



MMIS IV&V Project
Department of Health and Hospitals
Draft



Assessment of the DHH Prepared Medicaid Information Technology Architecture State Self-Assessment

PREPARED BY

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FOR

LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS
Bureau of Health Services Financing (Medicaid)

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Louisiana MITA State Self-Assessment

1.0 Introduction

The Medicaid Information Technology Architecture (MITA) initiative was designed by the Centers for Medicare & Medicaid Services (CMS) to serve the Medicaid enterprise in the 50 States and the District of Columbia. According to CMS, “ The Medicaid enterprise is defined in the MITA context as three spheres of influence: (1) the domain of State Medicaid operations in which Federal matching funds apply; (2) the interfaces and bridges between the State Medicaid agency and Medicaid stakeholders, including providers, beneficiaries, other State and local agencies, other payers, and CMS and other Federal agencies; and (3) the sphere of influence that touches, or is touched by, MITA (e.g., national and Federal initiatives, including the Office of the National Coordinator for Health IT [ONC], standards development organizations [SDOs], and other Federal agencies such as the Department of Homeland Security [DHS]). ” This Medicaid enterprise is the focus of MITA.

The goal of MITA is a transformed business and IT environment for all the Medicaid enterprises. The MITA initiative includes an architecture framework, processes, and planning guidelines that allow State Medicaid enterprises to meet their Medicaid objectives within the MITA Framework while supporting those unique local needs of each State. Adherence to the MITA framework insures that states will improve Medicaid program administration through established national guidelines for technologies and processes.

The State Self-Assessment (SS-A) process, as defined in the March 2006 abstract for the CMS MITA Initiative, "... asks States to compare current business operations, technical capabilities, and targeted levels of improvement to models supplied in the Framework document; e.g., Business and Technical Capability Matrixes."

Louisiana's SS-A is where DHH was to have defined its strategic goals and objectives, measured its current business processes and capabilities, and developed target capabilities to transform its Medicaid enterprise to a adaptation of the MITA Business Capability Matrix model that is attainable over a 10-year period; the 10-year period is a MITA Maturity Model benchmark.

2.0 Deliverable Description

The Louisiana Request for Proposal (RFP) for MMIS Independent Verification and Validation (IV&V) Services defined Subtask I-1.2: MITA State Self-Assessment as follows:

The IV&V Contractor shall review DHH's MITA assessment to ensure both current and future Medicaid related business needs have been defined and map to the MITA business process model.

This deliverable, MITA State Self-Assessment (SS-A) Review, provides Louisiana with a thorough analysis of the Louisiana DHH prepared SS-A with findings and recommendations. The deliverable fulfills the requirements under Subtask I-1.2: MITA State Self-Assessment.

MAXIMUS used Part 1 of the CMS MITA Framework 2.0 as the architectural framework, the processes, and planning guidelines to review the Louisiana MITA SS-A. The SS-A is the final product of the Business Architecture part of the Framework.

According to the CMS MITA Framework 2.0 Part 1, the components of the Business Architecture part of the MITA Framework are:

- **The Concept of Operations (COO)**
A COO is a structure that helps organizations document their current state of operations, envision future desired transformations, and describe the improvements they seek in interactions with stakeholders, the quality and content of data exchanges, and their business capabilities. A COO is a well-thought-out vision of the future and stakeholders' places in it.
- **The MITA Maturity Model (MMM)**
A maturity model measures the improvement and transformation of a business across the two dimensions — time and space. The time dimension marks progress from the present to a realistic future time. The space dimension shows how the business looks at present and what its capabilities likely will be as it matures.
- **The Business Process Matrix (BPM)**
A BPM describes what an organization or business does, including the events that initiate those processes which are known as the trigger event. A BPM also describes the results of those processes. A process-oriented business model was chosen because it fits best in a framework that is designed to support over 51 Medicaid agencies, each with its own organizational structure, policies and operational procedures. The MITA process-oriented approach views the business cross-functionally and organizes the actions of the business as a set of activities that respond to business events. Opportunities for real process improvement and dramatic business change are more likely to emerge from this perspective because it “dismantles” existing organizational silos. The BPM does not care how the business is organized, who does the work, or where the work is performed. Its focus is on the activity itself. In this sense, the BPM offers a “one-size-fits-all” solution because it focuses on the core business process and not on how the activity is accomplished.
- **The Business Capability Matrix (BCM),**
A BCM describes a business process at a specific level of maturity. The MMM defines five levels of maturity that show how the State Medicaid enterprise can and may evolve over the next 10+ years. The business capabilities result from applying the MMM's definitions of the five levels of maturity to each business process to derive specific capabilities for each process. The description of a business process is neutral regarding level of maturity. That is, it merely describes a trigger event, a series of actions, and an

outcome without reference to time, efficiency, impact, or other qualities of the process. The BCM, by contrast, describes how the process will change at different points in time, and

- The State Self-Assessment (SS-A)

The SS-A is a process that a State uses to review its strategic goals and objectives, measure its current business processes and capabilities against MITA business capabilities, and ultimately develop target capabilities to transform its Medicaid enterprise to be consistent with MITA principles. The SS-A is also the end product of the Business Architecture and reflects information from each of the proceeding components.

3.0 Methodology for Creating the DHH Prepared MITA SS-A

The DHH prepared MITA SS-A was reviewed against the required components of Part 1 of the CMS MITA Framework 2.0 for adherence to the framework, processes, and planning guidelines. Findings were developed for each component and recommendations for development or modification of each component(s) were made based on the MAXIMUS findings.

4.0 Review Results

4.1 Concept of Operations (COO)

The goal of the COO component is stated in the MITA Framework guide (Part I, Chapter 2) as the following: "... to document the Medicaid program vision of the future and describe the impact of planned improvements on stakeholders, information exchanges, Medicaid operations, and healthcare outcomes."

4.1.1 Assessment Results - Findings

Out of the eight (8) sections which are addressed in the MITA Framework guide (Part I, Chapter 2), for the COO, only two (2) were partially addressed. This is inadequate for the completion of this section and for the document. The COO is used as the beginning framework for the subsequent steps in the development of the SS-A. The lack of a well defined mission and goals will have a negative impact for subsequent sections. Specifically, any work to define the desired capabilities and levels of maturity for the business processes will be limited in scope.

The document as delivered to MAXIMUS does not meet the standards set forth in the MITA Framework. Listed in the table below are our findings relative to the COO:

Sections of Concept of Operations Document	Assessment
Introduction	The introduction section should be used to explain the methodologies used in order to gather information for this section of the document. It should have areas explaining the objective and purpose of the COO and what sections to expect further down in the document

Sections of Concept of Operations Document	Assessment
	under the COO subtitle. None of these areas were addressed and therefore is not adequate for this section of this document.
As-Is – High Level Narrative	Section not found in document.
Context Diagram of the As-Is and To-Be Medicaid Operations	Section not found in document.
As-Is and To-Be Context Diagram Description	Section not found in document.
Definition of Key Actors	Section not found in document.
Comparison of Key Actors and Major Data Exchanges in the As-Is Context and the To-Be Context	Section not found in document.
Louisiana Medicaid Program and MITA Mission and Goals	The mission and goals written in this section is very similar to text in a published Medicaid Annual Report for fiscal year 2005-2006. Under the MITA Business Architecture methodology, these statements should be analyzed under the time line of: As-Is, 5 years from now, and long term. This timeline was not addressed in the SS-A received and therefore this section is incomplete.
Drivers (a.k.a., Enablers)	Section not found in document.

4.1.2 Assessment Results - Recommendations

Using the CMS documentation on the MITA model (Part I — Business Architecture, Chapter 2 — Concept of Operations) as a guide, facilitated meetings (JAD meetings) should be held with key stakeholders in order to fully complete the COO. The framework indicates that the completeness and validity of subsequent sections of the SS-A are fully dependant on the completion of this section. The goals and mission of the entire Medicaid enterprise should be defined in much more detail and reflect visioning at all levels. Visioning JAD sessions should occur at the Department, Bureau, and Business Process levels in order to fully develop the “To-Be” areas of this section. The people attending these sessions should be mentioned in this section as the main actors.

MAXIMUS concurs with the CMS recommendation to include context diagrams in the SS-A. Context diagrams are very important to graphically describe the direction the department is going. In addition to being an integral part of the COO, it is recommended that these diagrams be shared throughout the department so that a graphical representation of the direction of the project can be envisioned by all staff.

4.2 MITA Maturity Model (MMM)

The MMM, as stated in the MITA Framework guide (Part I, Chapter 3), is to serve as a reference model for grounding the definitions of business capabilities. It establishes boundaries and measures to be used in determining whether a business capability is correctly and sufficiently defined.

4.2.1 Assessment Results - Findings

Out of the 4 sections which are addressed in the MITA Framework guide (Part I, Chapter 2), only three (3) were addressed. This will be inadequate for the completion of this section and for the document as the complete methodology and models were not used as intended. The “qualities” and desired maturity levels must be defined in the section in order to develop and utilize the MMM in the development of the BPM and the BCM.

The document as delivered to MAXIMUS does not meet the standards set forth in the MITA Framework. Listed in the table below are our findings relative to the MMM:

Sections of MMM Document	Assessment
Introduction	The introduction section should be used to explain the methodologies used to gather information for this section of the document. It should have areas explaining the objective and purpose of the MMM and what sections to expect further down in the document under the MMM subtitle. None of these areas were addressed and therefore the introduction is not adequate.
Definition of Maturity Levels for Louisiana	The maturity level definitions provided are very generic and have not been refined for the Louisiana MITA assessment effort. The content for the MMM table in this section has the same wording as the MITA Business Architecture document in Part 1, Chapter 2 – Maturity Model, Table 3-1 - State Medicaid Enterprise Levels of Maturity. The intent of the MMM exercise is to create DHH specific maturity levels keeping in mind the goals and mission statement of the entire Medicaid enterprise. Table 3.1 is meant to be used as a guide to help formulate DHH specific business capabilities for each maturity level. Currently this needs to be accomplished and the table shown in the self-assessment is too generic. This MMM definition is meant to be used as a baseline after being defined in this section. This

Sections of MMM Document	Assessment
	model should be revisited many times during the process of the maturity of the Louisiana Medicaid system and adjusted to reflect changes in the vision, mission or goals of DHH.
Definition of the Qualities of Each Level of Maturity for Louisiana	Section not found in document.
Maturity Levels Applied to Medicaid Mission and Goals	Although the mission and goals of “Medicaid” were listed in the MMM document, no levels of maturity were assigned. Even if the levels of maturity had been assigned, the mission and goals statements were found to be insufficient for the purposes of this document.

4.2.2 Assessment Results - Recommendations

Using the CMS documentation on the MITA model (Part I — Business Architecture, Chapter 3 — MITA Maturity Model) as a guide, JADs with key stakeholders should be held in order to fully complete the MMM. This model should then be applied to the revised Mission and Goals from the COO section of the Business Architecture (BA).

It is required that a list of “Qualities” be described in this section and display measurable attributes to help distinguish performance at one level from performance at another state. The following is an example list of “Qualities”, and these can be used or modified in order to fit the DHHs needs:

- **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)
- **Data Accuracy and Accessibility** - Ease of access to data that the business process requires and the timeliness and accuracy of data used by the business process
- **Efficiency; Ease of Performance** - Level of effort necessary to perform the business process given current resources
- **Cost Effectiveness** - Ratio of the amount of effort and cost to outcome
- **Quality of Process Results** - Demonstrable benefits from using the business process
- **Utility or Value to Stakeholders** - Impact of the business process on individual beneficiaries, providers, and Medicaid staff

“Qualities” defined for each level should differentiate clearly between the levels and show a realistic progression toward improvement and growth. This component will be used as the baseline against which the DHH processes will be compared for the BPM and BCM.



DHH needs to go through the process of developing a set of Qualities. During that process discovering that DHH has the same qualities as mentioned by the framework guide is completely valid, but the process of discovery still needs to occur. MAXIMUS recommends the discovery be completed during visioning JAD sessions at the Department, Bureau, and Business Process levels as mentioned before.

4.3 Business Process Model (BPM)

The BPM as stated in the MITA Framework guide (Part I, Chapter 4) is to provide a common reference point for State Medicaid agencies. Agencies and their vendors can map their processes to the BPM which lets them describe their business processes in a standard way using a common vocabulary.

4.3.1 Assessment Results – Findings

The findings in this section only reflect the “As-Is” business processes as defined by DHH Bureau staff. There are concerns regarding the mapping of the “As-Is” business processes. Currently, the same MITA processes are in the “As-Is” SS-A multiple times with different business names. Also, there are business processes included in the “As-Is” model for which DHH indicates that they have no corresponding process. The “To-Be” business process model, which is a CMS defined component of the MITA SS-A, has not been defined within the DHH MITA SS-A.

The table below presents the fifteen (15) DHH defined business areas and the eight (8) CMS MITA defined business areas. The MITA BPM business areas are the business processes that were defined by the developers of MITA as common to all 50 states and the District of Columbia Medicaid programs. They are the foundation of the BPM and the BCM. Increasing the business areas defeats the intent of the model which is to provide a common starting point for the development of a SS-A. A review of the differences between the DHH business areas and the MITA business areas shows that DHH has divided its business areas by who completes the work, not by what the work is, which is how the MITA business areas were defined. Additionally, DHH has 142 business activities while only 78 are in the MITA model. This increase in activities also defeats the intent of the MITA model.

DHH BPM Business Areas	MITA Model BPM Business Areas
Business Relationship	Business Relationship Management
Contractor Management	Care Management
Eligibility Policy	Contractor Management
Eligibility Field Office	Member Management
Eligibility Processes	Operations Management
Eligibility Support	Program Integrity
Eligibility Special Services	Program Management
Financial Management	Provider Management
Health Standards	
MMIS	

DHH BPM Business Areas	MITA Model BPM Business Areas
Pharmacy	
Policy Development and Implementation	
Program Integrity	
Program Operations	
Rate and Audit	

The business process documentation as delivered to MAXIMUS does not meet the standards set forth in the MITA Framework. Listed in the table below are our findings relative to the BPM:

Sections of Business Process Model Document	Assessment
Introduction	Section not found in document.
Business Process Hierarchy	Section not found in document.
As-Is Business Process Template	In each As-Is BPM document illustrating the description of the 15 business areas, there was no introduction describing what the business process is and how information flows in and out. The suggested way to demonstrate this was the formulation of a Business Process Hierarchy. The MITA business process hierarchy is a structure that groups together business processes that have a common purpose and that share data. It appears that this exercise did not take place and the entire 15 business areas were never analyzed for common business processes. There are currently 142 business processes defined by DHH which is almost double the amount of business processes identified in the MITA BA model. This further demonstrates that the exercise of formulating hierarchies was not accomplished. The “Link” column of the matrix was not completed for many of the business areas (such as in Health Standards and MMIS). This model is incomplete and does not illustrate the information flow between business processes. In many instances there was no indication that the business processes ever interact with each other
To-Be Business Process Template	Section not found in document.

4.3.2 Assessment Results – Recommendations

It is recommended that “As-Is” and “To-Be” JAD sessions for the different business sections of DHH should be held in order to fully complete the BPM. The “As-Is” JAD sessions will generally be validating what has been provided by DHH. During this process, the model will be used to consolidate each of the 15 business areas down to the 8 MITA business areas. Although the 78 processes identified by the MITA team are the basis and more may be added, the 142 processes identified in DHH must be reduced to eliminate “duplicates” with different business names that use the same business process. The “To-Be” JAD sessions will explore new ways of doing business based on the visioning statements. Using the visioning statements as guides, the JAD sessions will provide staff with a forum where their ideas and wishes for new ways to conduct business are explored and examined for possible inclusion into the “To-Be” BPM.

4.4 Business Capability Matrix (BCM)

The BCM, as stated in the MITA Framework guide (Part I, Chapter 4), is comprised of either of the two following components:

- The composite of all business processes and their associated capabilities arrayed in a single large table
- The capabilities and qualities associated with a single business process.

4.4.1 Assessment Results – Findings

There is currently no evidence of any BCM in the Self-Assessment. DHH has initiated a task for developing a business capability matrix for the “As-Is” processes. The DHH estimated timeline for completing the “As-Is” BCM is three (3) to six (6) weeks although DHH Project Management has asked for it to be completed in a shorter timeframe. MAXIMUS has concerns regarding the quality of the results if MITA staff is pushed to complete in a shorter timeframe. DHS MITA staff currently does not plan on identifying “To-Be” processes or the associated BCM, which again is a CMS defined component of the MITA SS-A. CMS intends States to use the BCM to perform a self-assessment to establish their current maturity level for each business process and select higher levels for future improvements. Without a complete and accurate BCM, a SS-A would not be compliant with MITA guidelines.

The SS-A document as delivered to MAXIMUS does not meet the standards set forth in the MITA Framework. Listed in the table below are our findings relative to the BCM:

Sections of Business Capability Matrix Document	Assessment
Introduction	Section not found in document.
Business Capability Matrix “As-Is” – Levels 1-2 “To-Be” – Levels 3-5	Section not found in document.

4.4.2 Assessment Results – Recommendations

The DHH MITA SS-A does not include a business capability matrix. A BCM needs to be completed for both the “As-Is” and the “To-Be” states in a very short timeframe. JAD meetings for the “As-Is” and “To-Be” BCM should be held in order to fully complete the BCM. The final BCM will be a combination of the “As-Is” and “To-Be” in order to display all 5 levels of maturity.

The following three major components that must be completed before the DHH can successfully develop the BCM. They are the:

- Concept of Operations component
- MITA Maturity Matrix component
- BPM component

4.5 State Self-Assessment (SS-A)

The SS-A as stated in the MITA Framework guide (Part I, Chapter 6) is a process that uses all of the components of the Business Architecture (BA) in order to complete the State Self - Assessment. Using primarily the DHH’s Business Process Model (BPM) and the Business Capability Matrix (BCM) DHH’s BPM maps back to the MITA BPM. In order to get a solid assessment, it is imperative that a methodology is used that incorporates all of the building blocks in the MITA BA model.

4.5.1 Assessment Results – Findings

Out of the 5 sections which are addressed in the MITA Framework guide (Part I, Chapter 6), only 2 were partially addressed by DHH. This is inadequate for the completion of this section and for the document.

The document as delivered to MAXIMUS does not meet the standards set forth in the MITA Framework. Listed in the table below are our findings relative to the BCM:

Sections of State Self-Assessment Document	Assessment
Introduction	The introduction section should be used to explain the methodologies used in order to gather information for this section of the document. It should have areas explaining the objective and purpose of the SS-A. It was stated in this section that this SS-A only addresses the “As-Is” components of the Medicaid business process. It is missing the discussion of the “To-Be” component.
Prioritization the DHH’s goals and objectives	Section not found in document.
Map of DHH’s BPM to the MITA BPM	The DHH BPM is not correctly mapped to the MITA BPM. The lack of using the MITA

Sections of State Self-Assessment Document	Assessment
	methodologies in order to create DHH BA document may have contributed to the problem. Currently there are 15 DHH business areas with a total of 142 processes. These processes have not been analyzed or consolidated so that they map more closely to the 78 MITA business processes.
Identify its current business capabilities using the DHH BCM.	Section not found in document.
Determine the DHH's Target Capabilities	Section not found in document.

4.5.2 Assessment Results - Recommendations

Completion the four (4) components (Concept of Operations, MITA Maturity Model, Business Process Model and Business Capability Matrix) with evidence of adequate visioning are imperative before starting the DHH self - assessment. Completion of these 4 components should be a top priority and the completion of the SS-A should not be attempted until the prior components are complete. Since the MITA model as defined by CMS was not followed to formulate the current information, it is recommended that the model be used correctly and each of the 15 business areas revisited. Without correctly modeling the DHH business area and corresponding processes, mapping to the MITA business processes cannot be done correctly. This will result in a faulty DHH SS-A.

The table below maps the DHH Sections to the MMIS Subsystems and then to the MITA Business Areas. The 142 DHH Sections must be further collapsed down to the 8 MITA Business Areas that contain 78 business processes.

DHH SECTIONS	MMIS SUBSYSTEM OR AREA	MITA BUSINESS AREAS
Program Operations Rate and Audit Eligibility Special Services Eligibility Field Operations Eligibility Support Services MMIS Health Standards Policy Development and Implementation	Recipient Subsystem	Member Management
Program Operations Pharmacy Financial Management Waiver Compliance	MARS Including these areas: DSS/DW Program Mgmt Reporting	Program Management



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DHH SECTIONS	MMIS SUBSYSTEM OR AREA	MITA BUSINESS AREAS
Eligibility Policy Policy Development and Implementation MMIS Program Integrity Rate and Audit	Financial Management Federal Reporting Security and Privacy	
Waiver Compliance Program Integrity	Managed Care Including these areas: Managed Care HCBS Waivers Immunization Registry	Care Management
Program Integrity Program Operations Health Standards Policy Development and Implementation Rate and Audit MMIS	Provider Subsystem	Provider Management
Financial Management	Contract Monitoring	Contractor Management
Director Office Policy Development and Implementation	Data Exchange	Business Relationship Management
MMIS Program Operations Eligibility Field Operations Eligibility Special Services Pharmacy Program Integrity Waiver Compliance Eligibility Policy Eligibility Support	Reference Subsystem Claims Processing Third Party Liability Including these areas: Reference Data Mgmt Claims Receipt Claims Adjudication Pharmacy POS TPL	Operations Management
MMIS Program Integrity	SURS	Program Integrity Management

5.0 Conclusion

It is evident from our review that DHH has been working towards developing a SS-A. This review does identify areas where the DHH SS- A is deficient. Details of these deficiencies have been provided in Section 4 above. The following is a summary of some practical steps the DHH can undertake to complete a SS-A which meets the requirements of MITA Framework 2.0.

Concept of Operations

DHH should conduct visioning sessions with Executive and Bureau/Division Management Staff. These sessions should provide a forum to:

- Identify short-term and long-term vision, goals, and the mission for the LA Medicaid program for the next three, five and ten years,
- Identify new initiatives
- Define desired qualities
- Define desired MITA maturity levels.

Once the vision has been approved by Executive Management, it should be used to complete the COO. Additionally, the vision should be presented to the staff, especially the subject matter experts (SME's) who will be participating in work sessions. It is also very important that the Executive Management advises staff that their input into how to achieve the DHH vision is welcomed and necessary to the success of the MMIS replacement initiative.

MITA Maturity Matrix

Through Joint Application Development (JAD) sessions, a process should be used that applies the maturity qualities developed during the visioning sessions to each of the Medicaid business process so that the maturity level for each process can be evaluated against the MITA requirements.

Business Process Model

Through JAD sessions, facilitated by MAXIMUS, the 142 business processes in 15 business areas identified and detailed for the Business Process Model should be validated against the MITA model. The MITA model has 78 identified processes in 8 business areas. While CMS expects some new processes to be identified as more states complete their SS-A, the number of processes identified by DHH is not in compliance with the model. A process of consolidation needs to occur so that the DHH processes are more closely aligned to the MITA processes.

Business Capability Matrix

Through JAD sessions facilitated by MAXIMUS the 'As Is' section of the BCM should be completed. This is based on the BPM. Then the "To Be" for each business process needs to be developed. The "To Be" is based on the visioning that occurred during the development of the COO. The MMM is used to identify the level of maturity for each "To Be" process.

State Self-Assessment

Once the four (4) components (Concept of Operations, MITA Maturity Model, Business Process Model and Business Capability Matrix) are complete, DHH will be ready to develop the State Self-Assessment. Through a series of JAD sessions, DHH should complete the following steps by reviewing the BPM and the BCM:

- List and prioritize the DHH's goals and objectives.



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- Define the DHH’s current business model and map to the MITA BPM.
- Assess the DHH’s current capabilities.
- Determine the DHH’s target business capabilities.

The SS-A is a compilation from the other four components, primarily the BPM and BCM. They are used in conjunction with each other to depict the current maturity of each business process and then the desired maturity.

The figure below is an example of a section of a completed SS-A. It shows that the Enroll Provider process “As-Is” is at a Level 1 and the “To-Be” is at a Level 2. The Terminate Business and Prepare Provider Check/EFT processes are at the same levels. The Payment Request Processing “As-Is” is at a Level 3 and there is not a” To-Be” envisioned for this process so there is no “To-Be” identified. The Maintain State Plan does not have a “To-Be” identified either, so the expectation is that these two processes will stay at a Level 1.

As the DHH vision changes, the SS-A will need to be revisited so the new levels are chosen for business processes where there are new goals.

Business Process	Level 1	Level 2	Level 3	Level 4	Level 5
Enroll Provider	As-Is	To-Be			
Payment Request Processing			As-Is		
Terminate Business Relationship	As-Is	To-Be			
Maintain State Plan	As-Is				
Prepare Provide Check/EFT	As-is	To-Be			

In turn, the SS-A provides data for the process of creating development and implementation plans. Once the SS-A is complete and compliant with the MITA Framework 2.0, it should be submitted with any Advance Planning Documents (APD) requesting Federal Funding for the State Medicaid enterprise. CMS expects all requests to be accompanied by a SS-A. Decisions on funding will include an evaluation of the SS-A to insure that requests are in line with the vision, mission and goals of DHH.