MITA Executive Summary

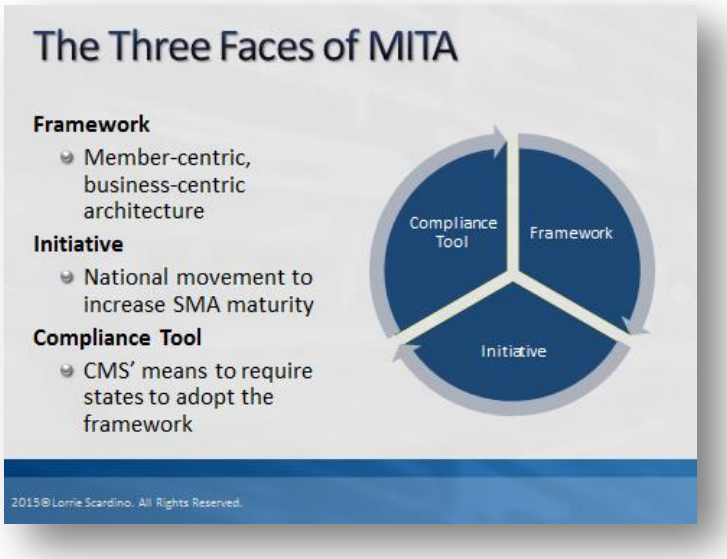
This document contains a straightforward explanation of the Medicaid Information Technology Architecture (MITA) for vendors who seek a high-level understanding.

MITA is a framework, initiative and compliance tool.

The Centers for Medicare and Medicaid Services (CMS) created MITA in collaboration with states, not-for-profit organizations, health care entities and the commercial Medicaid market. It was first conceived in the early 2000's, formalized in the mid-2000's and socialized in concert with passage of the Affordable Care Act. Today, MITA serves three purposes.

- As a **framework**, it provides structure for State Medicaid Agencies (SMA) as they create and deploy enterprise solutions. MITA's principles, guidelines and models effectively form a blueprint for achieving the goals of the SMA. It establishes national guidelines for business processes, information standards and technical platforms to raise the level of maturity of SMAs across the country.

- As an **initiative**, MITA is a systematic program to introduce improvements across the nation to create Medicaid enterprises that collaborate with CMS, other states and an intricate network of partners. These enterprises integrate and share information among the partners to improve member access to and quality of care, while spending public funds more effectively. The initiative is encapsulated in planning guides for SMAs to encourage national coordination of transformation initiatives.



- As a **compliance tool**, MITA is the means by which CMS compels SMAs to align new Medicaid solutions with the MITA framework. Though not originally conceived as a compliance tool, in 2010, CMS offered enhanced federal funding participation (FFP) for MITA-aligned Medicaid technology investments. That decision gave MITA the context of a compliance framework. In 2011, CMS published the Seven Standards and Conditions for Enhanced Federal Funding, which, in effect, became central to CMS' ability to compel MITA compliance.

MITA's background and context were technology-centric.

In 1972, Congress passed legislation that gave states, "*90% FFP for the design, development or installation, and 75% FFP for operation of state mechanized claims processing and information retrieval systems approved by the Secretary*." Medicaid Management Information Systems (MMIS) were born.

Consistent with technology at the time, the systems were monolithic, mainframe systems with tightly coupled logic embedded in billions of lines of program code. The systems were generally able to administer Medicaid at a point-in-time but could not handle change economically or swiftly. As technology advanced and the health care industry changed from a reactive to predictive, proactive paradigm, SMAs were left behind, making continued investments in antiquated technology. CMS was unable to obtain consistent and meaningful information from states and the public price tag for Medicaid technology investments continued to increase.

By the turn of the century, service-oriented architecture (SOA) was possible due to the prevalence of commercial business applications and the communications protocols that allowed these applications to provide services to other components. The benefits of moving MMIS from unresponsive, non-standard, expensive monolithic systems to SOA designs were plentiful and MITA was conceived as the catalyst.

Today, MITA is a member- and business process-centric framework.

While there are many interpretations and variations of SOA, simply put, it is a design that provides functionality for *business services* using *software services* that are enabled by a *services broker*. The business of Medicaid is to provide health care services to members and pay for these using public funds. By adopting the principles of SOA, CMS and states embraced a member-centric approach. The MITA business process model (BPM) is designed to serve the needs of members and gather and use information to make fact-based decisions.

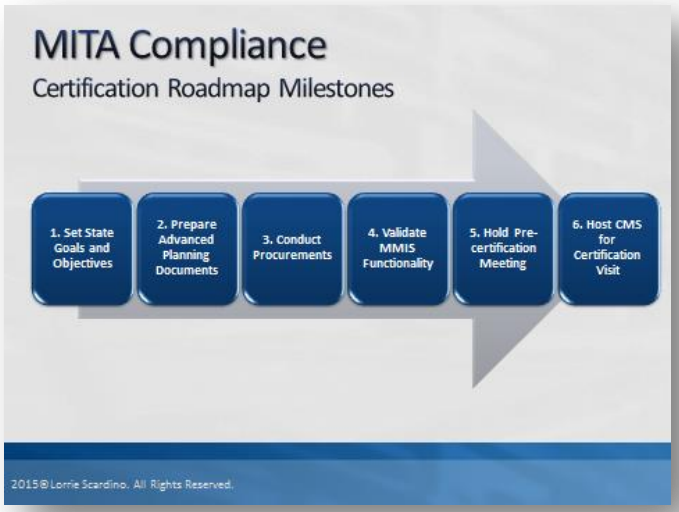
The MITA framework includes structure for national data standards, common business processes, componentized business applications, business rules engines, web-based services, alternate delivery models and platform independence. It encourages the use of commercially available components and discourages custom system development. The MITA framework generally takes the MMIS from a *system* to a *solution*, from a *monolith* to a *community*.

The MITA initiative begins with a State Self-Assessment (SS-A).

Perhaps the most important activity in the MITA initiative is the SS-A. It is performed to map the state's business processes to the MITA BPM, assess the maturity of the current business processes and plan for the future based on the SMA's vision and goals. The delta between the current state and future condition comprises the Gap Analysis. The Gap Analysis informs the MITA Maturity Roadmap, which provides the foundation for long term planning.

MITA provides the blueprint and MECT provides the tactical plan for compliance.

MITA is paired with the Medicaid Enterprise Certification Toolkit (MECT), which is the process for states to obtain CMS certification of the solutions that are needed to achieve higher levels of MITA maturity.



Milestone #1 - Set State Goals and Objectives

The SMA sets its goals and objectives for the new or replaced Medicaid solutions using the MITA BPM framework. The goals and objectives are mapped to the applicable MECT checklists.

The objective is to clearly identify the outcomes that the SMA seeks in its new or replaced Medicaid solution. This activity produces a more tactical or actionable plan to achieve the goals and objectives identified in the SS-A and described in the MITA maturity roadmap. The goals and objectives in this milestone, while aligned with those from the SS-A, are specifically related to the new or replaced Medicaid solution.

Milestone #2 - Prepare Advance Planning Documents

The APD has two main purposes: formalize and solidify the State Medicaid Enterprise's strategic plans and tactical initiatives to implement those plans and inform CMS of initiatives that require CMS approval and request FFP. The APD process results in formal plans to close the gaps identified in the SS-A.

Milestone #3 - Conduct Procurements

The RFP, Proposals and Contracts Milestone is concerned with procuring the sources and deploying solutions to achieve the changes described in the MITA Maturity Roadmap. The SMA may issue one or several RFPs for products and services and this milestone typically spans several years.

The MECT Checklists are a central part of procurements. CMS publishes and maintains the checklists. They contain business-centric attributes that solutions must have to be certified. States are required to have, at a minimum, the CMS-defined attributes. During the procurement, vendors may have to prove their solutions contain out-of-the box, MITA-aligned features and functions and solution roadmaps to close any gaps that may exist.

Milestone #4 - Validate MMIS Functionality

Throughout Medicaid solution deployment projects, the state and their vendors validate functionality through formal test plans and processes. The purpose of this milestone is to validate solution

functionality against the criteria described in the MECT checklists. The activities in this milestone are complex, resource-intensive and typically completed over a multi-year plan.

Milestone #5 - Pre-certification Meeting with CMS

The objective of this milestone is to ensure that the state understands the needs of the CMS Certification Review (CR) Team and that the CR Team understands the new or replaced Medicaid solution well enough to schedule the certification visit.

Milestone #6 -CMS Certification Visit

The CMS Certification Visit is the culmination of the Medicaid Enterprise Certification Roadmap journey. The CR Team performs verification by interacting with and using the solution, reviewing documentation and interviewing staff. The team's objective is to verify that the new or replaced Medicaid solution demonstrates the criteria described in the MECT checklists. After the visit, CMS decides if the Medicaid solution is certifiable and prepares a report with its decision.

At the end of Milestone #6, the multi-year journey is complete. Efforts to align with the MITA framework are continuous but the processes embodied in the initiative will begin again if the state decides that new, replacement or significantly upgraded technology investments are necessary.

Conclusion

MITA's evolution, from its inception to the current Version 3.0, has taken it from a concept to a comprehensive set of guidelines that integrate multiple frameworks, models and outcomes. As each version of MITA has been developed and released, its complexity has increased. While the complexity is understandable given the complicity of Medicaid itself, the advancement of MITA is jeopardized by it. MITA will become more tangible when it is understood, adopted and practiced throughout the Medicaid industry.

The interpretations presented in this Executive Summary are those of Lorrie Scardino, Blue Tack Consulting's Managing Director and MITA expert. For more information, please contact Lorrie at lscardino@bluetackconsulting.com.