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Medicaid Management Information
Systems Enterprise Objective
Monitoring and Control Services

Puerto Rico Medicaid Information Technology Architecture
State Self-Assessment Roadmap
Transition Strategy and Sequencing Plan



GOVERNMENT OF PUERTO RICO

Department of Health
Medicaid Program

Puerto Rico Medicaid Program

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Submitted by:

Bill Richardson, Principal
Zach Rioux, Senior Manager
Bhaumik Brahmbhatt, Project Manager
BerryDunn
100 Middle Street
Portland, ME 04104
Phone: 207-842-8004
bbrahmbhatt@berrydunn.com

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1.0 Executive Summary

The Puerto Rico Medicaid Information Technology Architecture (MITA) 3.0 State Self-Assessment (SS-A) 2019 Annual Update (AU) Roadmap Transition and Sequencing Plan is consistent with the Centers for Medicare & Medicaid Services (CMS) MITA SS-A Companion Guide for State Medicaid Agencies (SMAs) to utilize when completing a MITA SS-A. The Roadmap builds upon the vision established in the Concept of Operations (COO) (Section 4.0) of the MITA SS-A AU Report and assessment of maturity to measure progress toward Puerto Rico Department of Health (PRDoH) MITA goals. CMS expects all states to prepare and submit a MITA Roadmap. To receive enhanced Federal Financial Participation (FFP), the states submitting partial system updates will need to submit and have a CMS-approved MITA Roadmap for achieving full compliance with the Seven Standards and Conditions. This Roadmap prepared for the Puerto Rico Medicaid Program (PRMP) and for the Puerto Rico Medicaid Enterprise (PRME) meets CMS expectations for a useful MITA Roadmap and contains the following criteria for measurable implementation:

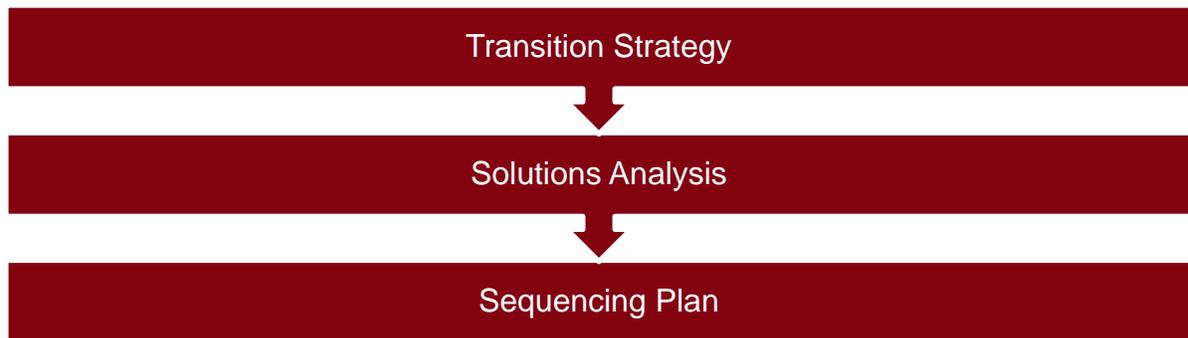
- Addresses goals and objectives, as well as key activities and milestones, covering a 5-year outlook for proposed system solutions, as part of the advanced planning document (APD) process.
- Update the MITA Roadmap document on an annual basis.
- Demonstrate how they plan to improve in MITA maturity over the 5-year period and their anticipated timing for full MITA maturity.
- A sequencing plan that considers cost, benefit, schedule, and risk.
- Ensure that their Business Architecture (BA) conforms the MITA SS-A COO and CMS MITA Business Process Model

CMS will track progress against an approved MITA 3.0 SS-A Roadmap Transition and Sequencing Plan when determining if system updates meet the Seven Standards and Conditions for the enhanced match.

The PRME MITA 3.0 Framework As-Is and To-Be assessments; MITA COO, as established by the PRMP and Administración de Seguros de Salud de Puerto Rico (ASES) visioning sessions; and the PRME Information and TAs were used to develop this MITA Roadmap. The gap analysis was documented to determine the processes and architectures impacted by the To-Be vision for the PRME. The results of the gap analysis are summarized in Section 6 of the Puerto Rico (PR) MITA SS-A AU Report. This MITA Roadmap offers a strategy for the development and implementation of key policies and initiatives identified by PRMP to achieve the desired To-Be MITA maturity levels by closing gaps in maturity identified in the gap analysis. The 2019 MITA Roadmap builds upon the achievements in maturity since 2015, when the initial MITA 3.0 SS-A was completed.

PRMP contracted BerryDunn to assist with updating the PR 2019 MITA 3.0 SS-A Report, Roadmap, and other project deliverables. The 2019 AU Roadmap provides a plan for PRMP to meet its short- and long-term goals with business process or technological solutions to mature the PRME. This roadmap includes a path to maturity through the steps identified in Figure 1 below.

Figure 1: Roadmap to Maturing the Enterprise



The MITA 3.0 Framework acknowledges that technology is one of several enablers important to growth and transformation of a Medicaid enterprise. Through the SS-A, PRMP recognized that perpetuating current state-specific processes and practices comes at a cost. Maintaining the status quo will ultimately constrain PR’s use of MITA’s “best-of-breed” aligned technologies and require more resources. This roadmap identified PRDoH goals and solutions regarding projects and initiatives that are either planned or in progress with the purpose of achieving goals and closing the gaps identified through the gap analysis. Additionally, this analysis identified business process gaps that will be closed by future solutions as well as state-specific criteria for other technology investment projects necessary to address gaps. The technology and business initiatives have been identified during the MITA Visioning Sessions as planned, underway, or recently completed to reach PRDoH goals and objectives. Current initiatives include:

- Medicaid Enterprise Organizational Structure (MEOS)
- Provider Enrollment Portal (PEP)
- Puerto Rico EE (PREE)
- PRDoH Health Information Exchange (HIE) Electronic Data Warehouse (EDW)(HIE/EDW)
- Modernization of FM processes
- Key Performance Indicator (KPI) subproject
- Increased automation of reporting (XML Reporting)
- Data Integrity Initiative

The MITA 3.0 SS-A and Roadmap are powerful tools for Medicaid agencies to use for for procuring and developing Medicaid Enterprise assets that support Agile procurement of technology assets. Use of the MITA SS-A and Roadmap will help ensure procurement projects exist to solve current business needs by documenting the path to improvement and progress toward reaching the clear goals and objectives. The assessment and gap analysis focus not only on what level of maturity can be gained by the PRME, but also on what resources and infrastructure currently exist to attain the envisioned future. These tools allow Medicaid to prioritize based on satisfaction of business needs with early and continual delivery of necessary procurement documents and materials for the design, development, and implementation of valuable software.

This report contains the following sections:

- Section 2.0 Purpose – Explains the purpose of the roadmap and its components.
- Section 3.0 Discussion and Findings – Explains the background CMS provided for how the Roadmap is developed from the MITA SS-A and the findings of the MITA SS-A AU.
- Section 4.0 Transition Strategy – Examines the analysis of how closing the gaps in maturity identified in the MITA SS-A will achieve MITA Goals and Objectives leading to business process maturity.
- Section 5.0 Solutions Analysis – Examines the analysis that PRMP and ASES leadership conducted by identifying solutions and priorities for addressing gaps in maturity and business improvement for the PRME.
- Section 6.0 Sequencing Plan – Identifies the priorities established by PRMP leadership and the plans for implementing these solutions.
- Section 7.0 Conclusion – Summarizes the Transition and Sequencing Plan in the Roadmap and how PRMP might use this information as provided to CMS.
- Section 8.0 Next Steps – Offers CMS information on the steps PRMP will take next to execute the Transition and Sequencing Plan.
- Appendix A: Meaning and Usage of Terms – A glossary of terms used in the Roadmap.
- Appendix B: MITA Maturity Elements – A reference to the CMS definition of the MITA Maturity Elements.

2.0 Purpose

The purpose of this Roadmap is to demonstrate how the implementation of PRMP's strategic vision effectively meets MITA goals, objectives, and principles, resulting in maturity and meeting CMS expectations for FFP. This deliverable has three major components: the Transition Strategy, Solutions Analysis, and the Sequencing Plan.

The Transition Strategy describes and builds upon the gap analysis outlined in the 2019 AU by reviewing and analyzing MITA gaps and their associated MITA Goals and Objectives. Each MITA Goal and Objective is examined independently and presented in terms of its contribution to MITA maturity. The Transition Strategy analyzes solutions as identified in the gap analysis and ascertains how each solution helps PRMP transition from its MITA As-Is state to its projected To-Be maturity level. The Transition Strategy is detailed further in Section 4.0.

The Solutions Analysis requires an independent review to determine each solution's contribution to achieving MITA goals, objectives, and maturity. This analysis is also used to develop the Sequencing Plan. The Solutions Analysis is detailed further in Section 5.0.

The Sequencing Plan proposes an order, or ranking, for each solution in terms of its overall contribution to the PRME and to MITA maturity, and a timeline for completion and gap resolution in the associated business areas. After each solution is evaluated independently, the Sequencing Plan identifies the implementation order and strategy timeline for the solutions identified by the leadership team, and it examines the contribution of each solution to the overall goal of achieving MITA maturity. The Sequencing Plan is detailed further in Section 6.0.

The three components combine to offer a measurable path to achieve the overall CMS goal for Medicaid to transition the PRMP's focus from a healthcare payer to a prudent purchaser of quality healthcare.

2.1 Background

The CMS MITA Maturity Model (MMM) uses measures of architectural capability to define best practices for business, technical, and health management for Medicaid programs. These benchmarks and best practices were identified and defined as part of the MITA Initiative by CMS. The purpose of the MMM is to provide guidance for improving overall effectiveness of government health care business processes, with emphasis on a Medicaid Enterprise. The model addresses improvement in three areas: business processes, technology, and information (data) architecture. A Medicaid Enterprise can use the MMM model to:

- Assess the State Medicaid Enterprise
- Set process improvement objectives and priorities
- Provide guidance for ensuring stable, capable, and mature processes

The five capability maturity levels established in the MMM represent a progression of maturity of quality improvement benchmarks for business, technical, and health management best practices for Medicaid programs. By deconstructing the model to develop an assessment standard, PRMP defined its own business capabilities, characteristics, and measures at each MITA maturity level. Table 1 below, MITA 3.0 Maturity Levels, defines the elements that comprise the MMM. The CMS Definitions for the MMM elements are located in Appendix B.

Table 1: MITA 3.0 Maturity Levels

MITA 3.0 Maturity Levels	
Level 1	The State Medicaid Agency (SMA) focuses on meeting compliance thresholds for state and federal regulations, aiming primarily at accurate enrollment of program eligible and timely and accurate payment of claims for appropriate services.
Level 2	The SMA focuses on cost management and improving the quality of and access to care within structures designed to manage costs (e.g., managed care, catastrophic care management, and disease management).
Level 3	The SMA focuses on coordinating and collaborating with other agencies to adopt national standards and develop and share reusable processes to improve the cost effectiveness of health care service delivery. The SMA promotes intrastate information exchange and business services.
Level 4	The SMA, now with widespread and secure access to clinical information, can improve health care outcomes, empower members and provider stakeholders, measure objectives quantitatively, and focus on program improvement. The SMA promotes interstate information exchange and business services.
Level 5	The SMA focuses on fine-tuning and optimizing program management, planning, and evaluation, with national (and international) interoperability improvements that maximize automation of routine operations.

2.2 Methodology

The MITA 3.0 Framework provides a toolset for organizational alignment and health care business process improvement consistent with an emerging national model. The information is intentionally broad enough to enable states to align their business processes using a national standard, yet customizable to meet their unique state needs and goals for operating and managing the Medicaid Enterprise.

The MITA 3.0 Framework also provides the opportunity for states to:

- Assess present capabilities (the As-Is environment)
- Target a path for improvement (the To-Be environment envisioned)
- Clearly identify where “gaps” exist between current and wanted conditions
- Identify solutions to address the gaps through process improvements

- Create a Roadmap to analyze transition alignment with MITA goals and sequence solutions

This Roadmap supports the Medicaid Enterprise Certification Life Cycle (MECL) and Outcomes-Based Certification (OBC) approaches, beginning with initiation and planning through the design, development, and implementation (DDI) to certification of PRME systems and modules. Each AU evaluates the alignment of ongoing maintenance and operations with the desired improvement outcomes of the implementation for all supporting technology systems for the PRME, which provides a clear path for the business need to drive technology decisions.

2.3 Data Collection

Beginning in February 2020, PRMP and BerryDunn held a Visioning Session to update PR's vision for the MITA 3.0 SS-A 2019 AU. From February 2020 to June 2020, information-gathering sessions were conducted with PRMP business area and process owners, ASES, contractors, and vendors. MITA 3.0 SS-A information and PRME documentation from these agencies and their vendors were leveraged as much as possible to establish a reference point to begin the sessions.

The MITA 3.0 Framework includes business process forms with CMS-specific information and capability matrices for the Information and TAs and the Seven Standards and Conditions. Each of the capability matrices include a series of capability questions and five distinct levels of maturity.¹ These templates were used as tools to facilitate and capture data during information-gathering sessions with the PRME.

From these sessions, and based on supporting PRMP, ASES, and vendor documentation, PRMP and BerryDunn created an updated portfolio of MITA-aligned projects and initiatives that are documented in the MITA SS-A AU Report and refined in this Roadmap for the purposes of the Transition and Sequencing Plan. This information and the gap analysis form a foundation for the MITA SS-A Roadmap.

¹ Appendix B defines each maturity element, and Section 3.5 defines each level of maturity. A complete list of strategic planning terms and their definitions can be found in Appendix A.

2.4 Research and Documentation

In addition to strategic and business process information-gathering sessions, the following documentation was referenced as supporting evidence for the MITA SS-A AU Report and Roadmap:

- Managed Care Organization (MCO) Provider Contracts and Manuals
- Puerto Rico Medicaid Management Information System (PRMMIS) General System Design (GSD) Documentation (DXC)
- PRMMIS Certification Materials
- PR State Medicaid Health Information Technology Plan (SMHP)
- PRDoH HIE/EDW Procurement Documentation
- PEP DDI Documentation
- PREE DDI Documentation
- Vendor Contracts

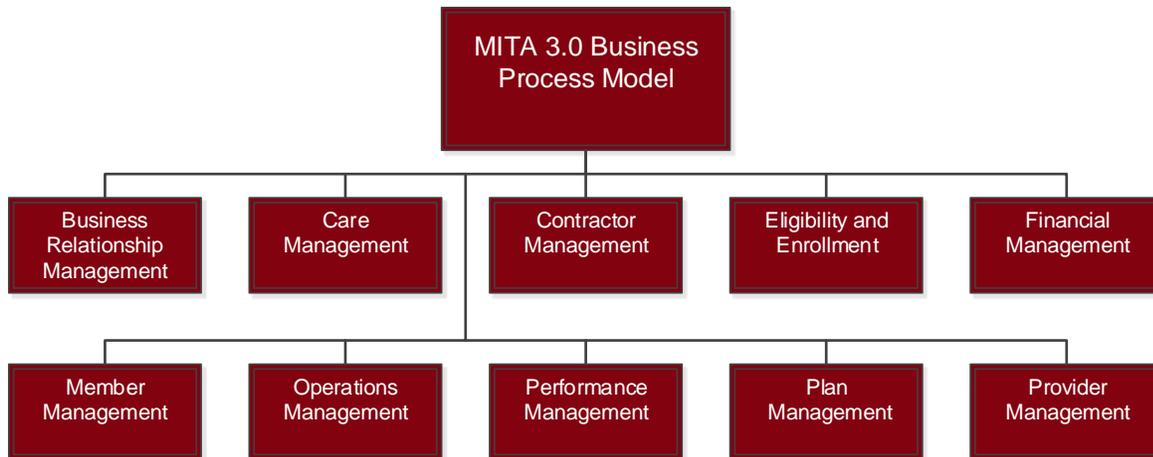
3.0 Discussion and Findings

The Discussion and Findings section is a discussion of how the MITA 3.0 SS-A 2019 AU findings create a MITA 3.0 SS-A Roadmap Transition and Sequencing Plan for the maturity of the PRME by building upon the gap analysis. It identifies the maturity level gaps between the As-Is and To-Be environments per the MITA SS-A.

3.1 Overview

This section describes the tasks and activities undertaken during the AU of the 2019 MITA Transition Strategy and Sequencing Plan Update in support of the MITA 3.0 business process model, as depicted below.

Figure 2: MITA Business Process Model



3.2 MITA 3.0 to 2019 AU Changes

The reassessment of the MITA business areas for the PR MITA 3.0 AU was conducted between November 2019 and September 2020. The assessment findings of this update demonstrate ongoing business process improvement in many business areas, largely due to the implementation of Phase I (the new MMIS), which went live in 2018 and was certified by CMS in 2020.

3.3 MITA 3.0 Maturity Model Matrix (MMM)

The MMM is a tool that industry and government organizations use to illustrate how a business matures over time. Specifically, the MMM is an adaptation of industry best practices to the multistate Medicaid Enterprise that can be used to support and facilitate reuse across intrastate technology portfolios or to leverage interstate shared technology assets for common business functions. As stated previously, the PR MMM serves as an historical reference model for the business, information, and technical capabilities’ maturity over time to support PR’s technology

portfolio investment in the Medicaid Enterprise. The MMM also defines the process capabilities for the Seven Standards and Conditions and establishes the boundaries and measures to determine whether a business capability is correctly and sufficiently defined.

The table below describes the elements of the MMM and how they are populated for the MITA 3.0 AU. For the PR MITA 3.0 SS-A, these elements are captured in the various MITA artifacts to document the findings of the assessment of the business processes and MITA. The documents that comprise the MMM serve as comprehensive MITA Maturity tracking toolset for the SS-A and each subsequent AU.

Table 2: MITA 3.0 2019 AU Maturity Model Matrix Elements

MITA 3.0 2019 AU Maturity Model Matrix Elements	
Data Element	Description
Status	The status of the business process maturity information and how it is applicable to the SS-A Update. Selection includes: <ul style="list-style-type: none"> • Maturing • Non-maturing • Lower Maturity • Not Applicable (N/A) • New • Retiring • Deactivated
Business Area	The name of the business area
Business Category	The name of the business category
BP Code	The business process code as prescribed by CMS (e.g., BR01, BR02, etc.)
Business Process	The name of the business process
MITA 3.0 Business Process Documents	The link to the document library where business process data (collected during information gathering sessions) is stored
MITA 3.0 BA As-Is	The current BA (As-Is) maturity level for each business process
MITA 3.0 BA To-Be	The desired BA (To-Be) maturity level in the next five years for each business process
2019 Annual Update (AU) BA As-Is	The current BA (As-Is) maturity level for each business process as assessed in the 2019 AU
2019 AU BA To-Be	The desired BA (To-Be) maturity level in the next five years for each business process as assessed in the 2019 AU

MITA 3.0 2019 AU Maturity Model Matrix Elements	
Data Element	Description
Information Architecture (IA)	The IA data collected during information-gathering sessions is captured in the MITA 2019 IA Scorecard Workbook
MITA 3.0 IA As-Is	The current IA (As-Is) maturity level for each business process
MITA 3.0 IA To-Be	The desired IA (To-Be) maturity level in the next five years for each business process
2019 AU IA As-Is	The current IA (As-Is) maturity level for each business process as assessed in the 2019 AU
2019 AU IA To-Be	The desired IA (To-Be) maturity level in the next five years for each business process as assessed in the 2019 AU
Technical Architecture (TA)	The TA data collected during information gathering sessions is captured in the MITA 2019 IA Scorecard Workbook
MITA 3.0 TA As-Is	The current TA (As-Is) maturity level for each business process
MITA 3.0 TA To-Be	The desired TA (To-Be) maturity level in the next five years for each business process
Seven Standards and Conditions	The Seven Standards and Conditions data collected during information-gathering sessions is captured in the MITA 2019 Seven Standards and Conditions Scorecard Workbook
MITA 3.0 Seven Standards and Conditions As-Is	The current Seven Standards and Conditions (As-Is) maturity level for each business process
MITA 3.0 Seven Standards and Conditions To-Be	The desired Seven Standards and Conditions (To-Be) maturity level in the next five years for each business process
MITA 3.0 BP Business Area Owner Approval Date	The date that State leadership approved each business process
MITA 3.0 CMS Acceptance Date	The date that CMS approved the 2015 MITA SS-A and Roadmap
MITA 3.0 Goals	Medicaid Enterprise goals from the MITA 3.0 SS-A
MITA 3.0 Business Area Owner	PR Medicaid Business Area Owner
MITA 3.0 Business Category Owner	PR Medicaid Business Category Owner
MITA 3.0 Business Process Owner	PR Medicaid Process Owner

3.4 MITA 3.0 Analysis

The MITA 3.0 AU analysis involved the evaluation of business process improvement data after it was collected through system implementation research and fact-finding sessions. Each business process' improvement data was mapped to the MMM, adding to the SS-A data collected during the MITA 3.0 SS-A project. The capability maturity assessment of all MITA business processes and the State's goals and solutions aligned to create a path for PRME Maturity. As stated in Section 2.1, the MMM includes the set of BA, IA and TA capabilities defined as progressive levels of business process maturity for the Enterprise.

The MITA 3.0 Roadmap strategic PRME portfolio, completed with the initial 2015 MITA 3.0 SS-A, is reviewed and updated as an ongoing effort during each AU. This AU advances the PRME portfolio as envisioned by PR. An analysis of the strategy is described in the sections that follow.

3.5 MITA Goals and Objectives

Table 3 categorizes the PR Medicaid Goals and Objectives within the CMS MITA Goals and Objectives to associate the gaps with the objectives in the transition strategy. This section identifies changes in the MITA Goals and Objectives that PRMP has identified subsequent to the MITA 3.0 SS-A Roadmap, as documented in the 2019 AU.

The enterprise transformation goals identified for this roadmap include:

- Seamless and integrated systems through interoperability, common standards, and an open architecture
- Efficient and effective response to changes in programs and technology
- Enabling enterprise technologies that align with Medicaid business processes and technologies
- Data that is timely, accurate, usable, and easily accessible
- Use of performance measurement
- Coordination with other government agencies and the provider community to integrate health outcomes within the Medicaid community
- Industry standards adoption for secure data exchange
- Promotion of reusable components through standard interfaces and modularity
- Promotion of efficient and effective data-sharing to meet stakeholder needs

In order to achieve these transformation goals and more closely align with the MITA business model, PRMP plans to:

- Leverage technology and services to enhance performance and decision-making

- Enhance the security, timeliness, and accuracy of data exchanged with authorized and authenticated business partners
- Establish access to data from sister agencies and programs
- Improve access to information necessary for FM and OM
- Simplify the process for submission of provider information and improve provider access to real-time data
- Expand the use of performance measures and KPIs
- Improve tools and provide training for data analysis to help improve healthcare decision-making

Table 3: AU Goals and Objectives – PRDoH Goal Descriptions

<i>PRDoH Goal Description</i>
GOAL - Improve PRDoH effectiveness and efficiency
<ul style="list-style-type: none"> • Align resources with core business functions
<ul style="list-style-type: none"> • Secure necessary resources
<ul style="list-style-type: none"> • Establish and provide necessary professional education and training to enhance staff performance
<ul style="list-style-type: none"> • Support MMIS Roadmap to support future business needs
<ul style="list-style-type: none"> • Improve and expand Performance Management (PE) and measurement principles within PRMP
GOAL - Minimize risk and maximize value from contracted services and products
<ul style="list-style-type: none"> • Streamline and improve procurement business functions
<ul style="list-style-type: none"> • Continuously improve project management capabilities
<ul style="list-style-type: none"> • Improve and expand PE and measurement principles
GOAL - Leverage technology to enhance performance and decision-making
<ul style="list-style-type: none"> • Enhance reporting capabilities to allow for more efficient and effective performance monitoring
<ul style="list-style-type: none"> • Improve data access, analysis, and reporting to support decision-making
GOAL - Assess, implement, and monitor compliance with all relevant federal laws and regulations (e.g., Patient Protection and Affordable Care Act (PPACA), State Medicaid Manual, Health Insurance Portability and Accountability Act (HIPAA))
<ul style="list-style-type: none"> • Maintain a team and process for accessing compliance with new laws and regulations and providing input on proposed laws and regulations

<i>PRDoH Goal Description</i>
<ul style="list-style-type: none"> • Maintain a team and process for implementation of changes necessary to comply with new laws and regulations
<ul style="list-style-type: none"> • Maintain a team and process for monitoring compliance with laws and regulations
<ul style="list-style-type: none"> • Verify and monitor MMIS and fiscal agent operations to help ensure transactions are processed in accordance with all relevant federal laws and regulations
GOAL – Help to Ensure Program Quality
<ul style="list-style-type: none"> • Develop and execute a Quality Management Plan
<ul style="list-style-type: none"> • Design and configure systems and processes to support the Quality Management Plan
<ul style="list-style-type: none"> • Enhance ability to measure compliance with quality indicators
GOAL - Enhance and improve efficient, effective, and meaningful outreach and communication
<ul style="list-style-type: none"> • Improve communication with providers and members
<ul style="list-style-type: none"> • Rebrand Medicaid to be de-stigmatized as a provider of healthcare coverage
GOAL - Enhance the security, timeliness, and accuracy of data exchanged with authorized and authenticated business partners
<ul style="list-style-type: none"> • Document business relationship management roles and responsibilities
<ul style="list-style-type: none"> • Standardize processes for data validation and reconciliation
<ul style="list-style-type: none"> • Standardize process for capture of reporting and data exchange requirements
GOAL - Improve healthcare outcomes for members
<ul style="list-style-type: none"> • Establish access to data from sister agencies and programs within PRMP
<ul style="list-style-type: none"> • Improve access to clinical and encounter data
<ul style="list-style-type: none"> • Enhance ability to measure quality of healthcare outcomes for members
<ul style="list-style-type: none"> • Evaluate alternatives to enhance Care Management (CM) capabilities
<ul style="list-style-type: none"> • Establish Health Home for members with chronic conditions
GOAL - Increase use of evidence-based clinical and appropriate services
<ul style="list-style-type: none"> • Increase the use of evidence-based clinical and appropriate services, including preventive services
<ul style="list-style-type: none"> • Provide technical capacity for Pay-for-Performance reimbursement model
<ul style="list-style-type: none"> • Increase meaningful use of Electronic Health Records among Medicaid providers

<i>PRDoH Goal Description</i>
GOAL - Enhance PRMP's ability to monitor contractor performance against performance measures (KPIs)
<ul style="list-style-type: none"> • Establish reporting capabilities to measure contractor compliance with performance measures
<ul style="list-style-type: none"> • Create automated functions to establish and monitor corrective action plans for contractors not meeting approved performance measures
<ul style="list-style-type: none"> • Include deliverable expectations and quality indicators as a part of solicitations and resulting contracts in alignment with PRMP's Quality Management Plan
GOAL - Improve interoperability for Eligibility and Enrollment (EE) management
<ul style="list-style-type: none"> • Simplify and streamline determination to enhance access to care
<ul style="list-style-type: none"> • Improve provider enrollment and administrative processes
GOAL - Improve access to information necessary for Financial Management (FM)
<ul style="list-style-type: none"> • Enhance cost-avoidance capability by improving access to accurate other third-party payer information
<ul style="list-style-type: none"> • Establish integration with other entities to further reduce the potential for redundancy of service and payment
GOAL - Enhance ability for members to participate in and exercise responsibility for their personal health choices
<ul style="list-style-type: none"> • Explore capabilities to establish and allow member access to a personal health record
<ul style="list-style-type: none"> • Provide automated administration of a member incentive program as designed by PRMP and approved by CMS
<ul style="list-style-type: none"> • Empower members by providing access to information and tools that can be used to improve their health
<ul style="list-style-type: none"> • Provide for automated administration of personal Health Improvement Plans
<ul style="list-style-type: none"> • Simplify and streamline eligibility determination to enhance access to care
GOAL - Improve operational efficiency and reduce costs in the healthcare system
<ul style="list-style-type: none"> • Document Operations Management (OM) roles, responsibilities, and business processes
<ul style="list-style-type: none"> • Implement OM organization structure to align resources with core business functions
GOAL - Improve access to information necessary for OM
<ul style="list-style-type: none"> • Enhance cost-avoidance capability by improving access to accurate other third-party payer information

<i>PRDoH Goal Description</i>
<ul style="list-style-type: none"> Establish integration with other entities to further reduce the potential for redundancy of service and payment
GOAL - Improve provider access to real-time data
<ul style="list-style-type: none"> Enhance provider portal to support clinical decisions and to provide real-time access to cost settlement and rebate data
<ul style="list-style-type: none"> Implement real-time access to data based on claim adjudication results
<ul style="list-style-type: none"> Integrate automated prior authorization capability to provide real-time approval or rejection of routine Pharmacy prior authorizations
<ul style="list-style-type: none"> Enhance and automate reporting capabilities to measure compliance with operational performance measures
GOAL - Improve consistency of Program Management processes and effective communication of policy
<ul style="list-style-type: none"> Document program management roles, responsibilities and business processes
<ul style="list-style-type: none"> Establish reporting capabilities to measure compliance with performance measures
<ul style="list-style-type: none"> Design policy management workflow to help ensure alignment of law/regulation, policy, system processing and provider communication
GOAL - Improve effectiveness and efficiency of PE function
<ul style="list-style-type: none"> Analyze the PE business area structure to align roles and responsibilities, identify necessary skill sets, and appropriately assign resources
<ul style="list-style-type: none"> Improve tools and provide training to automate and streamline investigations and case management
<ul style="list-style-type: none"> Monitor MES security and controls
GOAL - Enhance the PRMP's ability to analyze the effectiveness of potential and existing benefits and policies
<ul style="list-style-type: none"> Integrate reconciled claims data with clinical data
<ul style="list-style-type: none"> Improve tools and provide training for data analysis to help improve healthcare decision-making
GOAL - Improve consistency of Plan Management (PL) processes and effective communication of policy
<ul style="list-style-type: none"> Document PL roles, responsibilities, and business processes
<ul style="list-style-type: none"> Establish reporting capabilities to measure compliance with performance measures

<i>PRDoH Goal Description</i>
<ul style="list-style-type: none">• Design policy management workflow to help ensure alignment of law/regulation, policy, system processing, and provider communication
GOAL - Simplify process for provider enrollment
<ul style="list-style-type: none">• Improve provider enrollment and administration processes
<ul style="list-style-type: none">• Provide capability for providers to submit standard forms and reports online
<ul style="list-style-type: none">• Maintain an automated prior authorization capability to provide approval or rejection of routine prior authorization

4.0 Transition Strategy

The Transition Strategy provides an analysis of the gaps identified between the As-Is and To-Be and how the solutions identified for those gaps meet the MITA Goals and Objectives and PRMP vision.

4.1 MITA 3.0 AU Transition Analysis

The Transition Strategy is conducted from two perspectives. In the first perspective, the gaps identified from the As-Is and To-Be assessments are examined within the context of the MITA Goals and Objectives they represent. In the second perspective, those same gaps are analyzed in the context of the PRMP solutions that have been identified and are planned for implementation within the next five years.

The results of the MITA AU gap analysis—comparing the MITA 3.0 To-Be maturity levels with the AU As-Is maturity levels and how those gaps will be addressed to meet the MITA Goals and Objectives and the State—are outlined in this section, describing whether the expected maturity has occurred and what improvements are initiating maturity change.

4.2 MITA Goals and Objectives Gap Analysis

This section describes how the results of the gap analysis are mapped to MITA Goals and Objectives. In addition, the table below contains the analysis of the number of MITA gaps that will mature to meet the MITA Goals and Objectives and the PRMP processes that will mature. A table representing these results and comparing them to the MITA 3.0 SS-A Roadmap results is illustrated below.

The tables below describe the degree to which the solutions that PRMP has identified in the MITA Visioning Sessions will meet the CMS MITA Goals and Objectives in terms of the number of gaps that will be addressed with the proposed solutions that meet those goals.

Table 4: MITA AU Goals and Objectives Gap Analysis by Maturity Level

MITA Goals and Objectives Gap Analysis by Maturity Level			
MITA Objective: Adopt industry standards for data exchange.			
Total Gaps: 68			
Maturity Level 2 Gaps	Maturity Level 3 Gaps	Maturity Level 4 Gaps	Maturity Level 5 Gaps
68	0	0	0
MITA Goals and Objectives Analysis: Business process improvements that will result in the adoption of industry standards for data exchange upon maturation to Level 2 include successful gap resolution for the following business areas:			

MITA Goals and Objectives Gap Analysis by Maturity Level			
<ul style="list-style-type: none"> • CO (CO) • PE • Business Relationship Management • CM • EE • FM • OM • PL 			
MITA Objective: Promote reusable components through standard interfaces and modularity.			
Total Gaps: 82			
Maturity Level 2 Gaps	Maturity Level 3 Gaps	Maturity Level 4 Gaps	Maturity Level 5 Gaps
82	0	0	0
<p>MITA Goals and Objectives Analysis:</p> <p>Business process improvements that will result in the promotion of reusable components through standard interfaces and modularity upon maturation to Level 2 include successful gap resolution for the following business areas:</p> <ul style="list-style-type: none"> • Contractor Management (CO) • CM • EE • FM • OM • PE • PL • Provider Management 			
MITA Objective: Promote efficient and effective data sharing to meet stakeholder needs.			
Total Gaps: 31			
Maturity Level 2 Gaps	Maturity Level 3 Gaps	Maturity Level 4 Gaps	Maturity Level 5 Gaps
31	0	0	0

MITA Goals and Objectives Gap Analysis by Maturity Level			
<p>MITA Goals and Objectives Analysis:</p> <p>Business process improvements that will result in the promotion of efficient and effective data sharing to meet stakeholder needs upon maturation to Level 2 include successful gap resolution for the following business areas:</p> <ul style="list-style-type: none"> • CM • EE • FM • OM • PL 			
MITA Objective: Provide a beneficiary-centric focus.			
Total Gaps: 30			
Maturity Level 2 Gaps	Maturity Level 3 Gaps	Maturity Level 4 Gaps	Maturity Level 5 Gaps
30	0	0	0
<p>MITA Goals and Objectives Analysis:</p> <p>Business process improvements that will result in a beneficiary-centric focus upon maturation to Level 1 include successful gap resolution for the following business areas:</p> <ul style="list-style-type: none"> • CM • EE 			
MITA Objective: Support interoperability, integration, and an open architecture.			
Total Gaps: 23			
Maturity Level 2 Gaps	Maturity Level 3 Gaps	Maturity Level 4 Gaps	Maturity Level 5 Gaps
23	0	0	0
<p>MITA Goals and Objectives Analysis:</p> <p>Business process improvements that will result in support for interoperability, integration, and an open architecture upon maturation to Level 2 include successful gap resolution for the following business areas:</p> <ul style="list-style-type: none"> • CM • EE • FM • OM • PE • Provider Management 			
MITA Objective: Promote secure data exchange.			

MITA Goals and Objectives Gap Analysis by Maturity Level			
Total Gaps: 74			
Maturity Level 2 Gaps	Maturity Level 3 Gaps	Maturity Level 4 Gaps	Maturity Level 5 Gaps
74	0	0	0
<p>MITA Goals and Objectives Analysis:</p> <p>Business process improvements that will result in the promotion of secure data exchange upon maturation to Level 2 include successful gap resolution for the following business areas:</p> <ul style="list-style-type: none"> • CO • CM • EE • FM • OM • PE • PL • Provider Management 			
MITA Objective: Promote good practices (e.g., the Capability Maturity Model [CMM] and data warehouse).			
Total Gaps: 39			
Maturity Level 2 Gaps	Maturity Level 3 Gaps	Maturity Level 4 Gaps	Maturity Level 5 Gaps
39	0	0	0
<p>MITA Goals and Objectives Analysis:</p> <p>Business process improvements that will result in the promotion of good practices upon maturation to Level 2 include successful gap resolution for the following business areas:</p> <ul style="list-style-type: none"> • CM • CO • EE • FM • PE • PL 			

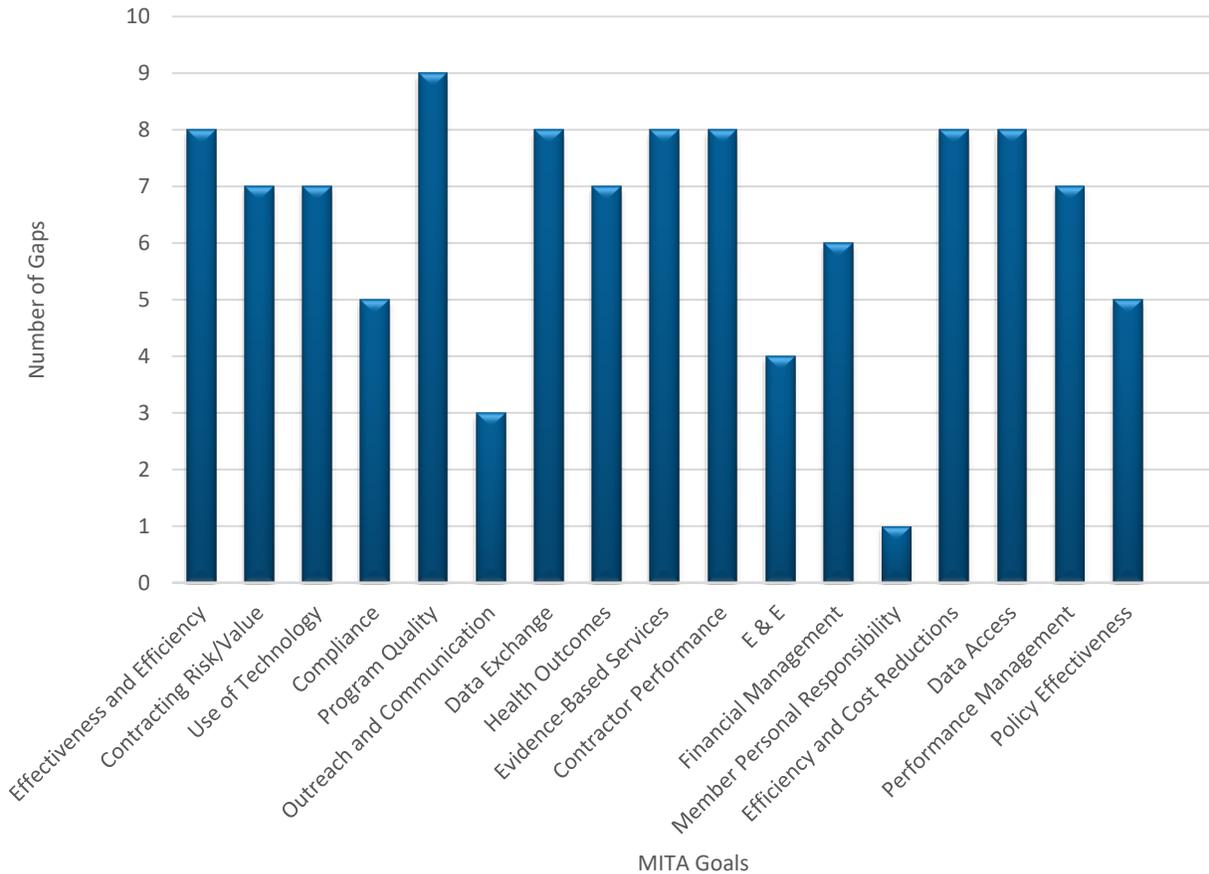
4.3 Transition Strategy Conclusion

Business improvements in a broad cross-section of business areas across the PRME will help in achieving PR's vision to support the MITA Goals and Objectives. The implementation of the PRMMIS in January 2015 resulted in many improvements. Many of the gaps identified will continue to result in higher levels of capability maturity as all PRMMIS modules for all systems

are fully implemented. In the Visioning session, the Medicaid Enterprise leadership team chose to address more fundamental issues such as organizational alignment, data integrity improvement initiatives, development of a system of KPI implementation and management, and analysis of improvements that will result in FM process improvements that will guide the decisions for rollout of the subsequent PRMMIS modules. The implementation of the PRDoH HIE/EDW as well as the PREE and Provider Enrollment System, all of which have received approval from CMS, will have a significant impact on the PRME MITA maturity.

The assessment identified that new systems and existing system enhancements will address the automation of business processes, security, data exchange, and system interoperability in the short term, which can logically be completed in conjunction with efforts that also close the MITA Goals and Objective gaps. Over the next five years, the key system-enhancing projects that will produce the greatest maturity across all MITA architectures and the Seven Standards and Conditions will meet goals of MITA proportionally. The figure below identifies the degree to which each solution will meet the goals of MITA as described in the tables above with the number of solutions that will meet each goal.

Figure 3: MITA Goals Met by PR Solutions



Gaps in the MITA Goals and Objectives for enterprise management are supported by the projects identified by the PRMP Leadership in the Visioning session, all of which are planned, in procurement, or implemented in PR. The solutions in Figure 3 are reaching higher maturity because they will address existing information silos through the development of single or centralized business rules and processes that can be shared among the various business areas and relationships, which is where the greatest number of maturity gaps exist.

The Solutions Analysis in Section 5.0 further examines the solutions that PRMP will leverage to meet the business process improvement goals in terms of the gaps analyzed in the tables above. The Solutions Analysis examines how the gaps between the As-Is and To-Be capabilities will be resolved to achieve the desired process improvement and meet the MITA and PR’s Goals and Objectives.

Many of the business processes assessed in the MITA SS-A will mature in at least one of the MITA architectures (i.e., BA, IA, TA) and most of those will mature in two or more of these

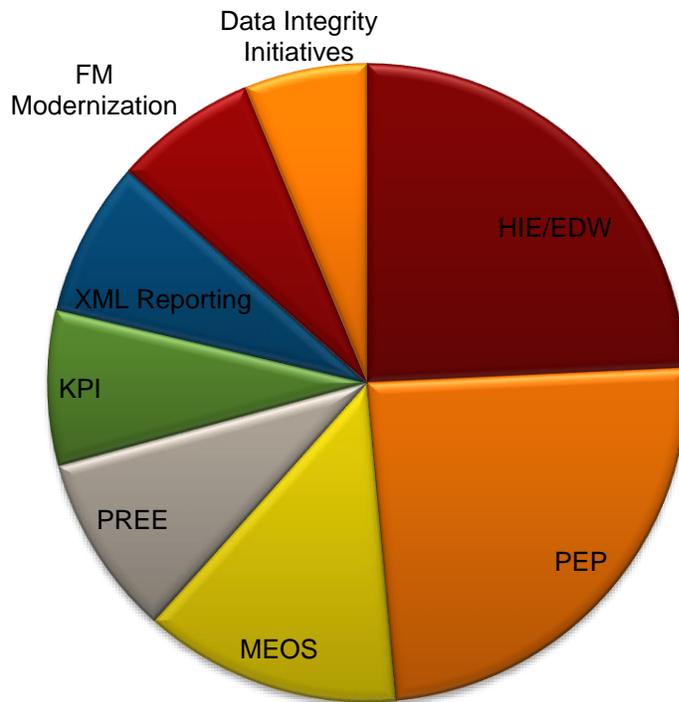
architectures. The details of which processes are maturing and the architectures that will mature are documented in Section 6.0 of the MITA 3.0 SS-A AU Report for the PRMP.

5.0 Solutions Analysis

The MITA Visioning Sessions held with the PRMP leadership team resulted in identification of updates on current and ongoing initiatives, projects, and goals that will result in process improvements within the agency's five-year vision. These sessions, along with research conducted by the BerryDunn Enterprise Objective Monitoring and Control (EOMC) team provided the basis for the PRMP strategic vision for the PRME. The list of current and planned projects and solutions validated by the Visioning Sessions, which included projects envisioned and current projects, subsequently validated against the current active APDs. The list of completed, ongoing, and future initiatives analyzed to define and prioritize a set of solutions that will close the gaps identified by the MITA gap analysis over the next one to five years. These solutions identified in Section 1.0 and analyzed for alignment with the goals of MITA in the previous section were selected because they contribute in whole or in part to resolving the gaps that were identified by the SS-A, and could be a solution to transform and mature the PRME toward the vision for the future state. The gap analysis identified the capability gaps between the As-Is and To-Be for each architecture and one or more solutions (current or planned) that will close the gap through process improvement that meets one or more of the MITA Goals.

After reviewing and analyzing this list of ongoing and future projects, grants, and initiatives, eight key solutions for closing the MITA gaps were identified. These solutions contribute in whole or in part to resolving a business process gap in one or more of the MITA architectures to move the enterprise toward greater maturity as represented in the Figure 4 below.

Figure 4: Key Solutions Resulting in Process Maturity



The processes that will experience the greatest maturity are identified in the analysis of MITA gap solutions by solution. The number of gaps that will be solved with the solution in each architecture and the anticipated level of maturity are provided. The solutions analyzed for process improvement are listed in Table 5 below.

Table 5: MITA Gap Solutions

MITA Gap Solutions			
Gap Solution:			
MEOS			
Total Gaps Resolved: 74			
BA	IA	TA	Seven Standards and Conditions
38	13	23	0
Maturity Level 2 Gaps	Maturity Level 3 Gaps	Maturity Level 4 Gaps	Maturity Level 5 Gaps
Total Gaps Resolved: 74	0	0	0
<ul style="list-style-type: none"> Strengths 			

MITA Gap Solutions

- Supports the use of standards
- Supports data governance infrastructure
- Supports the use of business rules engines
- Supports the use of analytics for decision-making and reporting
- Supports automation of business results
- Improves cost effectiveness
- Improves timeliness of process
- Supports quality improvement efforts
- Supports beneficiary focus
- Supports leveraging to support other business processes and areas
- Supports modularity with architectures, requirements, and designs emerging from self-organizing teams
- Supports interoperability
- Supports MITA aligned Puerto Rico Medicaid Enterprise (PRME)
- Supports business results
- Supports reporting
- Supports MMIS and PRDoH HIE/EDW integration of health information technology (HIT)
- Supports increased collaboration with ASES and other agencies to achieve PRME Goals and Objectives
- Supports Agile business operations and decision-making
- Supports HIT business process improvement
- Opportunity to implement Agile development methodologies
- Challenges
 - Requires change management
 - Requires staff training
 - Requires staff time
 - Requires policy changes
 - Memorandum of understanding (MOU)/Trading Partner Agreements
 - Requires procurement activities
 - Stakeholder engagement
- Opportunities to address gaps
 - Addresses gaps in the Business Relationship Management, CM, EE, FM, OM, PE, and PL Business Areas

Gap Solution: Data Integrity Initiative

Total Gaps Resolved: 74

MITA Gap Solutions			
BA	IA	TA	Seven Standards and Conditions
38	13	23	0
Maturity Level 2 Gaps	Maturity Level 3 Gaps	Maturity Level 4 Gaps	Maturity Level 5 Gaps
Total Gaps Resolved: 74	0	0	0
<ul style="list-style-type: none"> • Strengths <ul style="list-style-type: none"> ○ Supports Data Management Strategy (DMS) ○ Supports data governance infrastructure ○ Supports the use of standards ○ Supports the use of business rules engines ○ Supports the use of analytics for decision-making and reporting ○ Supports automation of business results ○ Improves cost effectiveness ○ Improves timeliness of process ○ Supports quality improvement efforts ○ Supports modularity ○ Supports interoperability ○ Supports Agile software development ○ Supports business results ○ Supports reporting ○ Supports the use of analytics for decision-making and reporting ○ Improves efficiency ○ Supports program and PRME system integration ○ Supports collaboration with sister agencies for improved data access and accuracy ○ Improves accuracy ○ Supports MITA ○ Supports MMIS and HIE/EDW integration of HIT ○ Supports HIT Business Process Improvement ○ Supports MITA Goals and Objectives • Challenges <ul style="list-style-type: none"> ○ Requires collaboration with sister agencies ○ Requires change management ○ Requires staff training 			

MITA Gap Solutions			
<ul style="list-style-type: none"> ○ Requires staff time ○ Requires policy changes ○ MOU/Trading partner agreements ○ Might require additional vendors to clean up data ○ Requires buy-in from stakeholders and data owners ○ Time to complete might be lengthy ○ Requires development and maintenance of governance and oversight structure, which can take time ● Opportunities to address gaps <ul style="list-style-type: none"> ○ Addresses gaps in the Business Relationship Management, CM, CO, EE, FM, OM, PE, PL, and Provider Management Business Areas 			
Gap Solution: Modernization of FM Processes			
Total Gaps Resolved: 40			
BA	IA	TA	Seven Standards and Conditions
23	2	15	0
Maturity Level 2 Gaps	Maturity Level 3 Gaps	Maturity Level 4 Gaps	Maturity Level 5 Gaps
40	0	0	0
<ul style="list-style-type: none"> ● Strengths <ul style="list-style-type: none"> ○ Supports the use of data standards ○ Supports the use of analytics for decision-making and reporting ○ Improves member focus ○ Improves health outcomes ○ Supports effective MMIS and HIE/EDW integration of HIT ○ Supports program and system integration ○ Supports program oversight and evaluation ○ Encourages electronic data exchange ○ Supports interoperability ○ Supports business results ○ Supports reporting ○ Improves accuracy (Internal: in terms of capitation calculations, etc.) ○ Improves automation ○ Improves timeliness ● Challenges 			

MITA Gap Solutions			
<ul style="list-style-type: none"> ○ Requires collaboration with ASES and other government agencies ○ Requires change management ○ Requires staff training ○ Might require provider/MCO training with support of ASES ○ Reporting requirements ○ Cost to implement ○ Might require policy/legislative changes ○ Might require additional vendor support ○ Might require enhanced data sharing/data agreements ○ Requires audits/oversight ○ Requires performance improvement/quality reporting ● Opportunities to address gaps <ul style="list-style-type: none"> ○ Addresses gaps in the CM, Contract Management, EE, FM, OM, PE, PL, and Provider Enrollment Business Areas 			
Gap Solution: PREE			
Total Gaps Resolved: 28			
BA	IA	TA	Seven Standards and Conditions
11	8	9	0
Maturity Level 2 Gaps	Maturity Level 3 Gaps	Maturity Level 4 Gaps	Maturity Level 5 Gaps
28	0	0	0
<ul style="list-style-type: none"> ● Strengths <ul style="list-style-type: none"> ○ Solution meets most MITA Objectives ○ Improves interoperability ○ Supports the use of data standards ○ Supports data exchange ○ Supports the use of business rules engines ○ Supports beneficiary focus ○ Supports the use of analytics for decision-making and reporting ○ Supports automation of business results ○ Supports leveraging functionality ○ Improves data integrity ○ Improves cost effectiveness ○ Improves efficiency and data accuracy 			

MITA Gap Solutions

- Improves access to data
- Improves timeliness of process
- Supports access to care reporting
- Supports MITA Goals and Objectives
- Challenges
 - Requires change management
 - Requires staff training
 - Requires vendor support
 - Might require provider and MCO training and support from ASES
 - Might require contract amendments
 - Might require MOUs with other state agencies
 - Time to fully implement might be lengthy
 - Cost to implement
 - Requires change management
 - Requires staff training
 - Cost to implement
 - Requires staff time
 - Requires policy changes
 - Opportunities to address gaps
 - Requires stakeholder management
- Opportunities to address gaps
 - Addresses gaps in the CM, EE, OM, and PL Business Areas.

Gap Solution: PRDoH HIE and EDW Implementation

Total Gaps Resolved: 24

BA	IA	TA	Seven Standards and Conditions
17	2	5	0
Maturity Level 2 Gaps	Maturity Level 3 Gaps	Maturity Level 4 Gaps	Maturity Level 5 Gaps
24	0	0	0

- Strengths
 - Supports the use of standards
 - Supports data governance infrastructure
 - Supports the use of business rules engines
 - Supports the use of analytics for decision-making and reporting

MITA Gap Solutions

- Supports MMIS and PRDoH HIE/EDW integration of HIT
- Supports beneficiary focus
- Supports access to care reporting
- Supports Agile business operations and decision making
- Supports accuracy and efficiency
- Supports improved health outcomes
- Supports increased automation of reporting
- Supports public health reporting
- Supports increased collaboration with sister agencies
- Supports beneficiary outreach
- Supports provider outreach
- Supports program integrity
- Supports automation of business results
- Supports data exchange
- Improves cost effectiveness
- Improves timeliness of process
- Supports MITA Goals and Objectives
- Supports HIT process improvement
- Opportunity to implement Agile development methodologies
- Challenges
 - Requires strong DMS
 - Requires Data Governance Infrastructure development and maintenance
 - Requires support for data integrity infrastructure by stakeholders
 - Requires change management
 - Requires stakeholder buy-in
 - Might require change orders
 - Might require additional vendors
 - Requires strategic planning
 - Requires strict privacy and security compliance
 - Requires staff training
 - Requires staff time
 - Requires provider training
 - Requires MCO training
 - Requires policy changes
 - Might require executive and legislative action

MITA Gap Solutions			
<ul style="list-style-type: none"> Opportunities to address gaps <ul style="list-style-type: none"> Addresses gaps in the Business Relationship, CO, CM, and Provider Management Business Areas. 			
Gap Solution: KPI subproject Total Gaps Resolved: 24			
BA	IA	TA	Seven Standards and Conditions
10	3	11	0
Maturity Level 2 Gaps	Maturity Level 3 Gaps	Maturity Level 4 Gaps	Maturity Level 5 Gaps
24	0	0	0
<ul style="list-style-type: none"> Strengths <ul style="list-style-type: none"> Supports the use of data standards Supports data exchange Supports the use of business rules engines Supports the use of analytics for decision-making and reporting Supports integration of HIT Support HIT process improvement Supports coordination with ASES for contract changes to service level agreements (SLAs) Supports beneficiary focus and health outcomes measurement Supports automation of business results Improves data integrity Improves cost effectiveness Improves efficiency and data accuracy Improves access to data Improves timeliness of decision-making Supports program and system integration Supports interoperability Supports business results Supports reporting Improves automation Improves timeliness Supports program integrity Supports access to care 			

MITA Gap Solutions			
<ul style="list-style-type: none"> ○ Supports MITA Goals and Objectives ● Challenges <ul style="list-style-type: none"> ○ Requires coordination with ASES for contract changes to SLAs ○ Requires change management ○ Requires staff training ○ Requires vendor support ○ Requires stakeholder buy-in ○ Might require provider and MCO training and support from ASES ○ Governance issues with multiple state agencies ○ Might require MOUs among state agencies ○ Cost to implement ○ Requires oversight ● Opportunities to address gaps <ul style="list-style-type: none"> ○ Addresses gaps in the Business Relationship Management, CM, CO, EE, FM, OM, PE, PL, and Provider Management Business Areas. 			
Gap Solution: PEP)			
Total Gaps Resolved: 22			
BA	IA	TA	Seven Standards and Conditions
10	5	7	0
Maturity Level 2 Gaps	Maturity Level 3 Gaps	Maturity Level 4 Gaps	Maturity Level 5 Gaps
22	0	0	0
<ul style="list-style-type: none"> ● Strengths <ul style="list-style-type: none"> ○ Supports the use of standards ○ Supports the use of business rules engines ○ Supports the use of analytics for decision-making and reporting ○ Supports automation of business results ○ Supports collaboration with ASES to achieve PRME Goals and Objectives ○ Supports data exchange ○ Improves cost effectiveness ○ Improves timeliness of process ○ Supports MITA ○ Supports Agile procurement, development, operations, and decision-making ● Challenges 			

MITA Gap Solutions			
<ul style="list-style-type: none"> ○ Requires support and collaboration with ASES ○ Requires change management ○ Requires staff training ○ Requires staff time ○ Requires provider training ○ Requires MCO training and support from ASES ○ Requires policy changes ○ Might require executive and legislative action ● Opportunities to address gaps <ul style="list-style-type: none"> ○ Addresses gaps in the Business Relationship, EE, and Provider Management Business Areas 			
Gap Solution: Increased automation of reporting (ASES XML Reporting) Total Gaps Resolved: 19			
BA	IA	TA	Seven Standards and Conditions
9	4	6	0
Maturity Level 2 Gaps	Maturity Level 3 Gaps	Maturity Level 4 Gaps	Maturity Level 5 Gaps
19	0	0	0
<ul style="list-style-type: none"> ● Strengths <ul style="list-style-type: none"> ○ Supports the use of data standards ○ Supports data exchange ○ Supports the use of business rules engines ○ Supports the use of analytics for decision-making and reporting ○ Supports collaboration with ASES for data sharing ○ Supports integration of HIT ○ Support HIT process improvement ○ Support beneficiary focus ○ Supports automation of business results ○ Improves data integrity ○ Improves cost effectiveness ○ Improves efficiency and data accuracy ○ Improves access to data ○ Improves timeliness of decision-making ○ Supports program and system integration 			

MITA Gap Solutions

- Supports interoperability
- Supports business results
- Supports reporting
- Improves automation
- Improves timeliness
- Support program integrity
- Support access to care
- Supports MITA Goals and Objectives
- Challenges
 - Requires change management
 - Requires staff training
 - Requires vendor support
 - Requires stakeholder buy-in
 - Might require provider and MCO training and support from ASES
 - Governance issues with multiple state agencies
 - Might require MOUs among state agencies
 - Cost to implement
 - Requires oversight
- Opportunities to address gaps
 - Addresses gaps in the Business Relationship Management, CM, CO, EE, FM, OM, PE, PL, and Provider Management Business Areas.

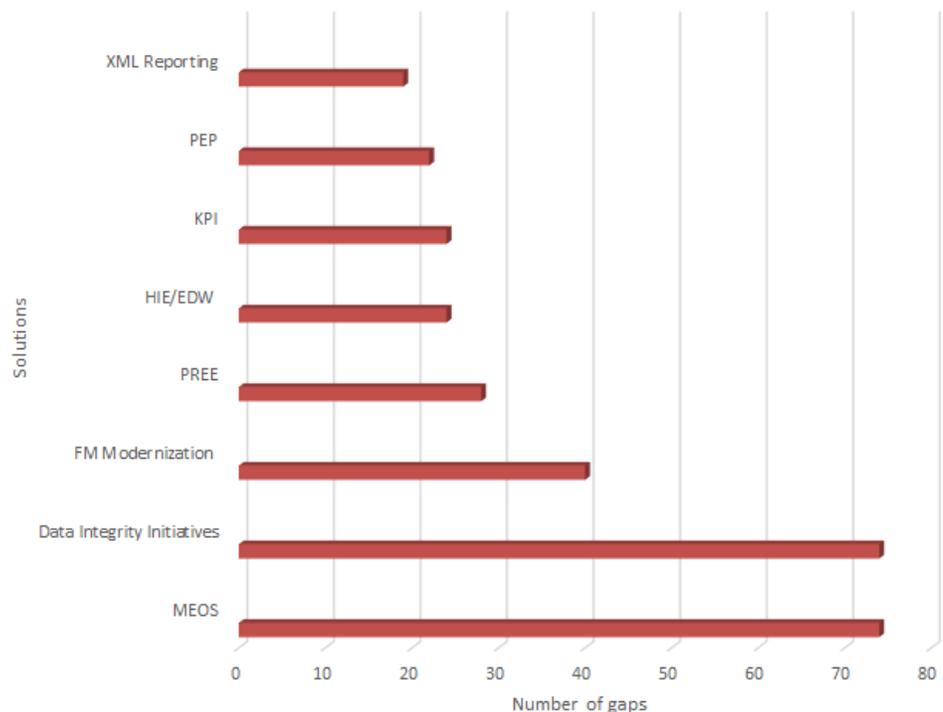
6.0 Sequencing Plan

This section identifies the sequence of the Medicaid Enterprise transformation plan in terms of the way in which the solutions are prioritized and the gaps that will be addressed to achieve business process improvement. The Sequencing Plan is the State’s strategy for maturing the Medicaid Enterprise by directing projects, initiatives, and program development toward business process capability maturity. This section includes the analysis used to identify the strengths and challenges the solution will bring to the business improvement effort and business areas that are impacted. These solutions will be used in conjunction with the business process scorecards to support a strategic approach to PR’s technology investments.

6.1 Solutions and MITA Maturity

As part of the transition analysis, the solutions were evaluated in terms of their potential to mature the enterprise through business process improvement. Solutions that closed the largest number of gaps across multiple business areas in the shortest amount of time were examined by gap, as well as their assessed priority and timelines. As Figure 5 below illustrates, the MEOS, Data Integrity, and Modernization of FM processes projects will close the greatest number of total gaps and offer the greatest contribution toward the maturation of the PRME.

Figure 5: 2019 MITA AU Maturity Solutions Analysis



6.2 Sequencing Plan Implementation

The MITA Sequencing Plan establishes a logical implementation order for the solutions identified for maturing the PRME. The purpose of this plan is to position the Enterprise to maximize MITA maturity over time, taking into account available funds and the strategic support for each solution. Sequencing order is based on a review of each solution and its contribution to achieving MITA maturity across multiple business areas, timeline for implementation, and leadership priority. In light of state government and agency budgets, solutions are divided into two categories:

- **Current Solution/Projects:** Solutions or projects with secured funding that are in progress.
- **Future Solutions/Projects:** Solutions or projects that are not funded, are not currently scheduled for implementation, or their start dates are unknown at the time of this assessment. These projects might be in the planning stages.

Following the categorization, the sequence of each solution is in numerical order based on the project priority identified in the PRMP leadership Visioning session. These solutions are based on the overall contribution to MITA business process maturity each will make and the timing of the project in terms of delivering the desired results. The proposed sequence results are displayed below in Table 6.

Table 6: Sequencing Plan

Sequencing Plan		
Sequence	Solution/Initiative Name	Solution/Initiative Category
1	PRDoH HIE/EDW implementation	Current Project
2	PEP	Current Solution
3	MEOS	Current Solution
4	PREE	Current Project
5	KPI subproject	Current Project
6	Increased automation of reporting (ASES XML Reporting)	Current Solution
9	Modernization of FM processes	Potential Future Solution
10	Data Integrity Initiative	Potential Future Solution

6.3 Sequencing Timeline

The MITA 3.0 SS-A Roadmap Transition and Sequencing Plan and Solutions Analysis require the development of a timeline for projects in the Sequencing Plan above with scheduled launch or completion during the next five years in order to implement this MITA strategy. PRMP will

develop a timeline using this solutions analysis to help ensure the most efficient implementation strategy before the start of the next MITA SS-A AU.

7.0 Conclusion

CMS MITA 3.0 materials provide an important national framework of emerging documentation to assist Medicaid Enterprises in conducting a MITA SS-A. MITA is the measurable standard for the Medicaid Enterprise eligibility for FFP as well as the CMS MECL and OBC. The MITA 3.0 SS-A Roadmap Transition and Sequencing Plan are important tools for Medicaid agency project teams. These tools provide the flexibility to reflect on the options and resources available to become more effective, and then fine tune and adjust its progress toward the desired outcome. Accordingly, if the AU is conducted at regular intervals the process will remain agile.

The process used to reevaluate the gaps in maturity on an annual basis will help ensure that the key MITA Goals and Objectives for the PRME remain flexible and ongoing. Use of this MITA 3.0 SS-A Roadmap Transition and Sequencing Plan to continually examine and reevaluate progress and realign goals creates a flexible path to achieve the objectives for the PRME to meet current and ongoing needs of the business with each subsequent AU and CMS expectations.

The PRDoH HIE/EDW, PREE, and PEP implementations that are currently underway and being phased in by modules will have had the greatest technology impact on the ongoing maturity of the PRME. The project activity identified in the analysis of the agency vision for the PRME will address the greatest number of MITA gaps identified by the gap analysis in the period between 2020 and 2023. These projects include:

- MEOS
- Data Integrity Initiative
- Modernization of FM processes
- PREE
- PRDoH HIE/EDW

The planning activities for integration of the PRDOH HIE/EDW with MMIS will begin in 2021. In the meantime, planning activities that would better position the systems for integration can continue with integration of the CMS HIT MITA assessment activities into the next MITA 3.0 SS-A AU. Use of the MMM to conduct a companion HIT MITA assessment in parallel with the PRME MITA SS-A AU and with the use of CMS tools helps ensure efficient use of technology through reuse, effective interface design, development of a strong governance infrastructure, flexible, Agile design methods and processes, and assurance of MITA alignment with the PRME architectures.

PRDoH has identified numerous other projects, initiatives, and grants that will contribute indirectly to the maturity of the Medicaid Enterprise capability through improvements in business processes and data sharing. The further analysis and strategic planning generated by the

MEOS, Data Integrity Initiative, and Modernization of FM processes with implementation of KPIs to support the strategic Roadmap of each MITA AU will offer an agile, efficient, and cost-effective path to the improvements desired for the PRME. These projects will return improvements in programs and services in the strategic planning period that also result in business process improvements due to their nature, and these projects can be measured in future roadmaps in terms of their impacts on the As-Is capabilities on the PRME.

Upon CMS approval of the MITA 3.0 SS-A AU and Roadmap, PRDoH will continue to define and develop its BA, IA, and TA as well as maturity of the MITA Seven Standards and Conditions. The next MITA SS-A AU project will include any future guidance from CMS, updates to the MITA COO, and future technology investments as an ongoing effort to mature the Medicaid technological landscape.

8.0 Next Steps

Anticipated next steps taken to continue the analysis of this MITA 3.0 SS-A Roadmap Transition and Sequencing Plan includes:

- Continued development of the MITA BA capability models
- Continued development of the MITA IA capability models
- Continued development of the MITA TA capability models
- Completion of Member Management business area documentation and analysis upon release by CMS
- Initiation or completion of projects outlined in this Roadmap to continue the maturation of the PRME
- Planning for the scope of the next MITA AU within 12 months from the approval date of this 2019 AU to support planned APDs

Appendix A: Meaning and Usage of Terms

Table 7: Strategic Plan Term Definitions

Strategic Plan Term Definitions	
MITA Goals and Objectives	<p>Strategic goals represent what the organization is committed to achieving in the next several years. Strategic objectives are significant results and outcomes the organization will achieve in support of those goals.</p> <p>MITA goals are derived from the PRMP’s strategic goals and are intended to support strategic objectives. They represent the transformation that the Bureau is committed to achieve in the next few years.</p> <p>MITA objectives are outcomes that PRMP is committed to achieving in support of MITA goals. They are closely aligned with the desired To-Be capabilities designated by the MITA SS-A and described in the MITA 3.0 Framework.</p>
MITA Initiatives	MITA initiatives are programs or groups of projects that are identified to achieve or support one or more MITA objectives.
MITA Projects	MITA projects are endeavors undertaken in support of a MITA initiative. Projects differ from operations in that operations are continuous and focused on the repetition of outcomes, while projects are temporary and focus on creation of a unique product, service, or outcome.

Appendix B: MITA Maturity Elements

Table 8: MITA 3.0 Maturity Model Matrix Elements

MITA 3.0 Maturity Model Matrix Elements	
Element	Definition
Efficiency	Level of effort necessary to perform the business process, given current resources
Framework	Provides a logical structure and organizes complex information
Industry Standards Condition	<p>Helps ensure that a business process is in alignment with security, privacy, and accessibility industry standards, including:</p> <ul style="list-style-type: none"> • HIPAA • Accessibility standards established under section 508 of the Rehabilitation Act • Compliance with Federal Civil Rights laws • Standards adopted by the Secretary under section 1104 of the Affordable Care Act • Standards and protocols adopted by the Secretary under section 1561 of the Affordable Care Act
Interoperability Condition	Promotes the ability of two or more systems or components to exchange information and to use the information that has been exchanged. In the healthcare industry, interoperability refers to the ability to use the information that has been exchanged—meaning that not only must healthcare systems have the ability to communicate with one another, but also that they must employ shared terminology and definitions
Leverage Condition	Promotes sharing by leveraging the reuse of Medicaid technologies and systems within a state and among other states
Logical Data Model (LDM)	Provides guidance and specifics to information technology (IT) staff on how to design MITA Enterprise service interfaces. It shows a data subject area divided into data classes and includes the relationships among those classes, with attributes defined as needed for one drilled-down business process
Logger Utility Services	Provides a consistent approach to logging information and controls that can increase or decrease logging levels
MITA Condition	<p>Involves assessing if the Medicaid Enterprise is aligned to and increasing in maturity in the areas of business, information, and TAs by:</p> <ul style="list-style-type: none"> • Conducting MITA SS-A's • Developing MITA Roadmaps • Developing COO Documents

MITA 3.0 Maturity Model Matrix Elements	
Element	Definition
	<ul style="list-style-type: none"> Developing and maintaining Business Process Models
Modularity Standard	<p>One of the CMS Seven Standards and Conditions required by CMS for Medicaid IT investments defined in the CMS guidelines for State Medicaid Agencies entitled: Enhanced Funding Requirements: Seven Standards and Conditions, Medicaid IT Supplement (MITS-11-01-v1.0).</p> <p>Uses a modular, flexible approach to systems development, including the use of open interfaces and exposed Application Programming Interfaces; the separation of standardized business rule definitions from core programming; and the availability of standardized business rule definitions in both human and machine-readable formats. The states commit to formal system development methodology and open, reusable system architecture. Activity includes the following:</p> <ul style="list-style-type: none"> Use of Systems Development Life Cycle methodology Identification and description of open interfaces Use of standardized business rule definitions engines Submission of standardized business rule definitions to a U.S. Department of Health and Human Services designated repository
Performance Measure	Based on established performance standards; tracks past, present, and future business activity
Privacy and Security	A HIPAA component that mandates confidentiality of personal medical information and secure maintenance of healthcare data
Reporting Condition	Determines if a business process produces transaction data, reports, and performance information that contribute to continuous improvement opportunities in business operations, transparency, and accountability
Seven Standards and Conditions	<p>Describe the requirements that States must adhere to receive enhanced federal matching funds for Medicaid IT. The Seven Standards and Conditions are:</p> <ul style="list-style-type: none"> Modularity Standard MITA Condition Industry Standards Condition Leverage Condition Business Results Condition Reporting Condition Interoperability Condition
Standard	A set of criteria (some of which may be mandatory), voluntary guidelines, and best practices. A rule, condition, or requirement describing the following

MITA 3.0 Maturity Model Matrix Elements	
Element	Definition
	information for products, systems, services, or practices: classification of components, specification of materials, or delineation of procedures
Timeliness of Business Process	Time lapse between the agency's 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)
Utility or Value to Stakeholders	Impact of the business process on individual beneficiaries, providers, and Medicaid staff