MITA Framework 3.0 Companion Guide were used in determining the capability assignment for each assessed information system. The guidance is as follows:

Information Architecture (IA)

The SMA must meet all the capabilities for a level before it can advance to the next level when evaluating the IA. A business area scores at a Level 3 only when the SMA achieves all information capabilities defined for Level 3 in the ICM. CMS expects the business area to meet all criteria of the maturity level; otherwise, the business area scores at the lower capability level. A maturity level will be a whole number (e.g., Level 1, Level 2, etc.).

Technical Architecture (TA)

The SMA must meet all the capabilities for a level before it can advance to the next level when evaluating the TA. A business process scores at a Level 3 only when the SMA achieves all technical capabilities defined for Level 3 in the TCM. CMS expects the business area to meet all criteria of the maturity level; otherwise, the business area scores at the lower capability level. A maturity level will be a whole number (e.g., Level 1, Level 2, etc.).

The MITA technical and information architecture maturity scoring methodology used by Cognosante is based on guidelines provided by the MITA framework. The project team uses a combination of data gathered from technical surveys of key systems supporting the Medicaid Enterprise and the business area capabilities gathered as part of the MITA business process templates. Using this information, the team reviews the maturity ratings provided by the technical staff and compares these technical survey ratings to the data access, quality of result, and automation related business process capabilities from business areas supported by the key system.

The MITA maturity rating required by CMS for each MITA technical or information architecture function is represented by a single whole number value between 1 and 5 for both the as is and to be maturity levels. Individual capabilities are gathered in both the technical assessment and business session templates and transferred, based on the criteria above, to the MITA business architecture scorecards in Appendix A. MITA maturity ratings are summarized in the information and technical architecture profiles provided in Appendix F.

Technical and Information architecture capability summaries are provided for each function in Section 4 of this document.

2.6 Limitations of the Assessment

The information in the SS-A has a number of limitations that must be considered when evaluating the data.

While each of the five (5) operating agencies within HHS has varying levels of technology, processes, and capabilities, the MITA 3.0 assessment requires providing a single maturity level to represent the entire Medicaid Enterprise. Naturally, this presents challenges with describing the maturity of a complex enterprise to a single numerical value.

Comparative analysis of maturity assessments between the 2009 SS-A and the 2012 SS-A can not be conducted since the assessment framework versions are different. The revisions to the BCM in MITA 3.0 contain more stringent definition of capabilities compared with the MITA 2.0 version of the Framework that was utilized in the 2009 SS-A. Texas has made progress in improving capabilities and the enterprise has by no means regressed in the level of maturity of its capabilities. However, the assessed maturity level in the 2012 SS-A may be lower, or may not have improved in comparison to the 2009 SS-A. These apparently lower assessments should *not* be automatically interpreted as a change for the worse. In *all* cases, the apparent loss of maturity is due to the redefinition of the business process capabilities.

At the time of this assessment, CMS had not released the four (4) member-related business processes in the eligibility and enrollment business area for the MITA Framework 3.0. The assessment for these business processes will need to be revisited once CMS has released the update.

Additionally, defining changes related to longer-term strategies will remain a challenge because it is dependent upon technologies, business processes, and standards that may not exist at present, or are not yet fully evolved by a state or by CMS.

3 MITA SS-A BUSINESS ASSESSMENT RESULTS

The release of MITA Framework 3.0 brought with it an updated BPM. This revised model increased the MITA business areas from eight (8) to ten (10) and increased MITA business processes from seventy-nine (79) to eighty (80). When viewed proportionally, as illustrated in Figure 11: MITA 3.0 Business Process Model below, the updated BPM has added business areas related to financial management, health plan (plan) management, eligibility and enrollment management, and performance management. The revised framework has also removed the business areas of program management and program integrity management. This MITA BPM was used as a baseline for the 2012 Texas MITA SS-A. For a complete crosswalk of MITA 2.0, MITA 2.01, and MITA 3.0 business processes refer to Appendix I: MITA Texas Business Process Crosswalk.



Figure 11: MITA 3.0 Business Process Model

As well as the changes discussed, above, the revised business architecture in the MITA 3.0 Framework included combining one or more business processes into a single process, revising the business process definition, shifting business processes from one business area to another, and revising the business capability matrixes (BCM). The revisions to the BCM include a more stringent and consistent definition of capabilities than was the case in the MITA 2.0 version of the Framework that was utilized in the 2009 SS-A.

While Texas has made some progress in improving maturity since the previous SS-A and the enterprise has by no means regressed in the level of maturity of its capabilities, the assessed maturity level in the 2012 SS-A may be lower, or may not have improved in comparison to the

2009 SS-A. These apparently lower assessments should *not* be automatically interpreted as a change for the worse. In all cases, the apparent loss of maturity is due to the redefinition of the business process capabilities.

The revised BCMs continue to emphasize greater collaboration and sharing of data across operating agencies and business units. While a number of improvements were introduced in all of the operating agencies since the 2009 Assessment, the individual agencies carried out these projects and the improvements did not result in enterprise-wide gains. Until enterprise-wide collaboration becomes more common within the Texas Medicaid Enterprise, maturity gains will not keep pace with the desired to be goals.

For each business process, the collection of capabilities against which the process is assessed is known as a Business Capability Matrix (BCM). The Texas MITA SS-A was completed using the BCM from the MITA Framework 3.0 with the exception of the four (4) business processes that were not included in the update. For these business processes, Cognosante utilized a “generic” set of capabilities developed based on the MITA Framework 3.0 content. In each BCM, there are a number of general capabilities and six qualities that have a specific metric for each maturity level.¹⁷ The six (6) measurable qualities are as follows:

- **Timeliness of Business Process:** Time lapse between the State Medicaid agency’s (SMA) initiation of a business process and attaining the desired result (e.g., length of time to enroll a provider, assign a member, pay for a service, respond to an inquiry, make a change, or report on outcomes).
- **Data Access and Accuracy:** Ease of access to data that the business process requires and the timeliness and accuracy of data used by the business process.
- **Effort to Perform, Efficiency:** Level of effort necessary to perform the business process given current resources.
- **Cost Effectiveness:** Ratio of the amount of effort and cost to outcome.
- **Accuracy of Process Results:** Demonstrable benefits from using the business process.
- **Utility or Value to Stakeholders:** Impact of the business process on individual beneficiaries, providers, and Medicaid staff.

¹⁷ Centers for Medicare and Medicaid Services. Enhanced Funding Requirements: Seven Conditions and Standards. Medicaid IT Supplement (MITS-11-01-v1.0), April 2011, p. 1

3.1 Summary Business Assessment Findings

Table 1 and Table 2 below display the current assessed as is MITA maturity level of each business area, and the desired to be levels. The tables display the business processes by the percentage of processes/functions per maturity level. See Figure 2: MITA Maturity Model – Maturity Level Summary Descriptions, above, for a summary description of each maturity level.

It is important to note that maturity levels were assessed utilizing the guidance that CMS has provided in the MITA Framework 3.0 Companion Guide which states that a State Medicaid Agency must meet all the business architecture capabilities for a level before it can advance to the next level.

Color Legend: The proportion of the business area that is assessed at the indicated level. (See percentage in parentheses).

1 – 25%		51 – 75%	
26 – 50%		76 – 100%	

Table 1: As Is Maturity – Summary of Business Assessment

<i>Business Area (BA) Name</i>	<i>Maturity Level 1</i>	<i>Maturity Level 2</i>	<i>Maturity Level 3</i>	<i>Maturity Level 4</i>	<i>Maturity Level 5</i>
Business Relationship Management Business Processes: 4 BA Overall: Level 1	4 (100%)				
Care Management Business Processes: 8 BA Overall: Level 1	7 (87%)	1 (13%)			
Contractor Management Business Processes: 9 BA Overall: Level 1	5 (56%)	4 (44%)			
Eligibility & Enrollment Management Business Processes: 8 BA Overall: Level 1	4 (50%)	4 (50%)			
Financial Management Business Processes: 19 BA Overall: Level 1	5 (26%)	13 (69%)	1 (5%)		
Member Management Business Processes: 4 BA Overall: Level 1		4 (100%)			
Operations Management Business Processes: 9 BA Overall: Level 1	2 (22%)	7 (78%)			
Performance Management Business Processes: 5 BA Overall: Level 1	5 (100%)				

<i>Business Area (BA) Name</i>	<i>Maturity Level 1</i>	<i>Maturity Level 2</i>	<i>Maturity Level 3</i>	<i>Maturity Level 4</i>	<i>Maturity Level 5</i>
Plan Management Business Processes: 8 BA Overall: Level 1	3 (37%)	5 (63%)			
Provider Management Business Processes: 5 BA Overall: Level 1	5 (100%)				

To be objectives were assessed for five (5) years in the future, which referenced objectives appropriate to the MITA 3.0 Roadmap projects.

Color Legend: The proportion of the business area that is assessed at the indicated level. (See percentage in parentheses).

1 – 25%		51 – 75%	
26 – 50%		76 – 100%	

Table 2: To Be Maturity Goals – Summary of Business Assessment

<i>Business Area Name</i>	<i>Maturity Level 1</i>	<i>Maturity Level 2</i>	<i>Maturity Level 3</i>	<i>Maturity Level 4</i>	<i>Maturity Level 5</i>
Business Relationship Management Business Processes: 4 BA Overall: Level 1		4 (100%)			
Care Management Business Processes: 8 BA Overall: Level 1		8 (100%)			
Contractor Management Business Processes: 9 BA Overall: Level 1		8 (89%)	1 (11%)		
Eligibility & Enrollment Management Business Processes: 8 BA Overall: Level 1		6 (75%)	2 (25%)		
Financial Management Business Processes: 19 BA Overall: Level 1		14 (74%)	4 (21%)	1 (5%)	
Member Management Business Processes: 4 BA Overall: Level 1		4 (100%)			
Operations Management Business Processes: 9 BA Overall: Level 1		4 (44%)	5 (56%)		

<i>Business Area Name</i>	<i>Maturity Level 1</i>	<i>Maturity Level 2</i>	<i>Maturity Level 3</i>	<i>Maturity Level 4</i>	<i>Maturity Level 5</i>
Performance Management Business Processes: 5 BA Overall: Level 1		5 (100%)			
Plan Management Business Processes: 8 BA Overall: Level 1		8 (100%)			
Provider Management Business Processes: 5 BA Overall: Level 1		5 (100%)			

3.2 Texas Business Assessment Results by MITA Business Area

This section contains a description for each business area covering the following:

- As is business capabilities assessment shows the result of the HHS review of each of the MITA business processes.
- MITA maturity level profile for each business area. (Note: A summary description of MITA maturity levels can be found in Figure 2: MITA Maturity Model – Maturity Level Summary Descriptions).
- To be business capabilities assessments shows the HHS desired capabilities.
- Five (5) year maturity description – Summarizes the improvements that the HHS personnel want to achieve within five (5) years.

Appendix B offers further detail on the MITA maturity assessment for each business process.

3.2.1 Business Relationship Management

3.2.1.1 Overview

The Business Relationship Management business area contains four (4) business processes, shown in Figure 12. Business relationship management processes support standards-driven, automated data exchange throughout the Medicaid Enterprise, including situations for which there is not a contractual or business associate relationship. The Business Relationship Management business area is where the standards for interoperability between the Texas Medicaid Enterprise and its partners are implemented. The current MITA definitions of these processes do not yet include national standards. However, states are encouraged to establish standards based on available industry standards. The MITA Framework 3.0 is likely to undergo significant refinement as data exchanges between the various State Medicaid Enterprises develop.

3.2.1.2 Business Relationship Management – As Is Summary

Texas has established and maintains good business relationships with contractors, providers, and other entities. Through the use of contracts, agreements, and memorandums of understanding (MOUs), HHS maintains efficient business-to-business (B2B) related data exchange. The current business relationship management business processes were developed to continue improving the relationship and exchange of information with Medicaid and non-Medicaid partners. Although business areas across the enterprise are responsible for their own business relationships, the processes follow standardized rules.

Strengths

The following are examples of the strengths identified during the Business Relationship Management business process sessions:

- When establishing agreements, legal, contract management, and contract staff are all involved, bringing all the right players to the table to expedite the process and leverage these agreements as templates for future contracts.
- Agencies are generally clear on the legal restrictions for sharing data.
- Contracts are developed to allow both the contractor and the data provider to monitor and evaluate compliance.
- Designated points of contact are identified and assigned personnel trained to manage communication with business partners, resulting in streamlined and efficient efforts.
- Contract managers maintain contract files and initiate amendments.
- Parties have usually agreed in advance to the terms to be amended.

- Contract management staff or client services contracting unit staff are always involved in any agreement, amendment, or contract termination related to their prospective program areas.
- Contractual provisions are clear, although sometimes it might be difficult to enforce them.

Opportunities for Improvement

Outlined below are examples of opportunities identified for improvement in the Business Relationship Management business area during business process sessions:

- Multiple agencies and management levels may need to be involved when establishing business relationships. The EDW project includes support and functionality for this activity.
- It is difficult for external entities to get access to use Texas Medicaid data. Federal and State laws prohibit certain disclosures without obtaining the expressed authorization of individuals or their legally authorized representative. Where federal and State laws do allow certain disclosures, the Texas Medicaid Enterprise affords clients the opportunity to opt-out of sharing their Medicaid data electronically. The Enterprise Data Warehouse (EDW) project includes support and functionality for this activity.
- It is often difficult to match individual identifiers due to a lack of commonality of identifiers across programs. The EDW project includes support and functionality for this activity.
- Agencies are not receiving or able to access information from Texas Procurement and Support Services (TPASS) related to vendor performance information. Agencies are not routinely using the database to post vendor contracts. Agency staff is hesitant to post anything negative because of liability issues.
- Improve the ability to track and verify data management by trading partners according to agreements.
- There is a heavy reliance on paper.
- Variables such as staffing knowledge, competing priorities, and lack of enterprise-wide standards may lead to timeliness issues.
- Multiple versions of a contract may exist, resulting in confusion related to final version.
- A single contract agreement repository, HHS Contract Administration and Tracking System (HCATS), is available, but is not used by all business units.
- Lack of effective communication of data sharing policies and data usage agreements across the enterprise causes redundancy and duplication of effort.

3.2.1.3 Maturity Level Profile

The bar chart in the figure below illustrates the as is and preliminary five (5) year to be MITA maturity level goals for this business area. As illustrated, the as is MITA maturity level for all business processes is Level 1 and the five (5) year to be MITA maturity level goal is Level 2.

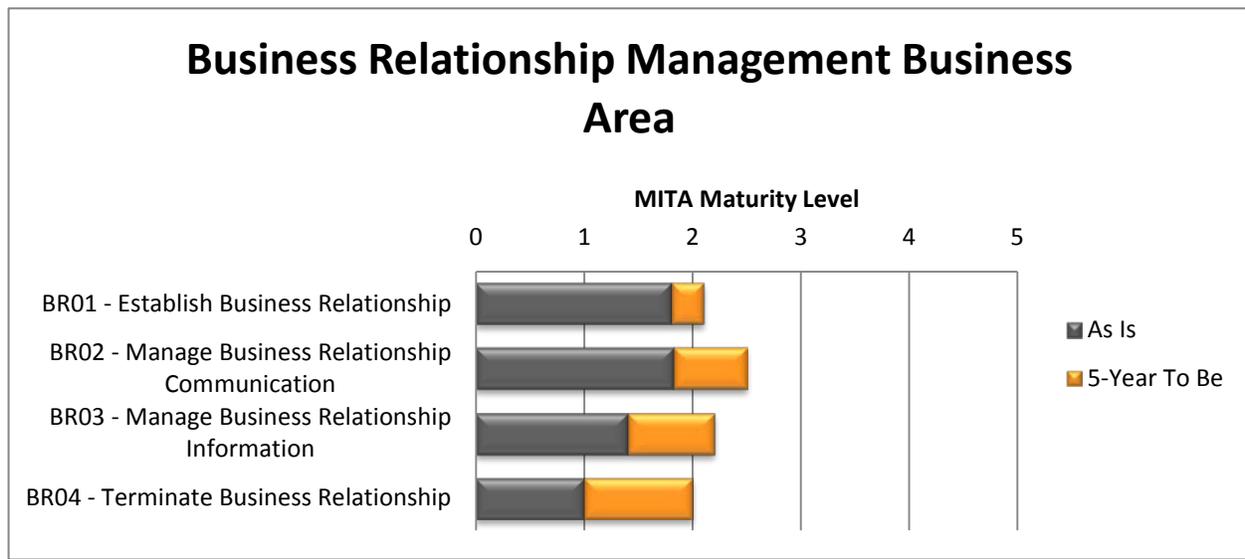


Figure 12: Business Relationship Management Maturity Assessment Results

3.2.1.4 Business Relationship Management – To Be Summary

This Business Relationship Management business area revolves around data exchange agreements with business partners and is inherently manual and paper-based. Due to the nature of the activities performed within these business processes, widespread automation is not feasible or may take several years to complete. In general, the to be maturity goals for business relationship are at a MITA maturity Level 2 for all four (4) business processes, which means a focus on standards and automation will be needed to achieve these goals.

Business Relationship Management session participants recommended additional actions to improve the maturity of business processes, procedures, and systems, including:

- Store all data sharing agreements, regardless of whether they are financial or non-financial (i.e., no-cost), in a single repository to allow the agreements to be readily accessed, tracked, monitored, analyzed, and updated accordingly.
- Review writing phase of business partner agreements to ensure clear and specific contract expectations and requirements, and use of standard and robust agreement language across agencies.
- Improve the flexibility of current systems to allow more efficient methods to view and manipulate data.

- Develop and implement standardized processes for documentation of business partner contracts.
- Implement a streamlined process for no-cost contracts that simplify the process rather than adhering to the current system, or modify HCATS processes so they are scalable and flexible enough to handle no-cost and financial contracts.
- Refine process for creating data sharing contracts to align with the size of the agreement, requiring less labor for smaller contracts.
- Improve search and sort capabilities for current and past business partner agreements.
- Ensure that more staff members have adequate training and knowledge on correct contract procedures.
- Involve legal staff with setting expectations for completing amendments in order to produce reasonable timelines and ensure contracts comply with changes in laws and regulations.

3.2.2 Care Management

3.2.2.1 Overview

The Care Management business area contains eight (8) business processes, shown in Figure 13: Care Management Maturity Assessment Results that focus on individual care management (establish case and manage case, maintenance of registries related to specific health issues (manage registry), and population management (manage Medicaid population health).

This business area includes processes that support individual care management and population management. In Texas, population management targets groups of individuals with similar characteristics and needs, and promotes health education and awareness.

Note: Care Management and case management can be used interchangeably.

3.2.2.2 Care Management – As Is Summary

Care Management activities in Texas vary substantially across business units. Depending on client needs, multiple case managers in various Medicaid programs can be providing various services to a single client. Each type of case is driven by state-specific criteria and program specific rules, different relationships, and different data. When clients receive case management services from multiple programs, it is difficult for a case manager to get a holistic view of the client. This difficulty arises from the fact that no single system of record exists across all case management programs that lists all the case managers and services the client is receiving. The establishment and management of cases are often manual with little standardization across units. Significant redundancies exist with regard to case management intakes, screenings, and referrals. While there is some utilization of electronic forms, the process is primarily manual and paper-based. Texas has recognized these opportunities and is developing tools such as EDW to enhance visibility across the enterprise.

Many current registries that exist in Texas are more fluid than what might traditionally be considered registries. Current statutory requirements and variation in population density across the State has limited the abilities of certain registries in releasing personally identifiable information, though data is more easily shared at an aggregate level than at the client level. Registries are housed in various systems and servers, requiring greater technical and organizational collaboration in data sharing agreements and access points when information sharing is necessary. Additionally, health care providers must report information for relevant conditions separately to each registry: there is no single gateway within the enterprise for the receiving of this information, creating an additional and potentially unnecessary workload for providers.

Both contracted and State staffs manage business processes that perform screenings and assessments and manage treatment plans and outcomes. In general, information for these processes is housed in the contractors' systems. Prior authorizations for services and treatment plans are a mix of manual and automated activities. Providers are able to submit authorization requests through the TMHP Website as well as other channels. Additionally, Texas is in the

process of building capabilities for ASC X12 278 HIPAA standard transactions, which relates to transactions for sending or receiving referrals or authorizations.

Strengths

The following are examples of the strengths identified during the Care Management business process sessions:

- The Clinical Management for Behavioral Health Services (CMBHS) system has been released into production for some time for substance abuse services: it is being extended to serve mental health as well, enabling improved business performance and enhanced/improved coordination of services between mental health and substance abuse providers.
- Community Resource Coordination Groups (CRCG) work well at the county level to coordinate care for clients that are receiving services from multiple programs. The CRCG is a locally operated, State-authorized effort working with long-term care providers.
- Performance measures are available online in the Behavioral Health Integrated Provider System (BHIPS).
- DSHS is able to collect information on curriculum outcomes for substance abuse.
- The Criminal Justice Match (CJM) process serves as a mechanism to ensure continuity of care for individuals with mental illness who are involved with the criminal justice system.
- The Medicaid eligibility match ensures that State funding is maximized by allowing contracted providers to expeditiously bill the federal government for services provided.

Opportunities for Improvement

Outlined below are examples of opportunities identified for improvement in the Care Management business area during business process sessions:

- Providers are not timely in submission of packets so that case reviews can be completed prior to expiration of needed services.
- Throughout various systems, there is no way to find all of the case managers and case management services being provided to a client.
- Case management services have different names across the enterprise (care coordination, service coordination, care management, etc.).
- There is a lack of uniform data across the enterprise.
- The State has not established performance or outcome measures regarding outreach, public education, or prevention for most Medicaid-funded services.
- Published reporting and analysis is limited by apprehension of publishing less-than-perfect data.

- Matching processes are constrained by the lack of a universal and consistent identifier such as a master client index.
- Original handwritten signatures are required from physicians for certain services and prior authorizations (PAs). This requirement must be considered as a constraint to improving maturity levels.
- Multiple patient control numbers (PCNs) can exist for the same client; there is an inability to resolve the problem through merging of PCNs when clients are identified as the same individual.
- Lack of a direct entry Web portal does not allow for streamlined reporting of registry information for Medicaid providers.
- Foster care case management processes are tightly integrated with Medicaid eligibility. The DFPS/TIERS interface should be modernized.

HHSC's current efforts toward implementation of the MEDG capabilities and the Medicaid EDW, which will provide a single, centralized data store, will address issues related to the storage and accessibility of case management services data. In addition, the EaaS initiative will review eligibility data sets and data constraints to better manage data transfers. Finally, HHSC is working on implementing Master Client Index (MCI) and Master Provider Index (MPI) functionality that will work to eliminate duplication, improve entity authentication, and build episodes of care.

3.2.2.3 Maturity Level Profile

The bar chart in Figure 13: Care Management Maturity Assessment Results below illustrates the as is and preliminary five (5) year to be MITA maturity level goals for this business area. As illustrated, the as is MITA maturity level for all business processes is Level 1, with some capabilities exceeding Level 1. The five (5) year to be MITA maturity level goal for all business processes is Level 2 with most processes progressing toward Level 3.

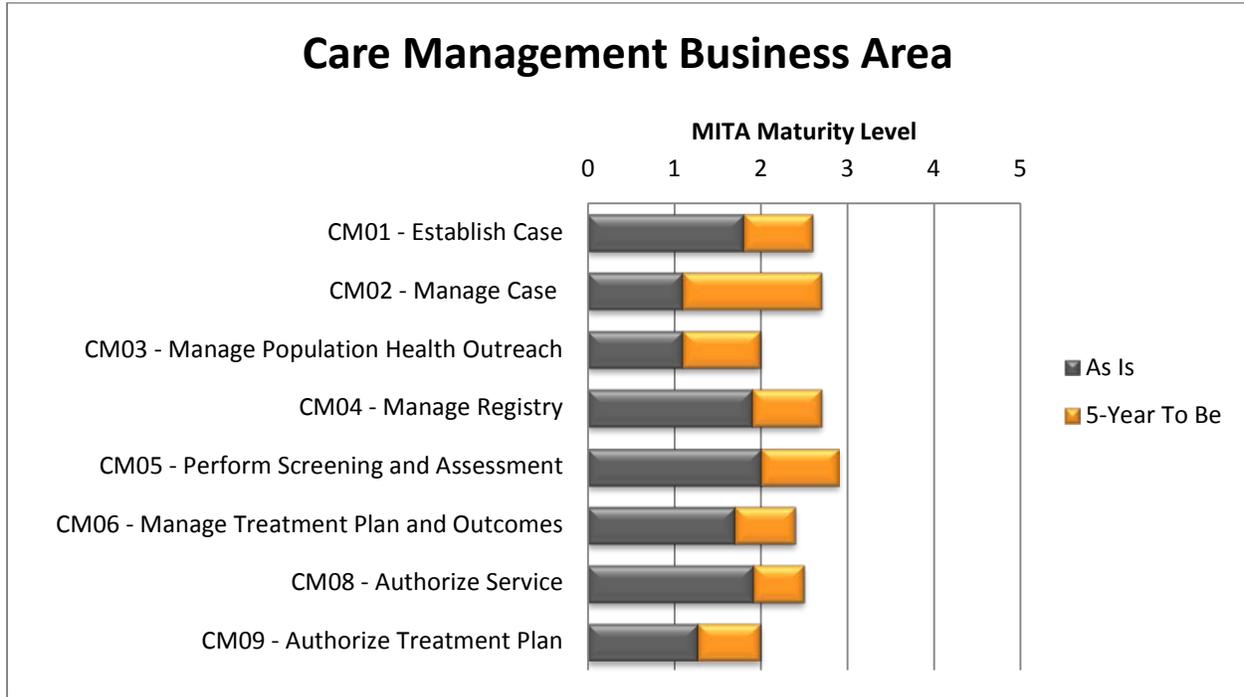


Figure 13: Care Management Maturity Assessment Results

3.2.2.4 Care Management – To Be Summary

In 2009, the MITA SS-A recommended integration of all HHS case management services into an HHS enterprise case management and care coordination service. This could be leveraged to develop and consolidate utilization management, provider incentive practices, and high-cost targeting. Participants in Care Management sessions recommended additional actions to improve the maturity of business processes, procedures, and systems including:

- Implement a single or federated system to facilitate data sharing, eliminate duplicated information, allow association of client with applicable case managers and case management services, and permit view of services for clients across all units.
- Implement an enterprise data warehouse that includes data from all Texas Medicaid and relevant non-Medicaid programs to reduce duplication of data and potential for conflicting data.
- Promote use of electronic HIPAA standard transactions.
- Promote use of recognized and formally adopted data and interoperability standards, in conjunction with CMS, THSA, and other appropriate organizations.
- Integrate all clinical and service data for clients to facilitate cost avoidance.
- Improve coordination, consistency, and communication across the enterprise for conducting case management activities.

- Finalize and implement standard definitions for elements such as data, case management, and service plans.
- Broaden the use of the CMBHS system to eliminate manual and paper-driven processes and improve the processes for exchanging eligible client information.
- Develop comprehensive master data management strategy for determining best data sources and data sharing processes.
- Consolidate all claims processing functions into one system.
- Expand program use and functionality for systems such as the Information Management Protecting Adults and Children in Texas (IMPACT) system to better coordinate and manage effective service delivery.
- Take advantage of FFP available through grants and other funding sources to provide efficiencies in care. For example, DADS will implement the Balanced Incentive Program (BIP) to move more recipients receiving expensive nursing home institutional care into more affordable assisted-living care community-living models.
- Increase the capability to apportion program costs such as behavioral health across the full episode of care.

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3.2.3 Contractor Management

3.2.3.1 Overview

The Contractor Management business area contains nine (9) business processes, as depicted in Figure 12, and accommodates states that have managed care contracts or a variety of outsourced contracts. For example, some states might group the provider and contractor in one business area. The Contractor Management business area in Texas has a common focus (e.g., manage outsourced contracts), owns and uses a specific set of data (e.g., information about the contractor or the contract), and uses business processes that have a common purpose (e.g., solicitation, procurement, award, monitoring, management, and closeout of a variety of contract types).

Creating a separate business area for Contractor Management allows the MITA process to highlight this part of the Medicaid Enterprise, which is becoming increasingly important to state Medicaid agencies. Implementing comprehensive managed care or multiple-contractor operations is a primary focus in the Texas Medicaid Enterprise. In the Contractor Management business area, the management of many types of health care service delivery contracts (e.g., managed care, at-risk mental health or dental care, primary care physician) and the many types of administrative services contracts (e.g., FA, enrollment broker, surveillance and utilization review, and third-party recovery) are documented as single business process because the business process activities are the same even though the input and output data and the business rules may differ.

3.2.3.2 Contractor Management – As Is Summary

These processes are primarily handled individually by business units. However, several centralization initiatives have already helped HHS create economies of scale, centralize communications, and coordinate with other business areas to reduce redundancies, among other benefits. Through the Enterprise Contract Purchasing Services (ECPS) and Administrative Services Division (ASD) business areas, HHS staff has the available resources to assist with developing the required documentation, to communicate with affected business areas to gain their input, and to ensure that services procurement is as beneficial to the system as possible. Additionally, the Medicaid/Children's Health Insurance Program (MCD/CHIP) Division contract management area centralized various services such as procurement, contract management, and contract closeout processes, among a core group of staff, to efficiently complete Contractor Management business processes for MCD business areas.

Standards and centralization processes are available across the Texas Medicaid Enterprise for the basic contract management processes for most administrative services contracts, namely, RFP generation, awarding contracts, contract management, and contract closeout. However, not all programs fully utilize this resource and not all contract data, such as invoice data, is available through a referenceable resource. The management of contractor grievances and appeals for administrative services contracts also benefits from these capabilities, with a

centralized body that applies HHS definitions and rules to review and to dispose of vendor disagreements.

Strengths

The following are examples of the strengths identified during the Contractor Management business process sessions.

- Establishment of HCATS and Medicaid Contract Administration Tracking System (MCATS) have created potential for enterprise-wide contract repository and quick access to contract data for answering inquiries.
- MCATS works well as a repository for correspondence and for contract monitoring of deliverables.
- Knowledgeable staff and leadership and centralization of HHSC activities have improved efficiency and outcomes.
- Websites are used for posting information viewable by contractors.
- Office of Social Services (OSS) utilizes Microsoft SharePoint for coordinating document review.
- Staff members have comprehensive knowledge of the requirements for contractor management.
- Team coordination and cross-training limits delays.
- Project management methodologies are utilized by vendors to improve performance.
- If issues arise that may lead to a contractor terminated for cause, a standing meeting is held to keep stakeholders informed of the issue.
- The HHS Contract Council, an enterprise-wide group formed to improve contracting across the HHS system, is working on several initiatives such as developing an enterprise-wide policy for using electronic documents in lieu of printed hardcopy documents.

Opportunities for Improvement

Examples of opportunities identified for improvement in the Contractor Management business area during business process sessions are outlined below:

- TexMed Central, a secure Internet bulletin board the State and managed care organizations/health maintenance organizations use to share information, has opportunities for expanded functionality to meet the needs of all programs.
- Excess amount of informal email communication occurring with TMHP results in unofficial policy and decisions related to operations and performance.
- IT resources, rather than project importance, tend to drive development of prioritization.
- There are no established processes for addressing multiple types of contractor inquiries.

- Analysis of communications does not exist to identify common inquiries and whether they can be addressed more efficiently.
- Performance measures for vendors have been difficult to write into contracts.
- Contract data though available in the HCATS repository is often housed in multiple locations and is not easy to access without significant manual work.
- MCATS processes are repetitive and involve multiple non-contiguous steps.

3.2.3.3 Maturity Level Profile

Figure 14: Contractor Management Maturity Assessment Results below illustrates the as is and preliminary five (5) year to be MITA maturity level goals for this business area. As illustrated, the as is MITA maturity level for five (5) business processes is Level 1 with the other four (4) at Level 2. The five (5) year to be MITA maturity level goal for a majority of the business processes moving toward Level 3.

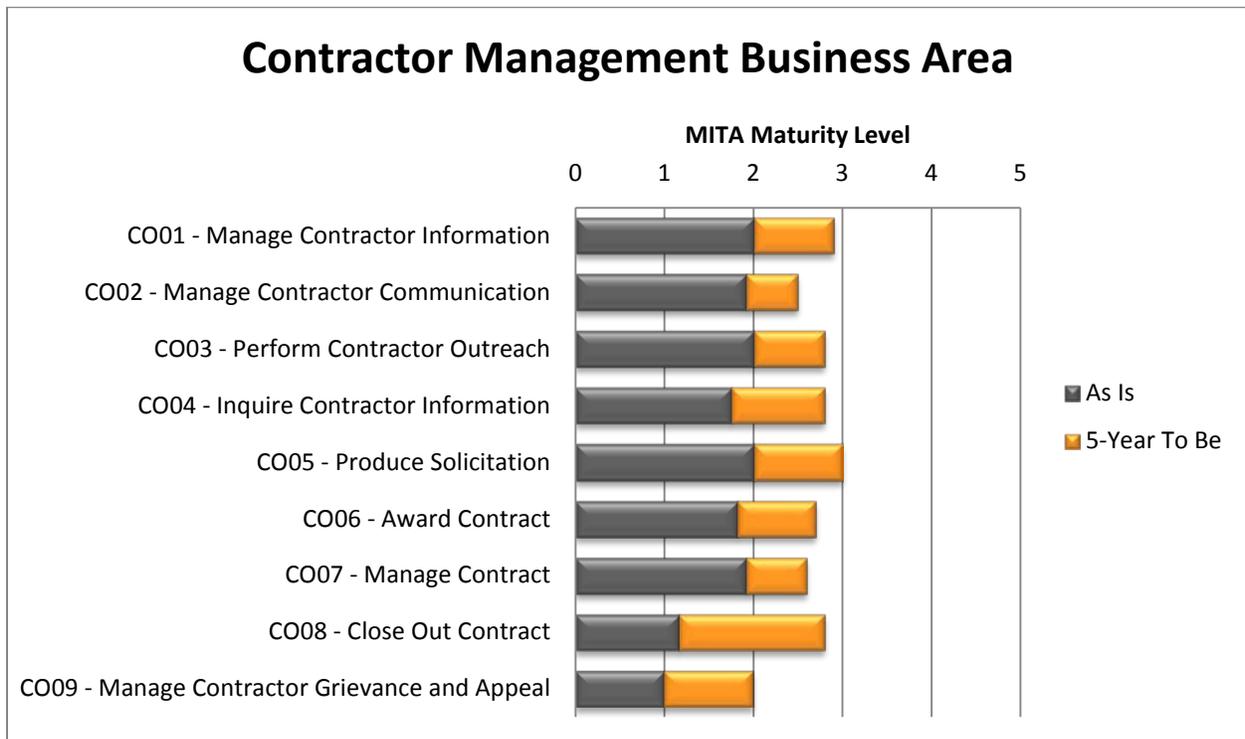


Figure 14: Contractor Management Maturity Assessment Results

3.2.3.4 Contractor Management – To Be Summary

A focus on contract standards, automation of solicitation and management processes, as well as improved data sharing across agencies will be needed to achieve to be goals.

The Contractor Management business area should focus on standardization of the contracting process and data for all agencies. Steps toward consolidation have begun with administrative contracts and proved successful by reducing redundancies and introducing consistency across agencies in items such as contract terminology, responses, and resolution. HHS is now utilizing the lessons learned to increase consolidation of other contract types.

ECPS, ASD, and the HHS Contract Council have all taken steps to implement standards and consistency throughout the various contracting processes. The best opportunity to progress to MITA maturity Level 2 is to build upon the success of ECPS and ASD and further centralize contract management activities. One opportunity for improvement exists within the MCD Contract Management unit. While it centralizes the basic contract management functions for much of Medicaid, any administrative or health services contracts related to LTC are not included within its scope of responsibility. Similarly, while ASD and ECPS provide centralized support functions, there is no HHS enterprise business rule requiring that all business areas use their services, or that they be contacted at specific points throughout the procurement process. Some ASD and ECPS functions include:

- Implement annual planning and coordination between and among programs, and divisions to ensure timely decision-making, proper and efficient advance planning, and complete preparation for contract management processes.
- Streamline processes in MCATS in order to promote its availability and use across units and to ensure broader and more consistent utilization.
- Provide access for vendors to interface with MCATS.
- Implement enterprise-wide contract data repository for all Medicaid related contracts.
- Create single system for posting and viewing contracts that includes all contract management information (e.g., service level agreements, corrective action plans, and staffing plans) to facilitate regular review and analysis of contracting data.
- Promote the ability for information systems to receive performance reports and other information electronically from contractors.

3.2.4 Eligibility and Enrollment Management

3.2.4.1 Overview

The Eligibility and Enrollment Management business area is a collection of eight business processes (depicted in Figure 15: Eligibility & Enrollment Maturity Assessment Results), involved in the activity for determination of eligibility and enrollment for new applicants, redetermination of existing members, enrollment of new providers, and revalidation of existing providers. The provider enrollment business process and other provider-related business processes focus on patient safety and fraud prevention through functions such as determining screening level (i.e., limited, moderate, or high) for provider verifications. These processes share a common set of provider-related data for determination of eligibility, enrollment, and inquiry to provide services. The Eligibility and Enrollment Management business area is responsible for the eligibility and enrollment information of the member data store as well as the provider data store.

3.2.4.2 Eligibility and Enrollment Management – As Is Summary

Eligibility and enrollment member-related business processes is one area where improvements in system functionality have made a difference. The SOA based TIERS has standardized some of these business processes. TIERS was implemented statewide in 2011, is an automated system that caseworkers use to determine whether applicants are eligible for benefits. There is, however, a lack of coordination among the HHS operating agencies that contributes to a lack of structured and consistent communication between agencies. This results in inconsistencies and delays, and a strong prevalence of compartmentalized business processes. This is especially true for provider-related eligibility and enrollment business processes that have a tendency to be primarily manual.

Strengths

The following are examples of the strengths identified during the Eligibility and Enrollment Management business process sessions:

- Member eligibility and enrollment:
 - Member eligibility and enrollment activities are supported by TIERS, which includes:
 - A complete SOA (including an Enterprise Service Bus (ESB) and Web portal) for TIERS.
 - A SOA governance model by implementing a SOA registry and ESB for sharing code and information across the enterprise.
 - Enterprise license for database and SOA middleware to enable staff in all operating agencies to commence with SOA adoption.
 - Service interface and information standards to institutionalize SOA best practices.

- ESB/SOA-based integration between TIERS and systems used by the Office of Inspector General (OIG) and DADS.
- The Medicaid Eligibility and Health Information System (MEHIS) implemented a member eligibility card with a magnetic stripe to replace paper-based eligibility letters. The implementation of MEHIS:
 - Replaces the current paper Medicaid identification form with a plastic card
 - Automates eligibility verification
 - Introduces e-prescribing functionality
 - Establishes a foundation for future HIE use for improved efficiency, continuity of care, and improved health outcomes
- HHSC has made significant strides in providing self-service capability to the Medicaid clients through TIERS and MEHIS.
- Provider eligibility and enrollment:
 - HHS is in the process of increasing use of multiple provider self-service channels including Web portals, Automated Voice Response Systems (AVRS), and email communication.
 - The majority of providers have access to Web portals for enrolling.
 - Data exchange with credentialing bodies is supported through Web portals or file exchanges where possible.
 - Online Provider Lookup (OPL) portal supports:
 - Inquiry about Medicaid providers
 - Eligible providers update certain information

Opportunities for Improvement

Examples of opportunities identified for improvement in the Eligibility and Enrollment Management business area during business process sessions are outlined below:

- Member eligibility and enrollment:
 - Eliminate duplicate Web portal methods for providers to perform client eligibility verifications. Currently, providers can perform eligibility verification through TexMedConnect and through MEHIS. This (and other functionality between these two systems) should be consolidated into a single provider Web portal.
 - Interfaces between TIERS and enterprise systems and other external systems, such as IMPACT, are still batch data transfers and TIERS must convert data to non-standard formats to transfer information.
 - Business rules for eligibility determination vary widely and are duly complex for some programs.

- Member eligibility transactions initiated by providers should be updated to leverage EaaS functionality rather than using separate data sources, which may lead to inaccurate information on eligibility status.
- Functional and financial eligibility data residing in different systems that do not communicate, thus allowing inappropriate enrollment into multiple programs (i.e., 1915 (c) Waivers). This was a decision made by then EC Hawkins to separate the functional eligibility from TIERS. Changing this would be a costly and time-consuming project for both DADS and HHSC. However, it should be noted that the Single Service Authorization System Project will identify and eliminate the possibility of individuals being enrolled in more than one 1915(c) waiver program.
- Resource attrition and the learning curve associated with getting new resources up-to-speed and not receiving adequate training or the necessary security authorization to access all applicable systems to perform duties efficiently.
- Absence of a single interface or single sign-on for the various systems requiring multiple logins by users.
- Provider eligibility and enrollment:
 - The provider subsystem utilizes legacy architecture including:
 - Non-standard applications and data definitions
 - Redundant business processes and systems in multiple agencies
 - Eligibility and enrollment communications and messaging not coordinated across HHS
 - No central repository containing all Medicaid providers, including all current address and ownership information necessary in order to collect all liability to the State that may become due
 - Multiple crosswalks between the National Provider Identifier (NPI) and the State Texas Provider Identifier (TPI)
 - Physical signatures required by OIG and notarized forms required by DADS for enrollments, such as changes of ownership, prevent the process from being completed without submitting paper forms to the provider enrollment units. This constraint will need to be addressed to promote automated and Web-enabled process improvements.

3.2.4.3 Maturity Level Profile

Figure 15: Eligibility & Enrollment Maturity Assessment Results below illustrates the as is and preliminary five (5) year to be MITA maturity level goals for this business area. As illustrated, the as is MITA maturity level for three (3) business processes is Level 1 with the other five (5) at Level 2 or greater. The five (5) year to be MITA maturity level goal for the majority of the processes moving towards Level 3 with one (1) moving toward Level 4.

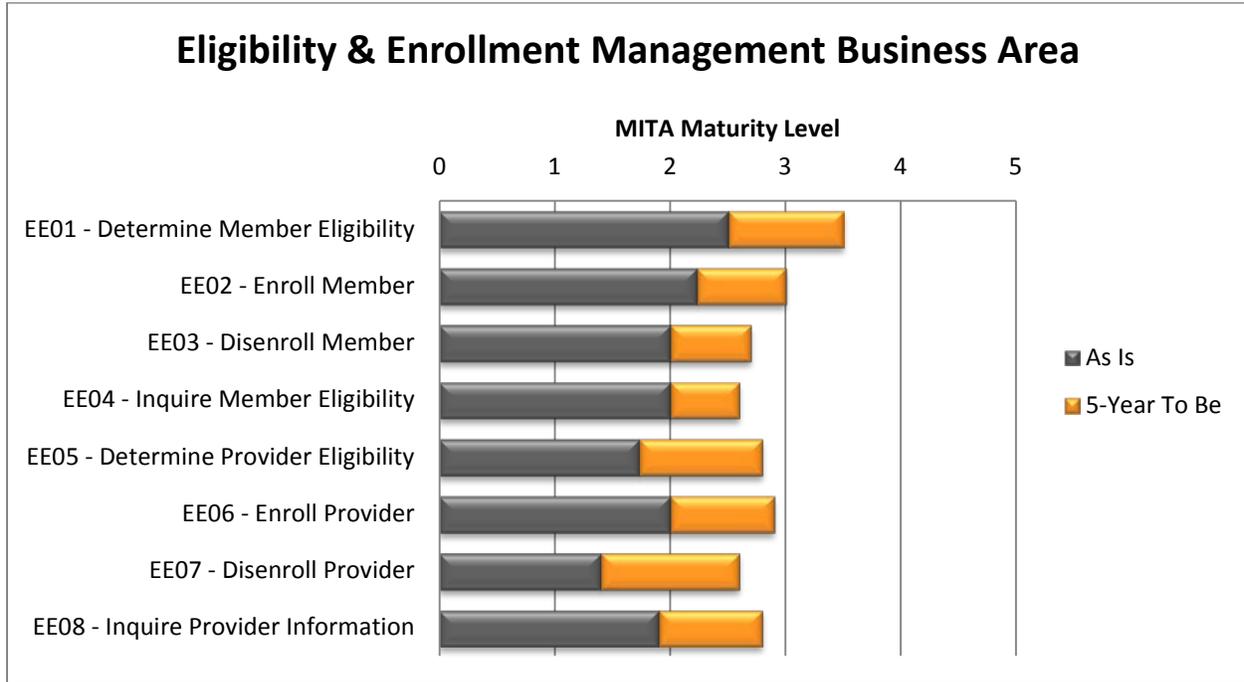


Figure 15: Eligibility & Enrollment Maturity Assessment Results

3.2.4.4 Eligibility and Enrollment Management – To Be Summary

A focus on member and provider enrollment standards, automation of processes, as well as improved data sharing across agencies will be needed to achieve to be goals.

HHS has opportunities that will advance several MITA business process capabilities to the next level. They include further integrating TIERS functionality into business processes; implementing the full set of objectives of the MEHIS project; and expanding the provider portal to include all providers across the enterprise. HHS continues to provide SAVERR file formats as external systems outside of HHSC control require the formats. The EaaS project will provide an alternative to current TIERS data exchanges and work to support target capabilities in this business area.

Initiatives that will improve the widespread use of TIERS and enhance provider management include:

- The enhanced eligibility systems modernization project will promote self-service functionality and continuous improvements to how eligibility is determined.
- The provider management modernization project, which centralizes the provider data repository to support provider enrollment, will promote web services where appropriate as the preferred choice for the access and retrieval of provider data, and creates an online provider directory accessible by external and internal users.

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3.2.5 Financial Management

3.2.5.1 Overview

The Financial Management business area is a collection of nine business processes, as depicted in Figure 16: Financial Management Maturity Assessment Results, to support the payment of providers, managed care organizations, other agencies, insurers, and Medicare premiums. Business processes in this area also support the receipt of payments from other insurers, providers, and member premiums and financial participation. These processes share a common set of payment- and receivables-related data. The Financial Management business area is responsible for the financial data store.

3.2.5.2 Financial Management – As Is Summary

The Financial Management business area is new to MITA Framework 3.0, and at nineteen (19) business processes, is the largest in the MITA 3.0 Business Architecture. Included are business processes that were located in the Operations Management and Program Management business areas under the MITA 2.01 Framework. The processes fall roughly into three (3) groups: 1) processes related to receivables, 2) processes related to payables, and 3) reporting related to financial management.

The various services that HHS is funding are managed among several operating agencies. The coordination of accounting and measurement criteria and budget accountability within each operating agency is challenging.

Strengths

The following are examples of the strengths identified during the Financial Management business process sessions:

- Several activities include elements where centralization and automation occur.
- HHS utilizes a data warehouse through its fiscal agent.
- Mental Health and Substance Abuse (MHSA) has the Mental Retardation and Behavioral Health Outpatient Data Warehouse (MBOW), which provides information to providers, staff, and policy makers via standard tools that allow users to access drill-down reports.

Opportunities for Improvement

Outlined below are examples of opportunities identified for improvement in the Financial Management business area during business process sessions:

- There is little coordination between agencies and communication within and among agencies is heavily dependent on person-to-person contact, resulting in, for example:

- Lack of timely communication
- Lack of documented procedures, creating challenges in training new resources
- Duplicative processing (e.g., duplicate payments)
- Lack of trust in information across agency boundaries
- Lack of access to the data necessary to perform business process
- Lack of enterprise-wide views of information
- Information collected by some processes or systems in other business areas do not contain the level of detail necessary to support Financial Management business processes (e.g., Manage Estate Recovery and Generate Financial and Program Analysis) and to report fiscal details necessary to comply with federal regulations (i.e., return Federal Medical Assistance Percentages (FMAP) at the rate at which the claim was originally paid)
- Lack of data standards (format, definition, etc.)
 - Between enterprise agencies
 - Between the enterprise and external stakeholders and contractors [e.g., providers, Managed Care Organizations (MCOs)]
 - Between the enterprise and federal agencies (e.g., Internal Revenue Service (IRS), CMS)
- Processes rely on multiple data sources.
- Systems lack the flexibility to adapt to changing program needs.
 - Batch processing.
 - Hard coded business rules.
- Processes often rely on manual process steps, the impacts of which include:
 - Lack of data and processing accuracy.
 - Lack of timeliness.
 - Lack of cost-effectiveness.
- Processes across agencies are duplicative.
- Issues specific to business processes related to receivables include:
 - Lack of control over data sources.
 - Some contracting arrangements are not cost-effective (i.e., Manage Estate Recovery and the increasing movement to Managed Care).
- Issues specific to business processes related to payables include:
 - Inaccurate processing (e.g., inaccurate Medicare premium payments).
 - The continued use of State versus national standards for EFT processing.

- Issues specific to processes related to reporting include:
 - Predominance of manual processing has promoted individual knowledge that is difficult to train and transfer.
 - Differences in how information is grouped between program and financial processes.
 - Differences in how information is grouped between State processes and federal requirements.

3.2.5.3 Maturity Level Profile

Figure 16: Financial Management Maturity Assessment Results below illustrates the as is and preliminary five (5) year to be MITA maturity level goals for this business area.

As illustrated, the as is MITA maturity level for three business processes is a Level 1, fifteen (15) are a Level 2, and one (1) is a Level 3. The five (5) year to be MITA maturity level goal for Financial Management is to move the majority of the business process to a Level 3 with one (1) moving towards Level 4.

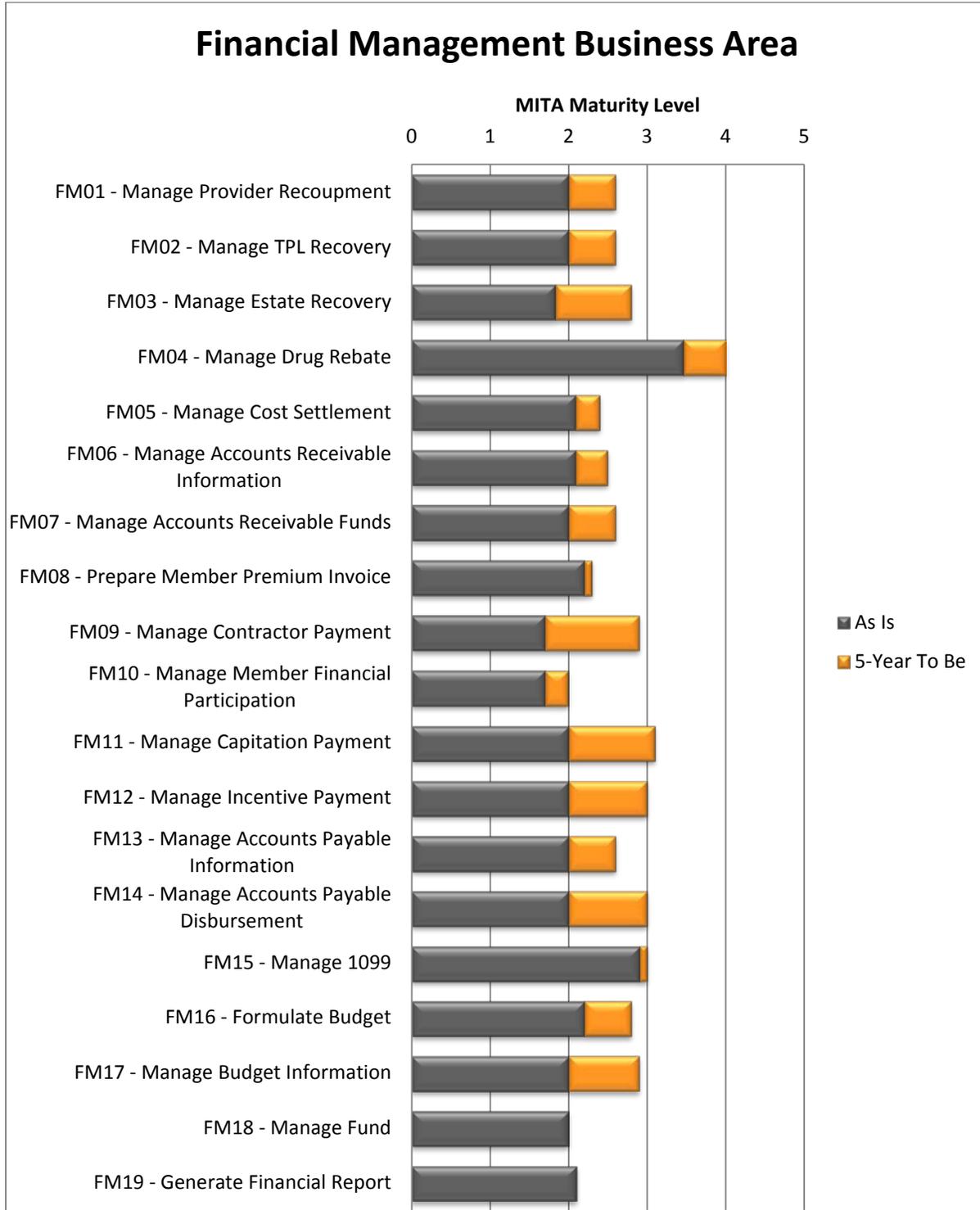


Figure 16: Financial Management Maturity Assessment Results

3.2.5.4 Financial Management – To Be Summary

A focus on financial enrollment standards, automation of processes, and improved data sharing across agencies will be needed to achieve to be goals.

Financial activities are fragmented across each of the operating agencies as well as within specific programs. In order for Texas to achieve higher MITA maturity levels, automation will need to be a key consideration. To support automation, the enterprise will first need to standardize processes and agree to a common data model to allow all business units the ability to utilize updated system resources. These will need to be completed for Texas to achieve the desired MITA maturity levels.

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3.2.6 Member Management

3.2.6.1 Overview

The Member¹⁸ Management business area is a collection of four (4) business processes, depicted in Figure 17: Member Management Maturity Assessment Results, involved in communications between the SMA and the prospective or enrolled member and actions that the agency takes on behalf of the member. This business area is responsible for managing the member data store, coordinating communications with both prospective and current members, outreach to current and potential members, and processing of member grievance and appeals.

3.2.6.2 Member Management – As Is Summary

The processes within this business area share a common set of client-related data with other areas such as Eligibility and Enrollment Management and Care Management. The MITA Framework 3.0 reduced the Member Management business area to four (4) processes: 1) Manage member information; 2) Manage applicant and member communication; 3) Perform population and member outreach; and 4) Manage member grievance and appeal. The antiquated SAVERR system has been replaced with the SOA-driven TIERS system, in which all client information is stored. Electronic images for TIERS clients are stored on the Network Attached Storage (NAS) and are viewable through the State portal.

Implementation of MEHIS introduced plastic identification cards with a magnetic stripe to enable providers to obtain a client PCN to access data such as eligibility information, encounter history, and prescription drug history in real time. Eliminating the costly process of monthly mailing of paper identification cards (i.e., MedID) has improved efficiency and automation. Continuing goals for this business area are to improve health care outcomes and continually improve consumer satisfaction. Managing the Medicaid client population for Texas requires significant resources, robust and flexible system capabilities, defined and streamlined processes and procedures, universal data sharing, and reliable communication channels between internal and external agencies.

Strengths

The following are examples of the strengths identified during the Member Management business process sessions:

- Data mart with images housed in NAS eliminates the need for retaining paper records and allows for easier retrieval.

¹⁸ Centers for Medicare and Medicaid Services. Enhanced Funding Requirements: Seven Conditions and Standards. Medicaid IT Supplement (MITS-11-01-v1.0), April 2011, p. 1

- Electronic outreach is faster to implement and cheaper to maintain and track.
- Images of correspondence and other communications can be viewed on the State portal.
- Printing and distribution contract has resulted in cost savings and increased efficiency for the State.
- Automated interfaces exist for information communication.
- TIERS functionality automates the processing of fair hearing requests, scheduling of fair hearings, decisions, decision implementation, and will be the system of record for HHS fair hearings.
- Centralization within OSS, functionality of State portal, image scanning, and viewing functionality within TIERS all help streamline processes and produce better results.

Opportunities for Improvement

Outlined below are examples of opportunities identified for improvement in the Member Management business area during business process sessions:

- An enterprise-wide master client index does not exist for client identification.
- Incorrect entry of three-digit county codes can negatively impact service.
- Program areas across the agency lack information about services that members are currently authorized to receive and additional services they may be eligible to receive.
- Data received from input files (e.g., SSA) includes incorrect data that overwrites correct data in TIERS.
- Data is stored in multiple systems that do not communicate.
- There is a lack of enterprise-wide library for outreach materials.
- There is a lack of single repository for all complaints and appeals.
- Due to inaccurate entry of data, individuals receive late notification of hearings, which impacts all agency representatives and witnesses.
- HHSC's current efforts toward implementation of the Medicaid EDW, the MEDG, and the EaaS initiative will help the State develop and maintain a common MITA Member Management and MITA Eligibility and Enrollment business area information reference model. Enterprise-wide client identification and standardization of data within the Texas Medicaid Enterprise business area is a requirement as HHSC moves from Information Architecture Level 1 capabilities into Information Architecture Level 2 capabilities.

3.2.6.3 Maturity Level Profile

Figure 17: Member Management Maturity Assessment Results below illustrates the as is and preliminary five (5) year to be MITA maturity level goals for this business area.

As illustrated, the as is MITA maturity level for all business processes is Level 2. The five (5) year to be MITA maturity level goal is to move toward Level 3.

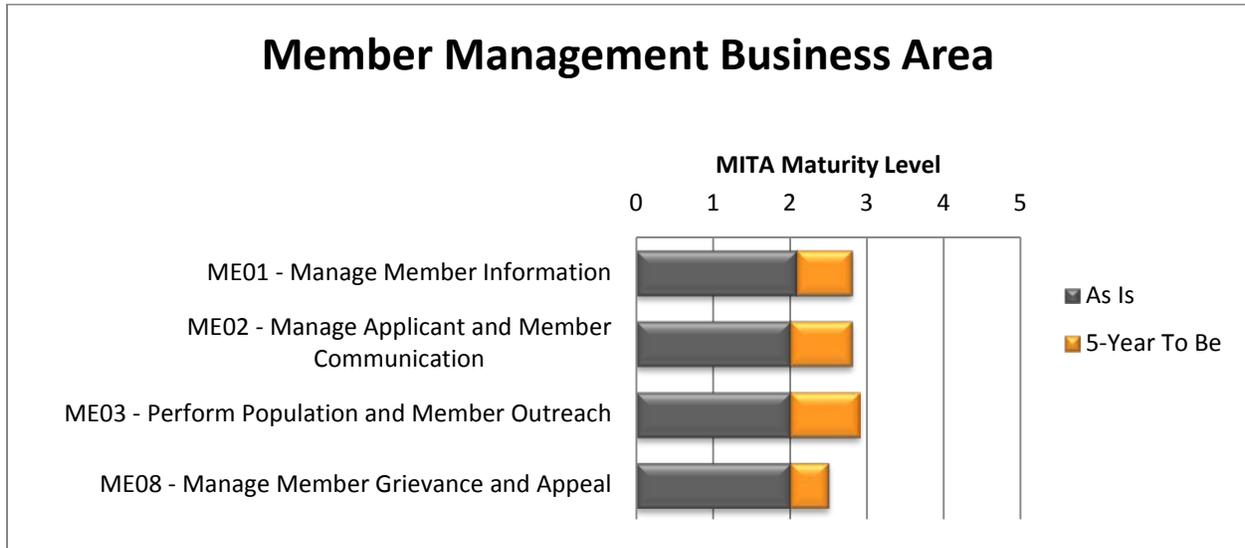


Figure 17: Member Management Maturity Assessment Results

3.2.6.4 Member Management – To Be Summary

A continued focus on member process standards, automation of processes, and improved sharing of data across agencies will be needed to achieve to be goals.

Based on HHS’s current system capabilities, a MITA maturity level 2 is achieved. In order to maintain a Level 2 and work towards achieving a Level 3 maturity, HHS may choose to focus on expanding TIERS functionality and position the systems as the centralized or federated source for member data across the enterprise. Additionally, the use of a single member Web portal should be used to manage outreach, communication, and the grievance and appeals processes.

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3.2.7 Operations Management

3.2.7.1 Overview

The Operations Management business area is a collection of nine (9) business processes, as depicted in Figure 18: Operations Management Maturity Assessment Results, which manage claims and prepare premium payments. This business area uses a specific set of claims-related data and includes processing (i.e., editing, auditing and pricing) a variety of claim forms including professional, dental, institutional, drug and encounters, as well as sending payment information to the provider. All claims processing activity incorporates compatible methodologies of the National Correct Coding Initiative (NCCI). The Operations Management business area is responsible for the claims data store.

3.2.7.2 Operations Management – As Is Summary

There are five (5) operating agencies that administer various Medicaid programs and each agency has implemented its own processes, procedures, applications, and hardware to support Operations Management business services. Agencies rarely communicate, which has resulted in a lack of common interfaces among systems and makes ascertaining a holistic view of a client's service history difficult, particularly when the client moves between programs.

Strengths

The following are examples of the strengths identified during the Operations Management business process sessions:

- CMBHS includes functionality that:
 - Allows for the storage and retrieval of multiple client identifiers in use across HHS business areas and that can support claims processing.
 - Enables the submission of electronic signatures, in some cases.
- Providers can submit claims through batch upload, real-time point-of-service (POS), or paper submissions.

Opportunities for Improvement

Outlined below are examples of opportunities identified for improvement in the Operations Management business area during business process sessions. Many of these opportunities were identified in the 2009 MITA SS-A and continue to be an issue for HHS today. The following represents some of the more pertinent examples:

- Multiple systems perform similar or duplicative functions. At present, three (3) claims processing systems exist: C21 for acute care claims, the Claims Management System (CMS) for Long-Term Care (LTC) claims, and OS+ for pharmacy claims. While these

systems have program specific functionality that must be maintained in separate modules, opportunities exist to leverage like functions as well as sharing data.

- There are four (4) separate prior authorization systems: Intellectual Disability (ID) Client Assignment and Registration System (CARE) for developmental disabilities/intellectual disability services, Service Authorization System (SAS) for LTC services, SmartPA for Vendor Drug Program (VDP) and Phoenix in C21 for acute care services.
- There is a continued reliance on crosswalks to support the identification of providers and the systems' use of local codes. The C21 system processes and adjudicates claims at the TPI level, not the NPI level, utilizing crosswalks between the two identifiers. Similarly, crosswalks between local and HIPAA-compliant Healthcare Common Procedure Coding System (HCPCS), or Current Procedural Terminology (CPT) codes continue to support claims processing primarily for the waiver programs.
- There is a lack of a universal client identification (ID) registry within the enterprise, and clients may have several different IDs. Despite functionality in CMBHS that allows for the storage and retrieval of multiple client identifiers, the system is utilized only by DSHS.
- Much enterprise policy continues to be complex and outdated. Policy continues to be so tightly coupled within systems, that removing, adding, or modifying existing policy can have unintended consequences.
- There is still a universal inability to accept electronic attachments:
 - Neither the TIERS nor current MMIS systems have the ability to accept electronic attachments. Claims attachments are generally hard copies sent via fax or mail and do not always accompany the claim. Once received, claim attachments are scanned as indexed images and associated to the claim through a manual process.
 - Current capabilities do not include the ability to scan paper attachments using optical character recognition (OCR) software to support search capabilities.
 - Internal requirement by OIG requires handwritten signatures:
 - For some services and physical evidence of procedures in others
 - For provider enrollment
- Lack of complete and accurate encounter data and inconsistencies in Medicare Part A and Part B eligibility data are continuing issues for the enterprise.

3.2.7.3 Maturity Level Profile

The bar chart, below illustrates the as is and preliminary five (5) year to be MITA maturity level goals for this business area.

As illustrated, the as is MITA maturity level for three (3) business processes are a Level 1 with the other six (6) at Level 2. The five (5) year to be MITA maturity level goal for the majority of the business processes is Level 2 with three (3) moving toward Level 3 and two (2) moving toward Level 4.

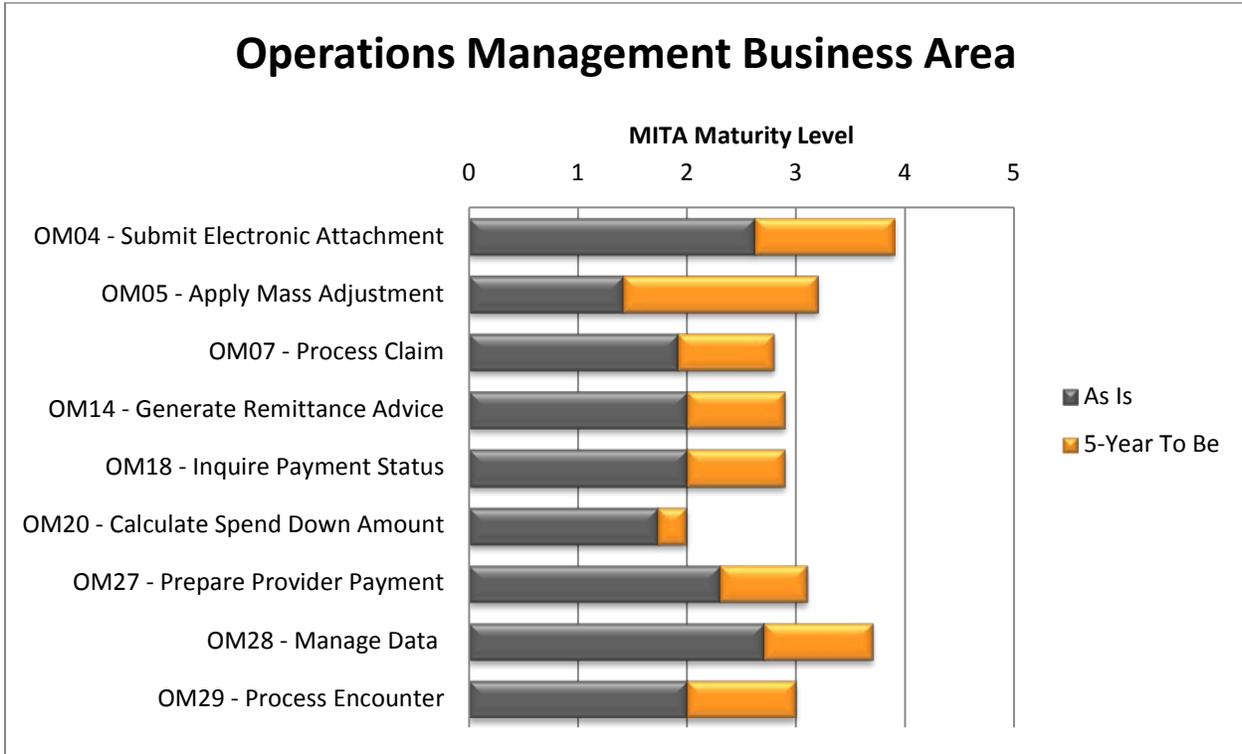


Figure 18: Operations Management Maturity Assessment Results

3.2.7.4 Operations Management – To Be Summary

A focus on member process standards, automation of processes, as well as improved sharing of data across agencies will be needed to achieve to be goals. Additionally, as HHS expands managed care, MITA capability requirements will need to be included in expanded contract requirements.

Redundant legacy systems and existing silos between programs are primary challenges facing HHS towards moving up the MITA maturity level continuum. However, there are projects in place to address some of these redundancies, including the upcoming MMIS modernization project. While these projects begin to break down some of the silos between agencies, more work needs to be done. It is difficult for staff to obtain a holistic view of the client’s service history, particularly when the client moves between programs. In some cases, the user did not have access privileges to the applicable system, sometimes coupled with the lack of knowledge on how to traverse through that aggregate system. Other times, the issue was the inability of the systems to communicate with each other. In either case, users must log in to multiple systems in order to extract the information they are seeking. Having the ability to create a true picture of the services that the client is receiving, or has received, would help staff select ongoing services that best meet the client’s needs. It could also aid in reducing the potential for receiving duplicative services across programs, and ultimately assist in improving health outcomes.

Opportunely, the EDW project is in place to address the need for a holistic view of the client and the services being provided across the enterprise.

One of the overarching themes echoed throughout many of the sessions, even by those outside operations management, was simplification of the Medicaid program. In the wake of the ICD-10 integration, which will eventually look at Medicaid data to shape future policies, HHSC should re-evaluate existing policies across all programs from an HHS enterprise perspective. Policies have been created within compartmentalized business areas and operating agencies over decades and resulted in the highly complex and disjointed policies that exist today. Such policies make it difficult for providers to understand and bill appropriately, especially when, as found in some cases, they differ so vastly from the private sector. To accommodate such policies also adds considerable complexity into the system designs.

3.2.8 Performance Management

3.2.8.1 Overview

The Performance Management business area is a collection of five (5) business processes depicted in Figure 17: Performance Management Maturity Assessment Results that are involved in the assessment of program compliance (e.g., auditing and tracking medical necessity and appropriateness of care, quality of care, patient safety, fraud and abuse, erroneous payments, and administrative anomalies). This business area uses information about an individual provider or member (e.g., demographics, information about the case itself such as case manager identification (ID), dates, actions, and status, and information about parties associated with the case) and uses this information to perform functions related to utilization and performance. The Performance Management business area is responsible for the business activity and compliance data stores.

3.2.8.2 Performance Management – As Is Summary

The Performance Management business area is new to the MITA Framework 3.0. This area is a combination of unique processes and former Program Integrity Management business processes: Identify Utilization Anomalies, Establish Compliance Incident, Manage Compliance Incident Information, Determine Adverse Action Incident, and prepare Recipient Explanation of Medical Benefits (REOMB). Texas has placed its focus on fraud, waste, and abuse and contracts with an outside vendor to operate the Medicaid Fraud and Abuse Detection System (MFADS). MFADS is a neural network and learning technology to detect fraud, waste, and abuse in the Texas Medicaid program. MFADS is able to support functions such as compliance monitoring and utilization review. Alerts, suspect case information, and potential fraud cases are referred to the OIG or the Office of the Attorney General, Medicaid Fraud Control Unit (MFCU), for follow up.

The Performance Management business area is primarily manual and lacks coordination across units. However, automation exists in various areas including data extraction for reporting purposes (e.g., MFADS receives data from the C21, CMS, and OS+ systems).

Strengths

The following are examples of the strengths identified during the Performance Management business process sessions:

- Data transfers to and from the MFADS server works well.
- DADS Hotline does a good job of getting referrals for VDP provider problems to appropriate VDP staff.
- The file transfer protocol (FTP) to DADS for adjustments works efficiently and adjustments are processed timely.

- The systems, sources, and people that are specific to identifying cases for the MPI are working to a sufficient level to perform the business needs.
- Project was successfully completed to review and revamp old processes for explanation of benefits (EOB).
- The investigators in the MPI, as well as other divisions in OIG, work well together to share information or to develop information for adverse action cases.
- Enhanced fraud detection system capabilities have been implemented to better identify bad actors.

Opportunities for Improvement

Outlined below are improvement opportunities identified during the Performance Management business sessions:

- Assessment forms sampled have data integrity issues as a result of other processes, such as Medicaid eligibility status, form, and claims matching.
- Efficiency of processes suffers from lack of data standardization.
- There are serious impacts on program efficacy and instances of clients losing association with programs due to transfer issues from SAVERR to TIERS system conversion issues.
- Data housed in multiple systems do not interface efficiently.
- The recovery process lacks efficiency and is cumbersome.
- TIERS functionality still pending completion impacts the Limited Program activities, both locking in recipients and minimizing potential denial of medical services.
- Communication between agencies, both internal and external, is inadequate.
- Continual problem of mail returns exists due to incorrect addresses.
- Multiple independent case management systems require extensive efforts to avoid duplication.

3.2.8.3 Maturity Level Profile

Figure 19: Performance Management Maturity Assessment Results below illustrates the as is and preliminary five (5) year to be MITA maturity level goals for this business area.

As illustrated, the as is MITA maturity level for all business processes is Level 1 and the five (5) year to be MITA maturity level goal is Level 2.

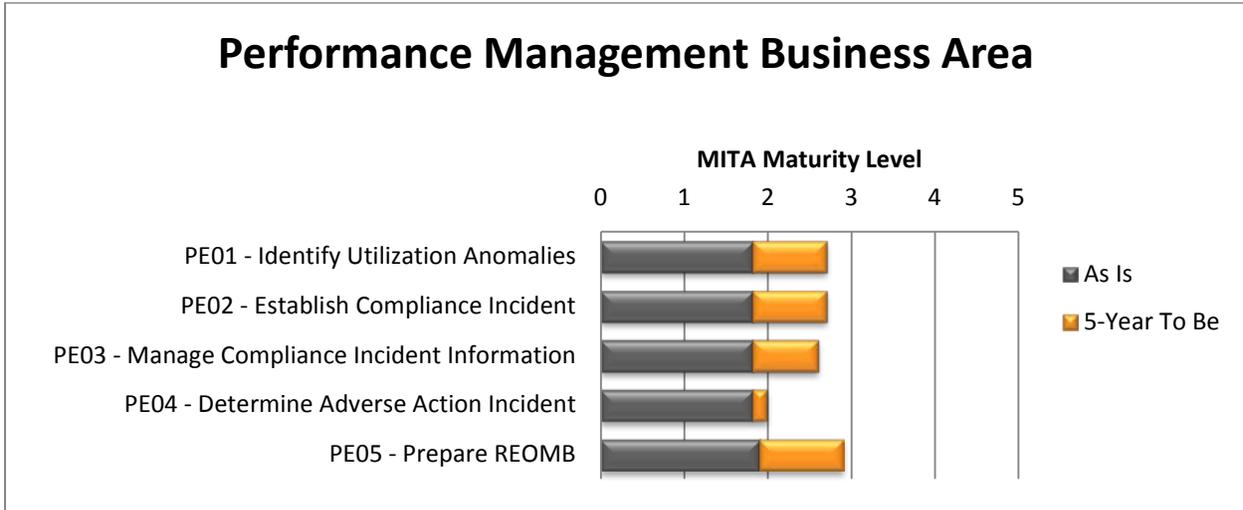


Figure 19: Performance Management Maturity Assessment Results

3.2.8.4 Performance Management – To Be Summary

A focus on utilization and compliance process standards, automation of processes, and improved sharing of data across agencies will be needed to achieve to be goals.

The State is in the process of adopting enterprise-wide standards for data and process sharing to ensure a complete assessment and monitoring can be supported. The MEDG planning currently in progress will develop an action plan for the establishment of data standards that will help to facilitate improvement and result in improved data accuracy.

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3.2.9 Plan Management

3.2.9.1 Overview

The Plan Management business area includes eight (8) business processes, depicted in Figure 20: Plan Management Maturity Assessment Results, on strategic planning, policymaking, monitoring, and oversight business processes of the agency. This business area is responsible for the primary data stores (e.g., Medicaid state plan, health plans, and health benefits) as well as performance measures, reference information, and rate-setting data stores. The business processes include a wide range of planning, analysis, and decision-making activities. These activities include service needs and goals, health care outcome targets, quality assessment, performance and outcome analysis, and information management.

The Texas Medicaid Enterprise will mature as the plan management business processes realize real-time access to information, add clinical records, and implement emerging nationally recognized standards that allow for interoperable systems. The Medicaid program is moving from a focus on daily operations (e.g., number of claims paid) to a strategic focus on how to meet the needs of the population within a prescribed budget.

3.2.9.2 Plan Management – As Is Summary

The Plan Management business area is new to the MITA Framework 3.0 and consists of a majority of business processes from the former Program Management business area: Develop Agency Goals and Objectives, Maintain Program Policy, Maintain State Plan, Manage Health Plan Information, Manage Performance Measures, Manage Health Benefit Information, Manage Reference Information, and Manage Rate Setting. Constraints with data sharing pose the largest issue for this business area. Sharing data between the acute care group, the LTC group, and the vendor drug group is limited. Multiple file layouts and data elements with additional complexities associated with private sector proprietary information sharing also impede the sharing of data with various MCOs. Finally, program policy and strategy development is often constrained by Texas law and federal regulation that results in challenges to change and adapt quickly.

Strengths

The following are examples of the strengths identified during the Plan Management business process sessions:

- Business Objects is a valuable research tool for investigators and a valuable resource for a wide variety of DADS staff and is not just exclusive to investigators.
- Online fee schedules have helped providers understand payment levels and payment methods.
- Implementation of document imaging supports cost reports documentation.
- Dedicated pricing unit established at TMHP for acute care services.

- There is sufficient process documentation.
- There is sufficient process communication.
- The Case Manage tool has been effective in tracking cases, allowing for reporting and other tasks.
- The targeted queries and models serve as a source for fraud and waste recoupment and identification of policy-related issues.
- Interagency process was created to develop and implement new policies or modify existing ones.

Opportunities for Improvement

Outlined below are examples of opportunities identified for improvement in the Plan Management business area during business process sessions:

- Weaknesses in State data systems hinder informed policy development. This opportunity is addressed by the Medicaid/CHIP Automated Policy Tracking System (McPat) and should be reviewed to verify that all functionality is being utilized.
- State lacks comprehensive internal controls, especially with regard to communication across programs and agencies, which means that individuals may be working with, and making proposed changes to, previous version of the State plan.
- At present, analysts must query multiple databases in order to calculate lifetime spending for a member.
- Nomenclature differences across programs and agencies create difficulties in obtaining data, identifying the source of data, and interpreting the data.
- Disconnect exists between operating agencies implementing mandates.
- Standardized process does not exist for exchanging data among agencies.
- Different versions of software used among State and vendor create access problems.
- It is difficult to compare Texas data to data from other states, commercial administrator, or Medicare because of complex crosswalks.

3.2.9.3 Maturity Level Profile

Figure 20: Plan Management Maturity Assessment Results below illustrates the as is and preliminary five (5) year to be MITA maturity level goals for this business area.

As illustrated, the as is MITA maturity level for three (3) business processes are a Level 1 with the other five (5) business processes at Level 2. The five (5) year to be MITA maturity level goal for the majority of the business processes is maintaining Level 2 with some moving toward Level 3.



Figure 20: Plan Management Maturity Assessment Results

3.2.9.4 Plan Management – To Be Summary

A focus on utilization and compliance process standards, automation of processes, and improved sharing of data across agencies will be needed to achieve to be goals.

Like most states, Texas will need to consider its priorities when applying standards and automation for the majority of processes within this business area. There are a number of challenges that impact most plan management business processes including predominance of manual business process steps. Documentation and information is primarily non-standardized, stored at disparate locations, and is not easily accessible. Texas will need to consider using an information management tool to manage information as well as train and enforce process standards to achieve higher maturity levels in this business area. Finally, HHS will consider a metadata repository to store all of the business and technical metadata for the Medicaid Enterprise. This type of information will need to be readily available to all consumers of this data to ensure that prepared reports and analytics have the same understanding of the data and its intended use.

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3.2.10 Provider Management

3.2.10.1 Overview

The Provider Management business area is a collection of five (5) business processes, depicted in Figure 21: Provider Management Maturity Assessment Results, related to communications between the SMA and the prospective or enrolled provider and involves actions that the agency takes on behalf of the provider. Business processes focus on terminating providers, communications with providers, dealing with provider grievances and appeals, and performing outreach services to providers. The Provider Management business area is responsible for the provider data store.

3.2.10.2 Provider Management – As Is Summary

The Texas Medicaid service delivery model is a mix of fee-for-service (FFS) and capitation managed care. The HHS operating agencies do not coordinate in relation to Provider Management, which has led to a strong prevalence of compartmentalized business processes.

Strengths

The following are examples of the strengths identified during the Provider Management business process sessions:

- HHS is in the process of increasing use of multiple self-service channels including Web portals, AVRS, and email communication.
- The majority of providers have access to Web portals maintaining provider data.
- Data exchange with credentialing bodies is supported where possible.
- OPL portal supports:
 - Inquiry about Medicaid providers
 - Eligible providers update certain information
- Provider inquiries that are escalated to specialists and complaints are tracked through telephony and workflow tracking systems.
- Providers can submit appeals using the X12 837 transaction or AVRS.

Opportunities for Improvement

Outlined below are examples of opportunities identified for improvement in the Provider Management business area during business process sessions:

- The provider subsystem utilizes legacy architecture.
- The provider management area uses non-standard applications and data definitions.

- The provider management area uses redundant business processes and systems in multiple agencies. This opportunity is addressed by the Provider Management modernization.
- Communications and messaging are not fully coordinated across HHS agencies. This opportunity is addressed by the Provider Management modernization and should be reviewed to verify that all functionality is being utilized.
- There is no central repository containing all Medicaid providers.
- There are multiple crosswalks between the National Provider Identifier (NPI) and the Texas Provider Identifier (TPI).
- Communication with current providers is primarily manual and reactive.
- HHS does not track routine inquiries that can be answered immediately.
- Appeals must be submitted on paper when supporting documentation is required.

3.2.10.3 Maturity Level Profile

The bar chart below illustrates the as is and preliminary five (5) year to be MITA maturity level goals for this business area.

Even though each of the five (5) business process exceeds Level 1, they do not completely satisfy the Level 2 capability requirements required by CMS to establish the Level 2 status, therefore, the as is MITA maturity level for all five (5) business processes is Level 1.

The five (5) year to be MITA maturity level goal for business processes is Level 2 with three (3) business processes moving toward Level 3.

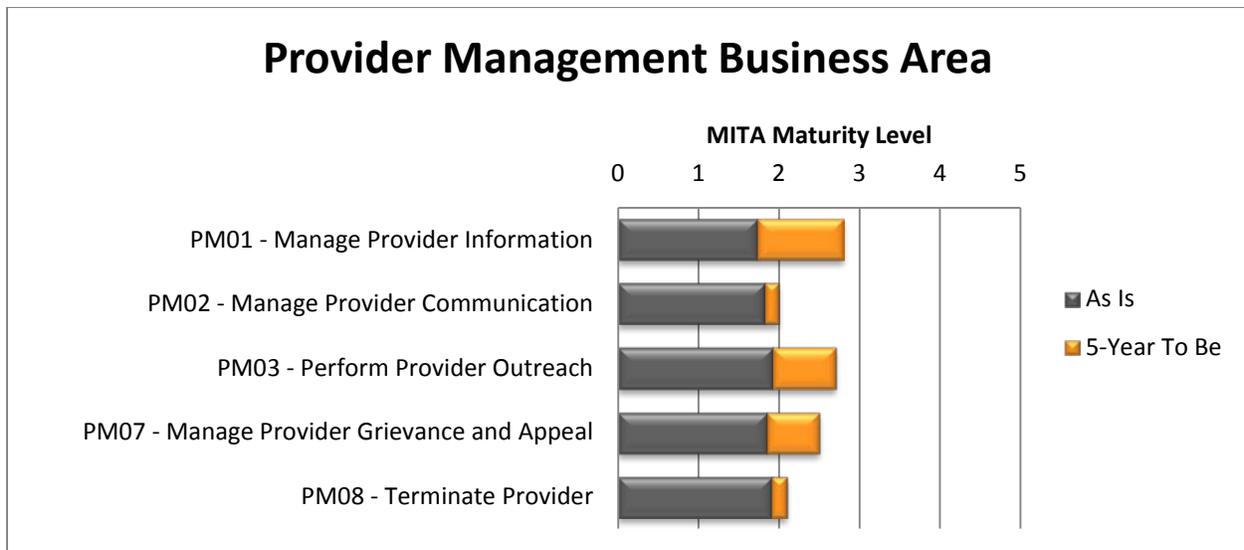


Figure 21: Provider Management Maturity Assessment Results

3.2.10.4 Provider Management – To Be Summary

A focus on provider process standards, automation of processes, and improved sharing of data across agencies will be needed to achieve to be goals.

HHS has the system capabilities in place to meet the capabilities necessary to achieve a solid MITA maturity Level 2. The focus should be on expanding provider portal functionality and position the systems as the centralized or federated source for provider data. In addition, HHSC plans for the use of a single provider Web portal to manage outreach, communication, and the grievance and appeals processes. The single provider Web portal should fully support the majority of transactions online with minimal need for additional mailing or manual follow-up.

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4 MITA SS-A TECHNICAL AND INFORMATION ASSESSMENT RESULTS

This section presents the results of the MITA SS-A technical and information assessment. Section 4.1 Current Systems addresses the systems that compose the current technical environment. Section 4.2 As Is Technical Architecture provides assessment results in more detail than presented in the Executive Summary (Section 1.0), displaying the assessed maturity of Texas Medicaid systems relative to the technical and information architecture capabilities.

4.1 Current Systems

The Texas Medicaid Enterprise is supported by a variety of systems, data repositories, and other IT assets using a host of platforms and architectures. For this technical assessment, the scope of systems included in the analysis focused on twenty (20) primary systems supporting the enterprise. However, during the next SS-A update, IMPACT will be included in the technical assessment. The following table provides a listing of these systems:

Table 3: Twenty Primary Systems Supporting the Enterprise

Primary Systems		
<ul style="list-style-type: none"> ▪ TMHP C21 – Eligibility/Client ▪ TMHP C21 – Provider ▪ TMHP C21 – Claims ▪ TMHP C21 – Financial ▪ TMHP CMS ▪ TMHP V21 ▪ TIERS ▪ NorthSTAR 	<ul style="list-style-type: none"> ▪ CMBHS ▪ CARES – Compliance, Assessment, Regulation, and Enforcement System ▪ MEHIS – Medicaid Eligibility and Health Information System ▪ Vendor Drug ▪ MFADS ▪ SAS 	<ul style="list-style-type: none"> ▪ LTC Provider ▪ LTC Online Portal ▪ Code Table Automation ▪ TMHP PSWin ▪ TMHP TexMedConnect ▪ CARE – Client Assignment and Registration System

4.1.1 As Is Enterprise Diagram

Figure 22: As Is Enterprise Systems Diagram provides an illustration of the current enterprise systems included in this assessment. The data types included in the data flows represent general data types to simplify the survey for responders. As an example, the provider – billing data represents any provider type, specialty, location, or other data necessary to accurately process provider payments. The data types listed in this diagram include:

Table 4: Data Types

Data Types	
<ul style="list-style-type: none"> ▪ Administrative – Performance Measures ▪ Administrative – Project planning and sign-off ▪ Administrative – Training Building Plans ▪ Administrative – HHS Litigation ▪ Administrative – Federal Reporting Data ▪ Administrative – HR Management Data ▪ Administrative – Inventory Management Data ▪ Administrative – Program and Policy Data ▪ Administrative – Registry Data ▪ Administrative – Statistical Reporting Data ▪ Administrative – Time Tracking Data ▪ Administrative – Training Management Data ▪ Administrative – User and Access Control Data ▪ Administrative – Financial Management Data ▪ Administrative – Contract Management Data 	<ul style="list-style-type: none"> ▪ Administrative – Background Check Data ▪ Claims – Claims Management Data ▪ Claims – Encounter Data ▪ Claims – Reference Data ▪ Client – Case Management ▪ Client – Coordination of Benefits Data ▪ Client – Demographic Data ▪ Client – Clinical/Diagnosis/Lab Data ▪ Client – Eligibility Data ▪ Client – Enrollment Date ▪ Provider – Billing Data ▪ Provider – Demographic Data ▪ Provider – Incident Reporting Data ▪ Provider – Licensing Data ▪ Provider – Management Data

A technical assessment survey was distributed in the spring of 2012 to gather specific information related to the core systems described in Section 4.1. The survey included forty-six (46) questions and focused on program support, architecture, software, processing volumes, data types, and interfaces. The following is a summary of key observations based on survey results. Detailed response data from the survey is provided in Appendix D: Technical Survey Results.

- **Ownership and Program Support:** Each of the operating agencies has primary management and ownership of assessed systems. System management is varied across the twenty (20) systems included in this survey.
- **Interfaces:** The surveyed systems use a mix of batch and real-time interfaces. Many batch interfaces still support critical system exchanges.
- **Modern Platforms:** Sixty (60%) percent of surveyed systems are Web-based; thirty-five (35%) percent are client server based.
- **Batch File Exchanges:** Forty (40%) percent of surveyed systems use batch file interfaces.
- **Redundant Functionality:** Seventy (70%) percent of surveyed systems use client eligibility and demographic data. Seventy (70%) percent of surveyed systems use provider demographic data.
- **Fragmented Data Model:** Fragmented data is stored across multiple systems. These systems utilize different data models making data exchanges complex and increase the chance of translation errors.

4.2 As Is Technical Architecture

This section summarizes the results of the assessment of the as is technical architecture. The results for each technical function are presented in a table format. Each table contains a brief description of the MITA technical function, a description of the as is circumstances of that technical function based on results from the twenty (20) primary systems surveyed, and a pie chart showing a graphical representation of the survey results. The maturity assessment for the technical function relative to each system is also included.

The survey results are meant to provide a basic idea of current system capabilities related to MITA functionality. However, the survey responses are provided by systems staff and may not reflect desired functional improvements outlined by the business capability assessment and MITA 3.0 Roadmap.

Methods provided in the CMS MITA Framework 3.0 Companion Guide were used to determine the overall maturity for each technical architecture capability.. The guidance is as follows:

Technical Architecture

The SMA must meet all the capabilities for a level before it can advance to the next level when evaluating the TA. A business process scores at a Level 3 only

when the SMA achieves all technical capabilities defined for Level 3 in the TCM. CMS expects the business area to meet all criteria of the maturity level; otherwise, the business area scores at the lower capability level. A maturity level will be a whole number (e.g., Level 1, Level 2, etc.).

For the complete set of technical survey results, see Appendix D: Technical Survey Results.

4.2.1 Maturity Level Profile

The bar chart below illustrates the as is MITA maturity level for the Technical Functions in the Technical Architecture. HHSC determined technical ratings would be assessed based upon the number of transactions and dollars processed for Medicaid. As illustrated, all business functions are at a Level 2 with the goal to move toward Level 3 within a five year time period.

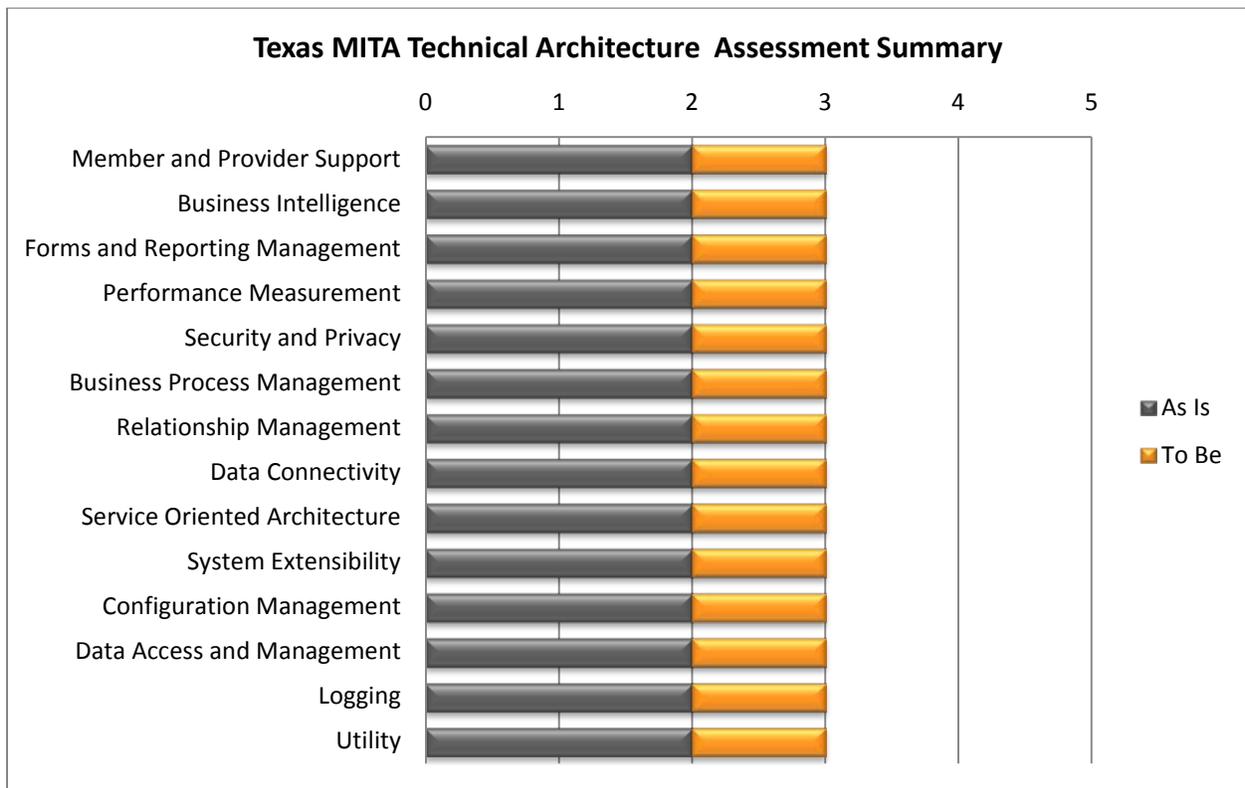
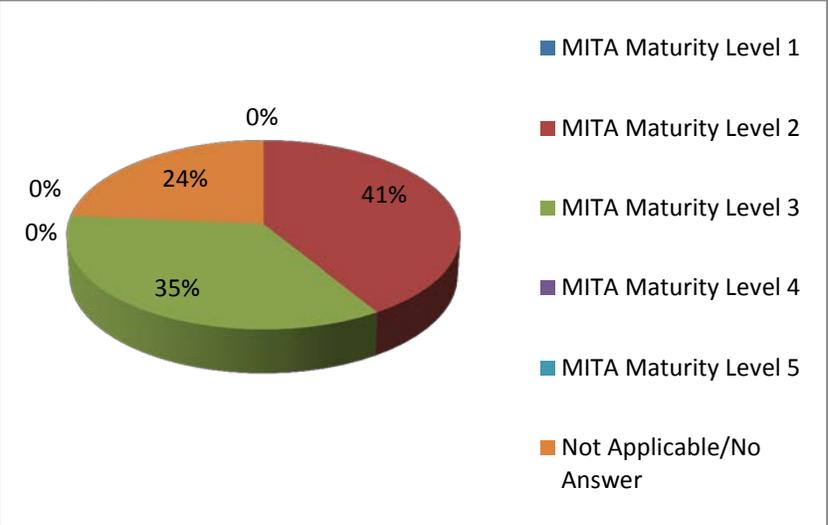


Figure 23: Technical Architecture Maturity Assessment Results

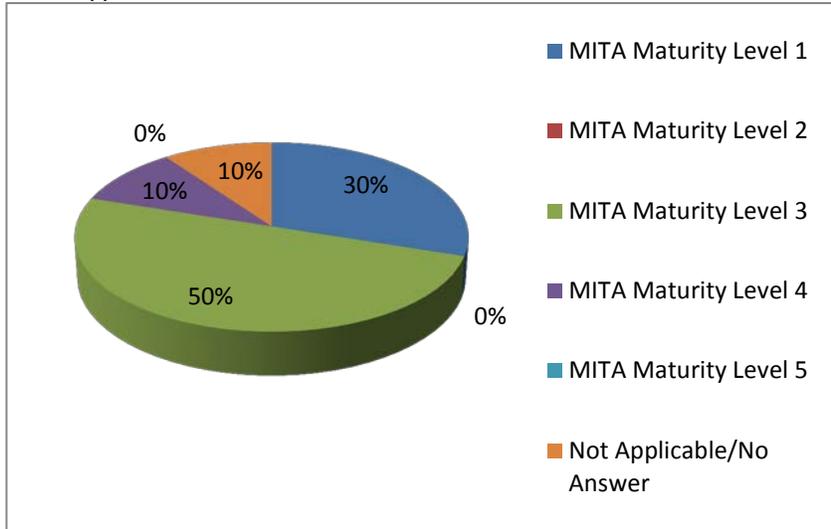
4.2.2 Member and Provider Support

MITA Technical Function and Description	TX Medicaid Systems																																								
Member and Provider Support																																									
<p>The Member and Provider Support technical function focuses on the ability to access business functions using a single web-enabled access point.</p> <p>Level 1: Member and provider access to appropriate business functions via manual or alphanumeric devices.</p> <p>Level 2: Member and provider access to appropriate business functions via portal with single online access point.</p> <p>Level 3: Member and provider access to appropriate business functions via portal with single online access point including standard exchanges.</p> <p>Level 4: Member, provider and other staff access member electronic health data online including clinical data. Data exchanged with HIE. Member access to HIX.</p> <p>Level 5: National exchange of member, provider and other appropriate data. National data exchanged with HIE. Cross-region Member access to HIX.</p> <p>0: Not Applicable/Did Not Answer</p>	<table border="1"> <tr> <td>TMHP C21-Financial</td> <td>3</td> <td>TMHP C21-Claims</td> <td>2</td> </tr> <tr> <td>TMHP C21-Provider</td> <td>2</td> <td>TMHP C21-Eligibility/Client</td> <td>2</td> </tr> <tr> <td>TMHP TexMed-Connect</td> <td>3</td> <td>TMHP PSWin</td> <td>0</td> </tr> <tr> <td>TMHP V21</td> <td>0</td> <td>TMHP CMS</td> <td>2</td> </tr> <tr> <td>LTC Online Portal</td> <td>3</td> <td>LTC Provider</td> <td>2</td> </tr> <tr> <td>SAS</td> <td>2</td> <td>MFADS</td> <td>0</td> </tr> <tr> <td>Vendor Drug</td> <td>3</td> <td>MEHIS</td> <td>3</td> </tr> <tr> <td>CARES</td> <td>0</td> <td>CMBHS</td> <td>2</td> </tr> <tr> <td>NorthSTAR</td> <td>0</td> <td>TIERS</td> <td>3</td> </tr> <tr> <td>ID Care</td> <td>0</td> <td>Code Table Automation</td> <td>0</td> </tr> </table>	TMHP C21-Financial	3	TMHP C21-Claims	2	TMHP C21-Provider	2	TMHP C21-Eligibility/Client	2	TMHP TexMed-Connect	3	TMHP PSWin	0	TMHP V21	0	TMHP CMS	2	LTC Online Portal	3	LTC Provider	2	SAS	2	MFADS	0	Vendor Drug	3	MEHIS	3	CARES	0	CMBHS	2	NorthSTAR	0	TIERS	3	ID Care	0	Code Table Automation	0
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CARES	0	CMBHS	2																																						
NorthSTAR	0	TIERS	3																																						
ID Care	0	Code Table Automation	0																																						
 <p> ■ MITA Maturity Level 1 ■ MITA Maturity Level 2 ■ MITA Maturity Level 3 ■ MITA Maturity Level 4 ■ MITA Maturity Level 5 ■ Not Applicable/No Answer </p>																																									
Assessment of Member and Provider Support																																									
<p>The Member and Provider Support technical function is applicable to about 76% of the Medicaid systems assessed. Of these systems, the majority are operating at level 3 which support user needs through a single online portal. As Texas increases the maturity level in this technical area, the focus should be on consolidating these systems into as few portals as possible to make the experience less fragmented for Member and Provider User groups. Also, standards for access, layout, format, and navigation should be considered for all Texas Medicaid Enterprise access points to promote intuitive use by stakeholders.</p>																																									

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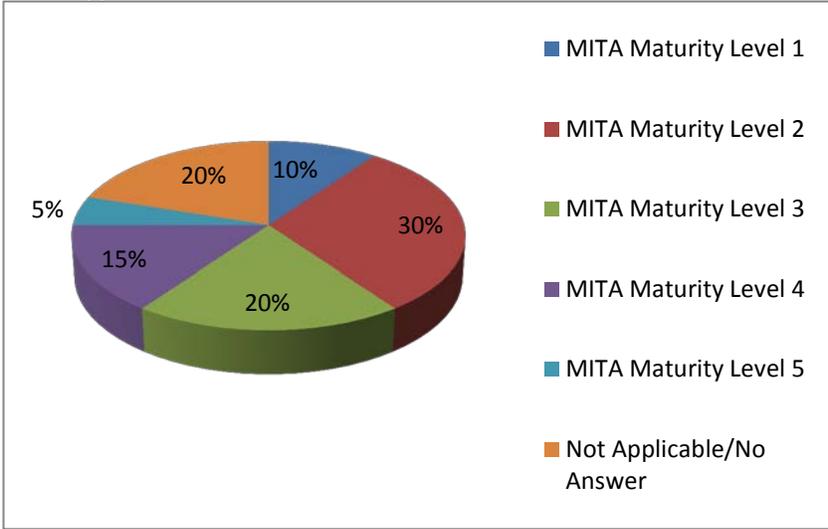
4.2.3 Business Intelligence

MITA Technical Function and Description	TX Medicaid Systems			
<p align="center">Business Intelligence</p>				
<p>The Business Intelligence technical function focuses on the ability to capture, manage, and report functional data.</p> <p><i>Level 1: Business intelligence information available by custom-coded programming.</i></p> <p><i>Level 2: Business intelligence information is inconsistent and unreliable with very little automation.</i></p> <p><i>Level 3: Business intelligence information is available for specific business functions. The SMA limits access to a small group of stakeholders.</i></p> <p><i>Level 4: The SMA adopts strategic business intelligence environment with defined governance policies and enforcement. Business objectives drive business analysis and performance management strategies. The SMA adopts enterprise-wide performance standards and metrics for business analysis.</i></p> <p><i>Level 5: The SMA adopts business process specific performance standards and metrics for business analysis. The SMA performs behavior simulation and prediction modeling on large populations. The SMA shares business analysis with providers, beneficiaries, and trading partners.</i></p> <p><i>0: Not Applicable/Did Not Answer</i></p>	<p>TMHP C21-Financial</p> <p align="center">3</p>	<p>TMHP C21-Claims</p> <p align="center">3</p>		
	<p>TMHP C21-Provider</p> <p align="center">3</p>	<p>TMHP C21-Eligibility/Client</p> <p align="center">3</p>		
	<p>TMHP TexMed-Connect</p> <p align="center">4</p>	<p>TMHP PSWin</p> <p align="center">0</p>		
	<p>TMHP V21</p> <p align="center">3</p>	<p>TMHP CMS</p> <p align="center">1</p>		
	<p>LTC Online Portal</p> <p align="center">0</p>	<p>LTC Provider</p> <p align="center">1</p>		
	<p>SAS</p> <p align="center">1</p>	<p>MFADS</p> <p align="center">3</p>		
	<p>Vendor Drug</p> <p align="center">3</p>	<p>MEHIS</p> <p align="center">3</p>		
	<p>CARES</p> <p align="center">1</p>	<p>CMBHS</p> <p align="center">3</p>		
	<p>NorthSTAR</p> <p align="center">3</p>	<p>TIERS</p> <p align="center">4</p>		
	<p>ID Care</p> <p align="center">1</p>	<p>Code Table Automation</p> <p align="center">1</p>		
<p>Assessment of Business Intelligence</p>				
<p>The Business Intelligence technical function is primarily level 3 in the systems assessed in Texas. As a result, the business intelligence information is either captured through custom coding or made available to specific system users. As Texas improves MITA maturity in this area, the state should focus on standard business intelligence metrics and consolidating data into a single or centralized dashboard. Texas would benefit from having business intelligence information available more quickly to support decision-making and strategy development.</p>				



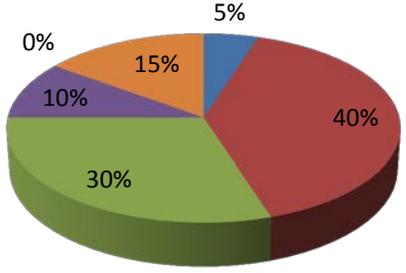
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4.2.4 Forms and Reporting Management

MITA Technical Function and Description	TX Medicaid Systems																
<p align="center">Forms and Reporting Management</p>																	
<p>The Forms and Reporting Management technical function focuses on the ability to receive data via an electronic interface or web form.</p> <p><i>Level 1: Direct data entry from paper forms.</i> <i>Level 2: Data entry using electronic forms. The SMA produces reports with manual data entry and processing.</i> <i>Level 3: Online electronic forms accept limited file type (e.g., txt, xls, or pdf) attachments. The SMA adopts periodic submission of electronic reports.</i> <i>Level 4: The SMA adopts real-time submission of claims, clinical, and other reporting information.</i> <i>Level 5: Real-time national database with regional, state, and local reporting information.</i></p> <p><i>0: Not Applicable/Did Not Answer</i></p> <div data-bbox="191 932 1019 1461">  <table border="1"> <caption>MITA Maturity Level Distribution</caption> <thead> <tr> <th>MITA Maturity Level</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>MITA Maturity Level 1</td> <td>10%</td> </tr> <tr> <td>MITA Maturity Level 2</td> <td>30%</td> </tr> <tr> <td>MITA Maturity Level 3</td> <td>20%</td> </tr> <tr> <td>MITA Maturity Level 4</td> <td>15%</td> </tr> <tr> <td>MITA Maturity Level 5</td> <td>5%</td> </tr> <tr> <td>Not Applicable/No Answer</td> <td>20%</td> </tr> </tbody> </table> </div>	MITA Maturity Level	Percentage	MITA Maturity Level 1	10%	MITA Maturity Level 2	30%	MITA Maturity Level 3	20%	MITA Maturity Level 4	15%	MITA Maturity Level 5	5%	Not Applicable/No Answer	20%	<p>TMHP C21-Financial</p> <p align="center">3</p>	<p>TMHP C21-Claims</p> <p align="center">3</p>	
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	<p>TMHP V21</p> <p align="center">0</p>	<p>TMHP CMS</p> <p align="center">2</p>															
	<p>LTC Online Portal</p> <p align="center">2</p>	<p>LTC Provider</p> <p align="center">1</p>															
	<p>SAS</p> <p align="center">2</p>	<p>MFADS</p> <p align="center">0</p>															
	<p>Vendor Drug</p> <p align="center">4</p>	<p>MEHIS</p> <p align="center">2</p>															
	<p>CARES</p> <p align="center">0</p>	<p>CMBHS</p> <p align="center">4</p>															
	<p>NorthSTAR</p> <p align="center">2</p>	<p>TIERS</p> <p align="center">3</p>															
	<p>ID Care</p> <p align="center">1</p>	<p>Code Table Automation</p> <p align="center">0</p>															
<p>Assessment of Forms and Reporting Management</p>																	
<p>The Forms and Reporting Management technical function is varied across the systems included in the Technical Assessment of the Medicaid systems currently used in Texas. About 50% of systems take advantage of electronic forms with an additional 15% using real time submission of information. The programs being supported by these systems should be assessed for form use and the functionality should be enhanced to auto populate known data to reduce direct data entry (DDE) errors.</p>																	

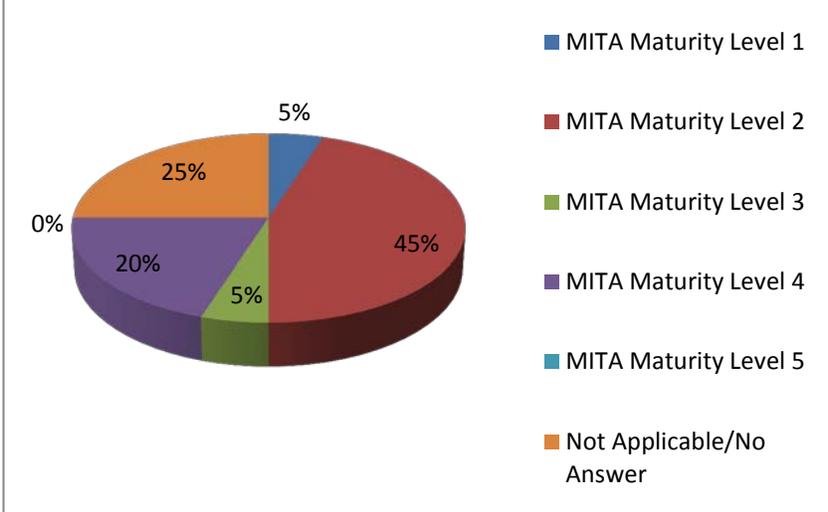
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4.2.5 Performance Measurement

MITA Technical Function and Description	TX Medicaid Systems																	
Performance Measurement																		
<p>The Performance Measurement technical function focuses on the ability for this system to collect and report program performance data based on user-defined criteria.</p> <p><i>Level 1: Manual calculation of performance standards in spreadsheets.</i> <i>Level 2: Collect and report using predefined and ad hoc reporting methods and state defined performance standards.</i> <i>Level 3: Define, implement, collect, and report using a set of business process-related performance standards that conform to federal metrics.</i> <i>Level 4: Produces automatic system alerts and alarms when performance metric is not within defined performance standard.</i> <i>Level 5: National use of performance standards and alerts for variances not within defined performance standard boundaries.</i> <i>0: Not Applicable/Did Not Answer</i></p> <div data-bbox="186 1039 1015 1554">  <table border="1"> <caption>MITA Maturity Level Distribution</caption> <thead> <tr> <th>MITA Maturity Level</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>MITA Maturity Level 1</td> <td>5%</td> </tr> <tr> <td>MITA Maturity Level 2</td> <td>40%</td> </tr> <tr> <td>MITA Maturity Level 3</td> <td>30%</td> </tr> <tr> <td>MITA Maturity Level 4</td> <td>10%</td> </tr> <tr> <td>MITA Maturity Level 5</td> <td>0%</td> </tr> <tr> <td>Not Applicable/No Answer</td> <td>15%</td> </tr> </tbody> </table> </div>	MITA Maturity Level	Percentage	MITA Maturity Level 1	5%	MITA Maturity Level 2	40%	MITA Maturity Level 3	30%	MITA Maturity Level 4	10%	MITA Maturity Level 5	0%	Not Applicable/No Answer	15%	TMHP C21-Financial	3	TMHP C21-Claims	2
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Not Applicable/No Answer	15%																	
	TMHP C21-Provider	2	TMHP C21-Eligibility/Client	2														
	TMHP TexMed-Connect	4	TMHP PSWin	0														
	TMHP V21	3	TMHP CMS	2														
	LTC Online Portal	4	LTC Provider	0														
	SAS	2	MFADS	2														
	Vendor Drug	3	MEHIS	3														
	CARES	2	CMBHS	2														
	NorthSTAR	1	TIERS	3														
	ID Care	3	Code Table Automation	0														
Assessment of Performance Measurement																		
<p>The Performance Measurement technical function is varied across the assessed systems in Texas. About 80% of systems do capture and provide reporting capabilities for performance measurement. As Texas progresses in MITA maturity, the focus should be on standardizing these performance measures and expanding the ability to look across multiple systems for efficiency.</p>																		

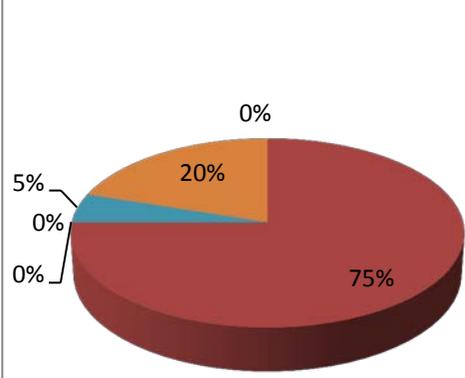
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4.2.6 Security and Privacy

MITA Technical Function and Description	TX Medicaid Systems																													
<p align="center">Security and Privacy</p>																														
<p>The Security and Privacy technical function focuses on the ability of the asset to maintain secure access to information to authorized users.</p> <p><i>Level 1: Beneficiary and provider access to services via manual submission, alphanumeric devices (i.e., paging), or ED. The SMA uses policy and procedures controls to ensure privacy of information.</i></p> <p><i>Level 2: Provides member and provider access to services via browser, kiosk, voice response system, or mobile phone.</i></p> <p><i>Level 3: Provides member and provider access to services online via mobile device. The SMA supports automatic user authentication. The SMA provides staff with Single Sign-On (SSO) functionality to a majority of the applications in the State Medicaid Enterprise. The SMA restricts access to data elements based on defined access roles.</i></p> <p><i>Level 4: Provides user authentication via SecureID tokens and delivery of results to authentication and authorization functions.</i></p> <p><i>Level 5: Provides user authentication via biometric identification and delivery of results to authentication and authorization functions.</i></p> <p><i>0: Not Applicable/Did Not Answer</i></p>	TMHP C21-Financial 2	TMHP C21-Claims 2		TMHP C21-Provider 2	TMHP C21-Eligibility/Client 1		TMHP TexMed-Connect 2	TMHP PSWin 0		TMHP V21 0	TMHP CMS 2		LTC Online Portal 2	LTC Provider 4		SAS 4	MFADS 4		Vendor Drug 2	MEHIS 2		CARES 0	CMBHS 2		NorthSTAR 0	TIERS 4		ID Care 3	Code Table Automation 0	
 <p>■ MITA Maturity Level 1 ■ MITA Maturity Level 2 ■ MITA Maturity Level 3 ■ MITA Maturity Level 4 ■ MITA Maturity Level 5 ■ Not Applicable/No Answer</p>																														
Assessment of Security and Privacy																														
<p>The Security and Privacy technical function is rated at a level 2 in about half of the Texas Medicaid systems assessed. The browser-based access provides the ability for secure logon, while making access available broadly to users with internet access. As Texas looks to improve maturity in this area, secure logon capabilities must include more robust credentialing and access management methods to further ensure the user accessing the systems matches the users original credentials.</p>																														

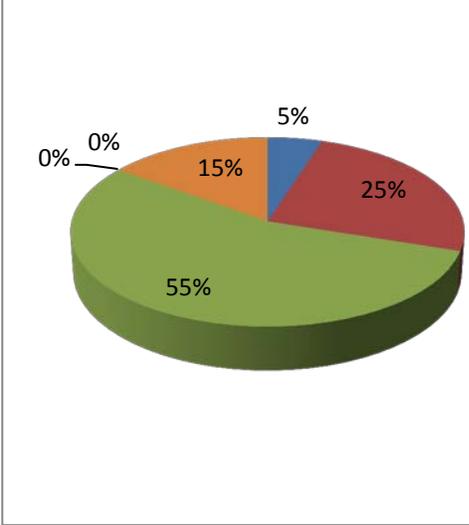
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4.2.7 Business Process Management

MITA Technical Function and Description	TX Medicaid Systems																	
<p align="center">Business Process Management</p>																		
<p>The Business Process Management technical function focuses on the ability to support implementation of business process standards within this system.</p> <p><i>Level 1: Primarily of manual paper-based activity to accomplish tasks. The SMA is not using MITA initiative for business, architecture and data.</i> <i>Level 2: Uses a mix of manual and automatic business processes. The SMA aligns business workflows with any provided by CMS in support of the Medicaid and Exchange business operation's and requirements</i> <i>Level 3: Specification and management of business processes in conformance with applicable standards (e.g., Business Process Execution Language (BPEL)).</i> <i>Level 4: Aligns to and advances increasingly in MITA maturity for business, architecture, and data. The SMA develops MITA Maturity Model Roadmap to monitor progress in MITA maturity. The SMA has full integration of the MITA initiative with business, architecture, and data within the interstate.</i> <i>Level 5: Asset supports targeted MITA maturity for business, architecture, and data. The SMA has full integration of the MITA initiative with business, architecture, and data within the nation.</i> 0: Not Applicable/Did Not Answer</p> <div data-bbox="204 1062 1032 1587">  <table border="1" data-bbox="740 1096 1032 1558"> <thead> <tr> <th>MITA Maturity Level</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>MITA Maturity Level 1</td> <td>0%</td> </tr> <tr> <td>MITA Maturity Level 2</td> <td>75%</td> </tr> <tr> <td>MITA Maturity Level 3</td> <td>0%</td> </tr> <tr> <td>MITA Maturity Level 4</td> <td>0%</td> </tr> <tr> <td>MITA Maturity Level 5</td> <td>5%</td> </tr> <tr> <td>Not Applicable/No Answer</td> <td>20%</td> </tr> </tbody> </table> </div>	MITA Maturity Level	Percentage	MITA Maturity Level 1	0%	MITA Maturity Level 2	75%	MITA Maturity Level 3	0%	MITA Maturity Level 4	0%	MITA Maturity Level 5	5%	Not Applicable/No Answer	20%	TMHP C21- Financial	2	TMHP C21- Claims	2
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	CARES	2	CMBHS	2														
	NorthSTAR	2	TIERS	2														
	ID Care	0	Code Table Automation	0														
Assessment of Business Process Management																		
<p>The Business Process Management technical function is rated as a MITA level 2 in 75% of the Medicaid systems currently used in Texas. This means a mix of manual and automated processes are used to support state and federal program requirements. A common challenge identified by users is the number of manual workarounds that have been implemented as the result of a training or system deficiency. As Texas improves capabilities, a flexible process workflow should be included to promote standards and better identify training and system deficiencies.</p>																		

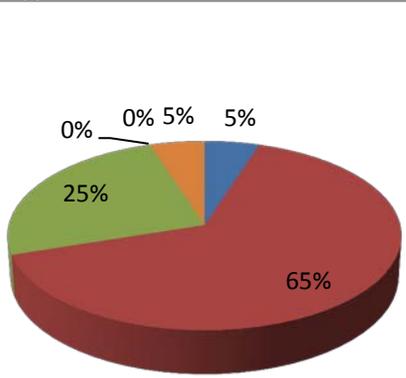
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4.2.8 Relationship Management

MITA Technical Function and Description	TX Medicaid Systems																	
Relationship Management																		
<p>The Relationship Management technical function focuses on the ability of the system to interface with external business entities for the purpose of data exchange.</p> <p><i>Level 1: Manual (e.g., by attaching annotations to case files). Non-standardized definition and invocation of services.</i> <i>Level 2: Service support using architecture that does not comply with published MITA service interfaces and interface standards.</i> <i>Level 3: Basic Business Relationship Management (BRM), including tracking relationships between system users (e.g., members and providers) and the services requested and received. Services support using architecture that complies with MITA Framework, industry standards, and other nationally recognized interface standards.</i> <i>Level 4: Advanced BRM, this includes basic BRM plus analytics support and personalization capabilities. Services support using a cross-enterprise services registry.</i> <i>Level 5: Interstate BRM, which includes basic BRM plus analytics support and personalization capabilities. Services support using a cross-enterprise services registry.</i> 0: Not Applicable/Did Not Answer</p> <div data-bbox="204 1066 1036 1591">  <table border="1"> <caption>MITA Maturity Level Distribution</caption> <thead> <tr> <th>MITA Maturity Level</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>MITA Maturity Level 1</td> <td>5%</td> </tr> <tr> <td>MITA Maturity Level 2</td> <td>25%</td> </tr> <tr> <td>MITA Maturity Level 3</td> <td>55%</td> </tr> <tr> <td>MITA Maturity Level 4</td> <td>0%</td> </tr> <tr> <td>MITA Maturity Level 5</td> <td>0%</td> </tr> <tr> <td>Not Applicable/No Answer</td> <td>15%</td> </tr> </tbody> </table> </div>	MITA Maturity Level	Percentage	MITA Maturity Level 1	5%	MITA Maturity Level 2	25%	MITA Maturity Level 3	55%	MITA Maturity Level 4	0%	MITA Maturity Level 5	0%	Not Applicable/No Answer	15%	TMHP C21- Financial 3	TMHP C21- Claims 3		
MITA Maturity Level	Percentage																	
MITA Maturity Level 1	5%																	
MITA Maturity Level 2	25%																	
MITA Maturity Level 3	55%																	
MITA Maturity Level 4	0%																	
MITA Maturity Level 5	0%																	
Not Applicable/No Answer	15%																	
	TMHP C21- Provider 3	TMHP C21- Eligibility/ Client 3																
	TMHP TexMed- Connect 3	TMHP PSWin 2																
	TMHP V21 0	TMHP CMS 2																
	LTC Online Portal 3	LTC Provider 1																
	SAS 2	MFADS 3																
	Vendor Drug 3	MEHIS 3																
	CARES 2	CMBHS 2																
	NorthSTAR 3	TIERS 3																
	ID Care 0	Code Table Automation 0																
Assessment of Relationship Management																		
<p>The Relationship Management technical function is rated as a MITA level 2 or level 3 in 80% of the Medicaid systems currently used in Texas. As a result, some business relationship management occurs, but is not standard, plus the analytics, assessment, and improvements to these relationships are fragmented and difficult to track and measure. As Texas improves capabilities in this area, the focus should be on standard metrics as well as promoting dashboard reporting of relationship improvements.</p>																		

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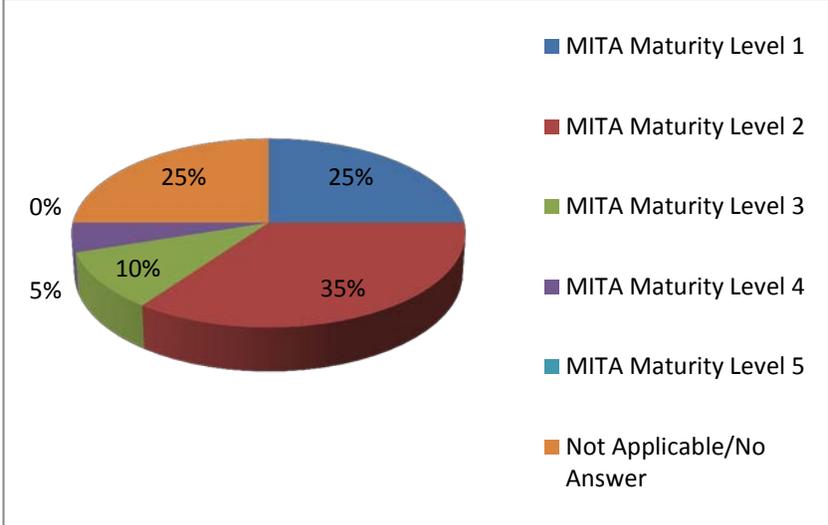
4.2.9 Data Connectivity

MITA Technical Function and Description	TX Medicaid Systems				
Data Connectivity					
<p>The Data Connectivity technical function focuses on the ability of this system to use an enterprise standard data exchange between other systems and entities.</p> <p><i>Level 1: Manual data exchange between multiple organizations, sending data requests via telephone or e-mail to data processing organizations and receiving requested data in nonstandard formats and in various media [e.g., paper, facsimile, Electronic Data Interchange(EDI)].</i></p> <p><i>Level 2: Electronic data exchange with multiple organizations via an information hub using secure data, in which the location and format are transparent to the user and the results delivered in a defined style that meets the user's needs.</i></p> <p><i>Level 3: Electronic data exchange with multiple organizations via an information hub that can perform advanced information monitoring and route alerts/alarms to communities of interest if the system detects unusual conditions.</i></p> <p><i>Level 4: Use of comprehensive data models to communicate between different data formats. Adoption of enterprise integration strategy. Migration from a point-to-point to message based exchange. Data exchange across intrastate agencies and with some external entities.</i></p> <p><i>Level 5: Use of comprehensive data models to communicate between intrastate and interstate agencies, federal entities, and health care stakeholders.</i></p> <p><i>0: Not Applicable/Did Not Answer</i></p> <div style="text-align: center;">  <p>■ MITA Maturity Level 1 ■ MITA Maturity Level 2 ■ MITA Maturity Level 3 ■ MITA Maturity Level 4 ■ MITA Maturity Level 5 ■ Not Applicable/No Answer</p> </div>	TMHP C21-Financial	2	TMHP C21-Claims	3	
	TMHP C21-Provider	2	TMHP C21-Eligibility/Client	2	
	TMHP TexMed-Connect	2	TMHP PSWin	3	
	TMHP V21	2	TMHP CMS	2	
	LTC Online Portal	2	LTC Provider	2	
	SAS	2	MFADS	2	
	Vendor Drug	3	MEHIS	2	
	CARES	1	CMBHS	2	
	NorthSTAR	2	TIERS	3	
	ID Care	3	Code Table Automation	0	
	Assessment of Data Connectivity				

MITA Technical Function and Description	TX Medicaid Systems
<p>The Data Connectivity technical function exists is rated at a MITA level 2 in 65% of the Medicaid systems currently used in Texas. While claims related transactions in Texas are almost entirely electronic, the internal data sharing continue to relay on extensive batch transactions to share data. Texas should focus on using internal transactions standards and minimize the variety and number of siloed systems across the Texas Medicaid Enterprise.</p>	

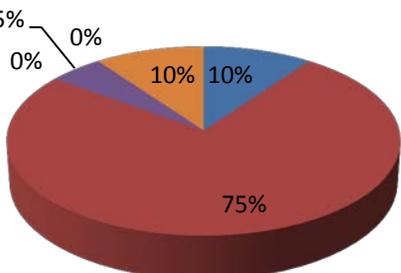
4.2.10 Service Oriented Architecture

MITA Technical Function and Description	TX Medicaid Systems			
<p align="center">Service Oriented Architecture</p>				
<p>The SOA technical function focuses on the ability of the functionality structure within the system to be independent objects, each with standard inputs and outputs. These objects are loosely coupled with no embedded external calls. SOA promotes reusability, granularity, and interoperability.</p> <p><i>Level 1: Non-standardized approaches to orchestration and composition of functions within and across the Health care Enterprise.</i> <i>Level 2: Reliable messaging, including guaranteed message delivery (without duplicates) and support for non-deliverable messages.</i> <i>Level 3: MITA-compliant ESB, automated arrangement, coordination and management of system. System coordination between intrastate agencies and some external entities.</i> <i>Level 4: MITA-compliant ESB, use of SOA and System Development Life Cycle (SDLC) for Health care Enterprise. Interoperable outside of HHS, interstate, and other health care stakeholders, such as, HIE or HIX.</i> <i>Level 5: MITA-compliant ESB, use of SOA and SDLC for Health care Enterprise. Interoperable extends to federal agencies.</i> <i>0: Not Applicable/Did Not Answer</i></p>	TMHP C21-Financial	2	TMHP C21-Claims	2
	TMHP C21-Provider	2	TMHP C21-Eligibility/Client	1
	TMHP TexMed-Connect	1	TMHP PSWin	4
	TMHP V21	2	TMHP CMS	1
	LTC Online Portal	0	LTC Provider	1
	SAS	3	MFADS	0
	Vendor Drug	2	MEHIS	2
	CARES	0	CMBHS	0
	NorthSTAR	2	TIERS	3
	ID Care	1	Code Table Automation	0
<p>Assessment of Service Oriented Architecture</p>				



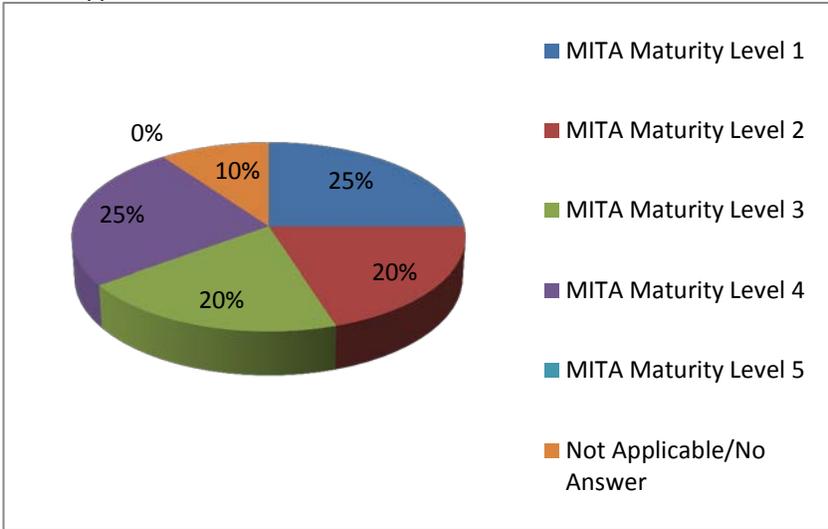
MITA Technical Function and Description	TX Medicaid Systems
<p>The SOA technical function is primarily at level 1 or not applicable within the systems included in this Texas assessment. Some of the systems listed as not applicable should be reconsidered as all services across the Texas Medicaid Enterprise should be included in the SOA strategy and prioritized by Enterprise Governance. Like the ESB, SOAs is vital for improving MITA maturity to level 3 and beyond. SOA increases system efficiency by allowing services to be accessed over a network so users can combine or reuse them for their business applications. This loose coupling of services allows for applications within systems to be written independently and replaced when needed without having to rewrite code for the entire system. Communication and Information Services (CIS) reports that this functionality exists outside the system.</p>	

4.2.11 System Extensibility

MITA Technical Function and Description	TX Medicaid Systems			
System Extensibility				
<p>The System Extensibility technical function focuses on the ability of this system to extend functionality across the Enterprise. <i>Level 1: Does not use web services. The SMA conducts extensive code changes for additional system functionality.</i> <i>Level 2: Uses a mix of manual and electronic transactions to conduct business activity. The SMA uses some isolated web services.</i> <i>Level 3: Uses RESTful and/or SOAP-based web services for seamless coordination and integration with other U.S. Department of Health & Human Services (HHS) applications and intrastate agencies including the HIX.</i> <i>Level 4: Supports RESTful and SOAP-based web services with interstate agencies including Health Information Organizations (HIO) and the HIE. The SMA adopts web services of Nationwide Health Information Network (NwHIN) priority areas.</i> <i>Level 5: Supports RESTful and SOAP-based web services with all available federal agencies (i.e., IRS). The SMA increases federation and intrinsic interoperability Not Applicable with minimal impact for new service capability. The SMA adopts full usage of NwHIN with exposed services to all appropriate parties.</i> 0: Not Applicable/Did Not Answer</p> <div data-bbox="191 1050 1019 1564">  <ul style="list-style-type: none"> ■ MITA Maturity Level 1 ■ MITA Maturity Level 2 ■ MITA Maturity Level 3 ■ MITA Maturity Level 4 ■ MITA Maturity Level 5 ■ Not Applicable/No Answer </div>	TMHP C21-Financial	2	TMHP C21-Claims	2
	TMHP C21-Provider	2	TMHP C21-Eligibility/Client	2
	TMHP TexMed-Connect	4	TMHP PSWin	0
	TMHP V21	2	TMHP CMS	2
	LTC Online Portal	2	LTC Provider	2
	SAS	2	MFADS	2
	Vendor Drug	2	MEHIS	2
	CARES	2	CMBHS	2
	NorthSTAR	1	TIERS	2
	ID Care	1	Code Table Automation	0
Assessment of System Extensibility				
<p>The Systems Extensibility technical function is rated as MITA level 2 in about 75% of the systems assessed in Texas. This technical area is an opportunity for Texas as the State currently relies on extensive batch file transactions. As Texas progresses in MITA maturity, promoting real time or direct access to data and shared services is important for achieving MITA maturity level 3.</p>				

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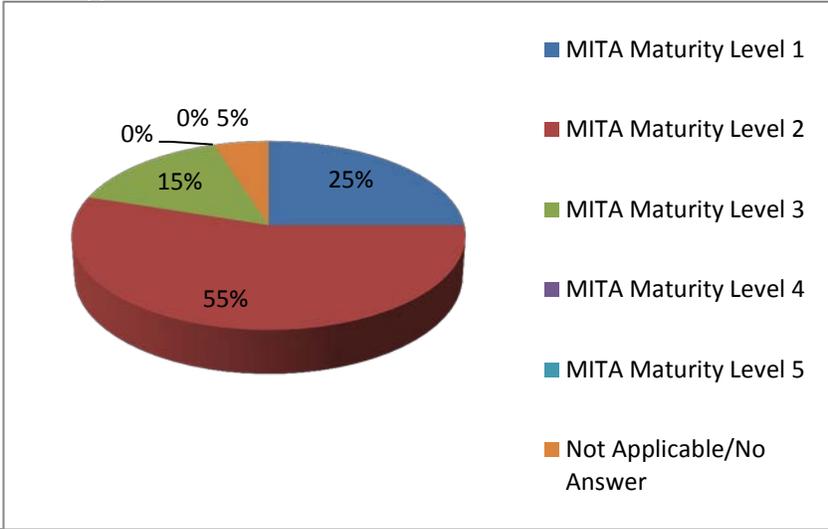
4.2.12 Configuration Management

MITA Technical Function and Description	TX Medicaid Systems			
<p align="center">Configuration Management</p>				
<p>The Configuration Management technical function focuses on the ability for end-users to configure business rules to meet changing business needs.</p> <p><i>Level 1: Technology-dependent interfaces to applications that are significantly affected by the introduction of new technology.</i></p> <p><i>Level 2: Technology-neutral interfaces that localize and minimize the impact of the introduction of new technology (e.g., data abstraction in data management services to provide product-neutral access to data based on metadata definitions).</i></p> <p><i>Level 3: Use of Software Configuration Management to reproduce solutions in a controlled, incremental fashion, rather than focusing on controlling solution products. Identification of configuration items and baselines.</i></p> <p><i>Level 4: Utilization of Build Management, Process Management, and Environment Management through the SDLC. Development process between intrastate agencies and some external entities.</i></p> <p><i>Level 5: Full utilization of Build Management, Process Management, and Environment Management through the SDLC. Development process between intrastate and interstate agencies, federal entities and external health care stakeholders.</i></p> <p><i>0: Not Applicable/Did Not Answer</i></p>	<p>TMHP C21-Financial</p> <p align="center">3</p>	<p>TMHP C21-Claims</p> <p align="center">1</p>		
	<p>TMHP C21-Provider</p> <p align="center">3</p>	<p>TMHP C21-Eligibility/Client</p> <p align="center">2</p>		
	<p>TMHP TexMed-Connect</p> <p align="center">4</p>	<p>TMHP PSWin</p> <p align="center">0</p>		
	<p>TMHP V21</p> <p align="center">3</p>	<p>TMHP CMS</p> <p align="center">1</p>		
	<p>LTC Online Portal</p> <p align="center">3</p>	<p>LTC Provider</p> <p align="center">4</p>		
	<p>SAS</p> <p align="center">4</p>	<p>MFADS</p> <p align="center">0</p>		
	<p>Vendor Drug</p> <p align="center">2</p>	<p>MEHIS</p> <p align="center">2</p>		
	<p>CARES</p> <p align="center">1</p>	<p>CMBHS</p> <p align="center">4</p>		
	<p>NorthSTAR</p> <p align="center">1</p>	<p>TIERS</p> <p align="center">4</p>		
	<p>ID Care</p> <p align="center">1</p>	<p>Code Table Automation</p> <p align="center">2</p>		
 <p>Legend:</p> <ul style="list-style-type: none"> ■ MITA Maturity Level 1 ■ MITA Maturity Level 2 ■ MITA Maturity Level 3 ■ MITA Maturity Level 4 ■ MITA Maturity Level 5 ■ Not Applicable/No Answer 				
<p>Assessment of Configuration Management</p>				

MITA Technical Function and Description	TX Medicaid Systems
<p>The Configuration Management technical function is rated at MITA maturity level 1 or level 2 in about 45% of the Medicaid systems currently used in Texas. The ability for end users to configure business rules to suit their needs will become increasingly important as Texas improves their MITA maturity. Business rules will become increasingly complex and unique for the various end users. Having the flexibility to quickly adapt will allow business processes to perform their functions efficiently and effectively.</p>	

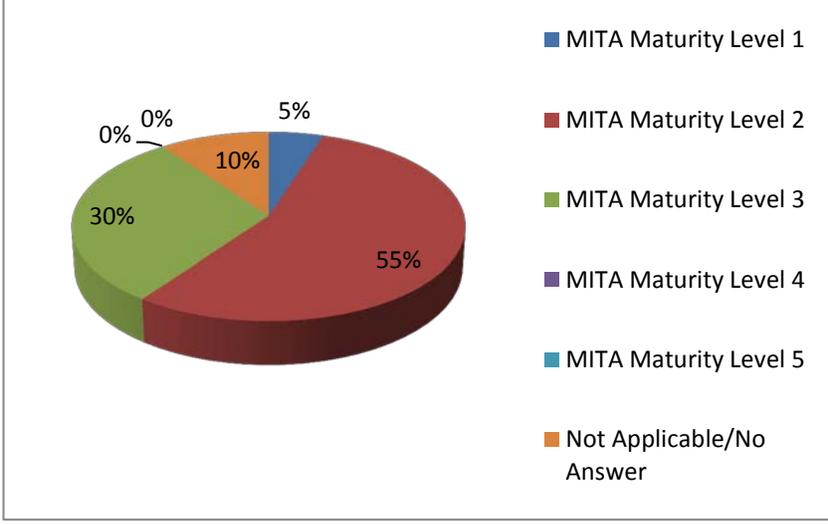
4.2.13 Data Access and Management

MITA Technical Function and Description	TX Medicaid Systems			
<p align="center">Data Access and Management</p>				
<p>The Data Access and Management technical function focuses on the system's ability to receive, translate, and process all data necessary to support business needs.</p> <p><i>Level 1: Ad hoc formats for data exchange. Ad hoc, point-to-point approaches to systems integration. No use of enterprise-wide data standards.</i></p> <p><i>Level 2: Data resides in one schema with tight coupling approach. Single source of data. Data model that conforms to the MITA Framework and maps data exchanged with external organizations to the model.</i></p> <p><i>Level 3: Data exchange (internally and externally) using MITA Framework, industry standards, and other nationally recognized standards. Service-enabling legacy systems using MITA Framework, industry standards, and other nationally recognized standards. Data resides in multiple locations; however, it is accessible to users providing uniform access in a mediated schema.</i></p> <p><i>Level 4: Data exchange (internally and externally) in conformance with MITA Framework, industry standards, and other nationally recognized semantic data standards (ontology-based).</i></p> <p><i>Level 5: Data model that conforms to shared data used by all business processes includes MITA Framework, industry standards, and other nationally recognized standards for clinical data and electronic health records.</i></p> <p>0: Not Applicable/Did Not Answer</p>	TMHP C21-Financial	3	TMHP C21-Claims	2
	TMHP C21-Provider	2	TMHP C21-Eligibility/Client	2
	TMHP TexMed-Connect	3	TMHP PSWin	0
	TMHP V21	2	TMHP CMS	2
	LTC Online Portal	2	LTC Provider	1
	SAS	1	MFADS	2
	Vendor Drug	2	MEHIS	3
	CARES	1	CMBHS	2
	NorthSTAR	1	TIERS	2
	ID Care	1	Code Table Automation	2
<p>Assessment of Data Access and Management</p>				



MITA Technical Function and Description	TX Medicaid Systems
<p>The Data Access and Management technical function is rated as a MITA level 1 or level 2 in 80% of the Medicaid systems currently used in Texas. This means that the data schemas are unique to most systems and data exchange is done in an ad hoc, point-to-point fashion. Texas will need to leverage the data models being created for the EDW project to begin standardize the processes used in data sharing across the enterprise. A focus on each extract, transform, and load (ETL) opportunity could be a strategy to prioritize the development of standards in data exchange.</p>	

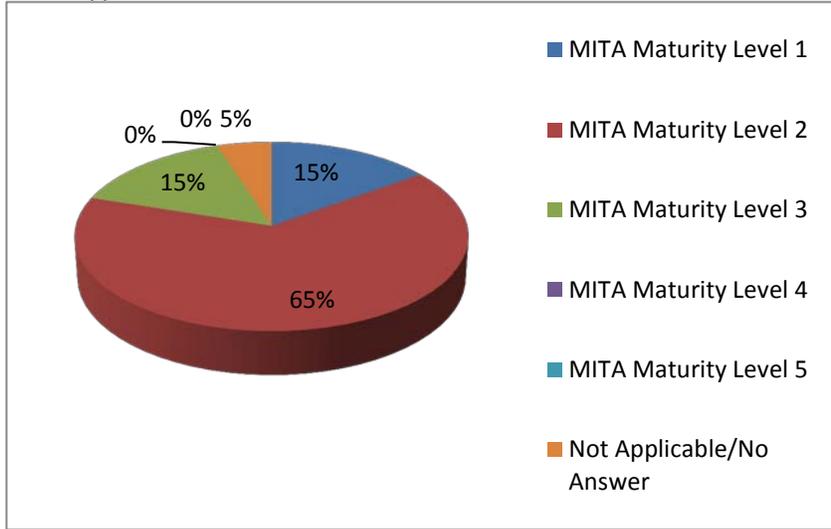
4.2.14 Decision Management

MITA Technical Function and Description	TX Medicaid Systems			
Decision Management				
<p>The Decision Management technical function focuses on the ability to create and execute business rules within the system in both human and machine-readable format.</p> <p><i>Level 1: Manual application of rules (and consequent inconsistent decision-making).</i> <i>Level 2: Business rules imbedded in the core application code and executed in a batch-operating environment.</i> <i>Level 3: Business rules reside in a separate application or Rules Engine. Rules executed in a runtime environment. Use of production/inference rules to represent behaviors (e.g., IF Then conditional logic).</i> <i>Level 4: Rules engine utilizes technical call-level interface using API standard. Use of Event Condition Action rules. The reactive rule engines detect and react to incoming events and process event patterns.</i> <i>Level 5: Deterministic rules engine that utilizes domain-specific language.</i> 0: Not Applicable/Did Not Answer</p>	TMHP C21-Financial	2	TMHP C21-Claims	2
	TMHP C21-Provider	2	TMHP C21-Eligibility/Client	2
	TMHP TexMed-Connect	2	TMHP PSWin	0
	TMHP V21	0	TMHP CMS	2
 <p>■ MITA Maturity Level 1 ■ MITA Maturity Level 2 ■ MITA Maturity Level 3 ■ MITA Maturity Level 4 ■ MITA Maturity Level 5 ■ Not Applicable/No Answer</p>	LTC Online Portal	3	LTC Provider	2
	SAS	3	MFADS	3
	Vendor Drug	2	MEHIS	2
	CARES	3	CMBHS	3
	NorthSTAR	2	TIERS	3
	ID Care	2	Code Table Automation	1
Assessment of Decision Management				

MITA Technical Function and Description	TX Medicaid Systems
<p>The Decision Management technical function is rated at a MITA level 2 in 55% of systems and a level 3 in 30% of Medicaid systems currently used in Texas. A key requirement of the CMS Seven Conditions and Standards is the ability to separate the business rules from system coding. CMS is further requiring states have the ability to share business rules with other states. Texas should focus on expanding the number of systems with the ability to separate business rules with the longer-term strategy of consolidating like systems across the enterprise.</p>	

4.2.15 Logging

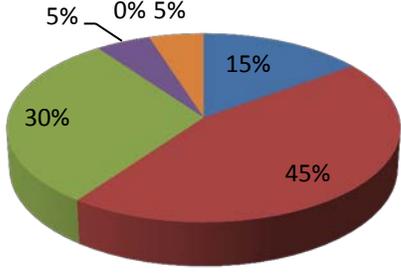
MITA Technical Function and Description	TX Medicaid Systems			
Logging				
<p>The Logging technical function focuses on the ability of this system to log, audit, and report access attempts.</p> <p><i>Level 1: Access to system capabilities via logon identification and password. Manual logging and analysis.</i></p> <p><i>Level 2: Access to the history of a user's activities and other management functions, including logon approvals and disapprovals and log search and playback.</i></p> <p><i>Level 3: User authentication using public key infrastructure in conformance with MITA Framework, industry standards, and other nationally recognized standards. User access to system resources depending on their role at sign-on.</i></p> <p><i>Level 4: Use of contemporary enterprise based auditing tools such as TrustedBSD, or OpenBSM to generate and process audit records.</i></p> <p><i>Level 5: Use of open source components, such as, OpenXDAS.</i></p> <p><i>0: Not Applicable/Did Not Answer</i></p>	TMHP C21-Financial	2	TMHP C21-Claims	2
	TMHP C21-Provider	2	TMHP C21-Eligibility/Client	2
	TMHP TexMed-Connect	2	TMHP PSWin	0
	TMHP V21	2	TMHP CMS	2
	LTC Online Portal	3	LTC Provider	1
	SAS	3	MFADS	2
	Vendor Drug	2	MEHIS	3
	CARES	1	CMBHS	2
	NorthSTAR	2	TIERS	2
	ID Care	2	Code Table Automation	1
Assessment of Logging				
<p>The Logging technical function is rated as MITA level 2 in 65% of the Medicaid systems currently used in Texas. The remaining 35% of systems are mostly a mix of levels 1 and 3. This functionality is similar to Intrusion Detection in that it detects attempts to access a system and logs that information in a measure to increase security. Texas should focus on further promoting access through more robust credentialing and access management in cases where protected health information (PHI) may be present.</p>				



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4.2.16 Utility

MITA Technical Function and Description	TX Medicaid Systems			
Utility				
<p>The Utility technical function focuses on the ability of this system to meet the intended business needs of the Enterprise.</p> <p><i>Level 1: Asset requires manual activity to accomplish unique tasks. The SMA conducts Research and Development experimentation where pilot project(s) are taking place using state-specific standards. Uses minimal web service utility type services in isolated areas.</i></p> <p><i>Level 2: Uses simple architected software services involving database integration and reliable messaging. Supports versioning, mediation, and distributed systems. Supports integration of multiple applications. Incorporates industry standards in requirements, development, and testing phases of projects including security measures. The SMA conducts initial performance management activities.</i></p> <p><i>Level 3: Uses a set of computer programs to perform unique business and technical tasks. Uses business processes orchestration in an event-driven environment. Does have transactions that take long time to execute. Uses composite applications including initial external service enablement. Uses SDLC governance activities. Adopts all industry standards set by the HHS Secretary for requirements, development, and testing phases of projects.</i></p> <p><i>Level 4: Uses measured business services involving business activity monitoring along with event-driven dashboard information. Supports multiple enterprises involving shared Business-to-Business services.</i></p> <p><i>Level 5: Provides services to the stakeholder community to perform business functions without human intervention. Supports self-correcting business processes. Supports real-time event stream processing to optimize service offering.</i></p> <p>0: Not Applicable/Did Not Answer</p>	TMHP C21-Financial	3	TMHP C21-Claims	3
	TMHP C21-Provider	2	TMHP C21-Eligibility/Client	2
	TMHP TexMed-Connect	2	TMHP PSWin	0
	TMHP V21	2	TMHP CMS	2
	LTC Online Portal	2	LTC Provider	1
	SAS	3	MFADS	2
	Vendor Drug	4	MEHIS	3
	CARES	1	CMBHS	2
	NorthSTAR	3	TIERS	3
	ID Care	2	Code Table Automation	1



MITA Maturity Level	Percentage
MITA Maturity Level 1	15%
MITA Maturity Level 2	45%
MITA Maturity Level 3	30%
MITA Maturity Level 4	5%
MITA Maturity Level 5	0%
Not Applicable/No Answer	5%

Assessment of Utility

MITA Technical Function and Description	TX Medicaid Systems
<p>The Utility technical function is rated as a MITA level 1 or level 2 in about 60% of the Medicaid systems currently used in Texas. The remaining is mostly rated at a level 3. This is an area of opportunity for Texas, as focus user-configurable systems will support maturity progression for this business area. A current challenge facing most states is focusing on procuring COTS products that also meet the unique needs of Medicaid users. This can be balanced though the systems integration process.</p>	

4.3 As Is Information Architecture

This section summarizes the results of the assessment of the Texas Medicaid Enterprise, as is information architecture. The MITA information architecture is focused on the information and data management capabilities of the Medicaid Enterprise. The primary area of focus for this architecture includes the data management strategy as well as data modeling.

The results for each information capability are presented in a table format. Each table contains a brief description of the MITA information capability, a description of the as is circumstances of that information capability based on results from the twenty (20) primary systems surveyed, and a pie chart showing a graphical representation of the survey results. The maturity assessment for the information capability relative to each system is also included.

The survey results are meant to provide a basic idea of current system capabilities related to MITA functionality. However, the survey responses are provided by systems staff and may not reflect desired information architecture improvements outlined by the business capability assessment and MITA 3.0 Roadmap.

The methods provided in the CMS MITA Framework 3.0 Companion Guide were used to determine the information architecture capability maturity for each system.. The guidance is as follows:

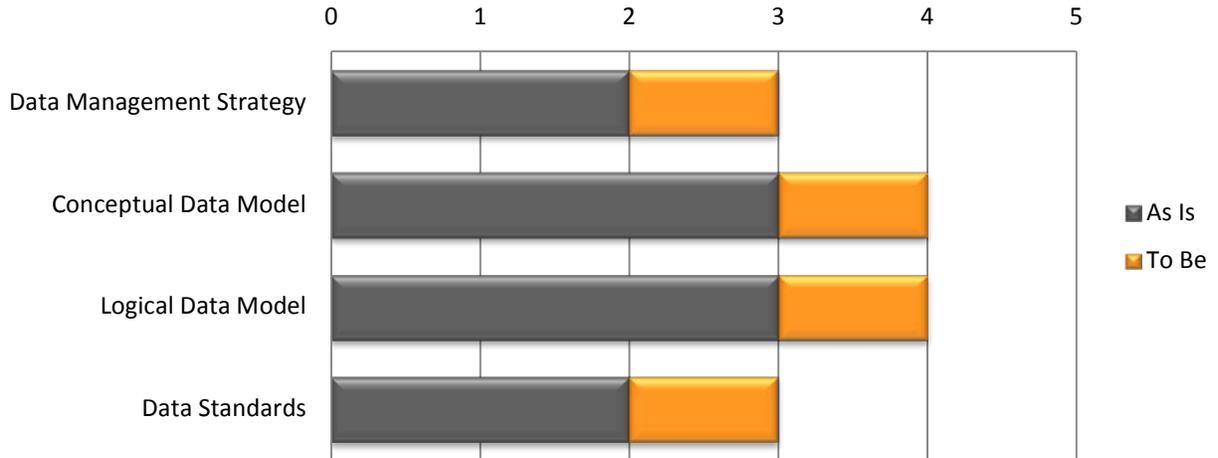
The SMA must meet all the capabilities for a level before it can advance to the next level when evaluating the IA. A business area scores at a Level 3 only when the SMA achieves all information capabilities defined for Level 3 in the ICM. CMS expects the business area to meet all criteria of the maturity level; otherwise, the business area scores at the lower capability level. A maturity level will be a whole number (e.g., Level 1, Level 2, etc.).

For the complete set of technical survey results, see Appendix D: Technical Survey Results. The technical survey included questions related to the information architecture.

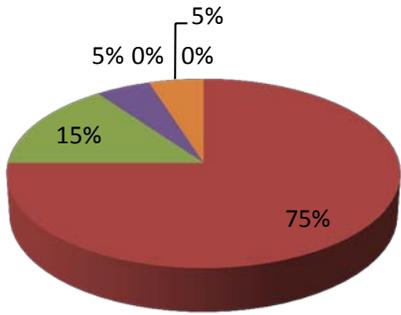
4.3.1 Maturity Level Profile

The bar chart below illustrates the as is MITA maturity level for the Information Capabilities in the Information Architecture. As illustrated, all four capabilities are at Level 2 capability.

Texas MITA Information Architecture Assessment Summary

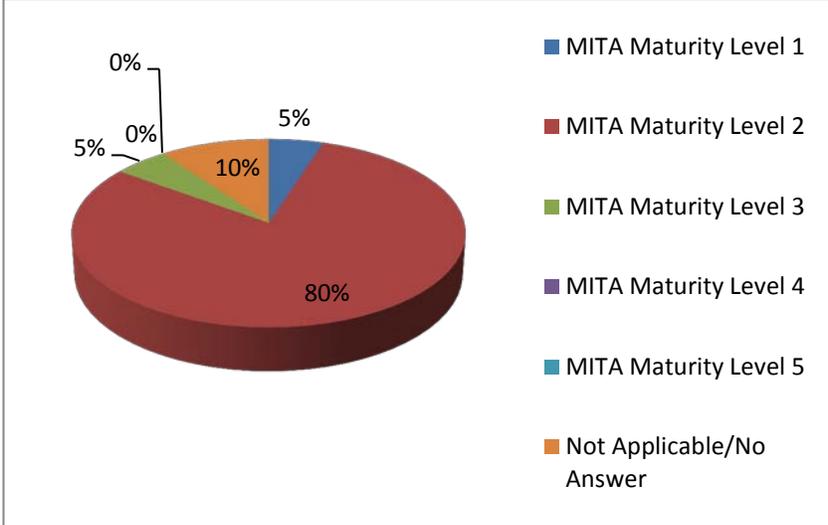


4.3.2 Data Governance

MITA Information Capability and Description	TX Medicaid Systems																	
Data Management Strategy: Data Governance																		
<p>The Data Management Strategy component provides a structure that facilitates the development of information/data, effectively shared across a state Medicaid Enterprise to improve mission performance. For Data Governance:</p> <p><i>Level 1: No data governance implemented.</i></p> <p><i>Level 2: Implementation of internal policy and procedures to promote data governance, data stewards, data owners, and data policy.</i></p> <p><i>Level 3: Adoption of governance process and structure to promote trusted data governance, data stewards, data owners, data policy, and controls redundancy within intrastate.</i></p> <p><i>Level 4: Participation in governance, stewardship, and management process with regional agencies to promote sharing of Medicaid resources.</i></p> <p><i>Level 5: Participation in governance, stewardship, and management process with CMS and other national agencies and groups to promote sharing of Medicaid resources.</i></p> <p><i>0: Not Applicable/Did Not Answer</i></p> <div data-bbox="191 966 1019 1495">  <table border="1"> <caption>MITA Maturity Level Distribution</caption> <thead> <tr> <th>MITA Maturity Level</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>MITA Maturity Level 1</td> <td>5%</td> </tr> <tr> <td>MITA Maturity Level 2</td> <td>75%</td> </tr> <tr> <td>MITA Maturity Level 3</td> <td>15%</td> </tr> <tr> <td>MITA Maturity Level 4</td> <td>0%</td> </tr> <tr> <td>MITA Maturity Level 5</td> <td>0%</td> </tr> <tr> <td>Not Applicable/No Answer</td> <td>5%</td> </tr> </tbody> </table> </div>	MITA Maturity Level	Percentage	MITA Maturity Level 1	5%	MITA Maturity Level 2	75%	MITA Maturity Level 3	15%	MITA Maturity Level 4	0%	MITA Maturity Level 5	0%	Not Applicable/No Answer	5%	TMHP C21-Financial	2	TMHP C21-Claims	2
MITA Maturity Level	Percentage																	
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MITA Maturity Level 2	75%																	
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MITA Maturity Level 4	0%																	
MITA Maturity Level 5	0%																	
Not Applicable/No Answer	5%																	
	TMHP C21-Provider	2	TMHP C21-Eligibility/Client	2														
	TMHP TexMed-Connect	3	TMHP PSWin	0														
	TMHP V21	2	TMHP CMS	3														
	LTC Online Portal	2	LTC Provider	2														
	SAS	3	MFADS	2														
	Vendor Drug	2	MEHIS	2														
	CARES	2	CMBHS	2														
	NorthSTAR	2	TIERS	2														
	ID Care	4	Code Table Automation	2														
Assessment of Data Management Strategy																		
<p>The Data Governance information function is rated as a MITA level 2 in 75% of the Medicaid systems currently used in Texas. This means that the data schemas are unique to most systems and data exchange is done in ad hoc, point-to-point fashion. Texas will need to leverage the data models being created for the EDW project to begin standardize the processes used in data sharing across the enterprise. A focus on each ETL opportunity could be a strategy to prioritize the development of standards in data exchange.</p>																		

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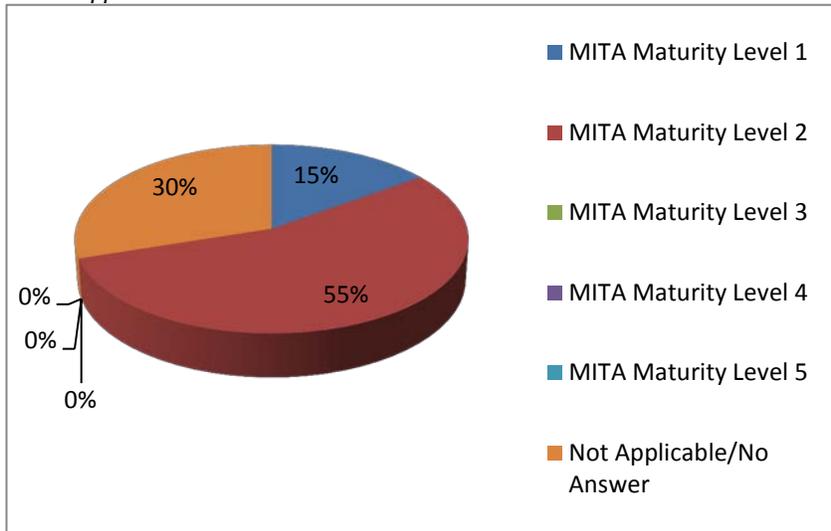
4.3.3 Enterprise Data Architecture

MITA Information Capability and Description	TX Medicaid Systems			
Data Management Strategy: Enterprise Data Architecture				
<p>The Data Management Strategy component provides a structure that facilitates the development of information/data, effectively shared across a state Medicaid Enterprise to improve mission performance. For Enterprise Data Architecture:</p> <p><i>Level 1: No standards for data architecture development.</i> <i>Level 2: Implementation of internal policy and procedures to promote data documentation, development, and management where the SMA defines data entities, attributes, data models, and relationships sufficiently to convey the overall meaning and use of Medicaid data and information.</i> <i>Level 3: Adoption of intrastate metadata repository where the SMA defines the data entities, attributes, data models, and relationships sufficiently to convey the overall meaning and use of Medicaid data and information.</i> <i>Level 4: Adoption of a regional metadata repository where the SMA defines the data entities, attributes, data models, and relationships sufficiently to convey the overall meaning and use of Medicaid data and information.</i> <i>Level 5: Adoption of a national centralized metadata repository where the SMA defines the data entities, attributes, data models, and relationships sufficiently to convey the overall meaning and use of Medicaid data and information.</i> <i>0: Not Applicable/Did Not Answer</i></p>	TMHP C21-Financial	2	TMHP C21-Claims	2
	TMHP C21-Provider	2	TMHP C21-Eligibility/Client	2
	TMHP TexMed-Connect	3	TMHP PSWin	0
	TMHP V21	2	TMHP CMS	2
	LTC Online Portal	2	LTC Provider	2
	SAS	1	MFADS	2
	Vendor Drug	2	MEHIS	2
	CARES	2	CMBHS	2
	NorthSTAR	0	TIERS	2
	ID Care	2	Code Table Automation	2
Assessment of Enterprise Data Architecture				

MITA Information Capability and Description	TX Medicaid Systems
<p>The Enterprise Data Architecture information function is rated as a MITA level 2 in 80% of the Medicaid systems currently used in Texas. This means that the data architectures are unique to most systems and data exchange is done in ad hoc, point-to-point fashion. Texas will need to leverage the data models being created for the EDW project to begin standardize the processes used in data sharing across the enterprise. A focus on each ETL opportunity could be a strategy to prioritize the development of standard data architectures.</p>	

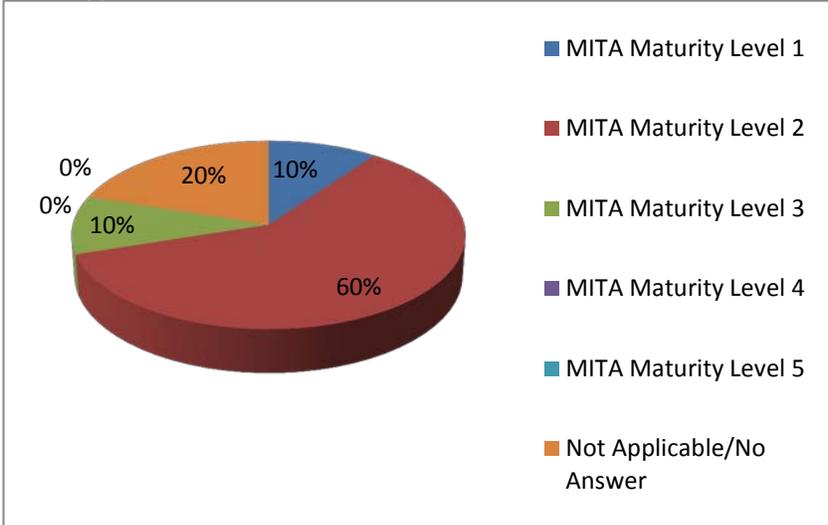
4.3.4 Enterprise Modeling

MITA Information Capability and Description	TX Medicaid Systems			
Data Management Strategy: Enterprise Modeling				
<p>The Data Management Strategy component provides a structure that facilitates the development of information/data, effectively shared across a state Medicaid Enterprise to improve mission performance. For Enterprise Modeling:</p> <p><i>Level 1: No enterprise modeling exists.</i> <i>Level 2: Implementation of Medicaid internal policy and procedures to promote enterprise modeling.</i> <i>Level 3: Adoption of intrastate enterprise modeling to promote standardized data across data source systems and third-party resources to decrease resource expenditure and increase enterprise knowledge.</i> <i>Level 4: Adoption of regional enterprise modeling to promote standardized data across data source systems and third-party resources to decrease resource expenditure and increase enterprise knowledge.</i> <i>Level 5: Adoption of national enterprise modeling to promote standardized data across data source systems and third-party resources to decrease resource expenditure and increase enterprise.</i> 0: Not Applicable</p>	TMHP C21-Financial	2	TMHP C21-Claims	2
	TMHP C21-Provider	2	TMHP C21-Eligibility/Client	2
	TMHP TexMed-Connect	0	TMHP PSWin	0
	TMHP V21	2	TMHP CMS	2
	LTC Online Portal	2	LTC Provider	1
	SAS	2	MFADS	0
	Vendor Drug	2	MEHIS	2
	CARES	1	CMBHS	0
	NorthSTAR	0	TIERS	2
	ID Care	1	Code Table Automation	0
Assessment of Enterprise Modeling				
<p>The Enterprise Modeling information function is at a level 2 in 55% of the Medicaid systems currently used in Texas. As a result, data models are largely focused on internal policy for enterprise modeling. Texas will need to leverage the data models being created for the EDW project to begin standardize the processes used in data sharing across the enterprise. A focus on each ETL opportunity could be a strategy to prioritize the development of standards in data exchange.</p>				



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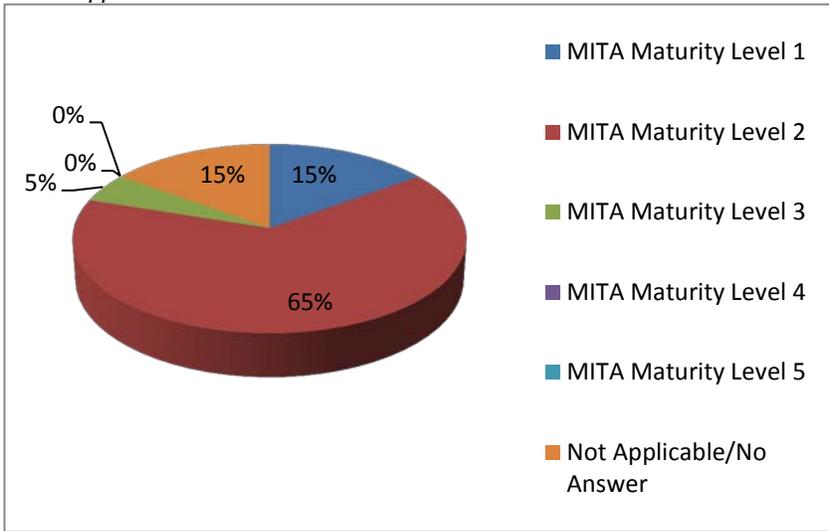
4.3.5 Data Sharing Architectures

MITA Information Capability and Description	TX Medicaid Systems																	
Data Management Strategy: Data Sharing Architectures																		
<p>The Data Management Strategy component provides a structure that facilitates the development of information/data, effectively shared across a state Medicaid Enterprise to improve mission performance. For Data Sharing Architectures:</p> <p><i>Level 1: No sharing of data.</i> <i>Level 2: Development of Medicaid centralized data- and information-exchange formats.</i> <i>Level 3: Adoption of statewide standard data definitions, data semantics, and harmonization strategies.</i> <i>Level 4: Adoption of regional mechanisms used for data sharing (i.e., data hubs, repositories, and registries).</i> <i>Level 5: Adoption of national mechanisms used for data sharing (i.e., data hubs, repositories, and registries).</i> <i>0: Not Applicable/Did Not Answer</i></p> <div data-bbox="191 961 1019 1486">  <table border="1"> <caption>MITA Maturity Level Distribution</caption> <thead> <tr> <th>MITA Maturity Level</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>MITA Maturity Level 1</td> <td>10%</td> </tr> <tr> <td>MITA Maturity Level 2</td> <td>60%</td> </tr> <tr> <td>MITA Maturity Level 3</td> <td>10%</td> </tr> <tr> <td>MITA Maturity Level 4</td> <td>0%</td> </tr> <tr> <td>MITA Maturity Level 5</td> <td>0%</td> </tr> <tr> <td>Not Applicable/No Answer</td> <td>20%</td> </tr> </tbody> </table> </div>	MITA Maturity Level	Percentage	MITA Maturity Level 1	10%	MITA Maturity Level 2	60%	MITA Maturity Level 3	10%	MITA Maturity Level 4	0%	MITA Maturity Level 5	0%	Not Applicable/No Answer	20%	TMHP C21-Financial	2	TMHP C21-Claims	2
MITA Maturity Level	Percentage																	
MITA Maturity Level 1	10%																	
MITA Maturity Level 2	60%																	
MITA Maturity Level 3	10%																	
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	TMHP C21-Provider	2	TMHP C21-Eligibility/Client	2														
	TMHP TexMed-Connect	3	TMHP PSWin	0														
	TMHP V21	2	TMHP CMS	2														
	LTC Online Portal	2	LTC Provider	1														
	SAS	3	MFADS	2														
	Vendor Drug	2	MEHIS	2														
	CARES	0	CMBHS	0														
	NorthSTAR	0	TIERS	2														
	ID Care	2	Code Table Automation	1														
Assessment of Data Sharing Architectures																		
<p>The Enterprise Data Sharing Architectures information function is rated as a MITA level 2 in 60% of the Medicaid systems currently used in Texas. This means that the data sharing architectures are unique to most systems interfaces and data exchange is done in ad hoc, point-to-point fashion. Texas will need to leverage the data models being created for the EDW project to begin standardize the processes used in data sharing across the enterprise. A focus on each ETL opportunity could be a strategy to prioritize the development of standards in data exchange.</p>																		

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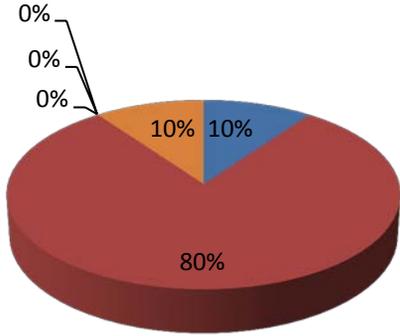
4.3.6 Conceptual Data Model

MITA Information Capability and Description	TX Medicaid Systems			
Conceptual Data Model				
<p>The Conceptual Data Model (CDM) component represents the overall conceptual structure of the data, providing a visual representation of the data needed to run an enterprise or business activity.</p> <p><i>Level 1: No CDM developed.</i> <i>Level 2: Adoption of diagrams or spreadsheets that depict the high-level data and general relationships within the agency.</i> <i>Level 3: Adoption of a CDM that depicts the high-level data and general relationships for intrastate exchange.</i> <i>Level 4: Adoption of a CDM that depicts the high-level data and general relationships with regional exchange including clinical information.</i> <i>Level 5: Adoption of a CDM that depicts the high-level data and general relationships with national exchanges.</i> <i>0: Not Applicable/Did Not Answer</i></p>	TMHP C21-Financial	2	TMHP C21-Claims	2
	TMHP C21-Provider	2	TMHP C21-Eligibility/Client	2
	TMHP TexMed-Connect	2	TMHP PSWin	0
	TMHP V21	2	TMHP CMS	3
	LTC Online Portal	2	LTC Provider	1
	SAS	1	MFADS	2
	Vendor Drug	2	MEHIS	2
	CARES	1	CMBHS	2
	NorthSTAR	0	TIERS	2
	ID Care	2	Code Table Automation	0
Assessment of Conceptual Data Model				
<p>The CDM information function is rated as a MITA level 1 or level 2 in 80% of the Medicaid systems currently used in Texas. This means that the CDM for most systems is either non-existent or is documented in a non-standard format. Texas will need to leverage the data models being created for the EDW project to begin standardize the processes used in CDM development across the enterprise. A focus on each ETL opportunity could be a strategy to prioritize the development of standards in data exchange.</p>				



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4.3.7 Logical Data Model

MITA Information Capability and Description	TX Medicaid Systems																	
Logical Data Model																		
<p>The Logical Data Model (LDM) component Identifies all of the logical data elements that are in motion in the system or shared within the state Medicaid Enterprise.</p> <p><i>Level 1: No LDM developed.</i> <i>Level 2: Identification of data classes and attributes relationships, data standards, and code sets within the agency.</i> <i>Level 3: LDM identifies the data classes, attributes, relationships, standards, and code sets for intrastate exchange.</i> <i>Level 4: LDM identifies data classes, attributes, relationships, standards, and code sets for regional exchange including clinical information.</i> <i>Level 5: LDM identifies data classes, attributes, relationships, standards, and code sets for national exchange.</i> <i>0: Not Applicable/Did Not Answer</i></p> <div data-bbox="191 932 1019 1461">  <table border="1"> <caption>MITA Maturity Level Distribution</caption> <thead> <tr> <th>MITA Maturity Level</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>MITA Maturity Level 1</td> <td>10%</td> </tr> <tr> <td>MITA Maturity Level 2</td> <td>80%</td> </tr> <tr> <td>MITA Maturity Level 3</td> <td>0%</td> </tr> <tr> <td>MITA Maturity Level 4</td> <td>0%</td> </tr> <tr> <td>MITA Maturity Level 5</td> <td>0%</td> </tr> <tr> <td>Not Applicable/No Answer</td> <td>10%</td> </tr> </tbody> </table> </div>	MITA Maturity Level	Percentage	MITA Maturity Level 1	10%	MITA Maturity Level 2	80%	MITA Maturity Level 3	0%	MITA Maturity Level 4	0%	MITA Maturity Level 5	0%	Not Applicable/No Answer	10%	TMHP C21-Financial	2	TMHP C21-Claims	2
MITA Maturity Level	Percentage																	
MITA Maturity Level 1	10%																	
MITA Maturity Level 2	80%																	
MITA Maturity Level 3	0%																	
MITA Maturity Level 4	0%																	
MITA Maturity Level 5	0%																	
Not Applicable/No Answer	10%																	
	TMHP C21-Provider	2	TMHP C21-Eligibility/Client	2														
	TMHP TexMed-Connect	2	TMHP PSWin	0														
	TMHP V21	2	TMHP CMS	2														
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	Vendor Drug	2	MEHIS	2														
	CARES	2	CMBHS	2														
	NorthSTAR	2	TIERS	2														
	ID Care	2	Code Table Automation	0														
Assessment of Logical Data Model																		
<p>The LDM information function is rated as a MITA level 1 or level 2 in 90% of the Medicaid systems currently used in Texas. This means that the LDM for most systems is either non-existent or is documented in a non-standard format. Texas will need to leverage the data models being created for the EDW project to begin standardize the processes used in LDM development across the enterprise. A focus on each ETL opportunity could be a strategy to prioritize the development of standards in data exchange.</p>																		

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4.3.8 Data Standards

MITA Information Capability and Description	TX Medicaid Systems																	
Data Standards																		
<p>The Data Standards component discusses the available data standards, the benefits of data standards, and using them.</p> <p><i>Level 1: Asset uses non-standard structure and vocabulary data standards.</i> <i>Level 2: SMA implements internal structure and vocabulary data standards used for performance monitoring, management reporting, and analysis. SMA implements state-specific and HIPAA data standards.</i> <i>Level 3: Asset standardizes structure and vocabulary data for automated electronic intrastate interchanges and interoperability. SMA implements MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information.</i> <i>Level 4: Asset standardizes data for automated electronic regional interchanges and interoperability. SMA implements the MITA Framework, industry standards, and other nationally recognized standards for clinical and interstate exchange of information.</i> <i>Level 5: Asset 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.</i> 0: Not Applicable/Did Not Answer</p>	TMHP C21- Financial	2	TMHP C21- Claims	2														
<table border="1"> <caption>MITA Maturity Level Distribution</caption> <thead> <tr> <th>Maturity Level</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>MITA Maturity Level 1</td> <td>10%</td> </tr> <tr> <td>MITA Maturity Level 2</td> <td>80%</td> </tr> <tr> <td>MITA Maturity Level 3</td> <td>0%</td> </tr> <tr> <td>MITA Maturity Level 4</td> <td>0%</td> </tr> <tr> <td>MITA Maturity Level 5</td> <td>10%</td> </tr> <tr> <td>Not Applicable/No Answer</td> <td>0%</td> </tr> </tbody> </table>	Maturity Level	Percentage	MITA Maturity Level 1	10%	MITA Maturity Level 2	80%	MITA Maturity Level 3	0%	MITA Maturity Level 4	0%	MITA Maturity Level 5	10%	Not Applicable/No Answer	0%	TMHP C21- Provider	2	TMHP C21- Eligibility/ Client	2
Maturity Level	Percentage																	
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MITA Maturity Level 3	0%																	
MITA Maturity Level 4	0%																	
MITA Maturity Level 5	10%																	
Not Applicable/No Answer	0%																	
<p align="center">Assessment of Data Standards</p>	TMHP TexMed- Connect	2	TMHP PSWin	0														
	TMHP V21	2	TMHP CMS	1														
	LTC Online Portal	2	LTC Provider	1														
	SAS	2	MFADS	2														
	Vendor Drug	2	MEHIS	2														
	CARES	2	CMBHS	2														
	NorthSTAR	2	TIERS	2														
	ID Care	2	Code Table Automation	0														

MITA Information Capability and Description	TX Medicaid Systems
<p>The Data Standards information function is rated as a MITA level 2 in 80% of the Medicaid systems currently used in Texas. As a result, data standards are only implemented in a system-by-system basis and really do not act as an enterprise standard Texas will need to leverage the data models being created for the EDW project to begin standardize the processes used in data sharing across the enterprise. A focus on each ETL opportunity could be a strategy to prioritize the development of standards in data exchange.</p>	

4.4 Technical and Information Architecture Recommendations

On April 14, 2011, under Sections 1903(a)(3)(A)(i) and 1903(a)(3)(B) of the Social Security Act, CMS issued new conditions and standards that must be met by the states in order for new technology investments (including claims processing and eligibility systems) to be eligible for enhanced matched funding.¹⁹ CMS's intended purpose for implementing these conditions and standards for approving federal funding is to focus attention on the key elements of success for modern system development and deployment.

The MITA project team met with State leadership on May 16, 2012 to discuss the operational and technical strategy necessary to integrate use of the CMS seven conditions and standards (7C&S) into the strategic planning processes for modernization or new technology implementations. The session included twenty-five (25) total State participants with sixteen (16) from HHSC, five (5) from DADS, two (2) from DARS, and one (1) each from DSHS and DFPS. The Texas Medicaid Enterprise 7C&S scorecard and profile were completed utilizing the 7C&S Capability Matrix included in the MITA 3.0 Framework. The 7C&S Capability Matrix is provided in Appendix A: Seven Standards and Conditions of the MITA Framework 3.0 SS-A Companion Guide. The assessed maturity levels and supporting information are available in both the 7C&S Scorecard (see Appendix A) and in the 7C&S profile (see Appendix H).

The technical recommendations are structured around the CMS 7C&S to provide MITA 3.0 Roadmap support for each project on the Texas maturity timeline. For each of the 7C&S, this section provides a description of the condition or standard, the Texas Medicaid Enterprise plan for meeting these requirements, and Cognosante recommendations relative to the condition or standard based on the MITA SS-A analysis.

The CMS seven conditions and standards Include:

- Modularity standard
- Industry standards condition
- MITA condition
- Leverage condition
- Business results condition
- Reporting condition
- Interoperability condition

¹⁹ Centers for Medicare and Medicaid Services. Enhanced Funding Requirements: Seven Conditions and Standards. Medicaid IT Supplement (MITS-11-01-v1.0), April 2011, p. 1

4.4.1 Modularity Standard

The modularity standard requires the use of a modular, flexible approach to systems development, including the use of open interfaces and exposed API; the separation of business rules from core programming; and the availability of business rules in both human and machine-readable formats.

Texas Medicaid Enterprise Activities Contributing to the Standard

Texas HHS has five (5) agencies with their own SDLC process and standards. Each agency must however follow the Texas project delivery framework for the management of most technology projects. The Division of Information Resources (DIR)²⁰ is the agency responsible for maintaining project documentation.

The five (5) agencies will collaborate on creating shared services to manage and exchange shared data. The scope and strategy followed by each agency is driven by organizational, cultural, and funding considerations.

Data shared across agencies represents the highest priority opportunity for service development across HHS. The primary driver behind decisions to decouple system components is business needs, timing, and funding of technology upgrades, replacement, and modernization opportunities.

Texas is investing in a major project, the provider management modernization project, to modularize the provider management services using resources provided by McKesson Corporation. The project creates a centralized provider data repository and creates an online provider directory accessible by external and internal users. The State will use the current McKesson provider portal development to explore and test ways to prototype messaging and social media integration. The key drivers for this effort will be availability of technology as well as expected use and sustainability.

The State will approach open and reusable system architecture development based on priority that is driven by project timing, availability of funding, and the level of utility provided to each agency. For example, EDW will combine reporting and analytical capabilities into a consolidated single system for use across the enterprise. This project will promote consistency in reporting, forecasting, and long-term planning while supporting the analytical needs for Texas Medicaid. The EDW will also work to reduce the processing requirements for operational systems within the current MMIS and provide a single, consolidated decoupled capability within the MMIS for analytics.

²⁰ For Medicaid funded positions, equipment can be upgraded periodically with federal funding by articulating the need in the APD.

The State will continue efforts to develop a documentation standard for rules and leverage for use in all of its current rule management environments. The State's current MEDG planning project will lay the groundwork for the development of a data governance structure to establish policies and procedures for the governing of Texas Medicaid Enterprise data and the creation of common data definitions and standards.

Cognosante Recommendations

SMEs identified the length of time and cost involved implementing system changes as a major deficiency for all business areas. There were a number of examples noted where TMMIS limitations impacted how a change in program, policy, or process was implemented, or if it was implemented in the TMMIS. The business rules in the Texas Medicaid Enterprise are a combination of hard-coded logic and table-driven parameters. Thus, complex changes to business rules require programming changes and programming knowledge. Systems lists and system parameter tables are used in TMMIS.

Business Architecture:

- *Implement a modular MMIS:* The to be maturity goals identified for all business processes supported by the MMIS will require a more flexible MMIS, capable of responding quickly to the changing needs of the enterprise and able to support less static implementation of business rules.
- *Implement SOA:* SOA is a fundamental component in reaching for a MITA maturity level goal of Level 3 over the next five (5) to ten (10) years. A key concept of SOA is the ability to replace system components, or modules, when business needs require new capabilities.
- *Implement rules engine capabilities:* The business assessment identified the need for rules engine capabilities. Using this tool, users can record business rules for many business functions as an essential component to a more flexible enterprise. Ideally, this rules engine will provide the flexibility and capability for State staff to perform online changes (such as modifying rules, adding or changing benefit/reimbursement rate components, and adding a new provider type/service category) using a user-configuration feature to support desktop functionality without programming intervention.

Information Architecture:

- *Implement enterprise-wide standardization of data:* Standardizing data will ensure that shared information will be consistent among all system services and modules. This flexibility allows for system services to be swapped out or reused among other systems without having to worry about data compatibility between the services.

Technical Architecture:

- *Implementing SOA:* A key concept of SOA is the ability to replace system components, or modules when businesses require new services.
- *Implement rules engine capabilities:* The technical assessment identified the need for rules engine capabilities. The rules engine allows policy changes to be entered into the

Texas Medicaid Enterprise systems more quickly and without programmer intervention in most cases.

4.4.2 Medicaid Information Technology Architecture Condition

The MITA condition requires states to align to and increasingly advance in MITA maturity for business, architecture, and data. CMS expects the states to complete and continue to make measurable progress in implementing their MITA Roadmap.

Texas Medicaid Enterprise Activities Contributing to the Standard

Texas is engaged in a MITA Framework 3.0 SS-A update at present and plans to maintain this documentation for annual submission to CMS. The State expects to include enhanced funding requests to support sustaining MITA Framework 3.0 updates and revisions.

HHS enterprise IT governance policy aligns well with the CMS MITA Governance Model and seeks to improve governance practices to encourage desirable behavior in the use of information technology that includes IT decision domains of prioritization, architecture, security, infrastructure, and applications. Texas is currently developing the COO as part of its 2012 MITA SS-A. In addition, Texas will follow additional CMS guidance on MITA workflows and modeling requirements when finalized and made available to states.

Cognosante Recommendations

Business Architecture:

- *Implement all HIPAA and MITA standard transactions and interfaces:* As they become available. This is a key element to achieving to be goals. Use of MITA standards, as developed and released by CMS, is a requirement at MITA maturity Level 3 and beyond. Ensure the relevant governance council is cognizant of MITA standards and confirm alignment as standards change. Under direction of the governance council, plan annual MITA SS-A activities and requirements.

Information Architecture:

- *Implement a data governance team:* With the impacts of ARRA, ICD-10, and MITA maturity improvements, a comprehensive plan to address ongoing data governance would benefit the Texas Medicaid Enterprise. This governance team would follow the agreed recommendations and plans made through future MITA transition planning activities. The governance team should be comprised of key stakeholders and senior management staff. The group should meet monthly to facilitate change management and review action items, issues, and risks associated with achieving the goals and objectives of the Medicaid Enterprise Data Governance (MEDG).
- *Manage data quality, data risks, and impacts:* Data governance and project planning under full configuration management also involves managing data quality, data risks, and the

overall impact of data on business processes. Responsibility for this governance should be a subset of the system governance team.

Technical Architecture:

- *Implement a system governance team:* With the impacts of ARRA, ICD-10, and MITA maturity improvements, a comprehensive plan to address ongoing system governance would be beneficial. Business process analysis and re-engineering is a key driver of SOA, which should be adopted over time with targeted projects as a part of system governance. This is a key concept because consideration should be made to modularize current functionality. The modularization will reduce the risk of large systems implementations.

The general governance council structure should include at least the decision areas of: a) business and technology alignment, b) architecture and security, and, c) operations. Each governance council shall have representation from all member agencies at an appropriate organizational level to conduct the council's business.

4.4.3 Industry Standards Condition

The Industry Standards Condition requires States to ensure alignment with, and incorporation of industry standards. This covers HIPAA security, privacy, and transaction standards, accessibility standards established under section 508 of the Rehabilitation Act or standards that provide greater accessibility for individuals with disabilities and compliance with federal civil rights laws; standards adopted by the Secretary under Section 1104 of the ACA; and standards and protocols adopted by the Secretary under Section 1561 of the ACA.

Texas Medicaid Enterprise Activities Contributing to the Standard

The State ensures contingency plans are in place to mitigate delays when or if they occur. Modernization projects are focused on eliminating hard coding to minimize cost of change as well as designing systems that adapt to change. The State plans to enhance its existing Texas project delivery framework to manage development and testing compliance for emerging standards.

All State projects include a risk and mitigation strategy as part of the Texas project delivery framework. The State plans to continue this practice for future projects. The State will enhance its existing Texas project delivery framework to manage ongoing standards compliance. This will include a calendar of all compliance standard dates and the plan will include the actionable strategy to meet the standard.

The State has an enterprise accessibility work group, which has oversight on the compliance of all agency projects. As the State continues to promote self-service functionality, this will become a larger part of compliance. The State will continue to use the IBM WatchFire assessment tool to monitor the compliance of portal-based systems on a regular basis. This tool can also be used to assess overall security of Web resources. The State also plans to continue meeting or exceeding internal and federal security and privacy requirements.

Cognosante Recommendations

The Texas Medicaid Enterprise is challenged with coordinating program changes across the five (5) agencies. However, a key element creating challenges for the enterprise is the lack of enterprise-wide standards in key areas. This factor was noted and most of the following themes emerged during both the business and technical assessments. To support the to be goals identified by SMEs, implementation of standards in the following areas is imperative:

Business Architecture:

- *Implement policy and program standards:* Supplementing the core point of formally documenting all policy and program requirements were key elements to include when establishing standards such as a consistent format, outlining which type of policy is appropriate to a given situation, and articulating the enterprise units that need to be notified of changes to a policy or requirement.
- *Improve training for all enterprise staff:* This includes associated training materials as needed to improve consistency in enterprise-wide understanding of policy, program requirements (such as federal and State regulations that impact the Medicaid program), enterprise resources (people, data, and systems), and connections between Medicaid processes.
- *Expand the integration/centralization of similar processes:* A prime example of where this could benefit the enterprise is the rate setting process across MCOs, including behavioral health and CHIP.
- *Manage business processes:* There is no documentation available at present that draws an enterprise-wide picture of the technical environment supporting business processes. It is imperative with MITA compliance that the State stays apprised of leading-edge technology in order to leverage those system architectures and Web technologies that provide economical and flexible ways to manage the business processes. In order to ensure the efficient operation and management of various processes, the State should consider upgrading (using change management methodology) its IT equipment on a periodic basis to keep automated technologies current. This last observation echoes statements repeatedly made by SMEs during sessions assessing the business processes regarding the need for updated desktop and server hardware and software to support process steps.²¹

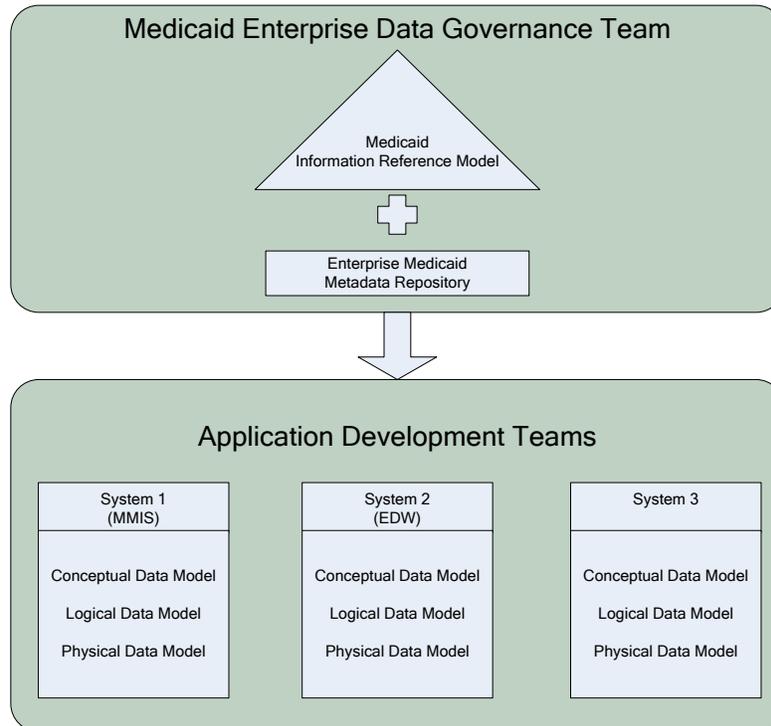
Information Architecture:

- *Implement enterprise-wide standardization of data:* This standardization should occur across all programs and between all contractors and the enterprise (e.g., require all contractors to process information at the same level of detail). To facilitate the meeting

²¹ For Medicaid funded positions, equipment can be upgraded periodically with federal funding by articulating the need in the APD.

of this goal, MITA standards and interfaces should be implemented as they are developed and released by CMS, and other industry standards beyond health care information (e.g., licensing information, financial information, etc.).

- *Establish an Enterprise Information Reference Model:* This is the most critical task associated with data governance and a key to the management of data. Establishing an information reference model will benefit the State by providing the guidelines, standards, and relationship between data domains required for systems to develop data models compliant with the enterprise standards. The ability for systems to develop standard data models will benefit the State in several ways:
 - The State will be better positioned to take advantage of emerging modular systems, reducing cost through increased competition. As part of the procurement process, the use of data exchanges using a standard data set should be a mandatory system requirement. Over time, this requirement will make it much easier to make decisions based on better functionality rather than having to interface between systems.
 - System improvements using a consistent model for data sharing and use provide system stability. This reduces the time and risks associated with systems implementations. Testing of interfaces and testing of modules can occur more quickly and with data predictable results.
 - Adopting an enterprise information reference model will better position the State to systematically adopt national models and data standards adopted by the MITA Framework at Levels 4 and above in the future. The current EDW project includes the development of an analytics focused data model for the EDW that can support MITA maturity Level 2 and Level 3 within the Information Capability Matrix (ICM). However, the State must move to a standard regional data model at Level 4 and 5. Furthermore, Texas has an opportunity to assist in the development of the national MITA data model, required at maturity Level 5, reducing its own long-term impacts. It is recommended that the MEDG project scope include the development of an Enterprise Medicaid Information Reference Model and Metadata Repository that includes comprehensive transactional and analytical data elements for Texas Medicaid.



Recipients and providers will benefit from improved interactions with the Texas Medicaid Enterprise as predictable data values promote consistency and accuracy of information. An Enterprise Information Reference Model also makes it much easier to share and maintain accurate data across business units, reducing the risk of inconsistencies.

- *Adopt a federated data concept:* A federated data model requires any individual systems that maintain similar data to align with data standards. These systems are also required to utilize data staging for ETL.

Technical Architecture:

- *Implement an enterprise governance structure:* This implementation will support setting and managing standards and process change of all types. This structure is essential to realizing the many improvements articulated by SMEs. In addition to the following three (3) technical themes, there were a number of items identified that would be part of a governance structure, as follows:
 - Data owners, rather than system security staff, would set rules for privacy of data relative to data sharing in conjunction with law and patient rights.
 - Define requirements for periodic review of all types of standards (data, policy, procedure) for applicability, effectiveness, and currency with industry best practices.
- *Project management capabilities would be upgraded and improved.*

- *Establishing a data governance as described in Information Architecture will allow the following:*
 - Ability to take advantage of emerging modular systems while reducing cost through increased competition. During procurements, the use of standardized data will be required for developing new systems.
 - System improvements using a single model for data sharing and use provide system stability. This will reduce the time and risks associated with systems implementations. Testing of interfaces and testing of modules can occur more quickly and with data predictable results.
 - A federated data model requires any individual systems that maintain similar data to align with data standards. These systems are also required to utilize data staging for ETL.

4.4.4 Leverage Condition

The Leverage Condition requires State solutions to promote sharing, leverage, and reuse Medicaid technologies and systems within and among states. States can benefit substantially from the experience and investments of other states through the reuse of components and technologies already developed, consistent with a SOA, from publicly available or commercially sold components and products and from the use of cloud technologies to share infrastructure and applications.

Texas Medicaid Enterprise Activities Contributing to the Standard

Each of the five (5) HHS agencies uses a foundation to facilitate the reusability of technologies and systems such as Oracle JCAPS, IBM WebSphere, and WebSphere Service Registry and Repository (WSRR). Additionally, an example of shared components includes the new TIERS architecture as the reference platform for modular and reusable design. EaaS is a current project that includes an enhanced access to eligibility determination based on this platform.

The State will evolve by evaluating shared component opportunities based on strategic business criteria. The State is prepared to provide standard key artifacts to a national repository when available. Texas uses a variety of COTS and standard vendor packages. This practice will continue to satisfy project requirements where possible.

The State has agency-specific buy versus build assessments that will evolve into an enterprise-wide standard as consolidation progresses. The State actively searches and selects commercially available software and tools to support development activities and standards to avoid custom software builds. However, the State often has to create custom software and middleware to ensure that integration of COTS components can meet the needed business requirements. The State expects to continue this practice until commercial products are made available in the marketplace.

Texas has recently shared the TIERS eligibility solution and has emerged as a leader in providing systems to other states. The State will actively search for similar systems from other

states as part of their project scoping and development processes. This activity will be outlined as a common step in the modernization planning process.

The office of the Chief Information Officer (CIO) was tasked with consolidating the over twelve hundred (1,200) systems supporting the enterprise. Significant progress has been made with over three hundred (300) systems being consolidated over the past seven (7) to nine (9) years. HHS will continue with this consolidation effort moving forward.

The HHSC CIO has an active consolidation plan in place. Key drivers are cost and functionality, and are based on the review of existing systems.

The State has developed enterprise standards that are approved by all agencies. These standards are focused on shared data and shared Web services. State projects engaged in consolidation are guided by these standards. The State pursuit of MOUs will include detailed inter-agency operational planning.

Cognosante Recommendations

One of the major frustrations expressed by SMEs relates to the inability or difficulty to acquire the necessary information to carry out their responsibilities. In a Medicaid Enterprise the size of Texas, any extra step that a staff member must take to acquire the needed data is costly in terms of the time and effort involved. The following themes address actions that could have a major impact on the ability of enterprise staff members to efficiently carry out their responsibilities.

Business Architecture:

- *Adopt an enterprise strategy around the concept of cloud computing:* Cloud computing promotes the practice of distributing software applications over high-speed Internet connections from remote data centers so that members, providers, staff, and other users can use them on any device with online access. Texas would benefit from adopting centralized or federated data concepts for hardware storage and other services that help navigate the increasing amount of information flowing in from stakeholder interactions with the Texas Medicaid Enterprise.

Information Architecture:

- *Automate access to clinical data:* This is a key element in achieving MITA maturity Level 4. While most processes across the Texas Medicaid Enterprise are targeting MITA maturity Level 2, both the State and its CMS partner have identified the importance of accessing clinical data. For this reason, CMS is funding the clinical data access component of MITA maturity Level 4, knowing that states may be several years away from achieving the remaining MITA maturity Level 4 capabilities.
- *Implement a comprehensive robust data model:* The current Title XIX databases across the enterprise do not meet the reporting and data analysis needs of the State. Among the capabilities desired for any data warehouse is organization of the data so that it facilitates a variety of data analysis and decision support activities, which allow users to

drill down into deeper levels of detail. This includes the automated balancing of updates to ensure accuracy, and the capability to interface with COTS analysis products.

- *Make use of metadata repositories:* These repositories are a collection of stored original/real data tables (views) that can be reused and modified to further integrate systems and information. Complete, well-defined, and accessible metadata enables the business analysts to access and understand the data with minimum reliance on IT support. A data dictionary is also part of the metadata repository maintained in a data warehouse. The dictionary contains listings of data warehouse tables and data elements, source-to-target mappings, and data transformation rules for creating data categories, summaries, and cataloging archived information. Metadata naming standards can be applied to schemas, databases, table spaces, tables, rows, columns, and indexes in a data warehouse to specifically address reporting and analytic requirements. When metadata definitions are complete, accurate, and written in narrative form, it helps the user to easily understand despite a lack of technical knowledge. The domain values help users to understand the applicable valid values for each data element. The implementation of metadata repositories would benefit the enterprise as metadata is:
 - Easily accessible by the data warehouse end user
 - Structured so it is easily navigated by the non-technical data warehouse user
 - Updated in a timely manner and maintained through the duration of the contract
 - Easily understood by the non-technical data warehouse user

Technical Architecture:

- *Centralize real-time availability of information:* Centralizing information is needed by multiple enterprise units/functions (e.g., scanned documents, analysis work products, policy documents etc.). The ability to index information to facilitate access was emphasized repeatedly. SMEs must access multiple systems to acquire the information needed to perform a process. Both the business assessment and the technical assessment identified capabilities that would facilitate SMEs system access.
- *Unify user interfaces:* Making use of unified user interfaces is designed to supply all the data needed to support the SMEs' processes, no matter where the data resides. When asked in the business assessment whether this would be desirable, the response of the SMEs' was a decisive, yes. Additionally, such interfaces can provide consistent access to all users performing a similar function, no matter in which enterprise unit they work. To support such interfaces, real-time access is required.
- *Automate interfaces:* Real-time access to information in multiple systems that support Medicaid would prevent inconsistencies between systems and eliminate manual workarounds necessitated by current periodic transfers of data. Bi-directional updates (TMMIS could update TIERS as well as the reverse) are also an aspect of this theme. Business rules to ensure accuracy and preserve ownership of information would also need to be implemented.

- *Implement cloud computing:* This will allow for distributing software applications over high-speed Internet connections from remote data centers so that members, providers, staff, and other users can use them on any device with online access.

4.4.5 Business Results Condition

The Business Results Condition requires systems to support accurate and timely processing of claims (including claims of eligibility), adjudications, and effective communications with providers, beneficiaries, and the public.

Texas Medicaid Enterprise Activities Contributing to the Standard

Texas puts testing plans in place for all projects as part of the Texas project delivery framework. Texas plans to use integrated testing environments to improve quality and reliability and will include this as a requirement for future system modernization. Texas will also continue to focus on enhanced information exchange on eligible clients. The Texas SDLC process includes internal and external stakeholder feedback processes. This is done through meetings and online surveys during the requirements and usability testing phases. The State will continue to reach out to various stakeholder groups to participate in requirement development and system testing.

Service Level Agreements (SLAs) are included with all contracts. They include response times and up times. The types of key performance indicators (KPIs) included are dependent on system criticality. At present, each of the MCO contracts includes a set of SLAs. These agreements include operational and EDI performance. Texas plans to enhance the SLAs and KPIs for Web portals and other service and cloud-based computing.

The State actively enforces periodic testing on all their systems, which includes usability and disaster recovery assessment. The State will continue this practice and plans to integrate enhanced metrics based on the MITA Framework 3.0 and enhanced funding requirements. The State uses the term Corrective Action Plan (CAP) in place of a Plan of Action with Milestones (POAM). The State maintains documentation on system and operational performance that can be provided to CMS when requested.

Cognosante Recommendations

Business Architecture:

- *Streamline approval procedures:* Streamline approval procedures that are facilitated by a centralized availability of information, workflow management capabilities, and eSignatures.
- *Improve the definition and application of performance measures:* This applies to measures articulated as part of contracts and measures to monitor the effectiveness of State responsibilities.
- *Improve human capital:* Human capital includes applicable technological skills and subject area expertise. It also includes ensuring staffing levels commensurate with

enterprise priorities, the manual/automated nature of the process, ability to act proactively, and the effective monitoring of contracts quality assurance.

- *Improve State Contract and Business Relationship management capabilities:* including the development of MOUs with sister agencies. Most of these activities are manual in nature and many of the improvements discussed above will have an impact on the maturity of contract management and business relationship management business processes.

Information Architecture:

- *Implement a standardized data model:* Adopting an enterprise data model will better position the State to adopt the national models and future data standards adopted by the MITA Framework.

Technical Architecture:

- *Implement workflow management capabilities:* Texas has some workflow used to perform event tracking, but the majority of business processes rely on manual activities as well as systems automation. When considering movement of information across the enterprise, most business units have limited capability to electronically route files to businesses or individuals involved in the process. Automated workflow management systems can support electronic routing of data sets, send notices to users, and perform event tracking. Improved metrics would allow the Texas Medicaid Enterprise to target resources to areas of opportunity. Business processes improvements will continue to be realized where identified activities and tasks can be measured and analyzed.
- *Implement electronic document management (EDM) capabilities:* Increasing the use of EDM would benefit virtually every aspect of Medicaid operations. The maintenance of critical documents using electronic systems can act as the single system of record. To achieve this, the capability should be available online for authorized users throughout the enterprise. This functionality would allow improved management of versioning, facilitate the sharing of information needed by multiple enterprise business processes, and provide a vehicle for distributed work management.
- *Improve the tracking and managing of agreements:* (e.g., MOUs, business associate agreements, data sharing agreements, etc.). Almost all agreements are missing termination dates and termination does not occur until either party agrees to terminate in writing. The MMIS FA is capable of automating the tracking and managing of some agreements; however, this needs to be prioritized by the State. This can be easily achieved by implementing workflow and document management capabilities.

4.4.6 Reporting Condition

The Reporting Conditions requires solutions to produce transaction data, reports, and performance information that would contribute to program evaluation, continuous improvement in business operations, and transparency and accountability.

Texas Medicaid Enterprise Activities Contributing to the Standard

The State has historically required all key systems to include audit trail and access tracking capabilities features. While upgrades to legacy systems are subject to priorities and funding constraints, the State plans to ensure audit trail capabilities are included as part of system consolidation and modernization. The Enterprise Data Warehouse and Business Intelligence (EDW/BI) will reduce the processing requirements for operational support systems within the current MMIS and provide a single, consolidated decoupled capability within the MMIS for analytics. The EDW/BI system is a strategic solution for program evaluation and planning.

Texas uses progressive SLAs to drive continuous improvement programs. The State plans to continue this process as part of continuous quality improvement. Texas is working on projects to better share data with CMS. The State plans to continue these projects and use them as a pilot for future exposure of system reports as direct access to aggregated reporting data.

Cognosante Recommendations

Business Architecture:

- *Implement a policy to establish forms management governance:* At present, data enters the C21, CMS, or TIERS via manual data entry on hardcopy forms, online data entry, and electronic forms. There is no formal forms management across the enterprise. Establishment of standards for the creation and maintenance of both electronic and hardcopy forms as well as the designation of standard forms to use in relation to specific processes has the potential to simplify and streamline interactions between the enterprise and external stakeholders (clients, providers, and contractors).

Information Architecture:

- *Develop a standardized format for forms management:* Establishing a standardized format for forms management functions will ensure uniform management and retention of all data and documentation.

Technical Architecture:

- *Develop standardized electronic forms:* Establishing standardized online forms and a standardized central repository to store electronic documentation that is electronically entered or scanned, will allow for faster and easier access to documentation. At present, data is entered by manual data entry on hardcopy forms, some online data entry, and other electronic forms. Establishing a standard for the creation and maintenance of these forms, will help streamline interactions between the enterprise and other stakeholders.

4.4.7 Interoperability Condition

The interoperability condition ensures that seamless systems coordination and integration exists with the HIE and HIX (whether run by the State or federal government), and allows systems

interoperability with public health agencies, Eligible hospitals and eligible professionals enrolled in Texas EHR Incentive Program, human services programs, and community organizations providing outreach and enrollment assistance services.

The enterprise has established plans, and is considering all options to support interoperability and will look at innovative ways to promote new system features and information exchange benefits. CMS is emphasizing in its standards and conditions an expectation that Medicaid agencies work in concert with exchanges (whether private, State, or federally administered) to share business services and technology investments in order to produce seamless and efficient customer experiences. Systems must also be built with the appropriate architecture and using standardized messaging and communication protocols in order to preserve the ability to efficiently, effectively, and appropriately exchange data with other participants in the health and human services enterprise.

As Texas increases its technical and information maturity, there are a few key functional considerations that must be included in planning and development. These considerations include:

- Texas should ensure that open interfaces are established and maintained with any federal data services hub.
- Texas must test communications between exchanges and Medicaid systems so that determinations and referrals can be effectively transmitted.
- Texas should continue to build a strategy of shared services development and how each service will support the exchange of data.
- Texas should include a systems development path in all project charters to support interoperability with health information exchanges, public health agencies, and human services programs to promote effective customer service and better clinical management.

Texas Medicaid Enterprise Activities Contributing to the Standard

Texas Health Services Authority (THSA)²² manages integration with exchanges, whether private, State, or federally administered. The State plans to work closely with this group through the HHS MITA governance team to share services, technology investments, and integration strategies.

The enterprise has plans in place and is prepared to interoperate with the HIX interface when it is ready and if required, and will look at innovative ways to promote new features and benefits. A key consideration is security and access control for all projects that involve data exchange or user interfaces. The enterprise also plans to use standard interfaces as a basis for

²² [http://cfoweb.dads.state.tx.us/Reference/FY12ReferenceGuide\(Revised\).pdf](http://cfoweb.dads.state.tx.us/Reference/FY12ReferenceGuide(Revised).pdf)

interoperability and is reviewing available transaction standards to ensure they meet enterprise data exchange needs. The EDW and MEDG projects will be key drivers for interoperability.

The driver for access and control is the availability of solutions in the marketplace and maintaining secure access. HHS MITA governance will have oversight of determining how shared services will be deployed across the enterprise. This will be one of the key objectives of the Technical Architecture Review Board (TARB) and Information Architecture Review Board (IARB) workgroups within the HHS MITA governance team.

Cognosante Recommendations

As noted by both the business and technical assessments, while there are some processes that are highly automated, most business processes are still supported to some degree by manual activities. Automation of as many of these activities as possible will have a significant impact on the ability of enterprise staff to better address external stakeholder needs and program improvement. Several improvements were identified that would facilitate automation.

Business Architecture:

- *Leverage the outstanding feature(s) of enterprise systems.* There is an opportunity to explore the potential opportunities offered by a careful coordination of enhancements to CMS, TIERS, C21, IMPACT, and other systems to promote integrated operations.

Information Architecture:

- *Increased automation of interfaces with external entities* (e.g., national and federal databases, vital statistics, provider credentialing): Automation of interfaces with external entities can enable further automation of the process utilizing the interface, improve data accuracy, and reduce the timeframe necessary to complete the process. There are processes in most business areas that could be enhanced by implementation of these interfaces.
- *Implement enterprise-wide standardization of data:* This standardization of data should be implemented across all programs within the enterprise. Standardizing data will ensure that information can be interfaced with other systems and external entities that share the same data standards.

Technical Architecture:

- *Expand implementation of electronic mechanisms:* Expanding electronic mechanisms to support interactions with and provide information to external enterprise stakeholders (providers, clients, and contractors) is essential to maturing enterprise processes. While some stakeholders welcome the move to electronic mechanisms, it was noted that many are resistant to these changes. SMEs cited improved training in areas such as Web Services Definition Language (WSDL) and Extensible Markup Language (XML) and incentives to encourage the shift to electronic mechanisms (e.g., email, Website/Web portal, and social media).

5 MITA GAP ANALYSIS

This section presents the gaps that must be considered and addressed for each MITA business area as Texas transitions from its as is to its to be MITA capabilities. While MITA business process to be capability goal statements have been provided in Section 3, this gap analysis provides key drivers and constraints to closing the gaps in maturity.

A gap analysis is provided for each MITA business area in Sections 5.2 to 5.11 below. For each business area, three (3) key aspects are addressed and include business area strengths, internal challenges, and opportunities for addressing maturity gaps. This analysis includes conclusions and recommendations that address both process and system enhancements to address as HHS moves to increase MITA maturity levels.

Many of the gaps identified during the MITA SS-A completed by the State in 2009 were relevant for this assessment. As a result, key MITA gaps from 2009 have been propagated to the 2012 assessment.

5.1 External Drivers

Texas Legislative Session

The Texas legislature will reconvene in January 2013, and plans to take up a host of fiscal challenges that will affect statewide health care, especially the Medicaid program. Key Medicaid topics will include provider participation and the State's strategy for addressing the ACA. The nature of these topics will likely have greatest impact in the MITA business areas of care, member, and provider management.

MITA 3.0 and Beyond

Through the MITA initiative, CMS has directed states to progress by increasing MITA maturity levels. The compartmentalized and complex nature of systems and processes within an entity the size of the Texas Medicaid Enterprise will require a thorough review and improvement strategy to transform the MITA maturity capabilities. The MITA SS-A is intended as an ongoing tool used to support HHS strategic planning within the context of the MITA initiative. Further, evolution of both the MITA initiative and Texas Medicaid Enterprise operations will also necessitate continued review and analysis.

5.2 Business Relationship Management

5.2.1 Business Area Strengths

Business relationship management processes often rely on custom written and paper-based agreements that require signatures. These requirements often challenge the ability to automate the business processes in this business area. However, the Texas Medicaid Enterprise uses

well-established protocols and well-defined data exchanges with MCOs and other contracted entities.

5.2.2 Internal Challenges

Business relationship processes face internal challenges to reaching higher levels of maturity such as the manual nature of the process, as well as the lack of consistent standards for data sharing with outside entities. This results in slow and manual processing as well as potential interruption of the processes.

5.2.3 Opportunities for Addressing Maturity Gaps

There are opportunities that will address the maturity gaps in the Business Relationship Management business area, such as implementation of a Web-based business relationship management tool. This tool includes workflow and document management functionality, and system interoperability with other entities, including HIE and public health agencies. These gaps will become increasingly important to address as Texas moves forward in expanding managed care coverage. Other opportunities include:

Process Enhancements

- Clarify data sharing agreement language to explain which data elements survive the end of the agreement.
- Improve documentation of data disposal or storage by business partners upon agreement of termination.
- Develop standard data sharing agreement language that clearly details the specifications for data destruction and follow-up requirements.
- Develop and implement data standards for the creation, management, and termination of business agreements.
- Integrate legal staff into business relationship management to set reasonable expectations for process operations and results.
- Increase staffing levels to meet business needs.
- Develop a scalable process for creating data-sharing agreements that accounts for the size and complexity of the agreement.

System Enhancements

- Upgrade staff software that is utilized to search for agreements.
- Expand current system capabilities to include identification of data-sharing agreements in HHSC Contract Administration and Tracking System (HCATS), Medicaid Contract Administration Tracking System (MCATS) and other repositories.

- Enhance flexibility within the repository/tracking system to waive non-applicable rules created for valued contracts to streamline research and post-performance reviews.
- Improve monitoring of data sharing agreements to ensure consistent results.

MITA 3.0 Roadmap projects addressing gaps for this business area

- Provider management modernization
- Enterprise Data Warehouse (EDW)
- Medicaid Enterprise Data Governance (MEDG) planning
- ICD 10 planning and implementation (BR01, BR02, and BR03 only)
- PHSU and Title V MCH FFS consolidated system implementation
- Clinical Management for Behavioral Health Services – Mental Health Services and certification (CMBHS Phase V)
- RegistryPlus – Cancer Registry Stage 2 electronic health record reporting for Stage 2 meaningful use eligible providers
- TB/HIV/STD systems integration
- Immunization information system and electronic health record interoperability project for ImmTrac (BR03 only)
- ImmTrac Replacement Phase II (BR03 only)
- Texas Electronic Registrar (TER) replacement (BR01, BR02, and BR03 only)
- Clinical data exchange for behavioral health
- Project NEO
- MITA transformation project

5.3 Care Management

5.3.1 Business Area Strengths

The Care Management business area in Texas is conducted through various processes and systems throughout the enterprise, without consistent integration, data standards, or data exchange interfaces. However, the recently implemented CMBHS system for DSHS does address some of these issues and eliminates several manual and paper-driven processes. However, this system only affects the behavioral health and substance abuse related programs. Upon implementation, and where feasible, HHS could leverage technology and lessons learned from the CMBHS project to other program areas.

5.3.2 Internal Challenges

The care management internal challenges include eliminating technical and data problems, semi-manual external and internal interfaces, limited governance, minimal stakeholder collaboration across the operating agencies, few standard interfaces, limited access to background data, static reporting, manual funding source tracking, manual data maintenance, and disparate process workflow. Paper applications and records as well as other manual processes play a large role in most agency programs. Manual processes limit staff ability to focus on more proactive activities such as trend analysis, outreach, and performance metrics.

5.3.3 Opportunities for Addressing Maturity Gaps

The State has many opportunities related to capability improvements in the Care Management business area. Listed below are suggested capability improvements identified to move one or more of the care management business processes to the next MITA maturity level. These opportunities include:

Process Enhancements

- Identify incentives or improve communication to providers to encourage timely submission of information for case review.
- Increase staff resources to shorten turnaround times for case reviews.
- Develop a standard set of algorithms to identify cases where authorized business users can change business rules.
- Enhance reimbursement methodology for case management services to provide clarity and consistency regarding the amount and depth of services provided.

System Enhancements

- Integrate all clinical and service data into client's medical record, including third party liability and Medicare information, to facilitate cost avoidance and provide expanded scope of services. One option for achieving this could be the improvement and expansion of MEHIS capabilities to include availability to a transaction to certified EMRs for clients other than Medicaid clients.
 - Establish benchmarks/metrics for gauging the quality and outcomes of all State programs (capitated managed care, FFS, etc.) and initiatives while ensuring that the correct metrics are identified and tracked.
 - Include all HHS operating agencies when implementing health informatics and ensure support exists at the executive level.
 - Include coordination of activities with local entities that are already gathering and utilizing clinical data.

- Develop an EDW that includes data from all Texas Medicaid and relevant non-Medicaid programs to reduce duplication of data and accommodate widespread access to the data for trending analysis and performance measures.
- Expand data dictionary to include undefined enterprise data standards.
- Create the ability to use a master client index that uniquely identifies a client regardless of the system, program, or agency housing the data.

MITA 3.0 Roadmap Projects Addressing Gaps for this Business Area

- Provider management modernization (CM02 only)
- Enterprise Data Warehouse (EDW)
- Medicaid Enterprise Data Governance (MEDG) Planning
- Balanced Incentive Program (BIP)
- Information Management Protecting Adults and Children in Texas (IMPACT) modernization project
- Clinical Management for Behavioral Health Services – Mental Health Services and certification (CMBHS Phase V) (CM01, CM02, CM05, CM06, CM07, CM08, and CM09 only)
- Health Registries Improvement Project (HRIP) (CM04 only)
- RegistryPlus (CM04 only)
- RegistryPlus – Cancer Registry Stage 2 electronic health record reporting for Stage 2 meaningful use eligible providers (CM04 only)
- TB/HIV/STD systems integration
- Immunization information system and electronic health record interoperability project for ImmTrac
- ImmTrac replacement Phase II
- Texas Electronic Registrar (TER) replacement
- Clinical data exchange for behavioral health
- Project NEO
- Single Service Authorization System (SSAS) – Phase 1 (CM08 and CM09 only)
- Single Service Authorization System (SSAS) – Phase 2
- DADS/HHSC PASRR project (CM01, CM02, CM05, and CM06 only)
- MITA transformation project

5.4 Contractor Management

5.4.1 Business Area Strengths

There are pockets of excellence within some program areas of the contractor management business function. Some standard templates, terms, and conditions are used. The staff involved in the contractor management process work together effectively to produce results.

5.4.2 Internal Challenges

Efficiency, cost-effectiveness, and accuracy of results for each process are dependent on multiple factors including the program office involved, resource experience, technical accuracy, and the availability of data. The inconsistencies across the operating agencies directly affect utility and value to stakeholders. Overall, the contractor management business function is not cost-effective due to inconsistencies across the agencies.

5.4.3 Opportunities for Addressing Maturity Gaps

The State has opportunities to increase effectiveness, accuracy, and access for the contractor management business function as MITA and enterprise standards are developed and implemented. These opportunities include:

Process Enhancements

- Implement a formal communication process.
- Define escalation processes and procedures for contracts that are not processed in a timely fashion.
- Consolidate internal and external agencies' rules and requirements to shorten business process timeframes.
- Amend business process rules and/or workflows to allow incorporation of previous amendments, answers to questions, and other data into final document/deliverable.
- Implement annual planning and coordination efforts between programs and divisions to ensure timely decision-making, efficient advance planning, and complete preparation for contract management process.

System Enhancements

- Incorporate flexibility and automation into the State Request for Information (SRI) process to accommodate the varying scale, scope, and complexity of requests.
- Develop a knowledge management system (e.g., an enterprise knowledge management Website) that allows for inter-agency communication.
- Incorporate specific performance measures into each contract.

MITA 3.0 Roadmap Projects Addressing Gaps for this Business Area

- Enterprise Data Warehouse (EDW).
- Medicaid Enterprise Data Governance (MEDG) planning.
- PHSU and Title V MCH FFS consolidated system implementation.
- TB/HIV/STD systems integration.
- Immunization information system and electronic health record interoperability project for ImmTrac (CO02 and CO03 only).
- ImmTrac replacement Phase II (CO01, CO02, and CO03 only).
- Texas Electronic Registrar (TER) replacement (CO02 and CO03 only).
- Clinical data exchange for behavioral health.
- Project NEO.
- MITA transformation project.

5.5 Eligibility and Enrollment Management

5.5.1 Business Area Strengths

The processes within eligibility and enrollment management have seen significant attention in Texas. With the recent MEHIS project and the upcoming provider portal enhancements, this business area is a clear priority for the State. Each of the operating agencies has processes in place to meet the needs of eligibility and enrollment for members and providers.

5.5.2 Business Area Challenges

This business area is challenged by the fragmented systems and processes of each agency across the enterprise. Additionally, when providers interact with the Texas Medicaid Enterprise, they must often use different application forms, communication protocols, and processes depending on the program, agency, or MCO.

5.5.3 Opportunities for Addressing Maturity Gaps

The State has opportunities to increase effectiveness, accuracy, and access for the Eligibility and Enrollment Management business area. These opportunities include:

Process Enhancements

- Improve training strategies and implement curriculum enhancements to provide more effective training for eligibility workers across the State.

- Provide a single point of entry for clients and providers to complete enrollment applications online in real time.
- Reward providers who use automated self-service channels.
- Enable providers to submit questions and get answers via Website.
- Develop and maintain a Frequently Asked Questions (FAQs) on the provider portal.
- Re-evaluate all enrollment forms to simplify and standardize where feasible.
- Identify and re-evaluate outdated critical legacy systems.
- Move to a national provider registry that utilizes data standards that all providers, clients, and State staff can readily access.
- Automate receipt of licensure and sanction information from boards and agencies responsible for licensing providers.
- Develop a uniform enrollment process for all Medicaid providers where feasible.

System Enhancements

- Enhance links, interfaces, or file exchanges that can be used to validate eligibility information (e.g., birth and death registries, Texas Department of Corrections, United States Citizenship and Immigration Services (USCIS), SSA, and State revenue files).
- Provide a single point of entry for clients and providers to complete enrollment applications online in real time.
- Re-evaluate all enrollment forms to simplify and standardize where feasible.
- Develop a portal and feedback mechanism that enables clients to update their eligibility information in real time.
- Expand and enhance self-service portal capabilities to enable clients to gather information on their own, streamline communications, and reduce the number of forms required to communicate effectively.
- Develop an online tool for clients to fill out complaints or fair hearings, and implement process to accommodate complaints and fair hearings received via e-mail.
- Maximize effectiveness of provider communication channels for improved message delivery.

MITA 3.0 Roadmap Projects Addressing Gaps for this Business Area

- MITA transformation project
- MMIS modernization project
- Provider management modernization (EE05, EE06, EE07, and EE08 only)
- Enterprise Data Warehouse (EDW)
- Medicaid Enterprise Data Governance (MEDG) planning

- Eligibility as a service (EaaS) (EE01, EE02, EE03, and EE04 only)
- Enhanced eligibility systems modernization
- Balanced Incentive Program (BIP) (EE01, EE02, EE03, and EE04 only)
- Information Management Protecting Adults and Children in Texas (IMPACT) modernization project (EE01, EE02, EE03, and EE04 only)
- Clinical Management for Behavioral Health Services – Mental Health Services and certification (CMBHS Phase V) (EE06, EE07, and EE08 only)
- RegistryPlus – Cancer Registry Stage 2 electronic health record reporting for Stage 2 meaningful use eligible providers (EE06, EE07, and EE08 only)
- TB/HIV/STD systems integration
- ImmTrac replacement Phase II (EE01, EE02, EE03, and EE04 only)
- Texas Electronic Registrar (TER) replacement (EE01, EE02, EE03, and EE04 only)
- Clinical data exchange for behavioral health
- Project NEO
- Single Service Authorization System (SSAS) – Phase I (EE05, EE06, EE07, and EE08 only)
- Single Service Authorization System (SSAS) – Phase II
- Cost avoidance project
- DADS/HHSC PASRR project (EE02, EE03, and EE04 only)

5.6 Financial Management

5.6.1 Business Area Strengths

The Texas Medicaid Enterprise has a wide and varied set of business processes and units that manage the extensive financial information used across all programs. The systems and business units supporting financial management tend to be fragmented across the various agencies; each unit uses its own robust systems and processes. The enterprise would benefit from promoting standard best practices across all units.

5.6.2 Internal Challenges

There are a number of challenges that impact most financial management business processes including predominance of manual business process steps. Documentation and information is primarily non-standardized, stored at disparate locations, and not easily accessible. This results in staff spending a lot of time manually verifying and reconciling information gathered from multiple points in the enterprise. Each of the five (5) agencies maintains an instance of the Health and Human Services Administrative System (HHSAS) which results in redundancy as

well as fragmentation of financial data. Reliance on the expertise of enterprise staff presents a risk to the organization when these individuals leave the organization and a lack of measures to monitor performance and business activity limits management's ability to acquire a clear picture of the state of the Medicaid program and act proactively.

5.6.3 Opportunities for Addressing Maturity Gaps

There are a number of capabilities already in use by some units within the Texas Medicaid Enterprise that, if expanded, could have a large impact on improving maturity levels for many program management business processes such as data analysis tools, automated workflow capabilities, electronic document management, and user configurable business rules. Standardization of data definitions across the Texas Medicaid Enterprise would reduce the need to verify information, support direct system-to-system exchange of information, and allow more process steps to be automated. Additional opportunities include continuing to increase the use of electronic mechanisms in the exchange of information (e.g., leveraging the provider portal to distribute 1099s to providers, reducing the need for paper and postage) and expanding the use of performance measures, as they will be key to demonstrating to CMS that the maturity improvements identified as to be goals have been achieved. This will support the next round of requests for funding. Other opportunities include:

Process Enhancements

- Realize comprehensive organizational interoperability of data models, frequency needs, and use cases for program data.
- Develop comprehensive semantic interoperability of common terms and definitions across the enterprise.
- Implement process standards to align them as closely as possible while being flexible enough to meet business needs.
- Improve coordination of policy and plan development to involve and track input from various stakeholders.
- Develop the ability to utilize a single form of payment regardless of source.

System Enhancements

- Approve data and interface standards across the enterprise to foster improved analysis capabilities, provide increased monitoring of quality and performance, and place more focus on supporting quality improvements.
- Expand self-service functionality for the provider portal and client sites, which will allow maintenance activities to be distributed to authorized external users.
- Automate workflow management, allowing time, and outcome metrics to provide tools for ongoing process improvement.

- Promote user-configurable screens, reports, dashboards, and operational elements, such as benefit packages and edits, to engineer longevity, and lower cost into systems.
- Implement systems that are business rules-driven and reduce the need for source code changes, thereby promoting system support for policy development and testing.

MITA 3.0 Roadmap Projects Addressing Gaps for this Business Area

- MITA transformation project
- MMIS modernization project
- Provider management modernization (FM13 only)
- Enterprise Data Warehouse (EDW)
- Medicaid Enterprise Data Governance (MEDG) planning
- ICD 10 Planning and Implementation (FM01, FM05, FM06, FM11, FM12, FM13, FM16, FM17, and FM19 only)
- RegistryPlus – Cancer Registry Stage 2 electronic health record reporting for Stage 2 meaningful use eligible providers (FM12 only)
- TB/HIV/STD systems integration
- Texas Electronic Registrar (TER) replacement (FM02, FM03, FM07, FM10, FM13, and FM16 only)
- Clinical data exchange for behavioral health
- Project NEO
- Single Service Authorization System (SSAS) – Phase I (FM01, FM02, FM03, FM04, FM06, FM07, FM13, FM14, and FM15 only)
- Single Service Authorization System (SSAS) – Phase II

5.7 Member Management

5.7.1 Business Area Strengths

The processes for the member management business function are primarily automated. The State utilizes multiple vendors for claims processing including a variety of MCOs as well as multiple systems including C21 and CMS. The automated processes use fewer staff, generate better results, and facilitate inter-agency collaboration. This results in cost effective practices, bringing higher benefits to the consumer and allowing for a more efficient use of resources. Strategies implemented by the State to meet five (5) year maturity goals will continue to improve automation and efficiency of the member management business function.

5.7.2 Business Area Challenges

The State has completed its transitions from the SAVERR system to full TIERS functionality. However, most dependent systems and consumers of data still rely on the SAVERR data set. This legacy data dependency continues to create challenges across the member management business area. As the State transitions Medicaid members to managed care organizations, coordination of enrollment data to ensure the data is accurately maintained across the enterprise becomes a greater contractual issue.

5.7.3 Opportunities for Addressing Maturity Gaps

The State has opportunities to increase effectiveness, accuracy, and access for the member management business function. These opportunities include:

Process Enhancements

- Simplify current IT security processes to allow users to get access to necessary applications within a prompt timeframe.
- Expand data governance body to identify and set data standards across all programs. MEDG proposed organizational structure would provide the framework required.
- Develop MMIS-TIERS architecture blueprint and roadmap development documents to align existing capabilities with other MMIS components to efficiently and cost-effectively meet MITA business process goals.
- Structure IT resources so that all programs (small or large) can maintain current functionality and have the ability to incorporate applicable enhancements.

System Enhancements

- Incorporate image-processing technology for paper documentation that enables searchable files and online access to original documents.
- Incorporate table-driven rules based functionality that allows new programs to be added and existing programs to be changed without costly systems development and modification.
- Implement single sign-on for user that allows access to authorized applications without having to sign-in to each application separately
- When prioritizing enhancements, the impact of the following enhancements should be weighed relative to the shift in business processes with the move to managed care:
 - Analyze and identify common claims payment activities within DADS' claims management system and acute care payments to create economies of scale.
 - Configure system to utilize existing client data to pre-populate forms to eliminate multiple requests of the same information.

- Move HHS to SOA and eliminate the need for SAVERR formatted data across the enterprise.
- Identify and re-evaluate outdated critical legacy systems.
- Develop graphical user interface (GUI) that allows assessor to complete functional assessment online and in real time.
- Include validation edits from all business areas in TIERS to ensure that files passed to each business area are clean.
- Add system edits that require all relevant data fields be completed prior to submitting a sanction request.

MITA 3.0 Roadmap Projects Addressing Gaps for this Business Area

- MITA transformation project
- MMIS modernization project
- Enterprise Data Warehouse (EDW)
- Medicaid Enterprise Data Governance (MEDG) planning
- Eligibility as a Service (EaaS)
- Enhanced eligibility systems modernization
- Balanced Incentive Program (BIP)
- Information Management Protecting Adults and Children in Texas (IMPACT) modernization project
- ICD 10 planning and implementation
- Clinical Management for Behavioral Health Services – Mental Health Services and certification (CMBHS Phase V) (ME01 only)
- Health Registries Improvement Project (HRIP) (ME01 only)
- RegistryPlus (ME01 only)
- RegistryPlus – Cancer Registry Stage 2 electronic health record reporting for Stage 2 meaningful use eligible providers (ME01 only)
- TB/HIV/STD systems integration
- Immunization information system and electronic health record interoperability project for ImmTrac (ME01, ME02, and ME03 only)
- ImmTrac replacement Phase II (ME01, ME02, and ME03 only)
- Texas Electronic Registrar (TER) replacement
- Clinical data exchange for behavioral health
- Project NEO

- Single Service Authorization System (SSAS) – Phase II
- DADS/HHSC PASRR project

5.8 Operations Management

5.8.1 Business Area Strengths

The strength of the operations management's business processes starts with knowledgeable staff and robust system support in C21, CMS, and other operational support systems. Additionally, Texas has adopted a strategy of movement towards managed care that allows vendor staff to meet the operational needs of Texas Medicaid.

5.8.2 Internal Challenges

The majority of operations management business processes are siloed processes, which create challenges. Furthermore, like most states, Texas has faced ongoing funding constraints that have resulted in limited staffing resources to meet program needs. Texas will need to focus on program optimization, business process improvements, and reductions in redundancies to meet program needs on ever shrinking budgets.

5.8.3 Opportunities for Addressing Maturity Gaps

There are several opportunities that the State is addressing to improve the MITA maturity level of the operations management business processes. These opportunities include:

- Implementing the NPI as the ID for provider records.
- Interagency coordination to reduce duplicative efforts.
- Implementing of data standards including, internal, HIPAA, and MITA interface standards as they are being developed and adopted by CMS.
- Generating all payments electronically, (EFTs and other electronic forms of payment for all outgoing payments regardless of program including electronic benefit transfer (EBT) cards).

Process Enhancements

- Collaborate with other staff in the Medicaid/CHIP Division (MCD) to develop a standardized process for reviewing, adjusting, and submitting requests to process managed care delivery supplemental and premium payments to HHS Financial Services.
 - Evaluate all existing medical policy from an enterprise level and remove, consolidate, and simplify, wherever possible, preferably prior to implementing a replacement MMIS.

- Develop an ongoing process across the enterprise to evaluate costs, costs savings, and competing State needs (i.e., decision-making process for taking various cost benefit analyses forward).

System Enhancements

- Expand the operational dashboards.
- Continue to develop and adopt national standards for data, documentation, and transactions.
- Expand reporting capabilities to identify high users of services.

MITA 3.0 Roadmap Projects Addressing Gaps for this Business Area

- MITA transformation project
- MMIS modernization project
- Provider management modernization (OM14, OM18, and OM28 only)
- Enterprise Data Warehouse (EDW)
- Medicaid Enterprise Data Governance (MEDG) planning
- Eligibility as a Service (EaaS) (OM07 only)
- Clinical Management for Behavioral Health Services – Mental Health Services and certification (CMBHS Phase V) (OM04, OM07, OM14, OM27, and OM29 only)
- TB/HIV/STD systems integration
- Immunization information system and electronic health record interoperability project for ImmTrac (OM07, OM14, OM28, and OM29 only)
- ImmTrac replacement Phase II (OM28 only)
- Texas Electronic Registrar (TER) replacement (OM28 only)
- Clinical data exchange for behavioral health
- Project NEO
- Single Service Authorization System (SSAS) – Phase I (OM04, OM05, OM07, OM14, OM18, OM27, OM29)
- Single Service Authorization System (SSAS) – Phase II
- Cost avoidance project (OM04 only)

5.9 Performance Management

5.9.1 Business Area Strengths

Performance management activities performed by HHS are well documented and supported by effective automation. This automation increases the accuracy of the results and the efficiency of the business processes. Data is primarily electronic and recent expansions of fraud and abuse detection have placed further structure and metrics on these processes.

5.9.2 Internal Challenges

Performance management business processes face internal challenges when there is a turnover of experienced resources. When this occurs, cost-effectiveness is impacted. Additionally, with ever-increasing emphasis on cost savings, and fraud, waste, and abuse prevention, there is an increasing need for significant technology, business process, and business organization improvements to mature the execution within this business area.

5.9.3 Opportunities for Addressing Maturity Gaps

Performance management is identified as a key area for systems enhancements. The MMIS modernization project should include requirements to enhance performance and capabilities. These initiatives would need to ensure a comprehensive data collection and data management approach as well as a user-as-customer focus. Opportunities for process and system enhancements include:

Process Enhancements

- Automate the desk review process for business areas.
 - Develop processes necessary to monitor providers post-review to ensure continued compliance.
 - Expand training for commonly used and complex systems to enable users to access needed data more effectively and perform advanced analysis.

System Enhancements

- Implement necessary systems to monitor providers post-review to ensure continued compliance.
- Share automated standard queries with other agencies.
- Develop a single data source of record or leverage established single source of records established through the Medicaid Enterprise Data Governance process.
- Enhance data standards across the enterprise to improve data analysis.

- Develop and promulgate data dictionaries to build a common understanding of what each data element represents.

MITA 3.0 Roadmap Projects Addressing Gaps for this Business Area

- MITA transformation project
- MMIS modernization project
- Provider management modernization
- Enterprise Data Warehouse (EDW)
- Medicaid Enterprise Data Governance (MEDG) planning
- ICD 10 planning and implementation (PE01, PE02, PE03, and PE04 only)
- RegistryPlus – Cancer Registry Stage 2 electronic health record reporting for Stage 2 meaningful use eligible providers
- TB/HIV/STD systems integration
- Immunization information system and electronic health record interoperability project for ImmTrac (PE05 only)
- ImmTrac replacement Phase II
- Texas Electronic Registrar (TER) replacement
- Clinical data exchange for behavioral health
- Project NEO
- Single Service Authorization System (SSAS) – Phase II

5.10 Plan Management

5.10.1 Business Area Strengths

The State has robust processes within each operating agency that could be aligned and used enterprise-wide. Texas does a thorough job of strategic planning by regularly developing and publishing its strategic plan.

5.10.2 Internal Challenges

Like most states, Texas has little automation and formal process structures for the majority of processes within this business area. There are a number of challenges that affect most plan management business processes including the predominance of manual business process steps. Documentation and information is primarily non-standardized, stored at disparate locations, and is not easily accessible. This results in staff spending a lot of time manually verifying and reconciling information gathered from multiple points in the enterprise. Reliance on

the expertise of enterprise staff presents a risk to the organization when these individuals leave the organization and a lack of measures to monitor performance and business activity limits management's ability to acquire a clear picture of the state of each operating agency or program and act proactively. Also, this business area is often constrained by Texas law and federal regulation when developing policy and strategic planning. These factors can be challenging when determining new methods of systems and operations.

5.10.3 Opportunities for Addressing Maturity Gaps

There are a number of opportunities for capability improvements that would have a large impact on improving maturity levels for many plan management business processes such as data analysis tools, automated workflow capabilities, electric document management, and user configurable business rules. Standardization of data definitions across the Texas Medicaid Enterprise would reduce the need to verify information, support direct system-to-system exchange of information, and allow more process steps to be automated. Additional opportunities include continuing to increase the use of electronic mechanisms in the exchange of information and expanding the use of performance measures. Other opportunities include:

Process Enhancements

- Develop the structure necessary to support operational interoperability with a focus on organizational, political, and technical interoperability. These three (3) types of interoperability are necessary as the business processes within this area revolve around several factors including:
 - Policy development.
 - Funding and financial management and analysis.
 - System functionality affecting administrative and claims processing management needs.
 - Program information necessary to make decisions.
- Realize comprehensive organizational interoperability of data models, frequency needs, and use cases for program data.
- Develop comprehensive semantic interoperability of common terms and definitions across the enterprise.
- Implement process standards to align them as closely as possible while being flexible enough to meet business needs.
- Improve coordination of policy and plan development to involve and track input from various stakeholders.

System Enhancements

- Automate routing of documents and workflow management to promote standards.

- Develop an enterprise CDM and LDM valid across the enterprise.
- Develop an electronic document repository that can be used to manage, track, and retrieve administrative and policy information.
- Promote user-configurable screens, reports, dashboards, and operational elements, such as benefit packages and edits, to engineer longevity, and lower cost into systems.
- Implement systems that are business rules-driven and reduce the need for source code changes, thereby promoting system support for policy development and testing.

MITA 3.0 Roadmap Projects Addressing Gaps for this Business Area

- MITA transformation project
- MMIS modernization project
- Enterprise Data Warehouse (EDW)
- Medicaid Enterprise Data Governance (MEDG) planning
- ICD 10 planning and implementation
- PHSU and Title V MCH FFS consolidated system implementation
- TB/HIV/STD systems integration
- Immunization information system and electronic health record interoperability project for ImmTrac (PL05 only)
- ImmTrac replacement Phase II
- Texas Electronic Registrar (TER) replacement
- Clinical data exchange for behavioral health
- Project NEO
- Single Service Authorization System (SSAS) – Phase II
- Cost avoidance project

5.11 Provider Management

5.11.1 Business Area Strengths

The Provider Management business area continues to improve its capabilities supporting providers through self-service portals, AVRs, Web-based communication tools (e.g., online provider manuals, computer-based tutorials (CBTs), and email). Further, the provider portal project is being implemented by HHSC using its current vendor. This portal will greatly increase access and functionality capabilities for the provider community.

5.11.2 Internal Challenges

The State identified internal challenges within the Provider Management business area. Requiring original signatures and notarized forms prevents complete automation of many provider interactions. Additionally, a complex structure of medical policies and business rules leads to tedious documentation requirements and claim denials. Additionally, the HHS operating agencies each retain ownership for provider management processes related to their program areas. This leads to non-standard approaches and redundant activities. Finally, the providers support systems are fragmented across the enterprise and do not seamlessly integrate to share information on a common index of providers.

5.11.3 Opportunities for Addressing Maturity Gaps

Possible improvements can be made by taking advantage of existing conditions such as federal funding, collaboration and consolidation of resources, elimination of silos, and leveraging other systems and data stores for provider information. Other opportunities include:

Process Enhancements

- Promote greater adoption by providers of electronic communications, and more efficient utilization of electronic resources/self-service channels.
- Provide incentives to pharmacies to participate in electronic prescribing (ePrescribing) initiative.
- Develop marketing campaigns for new programs, and new systems or enhancements to improve awareness.
- Reward providers who use automated self-service channels.
- Enable providers to submit questions and get answers via Website.
- Develop and maintain FAQs on the provider portal.
- Incentivize MCOs to adopt the YourTexasBenefits card and provider/portal provided by MEHIS.
- Work with EHR system vendors to ensure that their systems support the collection of THSteps data.
- Move to a national provider registry that utilizes data standards that all providers, clients, and State staff can readily access.
- Optimize Web page organization/content to harmonize with search engines to give consumers quicker, easier access to information.
- Expand the PEP to be a master provider enrollment portal (cover DADS, VDP, etc.).
- Expand the master provider database to include all Medicaid providers.

System Enhancements

- Automate receipt of licensure and sanction information from boards and agencies responsible for licensing pharmacists, pharmacies, psychologists, and chiropractors.
- Automate VDP verification with the National Plan & Provider Enumeration System (NPPES).
- Enhance reporting capabilities with user-defined parameters.
- Increase automation of reporting and correspondence generation.
- Expand SOA Web services, and transition to a model with a central or federated data repository (e.g., OPL for specific provider data elements) as an alternative to sending large batch files that can lead to data inconsistencies.
- Enhance Medicaid claims engines:
 - Increase flexibility to make changes quickly and inexpensively.
 - Increase standardization with commercial payers and national best practices.
 - Increase engagement with MCOs to leverage their best practices and procedures.
- Improve process for tracking movement of patients between acute care and long-term care billing systems.
- Utilize service such as Agency for Health Care Research and Quality (AHRQ) or the Council for Affordable Quality Health Care (CAQH) Universal Provider Datasource® to pre-populate provider data to expedite provider enrollment and improve maintenance of provider data.
- Move to exclusive use of the NPI.

MITA 3.0 Roadmap Projects Addressing Gaps for this Business Area

- MITA transformation project
- MMIS modernization project
- Provider management modernization
- Enterprise Data Warehouse (EDW)
- Medicaid Enterprise Data Governance (MEDG) planning
- ICD 10 planning and implementation (PM01, PM02, PM03, and PM07)
- Clinical Management for Behavioral Health Services – Mental Health Services and certification (CMBHS Phase V) (PM01, PM02, and PM03 only)
- RegistryPlus – Cancer Registry Stage 2 electronic health record reporting for Stage 2 meaningful use eligible providers (PM01 only)
- TB/HIV/STD systems integration
- Immunization information system and electronic health record interoperability project for ImmTrac (PM03 only)
- Clinical data exchange for behavioral health
- Project NEO
- Single Service Authorization System (SSAS) – Phase I

- Single Service Authorization System (SSAS) – Phase II
- Cost avoidance project (PM02 and PM07 only)
- DADS/HHSC PASRR project (PM02 only)

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6 TEXAS MITA 3.0 ROADMAP

6.1 Roadmap Background and Overview

The strategic projects included in the Texas MITA 3.0 Roadmap are structured to meet the HHS strategic plan as well as the seven conditions and standards for enhanced funding as outlined by CMS in its April 2011 Medicaid IT supplement guidance.²³ The State understands that several federal initiatives and requirements must be addressed over the next five (5) years and intends to leverage these requirements as well as existing projects and IT assets to promote a modular and MITA-aligned approach to systems implementations. A key driver will be timing the system enhancements and replacements around existing contracts and procurement cycles. The activities necessary to solicit, contract, enhance, or implement each enterprise system module are considered in this MITA 3.0 Roadmap.

The Texas MITA 3.0 Roadmap provides a foundation for the detailed project descriptions required for federal funding requests. HHS will be asking CMS to approve the projects on the MITA 3.0 Roadmap. Upon CMS approval of the deliverable and availability of resources (both monetary and staffing), HHS will submit individual project APDs to request enhanced funding from CMS for priority projects included in the MITA 3.0. These projects would be prioritized by executive management, as is the case with all other HHS initiatives.

Each strategic project identified in this MITA 3.0 Roadmap serves to improve the maturity of multiple MITA business processes. The State will seek opportunities to modularize its systems either through State/federal initiatives, other system projects, or through re-procurements. However, the State must work within the constraints of limited funding, staffing resources, and risk to programs in determining when to modularize functions.

CMS expects all states to prepare and submit a MITA 3.0 Roadmap and expects each state to complete and continue to make measurable progress in meeting the goals of its MITA 3.0 Roadmap.

- A MITA 3.0 Roadmap addresses goals and objectives, as well as key activities and milestones, covering a five (5) year outlook for proposed system solutions, as part of the APD process.
- The SMA will update the MITA 3.0 Roadmap document on an annual basis.
- States must demonstrate how they plan to improve in MITA maturity over the five (5) year period and their anticipated timing for full MITA maturity.
- States should ensure that they have a sequencing plan that considers cost, benefit, schedule, and risk.

²³ [http://cfoweb.dads.state.tx.us/Reference/FY12ReferenceGuide\(Revised\).pdf](http://cfoweb.dads.state.tx.us/Reference/FY12ReferenceGuide(Revised).pdf)

- States should ensure that their business architecture conforms to the CMS' COO and Business Process Model distributed by CMS, or identify divergences.

To receive enhanced FFP, states submitting partial system updates will need to submit and have an approved MITA Roadmap for achieving full compliance with the seven conditions and standards. CMS will track progress against an approved MITA Roadmap when determining if system updates meet the seven conditions and standards for the enhanced match.

The MITA 3.0 Roadmap must include the following three (3) key elements:

MITA Roadmap Component	Component Description
Statement of Goals and Objectives	This is a statement of purpose including vision (the roadmap), needs, objectives, and anticipated benefits, and compliance with regulations. Identify any State workgroups or collaborative efforts. Identify the SMA and other State workgroups or collaborative efforts.
Project Management Plan	The project management plan summarizes how the SMA plans to assess its as is operations and to be State Medicaid Enterprise environment. It briefly describes the planning project organization and describes how the SMA will conduct the activities for planning, as well as the schedules and milestones for completion of key events.
Proposed Project Budget	Describes the resource needs for which the SMA may request funding support. These needs may relate to personnel costs, resources, and contractor costs for staff, equipment, facilities, travel, outreach, and training.

The Gantt chart in Figure 24: Texas MITA 3.0 Roadmap below provides an illustration of the current projects included in the MITA 3.0 Roadmap. While the Gantt chart is meant to provide a timeline of existing planned projects, HHS will use this timeline, funding constraints, resource availability, consolidation of redundant systems, and other drivers to determine the specific order of implementation.

Based on the technical assessment survey completed in August 2012 for this MITA SS-A, the Texas Medicaid Enterprise has included a series of project descriptions in Sections 6.2 that corresponds to the Gantt chart in Figure 24: Texas MITA 3.0 Roadmap. The Texas MITA 3.0 Roadmap may be subject to changes resulting from the release of future MITA Framework updates, State and federal fiscal impacts, and other future constraints such as availability of MITA national standards for data exchange and messaging when they are developed and released by CMS.

Under MITA, with its emphasis on SOA, the opportunity exists to reduce the risk of implementing an all-inclusive MMIS by breaking it up into its component parts. This modular requirement has now been outlined by CMS in its April 2011 Medicaid IT Supplement. The projects included in the MITA 3.0 Roadmap have been developed to meet the requirements of the seven conditions and standards.

Modularizing all subsystems at once would be impractical as there is no proven system available today that offers such functionality. Such an attempt may actually result in an increased risk factor relative to a complete enterprise systems replacement. However, modular development process most effectively starts with a single component that already has significant standards defined. An example of this type of component is the inquire client eligibility business process, as there are already X12 standard transactions defined and adopted by MITA. Moving toward full adoption of this transaction, and eliminating phone, fax, or email inquiries, would start the process of moving toward SOA and could eventually result in an overall improved SOA model for all enterprise systems. At that point, implementing modules that act as distinct units, or services, versus the monolithic systems, substantially reduces risk and lowers the cost of a complete replacement.

Other elements of the seven conditions and standards will influence strategic planning including the Interoperability and Leverage Conditions. These drivers will promote efficiency for the following reasons:

- Through the leverage condition, individual modules can be discovered and shared at a lower level of functionality between different business areas, states, or regions.
- Through the interoperability condition, replacing a particular module does not have the potentially troublesome downstream effects on other modules. With current systems, making changes within a particular subsystem can have unintended consequences throughout other subsystems.
- The goal of modularity is to create a structure that, over time, allows changes to individual modules to be completed more quickly, more cheaply, and more efficiently.
- Through interoperability, a single source of truth will be promoted as the enterprise builds a common data structure to effectively share data as well as propagating data updates across all systems.

6.2 MITA 3.0 Roadmap Project Descriptions

The projects listed in this section represent the Texas MITA 3.0 Roadmap. Each of the twenty-three (23) Subsections (6.2.1 - 6.2.23) that follow addresses the time frame, proposed budget, goals, and management plan for the project/initiative/module being described. At the end of each of the sections, a table identifies the key MITA business processes that are impacted by the project.

For all projects in this section, there is the assumption that the projects will comply with the requirements established by the governance councils established by the HHS Circular C-009. Health and Human Services Enterprise Information Technology Governance Policy.

6.2.1 MITA Transformation Project

Duration: June 2012 – June 2015

Proposed Project Budget: Greater than \$50M

Project Goals and Management Plan: The MITA Transformation Project will focus on completing the capability improvements necessary to meet the MITA to be goals not addressed by other projects in the MITA 3.0 Roadmap. This project will include the lower priority improvements in the areas of plan management, business relationship management, and contractor management. This project will be managed by the PMT and will be addressed as budget and staffing constraints allow. The project should be managed through enterprise governance.

MITA Business Processes Impacted by the MITA Transformation Project

Member Management	Provider Management	Contractor Management	Operations Management	Plan Management
All processes	All processes	All processes	All processes	All processes
Financial Management	Business Relationship Management	Performance Management	Care Management	Eligibility and Enrollment Management
All processes	All processes	All processes	All processes	All processes

6.2.2 The MMIS Modernization Project

Duration: September 2014 – September 2017

Proposed Project Budget: Greater than \$50M

Project Goals and Management Plan: The MMIS Modernization Project is a Texas Medicaid Enterprise-wide initiative to make necessary functional system updates to support State and federal initiatives. HHSC will obtain information management tools and business partners to assist in managing the State Medicaid program in an era of transformation of the nation's health care system through health reform and electronic health information technology (HIT). HHSC will operate a system that meets the CMS seven conditions and standards and promotes use of industry standards for information exchange and interoperability among the installed system modules, providing a seamless business services environment for all of HHSC's diverse system users located in multiple geographic locations.

MITA Business Processes Impacted by the MMIS Modernization Project

Member Management	Provider Management	Contractor Management	Operations Management	Plan Management
All processes	All processes	None	All processes	All processes
Financial Management	Business Relationship Management	Performance Management	Care Management	Eligibility and Enrollment Management
All processes	None	All processes	All processes	All processes

6.2.3 Provider Management Modernization Project

Duration: June 1, 2013 – December 31, 2014

Proposed Project Budget: Greater than \$50M

Project Goals and Management Plan: The Provider Management Modernization Project is a HHSC project to decouple the provider management services from the TMMIS and addresses new provider screening and enrollment requirements resulting from the Affordable Care Act. The project implements a McKesson COTS solution, centralizes the provider data repository to support provider enrollment, promotes web services where appropriate as the preferred choice for the access and retrieval of provider data, and creates an online provider directory accessible by external and internal users. The project initially supports Medicaid providers, but will be expanded over time to support providers for other programs across the Texas HHS system.

MITA Business Processes Impacted by the Provider Management Modernization Project

Member Management	Provider Management	Contractor Management	Operations Management	Plan Management
None	All processes	None	OM14, OM18, OM28	None
Financial Management	Business Relationship Management	Performance Management	Care Management	Eligibility and Enrollment Management
FM13	All processes	All processes	CM02	EE05, EE06, EE07, EE08

6.2.4 Enterprise Data Warehouse (EDW) Project

Duration: June 2012 – October 2018

Proposed Project Budget: Greater than \$50M

Project Goals and Management Plan: The goals of the EDW Project include providing a single data store of record for enterprise data management with centralized availability of information, thereby providing a holistic view of the client's service history and enabling the ability to calculate lifetime spending for a member in a single system. The EDW Project will:

- Create a master client index, comprise a central repository containing all Medicaid providers, and provide integration of clinical and service data into a client's medical record.
- Incorporate robust and advanced security and privacy features.
- Raise the maturity level of business intelligence and provide user-configurable screens, reports, and dashboards.
- Enable the collection and reporting of program performance data based on user-defined criteria and will deliver the ability to look across multiple systems for efficiency.
- Provide subject-oriented, integrated, time-variant, non-volatile data collections of record for enterprise data management.
- Decouple all analytical and enterprise Medicaid reporting capabilities into a single system making data available in a consolidated manner for use across all five (5) HHS agencies.
- Reduce the processing requirements for the MMIS operational systems such that only operational reporting functionality remains in those systems.

The project will be aligned with enterprise data governance and comply with the policies, processes, and standards established.

The EDW Project will develop a comprehensive robust data model for the EDW as well as make metadata accessible to the data warehouse end users, structured so that it is easily navigated and understood by non-technical users. As the EDW will not include all of the operational attributes for the Medicaid Enterprise, the CDM and LDM developed for the EDW would not fully address the needs of the Medicaid Enterprise. The development of a Medicaid Enterprise Information Reference Model for the Medicaid Enterprise should be within the proposed scope of MEDG as its scope does include operational attributes.

The high-level phases for this project include:

- EDW Planning (IAPD & RFO Approval) – ends December 2012
- EDW Planning (Vendor Solicitation) – December 2012 through August 2013
- EDW Implementation – September 2014 through October 2018

MITA Business Processes Impacted by the EDW Project

The expected impacts of EDW on MITA 2.01 business process capability were assessed by external contractors and internal MITA SMEs during the EDW business requirements project. This assessment relied heavily on details within the MITA 2.01 SS-A. Known and likely impacts to business processes using the MITA 3.0 Framework are included below. However, a complete

impact assessment using the MITA 3.0 business process definitions has not yet been performed for the EDW.

All business processes have the potential to be impacted by this project. See the table in Appendix I: MITA Texas Business Process Crosswalk for a detailed list of business processes.

Member Management	Provider Management	Contractor Management	Operations Management	Plan Management
ME03, ME08	PM01, PM07 (others TBD)	None	OM07, OM29	PL02, PL04, PL07, PL08
Financial Management	Business Relationship Management	Performance Management	Care Management	Eligibility and Enrollment Management
FM04, FM06, FM15, FM16 (others TBD)	None	PE01, PE02 (others TBD)	CM01, CM03, CM04 (others TBD)	EE04, EE08

6.2.5 Medicaid Enterprise Data Governance (MEDG) Planning Project

Duration: October 2011 – May 2014

Proposed Project Budget: Less than \$50M

Project Goals and Management Plan: The MEDG planning project will establish an enterprise-wide data governance framework to facilitate improved services, planning, and policy implementation across the HHS Medicaid Enterprise. Goals of the MEDG planning project include:

- Assess the current and desired data management capabilities of the HHS Medicaid Enterprise.
- Create a formal organization and processes to effectively manage and govern data assets across the HHS Medicaid Enterprise, including roles and responsibilities for data stewardship and data quality control.
- Identify necessary data definitions and standards for data entities common across programs.
- Establish a Medicaid Enterprise data governance strategic roadmap for program implementation.

The MEDG program will standardize the processes used for data sharing across the enterprise, increasing the availability of high integrity data while reducing redundant data management efforts across the Medicaid projects. Additionally, MEDG will improve operations by increasing the quality and reliability of critical data for internal analyses.

The high-level phases of this project include:

- EDG Planning – ends May 2014

- EDG Implementation – June 2014 through October 2018

MITA Business Processes Impacted by the MEDG Planning Project

Member Management	Provider Management	Contractor Management	Operations Management	Plan Management
All processes	All processes	CO01, CO02, CO03, CO04, CO07, CO09	OM18, OM26, OM07, OM29, OM04	PL01, PL02, PL04, PL05, PL06, PL07, PL08
Financial Management	Business Relationship Management	Performance Management	Care Management	Eligibility and Enrollment Management
FM01, FM02, FM03, FM04, FM05, FM06, FM07, FM09, FM10, FM11, FM12, FM13, FM14, FM15, FM16, FM17, FM18, FM19	All processes	PE01, PE02, PE03, PE04	CM01, CM02, CM03, CM04, CM08, CM09	All processes

6.2.6 Eligibility as a Service – (EaaS)

Duration: July 1, 2013 – January 31, 2014

Cost Estimate: Greater than \$1.30M

Project Description: The Eligibility as a Service is a project that will provide a single source of eligibility information for all programs processed within the Texas Integrated Eligibility Redesign System. This solution will contain near real-time eligibility, utilize standardized web services for access, and will be in the format of the TIERS source system. The project will be implemented in phases from standing up a robust infrastructure to support large volumes that Texas expects to experience. Systems will be migrated from legacy interface files in outdated formats in coordinated, cost-efficient steps. This solution is being constructed with the vision in mind to include other State programs enterprise-wide currently not processed through TIERS.

TMHP has the bandwidth to manage the transactions required for this project, and as a result were contracted to support this project. EaaS will be used as an early shared service to be implemented. The State plans to use this as a pilot project to support implementing other shared services and meeting the extended modularity standard requirements. The project should be managed through enterprise governance.

MITA Business Processes Impacted by the EaaS Project

Member Management	Provider Management	Contractor Management	Operations Management	Plan Management
All processes	None	None	OM07	None
Financial Management	Business Relationship Management	Performance Management	Care Management	Eligibility and Enrollment Management
None	None	None	None	EE01, EE02, EE03, EE04

6.2.7 Enhanced Eligibility Systems Modernization

Duration: July 2011 – July 2017

Proposed Project Budget: Greater than \$50M

Project Goals and Management Plan: The Enhanced Eligibility Modernization Systems Project focuses on modernizing the eligibility and enrollment process for clients by improving on client self-service functionality and further automating eligibility processes. The project improves delivery of services to clients who participate in various State programs across the Texas HHS enterprise including Medicaid, CHIP, Supplemental Nutritional Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and others. The project supports compliance with both state and federal regulations. With respect to ACA, the project supports the management of handling large volumes of clients resulting from the expansion of Medicaid to the lowest income populations and it supports the requirements associated with the enrollment simplification and coordination with State Health Insurance Exchanges. The project is completed in at least two phases:

- **Phase 1:** Establish a framework and infrastructure to support self-management of data. Implement the functionality necessary to support real-time eligibility determination.
- **Phase 2:** Complete, analyze, and document workflow and business process assessment and scheduling and statewide distribution of work.

The project should be managed through enterprise governance and will be updated as schedule and funding constraints change over time.

MITA Business Processes Impacted by the Project

Member Management	Provider Management	Contractor Management	Operations Management	Plan Management
All processes	None	None	None	None
Financial Management	Business Relationship Management	Performance Management	Care Management	Eligibility and Enrollment Management
None	None	None	None	EE01, EE02, EE03, EE04

6.2.8 Balanced Incentive Program (BIP)

Duration: February 1, 2013 – December 31, 2015

Proposed Project Budget: Greater than \$200M

Project Goals and Management Plan: The objectives of the BIP project are to take advantage of the FFP available through a grant if the State can move more nursing home recipients into assisted living. DADS' eligibility information is shared between TIERS (financial eligibility) and SAS (functional eligibility). This project will focus on making necessary updates to systems to support expanded user understanding to promote in-home care over nursing home care. The project should be managed through enterprise governance.

MITA Business Processes Impacted by the Project

Member Management	Provider Management	Contractor Management	Operations Management	Plan Management
All processes	None	None	None	None
Financial Management	Business Relationship Management	Performance Management	Care Management	Eligibility and Enrollment Management
None	None	None	All processes	EE01, EE02, EE03, EE04

6.2.9 Information Management Protecting Adults and Children in Texas (IMPACT) Modernization Project

Duration: June 2012 – June 2015

Proposed Project Budget: Greater than \$50M

Project Goals and Management Plan: Child Protective Services uses the IMPACT system to capture information related to a case at intake and includes dates, events, and case details. This project will focus on business process and improved ways to capture, manage, and transmit information. Maintaining privacy and security integrity while ensuring the sharing of information is a key objective of this project. The project should be managed through enterprise governance.

MITA Business Processes Impacted by the Project

Member Management	Provider Management	Contractor Management	Operations Management	Plan Management
All processes	None	None	None	None
Financial Management	Business Relationship Management	Performance Management	Care Management	Eligibility and Enrollment Management
None	None	None	All processes	EE01, EE02, EE03, EE04

6.2.10 ICD 10 Planning and Implementation

Duration: September 2011 – March 2015

Proposed Project Budget: \$6,400,000

Project Goals and Management Plan: The ICD-10 Planning and Implementation project is a Texas HHS system initiative to coordinate the implementation of International Classification of Diseases and Related Health Problems, Tenth Revision, Clinical Modification (ICD-10-CM), and the Procedure Coding System (ICD-10-PCS) code sets on October 1, 2014. While the mandate requires the use of ICD-10 codes in HIPAA transactions by October 1, 2014, additional time beyond this date will be required to address other phases of the project.

The implementation of the project is planned in three (3) overlapping phases as follows:

Phase I: ICD-10 Compliance Phase – Phase I includes the necessary changes to HHS policy, processes and systems to ensure that HHS complies with federal mandate.

Phase II: ICD-10 Knowledge and experience gathering phase – Phase II includes leveraging advantages of the enhanced granular information afforded by the ICD-10 code sets to reduce costs, to adjudicate claims with better accuracy and efficiency, to gain better understanding of patient safety and care, utilization management, and improved documentation through the more granular nature of the ICD-10 data.

Phase III: ICD-10 Strategic uses, optimization and innovation phase – Phase III includes conducting assessments of ICD-10 data to obtain the most strategic advantage of ICD-10 code sets with respect to implementing effective policies.

MITA Business Processes Impacted by the Project

Member Management	Provider Management	Contractor Management	Operations Management	Plan Management
All processes	PM01, PM02, PM03, PM07	None	None	All processes
Financial Management	Business Relationship Management	Performance Management	Care Management	Eligibility and Enrollment Management
FM01, FM05, FM06, FM11, FM12, FM13, FM16, FM17, FM19	BR01, BR02, BR03	PE01, PE02, PE03, PE04	None	None

6.2.11 PHSU and Title V MCH FFS Consolidated System Implementation

Duration: June 2012 – August 2014

Proposed Project Budget: \$5,229,096

Project Goals and Management Plan: The PHSU and Title V MCH FFS Consolidated System Implementation project will consist of construction of a consolidated system to support business processes across the Purchased Health Services Unit (PHSU) and Title V Maternal Child Health (MCH) Fee-for-Service (FFS) program areas.

This project will procure the services of a Deliverables-Based Information Technology Services (DBITS) application development vendor to implement an integrated solution that replaces two (2) existing PHSU legacy applications (Automated System for Kidney Health Information Tracking (ASKIT); Children with Special HealthCare Needs (CSHCN) Management Information System (CMIS)).

The integrated solution will also incorporate functions required to automate two (2) other programs currently using manual business processes (Hemophilia Assistance Program (HAP); Title V MCH FFS).

The solution will automate existing business functions and processes, provide enhanced business functionality, and provide efficiencies in IT maintenance and overhead.

MITA Business Processes Impacted by the Project

Member Management	Provider Management	Contractor Management	Operations Management	Plan Management
None	None	All processes	None	All processes
Financial Management	Business Relationship Management	Performance Management	Care Management	Eligibility and Enrollment Management
None	All processes	None	None	None

6.2.12 Clinical Management for Behavioral Health Services – Mental Health Services and Certification (CMBHS Phase V)

Duration: September 2011 – August 2013

Proposed Project Budget: \$3,999,999

Project Goals and Management Plan: The CMBHS Phase V project will focus on system enhancements to provide online and data exchange functionality for use by contracted mental health providers. These enhancements will include:

- Online and data exchange functionality for mental health providers.
- Deployment of CMBHS to NorthSTAR (NS) Mental Health (MH) specialty network providers.
- Deployment of CMBHS to MH community centers Local Mental Health Authorities (LMHA's).
- Development and implementation of the Adult Needs and Strengths Assessment (ANSA) and the Child and Adolescent Needs and Strengths Assessment (CANS) tools.
- Evaluation of EHR certification.
- Medicaid service authorization and claims processing.
- Continued collaboration with the national effort to standardize behavioral health data for HIE.

MITA Business Processes Impacted by the Project

Member Management	Provider Management	Contractor Management	Operations Management	Plan Management
All processes	All processes	All processes	All processes	All processes
Financial Management	Business Relationship Management	Performance Management	Care Management	Eligibility and Enrollment Management
All processes	All processes	All processes	All processes	All processes

6.2.13 Health Registries Improvement Project (HRIP)

Duration: November 2009 – March 2013

Proposed Project Budget: \$3,057,329

Project Goals and Management Plan: The HRIP project consists of the three (3) phases, as follows:

- **Phase 1:** Identified a blueprint for DSHS health registries with the objective of improving data sharing and interoperability.
- **Phase 2:** Implementation of this model for the Birth Defects Registry.
- **Phase 3:** Will deploy the Child and Adult Lead Registry.

MITA Business Processes Impacted by the Project

Member Management	Provider Management	Contractor Management	Operations Management	Plan Management
All processes	All processes	All processes	All processes	All processes
Financial Management	Business Relationship Management	Performance Management	Care Management	Eligibility and Enrollment Management
All processes	All processes	All processes	All processes	All processes

6.2.14 RegistryPlus

Duration: December 2009 – July 2012

Proposed Project Budget: \$446,610

Project Goals and Management Plan: The RegistryPlus project is a replacement of the legacy Texas Cancer Registrar (TCR) with a system that complies with national standards for vital records. Centers for Disease Control and Prevention (CDC) has provided the registry plus software suite as a replacement to Sandcrab (cancer registry) at no cost for software licensing and future development.

MITA Business Processes Impacted by the Project

Member Management	Provider Management	Contractor Management	Operations Management	Plan Management
All processes	All processes	All processes	All processes	All processes
Financial Management	Business Relationship Management	Performance Management	Care Management	Eligibility and Enrollment Management
All processes	All processes	All processes	All processes	All processes

6.2.15 RegistryPlus – Cancer Registry Stage 2 Electronic Health Record Reporting for Stage 2 Meaningful Use Eligible Providers

Duration: September 2012 – December 2015

Proposed Project Budget: TBD

Project Goals and Management Plan: The RegistryPlus – Cancer Registry Stage 2 project will focus on staffing and IT infrastructure to support HHSC Texas Medicaid Health Information Technology (HIT) and Office of e-Health Stage 2 meaningful use and health information exchange eligible provider electronic health record cancer reporting. This project is a replacement of the legacy TCR with a system that complies with national standards for vital records. CDC has provided the Registry Plus software suite as a replacement to Sandcrab (cancer registry) at no cost for software licensing and future development.

MITA Business Processes Impacted by the Project

Member Management	Provider Management	Contractor Management	Operations Management	Plan Management
All processes	All processes	All processes	All processes	All processes
Financial Management	Business Relationship Management	Performance Management	Care Management	Eligibility and Enrollment Management
All processes	All processes	All processes	All processes	All processes

6.2.16 Immunization Information System and Electronic Health Record Interoperability Project for ImmTrac

Duration: January 2011 – August 2012

Proposed Project Budget: \$1,039,000

Project Goals and Management Plan: The Immunization Information System and Electronic Health Record Interoperability project has implemented Health Level Seven (HL7) ANSI-accredited standards for immunization EHR data exchange between the Texas Immunization Registry and pilot EHR software vendors for real-time, secure interaction and data quality management. Data quality processes are being improved as part of this project.

MITA Business Processes Impacted by the Project

Member Management	Provider Management	Contractor Management	Operations Management	Plan Management
BR01, BR02, BR03	PM03	CO02, CO03	OM07, OM14, OM28, OM29	PL05
Financial Management	Business Relationship Management	Performance Management	Care Management	Eligibility and Enrollment Management
None	BR03	PE05	All processes	None

6.2.17 Texas Electronic Registrar (TER) Replacement

Duration: September 2013 – June 2016

Proposed Project Budget: \$6,799,635

Project Goals and Management Plan: The TER Replacement project will replace the legacy Texas Electronic Registrar (TER) with a system that complies with national standards for vital records.

MITA Business Processes Impacted by the Project

Member Management	Provider Management	Contractor Management	Operations Management	Plan Management
All processes	None	CO02, CO03	OM28	All processes
Financial Management	Business Relationship Management	Performance Management	Care Management	Eligibility and Enrollment Management
FM02, FM03, FM07, FM10, FM13, FM16	BR01, BR02, BR03	All processes	All processes	EE01, EE02, EE03, EE04

6.2.18 Clinical Data Exchange for Behavioral Health

Duration: September 2013 – May 2015

Proposed Project Budget: \$1,182,000

Project Goals and Management Plan: The establishment of data exchange for clinical information between the State hospitals and LMHAs will enable improved coordination of care for patients as they transition between inpatient and outpatient care providers. The system will also facilitate the exchange of information between State hospital facilities and establish a foundation for exchange between State hospitals and community-based primary care providers.

MITA Business Processes Impacted by the Project

Member Management	Provider Management	Contractor Management	Operations Management	Plan Management
All processes	All processes	All processes	All processes	All processes
Financial Management	Business Relationship Management	Performance Management	Care Management	Eligibility and Enrollment Management
All processes	All processes	All processes	All processes	All processes

6.2.19 Project NEO

Duration: September 2013 – February 2016

Proposed Project Budget: \$2,000,000 (capital)

Project Goals and Management Plan: This project will focus on Project NEO, Clinical Management for Behavioral Health Services (CMBHS) Phase VI, transitions NorthSTAR program enrollment and related processing from the HHSC mainframe environment to CMBHS. Changes included involve processing of NorthSTAR enrollment information from Maximus and TIERS; providing information to Maximus, ValueOptions, the NorthSTAR data warehouse, TIERS, CARE, and processing disenrollment data from TIERS and CMBHS.

MITA Business Processes Impacted by the Project

Member Management	Provider Management	Contractor Management	Operations Management	Plan Management
All processes	All processes	All processes	All processes	All processes
Financial Management	Business Relationship Management	Performance Management	Care Management	Eligibility and Enrollment Management
All processes	All processes	All processes	All processes	All processes

6.2.20 Single Service Authorization System (SSAS) – Phase 1

Duration: September 2010 – August 2013

Proposed Project Budget: \$11,057,631

Project Goals and Management Plan: The purpose of the SSAS Phase 1 project is to retire service authorization, claims billing and long-term care provider contract management from the legacy Mental Health and Mental Retardation (MHMR) mainframe system – ID CARE. This functionality will be integrated into existing DADS and TMHP applications, leveraging existing Web-based and SOA.

MITA Business Processes Impacted by the Project

Member Management	Provider Management	Contractor Management	Operations Management	Plan Management
None	All processes	None	OM04, OM05, OM07, OM14, OM18, OM27, OM29	None
Financial Management	Business Relationship Management	Performance Management	Care Management	Eligibility and Enrollment Management
FM01, FM02, FM03, FM04, FM06, FM07, FM13, FM14, FM15	None	None	CM08, CM09	EE05, EE06, EE07, EE08

6.2.21 Single Service Authorization System (SSAS) – Phase 2

Duration: September 2013 – August 2015

Proposed Project Budget: \$18,602,149

Project Goals and Management Plan: The focus of the SSAS Phase 2 project is to retire all DADS-related functionality off of the Intellectual Disability CARE mainframe and incorporate into the TMHP LTC Online Portal, DADS SAS and a new DADS portal.

MITA Business Processes Impacted by the Project

Member Management	Provider Management	Contractor Management	Operations Management	Plan Management
All processes	All processes	None	All processes	All processes
Financial Management	Business Relationship Management	Performance Management	Care Management	Eligibility and Enrollment Management
All processes	None	All processes	All processes	All processes

6.2.22 Cost Avoidance Project

Duration: October 2011 – February 2013

Proposed Project Budget: \$4,984,359

Project Goals and Management Plan: The Cost Avoidance project will implement a cost avoidance process for claims associated with the Department of Aging and Disability Services (DADS) Long Term Care (LTC) nursing facility (SG 1), Intermediate Care Facility for Persons with Intellectual Disabilities (ICF/MR) non-state (SG 6), and Hospice (SG 8) programs. The intent of the long term care cost avoidance project is to reasonably ascertain the legal liability of third parties at the time a claim is filed. If the provider has not submitted the associated third party liability disposition (or reason why third party was not billed), the program will deny the claim and return it to the provider.

MITA Business Processes Impacted by the Project

Member Management	Provider Management	Contractor Management	Operations Management	Plan Management
None	PM02, PM07	None	OM04	All processes
Financial Management	Business Relationship Management	Performance Management	Care Management	Eligibility and Enrollment Management
None	None	None	None	None

6.2.23 DADS/HHSC Preadmission Screening and Resident Review (PASRR) Assessment Redesign Project

Duration: March 2012 – August 2013

Proposed Project Budget: \$2,299,633

Project Goals and Management Plan: The DADS/HHSC PASRR assessment redesign project is a result of a CMS December 10, 2009 directive in which corrections were identified for the Texas' PASRR program to become fully compliant with federal requirements. DADS subsequently formed an interagency workgroup to examine the concerns identified by the

federal CMS. The workgroup developed business process diagrams that included scenarios by which all of CMS's stated concerns could be addressed, as follows:

- Eliminate the role of nursing facilities in the Level II determination process.
- Require specific specialized services to be identified prior to admission to the nursing facility.
- Require an automated communication to local mental health and mental retardation authorities (hereafter referred to as local authorities) that is triggered when a nursing facility completes a Minimum Data Set Significant Change in Status Assessment (MDS SCSA).
- Require involvement of local authorities upon notification of MDS SCSA for PASRR-eligible individuals.

MITA Business Processes Impacted by the Project

Member Management	Provider Management	Contractor Management	Operations Management	Plan Management
All processes	PM02	None	None	None
Financial Management	Business Relationship Management	Performance Management	Care Management	Eligibility and Enrollment Management
None	None	None	CM01, CM02, CM05, CM06	EE02, EE03, EE04

7 CONCLUSION

MITA is a national framework federally promulgated by CMS. The MITA Framework establishes national guidelines for business processes and technologies that will enable the improved program administration of the Texas Medicaid Enterprise. The MITA SS-A, which evaluates the Texas Medicaid Enterprise, is mandated annually by CMS and is a required attachment to federal fund requests for technology projects. The Texas Medicaid Enterprise is a complex organization consisting of five (5) major HHS operating agencies, which manage information that supports the Texas Medicaid program.

The 2012 Texas MITA SS-A project involved identifying over two hundred (200) business and technical SMEs and managing participation for fifty (50) business validation sessions that started March 27, 2012 and were completed in June 14, 2012. The business validation sessions averaged three (3) hours and covered one (1) to four (4) business processes depending on the complexity of the process. An additional six (6) technical assessment sessions and technical surveys were utilized to capture specific HHS information and technical architectures. These sessions and surveys were conducted from April 20, 2012 through June 21, 2012. Information gathered during these two tracks was used to complete the MITA 3.0 update for HHS.

On a scale of MITA maturity Level 1 to Level 5, the Texas Medicaid Enterprise in large part was assessed to lean toward a Level 2 with a goal to progress to Level 3 within a five (5) year timeframe. Even though each business area exceeds Level 1 for many business processes, each business area does not completely satisfy a Level 2 maturity required by CMS to establish the Level 2 enterprise wide status.

A key output of the assessment is the five (5) year MITA 3.0 Roadmap, which lays out the key projects that position the enterprise to move toward a Level 3 maturity level. Many of these projects are required by federal or State legislative mandates. Others are driven by business needs to improve the efficiency and effectiveness of the Texas Medicaid program.

Overall, each of the HHS operating agencies has sound internal processes and systems. However, for HHS to continue increasing MITA maturity capabilities, the organization will need to focus on sharing data, aligning common processes, and actively managing the satisfaction level of providers, members, and other entities that interact with the enterprise. Recent and current projects, such as TIERS, EDW, and MEDG have put Texas ahead of comparable states relative to data standards and Web services. These projects will be critical building blocks for future enhancements.

While CMS released the MITA Framework 3.0 in early 2012, it was not complete. The framework is lacking a number of Member-related business processes in the eligibility and enrollment business area. The annual update of a State's SS-A, referenced above, is required to start one (1) year from the point at which these final business processes are published. The 2012 SS-A utilized definitions from the framework version 2.01 to support evaluation of these missing business processes. Along with the annual updates, interim updates to the Texas MITA SS-A may be required in connection to projects that arise between annual updates.

The MITA 3.0 Roadmap will be revised and updated over the next five (5) to ten (10) years, HHS will complete projects based on feasibility and whether they fit into an ever-changing environment. Projects that have the fewest barriers to completion, such as the enhanced provider module, will have priority over other more difficult projects that may take longer to complete.

While State funding, new state and federal initiatives, resources, and staffing are key constraints in the successful completion of projects, the State intends to fully utilize federal funding opportunities to complete the projects on its MITA 3.0 Roadmap.

APPENDIX A: MEDICAID INFORMATION TECHNOLOGY ARCHITECTURE STATE SELF-ASSESSMENT SCORECARDS

Scorecards for the business architecture, information architecture, technical architecture, and seven (7) conditions and standards SS-A are maintained with the TMMIS Re-procurement Project historical assets.

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APPENDIX B: MEDICAID INFORMATION TECHNOLOGY ARCHITECTURE STATE SELF-ASSESSMENT DETAILS

The Texas MITA business process templates are provided in Microsoft Word format and are maintained with the TMMIS Re-procurement Project historical assets.

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APPENDIX C: ACRONYMS

Acronyms	Definitions
ACA	Affordable Care Act, also known as Patient Protection and Affordable Care Act
AHRQ	Agency for Healthcare Research and Quality
ANSA	Adult Needs and Strengths Assessment
APD	Advance Planning Document
API	Application Programming Interface
ARRA	American Recovery and Reinvestment Act
ASC	Accredited Standards Committee
ASD	Administrative Services Division
ASKIT	Automated System for Kidney Health Information Tracking
AVRS	Automated Voice Response System
B2B	Business-to-Business
BA	Business Area
BARB	Business Architecture Review Board
BCM	Business Capability Matrix
BHIPS	Behavioral Health Integrated Provider System
BIP	Balanced Incentive Program
BP	Business Process
BPEL	Business Process Executive Language
BPM	Business Process Modeling
BR	Business Relationship
BRM	Business Relationship Management
C21	Compass21
CA-GEN	Computer Associates-Generation
CANS	Child and Adolescent Needs and Strengths Assessment
CAP	Corrective Action Plan
CAQH	Council for Affordable Quality Healthcare
CARE	Client Assignment and Registration System
CARES	Compliance, Assessment, Regulation, and Enforcement System
CBA	Cost Benefit Analysis
CBA	Community Based Alternatives waiver
CBT	Computer-Based Tutorials
CCB	Change Control Board
CDC	Centers for Disease Control and Prevention
CDM	Conceptual Data Model
CHIP	Children's Health Insurance Program
CIO	Chief Information Officer
CIS	Communication and Information Services

Acronyms	Definitions
CJM	Criminal Justice Match
CLASS	Community Living Assistance and Support Services
CM	Care Management
CMBHS	Clinical Management for Behavioral Health Services
CMS	Centers for Medicare and Medicaid Services
CMS	TMHP Claims Management System
CO	Contractor Management
COB	Coordination of Benefits
COO	Concept of Operations
CORE	Committee on Operating Rules for Information Exchange
COTS	Commercial Off-the-Shelf
CPS	Claims Processing System
CPT	Current Procedural Terminology
CRCG	Community Resource Coordination Group
CRM	Customer Relationship Management
CSHCN	Children with Special Health Care Needs
CSS	Community Services and Supports
DADS	Department of Aging and Disability Services
DAHS	Day Activity and Health Services
DARS	Department of Assistive and Rehabilitative Services
DCS	Data Center Services
DDE	Direct Data Entry
DDI	Design, Development, and Implementation
DEA	Drug Enforcement Agency
DFPS	Department of Family and Protective Services
DHHS	Federal Department of Health and Human Services
DIR	Division of Information Resources
DMBD	Deaf-Blind and Multiple Disabilities program waiver
DR-BCCP	Disaster Recovery – Business Continuity and Contingency Plan
DSHS	Department of State Health Services
DUR	Drug Utilization Review
E&E-APD	Expedited APD checklist specifically for Medicaid eligibility and enrollment, and information systems
EaaS	Eligibility as a Service
EBT	Electronic Benefit Transfer
ECPS	Enterprise Contract Purchasing Services
ED	Electronic Device
EDI	Electronic Data Interchange
EDM	Electronic Document Management
EDW	Enterprise Data Warehouse

Acronyms	Definitions
EDW/BI	Enterprise Data Warehouse and Business Intelligence
EE	Eligibility and Enrollment Management
EFT	Electronic Fund Transfer
eGRC	Enterprise Governance, Risk, and Compliance
EHR	Electronic Health Record
EOB	Explanation of Benefits
ERA	Electronic Remittance Advice
ESB	Enterprise Service Bus
ESC	Executive Steering Committee
ETL	Extract, Transform, and Load
FA	Fiscal Agent
FAQs	Frequently Asked Questions
FFP	Federal Financial Participation
FFS	Fee-for-Service
FM	Financial Management
FMAP	Federal Medical Assistance Percentages
FTP	File Transfer Protocol
GUI	Graphical User Interface
HAI	Healthcare Associated Infections
HAP	Hemophilia Assistance Program
HCATS	HHSC Contract Administration and Tracking System
HCPCS	Healthcare Common Procedure Coding System
HCS	Home and Community-based Services
HHS	U.S. Department of Health and Human Services
HHSAS	Health and Human Services Administrative System
HHSC	Texas Health and Human Services Commission
HIE	Health Information Exchange
HIO	Health Information Organization
HIPAA	Health Insurance Portability and Accountability Act
HIT	Health Information Technology
HITECH	Health Information Technology for Economic and Clinical Health
HIV	Human Immunodeficiency Virus
HIX	Health Insurance Exchange
HL7	Health Level Seven
HPID	Health Plan Identification
IA	Information Architecture
IAPD	Implementation Advance Planning Document
IARB	Information Architecture Review Board
ICD-10	International Classification of Diseases and Related Health Problems, Tenth Revision

Acronyms	Definitions
ICD-10-CM	International Classification of Diseases and Related Health Problems, Tenth Revision, Clinical Modification
ICD-10-PCS	International Classification of Diseases and Related Health Problems, Tenth Revision, Procedure Coding System
ICF/MR	Intermediate Care Facility for Persons with Intellectual Disabilities
ICM	Information Capability Matrix
ID	Intellectual Disability
ID	Client Identification
ID	Case Manager Identification
IMPACT	Information Management Protecting Adults and Children in Texas
IP	Internet Protocol
IRS	Internal Revenue Service
IT	Information Technology
KHC	Kidney Health Children
KPI	Key Performance Indicator
LDM	Logical Data Model
LLC	Limited Liability Company
LMHA	Local Mental Health Authorities
LTC	Long Term Care
MARB	MITA Architecture Review Board
MBOW	Mental Retardation and Behavioral Health Outpatient Data Warehouse
MCATS	Medicaid Contract Administration Tracking System
MCD	Medicaid/CHIP Division
MCD/CHIP	Medicaid/Children's Health Insurance Program
MCI	Master Client Index
MCO	Managed Care Organization
MDCP	Medically Dependent Children Program waiver
MCPAT	Medicaid Chip Automated Policy Tracking System
MDSSCSA	Minimum Data Set Significant Change in Status Assessment
ME	Member Management
MEDG	Medicaid Enterprise Data Governance
MEHIS	Medicaid Eligibility and Health Information System
MFADS	Medicaid Fraud and Abuse Detection System
MFCU	Medicaid Fraud Control Unit
MH	Mental health
MHMR	Texas Department of Mental Health and Mental Retardation
MHP	Medicaid Health Information Technology Plan
MHSA	Mental Health and Substance Abuse
MITA	Medicaid Information Technology Architecture
MITS	Medicaid Information Technology Supplement

Acronyms	Definitions
MMIS	Medicaid Management Information System
MMM	MITA Maturity Model
MOU	Memorandum of Understanding
MPI	Master Provider Index
NAS	Network Attached Storage
NCCI	National Correct Coding Initiative
NG	Next Generation
NHSIA	National Human Service Interoperability Architecture
NPI	National Provider Identifier
NPPES	National Plan and Provider Enumeration System
NS	NorthSTAR
NSK	NonStop Kernel
NwHIN	Nationwide Health Information Network
OCR	Optical Character Recognition
OEID	Other Entity Identification
OIG	Office of Inspector General
OM	Operations Management
ONC	Office of the National Coordinator
OPL	Online Provider Lookup
OSS	Office of Social Services
PA	Prior Authorization
PAE	Preventable Adverse Events
PASARR	Preadmission Screening and Residence Review
PBM	Pharmacy Benefits Management
PC	Personal Computer
PCN	Patient Control Number
PDF	Portable Document Format
PE	Performance Management
PEP	Provider Enrollment Portal
PHI	Protected Health Information
PHSU	Purchased Health Services Unit
PI	Program Integrity
PL	Plan Management
PM	Provider Management
PMT	Project Management Team
POAM	Plan of Action With Milestones
POS	Point-of-Service
PPACA	Patient Protection and Affordable Care Act, also known as Affordable Care Act
PPM	Portfolio and Portfolio Management

Acronyms	Definitions
QA	Quality Assurance
QC	Quality Control
REOMB	Recipient Explanation of Medical Benefits
RFP	Request for Proposal
RHIO	Regional Health Information Organization
SAR	State Action Request
SAS	Service Authorization System
SAVERR	System of Application, Verification, Eligibility, Referral, and Reporting
SDLC	System Development Life Cycle
SDO	Standards Development Organization
SLA	Service Level Agreement
SMA	State Medicaid Agency
SMEs	Subject Matter Expert
SMHP	State Medicaid Health Information Technology Plan
SNAP	Supplemental Nutrition Assistance Program
SOA	Service Oriented Architecture
SOAP	Simple Object Access Protocol
SP	Strategic Plan
SRI	State Request for Information
SSA	Social Security Administration
SS-A	State Self-Assessment
SSAS	Single Service Authorization System
SSO	Single Sign-On
STAR	State of Texas Access Reform
STAR Health	State of Texas Access Reform Health
STAR+PLUS	State of Texas Access Reform Plus waiver
STD	Sexually Transmitted Disease
SUR	Surveillance and Utilization Review
TANF	Temporary Assistance for Needy Families
TARB	Technical Architecture Review Board
TB	Tuberculosis
TCM	Technical Capability Matrix
TCR	Texas Cancer Registrar
TER	Texas Electronic Registrar
THSA	Texas Health Services Authority
TIERS	Texas Integrated Eligibility Redesign System
TIP	Technology Investment Planning
TMHP	Texas Medicaid Healthcare Partnership
TMMIS	Texas Medicaid Management Information System
TPASS	Texas Procurement and Support Services

Acronyms	Definitions
TPI	Texas Provider Identifier
TxHml	Texas Home Living waiver
TXIN	Texas Integrated Network
UC	Unified Communications
UML	Unified Modeling Language
USCIS	United States Citizenship and Immigration Services
VDI	Virtual Desktop Infrastructure
VDP	Vendor Drug Program
WSDL	Web Services Definition Language
WSRR	WebSphere Service Registry and Repository
XML	Extensible Markup Language
YES	Youth Empowerment Services

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APPENDIX D: TECHNICAL AND INFORMATION SURVEY RESULTS

The Texas MITA technical and information survey data set is provided in Microsoft Excel format and are maintained with the TMMIS Re-procurement Project historical assets.

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APPENDIX E: BUSINESS ARCHITECTURE PROFILE

The Business Architecture (BA) Profile illustrates the business capabilities for each business area reviewed in the HHSC SS-A. The table articulates the as is and to be maturity levels for each business area in the format specified by the MITA Framework 3.0, SS-A Companion Guide. The BA profile will be reviewed by CMS for increasing advancement across the maturity levels.

Business Architecture Profile Business Relationship Management Business Process					
	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Level 4</i>	<i>Level 5</i>
BR01 - Establish Business Relationship	As-Is	To-Be			
BR02 - Manage Business Relationship Communication	As-Is	To-Be			
BR03 - Manage Business Relationship Information	As-Is	To-Be			
BR04 - Terminate Business Relationship	As-Is	To-Be			

Business Architecture Profile Care Management Business Process					
	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Level 4</i>	<i>Level 5</i>
CM01 - Establish Case	As-Is	To-Be			
CM02 - Manage Case	As-Is	To-Be			
CM03 - Manage Population Health Outreach	As-Is	To-Be			
CM04 - Manage Registry	As-Is	To-Be			
CM05 - Perform Screening & Assessment		As-Is			
		To-Be			
CM06 - Manage Treatment Plan & Outcomes	As-Is	To-Be			
CM07 - Authorize Referral	As-Is	To-Be			

Business Architecture Profile Care Management Business Process					
CM08 - Authorize Service	As-Is	To-Be			
CM09 - Authorize Treatment Plan	As-Is	To-Be			

Business Architecture Profile Contractor Management Business Process					
	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Level 4</i>	<i>Level 5</i>
CO01 - Manage Contractor Information		As-Is To-Be			
CO02 - Manage Contractor Communication	As-Is	To-Be			
CO03 - Perform Contractor Outreach		As-Is To-Be			
CO04 - Inquire Contractor Information	As-Is	To-Be			
CO05 - Produce Solicitation	As-Is	To-Be			
CO06 - Award Contract	As-Is	To-Be			
CO07 - Manage Contract	As-Is	To-Be			
CO08 - Close Out Contract		As-Is To-Be			
CO09 - Manage Contractor Grievance & Appeal	As-Is	To-Be			

Business Architecture Profile Eligibility & Enrollment Management Business Process					
	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Level 4</i>	<i>Level 5</i>
EE01 - Determine Member Eligibility		As-Is	To-Be		
EE02 - Enroll Member	As-Is		To-Be		
EE03 - Disenroll Member		As-Is To-Be			
EE04 - Inquire Member Eligibility		As-Is To-Be			
EE05 - Determine Provider Eligibility	As-Is	To-Be			

Business Architecture Profile Eligibility & Enrollment Management Business Process					
EE06 - Enroll Provider		As-Is			
		To-Be			
EE07 - Disenroll Provider	As-Is	To-Be			
EE08 - Inquire Provider Information	As-Is	To-Be			

Business Architecture Profile Financial Management Business Process					
	Level 1	Level 2	Level 3	Level 4	Level 5
FM01 - Manage Provider Recoupment		As-Is			
		To-Be			
FM02 - Manage TPL Recovery	As-Is	To-Be			
FM03 - Manage Estate Recovery		As-Is			
		To-Be			
FM04 - Manage Drug Rebate			As-Is	To-Be	
FM05 - Manage Cost Settlement	As-Is	To-Be			
FM06 - Manage Accounts Receivable Funds		As-Is			
		To-Be			
FM07 - Manage Accounts Receivable Collection		As-Is			
		To-Be			
FM08 - Prepare Member Premium Invoice		As-Is			
		To-Be			
FM09 - Manage Contractor Payment	As-Is	To-Be			
FM10 - Manage Member Financial Participation	As-Is	To-Be			
FM11 - Manage Capitation Payment		As-Is	To-Be		
FM12 - Manage Incentive Payment		As-Is	To-Be		
FM13 - Manage Accounts Payable Information		As-Is			
		To-Be			
FM14 - Manage Accounts Payable Disbursement		As-Is	To-Be		
FM15 - Manage 1099		As-Is	To-Be		
FM16 - Formulate Budget	As-Is	To-Be			

Business Architecture Profile Financial Management Business Process					
FM17 - Manage Budget Information		As-Is			
		To-Be			
FM18 - Manage Fund		As-Is			
		To-Be			
FM19 - Generate Financial Report		As-Is			
		To-Be			

Business Architecture Profile Member Management Business Process					
	Level 1	Level 2	Level 3	Level 4	Level 5
ME01 - Manage Member Information		As-Is			
		To-Be			
ME02 - Manage Applicant & Member Communication		As-Is			
		To-Be			
ME03 - Perform Population & Member Outreach		As-Is			
		To-Be			
ME08 - Manage Member Grievance & Appeal		As-Is			
		To-Be			

Business Architecture Profile Operations Management Business Process					
	Level 1	Level 2	Level 3	Level 4	Level 5
OM04 – Submit Electronic Attachment		As-Is	To-Be		
OM05 - Apply Mass Adjustment		As-Is	To-Be		
OM07 - Process Claim	As-Is	To-Be			
OM14 - Generate Remittance Advice		As-Is			
		To-Be			
OM18 - Inquire Payment Status		As-Is			
		To-Be			
OM20 - Calculate Spend-Down Amount	As-Is	To-Be			
OM27 - Prepare Provider Payment		As-Is	To-Be		
OM28 - Manage Data		As-Is	To-Be		
OM29 - Process Encounter		As-Is	To-Be		

Business Architecture Profile Performance Management Business Process					
	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Level 4</i>	<i>Level 5</i>
PE01 - Identify Utilization Anomalies	As-Is	To-Be			
PE02 - Establish Compliance Incident	As-Is	To-Be			
PE03 - Manage Compliance Incident Information	As-Is	To-Be			
PE04 - Determine Adverse Action Incident	As-Is	To-Be			
PE05 - Prepare REOMB	As-Is	To-Be			

Business Architecture Profile Plan Management Business Process					
	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Level 4</i>	<i>Level 5</i>
PL01 - Develop Agency Goals & Objectives		As-Is			
		To-Be			
PL02 - Maintain Program Policy	As-Is	To-Be			
PL03 - Maintain State Plan		As-Is			
		To-Be			
PL04 - Manage Health Plan Information		As-Is			
		To-Be			
PL05 - Manage Performance Measures	As-Is	To-Be			
PL06 - Manage Health Benefit Information		As-Is			
		To-Be			
PL07 - Manage Reference Information		As-Is			
		To-Be			
PL08 - Manage Rate Setting	As-Is	To-Be			
PLS09 - Engage in Joint Planning	As-Is	To-Be			
PLS10 - Develop Sliding Scale	As-Is	To-Be			

Business Architecture Profile Provider Management Business Process					
	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Level 4</i>	<i>Level 5</i>
PM01 - Manage Provider Information	As-Is	To-Be			
PM02 - Manage Provider Communication	As-Is	To-Be			
PM03 - Perform Provider Outreach	As-Is	To-Be			
PM07 - Manage Provider Grievance & Appeal	As-Is	To-Be			
PM08 - Terminate Provider	As-Is	To-Be			

APPENDIX F: INFORMATION ARCHITECTURE PROFILE

The Information Architecture (IA) Profile illustrates the information capabilities for each business area in the MITA Framework 3.0. The table articulates the as is and to be maturity levels for each business area in the format specified by the MITA Framework 3.0, SS-A Companion Guide. The IA profile will be reviewed by CMS for increasing advancement across the maturity levels.

Information Architecture Profile					
Business Area	Level 1	Level 2	Level 3	Level 4	Level 5
Business Relationship Management		As-Is	To-Be		
Care Management		As-Is	To-Be		
Contractor Management		As-Is	To-Be		
Eligibility & Enrollment Management		As-Is	To-Be		
Financial Management		As-Is	To-Be		
Member Management		As-Is	To-Be		
Operations Management		As-Is	To-Be		
Performance Management		As-Is	To-Be		
Plan Management		As-Is	To-Be		
Provider Management		As-Is	To-Be		

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APPENDIX G: TECHNICAL ARCHITECTURE PROFILE

The Technical Architecture (TA) Profile illustrates the technical capabilities for each business area in the MITA Framework 3.0. The table articulates the as is and to be maturity levels for each business area in the format specified by the MITA Framework 3.0, SS-A Companion Guide. The TA profile will be reviewed by CMS for increasing advancement across the maturity levels.

Technical Architecture Profile					
Business Area	Level 1	Level 2	Level 3	Level 4	Level 5
Business Relationship Management		As-Is	To-Be		
Care Management		As-Is	To-Be		
Contractor Management		As-Is	To-Be		
Eligibility & Enrollment Management		As-Is	To-Be		
Financial Management		As-Is	To-Be		
Member Management		As-Is	To-Be		
Operations Management		As-Is	To-Be		
Performance Management		As-Is	To-Be		
Plan Management		As-Is	To-Be		
Provider Management		As-Is	To-Be		

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APPENDIX H: SEVEN CONDITIONS AND STANDARDS PROFILE

The table below displays the as is operations and to be environment for the HHS based on the seven conditions and standards for the business processes in the MITA Framework 3.0. The seven conditions and standards profile will be reviewed by CMS for increasing advancement across the maturity levels.

Seven Conditions and Standards Profile		
MITA Business Area	As-Is Level of Business Capability	To-Be Level of Business Capability
Business area: Business Relationship Management		
Modularity Standard	Level 2	Level 3
MITA Condition	Level 4	Level 5
Industry Standards Condition	Level 2	Level 3
Leverage Condition	Level 2	Level 3
Business Results Condition	Level 2	Level 3
Reporting Condition	Level 2	Level 3
Interoperability Condition	Level 2	Level 3
Business area: Care Management		
Modularity Standard	Level 2	Level 3
MITA Condition	Level 4	Level 5
Industry Standards Condition	Level 2	Level 3
Leverage Condition	Level 2	Level 3
Business Results Condition	Level 2	Level 3
Reporting Condition	Level 2	Level 3
Interoperability Condition	Level 2	Level 3

Seven Conditions and Standards Profile		
MITA Business Area	As-Is Level of Business Capability	To-Be Level of Business Capability
Business area: Contractor Management		
Modularity Standard	Level 2	Level 3
MITA Condition	Level 4	Level 5
Industry Standards Condition	Level 2	Level 3
Leverage Condition	Level 2	Level 3
Business Results Condition	Level 2	Level 3
Reporting Condition	Level 2	Level 3
Interoperability Condition	Level 2	Level 3
Business area: Eligibility & Enrollment Management		
Modularity Standard	Level 2	Level 3
MITA Condition	Level 4	Level 5
Industry Standards Condition	Level 2	Level 3
Leverage Condition	Level 2	Level 3
Business Results Condition	Level 2	Level 3
Reporting Condition	Level 2	Level 3
Interoperability Condition	Level 2	Level 3
Business area: Financial Management		
Modularity Standard	Level 2	Level 3
MITA Condition	Level 4	Level 5
Industry Standards Condition	Level 2	Level 3

Seven Conditions and Standards Profile		
MITA Business Area	As-Is Level of Business Capability	To-Be Level of Business Capability
Leverage Condition	Level 2	Level 3
Business Results Condition	Level 2	Level 3
Reporting Condition	Level 2	Level 3
Interoperability Condition	Level 2	Level 3
Business area: Member Management		
Modularity Standard	Level 2	Level 3
MITA Condition	Level 4	Level 5
Industry Standards Condition	Level 2	Level 3
Leverage Condition	Level 2	Level 3
Business Results Condition	Level 2	Level 3
Reporting Condition	Level 2	Level 3
Interoperability Condition	Level 2	Level 3
Business area: Operations Management		
Modularity Standard	Level 2	Level 3
MITA Condition	Level 4	Level 5
Industry Standards Condition	Level 2	Level 3
Leverage Condition	Level 2	Level 3
Business Results Condition	Level 2	Level 3
Reporting Condition	Level 2	Level 3
Interoperability Condition	Level 2	Level 3
Business area: Performance Management		

Seven Conditions and Standards Profile		
MITA Business Area	As-Is Level of Business Capability	To-Be Level of Business Capability
Modularity Standard	Level 2	Level 3
MITA Condition	Level 4	Level 5
Industry Standards Condition	Level 2	Level 3
Leverage Condition	Level 2	Level 3
Business Results Condition	Level 2	Level 3
Reporting Condition	Level 2	Level 3
Interoperability Condition	Level 2	Level 3
Business area: Plan Management		
Modularity Standard	Level 2	Level 3
MITA Condition	Level 4	Level 5
Industry Standards Condition	Level 2	Level 3
Leverage Condition	Level 2	Level 3
Business Results Condition	Level 2	Level 3
Reporting Condition	Level 2	Level 3
Interoperability Condition	Level 2	Level 3
Business area: Provider Management		
Modularity Standard	Level 2	Level 3
MITA Condition	Level 4	Level 5
Industry Standards Condition	Level 2	Level 3
Leverage Condition	Level 2	Level 3
Business Results Condition	Level 2	Level 3

Seven Conditions and Standards Profile

MITA Business Area	As-Is Level of Business Capability	To-Be Level of Business Capability
Reporting Condition	Level 2	Level 3
Interoperability Condition	Level 2	Level 3

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APPENDIX I: MITA TEXAS BUSINESS PROCESS CROSSWALK

The table below presents the results of the mapping exercise using the MITA 2.01 business architecture as a crosswalk. MITA Framework 2.0 business processes are in the left-hand column mapped to the MITA 3.0 business processes in the right-hand column. The MITA Framework 2.01 BPM is provided as a crosswalk in the center column. The business process number in each column is a unique identifier Cognosante uses to simplify tracking the data that is collected about the business process.

KEY:

Business Area Name
<i>Business Category Name</i>
New Name/Process in 3.0
<i>Notes</i>

MITA 2.0	MITA 2.01	MITA 3.0
Business Relationship Management (BR)	Business Relationship Management (BR)	Business Relationship Management (BR)
		<i>Standards Management</i>
BR01 Establish Business Relationship	BR01 Establish Business Relationship	BR01 Establish Business Relationship
BR04 Manage Business Relationship Communications	BR02 Manage Business Relationship Communications	BR02 Manage Business Relationship Communications
BR02 Manage Business Relationship	BR03 Manage Business Relationship	BR03 Manage Business Relationship Information
BR03 Terminate Business Relationship	BR04 Terminate Business Relationship	BR04 Terminate Business Relationship
Contractor Management (CO)	Contractor Management (CO)	Contractor Management (CO)
<i>Contractor Information Management</i>	<i>Contractor Information Management</i>	<i>Contractor Information Management</i>
CO05 Manage Contractor Information	CO01 Manage Contractor Information	CO01 Manage Contractor Information
CO09 Inquire Contractor Information	CO04 Inquire Contractor Information	CO04 Inquire Contractor Information
<i>Contractor Support</i>	<i>Contractor Support</i>	<i>Contractor Support</i>
CO06 Manage Contractor Communication	CO02 Manage Contractor Communication	CO02 Manage Contractor Communication
CO07 Perform Contractor Outreach	CO03 Perform Contractor Outreach	CO03 Perform Contractor Outreach
CO08 Support Contractor Grievance and Appeal	CO09 Support Contractor Grievance and Appeal	CO09 Manage Contractor Grievance and Appeal
<i>Contracting</i>	<i>Contracting</i>	<i>Contract Management</i>
CO01 Produce Administrative or Health Services RFP	CO05 Produce Request for Proposal	CO05 Produce Request for Proposal
CO02 Award Administrative or Health Services Contract	CO06 Award Administrative and Health Services Contract	CO06 Award Contract

MITA 2.0	MITA 2.01	MITA 3.0
CO03 Manage Administrative or Health Services Contract	CO07 Manage Administrative and Health Services Contract	CO07 Manage Contract
CO04 Close Out Administrative or Health Services Contract	CO08 Close Out Administrative and Health Services Contract	CO08 Close Out Contract
Member Management (ME)	Member Management (ME)	Member Management (ME)
<i>Member Information Management (1 of 2)</i>	<i>Member Information Management (1 of 2)</i>	<i>Member Information Management</i>
ME07 Manage Client Information	ME01 Manage Member Information	ME01 Manage Member Information
<i>Prospective and Current Member Support</i>	<i>Prospective and Current Member Support</i>	<i>Member Support</i>
ME05 Manage Applicant and Client Communication	ME02 Manage Applicant and Member Communication	ME02 Manage Applicant and Member Communication
ME06 Manage Client Grievance and Appeal	ME08 Manage Member Grievance and Appeal	ME08 Manage Member Grievance and Appeal
ME08 Perform Population and Client Outreach	ME03 Perform Population and Member Outreach	ME03 Perform Population and Member Outreach
		Eligibility and Enrollment Management (EE)
<i>Eligibility Determination</i>	<i>Eligibility Determination</i>	<i>Member Enrollment</i>
ME01 Determine Eligibility	ME04 Determine Eligibility	EE01 Determine Member Eligibility
<i>Enrollment</i>	<i>Enrollment</i>	
ME02 Enroll Client	ME05 Enroll Member	EE02 Enroll Member
ME03 Disenroll Client	ME07 Disenroll Member	EE03 Disenroll Member
<i>Member Information Management (2 of 2)</i>	<i>Member Information Management (2 of 2)</i>	
ME04 Inquire Client Eligibility	ME06 Inquire Member Eligibility	EE04 Inquire Member Eligibility
Provider Management (PM)	Provider Management (PM)	
	<i>Provider Enrollment</i>	<i>Provider Enrollment</i>
PM01 Enroll Provider	PM04 Enroll Provider	EE05 Determine Provider Eligibility
		EE06 Enroll Provider
PM02 Disenroll Provider	PM06 Disenroll Provider	EE07 Disenroll Provider
	<i>Provider Information Management</i>	
PM03 Inquire Provider Information	PM05 Inquire Provider Information	EE08 Inquire Provider Information
		Provider Management (PM)
		<i>Provider Information Management</i>
PM06 Manage Provider Information	PM01 Manage Provider Information	PM01 Manage Provider Information
		PM08 Terminate Provider (looks like a combination of PI Establish and Manage Case and Disenroll Provider)
	<i>Provider Support</i>	<i>Provider Support</i>
PM04 Manage Provider	PM02 Manage Provider	PM02 Manage Provider

MITA 2.0	MITA 2.01	MITA 3.0
Communication	Communication	Communication
PM05 Manage Provider Grievance and Appeal	PM07 Manage Provider Grievance and Appeal	PM07 Manage Provider Grievance and Appeal
PM07 Perform Provider Outreach	PM03 Perform Provider Outreach	PM03 Perform Provider Outreach
	Care Management	Care Management (CM)
		<i>Case Management</i>
CM01 Establish Case	CM01 Establish Case	CM01 Establish Case <i>(description points to treatment plans developed in this process)</i>
CM02 Manage Case	CM02 Manage Case	CM02 Manage Case Information <i>(treatment plans developed and monitored here)</i>
CM03 Manage Medicaid Population Health	CM03 Manage Medicaid Population Health	CM03 Manage Population Health Outreach
CM04 Manage Registry	CM04 Manage Registry	CM04 Manage Registry
		CM05 Perform Screening and Assessment <i>(description implies this activity is only applicable to enrollment)</i>
		CM06 Manage Treatment Plan and Outcomes <i>(description points to treatment plans reviewed and modified, not (necessarily) case related)</i>
	Operations Management	
<i>Service Authorization</i>	<i>Service Authorization</i>	<i>Authorization Determination</i>
OM01 Authorize Referral	OM01 Authorize Referral	CM07 Authorize Referral
OM02 Prior Authorization	OM02 Authorize Service	CM08 Authorize Service
OM03 Authorize Treatment Plan	OM03 Authorize Treatment Plan	CM09 Authorize Treatment Plan
		Operations Management (OM)
<i>Payment Management - Claim/Encounter Adjudication (1-3 of 5)</i>	<i>Payment Management - Claim/Encounter Adjudication (1-3 of 5)</i>	<i>Claims Adjudication</i>
OM06 Edit Claim/Encounter	OM07 Edit Claim/Encounter	OM07 Process Claim
OM07 Audit Claim/Encounter	OM06 Audit Claim/Encounter	<i>Included in previous BP</i>
OM08 Price Claim/Value Encounter	OM08 Price Claim/Value Encounter	<i>Included in previous BP</i>
<i>Payment Management - Payment and Reporting (1 of 6)</i>	<i>Payment Management - Payment and Reporting (1 of 6)</i>	
OM011 Prepare COB	OM09 Prepare COB	<i>Included in previous BP</i>
<i>Payment Management - Claim/Encounter Adjudication (4-5 of 5)</i>	<i>Payment Management - Claim/Encounter Adjudication (4-5 of 5)</i>	

MITA 2.0	MITA 2.01	MITA 3.0
		OM29 Process Encounter
OM04 Apply Attachment	OM04 Apply Attachment	OM04 Submit Electronic Attachment
OM05 Apply Mass Adjustment	OM05 Apply Mass Adjustment	OM05 Apply Mass Adjustment
<i>Payment Management – Member Payment Management (1 of 2)</i>	<i>Payment Management – Member Payment Management (1 of 2)</i>	
OM20 Calculate Spend-Down Amount	OM20 Calculate Spend-Down Amount	OM20 Calculate Spend-Down Amount
<i>Payment Management – Payment and Reporting 2-3 of 6)</i>	<i>Payment Management – Payment and Reporting 2-3 of 6)</i>	<i>Payment and Reporting</i>
OM09 Prepare R&S Report	OM14 Prepare Remittance Advice/Encounter Report	OM14 Generate Remittance Advice
		OM27 Prepare Provider Payment
OM13 Prepare Home and Community Based Services Payment	OM11 Prepare HCBS Payment	<i>Included in previous BP</i>
<i>Payment Management – Payment Information Management</i>	<i>Payment Management – Payment Information Management</i>	
OM19 Inquire Payment Status	OM18 Inquire Payment Status	OM18 Inquire Payment Status
OM18 Manage Payment Information	OM19 Manage Payment Information	<i>See FM06, FM13, and FM17</i>
		OM28 Manage Data (manage federal data delivery)
		Financial Management (FM)
<i>Cost Recoveries</i>	<i>Cost Recoveries</i>	<i>Accounts Receivable Management</i>
OM24 Manage Recoupment	OM24 Manage Recoupment	FM01 Manage Provider Recoupment
OM26 Manage TPR Recovery	OM26 Manage TPL Recovery	FM02 Manage TPL Recovery
OM23 Manage Estate Recovery	OM23 Manage Estate Recovery	FM03 Manage Estate Recovery
OM22 Manage Drug Rebate	OM22 Manage Drug Rebate	FM04 Manage Drug Rebate
OM25 Manage Cost Settlement	OM25 Manage Cost Settlement	FM05 Manage Cost Settlement
		FM06 Manage Accounts Receivable Information (was part of OM19 Manage Payment Information)
		FM07 Manage Accounts Receivable Collection/Refunds
<i>Payment Management – Member Payment Management (2 of 2)</i>	<i>Payment Management – Member Payment Management (2 of 2)</i>	
OM21 Prepare Member Premium Invoice	OM21 Prepare Member Premium Invoice	FM08 Prepare Member Premium Invoice (description seems to imply production of invoice for more

MITA 2.0	MITA 2.01	MITA 3.0
		<i>than just premium payments – other types of member participation)</i>
		<i>Accounts Payable Management</i>
		FM09 Manage Contractor Payment (<i>invoice payment - was part of OM19 Manage Payment Information</i>)
<i>Payment Management – Capitation and Premium Payment</i>	<i>Payment Management – Capitation and Premium Payment</i>	
OM17 Prepare Medicare Premium Payment	OM17 Prepare Medicare Premium Payment	FM10 Manage Member Premium Payment
OM16 Prepare Health Insurance Premium Payment	OM16 Prepare Health Insurance Premium Payment	<i>Included in previous BP</i>
OM15 Prepare Capitation Premium Payment	OM15 Prepare Capitation Premium Payment	FM11 Manage Capitation Payment
		FM12 Manage Incentive Payments
		FM13 Manage Accounts Payable Information (<i>was part of OM19 Manage Payment Information</i>)
		FM14 Manage Accounts Payable Disbursement (<i>was part of PG14 Perform Accounting Functions and OM13 and OM12</i>)
<i>Payment Management – Payment and Reporting (4-5 of 6)</i>	<i>Payment Management – Payment and Reporting (4-5 of 6)</i>	
OM10 Prepare Provider EFT/Check	OM13 Prepare Provider EFT/Check	<i>Included in previous BP</i>
OM14 Prepare Premium EFT/Check	OM12 Prepare Premium EFT/Check	<i>Included in previous BP</i>
	Program Management	
	<i>Accounting</i>	
PG15 Perform Accounting Functions	PG14 Perform Accounting Functions	<i>See FM07, FM09, FM14</i>
PG11 Manage 1099s	PG13 Manage 1099s	FM15 Manage 1099s
	<i>Budget</i>	<i>Fiscal Management</i>
PG07 Formulate Budget	PG07 Formulate Budget (v2.02)	FM16 Formulate Budget
		FM17 Manage Budget Information (<i>was part of OM19 Manage Payment Information</i>)
		FM18 Manage Fund
PG09 Manage F-MAP	PG11 Manage F-MAP	<i>Included in previous BP</i>
PG08 Manage FFP for MMIS	PG08 Manage FFP for MMIS	<i>Included in previous BP</i>

MITA 2.0	MITA 2.01	MITA 3.0
PG19 Manage FFP for Services	PG10 Manage FFP for Services	<i>Included in previous BP</i>
PG18 Draw and Report FFP	PG09 Draw and Report FFP	<i>Included in previous BP</i>
PG10 Manage State Funds	PG12 Manage State Funds	<i>Included in previous BP</i>
	<i>Program Information (1 and 2 of 3)</i>	
PG12 Generate Financial and Program Analysis	PG17 Generate Financial and Program Analysis Report	FM19 Generate Financial Reports
		Plan Management (PL)
	<i>Program Administration</i>	<i>Plan Administration</i>
PG05 Develop Agency Goals and Objectives	PG04 Develop Agency Goals and Objectives	PL01 Develop Agency Goals and Objectives
PG04 Develop and Maintain Program Policy	PG05 Develop and Maintain Program Policy	PL02 Maintain Program Policy
PG06 Maintain State Plan and Waivers	PG06 Maintain State Plan	PL03 Maintain State Plan
	<i>Benefit Administration</i>	<i>Health Benefits Administration</i>
PG02 Develop and Maintain Benefit Package	PG02 Develop and Maintain Benefit Package	PL06 Manage Health Benefit Information
PG13 Maintain Benefits and Reference Information	PG18 Manage Benefit-Reference Information	PL07 Manage Reference Information
PG01 Designate Approved Service and Drug Formulary	PG01 Designate Approved Service and Drug Formulary	<i>Included in previous BP</i>
PG03 Manage Rate Setting	PG03 Manage Rate Setting	PL08 Manage Rate Setting
	<i>Program Information (3 of 3)</i>	<i>Health Plan Administration</i>
PG14 Manage Program Information	PG19 Manage Program Information	PL04 Manage Health Plan Information
	<i>Program Quality Development</i>	
PG16 Develop and Manage Performance Measures and Reporting	PG15 Develop and Manage Performance Measures and Reporting	PL02 Manage Performance Measures
PG17 Monitor Performance and Business Activity	PG16 Monitor Performance and Business Activity	<i>Included in previous BP</i>
	Program Integrity Management	Performance Management (PE)
		<i>Compliance Management</i>
PI01 Identify Candidate Case	PI01 Identify Candidate Case	PE01 Identify Utilization Anomalies
		PE02 Establish Compliance Incident
		PE03 Manage Compliance Incident Information
PI02 Manage Case	PI02 Manage Case	PE04 Determine Adverse Action Incident
	<i>Operations Management - Payment Management - Payment and Reporting (6 of 6)</i>	
OM12 Prepare EOB	OM10 Prepare EOB	PE05 Prepare REOMB

APPENDIX J: DETAILED OUTLINE OF THE TEXAS MEDICAID ENTERPRISE

The primary entity responsible for Medicaid within the Texas Medicaid Enterprise is the Health and Human Services Commission (HHSC). As part of its role as administrator of the Medicaid program, HHSC is specifically responsible for the following:

- Medicaid Eligibility Determination
- Medicaid Services
- STAR, STAR+PLUS, and STAR Health
- Vendor Drug Program
- Medical Transportation
- Office of Inspector General (OIG)
- HHS IT

HHSC delegates some of the operational responsibility to State administrative departments, known as the operating departments, which include:

- Department of Aging and Disability Services (DADS), which is responsible for:²⁵
 - Intake, Access, and Eligibility
 - Intake, Access, and Eligibility to Services and Supports
 - Guardianship Services
 - Community Services and Supports (CSS) – Medicaid Entitlement
 - Primary Home Care (PHC)
 - Community Attendant Services (CAS)
 - Day Activity and Health Services (DAHS)
 - Medicaid Community Services and Supports Waiver Programs
 - Community Based Alternatives (CBA)
 - Home and Community-based Services (HCS)
 - Community Living Assistance and Support Services (CLASS)

²⁵ [http://cfoweb.dads.state.tx.us/Reference/FY12ReferenceGuide\(Revised\).pdf](http://cfoweb.dads.state.tx.us/Reference/FY12ReferenceGuide(Revised).pdf)

- Deaf Blind with Multiple Disabilities (DBMD)
- Medically Dependent Children Program (MDCP)
- Consolidated Waiver Program (CWP)
- Texas Home Living Waiver (TxHmL)
- Community Services and Supports – Non-Medicaid
 - Non-Medicaid Services
 - Nutrition Services
 - Services to Assist Independent Living
 - Intellectual Disability Community Services
 - Promoting Independence through Outreach, Awareness, and Relocation
 - In-Home and Family Support (IHFS)
- Program of All-inclusive Care for the Elderly (PACE)
- Nursing Facility and Hospice Payments
 - Nursing Facility Payments
 - Medicare Skilled Nursing Facility
 - Hospice
 - Promoting Independence by Providing Community Based Client Services
- Intermediate Care Facilities – Services
- State Supported Living Center Services
- Capital Repairs and Renovations
- Regulation, Certification, and Outreach
 - Facility and Community Based Regulation
 - Credentialing/Certification
 - Long-Term Services and Supports Quality Outreach
 - Facility Information, Vacancy, and Evacuation System
- Indirect Administration
 - Central Administration

- Information Technology Program Support
- Department of State Health Services (DSHS), which is responsible for:²⁶
 - Adolescent Health
 - Audiology Services
 - Breast and Cervical Cancer Services
 - Breastfeeding Promotion
 - Case Management
 - Child Abuse Reporting
 - Children with Special Health Care Needs (CSHCN) Services Program
 - Community Health Services Contract Management
 - Family Planning
 - Genetics
 - Glenda Dawson Donate Life
 - Hemophilia Assistance Program
 - Indigent Health Care
 - Kidney Health Care (KHC) Program
 - Maternal & Child Health
 - Newborn Screening
 - Oral Health Services Program
 - Osteoporosis
 - Primary Health Care
 - Quality Management
 - School Vision & Hearing Screening Program
 - Service Delivery Integration
 - Spinal Screening Program
 - Take Time for Kids
 - Texas Bleeding Disorders Advisory Council

²⁶ Source: <http://www.dshs.state.tx.us/programs/fhquery.asp>

- Texas Health Steps (THSteps)
- Texas Primary Care Office
- Women, Infants, and Children (WIC)
- Woman's Right to Know
- Department of Assistive and Rehabilitative Services (DARS), which is responsible for:²⁷
 - Developmental Rehabilitation Services
 - Targeted Case Management for Blind Children's Programs and Early Childhood Intervention
 - Rehabilitation Services
 - Vocational Rehabilitation Services
 - Comprehensive Rehabilitation Services
 - Deaf and Hard of Hearing Services
 - Blind Services
 - Blind Children's Services
 - Early Childhood Intervention Services
 - Disability Determination Services
 - Autism Program
- Department of Family and Protective Services (DFPS), which is responsible for:²⁸
 - Adoption and Foster Care
 - Adult Protective Services
 - Child Protective Services
 - Child Care Licensing
 - Prevention and Early Intervention

The State also contracts with private organizations to obtain specialized services to support the Texas Medicaid program. Administrative functions include:

- Claims Administrator

²⁷ Source: <http://www.dars.state.tx.us/>

²⁸ Source: <http://www.dfps.state.tx.us/>

- Eligibility Support Services and Enrollment Contractor
- Quality Monitor
- The following in support of the Medicaid Vendor Drug Program (VDP):
- Pharmacy Claims and Rebate Administrator
- Pharmacy Prior Authorization Vendor
- Preferred Drug List Vendor

Medicaid activities rely not only on exchanges between the entities listed above, but also on exchanges with entities external to the Texas Medicaid Enterprise. The resulting interfaces include exchanges with the following entities and initiatives:

Entities:

- Department of Labor and Industry
- Social Security Administration (SSA)
- Internal Revenue Service (IRS)
- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare and Medicaid Services (CMS)
- Drug Enforcement Agency (DEA)
- Federal Department of Health and Human Services (HHS)
- Office of the National Coordinator for Health Information Technology (ONC)
- Standards Development Organization (SDO)
- Vendors supporting business processes, such as TMHP

Initiatives:

- State Medicaid Health Information Technology Plan (SMHP)
- American Recovery and Reinvestment Act (ARRA)
- Patient Protection and Affordable Care Act (PPACA or ACA)
- Social Security Act, Title XIX
- Regional Health Information Organization (RHIO)

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