

# Oregon Health Authority Healthcare State Self-Assessment



Using the Medicaid Information  
Technology Architecture (MITA)

# What is MITA

## Medicaid Information Technology Architecture

- MITA is a national framework promulgated by the federal Centers for Medicaid and Medicare Services (CMS), that provides guidance to state Medicaid agencies as those agencies seek to improve business operations and supporting information technology.
- MITA is intended to foster the integration of business and IT across each state's Medicaid and Healthcare enterprise.
- The MITA initiative includes an architecture framework, processes, and planning guidelines for enabling states Medicaid and Healthcare enterprises to meet common objectives within the framework while supporting unique local needs.

Where did the MITA  
Framework come from?

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# Our Partners

MITA is intended to foster integrated business and IT transformation across Medicaid and Healthcare enterprises to improve the administration of the Medicaid program. It is a common business and technology vision for state healthcare organizations. MITA is conceived in the context of:



- E-Gov Federal Enterprise Architecture
- Office of the National Coordinator for Health Information Technology (ONCHIT).
- The Centers for Medicare and Medicaid Management (CMS)
- National Health Infrastructure Initiative (NHII).

# Oregon Health Authority

How will OHA use the MITA Framework for  
the Healthcare State Self-Assessment (SS-A)?

# OHA State Self-Assessment

- The Oregon Health Authority believes that MITA establishes an approach that can extend beyond the Medicaid program and create a business reference model for the State's Health and Human Services enterprise.
- OHA is focusing on consolidating IT assets, resources and to build a set of applications and support services to meet program needs.
- OHA programs currently service all Oregonians from birth through death. Often participants receive services from multiple areas of the department over their lifetime. Many of these programs are managed and administered independent of each other.
- OHA will be documenting the MITA and the Behavioral Health business processes and applying the framework to all Health Service Programs. In doing so, the opportunity to serve shared populations with an IT infrastructure that places people at the center of every transaction is now possible.

# State Self Assessment Goals



- Develop seamless integrated systems that effectively communicate through interoperability and standards.
- Provide an environment that supports flexibility, adaptability, and rapid response to changes in programs and technology.
- Promote an enterprise view that supports enabling technologies aligned with healthcare business processes and technologies.
- Provide information that is timely, accurate, usable, and accessible to support decision making for health care management and program administration.
- Provide performance management measurement for accountability and planning.
- Coordinate with Public Health and integrate health outcomes with the healthcare community.

# State Self Assessment Objectives

- Promote reusable components through modularity
- Adapt data and industry standards
- Promote secure data exchange
- Promote efficient data sharing
- Beneficiary centric focus
- Promote programmatic practices
- Integration of clinical and administrative data to enable better decision making
- Breakdown artificial barriers between systems, geography, and funding within the Title XIX program



# Why is a SS-A Necessary?

Nationwide in healthcare we have:

Medical Errors - Deaths due to medical error

Health Care Waste - Treatments with no health yield

Knowledge Diffusion - Years of medical evidence to be integrated into practice

Consumer Empowerment - Patients minimally involved in their health decisions

Health Privacy - Public concern

Health Preparedness - Surveillance is fragmented and untimely

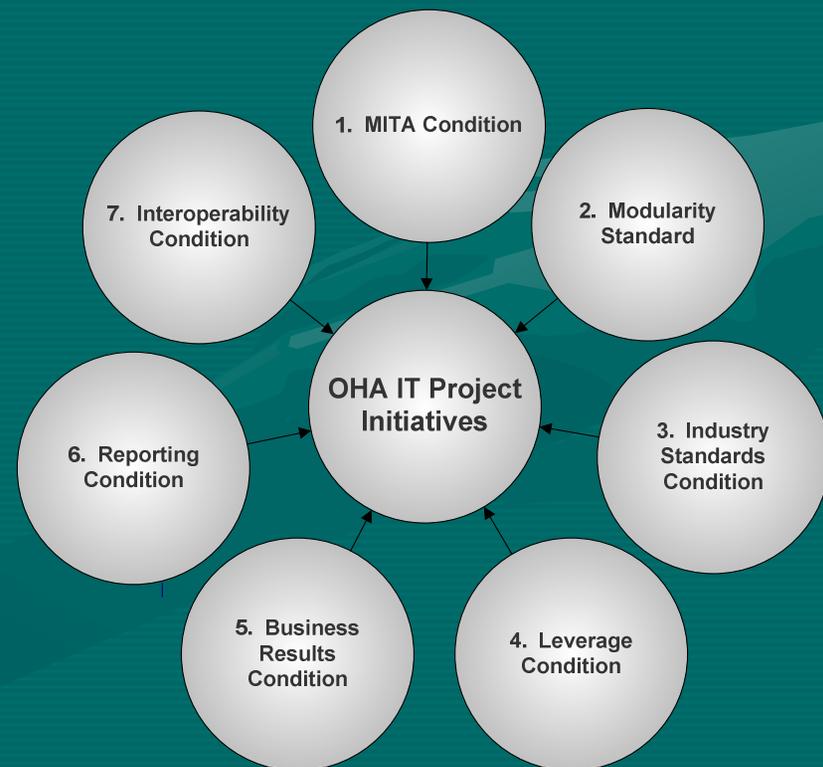


OHA's State Self-Assessment will communicate a common vision for the Healthcare Enterprise and provide guidance on achieving our mission.

# New Rules for Enhanced FFP

## Seven Standards & Conditions

- Under sections 1903(a)(3)(A)(i) and 1903(a)(3)(B) of the Social Security Act, CMS has issued new standards and conditions that must be met by the states to be eligible for the enhanced match funding.
- The final regulation establishing these standards and conditions was made public on April 14, 2011
- Each request for enhanced funding must demonstrate how the seven standards and conditions have been met.



# Seven Standards and Conditions defined:

- **MITA Condition** = Requires states to align to and advance increasingly in MITA maturity for business, architecture and data.
- **Modularity Standard** = Requires the use of modular, flexible approach to systems development. This includes the use of open interfaces and exposed application programming interfaces, the separation of business rules from core programming. And business rules in both human and machine readable formats.
- **Industry Standards Condition** = Ensure alignment with, and incorporation of, industry standards: HIPAA, privacy and transaction standards; accessibility standards, or standards that provide greater accessibility for individuals with disabilities and standards under the Affordable Care Act.
- **Leverage Condition** = Promote sharing, leverage, and reuse of Healthcare technologies and systems within and among states.
- **Business Results Condition** = Systems should support accurate and timely processing of claims, adjudications, and effective communications with providers, beneficiaries, and the public.
- **Reporting Condition** = Systems should be able to produce and to expose electronically the accurate data that are necessary for oversight, administration, evaluation, integrity, and transparency.
- **Interoperability Condition** = Systems must ensure seamless coordination and integration with the Exchange and allow interoperability with health information exchanges, public health agencies, human services programs, and community organizations providing outreach and enrollment assistance services.

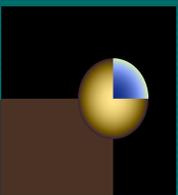
# What States must do with the Seven Standards and Conditions

- Complete a Self-Assessment, Create a Future Roadmap and Develop a Concept of Operations and Business Process Model
- Use System Development Lifecycle Methodologies, Identification and description of open interfaces, Use of Business Rules Engines, Submission of Business Rules to HHS-Repository.
- Identification of Industry Standards, Incorporation of Industry standards in requirements, development and testing.
- Multi-State Efforts, Availability for reuse, Identification of open source, cloud-based and commercial products, Customization, Transition and retirement plans.
- Degree of automation, Customer Service, Performance standards and testing.
- Reports should be automatically generated through open interfaces to designated federal repositories or data hubs.
- Interactions with the Exchange and Interactions with other Entities.

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**What will the State-Self  
Assessment do?**

# The SS-A will Reset the Healthcare Focus



*MITA*

*Share the Vision*

*Chart the Course*

*Shape the Future*

Establish a national framework of enabling technologies and processes that support improved program administration for the healthcare enterprise and stakeholders dedicated to improving healthcare outcomes for all Oregon beneficiaries.

# SS-A Framework

- ✓ Business Architecture
- ✓ Information Architecture
- ✓ Technical Architecture



# Business Architecture



- Concept of Operations
- Maturity Model
- Business Process Model
- Business Capability Matrix
- State Self-Assessment

## *Business Architecture*

# Concept of Operations



The Concept of Operations is a methodology used to describe current business operations and to envision a future transformation that meets the needs of stakeholders.

- Definition of As-Is operations
- Identification of current and future stakeholders
- Identification of major business and data exchanges between stakeholders
- Description of To-Be operations
- Listing of key enablers required to meet the To-Be transformation

# *Business Architecture* Maturity Model

To-Be 10 Years
7 – 8 Years
5 Years
2 – 3 Years
As-Is Now

Level 5
Level 4
Level 3
Level 2
Level 1



**Levels 4 & 5** – Fully automated systems with a profound change and improvement in business processes.

**Level 3** – Healthcare industry begins to use technology already available in other business sectors. Adopts policy to promote collaboration, data sharing, consolidation of business processes.

**Level 2** – Improved capabilities over Level 1.

**Level 1**– All technology, policy and statutory enablers exist and are widely used. Agency complies with baseline requirements.

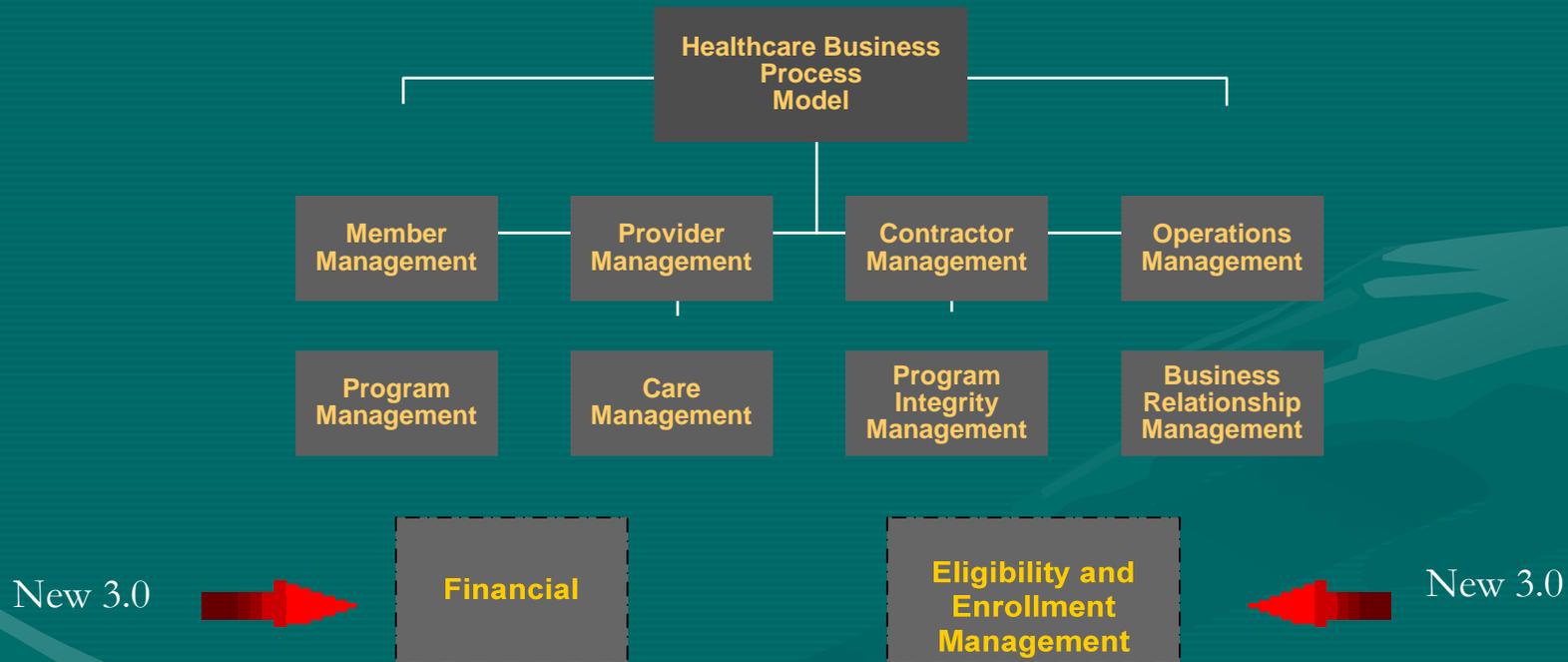
The MITA Maturity Model is derived from industries that use such models to illustrate how a business can mature over time and will transform OHA's healthcare enterprise from a current level of capability to some future state over the next 10 years.

## *Business Architecture*

# Business Process Model

- The Business Process Model (BPM) is a model representing the Healthcare business processes and organizes them into various categories of common interest or focus.
- A BPM describes what an organization or business does, including the events that initiate those process (trigger event) and the results of those processes.
- The BPM does not care how the business is organized, who does the work, or where the work is performed.
- It's focus is on the activity itself (what initiates the activities and what the activity produces).

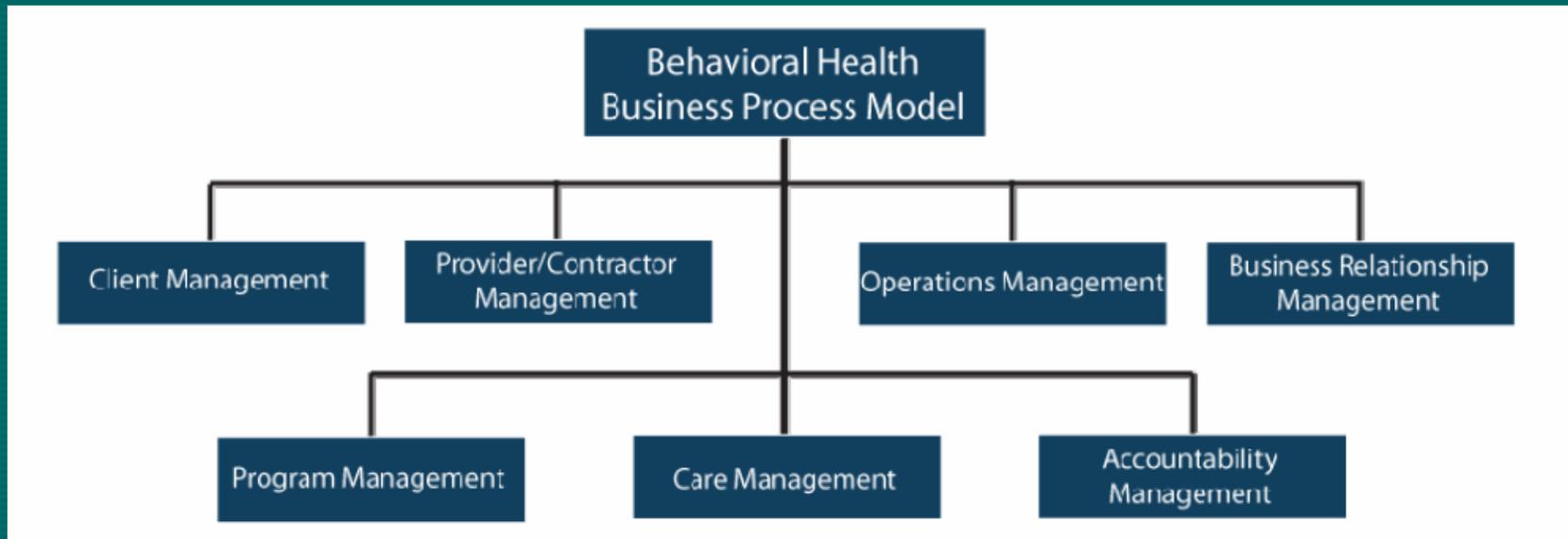
# *Business Architecture* Business Process Model



The Business Process Model is a repository of business processes common to most healthcare programs. The BPM consists of a hierarchy of business areas and component business areas that lead to individual business processes.

## *Business Architecture*

# Behavioral Health Business Process Model



The Behavioral Health-MITA BPM, is the foundation for developing the vision, grounded in the BH business processes of today. Like the MITA model/framework, the BH-MITA framework is dynamic and must be updated as changes occur.

# *Business Architecture*

# Member/Client Management

Common Business Processes for all OHA Entities

	Addictions & Mental Health	DMAP	FHIAP	Prescription Drug Program	Health Policy & Research	Public Health	Private Health Partnerships	OEBB & PEBB	Medical Insurance Pool
Determine Eligibility	•	•	•	•		•		•	•
Disenroll Member	•	•	•	•		•		•	•
Admin/Enroll Client/Member	•	•	•	•		•		•	•
Inquire Member Eligibility	•	•	•	•		•		•	•
Manage Member Information	•	•	•	•		•		•	•
Manage Applicant & Member Communication	•	•	•	•		•		•	•
Perform Population & Member Outreach	•	•	•	•		•	•	•	•
Manage Member Grievance & Appeals	•	•	•	•		•		•	•

# *Business Architecture* Provider Management

Common Business Processes for all OHA Entities

	Addictions & Mental Health	DMAP	FHIAP	Prescription Drug Program	Health Policy & Research	Public Health	Private Health Partnerships	OEBB & PEBB	Medical Insurance Pool
Enroll/Register Provider	•	•						•	
Disenroll Provider	•	•						•	
Inquire Provider Information	•	•						•	
Manage Provider Information	•	•						•	
Manage Provider Communication	•	•						•	
Perform Provider Outreach	•	•						•	
Manage Provider Grievance & Appeals	•	•						•	

# *Business Architecture* Contractor Management

Common Business Processes for all OHA Entities

	Addictions & Mental Health	DMAP	FHIAP	Prescription Drug Program	Health Policy & Research	Public Health	Private Health Partnerships	OEBB & PEBB	Medical Insurance Pool
Produce Admin. Or Health Services RFP	•	•				•		•	
Award Admin. Or Health Services Contract	•	•				•		•	
Manage Admin. Or Health Services Contract	•	•				•		•	
Close out Admin. Or Health Services Contract	•	•				•		•	
Manage Contractor Information	•	•				•		•	
Inquire Contractor Information	•	•				•		•	
Manage Contractor Information	•	•				•		•	
Support Contractor Grievance & Appeal	•	•				•		•	
Perform Contractor Outreach & Training	•	•				•		•	

# *Business Architecture* Operations Management

Common Business Processes for all OHA Entities

	Addictions & Mental Health	DMAP	FHIAP	Prescription Drug Program	Health Policy & Research	Public Health	Private Health Partnerships	OEBB & PEBB	Medical Insurance Pool
Prepare HCBS Waiver Payment		•							
Prepare Remittance Advice Encounter Report		•						•	
Prepare COB		•						•	
Prepare Premium EFT-Check		•						•	
Prepare EOB		•						•	
Prepare Provider EFT-Check	•	•						•	
Prepare Grant/Cost Based Payment Invoice	•								
Authorize Referral	•	•						•	
Develop/Authorize Treatment Plan, Goals, Methods & Outcomes	•	•						•	
Inquire Payment Status	•	•						•	
Manage Payment Information	•	•						•	
Edit Claim-Encounter		•						•	
Audit Claim-Encounter		•						•	
Apply Claim Attachment		•						•	
Apply Mass Adjustment		•						•	
Authorize Service/Level of Service	•	•						•	
Price Claim/Value Encounter		•						•	

# *Business Architecture* Program Management

Common Business Processes for all OHA Entities

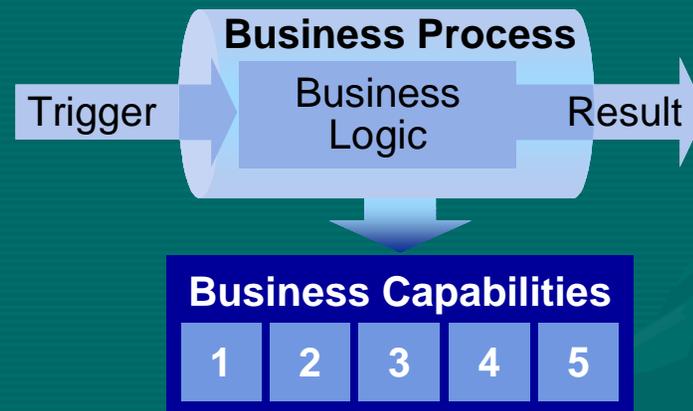
	Addictions & Mental Health	DMAP	FHIAP	Prescription Drug Program	Health Policy & Research	Public Health	Private Health Partnerships	OEGB & PEBB	Medical Insurance Pool
Develop & Maintain Benefit Pkg.	•	•						•	
Manage Rate Setting	•	•						•	
Designate Approved Srv Drug Formulary		•		•				•	
Draw & Report FFP	•	•				•			
Manage State & Federal Funds	•	•	•	•	•	•	•	•	•
Manage FFP for Services	•	•							
Manage FFP for MMIS	•	•							
Manage F-MAP	•	•							
Formulate Budget	•	•	•	•	•	•	•	•	•
Develop Agency Goals & Object	•	•	•	•	•	•	•	•	•
Develop & Maintain Prog. Policy	•	•	•	•	•	•	•	•	•
Maintain State Plan		•							
Manage 1099's		•							
Perform Accounting Functions	•	•	•	•		•	•	•	•
Generate Financial & Program Analysis Reports	•	•	•	•	•	•	•	•	•
Maintain Benefits-Reference Info	•	•						•	
Manage Program Information	•	•	•	•	•	•	•	•	•
Develop & Manage Performance Measures and Reports	•	•	•	•	•	•	•	•	•
Monitor Performance & Business Activity	•	•	•	•	•	•	•	•	•
Manage Block Grant	•								
Respond to Consent Decrees	•								
Monitor Block Grant Requirements	•								
Perform Provider Audits	•	•							







# *Business Architecture* **Business Capability Matrix**



Applying the maturity model to each business process yields the Business Capability Matrix, which shows how business process matures over time.

*Business Architecture*

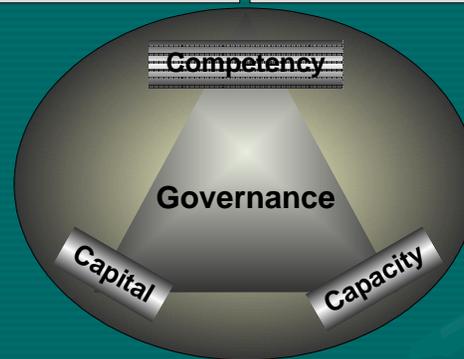
# State Self Assessment



The State Self Assessment is used to determine states current business capabilities and document their plans for transformation to achieve a higher level of business prowess

# Strategy & Governance

<b>Fiduciary Responsibility</b> <ul style="list-style-type: none"><li>✓ Cost Management</li><li>✓ Investment Approaches</li><li>✓ Resource Commitment</li></ul>	<b>Customer Redirection &amp; Integration</b> <ul style="list-style-type: none"><li>✓ Beneficiary Focus</li><li>✓ Value Base Propositions</li><li>✓ Public Private Partnerships</li></ul>	<b>Business Process Transformation</b> <ul style="list-style-type: none"><li>✓ Business Centric IT</li><li>✓ Progressive Iteration</li><li>✓ Medicaid Priority Tractability</li></ul>	<b>Organizational Reinvention</b> <ul style="list-style-type: none"><li>✓ Business Owned</li><li>✓ Process Organized</li><li>✓ Skill Set Transformation</li></ul>
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- Prioritize business capability needs
- Formal plan for implementing capabilities
- Establish technical standards
- Solidify strategic approach

# Process Innovation



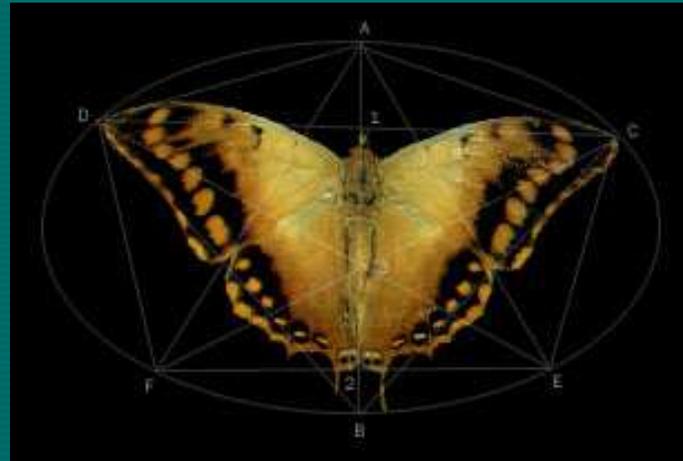
- Governance process & portfolio management
- Best practices requirements gathering, project management, architecture and software development.
- Technically enabled business acumen.

# MITA Framework

- ✓ Business Architecture
- ✓ Information Architecture
- ✓ Technical Architecture



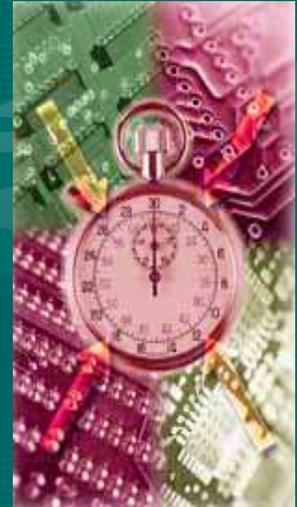
# Information Architecture



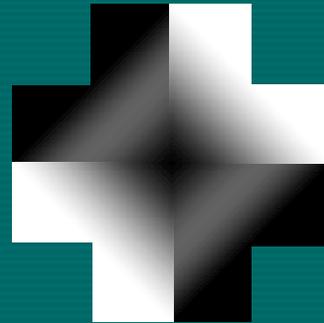
The MITA Information Architecture describes a logical architecture for the healthcare enterprise. It provides a description of the information strategy, architecture, and data to a sufficient level that it may be used to define the data needs that will enable the future business processes of their healthcare enterprise.

# Information Architecture

- Data Management Strategy
- Conceptual Data Model
- Logical Data Model



# Data Management Strategy



- Provide a structure that facilitates the development of information/data that can be effectively shared across a State's healthcare enterprise boundaries to improve mission performance.
- Provides a mechanism for the agency to better understand our data and how it fits in the total realm of healthcare information.
- Addresses fundamental areas necessary to enable information sharing opportunities and to position the healthcare agency to operate in an environment of global information.

# Key Components to Strategy

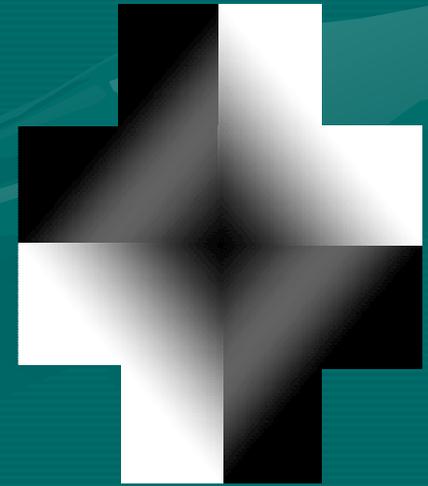
- **Data Governance** defines the governance processes for making enterprise-wide decisions regarding MITA's information holdings.
- **Data Architecture** establishes standard data-management procedures for the MITA data models.
- **Data-Sharing Architecture** describes technology considerations for healthcare enterprises to participate in information-sharing communities.



## Information Architecture

# Conceptual Data Model

The conceptual data model is used primarily as a communication tool between the business user and IT architect to obtain agreement on the overall description of entities and their relationships in business terms. It also represents the beginnings of an overall logical structure of the data.



## Information Architecture

# Logical Data Model

- Derived from the conceptual data model, the logical data model defines aspects of business broken down into data classes and attributes associated with each business process.
- The model identifies all of the data elements that are in motion within the system or shared throughout the healthcare enterprise. It also shows relationships between aspects of business.
- The logical data model is the foundation for creating a physical data model.



# MITA Framework

- ✓ Business Architecture
- ✓ Information Architecture
- ✓ Technical Architecture



# Technical Architecture



The MITA technical architecture includes

**Data architecture**

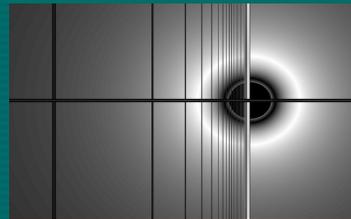
**Application architecture**

**Technology architecture**

Collectively, they define a set of technical services and standards that can be used to plan and specify future systems.

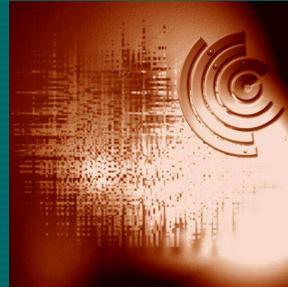
# Technical Architecture Defined

Technical Architecture



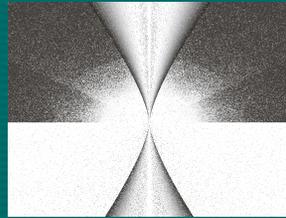
- The adoption and use of common (industry and MMIS) standards
- Identification of common vs. state specific processes, data and technical solutions
- Business Driven Design of MMIS processes
- Built in security and delivery of data
- Scalability, interoperability and extendibility of MMIS components
- Performance metrics common to the various MMIS operations

# MITA <sup>Technical Architecture</sup> Technical Principles



- Technical principles shape MITA's definition and the State's implementation of the Healthcare Enterprise Architecture.
- MITA is a business driven, implementation neutral, platform independent and is adaptable, extendible and scaleable.
- The technical architecture is based on current and proven open technology. Security, privacy, interoperability and reliance on quality data are built-in.

# MITA <sup>Technical Architecture</sup> Technical Principles II

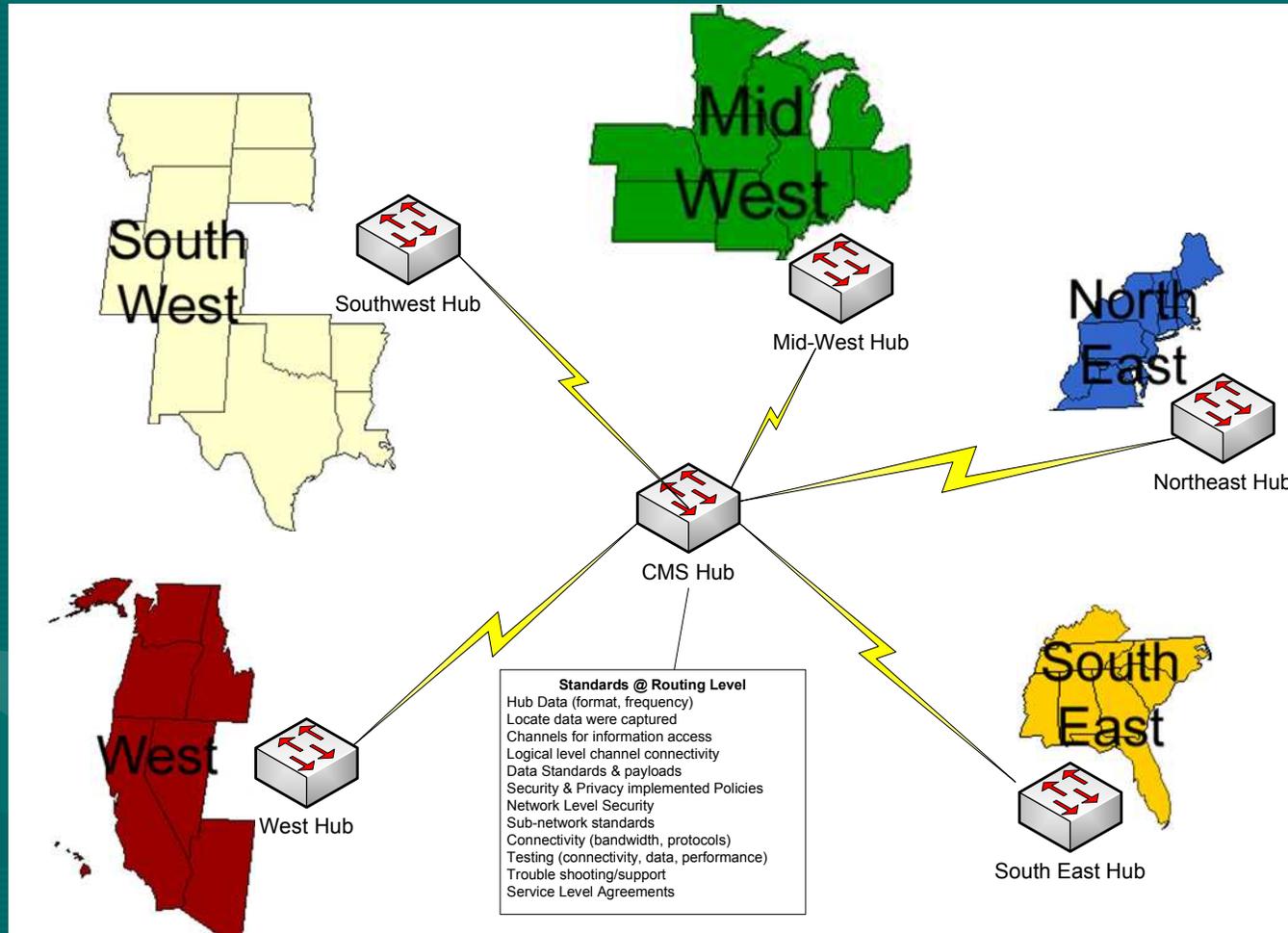


- Guiding principles support flexibility, adaptability rapid response and will promote an enterprise view.
- The technical architecture must also support performance measurement, effective communication and promote flexibility, adaptability, and rapid response. The result should be less duplication while providing timely, accurate and usable data.
- Provide for the adoption of data and technical industry standards and the promotion of reusable components (modularity), data sharing and secure data.

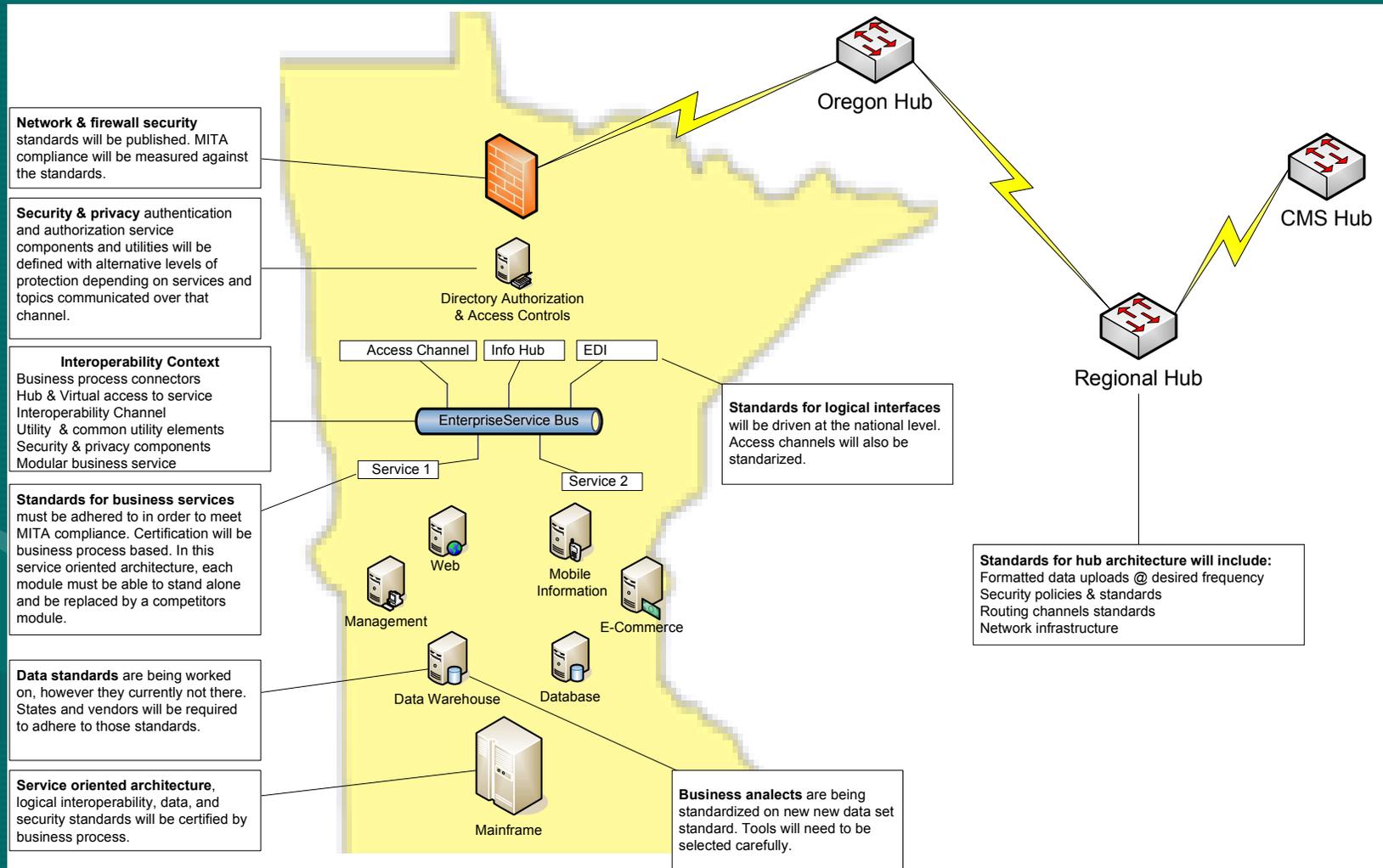
# Health Information Exchange

What it means to Oregon

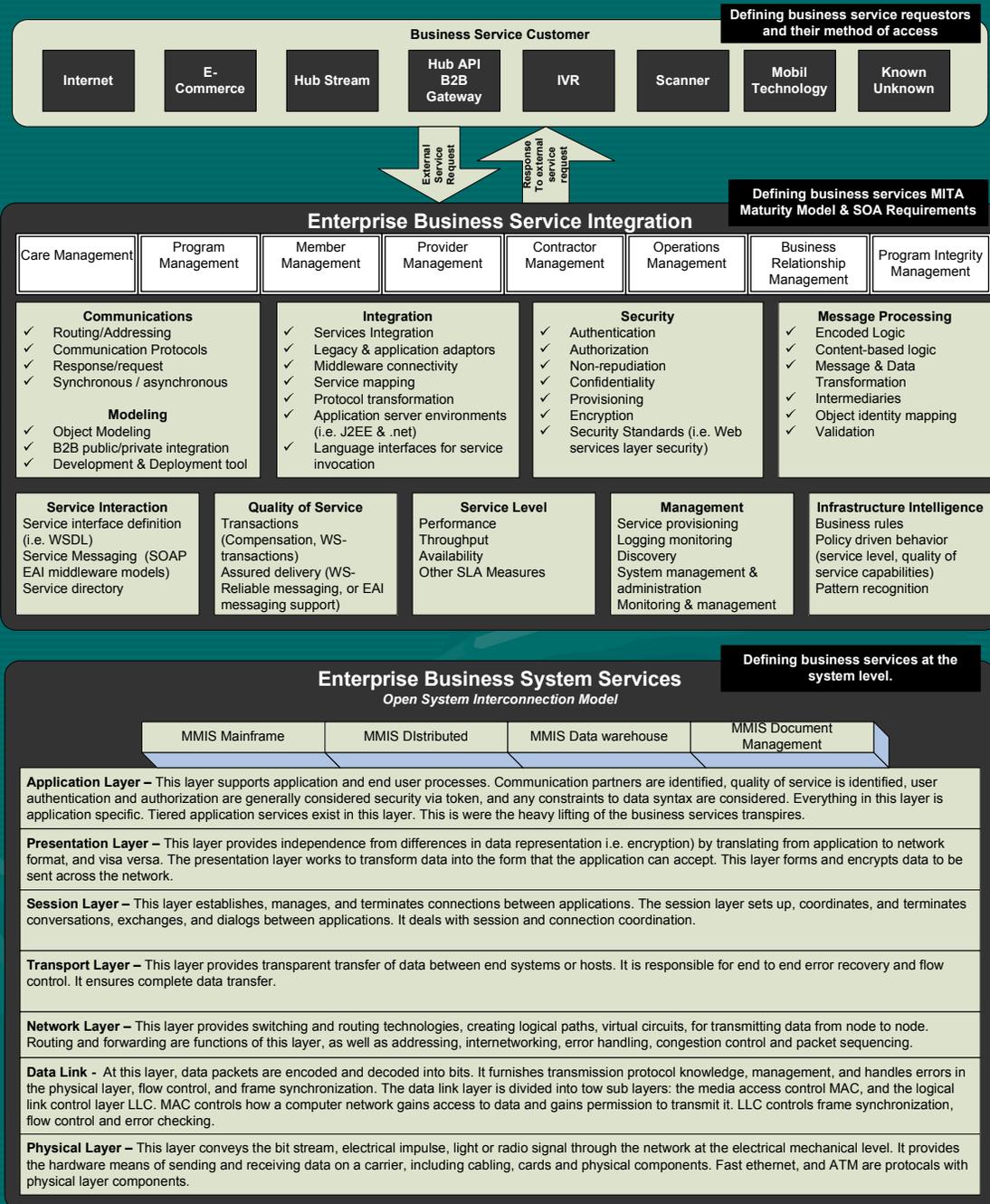
# Making the Connection



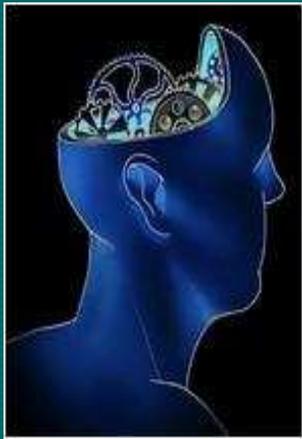
# Standards Advantage



# Service Oriented Architecture Defined



# Strategic Advantage for OHA

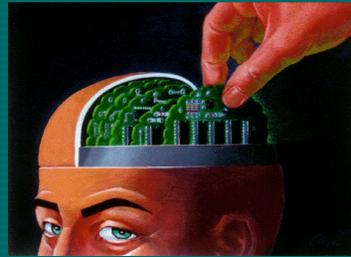


- Electronic Health Records
- Health Insurance Exchange
- Linking the Health Community
- Business Agility
- Consumer Empowerment
- Improved Health of Oregonians

# What will the SS-A Change?

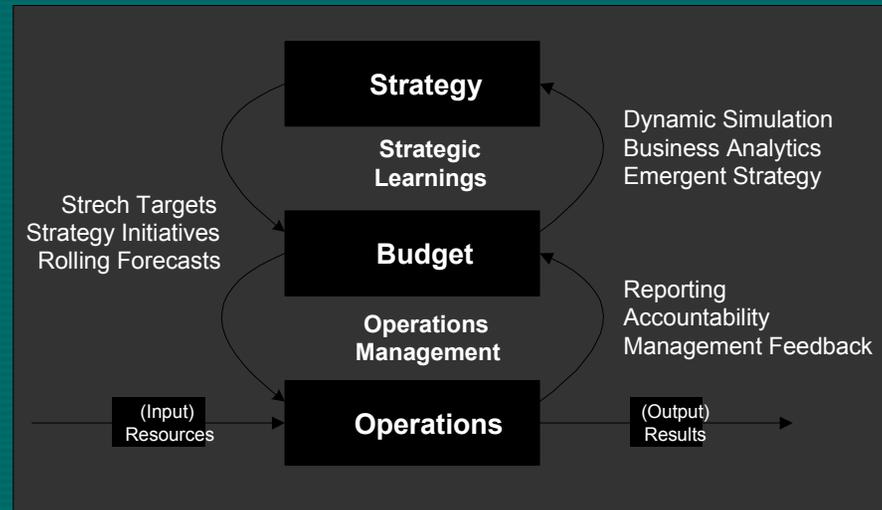


# Change the Way We Think



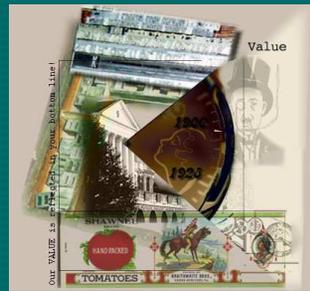
- Public private collaborations
- Dynamic synergy with the Department of Health
- Beneficiary centric focus

# Changing the Way We lead



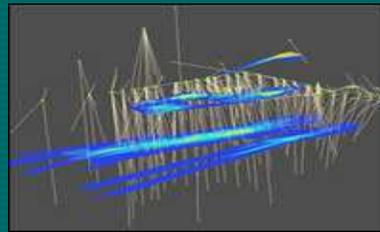
- Strategic Accountability
- Performance Accountability
- Operational Excellence
- Emergent Strategic Flexibility

# Change the Way We Govern



- Business Based Priority Setting
- Govern Based on Facts
- Goal & Objective Based Decisions
- Execution Based Upon Value Proposition

# Change the Way We Enable With Technology



- Requirements Best Practices
- Project Management Disciplines
- Solution Architecture
- Development Best Practices
- Testing & Quality Assurance

# Change the Way We Work

- Learning & Growth
- Organize Around Strategy
- Align to Create Synergy
- Promote Process Innovation
- Mission Based Motivation



# Transitioning to OHA's New Healthcare Model

Work to be Completed...

# Work To Be Completed

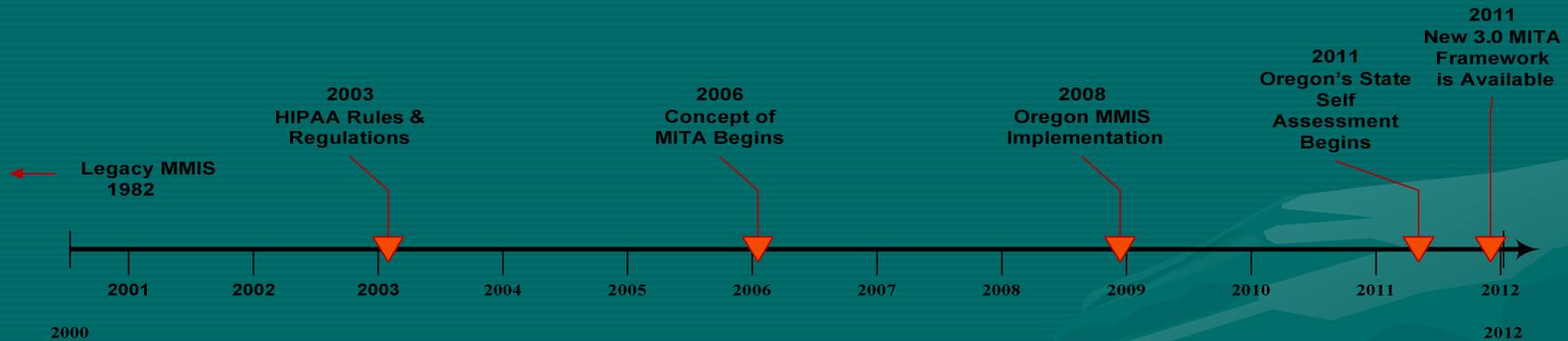


We will be looking at “common” healthcare business processes throughout OHA. This will help OHA determine our strategic plan.

- Diagram current State “As-Is” for OHA Healthcare Programs.
- Conduct the State Self-Assessment.
- Diagram the future “To-Be” roadmap.
- Outline the MITA roadmap which becomes the Agency Strategic Plan.
- Conduct a Gap Assessment on the “As-Is and “To-Be” business processes and existing “IT Projects.”

# Oregon's Path to the State Self Assessment

## Current View



## Future MITA View 1 to 10 Year Outlook



These projects and initiatives will be set by our partners (CMS) and by OHA's vision, mission and goals for our healthcare enterprise.

## Historical and Future Context

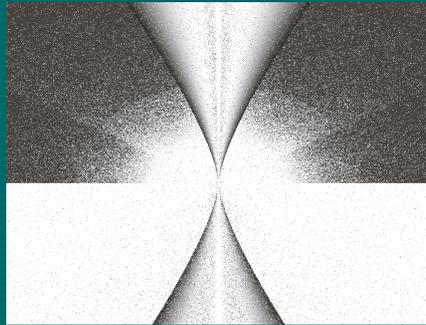
# Transitioning to Meet Our Mission



Establish a national framework of enabling technologies and processes that support improved program administration for the healthcare enterprise and stakeholders dedicated to improving healthcare outcomes for all Oregon beneficiaries.

- Thinking Globally (National, State, Public/Private, Inter-governmental)
  - Acting Dynamically (Leadership, Processes , Systems)
  - Focus on the individual (Beneficiary)

# Continued Dialog



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