State of Rhode Island
Department of Administration / Division of Purchases
One Capitol Hill, Providence, Rhode Island 02908-5855
Tel: (401) 574-8100 Fax: (401) 574-8387

January 31, 2019

ADDENDUM #2

RFP #: 7598553

Title: Health Information Technology Strategic Roadmap and Implementation Plan

Submission Deadline: February 22, 2019 at 11:00 AM (ET)

Notice to Vendors

ATTACHED IS THE STATE'S REVISED RESPONSE TO ADDENDUM 1 QUESTION # 27. NO FURTHER QUESTIONS WILL BE ANSWERED

David J. Francis
Interdepartmental Project Manager

Interested parties should monitor this website, on a regular basis, for any additional information that may be posted

Questions with State Responses for RFP 7598553 Health Information Technology Strategic Roadmap and Implementation Plan

Question 27: Section 3: General Scope of Work - Specific Activities/Tasks

Does the current MITA SS-A contain HIT Initiatives in the Road-map? If so, would EOHHS please provide the current MITA 3.0 State Self-Assessment?

Answer to question 27: The MITA State Self-Assessment does include some of the HIT Initiatives in the roadmap. There are four documents attached related to the MITA State-Self-Assessment:

- Medicaid Business Process Review
- MMIS System Assessment
- Overall MITA Roadmap
- Overall Concept of Operations

RHODE ISLAND MITA 3.0 STATE SELF-ASSESSMENT

MEDICAID BUSINESS PROCESS REVIEW

CONSULTING SERVICES FOR MITA 3.0 STATE SELF – ASSESSMENT & RELATED ACTIVITIES PROJECT FOR RHODE ISLAND

RESUBMITTED
VERSION 3.0

DATE: FEBRUARY 19, 2018

Document Information

Document Title	Medicaid Business Process Review
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Authors	Michael Tully, Michael Chowning and Lisa Pouliot
Owner (if different from Author)	Renea Steele, CSG Project Manager

The controlled master of this document is available online in the Project Repository. Hard copies of this document are for information only and are not subject to document control.

Amendment History

Document Version	Date	Author/Reviewer	Modification
1.0	01/25/2018	CSG team	Initial Submission
1.1	02/01/2018	CSG team	Added BCM tables
1.2	02/18/2018	CSG team	Changes based on State's review. See comment log for details.
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3.0	02/28/208	CSG team	Updated based on State's review see comment log v3 for details
4.0	3/1/2018	CSG team	Final

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EXECUTIVE SUMMARY

The Rhode Island Medicaid Enterprise provides health insurance to Rhode Island residents, including those served through Medicaid expansion, Medicaid waiver programs and in programs administered by DHS, BHDDH, and DCYF to people eligible for Rhode Island Medicaid. The Executive Office of Health and Human Services (EOHHS) is the single state agency responsible for administering the State's Medicaid program. This **Medicaid Business Process Review** document focuses on the State Medicaid Enterprise business processes and their degree of alignment with the latest version of the Centers of Medicare and Medicaid Services (CMS) initiative: Medicaid Information Technology Architecture (MITA) 3.0. This document relates only to the business architecture of the Medicaid Enterprise and does not include an analysis of the MITA 3.0 information and technical architectures addressed in the Medicaid Management Information System (MMIS) system assessment.

Project Overview

The Rhode Island MITA SS-A project, part of the New England MITA Collaborative with New Hampshire and Massachusetts was procured under a single Request for Proposal (RFP) coordinated by the New England States Consortium Systems Organization (NESCSO). CSG has been contracted to assist EOHHS in the development of a complete MITA 3.0 SS-A, including the following deliverables:

- Project Management Plan
- MITA Training
- Medicaid Business Process Review
- MMIS System Assessment
- Ancillary Medicaid Systems Assessment
- Interfaces and Interactions with the BI Systems
- Overall MITA Roadmap
- Overall Concept of Operations (COO)
- Project Close Out

MITA 3.0 Initiative and Framework

The MITA 3.0 initiative includes 10 business areas, 21 business categories, and 80 business processes utilized by most states in the administration of the Medicaid program. States are required to submit a State Self-Assessment (SS-A) when applying for enhanced Federal Financial Participation (FFP). EOHHS is currently in the process of re-procuring the MMIS, and intends to utilize the findings from this SS-A to assist with those efforts. There are many other valuable ways to leverage a completed SS-A. Some examples include:

- **Keeping an up-to-date overview of the Medicaid program** – Use up-to-date SS-A to assist in all modernization and planning efforts associated with their State Medicaid Enterprise
- **Using as a strategic planning tool** – Use the information to ensure planning is in line with the vision and MITA Roadmap reported to CMS

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- **Preparing Request for Proposals (RFP)** – Use the information to assist in preparing RFPs to outsource functions or modules associated with the state Medicaid Enterprise operation
- **Evaluating proposals** – Use the information to develop evaluation criteria based on the goals and objectives defined by Rhode Island EOHHS
- **Documenting state requirements for technical procurements** – Use the information to produce the MITA Roadmap and to obtain high-level requirements to aid in the development of technical assets
- **Monitoring implementation projects** – Use the information to ensure the goals and objectives, as well as the desired recommendations in the MITA Roadmap are being incorporated in new system(s)
- **Evaluating and approving new solutions** – Use the documentation to ensure new solutions meet the needs of the Rhode Island EOHHS based on what the State indicated in the SS-A

Mission, Goals and Priorities

The following are the Mission, Goals and Priorities defined by EOHHS:

- **Rhode Island Medicaid Mission** – Assure access to high quality and cost-effective services that foster the health, safety, and independence of all Rhode Islanders
- **Rhode Island Medicaid Goals and Priorities** -
  - ✓ Strengthen the publicly-funded health care system
  - ✓ Increase efficiency, transparency and accountability of the EOHHS and its departments
  - ✓ Promote data-driven and evidence-based strategic decision making, analytical orientation, and EOHHS-wide training in data analysis
  - ✓ Improve the customer experience
  - ✓ Integrate budget and finance

CSG determined that Rhode Island's Medicaid mission, goals and priorities are sufficiently aligned with the national Medicaid mission and goals, and the MITA mission as declared by CMS in MITA Framework 3.0, Part I, Chapter 2 Concept of Operations. This alignment indicates EOHHS has established their strategic vision to address the same issues CMS has identified as critical to Medicaid operations nationwide.

Medicaid Mission and Goals published by CMS

- **Medicaid Mission** – To provide quality health care to members by providing access to the right services for the right people at the right time for the right cost
- **Medicaid Goals** – To improve health care outcomes for Medicaid members; and to ensure efficient, effective, and economical management of the Medicaid Program
- **MITA Mission** – To establish a national framework of enabling technologies and processes that support improved program administration for the Medicaid Enterprise and for stakeholders dedicated to improving health care outcomes and administrative procedures for Medicaid members

Figure 1: CMS Medicaid Mission and Goals

These goals were integrated into the MITA 3.0 SS-A workshop sessions to establish a common direction for Subject Matter Experts (SMEs) when defining the future MITA maturity levels for the Rhode Island Medicaid Enterprise.

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MITA Business Architecture As-Is and To-Be Assessment

CSG conducted a kick-off meeting with agency-identified state SMEs to provide a foundation of understanding of the MITA initiative and the activities needed to complete the SS-A. Subsequent training sessions provided information on the Business, Information and Technical Architectures and the expectations for attending and completing the MITA workshops. Refer to **Appendix E – Subject Matter Expert Workshop Attendees.**

CSG worked with EOHHS leadership to schedule a series of MITA workshops with SME's to review each of the 80 MITA business processes. The structure and tools for each workshop were conducted in accordance with the CMS MITA 3.0 Companion Guide. Utilizing the standard CMS Business Process Template (BPT), CSG facilitated conversation on the alignment of Rhode Island processes to the BPT and documented Rhode Island specific modifications to the template. The results are Rhode Island specific BPTs, which are used to inform the findings in this **Medicaid Business Process Review**, and are included as **Appendix C – Business Process Templates.**

The Business Capability Matrix (BCM) was utilized in each workshop to assess the current (As-Is) and future (To-Be) MITA maturity level for each business process. Each business process capability matrix includes a series of questions, along with guidelines for establishing the level of MITA maturity. During the workshop, SME's came to consensus on the As-Is levels, provided references to support documentation, and identified the desired To-Be levels to be achieved within the next five years. **Table 1** reflects the level of MITA maturity determined for the 10 business areas.

Table 1: MITA Maturity by Business Area

MITA Defined Business Area	As-Is level of MITA Maturity	To-Be Level of MITA Maturity
Business Relationship Management	1	2
Care Management	1	2
Contractor Management	1	1
Eligibility and Enrollment Management	1	2
Financial Management	1	1
Member Management	1	2
Operations Management	1	1
Performance Management	1	1
Plan Management	1	2
Provider Management	1	2

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A common theme driving the As-Is and To-Be levels is the current state of **RI Bridges and the impact it has on the day-to-day business operations of the Agency.** RI Bridges performs all eligibility determinations for Medicaid recipients, and as the system of record for eligibility it feeds into the following MITA business areas:

- Care Management
- Eligibility and Enrollment Management
- Financial Management
- Member Management
- Operations Management

The impact of the identified issues with RI Bridges is widespread across the MITA business capabilities assessed for each business process. The capabilities were often assessed at a level 1, whereas the general observations provided by SME's in several sessions indicated that prior to RI Bridges the value would have been level 2 or 3. Looking at the five year To-Be levels, resolving the identified concerns with RI Bridges is highlighted as the recommendation to achieve the higher level. Capabilities impacted consistently across business processes included:

- Timeliness of Process
- Data Accessibility
- Data Accuracy
- Cost Effectiveness
- Efficiency
- Accuracy of Process Results
- Utility or Value to Stakeholders

Resolution of the change requests and identified issues documented in the RI Bridges Project Runway will positively impact the MITA maturity levels for the identified business areas.

Assessment of Compliance with Seven Conditions and Standards

A separate assessment of the MITA Seven Conditions and Standards (7 C&S) is conducted for the Business, Information and Technical Architectures. This review contains the initial Business Architecture As-Is and To-Be assessment for each of the 7 C&S. It is important to note that this assessment will be further refined to coincide with the information and technical assessments as they are completed.

Using the MITA business architecture conditions and standards guidelines, each business area was evaluated to determine both the As-Is and To-Be MITA maturity levels. The approach in determining the MITA maturity level for each of the conditions and standards was to evaluate the notes and key findings for each business area, look at the condition or standard description, take into consideration the maturity level guidelines and determine at what level the SMA currently is at (the As-Is level). This same approach was used to determine the To-Be level of MITA maturity for each business area.

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Medicaid Business Process MITA Roadmap

Following the workshops, CSG performed a gap analysis between the current As-Is level of MITA maturity and the desired To-Be level of the 10 business areas. Building upon the information obtained in the workshops, recommendations were developed for changes to business processes to advance them to the To-Be state. These recommendations are from a business architecture perspective and are very high level. For the **Overall MITA Roadmap**, these initial recommendations will be further refined and included with observations from the Information and Technical Architecture sessions. The list below provides a sampling of the recommendations included in this document.

- Centralize storage of interagency agreements and contracts
- Implement performance measures
- Increase automation in the provider enrollment and revalidation process
- Centralize and coordinate contract management functions
- Increase automation of operations processes
- Utilize a single system for SURS and Program Integrity
- Streamline the policy-making process and creation of operational manuals
- Record and centralize program rules
- Continue the current efforts to streamline and standardize policy
- Automate provider enrollments for all provider types and groups

In summary, the Medicaid Business Process Review found that the SMA has a varied level of MITA maturity across the 80 business processes. Although the overall levels roll up to 1s and 2s, MITA CMS looks at the lowest score across business processes to set the overall level for the area. Manual activities are required to resolve RI Bridges issues, which also subsequently impacts timeliness and data accuracy. MMIS functions are primarily automated, although the data accuracy in MMIS is impacted by RI Bridges. The To-Be vision for the state reflects the goals to standardize and centralize many Medicaid business processes, including Contractor Management processes. The desired To-Be levels reflect improvements across the SMA for automation, efficiency, data accuracy, and stakeholder satisfaction.

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1. Document Overview and Purpose

This document contains the Medicaid Business Process Review of Rhode Island's Executive Office of Health and Human Services (EOHHS) business architecture and includes the required information for the development of an inclusion to EOHHS' Medicaid Information Technology Architecture (MITA) 3.0 State Self-Assessment (SS-A).

In preparation for the assessment, CSG performed an analysis of artifacts provided by EOHHS, including the Rhode Island MITA 2.0 SS-A. The artifacts were used to prepare for workshops and leveraged for the final business architecture assessment. Additionally, CSG facilitated workshops with Rhode Island business area subject matter experts (SMEs). Following completion of the workshops, the collected information was used to develop a comprehensive view of the assessment results and rationale provided by Rhode Island SMEs with regards to MITA maturity assessment levels. This document has been structured to summarize the following tasks related to completing the Medicaid Business Process Review.

- **Section 1** – Provides an overview of the purpose for the project, as well as the CMS MITA initiative, framework, and maturity model
- **Section 2** – Provides the As-Is and To-Be assessment results organized by business area. Each business area is comprised of its associated business processes. It also includes initial recommendations for enhancements for each business area and process, as well as an initial gap analysis for each business area. This section incorporates the following tasks:
  - ✓ Evaluation of the Current As-Is Landscape (Task 13)
  - ✓ Recommendations on Modifications/Enhancements to Business Processes (Task 14)
  - ✓ Identification of the To-Be Environment and Documentation of Findings (Task 15)
- **Section 3** – Provides an initial assessment of business architecture compliance with the Seven Conditions and Standards and incorporates the following task:
  - ✓ Complete Assessment of Compliance with the Seven Conditions and Standards (Task 16)
- **Section 4** – Provides initial recommendations for business architecture enhancements and initial suggestions for roadmap activities, and incorporates the following task:
  - ✓ Medicaid Business Process MITA Roadmap and Documentation Activities (Task 17)
- **Appendices** – Provides all supporting documents and tools utilized throughout the assessment of the business architecture including:
  - ✓ Appendix A: Business Process Scorecards
  - ✓ Appendix B: Business Area Profiles
  - ✓ Appendix C: Business Process Templates
  - ✓ Appendix D: Business Capability Matrix Responses
  - ✓ Appendix E: SME by Workshop Attendees

The overall MITA 3.0 SS-A includes the Business Architecture (BA), Information Architecture (IA) and Technical Architecture (TA) assessments and alignment of each architecture with the CMS Seven Conditions and Standards (7 C&S) as it pertains to the Rhode Island Medicaid program. The results of the MITA 3.0 SS-A will be incorporated into the Concept of Operations and the Overall MITA Roadmap, which describes activities required to transform the SMA to the future state and progressing in MITA maturity.

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1.1 CMS MITA Initiative and Framework

The CMS MITA Initiative defines the boundaries of the Medicaid Enterprise and the MITA missions, goals, and objectives as represented in **Figure 2**. The MITA Initiative also defines guiding principles and key business and technical architecture features to apply to the Rhode Island Medicaid Enterprise. All assessments for EOHHS MITA maturity analysis were conducted in compliance with the CMS MITA 3.0 Companion Guide.

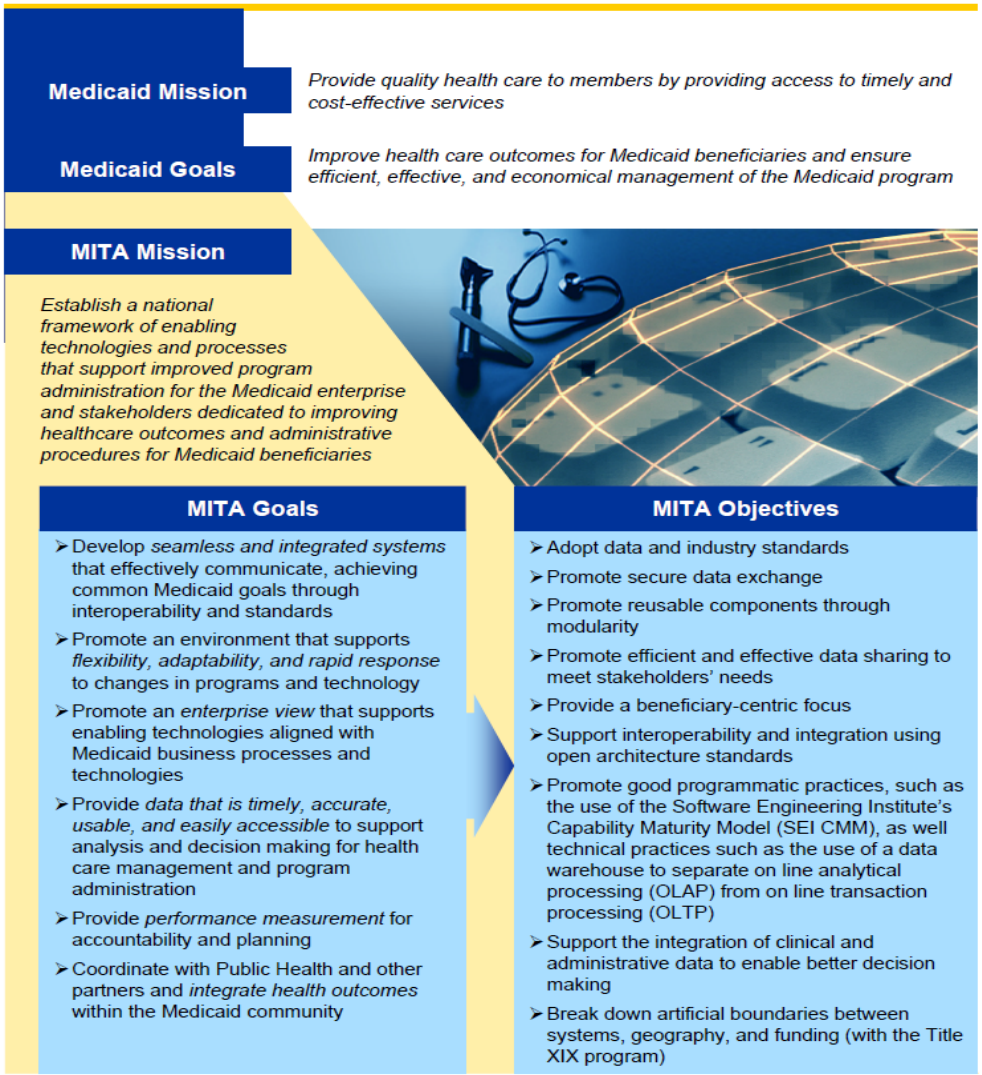

Figure 2: MITA Initiative

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CMS has developed the MITA 3.0 Framework to aid states in efforts to modernize operations and management of their Medicaid programs. The framework provides guidance and recommendations for states in the planning and operation of their Medicaid programs and systems. The guidance is based on best practices from industry and government, and addresses specific issues posed by the policy and funding structures of Medicaid, involving cooperation and collaboration of entities at both the federal and state levels.

The MITA Framework requires all states to perform an SS-A, present the results to CMS after the SS-A is complete, and maintain the assessment results on an annual basis. All Advance Planning Documents (APDs) that request funding from CMS must be accompanied by a current SS-A, and the APD is to describe how the expenditures are expected to advance the MITA maturity of the Rhode Island Medicaid Enterprise. MITA maturity is measured via capability matrices that assess individual qualities of the business, information, and technical architectures across ten business areas that encompass 80 business processes, as shown in **Figure 3**.

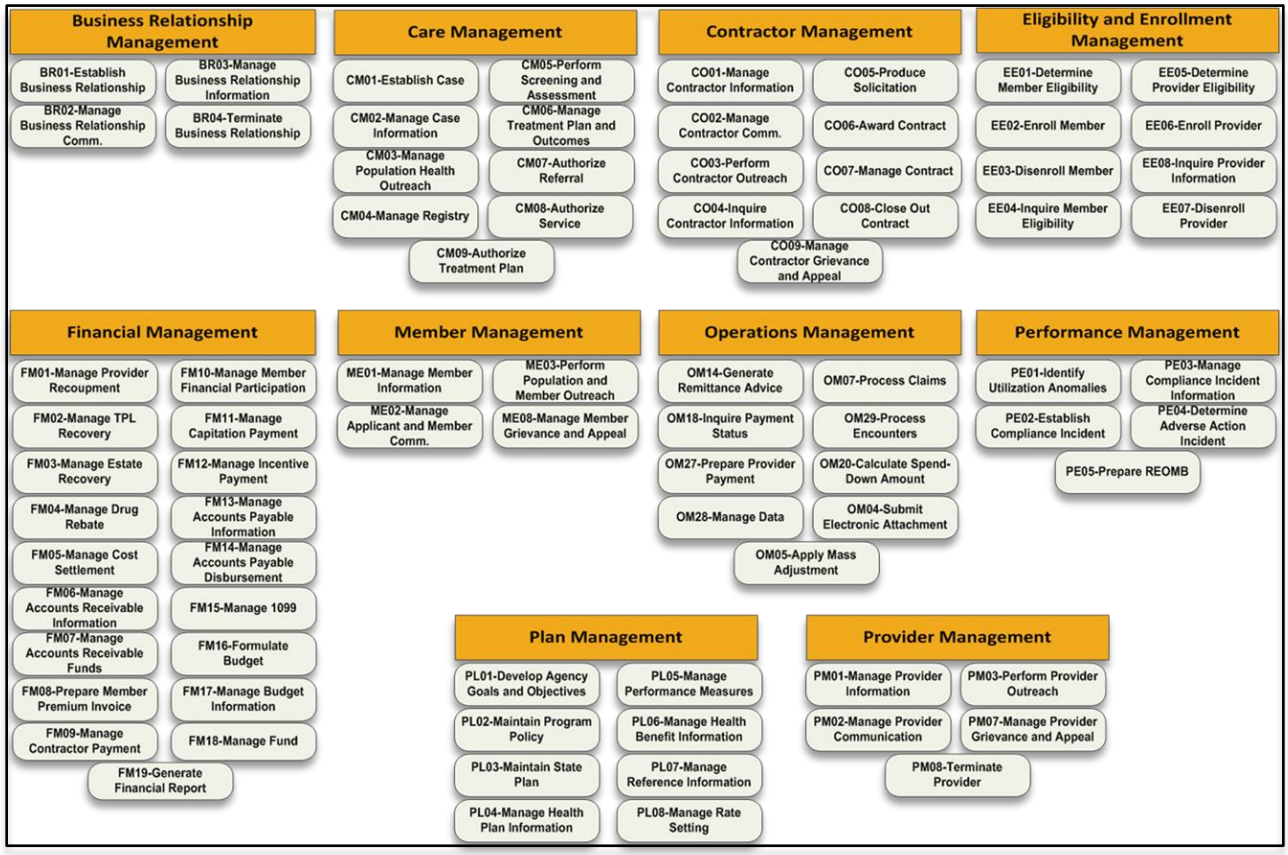

Figure 3: MITA Business Architecture Framework

The MITA SS-A focuses on the approach taken by a Medicaid enterprise to the planning and management of Medicaid and related operations, and is not intended to probe into the details of individual business activities. It provides a high-level assessment of business qualities and technical capabilities, and results in recommendations for strategic improvements to the organizations that comprise the enterprise.

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CMS has also established Seven Conditions and Standards (7 C&S) that define their expectations for overall performance of Medicaid operations and systems. The purpose of the 7 C&S is to define key principles and requirements for Medicaid operations and supporting technologies to qualify for enhanced funding (90%) provided by CMS. The Seven Conditions and Standards are assessed as part of an SS-A.

1.1.1 The MITA Maturity Model

CMS has developed a maturity model describing the capability expectations of each maturity level within each architectural perspective. The MITA Maturity Model (MMM) is described in MITA Framework 3.0, Part I, Chapter 3 MITA Maturity Model, and is summarized in this section.

The MITA Maturity Model serves as a reference model for the definitions of business capabilities. The MMM establishes boundaries and measures used to determine whether a state's business capability has a clear and concise definition. To obtain a level of maturity, the SMA must have accomplished all the defined business capabilities for that level. **Table 2** provides CMS's MITA Maturity Level descriptions applicable across all assessment perspectives.

Table 2: MITA Maturity Model (MMM)

MITA Maturity Level	General description of enterprise capabilities
Level 1	The SMA focuses on **meeting compliance thresholds** for state and federal regulations, aiming primarily at accurate enrollment of Rhode Island Medicaid program beneficiaries 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.

The MITA Maturity Model is used throughout a MITA SS-A to determine the current maturity level and define a future state maturity level for each architecture; Business, Information and Technical. Capability matrices have also been defined as part of the MITA toolset to guide the state through an assessment of their business areas and business processes for each architecture. For the Business Architecture, a Business Capability Matrix (BCM) defines six business qualities (timeliness, access, accuracy, efficiency, cost effectiveness, value) that are evaluated across all the business processes. Additionally, there is a general category that includes unique qualities for the business process. These business qualities are measured against the MMM, utilizing the BCM to derive a current maturity level and project a future

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maturity level reflecting desired improvements and enhancements to business processes and supporting technologies.

1.2 Project Purpose

This MITA 3.0 State Self-Assessment (SS-A) is the second SS-A undertaken by Rhode Island. The first Rhode Island MITA 2.0 SS-A was completed in July of 2011. The New England MITA Collaborative (Collaborative), a consortium of the New England States Consortium Systems Organization (NESCSO) and the Medicaid agencies in New Hampshire, Massachusetts and Rhode Island, embarked in joint effort to procure Consulting Services for MITA 3.0 SS-A to create three individual MITA 3.0 SS-As, and associated roadmaps, in a collaborative structure.

The collaborative structure promotes efficiency and consistency through the sharing of resources, an integrated governance structure, and a common approach to work activities and deliverables. Each state is conducting a separate MITA 3.0 SS-A, and developing a Five-Year Strategic Plan for improving MITA maturity levels across the Medicaid Enterprise.

Rhode Island EOHHS is completing the MITA SS-A to further adopt the CMS defined Seven Conditions and Standards and to ensure alignment with the MITA principles. CMS requested EOHHS complete the assessment and develop a Concept of Operations (COO) and an Overall MITA Roadmap as part of the certification criteria for their new MMIS system.

The Medicaid Enterprise MITA 3.0 SS-A, which is required to evaluate Rhode Island's Enhanced Funding Requirements: Expedited Advance Planning Document (E&E-APD); the sub-section in the APD that fully addresses the Medicaid E&E-APD requirements and previous SS-A deliverables, validate their conclusions in light of findings from this engagement, and use the validated information as input for a Five-Year Strategic Plan that encompasses the entirety of the Medicaid Enterprise.

EOHHS is currently planning a re-procurement of its Medicaid Management Information System (MMIS) after the completion of the MITA 3.0 SS-A EOHHS will look to utilize the MITA 3.0 SS-A as a planning tool for its future modular-focused MMIS.

1.2.1 Approach to conducting the State Self-Assessment (SS-A)

The approach for CSG and EOHHS was to first identify the current (As-Is) capabilities of the Rhode Island Medicaid Enterprise operations as they align with the Business, Information, and Technical Architectures of the MITA 3.0 Framework. Using standard methodologies and tools to document the way EOHHS conducts Medicaid Operations now (As-Is), and how EOHHS intends to conduct Medicaid Operations in the future (To-Be), the SS-A facilitates alignment of the Rhode Island Medicaid Enterprise operations with the MITA Framework. This standard framework allows the application of common terms and clear operational definitions of each business process, which ultimately provides more accurate data for reporting to CMS. In addition to identifying and classifying the As-Is and To-Be business processes, the Rhode Island Medicaid Enterprise business and technical operations were evaluated for alignment with the Seven Conditions and Standards, required by CMS to maintain enhanced Federal Funding Participation (FFP).

The SS-A will:

- Provide a structured method for documenting and analyzing Rhode Island's current Medicaid business enterprise

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- Align Rhode Island business processes to MITA 3.0 business processes and business areas
- Enable Rhode Island to establish a MITA maturity level (level 1 through level 5) for each business process in the Business Architecture and for the Information and Technical Architectures
- Provide the foundation for a gap analysis between the As-Is and the To-Be state to support EOHHS transition planning

CSG worked with EOHHS to schedule a series of MITA workshops with Subject Matter Experts (SMEs), to review each of the 80 MITA 3.0 business processes to determine how Rhode Island Medicaid procedures align with those processes. Levels of MITA maturity were assigned to each process based on the information in the Business Process Template (BPT) and the Business Capability Matrix (BCM).

1.2.1.1 Evaluation of the Current As-Is Landscape

Prior to conducting the workshops, CSG performed an evaluation of the current As-Is landscape (Task 13). This included collecting, inventorying, and analyzing artifacts that contained information on the status of the current Medicaid landscape.

EOHHS is the agency responsible for administrating all health and human services for all Rhode Island citizens. In addition, there are core services and systems that are provided by contractors, including the MMIS Fiscal Agent Services, the Managed Care Organizations (MCOs), and the contractor operating the Integrated Eligibility System (IES), RI Bridges. The MITA 3.0 SS-A considered organizations within EOHHS that participate in providing Medicaid services.

CSG was provided with a variety of artifacts describing the current Medicaid program and operations, including strategic planning documents, architectural models, and Rhode Island's MITA SS-A 2.0 completed in 2011. CSG inventoried and reviewed these artifacts as appropriate in support of EOHHS' MITA 3.0 SS-A. An inventory of the received and reviewed documents is in the Supporting Evidence Catalog. In addition, these documents, along with all documents received as supporting evidence during the workshops, have been uploaded to the CSG Tracer tool and will be available to EOHHS staff as a resource for future planning and updates to the MITA 3.0 SS-A.

Through review of the documentation, CSG identified the systems and initiatives planned and implemented in the time since the MITA SS-A 2.0. In recent years, the Medicaid program implemented RI Bridges, which also integrates with the State's insurance exchange, Healthsource RI. EOHHS plans to re-procure the MMIS in the near future, and intends to utilize the workshops and findings of this MITA 3.0 SS-A to assist in planning for that procurement.

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2. Document Medicaid Business Processes and Align with MITA 3.0 Framework

Utilizing and building upon the information gathered through an analysis of current EOHHS artifacts, CSG completed the processes outlined below to further document the current As-Is and To-Be landscape and aligned EOHHS business processes with the MITA 3.0 Framework:

- Met with State Medicaid staff and other identified SMEs
- Utilized business process review workshops to assess BPTs and BCMs in relation to EOHHS practices and ensured state expert validation

Any differences between the CMS BPT and EOHHS process descriptions were captured during the workshops for each MITA 3.0 business process.

Determine Level of Maturity and Complete Scorecard

Once all relevant information was gathered, evaluated, and documented, the CSG team validated the As-Is and To-Be levels of maturity for each element of the MITA 3.0 business architecture using MITA 3.0 BCMs. CSG guided SMEs in achieving consensus that the As-Is and To-Be processes are correctly represented and all maturity levels are appropriate. CSG completed the Business Architecture (BA) Scorecards.

As-Is and To-Be Assessment of Business Processes – Business Category and Business Area

CSG completed the As-Is and To-Be assessments of EOHHS's business processes with the appropriate EOHHS SMEs during workshops from November 2017 to January 2018 to determine how each of the 80 CMS MITA 3.0 business processes are aligned in the State Medicaid Agency (SMA) for each of the ten MITA business areas.

2.1 Business Relationship Management

The **Business Relationship Management** business area is a collection of business processes that facilitates the coordination of standards of interoperability. This business area defines the exchange of information and Trading Partner Agreements (TPAs) between the SMA and its partners, including collaboration among intrastate agencies, interstate agencies, and federal agencies. These agreements contain functionality for interoperability, establishment of inter-agency Service Level Agreements (SLA), identification of the types of information exchanged, and security and privacy requirements. The Business Relationship Management business area has a common focus (e.g., data exchange standards and service level agreements) and is responsible for the business relationship data store.

- **Standards Management –** Business activity to ensure business partners are utilizing established standards and methods for information exchange.
- The Business Relationship Management business area is comprised of four business processes;
  - ✓ BR01 – Establish Business Relationship
  - ✓ BR02 – Manage Business Relationship Communication

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- ✓ BR03 – Manage Business Relationship Information
- ✓ BR04 – Terminate Business Relationship

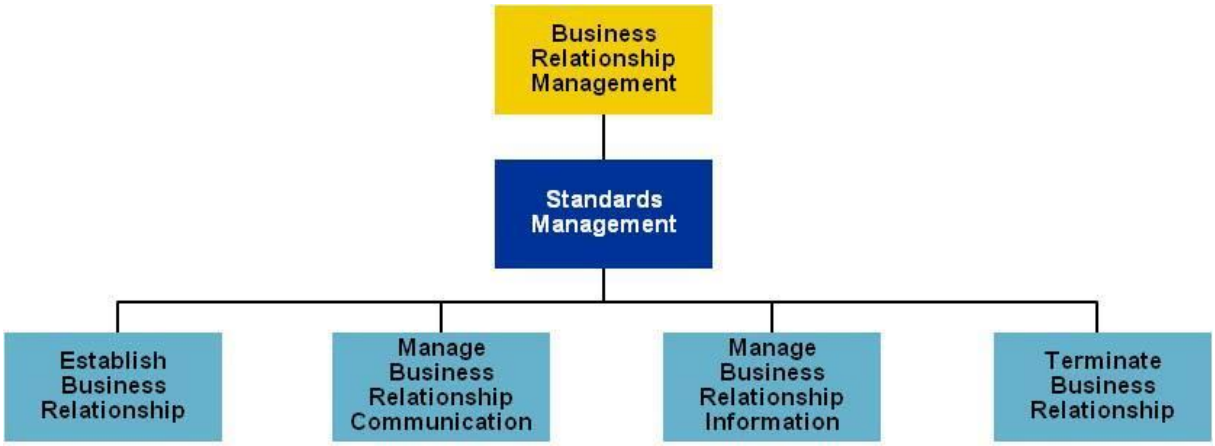

Figure 4: Business Relationship Management Business Area

2.1.1 As-Is and To-Be Assessments and Recommendations (Deliverable Tasks 13, 14 and 15)

The **Business Relationship Management** business area was reviewed by EOHHS staff, along with the SMA contractors, to determine As-Is and To-Be level assessments for each question in the Business Capability Matrix (BCM). The levels provided in the following table are based on the lowest level determined while walking through the BCM for each process. Additionally, key findings and recommendations regarding each business process have been provided in the following sub-sections. The individual responses that make up the As-Is and To-Be MITA Maturity Level for each business process can be found in **Appendix D: Business Capability Matrix Responses**.

Table 3: Business Relationship Management As-Is and To-Be MITA 3.0 Maturity Levels

Business Relationship Management	As-Is	To-Be
BR01 – Establish Business Relationship	2	2
BR02 – Manage Business Relationship	2	2
BR03 – Manage Business Relationship Communication	1	2
BR04 – Terminate Business Relationship	1	2
Business Area Maturity Level	**1**	**2**

Key Findings for Overall Business Relationship Management Business Area

- ➢ Electronic signatures are not currently being used for the business processes related to Business Relationship Management, however, electronic signatures are approved by Rhode Island law to be accepted in all business processes; SMEs from various program areas stated the need for a centralized location for contract and agreement data storage

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- SMEs indicated that the broad implementation of Electronic Signatures across the SMA would be challenging and would require the support and involvement of the Division of Information Technology (DoIT)
- There is not a centralized place for data storage of contracts and sister agency agreements that are accessible to all authorized personnel
- Currently, there are informal discussions regarding standardizing and centralizing the contract management process

2.1.1.1 BR01 – Establish Business Relationship

The **Establish Business Relationship** business process encompasses activities undertaken by the SMA to enter business partner relationships. Agreements are between state agency and its partners, including collaboration amongst intrastate agencies, the interstate and federal agencies. It contains functionality for interoperability, establishment of inter-agency service agreements, identification of the types of information exchanged, and security and privacy requirements. These include Trading Partner Agreements (TPA), Service Level Agreements (SLA), and Memoranda of Understanding (MOU) with other agencies; Electronic Data Interchange (EDI) agreements with providers, Managed Care Organizations (MCOs), and others; and Centers for Medicare & Medicaid Services (CMS), other federal agencies, and Regional Health Information Organizations (RHIO).

Key Findings

- This process is primarily manual, yet there are automated functions, such as the Provider Portal, that allows for a more efficient process when establishing a relationship with Medicaid providers
- Currently, agreements and contracts go to the Finance Business Office for manual storage in the form of hardcopy documents, although some are stored in various departments of the SMA
- The SMA is reviewing the processes to evaluate for more automation and centralized data storage
- Electronic signatures are not used (except on the Provider Portal), which affects the timeliness and efficiency of establishing business relationships

Recommendations

- Centralize storage of interagency agreements and contracts to increase automation and improve processes
- Implement the ability to use electronic signatures on agreements and contracts

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions from the Business Capability Matrix. The following table provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

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Table 4: BR01 –Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	1	0
Maturity Level 2	6	7
Maturity Level 3	3	3
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**1**	**2**

The following table provides the As-Is and To-Be levels for each of the ten capability questions.

Table 5: BR01 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	2	2
Does State Medicaid Agency use standards in the process?	3	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	3
Business Capability Quality: Timeliness of Process		
How timely is this end-to-end process?	2	3
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	2	2
How accessible is the information in the process?	2	2
Business Capability Quality: Cost Effectiveness		
What is the cost of the process compared to the benefits of the results?	1	2
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	2	2
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	3	3
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	2	2

2.1.1.2 BR02 – Manage Business Relationship Communication

The **Manage Business Relationship Communication** business process receives requests for information, appointments, and assistance from business partners, such as inquiries related to a Service Level Agreement (SLA). This business process includes the log, research, development, approval and delivery

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of routine or ad hoc messages. Information communicated by a variety of methods such as email, mail, publication, mobile device, facsimile, telephone, web or Electronic Data Interchange (EDI).

Key Findings

- The SMA currently does not have an official communication log or repository to consistently log and track all communications with business partners
- Some communications are based on the specific contract language
- Rhode Island Healthcare Ticketing System is a product of the MMIS fiscal agent, which tracks data requests and is accessed via a web portal
- There are currently two standard languages on the Provider Portal. However, providers can add more, if desired.
- The SMA has a secure place for personal health information (PHI) and exchange with federal agencies, as required
- The SMA does not have a regional hub and do not plan to change this over the next five years
- Accessibility improvements to the process to log requests from stakeholders are underway and the SMA expressed desire to formalize documentation and overall process

Recommendations

- Implement a centralized communication log or repository to formalize log and track all communication consistently
- Increase number of languages available on the Provider Portal to improve provider interactions
- Implement the use of electronic signatures for contracts and agreements to expedite the process and improve efficiency

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions from the Business Capability Matrix. The following table provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 6: BR02 – Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	0	0
Maturity Level 2	8	8
Maturity Level 3	3	3
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**2**	**2**

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The following table provides the As-Is and To-Be levels for each of the eleven capability questions.

Table 7: BR02 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	2	2
Is communication linguistically, culturally, and competency appropriate?	2	2
Does State Medicaid Agency use standards in the process?	3	3
Does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	2
Business Capability Quality: Timeliness of Process		
How timely is this end-to-end process?	2	2
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	3	3
How accessible is the information in the process?	2	2
Business Capability Quality: Cost Effectiveness		
What is the cost to perform the process compared to the benefits of the results?	2	2
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	2	2
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	3	3
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	2	2

2.1.1.3 BR03 – Manage Business Relationship Information

The **Manage Business Relationship Information** business process maintains the agreement between the SMA and the other party such as the intrastate, interstate, and federal agencies. This includes routine modifications to required information such as authorized signers, addresses, terms of agreement, Key Performance Indicator (KPI), and data exchange standards.

Key Findings

- The SMA wants to implement software to automate this process that is mostly manual
- Most requests for information are scanned and some updates can be processed electronically

Recommendations

- Implement software to automate the Manage Business Relationship Information process
- Improve accessibility and timeliness with use of electronic signatures

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Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. **Table 8** provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 8: BR03: Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	7	0
Maturity Level 2	3	9
Maturity Level 3	0	1
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**1**	**2**

The following table provides the As-Is and To-Be levels for each of the ten capability questions.

Table 9: BR03 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	1	2
Does State Medicaid Agency use standards in the process?	2	2
Does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	3
Business Capability Quality: Timeliness of Process		
How timely is this end-to-end process?	1	2
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	1	2
How accessible is the information in the process?	1	2
Business Capability Quality: Cost Effectiveness		
What is the cost to perform the process compared to the benefits of the results?	1	2
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	1	2
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	1	2
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	2	2

2.1.1.4 BR04 – Terminate Business Relationship

The **Terminate Business Relationship** business process cancels the agreement between the SMA and the business partner such as the intrastate, interstate, and federal agencies.

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Key Findings

- The SMA noted that there can be a penalty for the business partners continuing an agreement beyond effective dates
- Individual agreement owners update agreements
- Data and contracts are stored in disparate locations such as the storage of electronic and hardcopy documents in file cabinets

Recommendations

- Implement a Contract Management System to manage and store information
- Standardize, centralize and automate procedures

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. **Table 10** provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 10: BR04: Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	4	0
Maturity Level 2	6	7
Maturity Level 3	0	3
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**1**	**2**

The following table provides As-Is and To-Be levels for each of the ten capability questions.

Table 11: BR04 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	2	3
Does State Medicaid Agency use standards in the process?	2	2
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	3
Business Capability Quality: Timeliness of Process		
How timely is this end-to-end process?	1	2
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	2	2
How accessible is the information in the process?	2	3

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Capability Question	As-Is	To-Be
Business Capability Quality: Cost Effectiveness		
What is the cost to perform the process compared to the benefits of the results?	1	2
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	1	2
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	1	2
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	2	2

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2.2 Care Management

The **Care Management** business area illustrates the increasing shift away from the fee-for-service model of care. Care Management collects information about the needs of the individual member, plan of treatment, targeted outcomes, and the individual's health status. It also contains business processes that have a common purpose (e.g., identify members with special needs, assess needs, develop treatment plan, monitor and manage the plan, and report outcomes). This business area includes processes that support individual care management and population management. Population management targets groups of individuals with similar characteristics to promote health education and awareness. The Electronic Health Record (EHR), Electronic Medical Record (EMR), and Personal Health Record (PHR) are primary sources of individual health information from the Health Information Exchange (HIE).

The Care Management business area is comprised nine business processes across two business categories:

- **Case Management** – Business activity to establish a health care case for individual or family and monitoring screening and the treatment outcomes
  - ✓ CM01 – Establish Case
  - ✓ CM02 – Manage Case Information
  - ✓ CM03 – Manage Population Health Outreach
  - ✓ CM04 – Manage Registry
  - ✓ CM05 – Perform Screening and Assessment
  - ✓ CM06 – Manage Treatment Plan and Outcomes
- **Authorization Determination** – Business activity to authorize specific referral, service or treatment plans for an individual
  - ✓ CM07 – Authorize Referral
  - ✓ CM08 – Authorize Service
  - ✓ CM09 – Authorize Treatment Plan

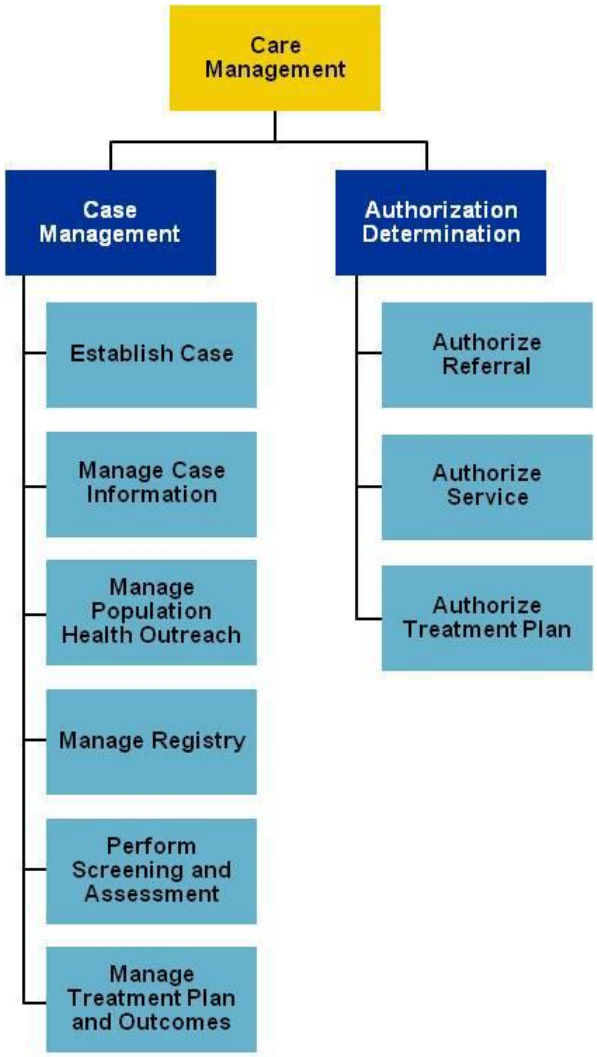

Figure 5: Care Management Business Area

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2.2.1 As-Is and To-Be Assessments and Recommendations (Deliverable Tasks 13, 14 and 15)

The **Care Management** business area was reviewed by EOHHS staff, along with SMA contractors, to determine As-Is and To-Be level assessments for each question in the Business Capability Matrix (BCM). The levels provided in the following table are based on the lowest level determined while assessing the BCM for each process. Additionally, key findings and recommendations regarding each business process have been provided in the following sub-sections. The individual responses that make up the As-Is and To-Be MITA Maturity Level for each business process can be found in **Appendix D: Business Capability Matrix Responses.**

Table 12: Care Management Business Area As-Is and To-Be MITA 3.0 Maturity Levels

Care Management	As-Is	To-Be
CM01 – Establish Case	1	2
CM02 – Manage Case Information	1	2
CM03 – Manage Population Health Outreach	1	2
CM04 – Manage Registry	2	3
CM05 – Perform Screening and Assessment	1	2
CM06 – Manage Treatment Plan and Outcomes	1	2
CM07 – Authorize Referral	2	2
CM08 – Authorize Service	1	2
CM09 – Authorize Treatment Plan	1	2
Business Area Maturity Level	**1**	**2**

Key Findings for Overall Care Management Business Area

- The Care Management Business Area has an overall As-Is MITA Maturity Level of 1, and an overall To-Be MITA Maturity Level of 2
- Primary enablers that contribute to the As-Is MITA Maturity Level of 1 are:
  - ✓ Manual processing of information from several diverse sources
  - ✓ Lack of connectivity to and participation in the state Health Information Exchange (HIE), known as CurrentCare
- Automating the management of case information, and participation in the state HIE would help advance the MITA Maturity levels of the processes in the Care Management business area

2.2.1.1 CM01 – Establish Case

The **Establish Case** business process uses criteria and rules to: identify target members for specific programs, assign a care manager, assess the member's needs, select a program, establish a treatment plan, identify and confirm provider, and prepare information for communication.

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Key Findings

- Plans of Care are entered into the Community Support Management (CSM) application, which is managed by the MMIS fiscal agent
- Clinical Information is collected manually from multiple sources and manually entered into the system
- Case information is received from multiple sources as listed below:
  - ✓ Level of Care forms
  - ✓ Home and Community Based Services (HCBS) assessments
  - ✓ Katie Beckett forms
  - ✓ Program-specific assessments
  - ✓ Clinical Treatment Plans
- Currently there is no Master Patient Index, which limits reporting capability
- Level of Care information is scanned into the Consumer Direction Module (CDM) and sent to RI Bridges
- The Community Support Management (CSM) tool is not connected to the state CurrentCare health information exchange
- The Establish Case process is very manual and labor-intensive; automating the overall process of establishing cases would increase efficiency

Recommendations

- Develop a system report to identify member cases that are not picked up by a provider
- Increase the use of the Community Support Management tool
- Establish a Master Patient Index to improve reporting capability
- Connect case information to the HIE CurrentCare

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The following table provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

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Table 13: CM01 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	7	0
Maturity Level 2	3	6
Maturity Level 3	0	4
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**1**	**2**

The following table provides the As-Is and To-Be levels for each of the ten capability questions.

Table 14: CM01 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	2	3
Does the State Medicaid Agency use standards in the process?	2	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	1	2
Business Capability Quality: Timeliness of Process		
How timely is this end-to-end process?	1	2
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	1	3
How accessible is the information in the process?	2	3
Business Capability Quality: Cost Effectiveness		
What is the cost to perform the process compared to the benefits of the results?	1	2
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	1	2
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	1	2
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	1	2

2.2.1.2 CM02 – Manage Case Information

The **Manage Case Information** business process uses state-specific criteria and rules to ensure appropriate and cost-effective medical, medically-related social and behavioral health services are identified, planned, obtained, and monitored for individuals identified as eligible for care management services.

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Key Findings

- The overall As-Is MITA maturity level for CM02 is level 1, based on the SME responses to process capability questions in the BCM. The SMA expects to advance in MITA maturity to a level 2 for this process over the next five years
- Current process for managing case information includes use of the Consumer Direction Model (CDM), Community Supports Management (CSM) and the Electronic Visit Verification (EVV), (a separate system specifically for tracking home health visits)
- Children's cases are not kept in the CSM
- There are no performance measures in place for managing the case information
- There are no reports for tracking updates and management of case information
- It is voluntary for beneficiaries to participate in CurrentCare; beneficiaries may choose to 'opt-in' or not to participate

Recommendations

- Increase use of CurrentCare, making participation the default decision with the option for beneficiaries to opt-out
- Implement performance measures for this process in the To-Be environment

Business Capability Matrix Results

SMA associated capability questions. The following table provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 15: CM02: Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	5	0
Maturity Level 2	5	6
Maturity Level 3	0	4
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	1	2

The following table provides the As-Is and To-Be levels for each of the ten capability questions.

Table 16: CM02 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	2	3
Does the State Medicaid Agency use standards in the process?	1	2
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	1	3

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Capability Question	As-Is	To-Be
Business Capability Quality: Timeliness of Process		
How timely is this end-to-end process?	1	2
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	2	3
How accessible is the information in the process?	2	2
Business Capability Quality: Cost Effectiveness		
What is the cost to perform the process compared to the benefits of the results?	1	2
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	2	2
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	2	2
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	1	2

2.2.1.3 CM03 – Manage Population Health Outreach

The **Manage Population Health Outreach** business process is responsible for the implementation of strategy to improve general population health. The SMA identifies target populations or individuals for selection by cultural, diagnostic, or other demographic indicators. The inputs to this business process are census, vital statistics, immigration, and other information sources. This business process outputs materials for: enrolling new members, information regarding new health plan or health benefit offerings, and updates or modification to existing health plan or health benefit offerings.

It includes production of information materials and communications to impacted members, providers, and contractors (e.g., program strategies and materials, etc.). The communication of information includes a variety of methods such as email, mail, publication, mobile device, facsimile, telephone, web or Electronic Data Interchange (EDI).

Key Findings

- The Health Plans perform most member outreach communications
- Below are the different methods of communication that are utilized by the SMA in the Manage Population Health Outreach process:
  - ✓ Katie Beckett program:
    - When children age out of Katie Beckett or turn 18, the Katie Beckett program office manually sends a letter and calls the parent
    - In the To-Be environment, the age-related status change notice will be automatically generated and sent to RI Bridges
    - Eligible duals and recipients of Medicaid and LTSS are passively enrolled into Rhody Health Options (RHO) monthly
  - ✓ Integrated Care Initiative (ICI):

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- Letters were initially sent to eligible duals, separated by different populations
- Automatic, known as passive, and voluntary enrollment, known as "opt-in" is offered
- The first passive enrollment was implemented in nursing facilities
- System-generated letters for enrollment and ICI are sent quarterly
- ICI administrators from EOHHS review and approve all letters
- After one year of monthly passive and voluntary enrollment waves, it was decided to use a quarterly enrollment process; however, individuals can opt-in at any time
- Letters follow Medicare guidelines

✓ Sherlock Group

- There is no Sherlock Group subsystem in MMIS to facilitate reports on this group

Recommendations

➢ Perform analysis to identify under-utilized services and develop standardized communication that is directed toward the appropriate beneficiaries or potential beneficiary populations

➢ Automate Katie Beckett, ICI, and Sherlock Group letters via RI Bridges

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The following table provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 17: CM03 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	3	0
Maturity Level 2	6	5
Maturity Level 3	1	5
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**1**	**2**

The following table provides the As-Is and To-Be levels for each of the ten capability questions.

Table 18: CM03 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	2	3
Does the State Medicaid Agency use standards in the process?	3	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	3

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Capability Question	As-Is	To-Be
Business Capability Quality: Timeliness of Process		
How timely is this end-to-end process?	2	3
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	2	3
How accessible is the information in the process?	2	2
Business Capability Quality: Cost Effectiveness		
What is the cost to perform the process compared to the benefits of the results?	1	2
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	1	2
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	1	2
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	2	2

2.2.1.4 CM04 – Manage Registry

The **Manage Registry** business process receives a member's health outcome information, prepares updates for a specific registry (e.g., immunizations, cancer, disease) and responds to inquiries with response information. In the context of MITA, a medical registry consolidates related records from multiple sources (e.g., intrastate, interstate or federal agencies) into one comprehensive data store. This data store may or may not reside within the Medicaid information system.

Key Findings

- Rhode Island Quality Institute (RIQI) is the HIE entity designated by the State
- RIQI maintains the ConnectCare registry and the Care Management Dashboard; DOH maintains KidsNet
- Registries are utilized primarily by the provider community
- Initiatives are in progress to include additional sources of health data through emergency medical services

Recommendations

- Access CurrentCare for authorized nurses and case managers to assist with care management activities

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The following table provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

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Table 19: CM04 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	0	0
Maturity Level 2	5	0
Maturity Level 3	5	10
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	2	3

The following table provides the As-Is and To-Be levels for each of the ten capability questions.

Table 20: CM04 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	3	3
Does the State Medicaid Agency use standards in the process?	3	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	3
Business Capability Quality: Timeliness of Process		
How timely is this end-to-end process?	3	3
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	3	3
How accessible is the information in the process?	2	3
Business Capability Quality: Cost Effectiveness		
What is the cost to perform the process compared to the benefits of the results?	2	3
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	2	3
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	2	3
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	2	3

2.2.1.5 CM05 – Perform Screening and Assessment

The **Perform Screening and Assessment** business process is responsible for the evaluation of members' health information, facilitating evaluations, and recording results. This business process assesses for certain health and behavioral health conditions (e.g., chronic illness, mental health, substance abuse), lifestyle and living conditions (e.g., employment, religious affiliation, living situation) to determine risk factors.

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Key Findings

- Medicaid agencies do not have standard screening tools, which results in variation of assessments
- Complete medical history that is provided in a point-in-time document is not always available
- RI Bridges is unable to effectively process new eligibility applications
- Physicians must complete forms manually, then scan into RI Bridges
- The Perform Screening and Assessment process is primarily manual
- Completeness of documentation is evaluated by the Medical Review Team; if a reviewer does not approve, it is sent to another reviewer for evaluation
  - ✓ If there is a denial, a hearing is conducted
- The current process does not meet the 90-day requirement for processing, yet SMEs have seen steady improvement (i.e., Katie Beckett)

Recommendations

- Implement standard tools to complete screenings and basements
- Correct RI Bridges defects to eliminate the need for physicians to complete level of care paper forms

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The following table provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 21: CM05 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	7	0
Maturity Level 2	3	6
Maturity Level 3	0	4
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	1	2

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The following table provides the As-Is and To-Be levels for each of the ten capability questions.

Table 22: CM05 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	2	2
Does the State Medicaid Agency use standards in the process?	2	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	3
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	1	2
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	1	2
How accessible is the information in the process?	1	2
Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of its results?	1	2
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	1	3
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	1	2
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	1	3

2.2.1.6 CM06 – Manage Treatment Plan and Outcomes

The **Manage Treatment Plan and Outcomes** business process uses federal and state specific criteria and rules to ensure that the providers/contractors chosen and services delivered optimizes member and member population outcomes. It includes activities to track and assess effectiveness of the services, treatment plan, providers/contractors, service planning and coordination, episodes of care, support services, and other relevant factors. It also includes ongoing monitoring, management, and reassessment of services and treatment plans for need, appropriateness, and effectiveness, and monitoring of special member populations (e.g., pregnant women and children, and HIV/intravenous drug users).

Key Findings

- EOHHS does not use the HIE for notification of a change in a beneficiary's health outcomes
- The SMA receives automatic notification from CSM when a provider enters a beneficiary into the system
- Providers can log referrals through a web interface on RICSM.net
- Applicants may log in and self-refer for Long Term Support Services (LTSS), which triggers the LTSS enrollment process

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- EVV utilizes a portal connected to the MMIS
- The SMA is experiencing difficulty entering the relevant data into MMIS because RI Bridges is not systematically feeding the data to MMIS

Recommendations

- Correct RI Bridges to allow accurate and timely information flow of data from RI Bridges to MMIS related to treatment plans and outcomes
- Incorporate CSM data into RI Bridges
- Implement the use of CurrentCare

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 23: CM06 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	5	0
Maturity Level 2	5	2
Maturity Level 3	0	8
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**1**	**2**

The following table provides the As-Is and To-Be levels for each of the ten capability questions.

Table 24: CM06 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	2	3
Does the State Medicaid Agency use standards in the process?	2	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	3
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	1	2
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	1	2
How accessible is the information in the process?	1	2
Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of its results?	2	3

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Capability Question	As-Is	To-Be
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	1	3
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	2	3
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	1	3

2.2.1.7 CM07 – Authorize Referral

The **Authorize Referral** business process is responsible for referrals between providers that the SMA approves for payment, based on state policy. Examples are referrals by physicians to other providers for laboratory procedures, surgery, drugs, or durable medical equipment.

Key Findings

- Referrals are submitted on provider claims
- Effective 1/1/2018, the SMA is implementing the use of the National Provider Identifier (NPI) of the referring provider on the claim
- MMIS will check the NPI of the referral provider to confirm that provider is authorized to perform the service
  - ✓ If the NPI does not match or provider is not authorized to perform the service in question, the claim will be denied

Recommendations

- Expand the annual provider surveys by adding a question related to the referral process to gather data on the timeliness and efficiency of the process

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 25: CM07 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	0	0
Maturity Level 2	2	2
Maturity Level 3	9	9
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**2**	**2**

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The following table provides the As-Is and To-Be levels for each of the ten capability questions.

Table 26: CM07 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	3	3
Does the State Medicaid Agency use standards in the process?	3	3
How easy is it to change the business rules of Authorize Referral	3	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	3
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	2	2
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	3	3
How accessible is the information in the process?	3	3
Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of its results?	3	3
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	3	3
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	3	3
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	2	2

2.2.1.8 CM08 – Authorize Service

The **Authorize Service** business process encompasses both a pre-approved and post-approved service request. This business process focuses on specific types and numbers of visits, procedures, surgeries, tests, drugs, therapies, and durable medical equipment. Its primary use is in a fee-for-service setting.

Key Findings

- Prior Authorization (PA) requests are assigned a unique tracking number by MMIS
- Prior Authorizations to the fiscal agent are primarily submitted electronically via batch files from vendors associated with services which require prior authorization, though some are a mix of paper and electronic (e.g., PAs for clinical reviews)
- EOHHS has a Medical Review Team to assess prior authorization requests
- The MMIS fiscal agent does not have a Service Level Agreement (SLA) regarding prior authorizations

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Recommendations

- Implement SLAs with vendors associated with services which require prior authorization to process prior authorizations timely

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 27: CM08 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	2	1
Maturity Level 2	8	4
Maturity Level 3	1	5
Maturity Level 4	0	1
Maturity Level 5	0	0
Overall Maturity	**1**	**1**

The following table provides the As-Is and To-Be levels for each of the eleven capability questions.

Table 28: CM08 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	2	2
Does the State Medicaid Agency use standards in the process?	2	4
How easy is it to change the business rules of Authorize Service?	2	2
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	1	1
Business Capability Quality: Timeliness of Process		
How timely is this end-to-end process?	2	2
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	1	3
How accessible is the information in the process?	1	3
Business Capability Quality: Cost-Effectiveness		
What is the cost to support the process to the benefits of the result?	2	2
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	2	3
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	2	3

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Capability Question	As-Is	To-Be
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	3	3

2.2.1.9 CM09 – Authorize Treatment Plan

The **Authorize Treatment Plan** business process encompasses both a prior authorization and post-approved treatment plan. The SMA uses the Authorize Treatment Plans primarily in the care coordination setting where the care management team assesses the member's needs, decides on a course of treatment, and completes the treatment plan.

Key Findings

- MMIS validates eligibility for services in the treatment plans
- Member treatment plans do not have unique identifying numbers for tracking purposes; it is tracked by member name, which causes confusion and errors at times due to duplicate member names

Recommendations

- Incorporate greater use of the data storage capabilities in the CSM by adding unique member identification numbers

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 29: CM09 Number of Responses per Maturity Level

	As-Is Level	To-Be Level
Maturity Level 1	6	0
Maturity Level 2	5	7
Maturity Level 3	0	4
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**1**	**2**

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The following table provides the As-Is and To-Be levels for each of the eleven capability questions.

Table 30: CM09 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	2	3
Does the State Medicaid Agency use standards in the process?	1	2
How easy is it to change the business rules of Authorize Treatment Plan?	1	2
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	3
Business Capability Quality: Timeliness of Process		
How timely is this end-to-end process?	1	2
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	2	2
How accessible is the information in the process?	2	2
Business Capability Quality: Cost-Effectiveness		
What is the cost to support the process to the benefits of the result?	1	2
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	1	2
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	2	3
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	1	2

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2.3 Contractor Management

The **Contractor Management** business area accommodates a SMA that has managed care contracts or a variety of outsourced contracts. The Contractor Management business area has a common focus on Medicaid contractors (e.g., managed care, at-risk mental health or dental care, primary care physician), is responsible for contractor data store, and uses business processes that have a common purpose (e.g., fiscal agent, enrollment broker, Fraud Enforcement Agency, and third-party recovery).

The Contractor Management business area is comprised of three business categories:

- **Contractor Information Management** – Business activities to collect, maintain, and provide contractor information
  - ✓ CO01 – Manage Contractor Information
  - ✓ CO04 – Inquire Contractor Information
- **Contractor Support** – Business activity to provide customer support tasks (e.g., information, training, dispute resolution) to contractors
  - ✓ CO02 – Manage Contractor Communication
  - ✓ CO03 – Perform Contractor Outreach
  - ✓ CO09 – Manage Contractor Grievance and Appeal
- **Contract Management** – Business activity to create solicitation and acquire services to support the Medicaid Program
  - ✓ CO05 – Produce Solicitation
  - ✓ CO06 – Award Contract
  - ✓ CO07 – Manage Contract
  - ✓ CO08 – Close Out Contract

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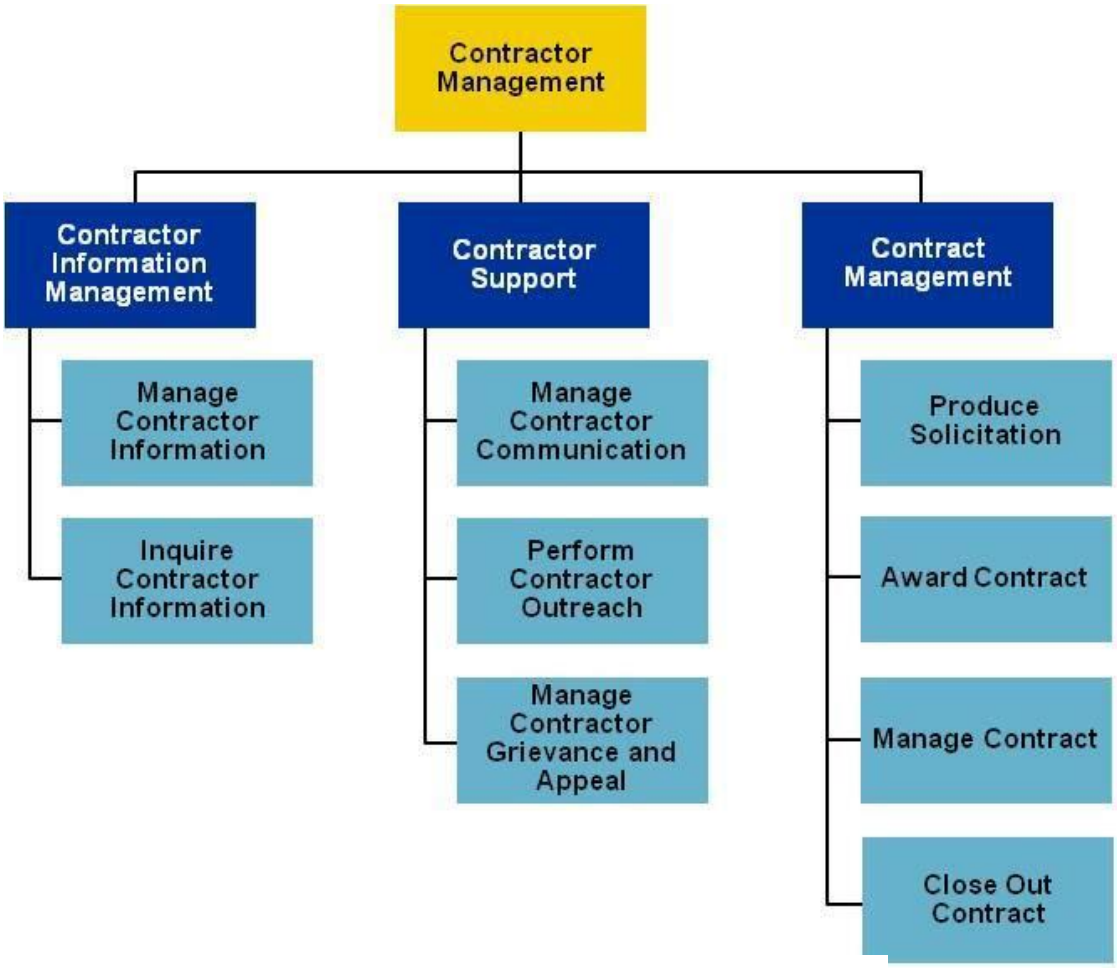

Figure 6: Contractor Management

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2.3.1 As-Is and To-Be Assessments and Recommendations (Deliverable Tasks 13, 14 and 15)

The **Contractor Management** business area was reviewed by EOHHS staff, who provided As-Is and To-Be level assessments for each question in the Business Capability Matrix (BCM). The levels provided in the following table are based on the lowest level determined while walking through the BCM for each process. Additionally, key findings and recommendations regarding each business process have been provided in the following sub-sections. The individual responses that make up the As-Is and To-Be MITA Maturity Level for each business process can be found in **Appendix D: Business Capability Matrix Responses**.

Table 31: Contractor Management Business Area As-Is and To-Be MITA 3.0 Maturity Levels

Contractor Management	As-Is	To-Be
CO01 – Manage Contractor Information	1	2
CO02 – Manage Contractor Communication	1	1
CO03 – Perform Contractor Outreach	1	1
CO04 – Inquire Contractor Information	2	2
CO05 – Produce Solicitation	1	1
CO06 – Award Contract	1	2
CO07 – Manage Contract	1	2
CO08 – Close Out Contract	1	2
CO09 – Manage Contractor Grievance and Appeal	1	1
Business Area Maturity Level	**1**	**1**

Key Findings for Overall Contractor Management Business Area

- Contractor Management business processes are primarily manual
- Contract management activities are decentralized within the SMA, with individual contract managers responsible for the majority of activities without a standard set of protocols or formal management plan
- Web portals are utilized by contractors to communicate with the SMA; they are project-based sites and owned by the individual contractors

2.3.1.1 CO01 – Manage Contractor Information

The **Manage Contractor Information** business process is responsible for managing all operational aspects of the contractor. This business process receives a request for addition, deletion, or modification to contractor information, validates the request, and applies the instruction.

Key Findings

- The process to update contractor information is primarily manual
- The responsibility to manage contractor information is primarily the responsibility of the contract managers, who receive and process changes

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- The SMA legal department was centralized several years ago; the collaboration and sharing of reusable business services has not been implemented to date
- The Finance Department stores copies of the contracts; there is no integrated, central policy or procedure for how contracts are stored
- The SMA intends to have an electronic process with alerts and messages to identify where a contract is in the signature process

Recommendations

- Increase collaboration and the use of reusable business services within the legal department
- Document centralized process for storage and retrieval of contracts

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 32: CO01 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	9	0
Maturity Level 2	2	2
Maturity Level 3	0	9
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**1**	**2**

The following table provides the As-Is and To-Be levels for each of the eleven capability questions.

Table 33: CO01 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	1	3
How is the information regarding the Contractor information validated?	1	3
Does the State Medicaid Agency use standards in the process?	2	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	1	3
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	1	2
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	1	2
How accessible is the information in the process?	1	3

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Capability Question	As-Is	To-Be
Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of its results?	1	3
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	1	3
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	1	3
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	2	3

2.3.1.2 CO02 – Manage Contractor Communication

The **Manage Contractor Communication** business process receives requests for information, appointments, and assistance from contractors such as: inquiries related to modifications in Medicaid Program policies and procedures, introduction of new programs, modifications to existing programs, public health alerts, and contract amendments. This business process includes the log, research, development, approval, and delivery of routine or ad hoc messages, and is communicated through a variety of methods.

Key Findings

- The SMA utilizes a mix of manual and automated processes to complete the process
- Electronic methods of communication are utilized by the SMA
- The SMA does not utilize a centralized web portal or Automatic Voice Response System (AVRS) for communicating with contractors
- Web portals (e.g. SharePoint) are utilized by contractors on an individual project basis to communicate with the SMA

Recommendations

- Implement a centralized web portal for all Medicaid related contractors to post documents and communicate with the SMA

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the eleven associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

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Table 34: CO02 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	4	3
Maturity Level 2	7	8
Maturity Level 3	0	0
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**1**	**1**

The following table provides the As-Is and To-Be levels for each of the eleven capability questions.

Table 35: CO02 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	2	2
Is communication linguistically, culturally, and competency appropriate?	1	1
Does the State Medicaid Agency use standards in the process?	1	1
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	1	2
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	1	1
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	2	2
How accessible is the information in the process?	2	2
Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of the results?	2	2
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	2	2
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	2	2
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	2	2

2.3.1.3 CO03 – Perform Contractor Outreach

The **Perform Contractor Outreach** business process is responsible for sending information such as public health alerts, new programs, and/or modifications in the Medicaid Program policies and procedures. For prospective contractors, the SMA develops contractor outreach information identified by analyzing Medicaid business needs. For currently enrolled contractors, information may relate to public health alerts, public service announcements, and other objectives. The SMA communicates through a variety of methods.

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Key Findings

- The Perform Contractor Outreach process is decentralized within the SMA
- Activities to generate the outreach activities are handled at the program unit level
- The SMA conducts contractor outreach activities manually
- Outreach to existing providers follow the Perform Provider Outreach business process, which utilizes the Provider Portal for electronic posting of communications

Recommendations

- Formalize the process to ensure accuracy of outreach communications and documentation of all outreach initiatives

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the twelve associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 36: CO03 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	2	1
Maturity Level 2	10	11
Maturity Level 3	0	0
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**1**	**1**

The following table provides the As-Is and To-Be levels for each of the twelve capability questions.

Table 37: CO03 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process manual or automatic?	2	2
Is communication linguistically, culturally, and competency appropriate?	1	1
Does the State Medicaid Agency use standards in the process?	2	2
How formalized is the process?	1	2
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	2	2
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	2	2
How accessible is the information in the process?	2	2

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Capability Question	As-Is	To-Be
Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of its results?	2	2
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	2	2
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	2	2
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	2	2

2.3.1.4 CO04 – Inquire Contractor Information

The **Inquire Contractor** Information business process receives requests for contract verification from authorized providers, programs or business associates, performs the inquiry, and prepares the response.

Key Findings

- The Department of Administration (DOA) Division of Purchases maintains a publicly available website with information on all contracts with the State of Rhode Island
- Responses related to contract inquiries is immediate based on the contract information posted at that time
- The SMA posts a listing of authorized providers on the EOHHS website
- The inquiry process is fully automated, however, the process to post information to the sites for availability requires manual intervention

Recommendations

- There are no recommended changes to this business process

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 38: CO04 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	0	0
Maturity Level 2	1	1
Maturity Level 3	11	11
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**2**	**2**

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The following table provides the As-Is and To-Be levels for each of the twelve capability questions.

Table 39: CO04 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process manual or automatic?	3	3
Does the State Medicaid Agency use standards in the process?	3	3
What information does the inquiry and response convey?	3	3
How formalized is the process?	3	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	3
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	3	3
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	3	3
How accessible is the information in the process?	3	3
Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of its results?	3	3
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	3	3
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	3	3
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	3	3

2.3.1.5 CO05 – Produce Solicitation

The **Produce Solicitation** business process gathers requirements, develops a solicitation (e.g., Request for Information (RFI), or Request for Proposals (RFP)), receives approvals for the solicitation, and releases for response.

Key Findings

- The majority of solicitation activities are decentralized and managed by the individual project managers, leading to duplication of contract and beneficiary services across agencies
- The release and publication of the solicitation is centralized and handled by Division of Purchases
- There are boilerplate RFP documents available, however this leads to issues as the RFP often does not match the contract
- Timeliness is impacted by the length of time required to complete the State Plan Amendment (SPA) and Advance Planning Document processes, which is sometimes over one year
- The SMA does not have access to a requirements management tool within the SMA

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Recommendations

- Centralize solicitation activities within the Agency and establish standard business policies to reduce duplication of contracted services
- Centralize and coordinate contract information between agencies
- Develop Medicaid-specific policies and procedures to reduce confusion and provide accurate information within the solicitation

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 40: CO05 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	8	1
Maturity Level 2	4	5
Maturity Level 3	0	6
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**1**	**1**

The following table provides the As-Is and To-Be levels for each of the twelve capability questions.

Table 41: CO05 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
How integrated or central is the process?	1	3
Is the process manual or automatic?	1	3
What is the primary mechanism for publication of the solicitation and communication with potential respondents?	2	2
Does the State Medicaid Agency use standards in the process?	2	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	3
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	1	2
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	2	3
How accessible is the information in the process?	1	2

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Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of its results?	1	1
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	1	3
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	1	2
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	1	2

2.3.1.6 CO06 – Award Contract

The **Award Contract** business process utilizes requirements, advanced planning documents, requests for information, request for proposal, and sole source documents to request and receive proposals, verify proposal content against solicitation requirements, applies evaluation criteria, designate contractor/vendor, post award information, entertain and resolve protests, negotiate contracts, and notify parties.

Key Findings

- Responses are received by the Division of Purchases, however the individuals responsible for the RFP are responsible for the management of the award process
- State procurement regulations dictate the evaluation criteria for award (70% technical vs 30% cost)
- The SMA utilizes checklists in the process for evaluation of responses
- The SMA is working with a contractor from a state-wide perspective to evaluate and improve development life cycle steps in the contract and procurement process
- Vendor protests are rare

Recommendations

- Formalize a centralized approach to managing contract activities, including Award Contract
- Integrate automation and standards within the process

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

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Table 42: CO06 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	1	0
Maturity Level 2	9	6
Maturity Level 3	2	5
Maturity Level 4	0	1
Maturity Level 5	0	0
Overall Maturity	**1**	**2**

The following table provides the As-Is and To-Be levels for each of the twelve capability questions.

Table 43: CO06 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process manual or automatic?	2	2
What is the primary mechanism for receipt of proposals and communication with potential respondents?	2	3
Does the State Medicaid Agency use standards in the process?	2	2
How does the State Medicaid Agency verify proposal information?	2	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	4
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	1	2
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	2	2
How accessible is the information in the process?	2	2
Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of its results?	2	3
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	2	2
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	3	3
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	2	3

2.3.1.7 CO07 – Manage Contract

The **Manage Contract** business process receives the contract award information, implements contract-monitoring procedures, updates contract if needed, and continues to monitor the terms of the contract throughout its duration.

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Key Findings

- Contract management is decentralized and handled by the department or individual assigned to the contract
- Contract management activities are primarily manual
- Contract monitoring activities follow the terms of the specific contracts (e.g. monthly, quarterly, and annual reviews)
- Contract updates and amendments can be triggered through the State budget process, updates to SLAs, or policy changes
- Satisfaction among the MCO contractors is low

Recommendations

- Establish a centralized contract management team
- Deploy solution for automated contract management functions

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the twelve associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 44: CO07 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	4	0
Maturity Level 2	8	3
Maturity Level 3	0	9
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**1**	**2**

The following table provides the As-Is and To-Be levels for each of the twelve capability questions.

Table 45: CO07 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
How integrated or central is the process?	1	3
Is the process primarily manual or automatic?	2	2
What is the primary mechanism for exchange of contract information?	2	3
Does the State Medicaid Agency use standards in the process?	2	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	3

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Capability Question	As-Is	To-Be
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	1	2
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	2	3
How accessible is the information in the process?	2	3
Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of its results?	2	3
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	2	3
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	1	2
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	1	3

2.3.1.8 CO08 – Close Out Contract

The **Close Out Contract** business process begins with the completion, expiration, or there is reason to terminate a contract. The business process ensures the obligations of the current contract are complete and the turnover to the new contractor proceeds according to contractual obligations.

Key Findings

- The process consists primarily of manual activities to accomplish tasks
- The process is decentralized and handled by individual contract managers without standard policies in place
- Contracts are generally stored on the SMA shared drive, but the process is not formalized or standardized
- Legal is involved at various stages of the contract close out process
- Contract termination for cause require additional steps, including hearings for the Managed Care Organizations
- Timeliness typically takes longer than 30 days due to notification requirements and individual contract language
- Contracts may include a transition period to ensure continuity of services

Recommendations

- Centralize contract management activities to ensure consistency and effectiveness of tasks
- The SMA intends to establish a standard set of business rules for termination of a contract
- Integrate surveys into contract monitoring activities to evaluate satisfaction

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Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the eleven associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 46: CO08 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	4	0
Maturity Level 2	8	1
Maturity Level 3	0	11
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**1**	**2**

The following table provides the As-Is and To-Be levels for each of the twelve capability questions.

Table 47: CO08 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
How integrated or central is the process?	1	3
Is the process primarily manual or automatic?	1	2
What is the primary mechanism for exchange of contract information?	2	3
Does the State Medicaid Agency use standards in the process?	2	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	3
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	2	3
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	2	3
How accessible is the information in the process?	2	3
Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of its results?	1	3
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	2	3
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	1	3
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	2	3

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2.3.1.9 CO09 – Manage Contractor Grievance and Appeal

The **Manage Contractor Grievance and Appeal** business process handles contractor appeals of adverse decisions or communications of a grievance. The SMA logs and tracks the grievance or appeal; it triages to appropriate reviewers; researches it; may request additional information; schedules and conducts hearings in accordance with legal requirements; and makes a ruling based upon the evidence presented.

Key Findings

- The process for handling contractor grievances is handled within contract parameters and by contract managers
- The process for contractor appeals would be through Legal department, however in practice if a dispute is not handled through the grievance process the contractor will typically go through the courts for arbitration (a solution preferred by Legal)
- If an appeal is received by the State, it is logged within the Legal department's FairHear system, assigned to a hearing officer, and given a hearing date
- Legal encourages the program and contract managers to resolve appeals when possible prior to the scheduled hearing

Recommendations

- Centralize contract management activities to assist in standardizing the grievance process
- Establish a formal management plan for grievances and appeals
- Implement a new system to replace FairHear and allow for further automation and improved case tracking

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 48: CO09 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	9	1
Maturity Level 2	4	12
Maturity Level 3	0	0
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**1**	**1**

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The following table provides the As-Is and To-Be levels for each of the twelve capability questions.

Table 49: CO09 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	2	2
How central is the grievance and appeals process?	1	2
Do contractors know how to access the grievance and appeals process?	2	2
Does the State Medicaid Agency manage the process?	1	2
Does the State Medicaid Agency use standards in the process?	1	2
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	2
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	1	1
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	1	2
How accessible is the information in the process?	2	2
Business Capability Quality: Cost-Effectiveness		
What is the cost to perform the process compared to the benefit of its results?	1	2
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	1	2
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	1	2
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	1	2

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2.4 Eligibility and Enrollment Management

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

The Eligibility and Enrollment Management business area is comprised of two business categories:

- **Member Enrollment** – Business activity for determination of eligibility and enrollment of new participants and the redetermination of existing participants
  - ✓ EE01 – Determine Member Eligibility
  - ✓ EE02 – Enroll Member
  - ✓ EE03 – Disenroll Member
  - ✓ EE04 – Inquire Member Eligibility
- **Provider Enrollment** – Business activity for determination of eligibility and enrollment of new providers and the redetermination of existing providers
  - ✓ EE05 – Determine Provider Eligibility
  - ✓ EE06 – Enroll Provider
  - ✓ EE07 – Disenroll Provider
  - ✓ EE08 – Inquire Provider Information

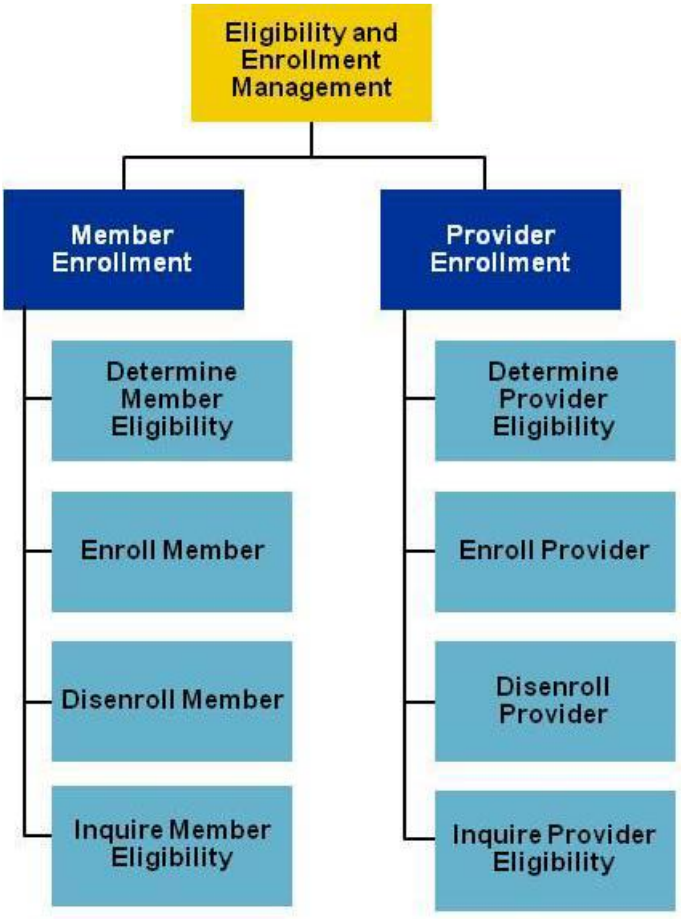

Figure 7: Eligibility and Enrollment Management

2.4.1 As-Is and To-Be Assessments and Recommendations (Deliverable Tasks 13, 14 and 15)

The **Eligibility and Enrollment Management** business area was reviewed and EOHHS staff, along with identified SMA contractors, who provided As-Is and To-Be level assessments for each question in the Business Capability Matrix (BCM). The levels provided in the following table are based on the lowest level determined while walking through the BCM for each process. Additionally, key findings and recommendations regarding each business process have been provided in the following sub-sections. The

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individual responses that make up the As-Is and To-Be MITA Maturity Level for each business process can be found in **Appendix D: Business Capability Matrix Responses**.

Table 50: Eligibility and Enrollment Management As-Is MITA 3.0 Maturity Levels

Eligibility and Enrollment Management	As-Is	To-Be
EE01 – Determine Member Eligibility	1	2
EE02 – Enroll Member	1	2
EE03 – Disenroll Member	1	2
EE04 – Inquire Member Eligibility	3	3
EE05 – Determine Provider Eligibility	1	2
EE06 – Enroll Provider	2	2
EE07 – Disenroll Provider	1	2
EE08 – Inquire Provider Information	2	3
Business Area Maturity Level	**1**	**2**

Key Findings for Overall Eligibility and Enrollment Management Business Area

- The initiative to implement background checks and fingerprinting for providers is currently on the Legislative agenda for the future state
- The SMA would like to automate enrollment of any provider joining an existing provider group; regional requirements for automation will be incorporated in MMIS re-procurement RFP
- Change enrollment requirements to include social security number (SSN) for each individual provider to support batch and automatic validation

2.4.1.1 EE01 – Determine Member Eligibility

The **Determine Member Eligibility** business process is responsible for the operational aspects of determining if an applicant is eligible for Medicaid or potentially eligible for other insurance affordability programs. The business process checks the applicant's status and verifies applicant information in accordance with the policies established. The business process determines eligibility based on modified adjusted gross income (MAGI) or on a basis other than MAGI methods including group/category. The key findings listed below represent major observations identified by SMEs during the business process review session. The issues related to the non-MAGI applications are represented in the list below, but the key findings do not represent a complete list of data and coding issues in RI Bridges. Several RI Bridges issues are already identified on the RI Bridges Project Runway document for proposed changes to the application.

Key Findings

- Member eligibility determinations are handled by RI Bridges; enrollment tasks are completed by the MMIS
- Modified Adjusted Gross Income (MAGI) determinations occur automatically and timely
- Non-MAGI applications have numerous issues in RI Bridges, impacting timeliness, accuracy, cost effectiveness, and stakeholder satisfaction

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- Due to data and reporting issues in RI Bridges, the time for Katie Beckett determinations process has been changed from one week to over a year
- SMEs noted that there are issues with incarceration data in RI Bridges, which resulted from the verification check being turned off in the system
- Address verifications are not being conducted by RI Bridges; staff member completes manual verifications after the eligibility determination
- Verified Third Party Liability (TPL) insurance is sent daily from MMIS to RI Bridges, however, this data is not utilized by RI Bridges

Recommendations

- Resolve identified defects in the Unified Health Infrastructure Project (UHIP) Project Roadmap
- Develop requirements for RI Bridges to make use of MMIS daily feed for TPL data
- Resolve issues with incarceration data to verify status prior to eligibility determination

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 51: EE01 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	6	0
Maturity Level 2	2	5
Maturity Level 3	2	5
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**1**	**2**

The following table provides the As-Is and To-Be levels for each of the twelve capability questions.

Table 52: EE01 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	3	3
Does the State Medicaid Agency use standards in the process?	2	2
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	3
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	1	3

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Capability Question	As-Is	To-Be
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	1	2
How accessible is the information in the process?	2	2
Business Capability Quality: Cost-Effectiveness		
What is the ratio for the cost of eligibility determination to the value of the results?	1	2
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	1	3
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	1	3
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	1	2

2.4.1.2 EE02 – Enroll Member

The **Enroll Member** business process receives eligibility information from the Determine Member Eligibility business process, the Marketplace, or any insurance affordability program. It determines additional qualifications for enrollment in health benefits for which the member is eligible, and produces notifications for coordination of communications to the member, provider, and to the insurance affordability programs.

Key Findings

- Enrollment in Managed Care plans for Medicaid members occurs through MMIS
- Members eligible for RIte Care are enrolled after the receipt of eligibility determination from RI Bridges
- Enrollment information flows back to RI Bridges from MMIS via the Dashboard File. There are issues with loading the information, which restricts the data from being available in the eligibility system and causes issue with the Recon Unit when producing reports to compare MMIS enrollment to Bridges eligibility
- Accuracy of information in the process is based on the data received from RI Bridges

Recommendations

- Fully automate the enrollment process in MMIS, including Rhody Health Partners and Rhody Health Options (both currently require manual enrollment)
- Resolve RI Bridges data accuracy issues as outlined in the UHIP Project Roadmap

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the ten associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

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Table 53: EE02 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	2	0
Maturity Level 2	7	2
Maturity Level 3	1	8
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**1**	**2**

The following table provides the As-Is and To-Be levels for each of the ten capability questions.

Table 54: EE02 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	2	3
Does the State Medicaid Agency use standards in the process?	2	2
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	1	2
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	2	3
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	3	3
How accessible is the information in the process?	2	3
Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of its results?	2	3
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	2	3
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	2	3
Business Capability Quality: Utility or Value to Stakeholders		
How satisfied are the stakeholders?	1	3

2.4.1.3 EE03 – Disenroll Member

The **Disenroll Member** business process is responsible for the termination of a member's enrollment in a health plan or health benefit. Enrollment termination may occur due to a variety of reasons, including yet not limited to, a member no longer is eligible for several reasons, or a member submits a disenrollment requests. See the Business Process Template (BPT) in **Appendix C** for a more comprehensive list of reasons for disenrollment of a member.

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Key Findings

- The disenrollment process is run twice a month by the MMIS fiscal agent
- Requests from members to change plans are handled through paper requests and received through the Health Plans
- Enrollment information is maintained within MMIS
- RI Bridges is notified of disenrollments via the Dashboard File; there are issues with loading the information, which restricts the data from being available in the eligibility system

Recommendations

- Further automate the tasks completed through the MMIS to increase efficiency and cost effectiveness
- Resolve RI Bridges issues with receipt of the MMIS Dashboard File to view current enrollment information in RI Bridges

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the ten associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 55: EE03 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	1	0
Maturity Level 2	6	3
Maturity Level 3	3	7
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**1**	**2**

The following table provides the As-Is and To-Be levels for each of the twelve capability questions.

Table 56: EE03 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	2	3
Does the State Medicaid Agency use standards in the process?	2	2
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	2
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	1	2

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Capability Question	As-Is	To-Be
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	2	3
How accessible is the information in the process?	3	3
Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of its results?	3	3
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	2	3
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	3	3
Business Capability Quality: Utility or Value to Stakeholders		
How satisfied are the stakeholders?	2	3

2.4.1.4 EE04 – Inquire Member Eligibility

The **Inquire Member Eligibility** business process receives requests for eligibility verification and performs the inquiry, and prepares the Eligibility, Coverage, or Benefit Information response. Response information may include benefit status, explanation of benefits, coverage, effective dates, and/or amounts for co-insurance, co-pays, deductibles, exclusions and limitations. Information may include details about Medicaid health plans, health benefits, and the provider(s) from which the member may receive covered services.

Key Findings

- Providers can request eligibility verifications through the Provider Portal, via 270/271 transactions, or by calling the Provider Call Center
- The Provider Portal is available 24/7 and provides real-time eligibility information
- MMIS is aligned with Council for Affordable Quality healthcare (CAQH) CORE standards for performing this business process
- Tasks in the process are fully automated except for provider calls to the Call Center
- All inquiries are recorded in MMIS

Recommendations

- There is no business need to exchange information with other states. There are no recommended changes to impact the MITA maturity levels beyond level 3

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 57: EE04 Number of Responses per Maturity Level

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	As-Is	To-Be
Maturity Level 1	0	0
Maturity Level 2	0	0
Maturity Level 3	10	10
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**3**	**3**

The following table provides the As-Is and To-Be levels for each of the ten capability questions.

Table 58: EE04 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	3	3
Does the State Medicaid Agency use standards in the process?	3	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	3
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	3	3
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	3	3
How accessible is the information in the process?	3	3
Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of its results?	3	3
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	3	3
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	3	3
Business Capability Quality: Utility or Value to Stakeholders		
How satisfied are the stakeholders?	3	3

2.4.1.5 EE05 – Determine Provider Eligibility

The **Determine Provider Eligibility** business process collects enrollment or re-enrollment applications, or revalidation information from Providers. The business process verifies syntax and semantic of information, checks status tracking, requests additional information when necessary, determines screening level, verifies applicant information with external entities, collects application fees, and notifies providers of enrollment eligibility determination.

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Key Findings

- Process has some automation, yet still includes manual components
- Adding providers seeking to join another provider group is a manual process
- The SMA exchanges information with the other regional state Medicaid agencies
- All providers from the region applying for Rhode Island Medicaid go through the same web-based enrollment procedures
- The SMA currently does not conduct background checks and fingerprinting; obtaining background checks and fingerprinting are included in the current legislative agenda
- Average enrollment process takes 15-30 business days

Recommendations

- Change enrollment requirements to include SSN for each individual provider to support batch and automatic validation
- Utilize MMIS procurement to require automation in the provider enrollment and revalidation process
- Conduct background checks and fingerprinting when enrolling providers. This is currently on legislative agenda.
- Implement a process to log and track all communications with providers at a centralized location, including the date and time of those communications

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 59: EE05 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	1	0
Maturity Level 2	9	1
Maturity Level 3	4	9
Maturity Level 4	1	5
Maturity Level 5	0	0
Overall Maturity	**1**	**2**

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The following table provides the As-Is and To-Be levels for each of the fifteen capability questions.

Table 60: EE05 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Does enrollment process meet state and federal regulations or policies?	2	3
Is the process primarily manual or automatic?	2	4
Does the State Medicaid Agency use standards in the process?	4	4
Does the State Medicaid Agency use required screening requirements?	2	4
What provider identifier is used?	3	3
How does the State Medicaid Agency verify credentials (e.g., college degree, license, certification, NPI, Employer Identification Number (EIN), Social Security Number (SSN))?	1	3
Is there a process for revalidation of credentials?	2	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	4
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	2	2
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	2	3
How accessible is the information in the process?	2	3
Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of its results?	3	4
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	2	3
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	3	3
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	2	3

2.4.1.6 EE06 – Enroll Provider

The **Enroll Provider** business process is responsible for enrolling providers into Medicaid, which may include: determination of contracting parameters, establishment of payment rates and funding sources, taking into consideration service area, incentives or discounts, or supporting receipt and verification of program contractor's provider enrollment roster. The Enroll Provider business process also supports receipt and verification of program contractor's provider enrollment roster information from Managed Care Organization (MCO) and HCBS organizations.

Key Findings

- The Provider Enrollment process occurs concurrently with the Provider Eligibility process

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- The majority of provider applications are received electronically, however paper applications are also allowed
- Once the provider eligibility determination has been made, the provider enrollment process is primarily automated
- Provider information is not shared with the Health Insurance Exchange
- Providers do not go through the rate negotiation steps as all providers are required to accept the Medicaid rates in order to become a Rhode Island Medicaid provider

Recommendations

- Eliminate paper applications through the requirement that all providers apply through the Provider Portal
- Implement planned dashboard reporting metrics

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 61: EE06 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	0	0
Maturity Level 2	8	2
Maturity Level 3	4	10
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**2**	**2**

The following table provides the As-Is and To-Be levels for each of the twelve capability questions.

Table 62: EE06 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Does enrollment process meet state and federal regulations or policies?	2	3
Is the process primarily manual or automatic?	2	2
How does the applicant complete and submit the application?	2	3
Does the State Medicaid Agency use standards in the process?	3	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	3
Business Capability Quality : Timeliness of Process		
How timely is the end-to-end process?	2	2

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Capability Question	As-Is	To-Be
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	2	3
How accessible is the information in the process?	2	3
Business Capability Quality: Cost-effectiveness		
What is the cost of the process compared to the benefits of its results?	2	3
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	3	3
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	3	3
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	2	3

2.4.1.7 EE07 – Disenroll Provider

The **Disenroll Provider** business process is responsible for managing disenrollment in the Medicaid Program. This business process covers the activity of disenrollment including the tracking of disenrollment requests and validation that the disenrollment meets state's rules. Medicaid sends notifications to affected parties (e.g., provider, contractor, business partners) as well as alerts to other business processes to discontinue business activities.

Key Findings

- The Disenroll Provider process contains a mix of manual and automated tasks
- The disenrollment process is prompted through the provider recertification process or by request of the SMA
- Provider disenrollment requests are acted on immediately by the MMIS fiscal agent upon receipt from the State; the process takes longer than 24 hours to complete
- Low number of provider disenrollment's allows the State to keep cost lower
- The SMA does not foresee major changes to this process to warrant increasing the amount of automation
- The SMA intends to improve collaboration and information sharing to complete the process in less than 24 hours

Recommendations

- Implement an audit trail for all disenrollment reasons
- Increase collaboration with other entities (e.g. Health Plans, Department of Health, Department of Children, Youth, and Families) within the intrastate

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Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the ten associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 63: EE07 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	1	0
Maturity Level 2	9	9
Maturity Level 3	0	1
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**1**	**2**

The following table provides the As-Is and To-Be levels for each of the ten capability questions.

Table 64: EE07 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	2	2
Does the State Medicaid Agency use standards in the process?	2	2
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	1	2
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	2	3
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	2	2
How accessible is the information in the process?	2	2
Business Capability Quality: Cost Effectiveness		
What is the cost of the process compared to the benefits of its results?	2	2
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	2	2
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	2	2
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	2	2

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2.4.1.8 EE08 – Inquire Provider Information

The **Inquire Provider Information** business process receives requests for provider enrollment verification from authorized providers, programs or business associates; performs the inquiry, and prepares the response information.

Key Findings

- Information on enrolled providers is accessible to the public via the EOHHS website
- The provider search inquiry webpage availability is 99.9% or better
- The Inquire Provider Information process is fully automated and available to anyone with internet access
- All Medicaid providers use the same reusable business service via MMIS

Recommendations

- Establish performance measure to evaluate timeliness of provider inquiry response
- Implement questionnaires or surveys to evaluate stakeholder satisfaction and ensure the results provide the information required

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 65: EE08 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	0	0
Maturity Level 2	3	0
Maturity Level 3	2	3
Maturity Level 4	3	5
Maturity Level 5	2	2
Overall Maturity	**2**	**3**

The following table provides the As-Is and To-Be levels for each of the ten capability questions.

Table 66: EE08 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	5	5
Does the State Medicaid Agency use standards in the process?	2	4
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	4

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Capability Question	As-Is	To-Be
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end inquiry process?	2	3
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	3	3
How accessible is the information in the process?	5	5
Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of its results?	4	4
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	4	4
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	4	4
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	2	3

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2.5 Financial Management

The **Financial Management** business area is a collection of business processes to support the payment of providers, managed care organizations, other agencies, insurers, Medicare premiums, and supports the receipt of payments from other insurers, providers, and member premiums and financial participation. These processes share a common set of payment- and receivables-related data. The Financial Management business area is responsible for the financial data store.

The Financial Management business area is comprised of three business categories:

- **Accounts Receivable Management** – Business activity to manage the collection of money owed to the SMA
  - ✓ FM01 – Manage Provider Recoupment
  - ✓ FM02 – Manage Third Party Liability (TPL) Recovery
  - ✓ FM03 – Manage Estate Recovery
  - ✓ FM04 – Manage Drug Rebate
  - ✓ FM05 – Manage Cost Settlement
  - ✓ FM06 – Manage Accounts Receivable Information
  - ✓ FM07 – Manage Accounts Receivable Funds
  - ✓ FM08 – Prepare Member Premium Invoice
- **Accounts Payable Management** – Business activity to manage the payment of money the SMA owes to other entities
  - ✓ FM09 – Manage Contractor Payment
  - ✓ FM10 – Manage Member Financial Participation
  - ✓ FM11 – Manage Capitation Payment
  - ✓ FM12 – Manage Incentive Payment
  - ✓ FM13 – Manage Accounts Payable Information
  - ✓ FM14 – Manage Accounts Payable Disbursement
  - ✓ FM15 – Manage 1099
- **Fiscal Management** – Business activity to manage planned expenses and revenues of the SMA
  - ✓ FM16 – Formulate Budget
  - ✓ FM17 – Manage Budget Information
  - ✓ FM18 – Manage Fund
  - ✓ FM19 – Generate Financial Report

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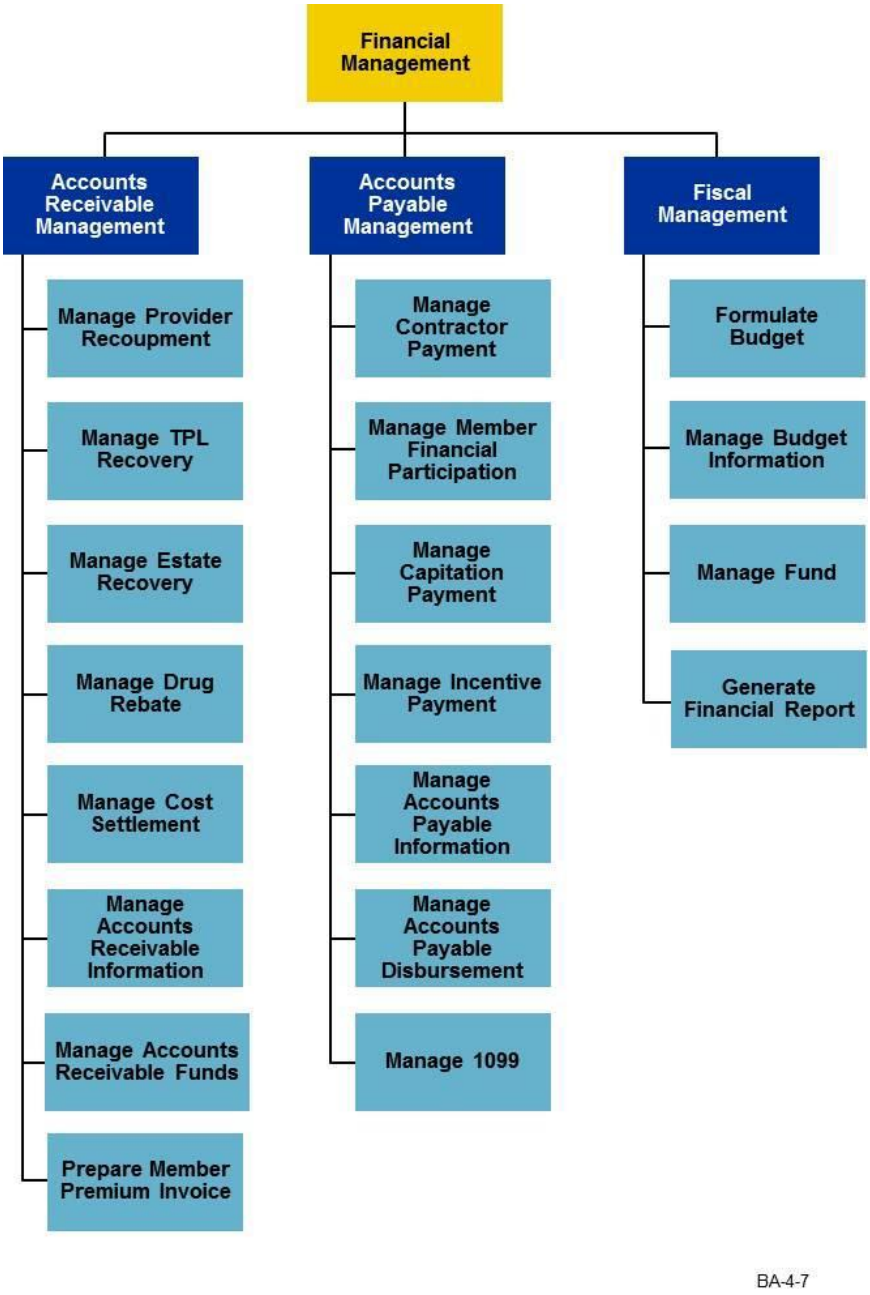

Figure 8: Financial Management Business Area

2.5.1 As-Is and To-Be Assessments and Recommendations (Deliverable Tasks 13, 14 and 15)

The **Financial Management** business area was reviewed and EOHHS staff and identified SMA contractors provided As-Is and To-Be level assessments for each question in the BCM. The levels provided in the following table are based on the lowest level determined while assessing the BCM for each process. Additionally, key findings and recommendations regarding each business process have been provided in

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the following sub-sections. The individual responses that make up the As-Is and To-Be MITA Maturity Level for each business process can be found in **Appendix D: Business Capability Matrix Responses.**

Table 67: Financial Management Business Area As-Is and To-Be MITA Maturity Levels

Financial Management	As-Is	To-Be
FM01 – Manage Provider Recoupment	1	1
FM02 – Manage TPL Recovery	1	1
FM03 – Manage Estate Recovery	1	2
FM04 – Manage Drug Rebate	2	2
FM05 – Manage Cost Settlement	1	1
FM06 – Manage Accounts Receivable	2	2
FM07 – Manage Accounts Receivable Funds	2	2
FM08 – Prepare Member Premium Invoice	1	2
FM09 – Manage Contractor Payment	1	2
FM10 – Manage Member Financial Participation	1	3
FM11 – Manage Capitation Payment	2	2
FM12 – Manage Incentive Payment	1	1
FM13 – Manage Accounts Payable Information	2	2
FM14 – Manage Accounts Payable Disbursement	2	2
FM16 – Formulate Budget	2	2
FM17 – Manage Budget Information	2	2
FM18 – Manage Fund	2	2
FM19 – Generate Financial Report	2	2
Business Area Maturity Level	1	1

Exception: FM15: Manage 1099 is not performed by the SMA; it is performed entirely within the State Accounting System, RIFANS. EOHHS has no intention of performing this process within the SMA in the foreseeable future; therefore, it was not assessed for MITA maturity, and is treated as an exception within the SS-A.

Key Findings for Overall Financial Management Business Area

- The Financial Management business area has the largest number of business processes of any of the business areas. All are performed by the SMA, except for FM15: Manage 1099.
- The overall As-Is MITA maturity level for the Financial Management business area is level 1. Though nine of the nineteen processes have an As-Is level of 2, the SS-A Companion Guide dictates that the lowest level response dictates the overall MITA maturity level for that business area.
- Most of the Financial Management business processes are a mix of manual and automatic tasks
- The most impactful changes that could raise the MITA maturity level of the business processes would be to resolve the issues with RI Bridges that are preventing substantial advances in the overall MITA maturity levels of several of the Financial Management business processes

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2.5.1.1 FM01 – Manage Provider Recoupment

The **Manage Provider Recoupment** business process manages the determination and recovery of overpayments to providers. The SMA initiates provider recoupment upon the discovery of an overpayment.

Key Findings

- There is a mix of manual and automated activities
- Program Integrity and SURS activities are standardized
- Providers receive a form letter with the identified claims; they can opt to meet with SMA staff to provide additional information and negotiate recovery amount
- The SMA does not currently utilize 837 transactions for provider recoupments
- Nursing home recoupments are primarily manual
- Ongoing issues with LTSS eligibility require ongoing manual efforts to pay and recoup money from nursing facilities monthly via a check payment and recoupment process
- Provider satisfaction is low due to required work-around procedures for nursing facilities to receive payment from the SMA
- Limitations with MMIS require a date to be entered for recoupments that are posted

Recommendations

- Resolve the RI Bridges eligibility issues with LTSS eligibility to allow the SMA to update and resolve the recoupment process with nursing facilities
- Increase flexibility for entering recoupment dates in MMIS

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the thirteen associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 68: FM01 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	4	4
Maturity Level 2	6	6
Maturity Level 3	2	2
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**1**	**1**

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The following table provides the As-Is and To-Be levels for each of the thirteen capability questions.

Table 69: FM01 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	2	2
What is the mode of communication?	1	1
How does the State Medicaid Agency requests recoupment of monies in third party liability situations requested?	1	1
How integrated is the process?	2	2
Does the State Medicaid Agency use standards in the process?	2	2
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	1	1
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	1	1
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	2	2
How accessible is the information in the process?	3	3
Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of its results?	3	3
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	3	3
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	2	2
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	2	2

2.5.1.2 FM02 – Manage TPL Recovery

The **Manage TPL Recovery** business process begins by receiving Third-Party Liability (TPL) information from various sources. The business process: identifies the provider or TPL carrier, locates recoverable claims, creates the coordination of benefits file, creates post-payment recovery files, and prepares notification of TPL to send to another payer or provider.

Key Findings

- The Manage TPL Recovery process is conducted payer-to-provider; the SMA does not plan to shift to payer-to-payer
- The SMA utilizes a mix of manual and automated tasks
- A monthly cycle runs automatically and creates account receivable transactions that are automatically recouped
- Responses received from providers require manual posting to resolve account receivables

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- Providers will typically recoup their original claim and resubmit with any outstanding balances from TPL payments
- EDI transactions are not used by the SMA in this process
- Potential casualty recoveries are identified through MMIS and Medical Assistance Intercept System (MAIS); MAIS electronically matches Rhode Island Medicaid recipients with liability and workers' compensation insurance claims; the information is not coming from RI Bridges accurately

Recommendations

- Resolve RI Bridges issues with receiving and sending MAIS information to improve accuracy of information in the process

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 70: FM02 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	2	2
Maturity Level 2	10	10
Maturity Level 3	0	0
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**1**	**1**

The following table provides the As-Is and To-Be levels for each of the thirteen capability questions.

Table 71: FM02 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process manual or automatic?	2	2
How does the State Medicaid Agency validate Third Party Liability (TPL) information?	2	2
How integrated is the process?	2	2
Does the State Medicaid Agency use standards in the process?	2	2
How does the State Medicaid Agency conduct coordination of benefits (COB)?	1	1
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	1	1
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	2	2

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Capability Question	As-Is	To-Be
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	2	2
How accessible is the information in the process?	3	3
Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of its results?	2	2
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	2	2
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	2	2
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	2	2

2.5.1.3 FM03 – Manage Estate Recovery

The **Manage Estate Recovery** business process recovers certain Medicaid benefits paid on behalf of an individual, by filing liens against a deceased member's or deceased spouse's estate to recover the costs of Medicaid benefits paid during the time the member was eligible for Medicaid. The process begins by receiving estate recovery information. In addition, the business process may; open a formal case based on estate ownership and value of property, determine the value of the estate lien, file a petition for a lien, file an estate claim of lien, and/or conduct follow-up.

Key Findings

- The Manage Estate Recovery process is primarily manual
- Information on date of death is received manually from nursing facilities
- RI Bridges does not provide the Date of Death reports that were previously available from InRhodes, significantly reducing the number of identified cases for recovery
- Hardship requests are sent to the Legal Department for resolution
- EOHHS is implementing an Asset Verification System in June 2018

Recommendations

- Increase automation using electronic data transfer, which positively impacts timeliness, efficiency, and cost effectiveness
- Ensure MMIS obtains date of death in all relevant feeds
- Ensure that RI Bridges provides feed of death data, including date of death

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

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Table 72: FM03 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	11	0
Maturity Level 2	1	8
Maturity Level 3	0	4
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**1**	**2**

The following table provides the As-Is and To-Be levels for each of the twelve capability questions.

Table 73: FM03 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	1	2
What is the media of communication with stakeholders involved in the recovery?	1	3
How integrated is the process?	1	2
Does the State Medicaid Agency use standards in the process?	2	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	1	3
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process? **Note: Due to the variables involved in estate recovery process (i.e., wills, lawsuits, claims and other procedural steps inherent in the probate process), it is difficult to estimate the end-to-end timeline.**	1	2
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	1	3
How accessible is the information in the process?	1	2
Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of its results?	1	2
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	1	2
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	1	2
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	1	2

2.5.1.4 FM04 – Manage Drug Rebate

The **Manage Drug Rebate** business process: receives quarterly drug rebate information from Centers for Medicare & Medicaid Services (CMS), compares drug rebate to quarterly payment history information,

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identifies drug information matches based on manufacturer and drug codes, applies the rebate factor and volume indicators, calculates the total rebate per manufacturer, prepares drug rebate invoices, sorts the invoices by manufacturer and drug code, sends the invoice information, and monitors rebate payment.

Key Findings

- The SMA delegates the Manage Drug Rebate process to the MMIS fiscal agent in its entirety
- The process is primarily automatic, with the only manual activities consisting of handling disputes with pharmaceutical companies and claim level detail reviews
- The process is efficient and timely, typically completed within seven days of receipt of rebate information from CMS
- There are no plans to regionalize this process to share information with other states

Recommendations

- There are no recommended changes to this process that would raise the MITA maturity levels
  - ✓ Systematic enhancements to increase the level of automation or accessibility would likely be cost prohibitive
  - ✓ Stakeholder surveys are not expected to be implemented; program effectiveness is regarded highly

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 74: FM04 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	0	0
Maturity Level 2	4	4
Maturity Level 3	7	7
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**2**	**2**

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The following table provides the As-Is and To-Be levels for each of the eleven capability questions.

Table 75: FM04 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	2	2
How integrated is the process?	3	3
Does the State Medicaid Agency use standards in the process?	3	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	3
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	2	2
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	3	3
How accessible is the information in the process?	2	2
Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of its results?	3	3
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	3	3
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	3	3
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	2	2

2.5.1.5 FM05 – Manage Cost Settlement

The **Manage Cost Settlement** business process begins with the submission of the provider's annual Medicare Cost Report to Medicaid. Staff makes inquires for paid, denied, and adjusted claims information. The business process includes: reviewing provider costs and establishing a basis for cost settlements or compliance reviews, receiving audited Medicare Cost Report from intermediaries, capturing the necessary provider cost settlement information, calculating the final annual cost settlement based on the Medicare Cost Report, generating the information for notification to the provider, verifying the information is correct, producing the notifications to providers, and establishing interim reimbursement rates.

Key Findings

- Hospitals in Rhode Island no longer utilize the cost settlement process, opting instead to use 3M grouper
- The cost settlement process is only in place for one provider
- The process is manual, yet efficient; process is completed on an annual basis and the SMA completes the report within one week of receipt of data

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Recommendations

- There are no recommended changes for this process as only one provider in the state utilizes the cost settlement process

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 76: FM05 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	2	2
Maturity Level 2	5	5
Maturity Level 3	4	4
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**1**	**1**

The following table provides the As-Is and To-Be levels for each of the eleven capability questions.

Table 77: FM05 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
How integrated is the process?	1	1
Is the process primarily manual or automatic?	2	2
Does the State Medicaid Agency use standards in the process?	3	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	1	1
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	3	3
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	2	2
How accessible is the information in the process?	2	2
Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of its results?	3	3
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	2	2
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	3	3

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Capability Question	As-Is	To-Be
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	2	2

2.5.1.6 FM06 – Manage Accounts Receivable

The **Manage Accounts Receivable** Information business process is responsible for all operational aspects of collecting money owed to the SMA. Activities in this business process comply with CFR 45, Cash Management Improvement Act (CMIA), Governmental Accounting Standards Board (GASB) standards and Generally Accepted Accounting Principles (GAAP).

Key Findings

- Medicaid invoices go to the MMIS fiscal agent; the SMA does not establish a receivable; money comes from an expense account to pay the fiscal agent
- SMA finance director receives a quarterly report from the fiscal agent, which is mostly used for tracking purposes
- A current workaround is in place with the fiscal agent to make manual payments to many nursing facilities; this is not in as accounts receivable (AR) – it is an SMA expenditure
- A service level agreement (SLA) in the MMIS contract states that 95% of claims must be adjudicated within 30 days of receipt
- MMIS fiscal agent receives communication from the SMA to create an accounts receivable (AR) for Drug Rebate, TPL, etc.; when an AR is created, a payment recovery plan is set up with frequency and amount or percentage

Recommendations

- Eliminate the need for the workaround for nursing facilities with improvement and fixes to RI Bridges

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 78: FM06 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	0	0
Maturity Level 2	6	4
Maturity Level 3	5	7
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**2**	**2**

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The following table provides the As-Is and To-Be levels for each of the eleven capability questions.

Table 79: FM06 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
How integrated is the process?	2	2
Is the process primarily manual or automatic?	2	2
Does the State Medicaid Agency use standards in the process?	3	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	3
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	2	2
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	2	2
How accessible is the information in the process?	3	3
Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of its results?	3	3
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	2	3
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	3	3
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	2	3

2.5.1.7 FM07 – Manage Accounts Receivable Funds

The **Manage Accounts Receivable Funds** business process is responsible for all operations aspects of the collection of payment owed to the SMA. Activities in this business process comply with Cash Management Improvement Act (CMIA), Governmental Accounting Standards Board (GASB) standards and Generally Accepted Accounting Principles (GAAP).

Key Findings

- Providers can view all payments from the MMIS fiscal agent on their remittance advice, which is posted on the provider portal
- SLAs for this process are outlined in the Executive Summary – Quarterly Contract Monitoring Report
- The SMA doesn't expect this process to change in the next five years
- Agencies using federal funds have an Interagency Service Agreement (ISA); these are administered centrally due to complexity of cost allocation
- Accessibility is 99.9% or more via provider portal

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Recommendations

- This process is functioning well for the SMA and MMIS fiscal agent, therefore no recommendations at this time

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the ten associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 80: FM07 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	0	0
Maturity Level 2	6	6
Maturity Level 3	4	4
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**2**	**2**

The following table provides the As-Is and To-Be levels for each of the ten capability questions.

Table 81: FM07 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	2	2
Does the State Medicaid Agency use standards in the process?	3	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	3
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	2	2
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	2	2
How accessible is the information in the process?	3	3
Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of its results?	2	2
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	2	2
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	3	3
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	2	2

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2.5.1.8 FM08 – Prepare Member Premium Invoice

States may implement member cost sharing through the collection of premiums for medical coverage. The SMA formulates the premium amounts based on state-specific factors. The business process includes: retrieving member premium information, performing required information manipulation according to business rules, and formatting the results into required output information.

Key Findings

- Two programs, RIte Share and Sherlock, utilize this process. RIte Share and Sherlock both are not fully automated and require manual efforts to obtain data from RI Bridges for MMIS
- Monthly financial cycles limit the overall MITA maturity level to a 1

Recommendations

- Request automated reports for RIte Share and Sherlock information to be available from RI Bridges for MMIS to generate invoices
- Increase invoices to bi-weekly to align with both financial cycles to improve timeliness

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 82: FM08 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	1	0
Maturity Level 2	5	1
Maturity Level 3	4	9
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**1**	**2**

The following table provides the As-Is and To-Be levels for each of the ten capability questions.

Table 83: FM08 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	2	3
Does the State Medicaid Agency use standards in the process?	3	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	3
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	1	2

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Capability Question	As-Is	To-Be
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	3	3
How accessible is the information in the process?	2	3
Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of its results?	3	3
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	2	3
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	2	3
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	2	3

2.5.1.9 FM09 – Manage Contractor Payment

The **Manage Contractor Payment** business process includes the activities necessary to reimburse contractors for services rendered based on a contract executed between the SMA and the contractor. When a contractor renders services on behalf of a Medicaid member, the contractor invoices Medicaid according to the specifics defined in the contract. Agency staff responsible for Contract Administration process invoices according to the SMA policy including validation of the invoice content to reimbursement details defined in the contract.

Key Findings

- The Manage Contractor Payment process utilizes a mix of manual and automated tasks
- Invoices that are received need to be approved by the program manager
- Contractors that utilize Rhode Island Financial Accounting Network System (RIFANS) allow for electronic tracking of invoices and payments; otherwise tracking is difficult and information can reside in multiple systems
- Invoices with attachments need to be scanned by Accounts and Control at the SMA
- Timeliness is impacted by state regulations requiring the state not to pay until 30 days from the invoice date
- Information can reside in multiple systems requiring manual tracking
- Results of the process are accurate and 100% of payments are audited monthly

Recommendations

- Finalize centralization of invoicing within the SMA
- Standardize process to utilize RIFANS for 100% of payments
- Allow attachments to be submitted electronically to reduce manual activities

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Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 84: FM09 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	2	0
Maturity Level 2	7	2
Maturity Level 3	1	8
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**1**	**2**

The following table provides the As-Is and To-Be levels for each of the ten capability questions.

Table 85: FM09 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	2	3
Does the State Medicaid Agency use standards in the process?	3	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	3
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	1	3
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	2	3
How accessible is the information in the process?	2	3
Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of its results?	1	2
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	2	3
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	2	3
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	2	2

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2.5.1.10 FM10 – Manage Member Financial Participation

The **Manage Member Financial Participation** business process is responsible for all operational aspects of preparing member premium payments. This includes premiums for Medicare, also known as Medicare Buy-in, and other health insurance. The business process begins with the alert to determine if the SMA should pay a member's premium.

Key Findings

- Issues with RI Bridges has affected timeliness, data accuracy, and efficiency of this process; increased automation via RI Bridges improves the process
- Manual workarounds require data to be pulled from multiple systems
- Federal Medicare information is sent to HealthSource, yet is not flowing through RI Bridges to MMIS
- Medicare Secondary Payer (MSP) is a monthly process per CMS rule; Rite Share will be a daily process

Recommendations

- Resolve RI Bridges issues that are documented in the RI Bridges Project Runway to improve accuracy and timeliness of this process
- Correct RI Bridges interfaces related to FM10 Manage Member Financial Participation to allow all data to come through from state and federal agencies
- Resolve issues with Medicare data not received or not flowing from RI Bridges to MMIS
- Get RIte Share operational in RI Bridges

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 86: FM10 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	6	0
Maturity Level 2	4	0
Maturity Level 3	0	10
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**1**	**3**

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The following table provides the As-Is and To-Be levels for each of the ten capability questions.

Table 87: FM10 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	2	3
Does the State Medicaid Agency use standards in the process?	2	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	3
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	1	3
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	1	3
How accessible is the information in the process?	2	3
Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of its results?	1	3
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	1	3
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	1	3
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	1	3

2.5.1.11 FM11 – Manage Capitation Payment

The **Manage Capitation Payment** business process includes the activities to prepare Managed Care Organization (MCO) capitation payments. Providers receive a Per-Member-Per-Month (PMPM) capitation payment amount for all members that the SMA assigns. The provider payment schedule defines the PCCM capitation rates typically actuary based on an age and gender rating or flat rate. Provider may opt in or out of PCCM plan and does not have to belong to the MCO.

Key Findings

- The SMA utilizes a mix of manual and automated tasks to complete the payment process
- The MCO's receive a Per-Member-Per-Month (PMPM) capitation payment amount for all enrolled members
- The process runs twice per month – the first cycle captures all enrollments with a three-month window (prior, current, and prospective); the second cycle is utilized for adjustments necessary outside of that window
- The process runs efficiently

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- The need for retroactive payments requires manual activities
- The Fiscal Agent Control Number (FACN) process is utilized to establish the PMPM payment as well as ad-hoc payments that are processed by MMIS
- FACN information is not readily available in one system

Recommendations

- Consolidate FACN tracking into one system

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 88: FM11 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	0	0
Maturity Level 2	5	4
Maturity Level 3	6	7
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**2**	**2**

The following table provides the As-Is and To-Be levels for each of the eleven capability questions.

Table 89: FM11 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	2	3
Does the State Medicaid Agency use standards in the process?	3	3
What methodology does SMA use to prepare the Capitation Premium payments?	3	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	3
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	2	2
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	3	3
How accessible is the information in the process?	2	2
Business Capability Quality: Cost Effectiveness		
What is the cost of the process compared to the benefits of its results?	3	3
Business Capability Quality: Effort to Perform; Efficiency		

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Capability Question	As-Is	To-Be
How efficient is the process?	2	2
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	3	3
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	2	2

2.5.1.12 FM12 – Manage Incentive Payment

The **Manage Incentive Payment** business process accommodates administration of various incentive compensations to payers, providers, and members. Federal or state policy defines the programs, which are typically short duration and limited in scope. The policy defines specific periods, qualification criteria, and certification or verification requirements

Key Findings

- Primarily a manual process to determine incentive payment amounts
- Although manual, process is completed timely and requires few resources to complete
- Information is not readily accessible to others
- Process completed by the Plan Assistance vendor, for the SMA with little oversight

Recommendations

- Assign state resource to oversee process
- Ensure data, calculations, and results are accessible to authorized individuals

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 90: FM12 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	7	7
Maturity Level 2	3	3
Maturity Level 3	0	0
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	1	1

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The following table provides the As-Is and To-Be levels for each of the ten capability questions.

Table 91: FM12 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	1	1
Does the State Medicaid Agency use standards in the process?	2	2
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	1	1
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	1	1
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	1	1
How accessible is the information in the process?	1	1
Business Capability Quality: Cost Effectiveness		
What is the cost of the process compared to the benefits of its results?	2	2
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	1	1
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	2	2
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	1	1

2.5.1.13 FM13 – Manage Accounts Payable Information

The **Manage Accounts Payable Information** business process is responsible for all operational aspects of money the SMA pays. Activities in this business process comply with Cash Management Act, Governmental Accounting Standards Board (GASB) standards and Generally Accepted Accounting Principles (GAAP).

Key Findings

- Potential to integrate the entry of accounts payable directly from MMIS to RIFANS
- Currently no plans over the next five years for a regional exchange hub
- MMIS automatically generates appropriate electronic reports based on payments
- The Contract Monitoring Report (which is on an EOHHS template) is submitted quarterly by the fiscal agent and completed manually
- Rhode Island legislative law states that a 30-day prompt pay statute applies; a weekly open invoice report is generated to monitor this process
- ASC X12 attachments are done manually and the SMA would like this to be automated

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Recommendations

- Integrate entry of accounts payable directly from MMIS to RIFANS
- Increase automation of this process for more efficiency
- Implement a Department of Administration (DOA) payment portal that will include electronic signatures
- Include electronic attachments on claims with 275 transactions (electronic submission of medical documentation)
- Implement stakeholder surveys
- Consider having AR/AP services within the SMA for managing versus using vendors
- Automate ASC X12 process to allow for electronic attachments

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the twelve associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 92: FM13 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	0	0
Maturity Level 2	5	1
Maturity Level 3	7	11
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**2**	**2**

The following table provides the As-Is and To-Be levels for each of the twelve capability questions.

Table 93: FM13 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
How integrated is the process?	2	3
Is the process primarily manual or automatic?	2	3
Does the State Medicaid Agency use standards in the process?	3	3
What is the source of the information?	2	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	3
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	2	2

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Capability Question	As-Is	To-Be
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	3	3
How accessible is the information in the process?	3	3
Business Capability Quality: Cost Effectiveness		
What is the cost of the process compared to the benefits of its results?	3	3
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	3	3
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	3	3
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	2	3

2.5.1.14 FM14 – Manage Accounts Payable Disbursement

The **Manage Accounts Payable Disbursement** business process that is responsible for managing the generation of electronic and paper-based reimbursement instruments and includes: calculation of payment amounts fee-for-service claims, pharmacy point-of-sale, and Home and Community-Based Services (HCBS), and the disbursement of payment from appropriate funding sources per state and the SMA accounting and budget rules.

Key Findings

- Provider payments are managed and disbursed by the MMIS fiscal agent and paid on the dates specified by the SMA
- MMIS fiscal agent provides Account Control with 1099 information, which is processed by a vendor
- Financial calendar is 26-28 cycles per year (approximately every two weeks)

Recommendations

- This process is functioning well for the SMA and stakeholders, therefore no recommendations at this time

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

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Table 94: FM14 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	0	0
Maturity Level 2	4	4
Maturity Level 3	7	7
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**2**	**2**

The following table provides the As-Is and To-Be levels for each of the eleven capability questions.

Table 95: FM14 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
What format does SMA use for payments?	2	2
Is the process primarily manual or automatic?	2	2
Does the State Medicaid Agency use standards in the process?	3	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	3
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	2	2
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	3	3
How accessible is the information in the process?	3	3
Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of its results?	3	3
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	3	3
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	3	3
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	2	2

2.5.1.15 FM15 – Manage 1099

The **Manage 1099** business process describes how the SMA handles IRS 1099 forms including preparation, maintenance, and corrections. The Manage 1099 business process receives payment and/or recoupment information from the Process Claim business process or from the Manage Accounts Payable Information business process. The Manage 1099 business process may also receive requests for additional copies of a specific IRS 1099 form or receive notification of an error or a needed correction.

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Key Findings

- The Office of Budget and Finance does not process the 1099
- All of the steps in this process are performed by Central Accounting using RIFANS; this is a state-wide process and not completed by the SMA
- The MMIS fiscal agent provides files to Central Accounting, including Federal Employer Identification Number (FEIN)

Recommendations

- This process is centralized for all state agencies doing business with 1099 entities; this process works well currently; no recommendations at this time

2.5.1.16 FM16 – Formulate Budget

The **Formulate Budget** business process, examines the current budget revenue stream and trends, and expenditures, assesses external factors affecting the program, assesses agency initiatives and plans, models different budget scenarios, and periodically produces a new budget.

In Rhode Island, the Formulate Budget business process is supported by the data collected during the Caseload Estimating Conference, performed by the Plan Assistance vendor in conjunction with EOHHS Financial staff. The Caseload Estimating Conference involves analysis of enrollment numbers, cost, trends, etc. over the previous two years, and projects estimated outlook over the next two years, and this information is referenced during budget forecasting.

Key Findings

- Budget Instructions come from the Office of Management and Budget (OMB) in August each year
- Caseload process is performed between August and November
- Budget Formulation Module (BFM) is a relatively new budget database; this is an Excel database that is populated and controlled by Medicaid (EOHHS) until Oct. 2018, then ownership of the database will transfer to OMB to utilize in their portion of the Formulate Budget business process
  - ✓ There is a manual for this system located in the Office of Finance
- Governor's office submits budget to General Assembly in January
- Final budget is released in June

Recommendations

- Update the Budget Formulation Module (BFM) database to include an audit trail to identify time and author of any changes to the database

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

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Table 96: FM16 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	0	0
Maturity Level 2	4	1
Maturity Level 3	6	9
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**2**	**2**

The following table provides the As-Is and To-Be levels for each of the ten capability questions.

Table 97: FM16 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	2	3
Does the State Medicaid Agency use standards in the process?	3	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	3
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	3	3
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	3	3
How accessible is the information in the process?	3	3
Business Capability Quality: Cost Effectiveness		
What is the cost of the process compared to the benefits of its results?	2	3
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	2	3
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	3	3
Business Capability Quality: Utility or Value to Stakeholder		
Does the business process satisfy stakeholders?	2	2

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2.5.1.17 FM17 – Manage Budget Information

The **Manage Budget Information** business process is responsible for auditing all planned expenses and revenues of the SMA. Activities in this business process comply with Cash Management Act, Governmental Accounting Standards Board (GASB) standards and Generally Accepted Accounting Principles (GAAP).

Key Findings

- The SMA Finance reviews proposed budget revisions for justification
- Once approved, a budget modification request is sent to the Office of Management and Budget, in compliance with state budget policy

Recommendations

- This process is functioning according to state law and no recommendations to change the process were needed.

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 98: FM17 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	0	0
Maturity Level 2	1	1
Maturity Level 3	9	9
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**2**	**2**

The following table provides the As-Is and To-Be levels for each of the ten capability questions.

Table 99: FM17 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	3	3
Does the State Medicaid Agency use standards in the process?	3	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	3
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	3	3

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Capability Question	As-Is	To-Be
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	3	3
How accessible is the information in the process?	3	3
Business Capability Quality: Cost Effectiveness		
What is the cost of the process compared to the benefits of its results?	3	3
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	3	3
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	3	3
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	2	2

2.5.1.18 FM18 – Manage Fund

The **Manage Fund** business process oversees Medicaid funds, ensures accuracy in their allocation and the reporting of funding sources. The Manage Fund business process monitors funds through ongoing tracking and reporting of expenditures and corrects any improperly accounted expenditure. It also deals with projected and actual over and under fund allocations.

Key Findings

- Cost allocation plan is submitted quarterly, if needed, to the Cost Allocation Services Department
- Produces updated Federal Medicaid Assistance Percentage (FMAP)
- Service expenditure and recovery information with applied FMAP rate
- Calculation of Federal Financial Participation (FFP) available for all eligible members, systems, and administration of the State Medicaid Enterprise
- Content prepared for the following reports:
  - ✓ CHIP Program Budget Report (CMS-21B)
  - ✓ Medicaid Program Budget Report (CMS-37)
  - ✓ Quarterly CHIP Statement of Expenditures (CMS-21)
  - ✓ Quarterly Expense Report (CMS-64)

Recommendations

- This process is functioning well for the stakeholders; no recommendations for change

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

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Table 100: FM18 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	0	0
Maturity Level 2	5	4
Maturity Level 3	5	6
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**2**	**2**

The following table provides the As-Is and To-Be levels for each of the ten capability questions.

Table 101: FM18 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	2	3
Does the State Medicaid Agency use standards in the process?	3	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	3
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	3	3
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	3	3
How accessible is the information in the process?	2	2
Business Capability Quality: Cost Effectiveness		
What is the cost of the process compared to the benefits of its results?	2	2
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	2	2
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	3	3
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	2	2

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2.5.1.19 FM19 – Generate Financial Report

The **Generate Financial Report** business process produces various financial and program analysis reports to assist with budgetary controls and to ensure that established benefits and programs are meeting the needs of members, and are performing according to state and federal requirements. This process includes: defining the report attributes; defining the state and federal budget categories of service, eligibility codes, provider types, and specialties; extracting required financial information from source data stores; transforming information to meet business and technical needs; applying necessary encryption algorithms for security, and sending information to target destinations.

Key Findings

- Some of the financial reports are produced by the MCOs; this information is sent by the MMIS fiscal agent and gets loaded into RIFANS
- Occasional ad hoc report requests are generated; though rare, the reports are not currently logged
- CMS 64, Quarterly Medicaid Statement of Expenditures for the Medical Assistance Program, CMS 37, Medicaid Program Budget Report and CMS 21, Quarterly CHIP Expenditures Report are submitted to CMS quarterly
- Budget, Senate, and House monthly report due by the 15th of each month for standard reports
- Required by CMS, IAPDs are reported monthly; MMIS has 30 days to get enhancement money; MITA (Region 1) is 30 days
- Annual Medicaid Report is sent to the SMA
- Monthly financial reports for IAPDs are logged

Recommendations

- Formalize process for ad hoc financial reports so that ad hoc report requests will be performed monthly, to limit the number of random report requests
- Document processes for the update and completion of financial reports to ensure continuity of knowledge as staff retire or are transitioned out of the department

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 102: FM19 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	0	0
Maturity Level 2	5	1
Maturity Level 3	5	9
Maturity Level 4	0	0

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	As-Is	To-Be
Maturity Level 5	0	0
Overall Maturity	**2**	**2**

The following table provides the As-Is and To-Be levels for each of the ten capability questions.

Table 103: FM19 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	2	3
Does the State Medicaid Agency use standards in the process?	3	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	3
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	2	3
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	2	3
How accessible is the information in the process?	2	3
Business Capability Quality: Cost Effectiveness		
What is the cost of the process compared to the benefits of its results?	3	3
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	3	3
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	3	3
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	2	2

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2.6 Member Management

The **Member Management** business area is a collection of business processes involved in communications between the SMA and the prospective or enrolled member and actions that the agency takes on behalf of the member. This business area is responsible for managing the member data store, coordinating communications with both prospective and current members, outreach to current and potential members, and dealing with member grievance and appeals issues.

The Member Management business area is comprised of two business categories:

- **Member Information Management** – Business activity to manage all operational aspects of the participant data store, which is the source of comprehensive information about applicants and participant, and their interactions with the SMA
  - ✓ ME01 – Manage Member Information
- **Member Support** – Business activity to provide information to applicants or participant. Also include business activity to address an applicant's or participant's appeals of adverse decisions or communications of a grievance
  - ✓ ME02 – Manage Applicant and Member Communication
  - ✓ ME03 – Perform Population and Member Outreach
  - ✓ ME08 – Manage Member Grievance and Appeal

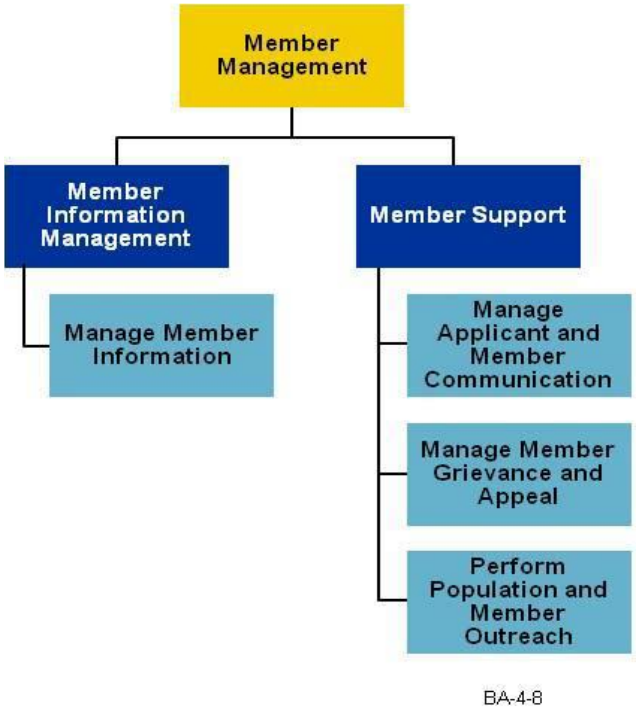

Figure 9: Member Management Business Area

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2.6.1 As-Is and To-Be Assessments and Recommendations (Deliverable Tasks 13, 14 and 15)

The **Member Management** business area was reviewed with EOHHS staff, along with identified SMA contractors, who provided As-Is and To-Be level assessments for each question in the Business Capability Matrix (BCM). The levels provided in the following table are based on the lowest level determined while walking through the BCM for each process. Additionally, key findings and recommendations regarding each business process have been provided in the following sub-sections. The individual responses that make up the As-Is and To-Be MITA Maturity Level for each business process can be found in **Appendix D: Business Capability Matrix Responses.**

Table 104: Member Management Business Area As-Is and To-Be MITA 3.0 Maturity Levels

Member Management	As-Is	To-Be
ME01 – Manage Member Information	1	2
ME02 – Manage Applicant and Member Communication	1	2
ME03 – Perform Population and Member Outreach	1	2
ME08 – Manage Member Grievance and Appeal	1	2
Business Area Maturity Level	1	2

Key Findings for Overall Member Management Business Area

- The overall As-Is MITA maturity level for the Member Management Business Area is level 1. This overall MITA maturity level is anticipated to increase to level 2 for the To-Be environment. This is largely due to deficiencies in the RI Bridges system.

2.6.1.1 ME01 – Manage Member Information

The **Manage Member Information** business process is responsible for managing all operational aspects of the Member data store, which is the source of comprehensive information about applicants and members, and their interactions with the state Medicaid.

Key Findings

- All field office phone calls regarding member information must be documented in RI Bridges
- Phone calls to and from the Contact Center are currently documented in a CRM system that is not directly accessible by EOHHS. In order to access the information from any of those calls that come directly to the Contact Center, EOHHS must contact HSRI and their vendor, which impacts timeliness, efficiency, and stakeholder satisfaction negatively. RI Bridges does not have the information from the Call Center CRM for EOHHS to access to support decision-making with regard to interactions with Members.
- Member notices that are generated in RI Bridges are automatically stored so Call Center representatives answering member calls regarding those notices have access to those notices in the application
- If the member is calling in response to a notice they received, the Call Center representative must verify with another entity to confirm the notice was sent to the caller. The Call Center does not

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have access to all of the scanned notices currently. This should be present in RI Bridges, as DHS scans notices into RI Bridges

- Changes made by members to their own information through the RI Bridges portal are logged, yet the logs are not readily available to OHHS staff; a programmer must access the logs
- Some cases close incorrectly due to inability of EOHHS staff to see caseworker notes in RI Bridges (entered by caseworkers in the HealthSource portal); this view has been inaccessible to EOHHS staff since 2014.
- When children age out of SSI, workers now must enter that information directly into MMIS, as it no longer automatically updates with a feed from RI Bridges (as it did in InRhodes)
- RI Bridges does not update date of death information

Recommendations

- Allow HealthSource portal to access case note information from RI Bridges
- Update interface between MMIS and RI Bridges to exchange SSI member information and changes
- Document all member phone calls (field offices and the Contact Center's CRM system) in RI Bridges

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 105: ME01 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	2	0
Maturity Level 2	7	4
Maturity Level 3	0	5
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**1**	**2**

The following table provides the As-Is and To-Be levels for each of the ten capability questions.

Table 106: ME01 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	2	2
Does the State Medicaid Agency use standards in the process?	2	2

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Capability Question	As-Is	To-Be
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	3
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	1	2

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Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	2	3
How accessible is the information in the process?	2	3
Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of its results?	2	3
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	2	3
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	1	2

2.6.1.2 ME02 – Manage Applicant and Member Communication

The **Manage Applicant and Member Communication** business process receives requests for information, appointments, and assistance from prospective and current members' communications and provides requested assistance and appropriate responses and information packages. Communications also provide information regarding eligibility requirements, available Medicaid services, and the rights and responsibilities of applicants and members. This business process includes the log, research, development, approval and delivery of routine or ad hoc messages. The SMA communicates information through a variety of methods.

Key Findings

- Applicant and Member Communication is handled primarily by the MCOs, and is governed by SLAs in the MCO contracts with EOHHS
- All notices sent to members must be reviewed and approved by the Plan Assistance vendor, as directed by the State
- Manual reviews must be performed currently, due to limitations in the RI Bridges system
  - ✓ Every notice must be reviewed for quality control to ensure it is the correct notice for the purpose
  - ✓ This negatively impacts the As-Is MITA maturity levels for timeliness, accuracy, accessibility, cost, efficiency, and stakeholder satisfaction for this process

Recommendations

- Resolve accuracy and timeliness issues regarding member notices in RI Bridges
- Develop outreach materials at 6th grade reading level, instead of the current 10th grade reading level

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

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Table 107: ME02 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	4	0
Maturity Level 2	7	2
Maturity Level 3	0	9
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**1**	**2**

The following table provides the As-Is and To-Be levels for each of the eleven capability questions.

Table 108: ME02 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	2	3
Is communication linguistically, culturally, and competency appropriate?	2	3
Does the State Medicaid Agency use standards in the process?	2	2
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	3
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	2	3
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	2	2
How accessible is the information in the process?	2	3
Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of its results?	1	3
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	1	3
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	1	3
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	1	3

2.6.1.3 ME03 – Perform Population and Member Outreach

The **Perform Population and Member Outreach** business process originates internally within the SMA for purposes such as: notifying applicants and members regarding new benefit packages and initiatives and/or receiving indicators regarding underserved populations. It includes production of program related documentation as well as other health benefit information. Information is communicated using a variety of methods.

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Key Findings

- Manual reviews must be performed due to limitations in the RI Bridges system
  - ✓ All notices are reviewed for quality control to ensure it is the correct notice for the purpose
  - ✓ This negatively impacts the As-Is MITA maturity levels for timeliness, accuracy, accessibility, cost, efficiency, and stakeholder satisfaction

Recommendations

- Resolve accuracy and timeliness issues regarding member notices in RI Bridges
- Develop outreach materials at 6th grade reading level, instead of the current 10th grade reading level

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 109: ME03 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	4	0
Maturity Level 2	4	2
Maturity Level 3	0	9
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**1**	**2**

The following table provides the As-Is and To-Be levels for each of the twelve capability questions.

Table 110: ME03 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	2	3
Is communication linguistically, culturally, and competency appropriate?	2	3
Does the State Medicaid Agency use standards in the process?	2	2
How formalized is the process?	2	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	3
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	2	2

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Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	2	3
How accessible is the information in the process?	1	3
Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of its results?	1	3
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	1	3
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	1	3
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfied stakeholders?	1	3

2.6.1.4 ME08 – Manage Member Grievance and Appeal

The **Manage Member Grievance and Appeal** business process handles applicant or member (or their advocate's) appeals of adverse decisions or communications of a grievance.

Key Findings

- Grievances are handled informally within the program; if escalated, it may require a hearing
- All appeals are assigned an automatic appointment for a hearing as there is a short window of time required; many appeals are withdrawn before the hearing date
- Appeals aren't sent to HIX due to issues with the RI Bridges electronic account; EOHHS handles appeals manually
- Paper appeal requests are scanned by DHS
- Grievances are formally withdrawn by the beneficiary in writing, otherwise a hearing is held
- EOHHS Legal department receives approximately 100 grievances per week
- There is a backlog of approximately 4000 electronic filings due to issues with RI Bridges
- Accuracy of this process is significantly affected as data from RI Bridges may be inaccurate, and the information is housed in an Access database that crashed in the past year
- Decisions are not tracked once they are made by Legal and communicated to DHS
- SMEs indicated a need for an implementation team to monitor execution of the written disposition of appeals
- Other RI Bridges issues are included in the RI Bridges Project Runway document

Recommendations

- Establish implementation team in the field to monitor execution of the written appeals disposition
- Implement a new system to replace FairHear and allow for further automation and improved case tracking

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- Evaluate RI Bridges functionality for members to file an appeal to identify defects or design gaps

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 111: ME08 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	10	0
Maturity Level 2	3	4
Maturity Level 3	0	9
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**1**	**2**

The following table provides the As-Is and To-Be levels for each of the thirteen capability questions.

Table 112: ME08 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	1	3
How central is the grievance and appeals process?	1	2
Do applicants or members know how to access the grievance and appeals process?	1	3
How does the State Medicaid Agency manage the process?	1	3
Does the State Medicaid Agency use standards in the process?	2	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	2
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	1	2
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	1	3
How accessible is the information in the process?	1	2
Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of its results?	1	3
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	1	3
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	2	3

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Capability Question	As-Is	To-Be
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	1	3

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2.7 Operations Management

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

The Operations Management business area is comprised of two business categories:

- **Payment and Reporting** – Business activity to provide claim payment information to providers and federal entities
  - ✓ OM14 – Generate Remittance Advice
  - ✓ OM18 – Inquire Payment Status
  - ✓ OM27 – Prepare Provider Payment
  - ✓ OM28 – Manage Data
- **Claims Adjudication** – Business activity to perform edits, audits and pricing of claims or encounters, accept electronic attachments, and apply mass adjustments to claims or encounters. Additional business activity includes tracking participant's spend-down amounts
  - ✓ OM07 – Process Claims
  - ✓ OM29 – Process Encounters
  - ✓ OM20 – Calculate Spend-Down Amount
  - ✓ OM04 – Submit Electronic Attachment
  - ✓ OM05 – Apply Mass Adjustment

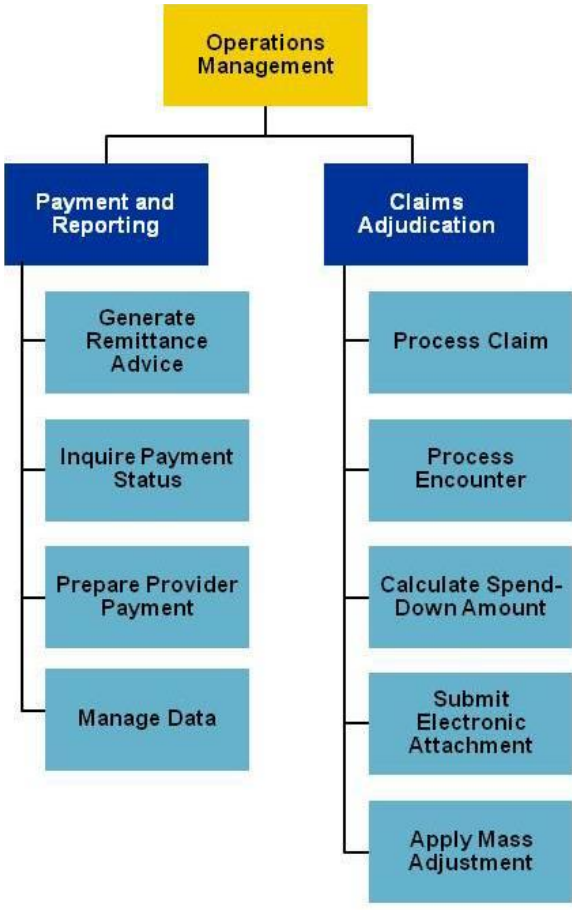

Figure 10: Operations Management

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2.7.1 As-Is and To-Be Assessments and Recommendations (Deliverable Tasks 13, 14 and 15)

The **Operations Management** business area was reviewed and EOHHS staff and identified SMA contractors who provided As-Is and To-Be level assessments for each question in the Business Capability Matrix (BCM). The levels provided in the following table are based on the lowest level determined while walking through the BCM for each process. Additionally, key findings and recommendations regarding each business process have been provided in the following sub-sections. The individual responses that make up the As-Is and To-Be MITA Maturity Level for each business process can be found in **Appendix D: Business Capability Matrix Responses**.

Table 113: Operations Management Business Area As-Is and To-Be MITA 3.0 Maturity Levels

Operations Management	As-Is	To-Be
OM04 – Submit Electronic Attachment	1	1
OM05 – Apply Mass Adjustment	1	1
OM07 – Process Claims	2	2
OM14 – Generate Remittance Advice	2	2
OM18 – Inquire Payment Status	2	2
OM20 – Calculate Spend-Down Amount	1	1
OM27 – Prepare Provider Payment	3	3
OM28 – Manage Data	1	2
OM29 – Process Encounters	2	2
Business Area Maturity Level	**1**	**1**

Key Findings for Overall Operations Management Business Area

- Claims processing through the MMIS fiscal agent does not receive electronic attachments
- Prior Authorizations (PAs) are received electronically from out-of-state vendors, sent to Customer Support Management (CSM), then forwarded to MMIS via 837 transactions
- PAs are scanned by MMIS fiscal agent staff and manually attached to the appropriate claims
- Clinical information is received electronically by the SMA
- The MMIS fiscal agent receives a request electronically for mass adjustment process via a Fiscal Agent Control Number (FACN), (a communications document), from Rate Setting and processes the adjustments
- Performance measures, such as SLAs and KPIs, are found in the contracts. Currently, these are being reported in Contract Monitoring
- The MMIS fiscal agent does complete annual provider surveys
- 95 percent of the claims are adjudicated in 30 days or less
- Accessibility for Inquire Payment Status is at 99 percent or greater
- Rhode Island does not use regional information exchange hubs

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- All of the Remittance Advices (RAs) are generated with each financial cycle
- RAs are in electronic format and available nationally via the Provider Portal

2.7.1.1 OM04 – Submit Electronic Attachment

The **Submit Electronic Attachment** business process begins with receiving attachment information that either a payer requests (solicited) or a provider submits (unsolicited). The solicited attachment information can be in response to requests for more information. The business process links attachment information to the associated applicable transaction (e.g., claim, prior authorization, treatment plan) or suspends for a predetermined time set by state specific business rules.

Key Findings

- Claims processing through the MMIS fiscal agent does not receive electronic attachments
- Prior Authorizations (PAs) are received electronically from out-of-state vendors and sent to Customer Support Management (CSM), then forwarded to MMIS via 837 transactions
- PAs are scanned by MMIS fiscal agent staff and manually attached to claims
- The MMIS fiscal agent has discussed setting up electronic funds with the SMA, yet there aren't many FFS payments, therefore the SMA has focused on other priorities
- Clinical information is received electronically by the SMA
- The MMIS fiscal agent receives a request electronically via a Fiscal Agent Control Number (FACN), which is a communications document, from Rate Setting and processes the adjustments

Recommendations

- Implement electronic attachments in the MMIS system to improve timeliness, efficiency, and accuracy by reducing manual intervention

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 114: OM04 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	0	0
Maturity Level 2	9	9
Maturity Level 3	2	2
Maturity Level 4	2	2
Maturity Level 5	0	0
Overall Maturity	2	2

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The following table provides the As-Is and To-Be levels for each of the thirteen capability questions.

Table 115: OM04 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	4	4
How is clinical information requested and received when this information is required to process a transaction (claim, service authorization request, treatment plan) or for other processes?	2	2
Does the State Medicaid Agency use standards in the process?	2	2
Does the clinical information accompany the transaction?	2	2
Any validation activities manual or automatic?	2	2
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	2
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	2	2
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	2	2
How accessible is the information in the process?	3	3
Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of its results?	2	2
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	4	4
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	3	3
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	2	2

2.7.1.2 OM05 – Apply Mass Adjustment

The **Apply Mass Adjustment** business process begins with the receipt or notification of retroactive modifications. This includes identifying the payment transactions such as claims or capitation payment by identifiers that the SMA paid incorrectly. The business process applies a predetermined set or sets of parameters that may reverse or amend the paid or denied transactions and repay correctly.

Key Findings

- The business process, Apply Mass Adjustment, is a mix of manual and automated processes
- The MMIS fiscal agent receives a request electronically to process the mass adjustments via a Fiscal Agent Control Number (FACN), a communications document, from Rate Setting
- Identifying claims that require mass adjustment is currently a manual process via queries run by the MMIS fiscal agent

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Recommendations

- Implement an automated process for identifying claims that require mass adjustment to improve efficiency and timeliness of the process

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 116: OM05 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	1	1
Maturity Level 2	7	7
Maturity Level 3	4	4
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**1**	**1**

The following table provides the As-Is and To-Be levels for each of the twelve capability questions.

Table 117: OM05 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	2	2
How does the State Medicaid Agency identify claims affected by a mass adjustment?	1	1
How does the State Medicaid Agency apply adjustment to the claims?	3	3
Does the State Medicaid Agency use standards in the process?	3	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	3
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	2	3
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	2	3
How accessible is the information in the process?	2	3
Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of its results?	2	3
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	2	3
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	3	3

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Capability Question	As-Is	To-Be
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	2	3

2.7.1.3 OM07 – Process Claim

The Process Claims business process receives original or adjusted claim information, assigns an internal control number, determines its submission status, and based on that: performs claim edits or performs claims audits.

Key Findings

- There is a mix of manual and automated processes for changing business rules and criteria in the MMIS
  - ✓ Changes to business rules and criteria typically require some manual modification to the code that directs the edit how to apply the new or changed business rules or criteria
  - ✓ The many edits and audits vary significantly in complexity, thus some changes are relatively straight-forward and easy, while others are very complex and dependent upon or integrate with other processing applications (i.e., pricing, eligibility, etc.)
  - ✓ Some business rules are automated via tables that are within the MMIS system
  - ✓ Some business rules are embedded in code that require manual effort to solution the change
  - ✓ Edit disposition requires a manual change that often takes just minutes to perform
- Performance measures, such as SLAs and KPIs, are found in the contracts. Currently, these are being reported in the Contract Monitoring Report
- The MMIS fiscal agent does annual provider surveys
- 95% of claims are adjudicated in 30 days or less

Recommendations

- Increase automation for changing business rules in the MMIS to improve timeliness in completing this task

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

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Table 118: OM07 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	0	0
Maturity Level 2	2	2
Maturity Level 3	10	10
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**2**	**2**

The following table provides the details and justification in determining the As-Is and To-Be levels for each of the twelve capability questions.

Table 119: OM07 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	3	3
Does the State Medicaid Agency use standards in the process?	3	3
How integrated is the process?	3	3
How easy is it to change edit business rules and criteria?	2	2
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	3
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	2	2
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	3	3
How accessible is the information in the process?	3	3
Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of its results?	3	3
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	3	3
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	3	3
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	3	3

2.7.1.4 OM14 – Generate Remittance Advice

The **Generate Remittance Advice** business process describes the activity of preparing remittance advice and encounter transactions that providers use to reconcile their accounts receivables. This business process begins with receipt of information resulting from the Process Claims business process, performing

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required manipulation according to business rules, and formatting the results into the required output information.

Key Findings

- 100% of Remittance Advices (RAs) are generated with each financial cycle
- RAs are all electronic and available nationally via the Provider Portal
- Sometimes, there are errors in 835 which requires manual intervention

Recommendations

- Configure business rules (i.e., decision-making) for generating remittance advice in the MMIS to increase the accuracy

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 120: OM14 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	0	0
Maturity Level 2	5	5
Maturity Level 3	5	5
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**2**	**2**

The following table provides the As-Is and To-Be levels for each of the ten capability questions.

Table 121: OM14 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	3	3
Does the State Medicaid Agency use standards in the process?	2	2
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	3
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	2	2
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	2	2
How accessible is the information in the process?	3	3

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Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of its results?	2	2
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	2	2
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	3	3
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	3	3

2.7.1.5 OM18 – Inquire Payment Status

The **Inquire Payment Status** business process handles requests for specified claim(s), retrieves information from the claims payment history, and generates response information.

Key Findings

- Accessibility for payment inquiry status is at 99 percent. Immediate claim status information is on the website, based on the last batch
- Business practice for responding to claim status information is 100 percent
- Rhode Island does not use regional information exchange hubs

Recommendations

- Use regional information exchange hubs to improve timeliness of this process

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 122: OM18 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	0	0
Maturity Level 2	1	1
Maturity Level 3	10	10
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**2**	**2**

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The following table provides the As-Is and To-Be levels for each of the eleven capability questions.

Table 123: OM18 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	3	3
Does the State Medicaid Agency use standards in the process?	3	3
How integrated is the process?	3	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	3
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	2	2
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	3	3
How accessible is the information in the process?	3	3
Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of its results?	3	3
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	3	3
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	3	3
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	3	3

2.7.1.6 OM20 – Calculate Spend-Down Amount

The ***Calculate Spend-Down Amount*** business process is responsible for tracking spend-down amounts and determining if a member meets its responsibility through the submission of medical claims. Once the member has met the spend-down obligation, a modification of eligibility status allows Medicaid payments to begin or resume.

Key Findings

- This process is primarily manual due to issues with RI Bridges
- Members submit bills and/or receipts directly to their Eligibility Technicians or the SMA. The SMA noted that it would be difficult for this process to increase above level 1, since it would include providers submitting bills or claims toward spend-down
- The Calculate Spend-Down Amount process begins with resource reduction and then income
- Irrevocable burial funds are not factored into this process
- Some automation occurs after the documents are manually scanned into the system and spend-down amount is calculated

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- Staff manually verify the information that is received as it is sometimes inaccurate (i.e., Eligibility Technicians may not have obtained or verified accurate information); The SMEs noted that it is likely a training issue
- This process is not working well or documented well in the RI Bridges system; there are no checks and balances
- To be a level 3, the SMA would need to use a deductible methodology and SMEs do not think that is a possibility in Rhode Island

Recommendations

- Redevelop screens in RI Bridges to reflect all information needed to complete this process timely and efficiently
- Increase training for Eligibility Technicians to ensure that accurate information is gathered from the beneficiaries and recorded appropriately in the system
- Add tracking features in RI Bridges to improve accuracy

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 124: OM20 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	7	2
Maturity Level 2	7	7
Maturity Level 3	1	6
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**1**	**1**

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The following table provides the As-Is and To-Be levels for each of the fifteen capability questions.

Table 125: OM20 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	2	3
What methodology is used for managing spend-down calculations?	2	2
How does the member present proof that it has incurred and/or paid health care bills?	1	1
How does the State Medicaid Agency track payments for health care bills?	2	2
How does the agency determine that the member has met the spend-down target?	1	1
How does the State Medicaid Agency transmit that the member has met spend-down requirements to the claims payment processes and the provider community?	3	3
Does the State Medicaid Agency use standards in the process?	2	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	1	2
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	1	2
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	1	2
How accessible is the information in the process?	2	2
Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of its results?	1	3
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	2	2
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	2	3
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	1	3

2.7.1.7 OM27 – Prepare Provider Payment

The **Prepare Provider Payment** business process is responsible for the preparation of the payment report information sent via e-mail, mail, or electronically to providers, which is used to reconcile their accounts receivable.

Key Findings

- This is a reporting process in the Rhode Island SMA. The SMA manages the provider payment functions via business processes FM14 – Manage Accounts Payable Disbursement and OM14 – Generate Remittance Advice
- Managed Care Organizations (Health Plans) have standard provider payment reports for beneficiary encounters

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- The MMIS fiscal agent generates and submits standard reports to the SMA and providers in the format of remittance advices

Recommendations

- This process is functioning well for all stakeholders, therefore no recommendations for changes at this time.

Please Note: Information for this process was gathered during other workshops, therefore a separate workshop was not required.

2.7.1.8 OM28 – Manage Data

The **Manage Data** business process is responsible for the preparation of the data sets and delivery to federal agencies. Information exchange may include extraction of Medicaid and CHIP Business Information and Solutions (MACBIS) information needs. The Manage Data business process includes activity to extract information, transform to the required format, encrypt for security, and load the electronic file to the target destination.

Key Findings

- The SMA adopts MITA Framework, industry standards, and other nationally recognized standards for national exchange of information; data is shared electronically with CMS; HIPAA and confidentiality standards are in place
- Standardized reports are automatically generated and ad-hoc requests require manual intervention
- RI Bridges data requires manual intervention for several groups and there is lack of confidence in the data due to issues with RI Bridges and the MCOs
- This process relies on the Priority 1, 2 and 3 processes established by the SMA:
  - ✓ P1 – work on immediately
  - ✓ P2 – 3-5 business days to respond
  - ✓ P3 – 10 days to respond priorities
- The MMIS fiscal agent has a ticketing system for a request for data, which goes through an approval process with the SMA
- The MCOs have “strict” SLAs. There are requirements and expectations in place via the contracts

Recommendations

- Continue with current efforts to implement an integrated and automated data process that will allow for increased accessibility and efficiency
- Corrections and improvements with RI Bridges will improve all aspects of this process

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Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 126: OM28 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	2	0
Maturity Level 2	4	3
Maturity Level 3	1	4
Maturity Level 4	2	2
Maturity Level 5	1	1
Overall Maturity	**1**	**2**

The following table provides the As-Is and To-Be levels for each of the ten capability questions.

Table 127: OM28 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	2	3
Does the State Medicaid Agency use standards in the process?	5	5
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	4	4
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	3	3
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	2	2
How accessible is the information in the process?	4	4
Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of its results?	2	3
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	1	2
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	2	3
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	1	2

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2.7.1.9 OM29 – Process Encounters

The **Process Encounters** business process receives original or adjusted encounter information and determines its submission status, and based on that: performs encounter edits, performs encounter audits, calculates state allowed amount, calculates paid amount, or set paid amount to zero dollars.

Key Findings

- MCOs process all encounters
- Both the MCOs and MMIS fiscal agent identify Third Party Liability (TPL) and exchange information received; only MCOs get funds from TPL
- Weekly check-in calls with MCOs satisfies the survey requirement of this process
- Accuracy in this process is 99%
- SMEs stated concern that the SMA may not be getting accurate encounter data from MCOs
- Encounter data is stored in the MMIS and pulled for rate setting and utilization management

Recommendations

- There are no recommendations for this process at the time of this assessment

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the twelve associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 128: OM29 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	0	0
Maturity Level 2	2	2
Maturity Level 3	10	10
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**2**	**2**

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The following table provides the As-Is and To-Be levels for each of the twelve capability questions.

Table 129: OM29 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	3	3
Does the State Medicaid Agency use standards in the process?	3	3
How integrated is the process?	3	3
How easy is it to change edit business rules and criteria?	2	2
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	3
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	2	2
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	3	3
How accessible is the information in the process?	3	3
Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of its results?	3	3
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	3	3
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	3	3
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	3	3

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2.8 Performance Management

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

The Performance Management business area is comprised of a single business category:

- **Compliance Management** – Business activity to conduct assessment of program compliance
  - ✓ PE01 – Identify Utilization Anomalies
  - ✓ PE02 – Establish Compliance Incident
  - ✓ PE03 – Manage Compliance Incident Information
  - ✓ PE04 – Determine Adverse Action Incident
  - ✓ PE05 – Prepare Recipient Explanation of Medicaid Benefits (REOMB)

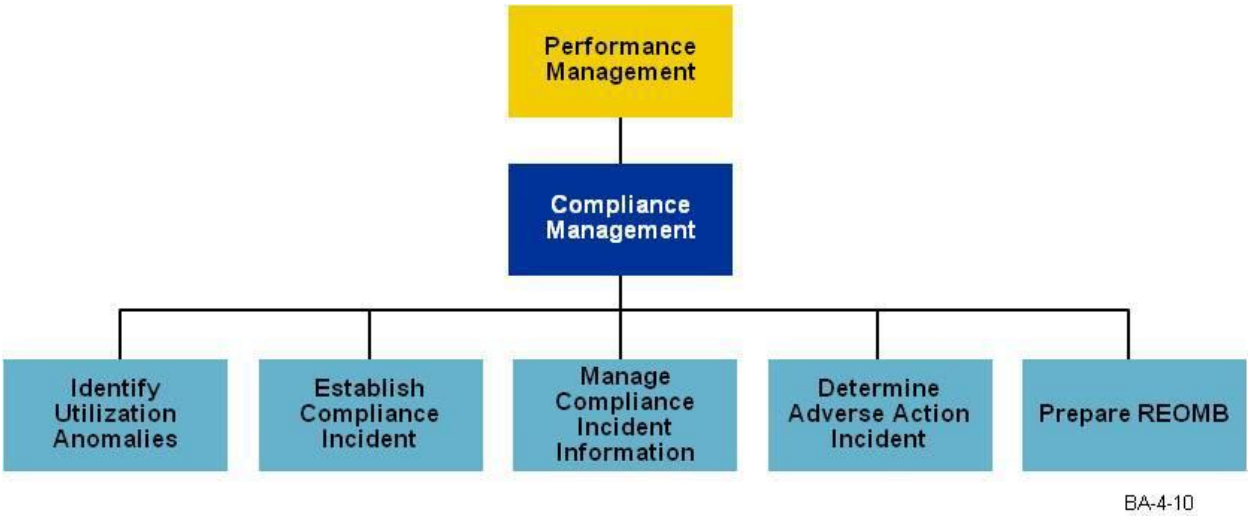

Figure 11: Performance Management Business Area

2.8.1 As-Is and To-Be Assessments and Recommendations (Deliverable Tasks 13, 14 and 15)

The **Performance Management** business area was reviewed and EOHHS staff, along with identified SMA contractors, provided As-Is and To-Be level assessments for each question in the Business Capability Matrix (BCM). The levels provided in the following table are based on the lowest level determined while walking through the BCM for each process. Additionally, key findings and recommendations regarding

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each business process have been provided in the following sub-sections. The individual responses that make up the As-Is and To-Be MITA Maturity Level for each business process can be found in **Appendix D: Business Capability Matrix Responses**.

Table 130: Performance Management Business Area As-Is and To-Be MITA 3.0 Maturity Levels

Performance Management	As-Is	To-Be
PE01 – Identify Utilization Anomalies	1	2
PE02 – Establish Compliance Incident	2	3
PE03 – Manage Compliance Incident Information	2	3
PE04 – Determine Adverse Action Incident	1	1
PE05 – Prepare Recipient Explanation of Medicaid Benefits (REOMB)	1	2
Business Area Maturity Level	**1**	**1**

Key Findings for Overall Performance Management Business Area

- The Performance Management business area has an overall MITA maturity Level of 1 for both the As-Is and To-Be environments. This is primarily because of the nature of the processes in this business area, which require a lot of manual review

2.8.1.1 PE01 – Identify Utilization Anomalies

The **Identify Utilization Anomalies** business process uses criteria and rules to identify target groups (e.g., providers, contractors, trading partners or members) and establishes patterns or parameters of acceptable and unacceptable behavior, tests individuals against these models, or looks for new and unusual patterns to identify outliers that demonstrate suspicious utilization of program benefits.

Key Findings

- The Program Integrity team drives this process
- The SURS team (located within the MMIS fiscal agent) reviews 50 randomly selected cases per quarter, and maintains and monitors them in a tool called Case Tracker, for Fee-For-Service claims

Recommendations

- Add centralization and notification functionality with collaboration between Program Integrity and SURS on the approach for this process to increase functionality

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each capability question associated with the process. There were eleven capability questions asked for the Identify Utilization Anomalies business process. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 131: PE01 Number of Responses per Maturity Level

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	As-Is	To-Be
Maturity Level 1	2	0
Maturity Level 2	8	4
Maturity Level 3	1	5
Maturity Level 4	0	2
Maturity Level 5	0	0
Overall Maturity	**1**	**2**

The following table provides the As-Is and To-Be levels for each of the eleven capability questions.

Table 132: PE01 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
How integrated is the process?	1	2
Is the process primarily manual or automatic?	2	3
Does the State Medicaid Agency use standards in the process?	2	4
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	4
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	2	2
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	2	2
How accessible is the information in the process?	2	2
Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of its results?	1	3
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	2	3
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	2	3
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	2	3

2.8.1.2 PE02 – Establish Compliance Incident

The **Establish Compliance Incident** business process is responsible for registration of a case for incident tracking of utilization anomalies. It establishes an incident file, generates incident identification, assigns an incident manager, links to related cases, and collects related documentation.

Key Findings

- The Program Integrity team drives this process and guides the MMIS fiscal agent SURS team

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- SURS reviews 50 randomly selected cases per quarter and maintains and monitors them in a tool called Case Tracker, for Fee-For-Service claims
- Each case is assigned an Incident ID number by Case Tracker
- Program Integrity maintains a file on their shared drive, and exchanges case information with SURS
- The Establish Compliance Incident process is integrated with regard to information exchanged between Program Integrity and SURS, as the information stored at Program Integrity is consistent with the information stored by SURS
- Program Integrity and SURS currently use disparate systems to maintain compliance incident information

Recommendations

- Use the same system between SURS and Program Integrity to establish and research compliance incidents

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the capability questions associated with the process. There were eleven capability questions asked for the Establish Compliance Incident business process. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 133: PE02 - Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	0	0
Maturity Level 2	5	0
Maturity Level 3	5	10
Maturity Level 4	1	1
Maturity Level 5	0	0
Overall Maturity	**2**	**3**

The following table provides the As-Is and To-Be levels for each of the eleven capability questions.

Table 134: PE02 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
How integrated or central is the process?	3	3
Is the process primarily manual or automatic?	2	3
Does the State Medicaid Agency use standards in the process?	3	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	4	4

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Capability Question	As-Is	To-Be
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	2	3
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	2	3
How accessible is the information in the process?	3	3
Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of its results?	2	3
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	3	3
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	3	3
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	2	3

2.8.1.3 PE03 – Manage Compliance Incident

The **Manage Compliance Incident Information** business process is responsible for the monitoring of incidents of utilization anomalies. Activities include referring (e.g., escalation) incident to another incident manager or agency, modifications to incident information, journaling activities, and disposition of incident.

Key Findings

- Every case has three quality assurance reviews
- Stakeholders use disparate systems to review case status

Recommendations

- Utilize one system of record and give authorized stakeholders access to appropriate level of case information

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each capability question associated with the process. There were eleven capability questions asked for the Manage Compliance Incident business process. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

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Table 135: PE03 - Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	0	0
Maturity Level 2	1	0
Maturity Level 3	9	7
Maturity Level 4	1	4
Maturity Level 5	0	0
Overall Maturity	**2**	**3**

The following table provides the As-Is and To-Be levels for each of the eleven capability questions.

Table 136: PE03 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
How integrated or central is the process?	3	4
Is the process primarily manual or automatic?	3	3
Does the State Medicaid Agency use standards in the process?	3	4
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	4	4
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	3	3
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	3	3
How accessible is the information in the process?	3	3
Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of its results?	3	3
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	3	3
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	3	4
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	2	3

2.8.1.4 PE04 – Determine Adverse Action Incident

The **Determine Adverse Action Incident** business process receives an incident from an investigative unit with the direction to pursue the case to closure. The case may result in civil or criminal charges, corrective action, removal of a provider, contractor, trading partner or member from the Medicaid Program, or the SMA may terminate or suspend the case.

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Key Findings

- Federal guidance on this process is broad (CFR42:455)
- Many providers file appeals go to a corrective action plan and case is closed
- Only one formal hearing has occurred since 2013
- There is no formal reporting mechanism for adverse action cases

Recommendations

- Implement a platform that can be shared by all stakeholders to support the collaboration on closing Adverse Action cases

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each capability question associated with the process. There were eleven capability questions asked for the Determine Adverse Action Incident business process. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 137: PE04 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	1	1
Maturity Level 2	8	0
Maturity Level 3	2	9
Maturity Level 4	0	1
Maturity Level 5	0	0
Overall Maturity	**1**	**1**

The following table provides the As-Is and To-Be levels for each of the eleven capability questions.

Table 138: PE04 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
How integrated or central is the process?	2	3
Is the process primarily manual or automatic?	2	3
Does the State Medicaid Agency use standards in the process?	3	4
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	3
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	1	2
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	2	3
How accessible is the information in the process?	2	3

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Capability Question	As-Is	To-Be
Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of its results?	2	3
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	2	3
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	3	3
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	2	3

2.8.1.5 PE05 – Prepare REOMB

The **Prepare REOMB** business process is responsible for the creation of Recipient Explanation of Medicaid Benefits (REOMB) for detecting payment problems. The SMA sends the REOMB to randomly selected members of Medicaid services. It gives information on the Medicaid services paid on behalf of the member. The communication includes the provider's name, the date(s) of services, and the payment amount(s). Instructions on the communication tell the member what to do if the provider did not actually perform any of the listed services billed directly to him/her by the provider.

Key Findings

- MMIS fiscal agent generates and sends out the first 500 REOMBs monthly for one provider type
- Provider type changes each month
- Provider type is selected subjectively based on the most issues that the SMA receives throughout the year (e.g., Durable Medical Equipment (DME), Dental, and Mental Health)
- Not all provider types are covered in a year

Recommendations

- Schedule rotation of provider types in advance and ensure each provider type is included in the REOMB process

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each capability question associated with the process. There were eleven capability questions asked for the Prepare REOMB business process. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

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Table 139: PE05 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	2	0
Maturity Level 2	8	5
Maturity Level 3	1	6
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**1**	**2**

The following table provides the As-Is and To-Be levels for each of the eleven capability questions.

Table 140: PE05 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	2	3
Does the State Medicaid Agency use standards in the process?	2	3
If sampling is used, what sampling algorithm is used?	2	3
Is communication linguistically, culturally, and competency appropriate?	1	2
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	1	3
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	2	2
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	2	2
Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of its results?	2	2
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	2	2
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	3	3
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	2	3

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2.9 Plan Management

The **Plan Management** business area includes the strategic planning, policymaking, monitoring, and oversight business processes of the SMA. This business area is responsible for the primary data stores (e.g., Medicaid State Plan, health plans and health benefits) as well as performance measures, reference information, and rate setting data stores. The business processes include a wide range of planning, analysis, and decision-making activities. These activities include service needs and goals, health care outcome targets, quality assessment, performance and outcome analysis, and information management. As the Medicaid Enterprise matures, Plan Management benefits from immediate access to information, addition of clinical records, use of nationally recognized standards, and interoperability with other programs. The Medicaid Program is moving from a focus on daily operations (e.g., number of claims paid) to a strategic focus on how to meet the needs of the population within a prescribed budget.

The Plan Management business area is comprised of three business categories:

- **Plan Administration** – Business activity to define goals and objectives, maintain Medicaid Program policy, and the Medicaid State Plan
  - ✓ PL01 – Develop Agency Goals and Objectives
  - ✓ PL02 – Maintain Program Policy
  - ✓ PL03 – Maintain State Plan
- **Health Plan Administration** – Business activity to define Qualified Health Plans (QHP) and program performance standards to support Medicaid Program policy
  - ✓ PL04 – Manage Health Plan Information
  - ✓ PL05 – Manage Performance Measures
- **Health Benefits Administration** – Business activity to define health benefit packages (e.g., terms, limitations, and applicable periods) to accommodate service delivery of Medicaid Program policy. Additional business activity includes the definition of reference codes and rates for services or products covered by the Medicaid program
  - ✓ PL06 – Manage Health Benefit Information
  - ✓ PL07 – Manage Reference Information
  - ✓ PL08 – Manage Rate Setting

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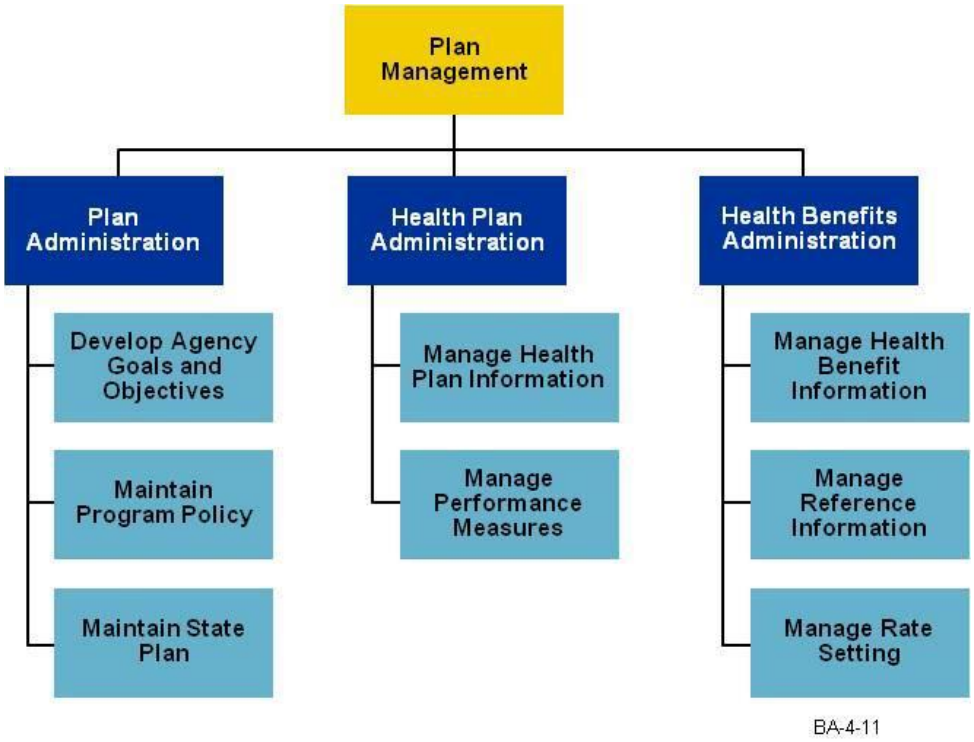

Figure 12: Plan Management Business Area

2.9.1 As-Is and To-Be Assessments and Recommendations (Deliverable Tasks 13, 14 and 15)

The **Plan Management** business area was reviewed and EOHHS staff and identified SMA contractors provided As-Is and To-Be level assessments for each question in the Business Capability Matrix (BCM). The levels provided in the following table are based on the lowest level determined while walking through the BCM for each process. Additionally, key findings and recommendations regarding each business process have been provided in the following sub-sections. The individual responses that make up the As-Is and To-Be MITA Maturity Level for each business process can be found in **Appendix D: Business Capability Matrix Responses.**

Table 141: Plan Management Business Area As-Is and To-Be MITA 3.0 Maturity Levels

Plan Management	As-Is	To-Be
PL01 – Develop Agency Goals and Objectives	2	2
PL02 – Maintain Program Policy	1	2
PL03 – Maintain State Plan	1	2
PL04 – Manage Health Plan Information	2	2
PL05 – Manage Performance Measures	1	2
PL06 – Manage Health Benefit Information	2	2
PL07 – Manage Reference Information	2	2
PL08 – Manage Rate Setting	2	2
Business Area Maturity Level	**1**	**2**

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Key Findings for Overall Plan Management Business Area

- Secretary has meetings with the Cabinet, then monthly pulse checks with the Medicaid Director and Deputy Directors to continue to monitor and/or update SMA goals, objectives and priorities (these are posted on the EOHHS website)

2.9.1.1 PL01 – Develop Agency Goals and Objectives

The **Develop Agency Goals and Objectives** business process periodically assesses and prioritizes the current mission statement, goals, and objectives to determine if changes are necessary. Goals and objectives may warrant change for example, under a new administration, in response to changes in demographics, public opinion or medical industry trends, or in response to regional or national disasters.

Key Findings

- Goals and objectives come down from the Secretary, who meets with the Cabinet to determine direction of the SMA and then defers to Medicaid Director
- Current EOHHS goals and priorities:
  - ✓ Strengthen the publicly-funded health care system
  - ✓ Increase efficiency, transparency and accountability of the EOHHS and its departments
  - ✓ Promote data-driven and evidence-based strategic decision making, analytical orientation, and EOHHS-wide training in data analysis
  - ✓ Improve the customer experience
  - ✓ Integrate budget and finance; pay for value, not volume
- Monthly pulse checks with Secretary, Medicaid director and deputy directors
- Rhode Island's current goals and objectives include their vision for increasing MITA maturity over the next five years

Recommendations

- Improve dissemination of goals and objectives to all stakeholders

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

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Table 142: PL01 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	0	0
Maturity Level 2	2	1
Maturity Level 3	10	11
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**2**	**2**

The following table provides the As-Is and To-Be levels for each of the twelve capability questions.

Table 143: PL01 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	2	2
How adaptable is the process to change?	3	3
Are goals and objectives traceable throughout the organization?	2	3
Does the State Medicaid Agency use standards in the process?	3	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	3
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	3	3
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	3	3
How accessible is the information in the process?	3	3
Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of its results?	3	3
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	3	3
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	3	3
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	3	3

2.9.1.2 PL02 – Maintain Program Policy

The **Maintain Program Policy** business process responds to requests or needs for change in the enterprise's programs, benefits, or business rules, based on factors such as federal or state regulations, governing board or commission directives, quality improvement organization's findings, federal or state audits, enterprise decisions, or consumer pressure.

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Key Findings

- State policies are governed by the State Plan
- There are many areas where the SMA does not have written standard procedures or processes that operationalize the State or federal rules
- If there are changes to the federal policy, then the State policy is updated; however, the SMA noted that it is usually difficult to implement operationally implement changes to the State policy as there is no clear direction of how to implement
- The SMA does not have a centralized place for maintaining, updating, and/or publishing the State Plan or proposed amendments
  - ✓ The SMA noted that it is often difficult for program personnel to locate the State and federal rules that are pertinent to their programs
- There is a state-wide effort to streamline and standardize policy with direct links available to personnel on the State website. Administration expects that this will be improved over the next 6-12 months

Recommendations

- Implement centralized platform for management of program policy
- Utilize a centralized platform to document and maintain policy changes, including a historical record of what was changed, when and why
- Streamline the policy-making process to include creating operational manuals
- Implement formalized Communication Plan for dissemination of information

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 144: PL02 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	6	1
Maturity Level 2	6	8
Maturity Level 3	0	3
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	1	**1**

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The following table provides the As-Is and To-Be levels for each of the twelve capability questions.

Table 145: PL02 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	1	2
How adaptable is the process to change?	2	2
Are policies traceable throughout the organization?	2	2
Does the State Medicaid Agency use standards in the process?	2	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	2
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	1	2
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	2	3
How accessible is the information in the process?	2	3
Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of its results?	1	1
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	1	2
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	1	2
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	1	2

2.9.1.3 PL03 – Maintain State Plan

The **Maintain State Plan** business process responds to the scheduled and unscheduled prompts to update and revise the Medicaid State Plan. The Medicaid State Plan is the officially recognized statement describing the nature and scope of the State Medicaid program as required under Section 1902 of the Social Security Act.

Key Findings

- There are two primary change documents:
  - ✓ State Plan Amendments (SPAs) alter the Medicaid State Plan
  - ✓ Category changes are used for the 1115 Waiver Demonstration
- The State Plan is currently only in hardcopy format with one copy being in binders at the Coordinator's office
- EOHHS must receive authorization from the General Assembly for any State Plan changes or category changes, unless the change is required by federal law

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- To create a SPA or Waiver, the State Plan Coordinator works closely with the content matter experts to ensure the content is responsive to the needs of the program
- The Coordinator prepares public notices and tribal notifications (signed off by Medicaid Director)
- Some rate changes are currently put directly into the fee schedule instead of being implemented via a SPA

Recommendations

- Ensure that all changes, including rate changes, go through a SPA
- Obtain CMS approval to update the State Plan
- Create the State Plan electronically and make available on the SMA website, which would improve efficiency, accuracy, and accessibility for all authorized stakeholders
- Create and implement an electronic system for storing and managing all SPAs, related information and other activities involved in the process
- Cross-train Operations staff in areas such as budget, SPAs, regulatory oversight, etc. to allow for better understanding of other processes that relate to the work they do

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 146: PL03 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	2	1
Maturity Level 2	7	7
Maturity Level 3	3	4
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	1	1

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The following table provides the As-Is and To-Be levels for each of the twelve capability questions.

Table 147: PL03 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	2	2
How adaptable is the process to change?	2	3
Is Medicaid State Plan traceable throughout the organization?	1	2
Does the State Medicaid Agency use standards in the process?	3	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	3
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	2	2
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	3	3
How accessible is the information in the process?	1	1
Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of its results?	2	2
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	2	2
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	2	2
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	2	2

2.9.1.4 PL04 – Manage Health Plan Information

The **Manage Health Plan Information** business process includes evaluation of federal or state regulations, legislative and judicial mandates, federal or state audits governing board or commission directives, Quality Improvement Organization's findings, enterprise decisions, and consumer pressure to develop or enhance enterprise business rules, benefit plans and services available to members. The SMA collaboratively develops Health Plan service offerings with input and review by other agencies and stakeholders. This business process ensures the organization is on track with the goals and objectives of the SMA and is in concert with statewide goals.

Key Findings

- Notifications of legal or administrative mandates that have potential impact to Health Plan policy are done annually during the rate setting process
- The SMA reviews all services that are outside of the State plan to consider adding it to the plans or modify the benefit package
- The SMA adds dollars to the base capitation rate, yet are not prescriptive to the plans

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- Depending on the service(s), the SMA may ask for more compliance type requirements
- The SMA works closely with the health plans. So, they are aware well in advance to any changes that are in the works and if their contracts will need to be changed accordingly

Recommendations

- No recommendations identified for this business process

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 148: PL04 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	0	0
Maturity Level 2	7	3
Maturity Level 3	3	7
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**2**	**2**

The following table provides the As-Is and To-Be levels for each of the ten capability questions.

Table 149: PL04 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	2	2
Does the State Medicaid Agency use standards in the process?	2	2
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	3
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	2	2
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	3	3
How accessible is the information in the process?	3	3
Business Capability Quality: Cost Effectiveness		
What is the cost of the process compared to the benefits of its results?	2	2
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	2	2

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Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	2	2
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	2	2

2.9.1.5 PL05 – Manage Performance Measures

The **Manage Performance Measures** business process involves the design, implementation, and maintenance of mechanisms and measures the SMA uses to monitor the business activities and performance of the State Medicaid Enterprise's business processes and programs. This includes the steps involved in defining the criteria by which the SMA measures activities and programs. This business process develops the reports and other mechanisms that it uses to track activity and effectiveness at all levels of monitoring. Business Intelligence analysis occurs within this process.

Key Findings

- Health Plans have clearly defined expectations and outcomes in their contracts, including sanctions
- The SMA oversight team actively monitor FFS and MCO contract performance measures
- SMEs stated it would be best to have all contracts centralized in Purchases. Currently Legal manages most of the contracts, yet they are stored in disparate locations
- Program measures, such as daily processes transactions and caseloads, are monitored through system reports from MMIS and UHIP recommendations
- Consider a centralized location for all contracts
- Consider a dashboard for program monitoring to improve transparency and efficiency
- Continue development of a Medicaid utilization tracking initiative between data analytics and MMIS fiscal agent

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 150: PL05 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	5	0
Maturity Level 2	7	12
Maturity Level 3	0	0
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	1	2

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The following table provides the As-Is and To-Be levels for each of the twelve capability questions.

Table 151: PL05 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	2	2
Does the State Medicaid Agency use standards in the process?	2	2
Does the State Medicaid Agency use Plan of Action with Milestones (POAM)?	2	2
How does the State Medicaid Agency publish performance measures?	1	2
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	1	2
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	1	2
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	2	2
How accessible is the information in the process?	2	2
Business Capability Quality: Cost Effectiveness		
What is the cost of the process compared to the benefits of its results?	2	2
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	1	2
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	2	2
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	1	2

2.9.1.6 PL06 – Manage Health Benefit Information

The **Manage Health Benefit Information** business process includes the activities for development and implementation of health benefit packages to accommodate service delivery to targeted member populations. Health benefit package administration involves the ability to determine, define and coordinate and modify the parameters within the SMA, as the Medicaid Enterprise policies, funding and business decisions dictate.

Key Findings

- All modifications of health plan policy are in Attachment B of the contract. There are no monetary constraints or dollar caps as all modifications are based on medical necessity
- All changes to health benefits are done through the rate setting process
- 95 percent of Medicaid beneficiaries are served by a Rhode Island MCOs
- Some children's services and BHDDH are out of plan

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- There are some issues with the SMA getting encounter data from MCOs. The data is stored in the MMIS and pulled for rate setting and utilization management
- Beneficiaries can pick their own plan or be auto-assigned. They have the option of changing plans within the first 90 days of enrollment, otherwise they have to wait until annual open enrollment to make changes. The process to change plans is primarily paper or phone call actions

Recommendations

- Process plan changes via RI Bridges, which will take significant design changes. The SMA wants to do this within the next five years

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 152: PL06 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	0	0
Maturity Level 2	2	2
Maturity Level 3	9	9
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	2	2

The following table provides the As-Is and To-Be levels for each of the eleven capability questions.

Table 153: PL06 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	3	3
Does the State Medicaid Agency use standards in the process?	3	3
How flexible are the contents of the health benefit package?	3	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	3
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	2	2
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	3	3
How accessible is the information in the process?	3	3
Business Capability Quality: Cost Effectiveness		
What is the cost of the process compared to the benefits of its results?	3	3

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Capability Question	As-Is	To-Be
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	3	3
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	3	3
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	2	2

2.9.1.7 PL07 – Manage Reference Information

The **Manage Reference Information** business process is responsible for all operational aspects for the creation, modification, and deletions of reference code information. The business process includes revising code information (e.g., Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology (CPT), National Drug Code (NDC), and revenue codes. This business process also adds rates associated with those codes and updates existing rates. The business process updates and adds information from the Manage Member Information and Manage Provider Information business processes, as well as, drug formulary, health plan and health benefit information.

Key Findings

- MMIS fiscal agent is responsible for code information related to fee-for-service claims. The SMA contracts with another vendor who is responsible for the managed care organizations
- The SMA utilizes national standards, such as J codes and national drug code sets when managing reference information
- Provider manuals are not up-to-date for manage Reference Information process
- Medicaid coding structures are more antiquated and are currently being reviewed
  - ✓ The SMA noted that clean-up of the coding structure is currently on the project list for the MMIS fiscal agent, however this effort will require more resources
- Behavioral health coding is complicated because providers need specific state licensure depending on their services, therefore difficult for the SMA to crosswalk to state coding

Recommendations

- Implement procedures to update the SMA coding structure quarterly
- Create a foundation of code sets within the SMA that improve the ability to crosswalk to newer codes
- Update provider manuals that clarify procedures for coding and include code sets

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the ten associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

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Table 154: PL07 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	0	0
Maturity Level 2	3	1
Maturity Level 3	7	9
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**2**	**2**

The following table provides the As-Is and To-Be levels for each of the ten capability questions.

Table 155: PL07 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	2	3
Does the State Medicaid Agency use standards in the process?	3	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	3
Business Capability Quality: Timeliness of Process		
How timely is this end-to-end process?	2	2
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	3	3
How accessible is the information in the process?	3	3
Business Capability Quality: Cost Effectiveness		
What is the cost of the process compared to the benefits of its results?	2	3
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	3	3
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	3	3
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	3	3

2.9.1.8 PL08 – Manage Rate Setting

The **Manage Rate Setting** business process responds to requests to add or modify rates for any service or product covered by the Medicaid Program.

Key Findings

- There is no intrastate exchange of information for this process
- Some payment methodologies create inefficiencies that impact cost and timeliness

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- The Rate Setting calendar is different from the State fiscal year calendar, which often creates a timing issues
- A current goal for the SMA is to change the Rate Setting calendar to calendar year so that it aligns with the State fiscal year and alleviate timing issues that occur now

Recommendations

- Continue the effort of changing the Rate Setting calendar to align with the State fiscal year to improve the timeliness of the process

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 156: PL08 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	0	0
Maturity Level 2	8	7
Maturity Level 3	2	3
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**2**	**2**

The following table provides the As-Is and To-Be levels for each of the ten capability questions.

Table 157: PL08 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	2	2
Does the State Medicaid Agency use standards in the process?	2	2
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	3
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	2	2
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	2	2
How accessible is the information in the process?	2	2
Business Capability Quality: Cost Effectiveness		
What is the cost of the process compared to the benefits of its results?	2	2
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	2	2

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Capability Question	As-Is	To-Be
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	3	3
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	2	3

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2.10 Provider Management

The **Provider Management** business area is a collection of business processes involved in communications between the SMA and the prospective or enrolled provider and actions that the agency takes on behalf of the provider. Business processes focus on terminating providers, communications with providers, dealing with provider grievances and appeals issues, and performing outreach services to providers. The Provider Management business area is responsible for the provider data store.

The Provider Management business area is comprised of two business categories:

- **Provider Information Management** – Business activity to manage all operational aspects of the provider data store, which is the source of comprehensive information about prospective and contracted providers and their interactions with the SMA
  - ✓ PM01 – Manage Provider Information
  - ✓ PM08 – Terminate Provider
- **Provider Support** – Business activity to provide information to prospective and current providers. This business category also includes business activities to address grievances and appeals for both prospective and current providers
  - ✓ PM02 – Manage Provider Communication
  - ✓ PM07 – Manage Provider Grievance and Appeal
  - ✓ PM03 – Perform Provider Outreach

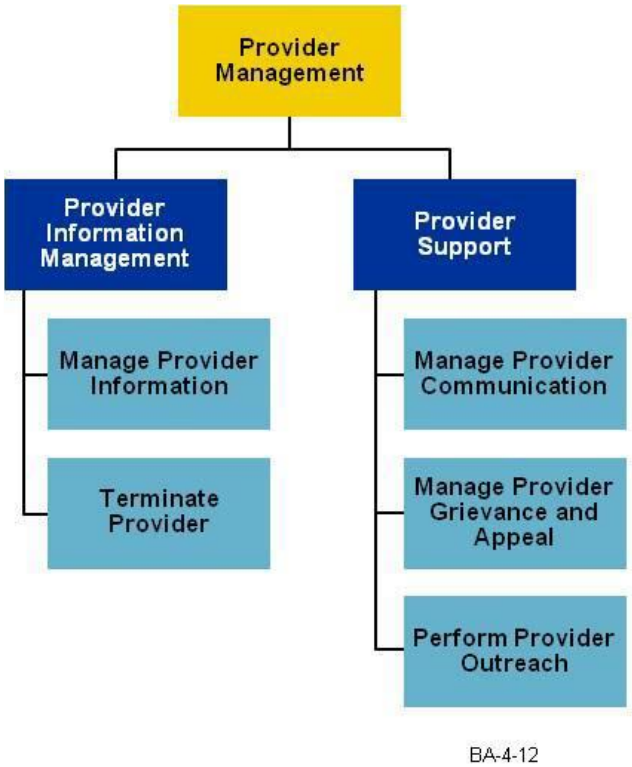

Figure 13: Provider Management Business Area

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2.10.1 As-Is and To-Be Assessments and Recommendations (Deliverable Tasks 13, 14 and 15)

The **Provider Management** business area was reviewed and EOHHS staff, along with identified SMA contractors, provided As-Is and To-Be level assessments for each question in the Business Capability Matrix (BCM). The levels provided in the following table are based on the lowest level determined while walking through the BCM for each process. Also included are the key findings attributing to the maturity of the overall business area. Additionally, the details and justification regarding each business process have been provided in the following sub-sections.

Table 158: Provider Management Business Area MITA 3.0 Maturity Levels

Provider Management	As-Is	To-Be
PM01 – Manage Provider Information	1	2
PM02 – Manage Provider Communication	1	2
PM03 – Perform Provider Outreach	1	2
PM07 – Manage Provider Grievance and Appeals	1	2
PM08 – Terminate Provider	2	3
Business Area Maturity Level	**1**	**2**

Key Findings for Overall Provider Management Business Area

- All providers across the State working with the SMA utilize the same process for enrollment
- The SMA utilizes a mix of manual and automated processes
- The SMA does not have a formal Communication Plan in place for providers. Communications to provider are only available in English only
- Provider notifications are available electronically via provider portal
- Provider communications and terminations are not 100 percent available for audit
- Annual provider surveys have returned a satisfaction rate of 92 percent
- There are few performance measures in place to monitor Provider Management business processes
- The Provider Appeals process is hindered by system issues within Legal
- The administrative appeals rules as currently written are confusing for providers

2.10.1.1 PM01 – Manage Provider Information

The ***Manage Provider Information*** business process is responsible for managing all operational aspects of the Provider data store, which is the source of comprehensive information about prospective and contracted providers and their interactions with the SMA. The Provider data store is the SMA Source of Record (SOR) for provider demographic, business, credentialing, enumeration, performance profiles, payment processing, and tax information. The data store includes contractual terms (e.g., the services the provider is to provide) related performance measures, and the reimbursement rates for those services.

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In addition, the Provider data store contains records about and tracks the processing of provider enrollment applications, credentialing and enumeration verification, and all communications with or about the provider, including provider verification requests and responses, and interactions related to any grievance/appeal. The Provider data store may store records or pointers to records for services requested and services provided, performance, utilization, and program integrity reviews, and participation in member care management. Business processes that generate prospective or contracted provider information send requests to the Member data store to add, delete, or modify information. The Provider data store validates information upload requests, applies instructions, and tracks activity. The Provider data store provides access to provider records to applications and staff via batch record transfers, responses to queries, and subscription services.

Key Findings

- The current Provider Portal allows for some automation for providers to update their own information
- The SMA utilizes manual activities for adding a provider to an existing group
- Verifications of provider data is conducted manually
- All providers that bill Medicaid for fee-for-service claims feed through the Provider Portal into MMIS
- Provider surveys are conducted annually and satisfaction rate been consistently over 90%

Recommendations

- Update requirements for providers to include SSN data to allow for automated verifications
- Modify system requirements (for existing Provider Portal or through the upcoming MMIS procurement) to allow providers to add new doctors electronically
- Update Provider Portal functionality to include notification to providers when information is changed

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 159: PM01 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	4	0
Maturity Level 2	2	3
Maturity Level 3	5	8
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**1**	**2**

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The following table provides the As-Is and To-Be levels for each of the eleven capability questions.

Table 160: PM01 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	2	3
How does the State Medicaid Agency validate application information?	1	2
Does the State Medicaid Agency use standards in the process?	3	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	3
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	1	2
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	2	3
How accessible is the information in the process?	3	3
Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of its results?	1	3
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	1	2
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	3	3
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	3	3

2.10.1.2 PM02 – Manage Provider Communication

The **Manage Provider Communication** business process receives requests for information, provides publications, and assistance from prospective and current providers' communications (e.g., inquiries related to eligibility of provider, covered services, reimbursement, enrollment requirements). The SMA may communicate information using a variety of methods. This business process includes the log, research, development, approval and delivery of routine or ad hoc messages.

Key Findings

- Communications for all providers are posted to the Provider Portal. Communications for individual providers are received electronically on their remittance advice
- Communications are sent in English only
- Provider calls are only logged if received through the Call Center. Calls directly received by provider representatives are not formally logged
- No performance measures are in place to track and evaluate effectiveness of provider communications

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Recommendations

- Create a formal Communication Plan
- Implement a process to log and track all types of communications with providers at a centralized location
- Increase automation and electronic postings for communications through the Provider Portal or MMIS procurement

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the eleven associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity

Table 161: PM02 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	4	0
Maturity Level 2	4	3
Maturity Level 3	3	8
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**1**	**2**

The following table provides the As-Is and To-Be levels for each of the eleven capability questions.

Table 162: PM02 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	2	3
Is communication linguistically, culturally, and competency appropriate?	1	2
Does the State Medicaid Agency use standards in the process?	1	2
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	3
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	1	2
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	2	3
How accessible is the information in the process?	3	3
Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of the results?	1	3
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	2	3

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Capability Question	As-Is	To-Be
Business Capability Quality: Accuracy of Process Results		
How accurate are the process results?	2	3
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	3	3

2.10.1.3 PM03 – Perform Provider Outreach

The **Perform Provider Outreach** business process may develop prospective Provider outreach information, also referred to as Provider recruiting information, for targeted providers (for example, not enough dentists to serve a population). The SMA may communicate information in a variety of methods and produces, distributes, tracks and archives outreach communications according to state rules.

Key Findings

- The SMA conducts provider outreach via the Provider Portal
- Outreach materials are currently available in English only
- The steps to create and review the publication or outreach materials are manual, but providers receive the materials electronically

Recommendations

- Standardize and automate disbursement of outreach materials
- Automate the review and approval process for outreach materials
- Update communications to be available in Spanish, English, and Portuguese
- Utilize surveys or other methods of information to gather data to evaluate effectiveness

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 163: PM03 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	2	0
Maturity Level 2	4	2
Maturity Level 3	6	10
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**1**	**2**

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The following table provides the As-Is and To-Be levels for each of the eleven capability questions.

Table 164: PM03 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process manual or automatic?	3	3
Is communication linguistically, culturally, and competency appropriate?	1	2
Does the State Medicaid Agency use standards in the process?	3	3
How formalized is the process?	2	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	3
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	1	2
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	2	3
How accessible is the information in the process?	2	3
Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of its results?	3	3
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process.	2	3
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	3	3
Business Capability Quality: Utility or Value to Stakeholders		
How satisfied are the stakeholders?	3	3

2.10.1.4 PM07 – Manage Provider Grievances and Appeals

The **Manage Provider Grievance and Appeal** business process handles provider appeals of adverse decisions or communications of a grievance. The Manage Provider Communication business process initiates a grievance or appeal from a provider. The SMA logs and tracks the grievance or appeal, triages it, and sends it to appropriate reviewers. Staff researches or requests additional information. The SMA may schedule a hearing, conduct actions in accordance with legal requirements, and make a ruling based upon the evidence presented. Staff documents and distributes results of the hearings, and adds relevant documents to the provider's information. The SMA formally notifies provider of the decision.

Key Findings

- The Provider Appeal process is more formal and follows the rules set out by the State Administrative Appeal Act (APA)
- The appeal process is primarily manual for the legal department, such as manually scanning and storing hardcopy documents

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- The appeal process is the same as for Member Grievance and Appeal and utilizes the same database, FairHear. This database does not have technical support to resolve any issues and has crashed periodically with staff unable to access information
- The SMA written policy on appeals is confusing for providers and is in the process of being rewritten

Recommendations

- Implement a new system to replace FairHear and allow for further automation and improved case tracking
- Update process regulations for clarity and consistency
- Evaluate staffing levels to determine impact on timeliness
- Implement a process to receive documents from provider electronically via Provider Portal to eliminate manual process of scanning the documents and reduce storage of hardcopy documents

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

Table 165: PM07 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	7	0
Maturity Level 2	6	1
Maturity Level 3	0	12
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**1**	**2**

The following table provides the As-Is and To-Be levels for each of the thirteen capability questions.

Table 166: PM07 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	1	3
How central is the grievance and appeals process?	2	3
Do providers know how to access the grievance and appeals process?	1	3
How does the State Medicaid Agency manage the process?	1	3
Does the State Medicaid Agency use standards in the process?	2	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	2	3

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Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	1	2
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	2	3
How accessible is the information required for the process?	1	3
Business Capability Quality: Cost-Effectiveness		
What is the cost to perform the process compared to the benefits of its results?	1	3
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	1	3
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	2	3
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	2	3

2.10.1.5 PM08 – Terminate Provider

The **Terminate Provider** business process is responsible for the termination of provider agreement to participate in the Medicaid Program. Basis for termination may include:

- Provider is not in substantial compliance with the requirements of participation
- Provider/Facility does not meet eligibility criteria for continuation of payments
- Facility fails to submit an acceptable Corrective Action Plan (CAP) within the timeframe specified by CMS or the SMA

Key Findings

- The Terminate Provider process involves both manual and automated tasks
- Information is shared across agencies within the State
- Information in the process is accurate and accessible to those with appropriate MMIS access
- Information on termination reason is not always saved for audit purposes

Recommendations

- Update systems to allow for 100% audit of terminated providers with termination reason
- Automate information collection to improve cost effectiveness

Business Capability Matrix Results

As part of the assessment for this business process, the SMA established maturity levels for each of the associated capability questions. The table below provides a breakdown of the maturity levels defined for each response. This demonstrates that the process reflects varying degrees of maturity.

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Table 167: PM08 Number of Responses per Maturity Level

	As-Is	To-Be
Maturity Level 1	0	0
Maturity Level 2	5	0
Maturity Level 3	5	10
Maturity Level 4	0	0
Maturity Level 5	0	0
Overall Maturity	**2**	**3**

The following table provides the As-Is and To-Be levels for each of the ten capability questions.

Table 168: PM08 Business Capability Matrix Questions

Capability Question	As-Is	To-Be
Business Capability Descriptions		
Is the process primarily manual or automatic?	2	3
Does the State Medicaid Agency use standards in the process?	3	3
How does the State Medicaid Agency collaborate with other agencies or entities in performing the process?	3	3
Business Capability Quality: Timeliness of Process		
How timely is the end-to-end process?	2	3
Business Capability Quality: Data Access and Accuracy		
How accurate is the information in the process?	2	3
How accessible is the information in the process?	3	3
Business Capability Quality: Cost-Effectiveness		
What is the cost of the process compared to the benefits of its results?	2	3
Business Capability Quality: Effort to Perform; Efficiency		
How efficient is the process?	3	3
Business Capability Quality: Accuracy of Process Results		
How accurate are the results of the process?	3	3
Business Capability Quality: Utility or Value to Stakeholders		
Does the business process satisfy stakeholders?	2	3

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3. Assessment of Compliance with Seven Conditions and Standards (Deliverable Task 16)

A separate assessment of the MITA Seven Conditions and Standards (7 C&S) is conducted for the Business, Information and Technical Architectures. Each architecture assesses the 7 C&S using MITA-defined matrices specific to each architecture. The following details the initial business architecture As-Is and To-Be assessment for each of the 7 C&S. It is important to note that this assessment will be further refined to coincide with the information and technical assessments as they are completed. The gap analysis will be conducted for the seven conditions and standards based on all three architectures and reflected in a subsequent deliverable.

Using the MITA business architecture conditions and standards guidelines, each business area was evaluated to determine both the As-Is and To-Be MITA maturity levels. The approach in determining the MITA maturity level for each of the conditions and standards was to evaluate the notes and key findings for each business area, look at the condition or standard description, take into consideration the maturity level guidelines and determine at what level the SMA currently is at (the As-Is level). This same approach was used to determine the To-Be level of MITA maturity for each business area.

3.1 Modularity Standard

CMS describes the Modularity Standard defined in **MITA Framework 3.0, SS-A Appendix A – Seven Standards and Conditions** as follows:

> *Uses a modular, flexible approach to systems development, including the use of open interfaces and exposed Application Programming Interfaces (API); 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 commitment to formal system development methodology and open, reusable system architecture. Activity includes the following:*
>
> - *Use of Systems Development Life Cycle Methodology (SDLC)*
> - *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 & Human Services (HHS) designated repository*

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The following table provides the CMS business architecture guidelines in assessing and evaluating each business area for compliance with the modularity standard.

Table 169: CMS Guidelines for Seven Conditions and Standards *Modularity Standard* Compliance

Seven Conditions and Standards: Modularity Standard	
Level 1	The SMA does not use a Business Process Management (BPM) methodology nor does it have any defined business rules.
Level 2	The SMA adopts BPM methodology to identify primary business operations and business processes and has some standardized business rules definitions.
Level 3	The SMA uses BPM methodology to transform intrastate business operations into manageable business processes for re-usability and maintainability and has interstate standardized business rules definitions.
Level 4	The SMA uses BPM methodology to transform interstate business operations into manageable business processes for re-usability and maintainability. The SMA uses regionally standardized business rules definitions and submits them to a regional repository.
Level 5	The SMA uses BPM methodology to transform national business operations into manageable business processes for re-usability and maintainability. The SMA submits standardized business rules definitions to a HHS-designated repository.

The following table provides an assessment of compliance with the Modularity Standard for each of the ten MITA-defined business areas. The maturity levels were assigned based on the guidelines provided in the table above in coordination with information gathered through the Business Architecture workshops.

Table 170: As-Is and To-Be Modularity Standard by Business Area

Modularity Standard by Business Area	As-Is	To-Be
Business Relationship Management	2	2
Care Management	2	3
Contractor Management	1	3
Eligibility and Enrollment Management	2	3
Financial Management	2	3
Member Management	2	3
Operations Management	3	3
Performance Management	2	3
Plan Management	1	2
Provider Management	3	3

- The SMA plans to centralize contract management within the next five years
- Resolution of RI Bridges issues for eligibility and enrollment will achieve level 3
- The SMA plans to standardize the grievance and appeal process for members

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- Implementation of a single system for SURS and Program Integrity will allow for reuse of business rules
- The SMA does not intend to utilize reusable business services with other states required for level 4 MITA maturity
- The SMA intends to create separate biddable modules in the next MMIS re-procurement

3.2 MITA Condition

CMS describes the MITA Condition defined in **MITA Framework 3.0, SS-A Appendix A – Seven Standards and Conditions** as follows:

States align to and advance increasingly in MITA maturity for business, architecture, and data.

- *Conducting MITA Self Assessments*
- *Developing MITA Roadmaps*
- *Developing Concept of Operations (COO) and Business Process Models (BPM)*

The following table provides the business architecture guidelines (as defined by CMS) in assessing and evaluating each business area for compliance with the MITA Condition.

Table 171: CMS Guidelines for Seven Conditions and Standards *MITA Condition* Compliance

Seven Conditions and Standards: MITA Condition	
Level 1	The SMA does not align to or advance increasingly in MITA maturity for business, architecture and data.
Level 2	The SMA begins to use MITA SS-A for evaluation of its As-Is and identification of its To-Be capabilities for Business, Information, and Technical Architectures and the Seven Conditions and Standards.
Level 3	The SMA updates or completes its SS-A.
Level 4	The SMA develops its MITA Roadmap.
Level 5	The SMA updates the MITA Roadmap annually. The SMA develops a Concept of Operations and Business Process Model(s) to advance alignment with the MITA Maturity Model.

The following table provides an assessment of compliance with the MITA Condition for each of the ten MITA-defined business areas. The maturity levels were assigned based on the guidelines provided in the table above in coordination with information gathered through the business architecture workshops.

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Table 172: As-Is and To-Be MITA Condition by Business Area

MITA Condition by Business Area	As-Is	To-Be
Business Relationship Management	4	5
Care Management	4	5
Contractor Management	4	5
Eligibility and Enrollment Management	4	5
Financial Management	4	5
Member Management	4	5
Operations Management	4	5
Performance Management	4	5
Plan Management	4	5
Provider Management	4	5

MITA Condition by Business Area Summary - Key Findings

- The SMA completed MITA 2.0 in 2011 and is in the process of completing MITA 3.0
- The SMA has previously completed the MITA 2.0 Roadmap
- The MITA 3.0 Roadmap is under development
- The SMA plans to update the MITA Roadmap annually
- The Concept of Operations and Business Process Models to advance alignment with the MITA Maturity Model are under development and are planned activities for MITA 3.0

3.3 Industry Standards Condition

CMS describes the Industry Standards Condition defined in **MITA Framework 3.0, SS-A Appendix A – Seven Standards and Conditions** as follows:

> *Ensures alignment with, and incorporation of, industry standards: the Health Insurance Portability and Accountability Act of 1996 (HIPAA) security, privacy and transaction standards; accessibility standards established under section 508 of the Rehabilitation Act, or standards that provide greater accessibility for individuals with disabilities, and compliance with Federal Civil Rights laws; standards adopted by the Secretary under section 1104 of the Affordable Care Act; and standards and protocols adopted by the Secretary under section 1561 of the Affordable Care Act. Activity includes the following:*
>
> - *Identification of industry standards*
> - *Incorporation of industry standards in requirements, development, and testing phases*

The following table provides the CMS business architecture guidelines in assessing and evaluating each business area for compliance with the Industry Standards Condition.

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Table 173: CMS Guidelines for Seven Conditions and Standards *Industry Standards* Compliance

Seven Conditions and Standards: Industry Standards Condition	
Level 1	The SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific standards.
Level 2	The SMA applies a mixture of federal and state-specific standards to meet regulations within the SMA. The SMA incorporates industry standards in requirements, development, and testing phases of projects.
Level 3	The SMA uses MITA Framework, industry standards, and other nationally recognized standards for business analysis within intrastate agencies. The SMA incorporates industry standards in business modeling techniques (e.g., UML and BPMN).
Level 4	The SMA uses MITA Framework, industry standards, and other nationally recognized standards for business analysis of health care and clinical information across state and interstate agencies.
Level 5	The SMA uses MITA Framework, industry standards, and other nationally recognized standards for national business analysis.

The following table provides an assessment of compliance with the Industry Standards Conditions for each of the ten MITA-defined business areas. The maturity levels were assigned based on the guidelines provided in the table above in coordination with information gathered through the Business Architecture workshops.

Table 174: As-Is and To-Be Industry Standards by Business Area

Industry Standards Condition by Business Area	As-Is	To-Be
Business Relationship Management	2	3
Care Management	2	3
Contractor Management	2	3
Eligibility and Enrollment Management	2	3
Financial Management	2	3
Member Management	2	3
Operations Management	3	3
Performance Management	3	3
Plan Management	2	3
Provider Management	2	3

- The SMA uses the MITA Framework
- The SMA incorporates industry standards in business modeling techniques
- Provider Eligibility and Enrollment standards currently utilize a mix of State and federal standards
- The SMA does not intend to perform business analysis of clinical information with other states required for Level 4 MITA maturity

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3.4 Leverage Condition

CMS describes the Leverage Condition defined in **MITA Framework 3.0, SS-A Appendix A – Seven Standards and Conditions** as follows:

> *State solutions should promote sharing, leverage, and reuse of Medicaid technologies and systems within and among States. Activity includes the following:*
>
> - *Multi-state efforts*
> - *Availability for reuse*
> - *Identification of open source, cloud-based, and commercial products*
> - *Customization*
> - *Transition and retirement plans*

The following table provides the CMS-defined business architecture guidelines in assessing and evaluating each business area for compliance with the Leverage Condition.

Table 175: CMS Guidelines for Seven Conditions and Standards *Leverage Condition* Compliance

Seven Conditions and Standards: Leverage Condition	
Level 1	Very little collaboration occurs with other agencies to leverage or reuse business processes. The SMA has no system transition or retirement plans.
Level 2	The SMA identifies existing agency solutions for its business processes and identifies duplicative business processes.
Level 3	The SMA works collaboratively with intrastate agencies and entities to promote and leverage the reuse of Medicaid business processes within the state.
Level 4	The SMA shares its reusable business process components with other states.
Level 5	The SMA shares its reusable business process components with other stakeholders, state and federal agencies nationally.

The following table provides an assessment of compliance with the Leverage Condition for each of the 10 MITA defined business areas. The maturity levels were assigned based on the guidelines provided in the table above in coordination with information gathered through the Business Architecture workshops.

Table 176: As-Is and To-Be Leverage Condition by Business Area

Leverage Condition by Business Area	As-Is	To-Be
Business Relationship Management	2	3
Care Management	2	3
Contractor Management	1	3
Eligibility and Enrollment Management	1	3
Financial Management	2	3
Member Management	2	2
Operations Management	3	3
Performance Management	3	4

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Leverage Condition by Business Area	As-Is	To-Be
Plan Management	2	2
Provider Management	3	3

- Resolving RI Bridges defects and change requests would help the State move to level 3 for Eligibility and Enrollment Management processes
- Centralization of finance and budget information would result in reuse of business services to obtain level 3
- The SMA utilizes MMIS for Operations Management business processes and shares business services with other RI agencies
- Performance Management processes for identifying utilization anomalies to be shared with other regional SMAs; for example, Program Integrity's current efforts to obtain and possibly reuse Arizona's processes for identifying utilization anomalies and managing compliance incident information
- The SMA utilizes common reusable business services for providers
- For the majority of business areas, the SMA does not intend to share reusable business components with other states within the next 5 years

3.5 Business Results Condition

CMS describes the Business Results Condition defined in **MITA Framework 3.0, SS-A Appendix A – Seven Standards and Conditions** as follows:

> *Systems should support accurate and timely processing of claims (including claims of eligibility), adjudications, and effective communications with providers, beneficiaries, and the public. Activity includes the following:*
>
> - *Degree of automation*
> - *Customer Service*
> - *Performance standards and testing*

The following table provides the CMS-defined business architecture guidelines in assessing and evaluating each business area for compliance with the Business Results Condition.

Table 177: CMS Guidelines for Seven Conditions and Standards *Business Results Condition* Compliance

Seven Conditions and Standards: Business Results Condition	
Level 1	The SMA business processes are predominantly manual. The SMA does not communicate effectively with the beneficiaries or providers. Account access is manual. The SMA does not have SLA or KPI
Level 2	The SMA supports accurate and timely processing of health care and eligibility claims via automated business processes and account access management. The SMA communicates more effectively with the providers, beneficiaries, and the public.
Level 3	Highly automated business processes support accurate and timely processing of health care and eligibility claims. The SMA documents customer service using web and account self-management functionality. The SMA accommodates customer preferences for communications by email, text, mobile devices, or phones. The SMA identifies state SLA and KPI for automated business processes.

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Seven Conditions and Standards: Business Results Condition	
Level 4	The SMA automates processing of health care and eligibility claims to the fullest extent possible. The SMA monitors and adjusts business processes for optimum performance using state, regional, and CMS-defined KPI and shares performance measures with other state and regional agencies and stakeholders. The SMA shares its processes for identifying errors with other state and regional agencies and stakeholders.
Level 5	The SMA monitors and adjusts business processes for optimum performance using nationally defined KPI and shares performance measures across the nation. The SMA evaluates operational business processes against established national SLA and KPI. The SMA creates and executes a POAM for SLA and KPI resolution.

The following table provides an assessment of compliance with the Business Results Condition for each of the ten MITA-defined business areas. The maturity levels were assigned based on the guidelines provided in the table above in coordination with information gathered through the Business Architecture workshops.

Table 178: As-Is and To-Be Business Results Condition by Business Area

Business Results Condition by Business Area	As-Is	To-Be
Business Relationship Management	1	2
Care Management	1	3
Contractor Management	1	3
Eligibility and Enrollment Management	1	3
Financial Management	2	2
Member Management	1	3
Operations Management	3	3
Performance Management	2	3
Plan Management	2	2
Provider Management	2	3

- Care Management requires manual intervention to process eligibility
- Implementing a contractor management system and centralized team would help the SMA achieve level 3 MITA maturity for Contractor Management
- Issues with RI Bridges increase the level of manual intervention required and decreases the accuracy of information available across several business areas. Resolving these issues will raise the MITA maturity to level 3

3.6 Reporting Condition

CMS describes the Reporting Condition defined in **MITA Framework 3.0, SS-A Appendix A – Seven Standards and Conditions** as follows:

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Solutions should produce transaction data, reports, and performance information that contributes to program evaluation, continuous improvement in business operations, transparency, and accountability. Activity includes the following:

- *Accurate data*
- *Interfaces with designated federal repositories or hubs*
- *Automatic generation of reports*
- *Audit trails*

The following table provides the business architecture guidelines (as defined by CMS) in assessing and evaluating each business area for compliance with the Reporting Condition.

Table 179: CMS Guidelines for Seven Conditions and Standards *Reporting Condition* Compliance

Seven Conditions and Standards: Reporting Condition	
Level 1	The SMA does not conduct program evaluations, or continuous improvement in business operations.
Level 2	The SMA begins to produce reports to conduct program evaluations and continuous improvement in business operations. The SMA has some processes for identifying and correcting adjudication errors.
Level 3	The SMA solutions produce transaction data, reports, and performance information that contribute to program evaluation, continuous improvement in business operations, and transparency and accountability. The SMA provides eligibility decision logic to the public. The SMA produces decision audit trails.
Level 4	The SMA conducts program evaluations and continuous improvement in business operations and provides it to other agencies and stakeholders within the region.
Level 5	The SMA conducts program evaluations and continuous improvement in business operations and provides it to state, regional and national agencies and stakeholders.

The following table provides an assessment of compliance with the Reporting Condition for each of the ten MITA-defined business areas. The maturity levels were assigned based on the guidelines provided in the table above in coordination with information gathered through the Business Architecture workshops.

Table 180: As-Is and To-Be Reporting Condition by Business Area

Reporting Condition by Business Area	As-Is	To-Be
Business Relationship Management	2	2
Care Management	2	3
Contractor Management	2	3
Eligibility and Enrollment Management	2	3
Financial Management	2	3
Member Management	2	3
Operations Management	2	3
Performance Management	3	4
Plan Management	2	3
Provider Management	2	3

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- Difficult for the SMA to run reports from the RI Bridges system
- The SMA noted that it is a goal to be more transparent, which requires accurate reporting
- Accuracy of reporting, including encounter data, impacts MITA maturity level

3.7 Interoperability Condition

CMS describes the Interoperability Condition defined in **MITA Framework 3.0, SS-A Appendix A – Seven Standards and Conditions** as follows:

> *Systems must ensure seamless coordination and integration with the Exchanges (whether run by the state or federal government), and allow interoperability with health information exchanges, public health agencies, human services programs, and community organizations providing outreach and enrollment assistance services. Activity includes the following:*
>
> - *Interactions with the Exchange*
> - *Interactions with other entities*

The following table provides the business architecture guidelines (as defined by CMS) in assessing and evaluating each business area for compliance with the Interoperability Condition.

Table 181: CMS Guidelines for Seven Conditions and Standards *Interoperability Condition* Compliance

Seven Conditions and Standards: Interoperability Condition	
Level 1	There is no coordination with the Exchange, or Health Information Exchanges (HIE), or any other agencies to allow interoperability with other agencies.
Level 2	The SMA identifies areas where it interacts with the Exchange, or Health Information Exchanges (HIE), or any other agencies to allow interoperability.
Level 3	The SMA implements seamless coordination and integration with the Exchange, and allows interoperability with exchanges, public health agencies, human services programs, and community organizations providing outreach and enrollment assistance services within the intrastate agencies. The SMA works with community service organizations in assisting health care coverage applicants with the completion and electronic submission of forms.
Level 4	The SMA implements seamless coordination and integration with the Exchange, public health agencies, human services programs, and community organizations providing outreach and enrollment assistance services across interstate agencies.
Level 5	The SMA implements seamless interoperability with all state, regional, and federal agency exchange services and hubs.

The following table provides an assessment of compliance with the Interoperability Condition for each of the ten MITA-defined business areas. The maturity levels were assigned based on the guidelines provided in the table above in coordination with information gathered through the Business Architecture workshops.

Table 182: As-Is and To-Be Interoperability Condition by Business Area

Interoperability Condition by Business Area	As-Is	To-Be
Business Relationship Management	2	3
Care Management	2	3
Contractor Management	2	3

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Interoperability Condition by Business Area	As-Is	To-Be
Eligibility and Enrollment Management	2	3
Financial Management	2	3
Member Management	2	3
Operations Management	2	3
Performance Management	2	3
Plan Management	2	3
Provider Management	2	3

- The SMA has an integrated eligibility system with the state exchange
- The state exchange is not seamlessly integrated with MMIS
- The SMA has identified where interactions occur with CurrentCare, the state HIE

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3.8 Seven Conditions and Standards Summary Table by Business Area

The following table summarizes the MITA Seven Conditions and Standards by business area. The information listed in this table will be used to assist in developing the recommendations for the Overall MITA Roadmap. MITA roadmap recommendations will seek to close the gaps between the As-Is and To-Be levels of maturity for each business area and close the gaps in the MITA seven conditions and standards identified in the table.

Using the MITA business architecture conditions and standards guidelines, each business area was evaluated to determine both the As-Is and To-Be MITA maturity levels. The approach in determining the MITA maturity level for each of the conditions and standards was to evaluate the notes and key findings for each business area, look at the condition or standard description, take into consideration the maturity level guidelines and determine at what level the SMA currently is at for the As-Is level. This same approach was used to determine the To-Be level of MITA maturity for each business area.

Table 183: Seven Conditions and Standards Summary by Business Area

	Modularity Standard		MITA Condition		Industry Standards Condition		Leverage Condition		Business Results Condition		Reporting Condition		Interoperability Condition	
	As-Is	To-Be	As-Is	To-Be	As-Is	To-Be	As-Is	To-Be	As-Is	To-Be	As-Is	To-Be	As-Is	To-Be
Business Relationship Management	2	2	4	5	2	3	2	3	1	2	2	2	2	3
Care Management	2	3	4	5	2	3	2	3	1	3	2	3	2	3
Contractor Management	1	3	4	5	2	3	1	3	1	3	2	3	2	3
Eligibility and Enrollment Management	2	3	4	5	2	3	1	3	1	3	2	3	2	3
Financial Management	2	3	4	5	2	3	2	3	2	2	2	3	2	3
Member Management	2	3	4	5	2	3	2	2	1	3	2	3	2	3
Operations Management	3	3	4	5	3	3	3	3	3	3	2	3	2	3

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	Modularity Standard		MITA Condition		Industry Standards Condition		Leverage Condition		Business Results Condition		Reporting Condition		Interoperability Condition	
	As-Is	To-Be	As-Is	To-Be	As-Is	To-Be	As-Is	To-Be	As-Is	To-Be	As-Is	To-Be	As-Is	To-Be
Performance Management	2	3	4	5	3	3	3	4	2	3	3	4	2	3
Plan Management	1	2	4	5	2	3	2	2	2	2	2	3	2	3
Provider Management	3	3	4	5	2	3	3	3	2	3	2	3	2	3

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4. Medicaid Business Process MITA Roadmap (Deliverable Task 17)

The Overall MITA Roadmap addresses the goals and objectives, key activities, and milestones covering a five-year period. The Roadmap is to be updated annually by the SMA. The development of the Overall Roadmap begins with identifying the initial recommendations needed to move the EOHHS Medicaid program from its current As-Is state to the desired To-Be level of MITA maturity. Building upon the information obtained in the workshops, recommendations were developed for changes to business processes to advance them to the To-Be state. The business process recommendations were used to develop the business area recommendations and next the business area recommendations, listed in the table below, will be used to develop the recommendations for inclusion in the Roadmap. In this manner, recommendations in the Roadmap, if implemented, will have an impact to multiple business processes to move the business processes to a higher level of MITA maturity. These recommendations will be further refined and specifically detailed to integrate recommendations arising out of the Information and Technology architectures in **Deliverable G: Overall MITA Roadmap.**

RI Bridges

When RI Bridges went live to replace InRhodes as the Eligibility and Enrollment system, several business processes, identified in the table below, were negatively impacted due to the system limitations that were discovered in RI Bridges.

Table 184: Business Processes Impacted by RI Bridges

Business Area	Business Process
Care Management	Perform Screening and Assessment
	Manage Treatment Plan and Outcomes
Eligibility and Enrollment	Determine Member Eligibility
	Enroll Member
	Disenroll Member
Financial Management	Manage Provider Recoupment
	Manage TPL Recovery
	Manage Estate Recovery
	Manage Accounts Receivable
	Prepare Member Premium Invoice
	Manage Member Financial Participation
Member Management	Manage Member Information
	Manage Applicant and Member Communication
	Manage Member Grievance and Appeal

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Business Area	Business Process
Operations Management	Calculate Spend-Down Amount

There are many Change Requests (CRs) in effect for the RI Bridges system, which were developed in response to deficiencies in the system. These deficiencies became apparent once RI Bridges went into live production. These change requests are identified on a list called the RI Bridges Project Runway. In many cases, the RI Bridges system limitations caused processes that were once mostly automated to revert back to manual processing. This has caused a negative impact on the overall MITA Maturity Level for the processes that rely on the RI Bridges system. Once these issues are resolved, the overall MITA Maturity Level for these processes will increase. This is evidenced in the To-Be MITA Maturity Levels for many processes within the MITA business areas listed above.

The impact of the identified issues with RI Bridges is widespread across the MITA business capabilities assessed for each business process. The capabilities were often assessed at a level 1, whereas the feedback provided by SME's indicated that prior to RI Bridges the value would be level 2 or 3. Looking at the five year To-Be levels, resolving the identified concerns with RI Bridges is highlighted as the recommendation to achieve the higher level.

Capabilities impacted consistently across business processes included:

- Timeliness of Process
- Data Accessibility
- Data Accuracy
- Cost Effectiveness
- Efficiency
- Accuracy of Process Results
- Utility or Value to Stakeholders

Resolution of the change requests and identified issues documented in the RI Bridges Project Runway will positively impact the MITA maturity levels for the identified business areas.

Initial Roadmap Recommendations

The list below provides initial Roadmap recommendations, presented by MITA business area. These recommendations are from a business architecture perspective and are very high level. For the Overall MITA Roadmap, these initial recommendations will be further refined and specifically detailed to integrate recommendations arising out of the Information and Technology architectures

Business Relationship Management

- Centralize storage of interagency agreements and contracts by increasing automation and improving processes
- Implement the ability to use electronic signatures on agreements and contracts
- Implement a communication log or repository to formalize documentation and accessibility

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- SMEs indicated that provider interactions would be improved by adding one or more languages on the Provider Portal
- The use of electronic signatures for contracts and agreements would expedite the process and improve efficiency
- Implement software to automate the Manage Business Relationship Information process
- Improve accessibility and timeliness with use of electronic signatures

Care Management

- The Establish Case process is very manual and labor-intensive in the Community Support Management (CSM) system; recommend automating the overall process of establishing cases
- Develop system reports identifying members whose cases are not picked up by a provider
- Increase the use of the Community Support Management (CSM) tool to include, yet not limited to:
  - ✓ Connect to CurrentCare HIE
  - ✓ Add Master Patient Index
  - ✓ Allow for automated level of care entry (currently scanned from manual documentation)
  - ✓ Allow for report generation (e.g., cases not picked up by providers)
- Establish a Master Patient Index
- Increase use of CurrentCare, possibly making participation the default decision, with the option for members to opt-out.
- Implement Performance Measures for this process in the To-Be environment
- Connect Case Information to the HIE (CurrentCare)
- This process is automated and is functioning well at this time; recommend adding question about the referral process on annual provider surveys

Contractor Management

- Increase collaboration and the use of reusable business services within the legal department
- Document centralized process for storage and retrieval of contracts
- The SMA should seek to centralize automation and standard business rules definitions
- Centralize and coordinate contract information between agencies
- Develop Medicaid specific policies and procedures for the contract solicitation and award processes to reduce confusion and provide accurate information within the solicitation

Eligibility and Enrollment Management

- Change enrollment requirements to include SSN for each individual provider to support batch/automatic validation

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- Utilize MMIS procurement to require automation in the provider enrollment and revalidation process
- Requirements for data to be stored in one system and available via reports in graphical format will be included in the MMIS procurement
- Eliminate paper applications through the requirement for all providers to apply through the portal
- Implement planned dashboard reporting metrics
- Repair multiple issues in RI Bridges system to at least equal the legacy system or exceed it

Financial Management

- Ensure MMIS obtains date of death in all relevant feeds
- Ensure that Bridges provides feed of deaths, including date of death
- Expand the use of tools such as Asset Verification Systems

Member Management

- There are no recommended changes to this process that would raise the MITA 3.0 maturity levels
- Systematic enhancements to increase the level of automation or accessibility would likely be cost prohibitive
- Stakeholder surveys are not expected to be implemented; program effectiveness is regarded highly

Operations Management

- Implement electronic attachments in the MMIS system to improve timeliness, efficiency and accuracy by reducing manual intervention
- Implement an automatic process for identifying claims that require mass adjustment; this is currently a manual process done by the MMIS fiscal agent
- Increased automation for changing business rules in the MMIS could improve timeliness in completing this task

Performance Management

- Utilize one system of record and give authorized stakeholders access to appropriate level of case information instead of using separate systems

Plan Management

- Streamline the policy-making process to include creating operational manuals
- Record and centralize rules so that stakeholders needing to see them can have improved accessibility
- Continue the current efforts to streamline and standardize policy, which will improve communication and consistency

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Provider Management

- Update requirements for providers to include SSN data to allow for automated verifications
- Modify system requirements (for existing Provider Portal or through the upcoming MMIS procurement) to allow providers to add new doctors electronically
- Update Provider Portal functionality to include notification to providers when information is changed
- Create a formal Communication Plan
- Log 100 percent of communications with providers
- Increase automation and electronic postings for communications through the Provider Portal or MMIS procurement
- Standardize and automate steps where possible for creation of outreach materials
- Update communications to be available in Spanish as well as English
- Utilize surveys or other methods of information gathering to evaluate effectiveness
- Update systems to allow for 100% audit of terminated providers with termination reason
- Automate information collection to improve cost effectiveness

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APPENDICES

The following documents have been provided as appendices to the Medicaid Business Process Review. These appendices will be provided as a separate document due to size.

- Appendix A – Business Architecture Scorecards
- Appendix B – Business Area Profiles
- Appendix C – Business Process Templates
- Appendix D – Business Capability Matrix Responses
- Appendix E – Subject Matter Experts Workshop Attendees

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DELIVERABLE SIGNOFF AND APPROVAL

The signatures following indicate this project deliverable, ***Medicaid Business Process Review***, has been reviewed by all of the necessary project stakeholders and the authorized signers accept and approve the content herein.

IN WITNESS WHEREOF, the parties hereto have caused this agreement to be executed by their duly authorized representatives.

CSG Project Manager	**MITA 3.0 SS-A Project Manager**
Renea Steele	
AUTHORIZED SIGNATURE	AUTHORIZED SIGNATURE
Renea Steele	
NAME	NAME
Project Manager	
TITLE	TITLE
March 1, 2018	
DATE	DATE

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RHODE ISLAND MITA 3.0 STATE SELF-ASSESSMENT

MMIS SYSTEM ASSESSMENT

CONSULTING SERVICES FOR MITA 3.0 STATE SELF-ASSESSMENT & RELATED ACTIVITIES PROJECT FOR RHODE ISLAND

STATUS: FINAL

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1. Document Overview and Purpose

1.1 Introduction

The MMIS System Assessment examined MITA 3.0 Information and Technical Architectures used in support of the MMIS. This information will be used by EOHHS to guide the organization to higher levels of MITA maturity and improved processes and service.

1.2 CMS MITA Initiative and Framework

MITA is both an initiative and a framework. As an initiative, MITA is a plan to promote improvements in the Medicaid Enterprise and the systems that support it through agreements between state agencies and its partners, including collaboration among intrastate and federal agencies. As a framework, MITA is a blueprint consisting of models, guidelines, and principles for states as they implement enterprise solutions.

The MITA initiative stimulates an integrated business and IT transformation affecting the Medicaid Enterprise in all states. It improves Medicaid Program administration by establishing national guidelines for technologies, information, and processes. The MITA Initiative includes an architecture framework, processes, and planning guidelines for the State Medicaid Enterprise to foster national-level coordination of Medicaid transformation while supporting unique local needs.

1.2.1 Three Architectures

As Illustrated in Figure 1, the MITA Framework consists of three Architectures, all of which contribute to the Agency's support of the CMS Seven Conditions and Standards.

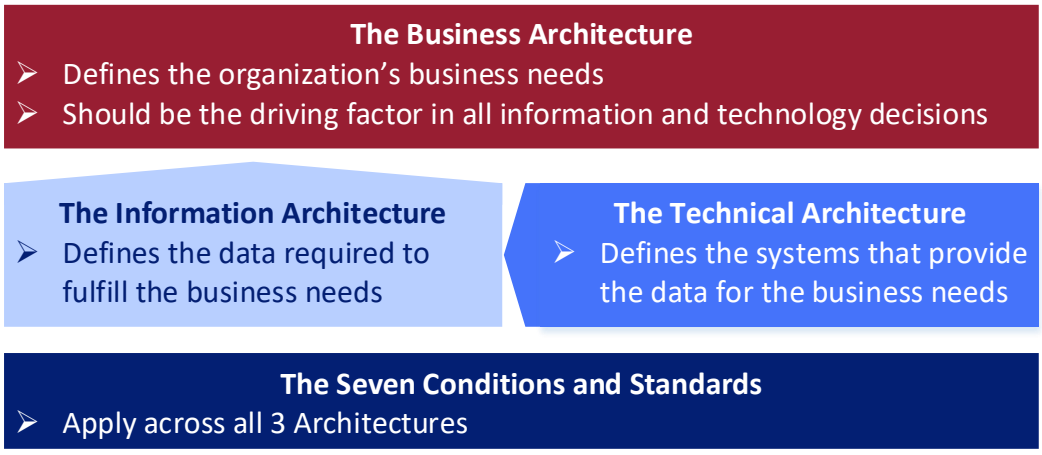

Figure 1: MITA Architectures

Business Architecture

The BA, described in detail in **Deliverable C: Medicaid Business Process Review**, provides the framework for improvements in the Medicaid Enterprise operations that result in better outcomes for all stakeholders. The BA contains models of typical Medicaid business processes and describes how these processes improve over time. A maturity model defines how business capabilities evolve to higher levels

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of maturity. States use the BA to assess their current business capabilities and determine future targets for improvement.

Information Architecture

The IA, detailed in **Section 4**, is a companion of the BA. Business processes and capabilities map to a *Conceptual Data Model* and a *Logical Data Model*. The information requirements of the Medicaid Enterprise can impose change on the business model, and new business process requirements can require new information. The IA also includes a *Data Management Strategy* and reference to *Data Standards*.

Technical Architecture

The TA, detailed in **Section 5**, includes business, technical, and data access services; an application architecture; and technology standards. Collectively, these elements define a set of services and guidelines that states use to plan and specify their future systems.

The CMS Seven Conditions and Standards

The Seven Conditions and Standards, detailed in **Section 7**, provide a set of standards against which to evaluate the Medicaid enterprise in order to comply with Enhanced Funding Requirements.

1.2.2 Benefits to Stakeholders

The MITA Initiative provides significant benefits to Medicaid stakeholders, including the public, states, and the federal government. The MITA principles and guidelines achieve the following benefits.

The public benefits from MITA's promotion of widespread use of electronic health records, greater beneficiary access to quality care, greater choice and independence for beneficiaries, improved public health outcomes, reduction in fraudulent activity, and improved return on state and federal investments. The MITA Framework promotes common business practices and reusable services to provide efficiencies that benefit the public.

In addition, MITA provides for the public a one-stop shop for financial assistance, as the Framework includes the Health Insurance Exchange (HIX) to provide a seamless experience for the beneficiaries to acquire Medicare, Medicaid, and CHIP or Basic Plan Program assistance. Application of consistent business rules that respond with eligibility determination near-real time.

The states benefit by participating in Health Reform aligning with federal grant requirements, improving their enterprise architecture documentation enhancing their prevention and wellness initiatives, improving the management of their Medicaid Programs, and improving the return on state IT investment.

The federal government gains through the facilitation of CMS review of state Medicaid IT plans and systems, improved sharing of timely, accurate, usable, easily accessible, and secure information among state and federal agencies, implementation of national health information initiatives, and seamless coordination and integration between intrastate, interstate, and federal agencies.

1.3 Scope of the MMIS System Assessment

The assessment process was guided by the MITA 3.0 State Self-Assessment (SS-A) Companion Guide. The Companion Guide outlined the processes that make up the State Self-Assessment, including vision verification, conducting of Business, Information, and Technical Architecture workshop sessions, and production of Scorecards, Profiles, Roadmaps and Concept of Operations.

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The sections of this document correspond to the tasks identified for completing the Medicaid Management Information System (MMIS) system Assessment as detailed in ***Exhibit A, Scope of Services*** for this project:

- The Medicaid Information Technology Architecture (MITA) 3.0 Self-Assessment of Maturity Levels (Task 18)
- Recommendations on Modifications/Enhancements to Business Processes, including Interfaces and Ancillary Systems (Task 19)
- Business Architecture (BA) State Self-Assessment (SS-A) – As-Is and To Be Assessments (Task 20)
- Information Architecture (IA) SS-A – As-Is and To-Be Assessments (Task 21)
- Technical Architecture (TA) SS-A – As-Is and To-Be Assessments (Task 22)
- Gap Analysis (As-Is to To-Be) (Task 23)
- Complete Assessment of Compliance with Seven Conditions and Standards (Task 24)
- MITA Roadmap and Documentation of Activities (Task 25)

1.4 Input to Other Deliverables

The information in this document will be combined with the conclusions drawn in three other deliverables:

- **Deliverable C Business Process Review**
- **Deliverable E Ancillary Medicaid Systems Assessment**
- **Deliverable F Interfaces and Integrations with BI Systems**

Their combined findings will serve as inputs to the two final MITA SS-A deliverables:

- **Deliverable G Overall MITA Roadmap**
- **Deliverable H Overall Concept of Operations (COO)**

The **Overall MITA Roadmap** and **Overall Concept of Operations** will incorporate findings from all MITA 3.0 and related activities as detailed in Exhibit A, Scope of Services for this project to provide a cohesive vision and actionable set of steps to increased MITA maturity and improved processes and service.

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2. MITA 3.0 State Self-Assessment Approach

2.1 Vision Validation

Based on research of Rhode Island materials, CSG produced a proposed summary of the Agency's Medicaid goals, and confirmed those goals in a meeting with State executives, as detailed in **Deliverable C Business Process Review**. Once confirmed, EOHHS's goals were aligned with MITA Goals, as well as the information gathered through the Business, Information, and Technical Architecture workshops, ensuring a coherent path to achieving both MITA maturity and Agency goals.

2.2 Preparation for MITA Workshop Sessions

The CSG team approached the MITA 3.0 SS-A as a critical component of EOHHS strategic planning, and engaged Agency executives and Subject Matter Experts (SMEs) throughout the process. CSG designed an assessment process to efficiently apply the knowledge of Rhode Island's Medicaid SMEs.

CSG relied on guidance from Agency Project Managers to assist in identifying existing documentation to be analyzed, catalogued, and stored in the Rhode Island MITA Repository. This existing documentation provided a framework for early analysis of Rhode Island Medicaid systems. In discussions with CSG, EOHHS Project Managers determined which systems were best assessed together or individually, and which ancillary systems should be included in **Deliverable E Ancillary Medicaid Systems Assessment**.

The Rhode Island MITA Repository supports the MITA State Self-Assessment, and provides an ongoing reference for the Executive Office of Health & Human Services (EOHHS) as they progress through their MITA roadmap. EOHHS will retain access to the repository after the MITA 3.0 State Self-Assessment project is completed.

2.3 MITA Workshop Sessions

Before workshops began, EOHHS Project Managers identified State SMEs who were invited to attend a MITA Kickoff and at least two training sessions:

- **MITA 101** – an overview of MITA history, processes, and objectives
- **Business Architecture (BA) Principles** – an introduction to the workshop process for SMEs expected to attend BA sessions
- **Information Architecture (IA) and Technical Architecture (TA) Principles** – an introduction to the workshop process for SMEs expected to attend IA/TA sessions

To accommodate SMEs' demanding schedules and maximize productivity during sessions, CSG delivered relevant background materials to participants at least one week prior to sessions. This material included: Agendas, CMS MITA background documentation, and information specific to the particular business areas and processes being addressed in that session.

2.3.1 Business Architecture (BA) Workshop Sessions

During the BA sessions, CSG helped Agency SMEs review the CMS Business Process Template (BPT) and Business Process Model (BPM) diagrams for individual MITA business processes to determine whether the process stakeholders, steps, inputs, or outputs described by CMS fit Rhode Island practice. CSG then facilitated discussions to help SMEs evaluate the As-Is capabilities of the processes and the To-Be

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environment related to those processes, and documented the results of the discussion in the appropriate Business Capability Matrix (BCM).

Data from the finalized BPT, BCM, performance measures, and/or supporting documentation were recorded in the TeamCSG℠ Tracer: MITA SS-A tool, to generate the MITA Scorecards and Profiles that provide "at-a-glance" understanding of As-IS and To-Be levels and support the development of the MITA Roadmap and Concept of Operations (COO).

Any recommended tasks and potential improvements to the Medicaid system for the processes' advancement to the To-Be level were documented, to be considered in the gap analysis process, and to serve as inputs into the Technical and Information stakeholder sessions for the related MITA business areas.

Any additional BA analysis and evaluation that was completed after the submission of **Deliverable C Business Process Review** are reviewed and included in **Section 3** of this document.

2.3.2 Information Architecture (IA) and Technical Architecture (TA) Workshop Sessions

Information and Technical Architecture sessions were conducted at the same time, and frequently included stakeholders from more than one business area, because data and systems typically support multiple business areas. A list of the IA and TA sessions and their topics is provided in **Appendix G**. IA and TA sessions focused on a system or systemic function, to enable the evaluation of each core or ancillary system holistically CSG worked with EOHHS Project Managers to associate each system with one or more MITA business areas. System scores were then mapped and recorded in each appropriate MITA business areas. Analysis of the scores is presented in Sections 4, 5, and 7.

For the Information Architecture assessment, Agency and vendor stakeholders reviewed the business area's *Data Management Strategy*, *conceptual data model* (CDM), *Logical Data Model* (LDM), and *Data Standards*. Technical SMEs evaluated the system's five technical service areas and 15 technical service capabilities. Based on their collective analysis, SMEs determined at what level the systems are performing currently; vendor representatives were excused so that the State SMEs could determine how the system should be advanced in the next five years. Their conclusions were recorded in the appropriate Information Capability Matrix (ICM) and Technical Capability Matrix (TCM), to be transferred to the MITA SS-A tool for creation of the MITA IA and TA Scorecards and Profiles that support the MITA Roadmap and COO.

Analysis of the determinations made in the IA/TA Workshops is presented in Sections 4 and 5.

2.4 Gap analysis

Based on the As-Is and To-Be determinations from the workshop sessions and subsequent scoring, CSG performed a gap analysis to understand the MITA maturity levels desired as compared to the current MITA maturity levels, identify actions to be taken to move from the As-Is and To-Be levels, and place these actions on a timeline to create a Roadmap to increased MITA Maturity; this roadmap is detailed in **Section 7** of this document and acts as an input to later deliverables including:

- **Deliverable G Overall MITA Roadmap**
- **Deliverable H Overall Concept of Operations (COO)**

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3. Business Architecture (BA) State SS-A As-Is and To-Be Assessments

The As-Is and To-Be assessments of the Business Architecture are described in **Deliverable C Business Process Review**. There are no updates to **Deliverable C**.

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4. Information Architecture (IA) SS-A As-Is and To-Be Assessments

This section provides an analysis of the Rhode Island Medicaid Information Architecture As-Is and To-Be maturity levels, including the alignment of the Rhode Island Medicaid Information Architecture to EOHHS goals.

4.1 The MITA Information Architecture Overview

The MITA Business Architecture drives the Information Architecture. MITA identifies information needs for each business process and groups them as subject areas and messages. The State Medicaid Agency (SMA) constructs To-Be conceptual models using the identified subject areas. The LDM development is an ongoing process and adapts as business capabilities evolve.

The MITA IA describes the current and future (As-Is and To-Be) information and data needs of the State Medicaid Enterprise. It uses a series of models to specify the key elements of information systems that the State Medicaid Enterprise use to execute their business processes. These elements include the information itself, the applications that use the information to enable the business processes, and the combining of applications and information to support the enterprise's business functions. The BA and the IA together map enterprise data to business processes. The IA also serves as the bridge between the BA and the TA by providing the framework to go from the BA's information requirements to the TA's message requirements.

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4.1.1 Four Information Architecture Components

As illustrated in Figure 2, the MITA IA consists of four components, each of which is described below.

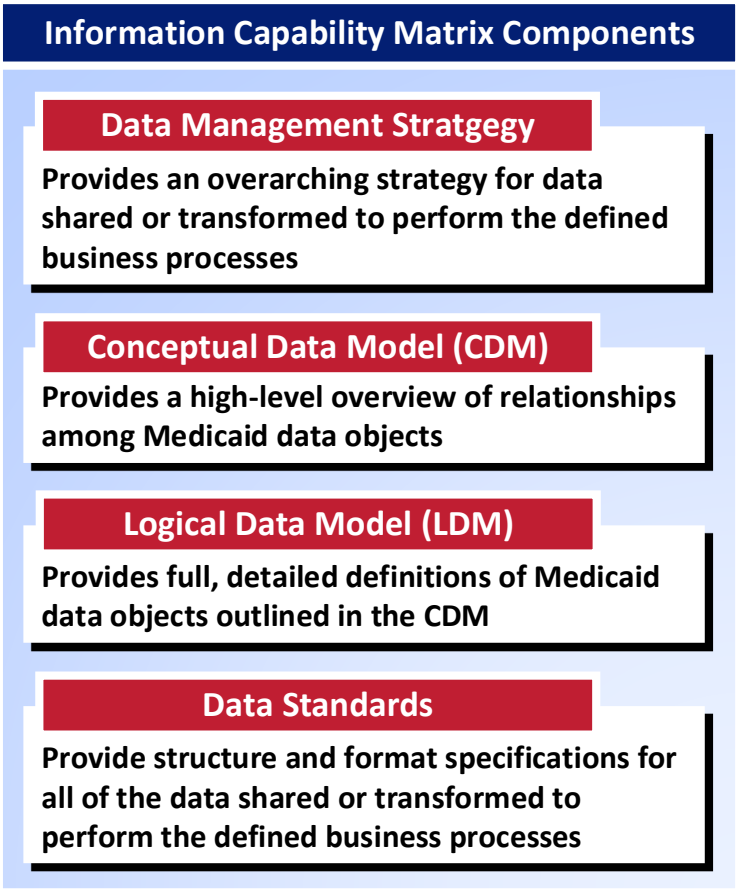

Figure 2: MITA Information Architecture Components

Data Management Strategy (DMS)

The DMS provides the approach to integrating and organizing data, through reference to data governance, data standards, data processes and procedures, data integration, and metadata repository.

Conceptual Data Model (CDM)

The CDM is a blueprint or plan for building information systems. The model is a tool to communicate the business processes and enterprise strategies. Specifically, Medicaid system architects and designers use the MITA CDM to develop plug-and-play and interoperable Medicaid information services. It represents the overall logical structure of the data independent of software or data storage structure, provides a formal representation of the data the SMA needs to run an enterprise or business activity, and might even include data objects not yet developed (i.e., To-Be objects and relationships).

Logical Data Model (LDM)

The LDM shows a data subject area divided into data classes, including the relationships among those classes, with attributes defined as needed for one drilled-down business process. The LDM identifies all

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of the data elements in motion in the system or shared within the Medicaid Enterprise. The MITA LDM does not include state-specific data objects and relationships.

Data Standards

Data Standards consist of a collection of industry standards applicable to the administration and operation of a Medicaid Enterprise. They are critical to the successful transformation and evolution of the Medicaid Enterprise. The MITA Framework promotes usage of data standards produced by national/international standards maintenance organizations. The MITA initiative coordinates the identification and use of common data standards for the Medicaid Enterprise.

4.1.2 Stakeholder Use of the IA

State Medicaid Agency (SMA)

The SMA participates in workgroups defining and maintaining the IA. The SMA will extend the MITA data models to include their state-unique information and data requirements. Once the SMA has completed its State Self-Assessment (SS-A), determining its To-Be business process and capability level, the IA determines what information the new processes require. The IA also provides the detailed data specifications used in defining the MITA services to implement the business process. IA details are available for use by the states to use as requirements in their Request for Proposals (RFP).

States may request vendors to supply data models for proposed solutions. Architecture Review Boards (ARB) review proposed solutions for inclusion in the MITA repository.

The Centers for Medicare and Medicaid Services (CMS)

CMS provides leadership in establishing the MITA guidelines and promoting them among states. Through the release of the MITA Framework, special workshops with states, Medicaid conference material, and working with early adopter states, CMS is creating the framework that Medicaid programs will utilize to meet current and future needs. CMS is developing a Master Data Management strategy for the Medicaid Integrity Group (MIG) Program Integrity (PI) efforts to detect and reduce fraud.

Vendors

The vendor community uses the MITA Framework as a reference in planning their research and development activities. They use the IA in particular as a guideline to identify the syntax, semantics, definitions, and relationships of all common Medicaid data used between the Medicaid Enterprise processes. This results in vendors having a common understanding of the data's syntax, function, and semantics that aligns their solution with the Framework and interoperability with other State Medicaid Enterprises.

Providers

Providers play an active role in the exchange of information with the SMA based on the definitions supplied by the IA. Provider directories will enable Medicaid plans to ensure access and coordination of care for beneficiaries who seek care and services from multiple locations.

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Other Payers and Other Agencies

Other stakeholders may be invited to review the IA to learn about the Medicaid plans for transformation with MITA. CMS envisions that other agencies and data standard organizations will collaborate increasingly with Medicaid to come up with a harmonized set of data standards that will promote interoperability of all health care functions.

4.2 Alignment of EOHHS Goals to MITA Information Architecture

The assessment of Rhode Island's Information Architecture helps identify areas where efforts will bring EOHHS closer to achieving the goals identified in the Vision Validation process described in **Section 2**. Table 1 summarizes where attention to a particular Assessment Question will have the greatest impact on EOHHS goals. In general, EOHHS goals align well with the MITA Information Architecture framework. Some of EOHHS goals rely on interactions with other agencies and departments, so then they naturally are impacted by not only MITA, but also other environmental and regulatory factors to which the other agencies are subject; MITA Information Architecture, then, has "some impact," but is not the only agency or environmental factor impacting the related EOHHS goal. Integrating budget and finance relies so heavily on factors external to EOHHS that it falls into the lowest category of alignment with the MITA Information Architecture.

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Table 1: Alignment of IA to EOHHS Goals

O = no impact; **1** = some impact; **2** = significant impact

Information Architecture		EOHHS Goals				
Information Architecture Component	Assessment Question	Strengthen the publicly-funded health care system	Increase efficiency, transparency and accountability of the EOHHS and its departments	Promote data-driven and evidence-based strategic decision making, analytical orientation, and EOHHS-wide training in data analysis	Improve the customer experience	Integrate budget and finance
Data Management Strategy	Does business area have governance of data management?	**1**	**2**	**2**	**1**	**0**
Data Management Strategy	Does business area have common data architecture?	**1**	**2**	**2**	**1**	**0**
Data Management Strategy	Does each business area use Enterprise Modeling?	**1**	**2**	**2**	**1**	**0**
Data Management Strategy	Does business area utilize data sharing architectures?	**1**	**2**	**2**	**1**	**0**
Conceptual Data Model	Does business area have CDMs?	**1**	**2**	**2**	**1**	**0**
Logical Data Model	Does business area have LDMs?	**1**	**2**	**2**	**1**	**0**
Data Standards	Does business area use structure and vocabulary data standards to support current and emerging health data standards?	**1**	**2**	**2**	**1**	**0**

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4.3 Assessment of Information Architecture

This section provides the Information Architecture scores based on SMEs' assessments, summarized three different ways to create a multidimensional picture of TA maturity scores. The *Overall IA Capability Score for each Business Area* enables a broad analysis of capabilities focused on business areas or general functions. *Capability Scores for each IA Component* section takes a more particular view for each of MITA's four IA components. *Individual IA Question Scores by Business Area* drills down to the level of each capability question to which the SMEs responded, in assessing the IA maturity of the Core and Ancillary systems.

4.3.1 Overall IA Capability Scores for Each Business Area

This section discusses the overall IA As-Is and To-Be levels for each MITA business area, as shown in Table 2. The business area discussions following the table are organized for the sake of clarity. When multiple business areas are supported by the same system or system functionality, those business areas are discussed together. Also, three business areas (Business Relationship, Contractor, and Plan Management) that have no significant IA component are considered together.

Note that Table 2 shows relatively low scores across the board. This is a result of CMS's mandated methodology, whereby the lowest score for any Information Component is applied to the business area as a whole. Tables 4 and 5 in **Section 4.3.3** provide a more detailed view of the IA assessment scores, showing the capability level for each IA component within each business area.

Table 2: Information Architecture Capability by Business Area

Business Area	As-Is Level	To-Be Level
Business Relationship Management	1	1
Care Management	1	1
Contractor Management	1	1
Eligibility and Enrollment Management	1	1
Financial Management	1	2
Member Management	1	2
Operations Management	1	2
Performance Management	1	2
Plan Management	1	1
Provider Management	1	2

4.3.1.1 Key Findings

Business Relationship, Contractor, and Plan Management

The processes for these three business areas are performed by individual groups on a limited basis, and consist almost entirely of manual procedures and ad-hoc data sharing. They are performed with manual or one-off processes, but they perform adequately and development of systems to replace the manual processes would not be cost-effective. To achieve a level higher than 1 would require more automation than the SMEs felt was desirable within the next five years, so their current Level 1 status is acceptable both for the As-Is and To-Be Information Architecture for these areas.

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Care Management

When scores from all systems contributing to Care Management are consolidated, applying the CMS rule of using the lowest component score to produce the overall score, the IA for Care Management was assessed at Level 1, and is expected to remain at Level 1 in the next five years.

Care Management is currently ranked at Level 1 because there is no enterprise use of common data and data sharing architectures, and no enterprise-wide conceptual data model.

While there are plans to bring the care management data for the HSDW / BI systems into a more common data architecture, including conceptual data models, some care management data is handled by the CDM and CSM systems, which are not expected to change significantly in the five-year horizon. Although they are rated at a level 1 for much of their data handling, they perform their functions adequately, and no changes are planned.

Eligibility and Enrollment Management

As a whole, the IA for Eligibility and Enrollment Management was assessed at Level 1, and is expected to remain at Level 1 in the next five years. However, Eligibility and Enrollment are supported by numerous systems, many of which are individually assessed at a higher level, and are expected to increase in maturity over the next five years.

MAPIR, for instance, is rated mostly at a Level 3 and above for IA. The MMIS, RI Bridges, and HSDW, as well as most ancillary systems including MART, SAMS, and CSM, are rated at a level 2 for data governance. Most Systems were rated at a Level 2 for the use of conceptual and logical data models, and most systems expect to reach a Level 3 within five years for both types of models. Exceptions include CDM and CSM, which are both expected to remain at a Level 2. For the use of *Data Standards*, most systems were rated Level 2, with the possibility of achieving Level 3 within five years, as data standards for interagency data sharing are established.

Financial Management

As a whole, the IA for Financial Management was assessed at Level 1, and is expected to achieve Level 2 in the next five years.

However, most IA components are rated at Level 2 or higher, with the exceptions being Level 1 for Common Data Architecture, Enterprise Modeling, and the use of a conceptual data model.

In the five-year time frame, Financial Management Systems are generally expected to rise to a level 3 with the adoption of enterprise-wide data governance, conceptual and logical data models, and data standards. Common Data Architecture and Enterprise Modeling, are expected to increase from Level 1 to 2 as Medicaid internal policy and procedures are adopted to promote enterprise modeling with data documentation, development, and management of Agency-defined data entities, attributes, data models, and relationships. In this instance, SMEs provided general direction without accompanying details..

Member Management and Provider Management

As a whole, the IA for both Member Management and Provider Management was assessed at Level 1, and is expected to achieve Level 2 in the next five years.

Most IA components are rated at Level 2 or higher. Lower assessments include; Common Data Architecture, Enterprise Modeling, and the use of a conceptual data model, which are rated at Level 1.

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For the MAPIR application, which supports some Member and Provider functionality, most IA components are rated at levels 3, 4, or 5.

MAPIR is not expected to change over the next five years, since the federal program behind it is scheduled to be sunsetted before that time. For other Member and Provider Management systems, SMEs project a five-year capability of Level 3 for all IA components except for enterprise modeling and the use of data sharing architectures, which are expected to maintain or achieve level 2.

Operations Management and Performance Management

As a whole, the IA for Operations Management and Performance Management was assessed at Level 1, and is expected to achieve Level 2 in the next five years.

When viewed individually, the majority of Operations Management IA components are assessed at Level 2 or higher, with the exceptions of Common Data Architecture, Enterprise Modeling, and the use of a conceptual data model, which are rated at Level 1.

Those with an As-Is assessment of Level 2 are expected to achieve Level 3 in the next five years; Enterprise Modeling and data sharing architecture are expected to increase from Level 1 to Level 2.

4.3.2 Capability Scores for Each IA Component

Table 3 shows that all four of the IA components are rated currently at Level 1 and are projected to remain there for the next five years, when taken collectively. However, there are factors that should be considered in those overall numbers.

- Three business areas (Business Relationship, Contractor, and Plan Management) have no significant IA component; since they are largely the result of manual processes, they are assessed at an as-is Level 1, and since SMEs felt there was no need to automate them in the five-year range, their to-be assessments are also Level 1.
- The remaining relatively low numbers and lack of apparent advancement is partially a result of the CMS rule that the lowest rating for any question for any business area is applicable to the entire IA component across the enterprise.

As the text below the table elaborates, a discussion at a more granular level provides a fuller picture.

Table 3: Information Architecture Capability by IA Component

IA Component	As-Is Level	To-Be Level
Data Management Strategy	1	1
Conceptual Data Model	1	1
Logical Data Model	1	1
Data Standards	1	1

4.3.2.1 Key Findings

Data Management Strategy

Overall, Rhode Island Medicaid's *Data Management Strategy* was assessed at Level 1, and is expected to remain at Level 1 in the next five years.

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Currently, data governance is provided through policies for individual systems or functional areas, but there is no Agency-wide or enterprise level governance of data architecture and modeling. In addition, no comprehensive data stewardship is performed.

The SMEs recommended that, within the next five years, the Agency should establish data governance leadership, possibly by forming a committee to designate data stewards, assign data owners, eliminate redundancy of data streams, and establish a single source of truth for Agency data. While these changes would bring Agency data management to a Level 3 in most ways, the SS-A To-Be assessment remains at a Level 1 because the two ancillary systems, CDM and CSM systems, are not expected to be brought within the scope of those changes in the next five years.

Conceptual Data Model

Overall, the *Conceptual Data Model* (CDM) was rated at Level 1, where it is expected to remain over the next five years.

For half of the systems, however, the CDM was rated at Level 2 with the expectation of reaching Level 3 in five years, with the development of an enterprise-level *Conceptual Data Model*. RICHIST, CDM, and CSM systems are expected to achieve Level 2.

Logical Data Model

Overall, the *Logical Data Model* (LDM) was rated at Level 1, for both As-Is and To-Be capability.

Most systems' LDMs were actually rated at Level 2. Exceptions were the BHDDH systems at Level 1, and MAPIR, which was assessed at Level 4 currently and in the five-year horizon.

Most of the Level-2 systems are expected to increase to Level 3 in the next five years, as interagency LDMs are developed. The SAMS, CDM, and CSM systems are expected to remain at Level 2.

Data Standards

Overall, the *Data Standards* were rated at Level 1, and are expected to remain at that level over the next five years.

Data Standards for more than half of the systems were determined to be at Level 2 currently, and are expected to increase to Level 3 in five years. CDM and CSM are expected to remain at Level 1 over the next five years; MAPIR and MART are expected to maintain their current Level 2; and SAMS is projected to maintain its Level 3 capability.

4.3.3 Individual IA Question Scores by Business Area

Tables 4 and 5 provide an additional view of the IA assessment scores, showing the capability level for each IA component within each business area. These numbers are a consolidation of the TA scores for all systems that support the business area.

Table 4: IA As-is and To-Be Capability Scores by Business Area and Capability Question – Part 1

IA Component and Question	Business Relationship Management		Care Management		Contractor Management		Eligibility & Enrollment Management		Financial Management	
	As-Is	To-Be	As-Is	To-Be	As-Is	To-Be	As-Is	To-Be	As-Is	To-Be

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IA Component and Question	Business Relationship Management		Care Management		Contractor Management		Eligibility & Enrollment Management		Financial Management	
Data Management Strategy	1	1	1	1	1	1	1	1	1	2
Does business area have governance of data management?	1	1	1	1	1	1	1	1	2	3
Does business area have common data architecture?	1	1	1	1	1	1	1	1	1	3
Does each business area use Enterprise Modeling?	1	1	1	1	1	1	1	1	1	2
Does business area utilize data sharing architectures?	1	1	1	1	1	1	1	1	2	2
Conceptual Data Model	**1**	**1**	**1**	**2**	**1**	**1**	**1**	**1**	**1**	**3**
Does business area have CDMs?	1	1	1	2	1	1	1	1	1	3
Logical Data Model	**1**	**1**	**2**	**2**	**1**	**1**	**1**	**2**	**2**	**3**
Does business area have LDMs?	1	1	2	2	1	1	1	2	2	3
Data Standards	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**2**
Does business area use structure and vocabulary data standards to support current and emerging health data standards?	1	1	1	1	1	1	1	1	1	2

4.3.3.1 Key Findings – Part 1

Eligibility and Enrollment Management

Eligibility and Enrollment Management was projected to advance in maturity with the adoption of enterprise-level conceptual and logical data models.

Financial Management

SMEs expect Financial Management to increase its capability levels by establishing enterprise data governance, common data and data sharing architecture, and enterprise modeling, as well as the adoption of conceptual and logical data models and enterprise data standards.

Table 5: IA As-is and To-Be Capability Scores by Business Area and Capability Question - Part 2

IA Component and Question	Member Management		Operations Management		Performance Management		Plan Management		Provider Management	
	As-Is	To-Be	As-Is	To-Be	As-Is	To-Be	As-Is	To-Be	As-Is	To-Be
Data Management Strategy	**1**	**2**	**1**	**2**	**1**	**2**	**1**	**1**	**1**	**2**

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IA Component and Question	Member Management		Operations Management		Performance Management		Plan Management		Provider Management	
Does business area have governance of data management?	2	3	2	3	2	3	1	1	2	3
Does business area have common data architecture?	1	3	1	3	1	3	1	1	1	3
Does each business area use Enterprise Modeling?	1	2	1	2	1	2	1	1	1	2
Does business area utilize data sharing architectures?	2	2	2	2	2	2	1	1	2	2
Conceptual Data Model	**1**	**3**	**1**	**3**	**1**	**3**	**1**	**1**	**1**	**3**
Does business area have CDMs?	1	3	1	3	1	3	1	1	1	3
Logical Data Model	**2**	**3**	**2**	**3**	**2**	**3**	**1**	**1**	**2**	**3**
Does business area have LDMs?	2	3	2	3	2	3	1	1	2	3
Data Standards	**1**	**2**	**1**	**3**	**1**	**3**	**1**	**1**	**1**	**2**
Does business area use structure and vocabulary data standards to support current and emerging health data standards?	1	2	1	**3**	1	**3**	1	1	1	2

4.3.3.2 Key Findings – Part 2

Member, Provider, Operations, and Performance Management

SMEs expect similar advancement in IA capability for Member Management, Provider Management, Operations Management, and Performance Management. The *Data Management Strategy* for all four business areas will advance with the development of enterprise data governance, common data and data sharing architecture, and enterprise modeling.

Adoption of *Conceptual Data Models*, *Logical Data Models*, and enterprise *Data Standards* will further increase the capability levels for those same four business areas.

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5. TECHNICAL ARCHITECTURE (TA) SS-A AS-IS AND TO-BE ASSESSMENTS

This section provides an analysis of the Rhode Island Medicaid Technical Architecture As-Is and To-Be maturity levels, including the alignment of the Rhode Island Medicaid Technical Architecture to EOHHS goals.

5.1 Technical Architecture Overview

A standards-based approach to building IT infrastructure facilitates the reuse of solutions and the integration of Commercial Off-the-Shelf (COTS) products to reduce IT costs of development for states and CMS. A SOA design reduces maintenance costs by simplifying the process of making changes. The State Medicaid Enterprise responds faster to statutory, programmatic, and technology changes because the SOA and services are adaptable and extensible.

A combination of the standards approach, services, security and privacy, and the hub architecture provides easier access to information. Increased data exchange and access improves fraud detection and investigation and helps detect health patterns (e.g., disease and bioterrorism) to improve health outcomes. States also improve investment decisions with better access to information and common performance standards. The TA also improves statistical analysis by utilizing data standards, performance standards, and enhanced data exchange. States use the TA to streamline their business processes, invest in appropriate resources, improve service to beneficiaries, and monitor patient safety and patient care to improve health outcomes.

5.1.1 Technical Service Areas and Classifications

Technical services consist of technical functions that, collectively, define the MITA technology infrastructure. Each technical service, as with each business service, defines an interface for its invocation, performs a function that corresponds to the capability, and returns results. The following are Technical Service Areas (TSAs):

- Access and Delivery
- Intermediary and Interface
- Integration and Utility

As illustrated in Figure 3, the three TSAs are divided into 15 Technical Service Classifications (TSCs), which are discussed below.

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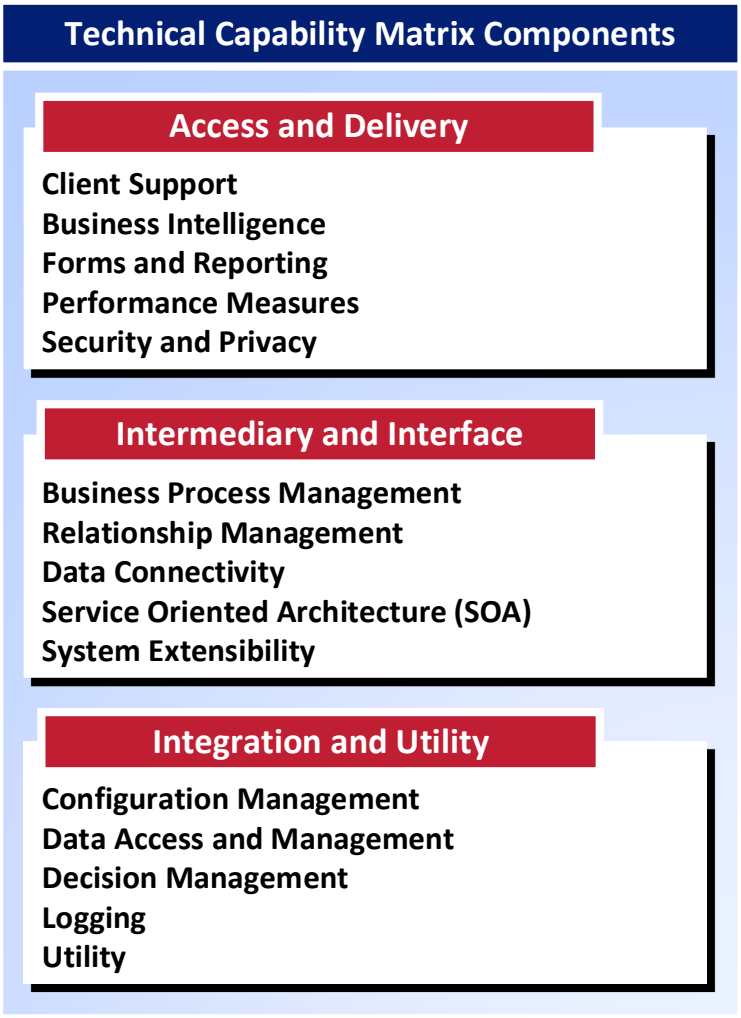

Figure 3: Technical Service Areas and Classifications

Access and Delivery

The *Access and Delivery* TSA contains five TSCs. These technical services combine with *Intermediary and Interface* services along with *Integration and Utility* services to provide the full string of functionality required to satisfy the end-users needs. A key portion of this TSA includes the usage of standardized security and privacy mechanisms. The protection of data assets from both an internal and external user base is of utmost concern on the Medicaid Enterprise, so it requires the usage of established role-based security functions. A role-based solution is a primary solution. However, it is common to use layers to safeguard state assets to cover the various security and privacy needs.

Intermediary and Interface

The *Intermediary and Interface* TSA contains six TSCs. The interactive activities associated with the Medicaid Enterprise intermediary services require an effective middleware solution set. This TSA combines the generally predetermined interface activities with the transactional functions performed by the intermediary services. The ability to interface with the primary Medicaid Enterprise data stores requires a strong tie to security and privacy services.

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Integration and Utility

The *Integration and Utility* TSA contains six TSCs. The core services that have a specific Medicaid function outside of the business services classify as utilities services. Other general functions, like *Logging* and *Configuration Management* are part of the integration activities of this TSA. One of the critical internal activities to the Medicaid Enterprise involves the *Decision Management* events used by claims processing many of the other operational management processes.

5.1.2 Use of the Technical Architecture

States use the TA as a reference implementation model for their individual State Medicaid Enterprises. As a reference document, the TA provides a conceptual view of the Medicaid technical enterprise and is a source for standardized solutions that specifies the details related to business and technical services, information needs, and the IT infrastructure.

5.2 Alignment of EOHHS Goals to MITA Technical Architecture

The assessment of Rhode Island's Technical Architecture helps identify areas where efforts will bring EOHHS closer to achieving the goals identified in the Vision Validation process described in **Section 2**. Table 6 summarizes where attention to a particular Technical Service Classification will have the greatest impact on EOHHS goals.

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Table 6: Alignment of TA to EOHHS Goals

O = no impact; **1** = some impact; **2** = significant impact

Technical Architecture		EOHHS Goals				
Technical Service Area	**Technical Service Classification**	**Strengthen the publicly-funded health care system**	**Increase efficiency, transparency and accountability of the EOHHS and its departments**	**Promote data-driven and evidence-based strategic decision making, analytical orientation, and EOHHS-wide training in data analysis**	**Improve the customer experience**	**Integrate budget and finance**
Access and Delivery	Client Support	1	1	1	2	0
Access and Delivery	Business Intelligence	1	2	2	1	0
Access and Delivery	Forms and Reporting	1	1	2	1	0
Access and Delivery	Performance Measurement	1	2	2	1	0
Access and Delivery	Security and Privacy	1	2	1	1	0
Intermediary and Interface	Business Process Management	1	2	1	2	0
Intermediary and Interface	Relationship Management	1	1	1	2	0
Intermediary and Interface	Data Connectivity	1	2	2	1	0
Intermediary and Interface	Service Oriented Architecture (SOA)	1	1	2	1	0
Intermediary and Interface	System Extensibility	1	2	1	1	0
Integration and Utility	Configuration Management	1	2	1	1	0
Integration and Utility	Data Access and Management	1	1	2	2	0
Integration and Utility	Decision Management	1	2	1	2	0
Integration and Utility	Logging	1	2	2	1	0
Integration and Utility	Utility	2	2	1	2	0

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5.3 Assessment of Technical Architecture

This section provides the Technical Architecture scores based on SMEs' assessments, summarized three different ways to create a multidimensional picture of TA maturity scores. The *Overall TA Capability Score for each Business Area* enables a broad analysis of capabilities focused on business areas or general functions. *Capability Scores for each Technical Service Area* section takes a more particular view for each of MITA's three TSAs. *Individual Technical Service Classification Scores by Business Area* drills down to the level of each classification to which the SMEs responded, in assessing the TA maturity of the Core and Ancillary systems.

5.3.1 Overall TA Capability Scores for each Business Area

This section discusses the overall TA As-Is and To-Be levels for each MITA business area, as shown in Table 7. The business area discussions following the table are organized for the sake of clarity. When multiple business areas are supported by the same system or system functionality, those business areas are discussed together. Also, three business areas (Business Relationship, Contractor, and Plan Management) that have no significant TA component are considered together.

Note that Table 7 shows relatively low scores across the board. This is a result of CMS's mandated methodology, whereby the lowest score for any Technical Component is applied to the business area as a whole. Tables 9 and 10 in **Section 5.3.3** provide an additional view of the TA assessment scores, showing the capability level for each TSC within each business area.

Table 7: Technical Architecture Capability by Business Area

Business Area	As-Is Level	To-Be Level
Business Relationship Management	1	1
Care Management	1	1
Contractor Management	1	1
Eligibility and Enrollment Management	1	1
Financial Management	1	1
Member Management	1	1
Operations Management	1	1
Performance Management	1	1
Plan Management	1	1
Provider Management	1	2

5.3.1.1 Key Findings

SMEs provided general direction related to these key findings. Where they provided accompanying detail, it is provided in this section. In cases where no detail was provided, information from the ICM or TCM is provided to flesh out the To-Be level.

Business Relationship, Contractor, and Plan Management

The processes for these three business areas are performed by individual groups on a limited basis, and consist almost entirely of manual procedures and ad-hoc data sharing. They are performed with manual or one-off processes, but they perform adequately and development of systems to replace the manual processes would not be cost-effective. To achieve a level higher than 1 would require more automation than the SMEs felt was desirable within the next five years, so their current Level 1 status is acceptable both for the As-Is and To-Be Technical Architecture for these areas.

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Care Management

When scores from all systems contributing to Care Management are consolidated, applying the CMS rule of using the lowest component score to produce the overall score, the Technical Architecture for the Care Management business area is assessed at Level 1, with the expectation that Care Management systems will remain at that level overall for the next five years.

For the MMIS and HSDW systems that provide the primary support for Care Management, most TSCs are at Level 2, indicating a mix of manual and automatic business processes, and mixture of federal and state-specific standards for service support. Most TSCs are expected to increase to Level 3 or 4, with the implementation of national standards, single sign-on, and a separate rules engine, as well as greater coordination between intrastate agencies and some external entities.

The CDM and CSM ancillary systems, were generally assessed at a lower MITA maturity level, with *Performance Measurement*, *Data Connectivity*, *Service Oriented Architecture*, and *System Extensibility* being rated at Level 1, and most of the remaining Technical Service Classifications at Level 2. Although CDM and CSM rely heavily on manual intervention, they perform their functions well, and are not expected to be modified in the next five years.

The TA maturity for the BHDDH systems that support Care Management is currently assessed at Level 1, and is expected to advance to Level 3, with the implementation of new Behavioral Health, Developmental Disabilities, and Slater Hospital systems over the next 18 months.

Eligibility and Enrollment Management

Taken as a whole, the Technical Architecture for the Eligibility and Enrollment Management business area is assessed at Level 1, with the expectation that Eligibility and Enrollment Management systems will remain at that level overall for the next five years.

The low Level 1, however is partly a result of the consolidation of scores from the large number of systems that support Eligibility and Enrollment. For example, with the exception of the RICHIST system's Level 1, *Business Intelligence* for the systems that support Eligibility and Enrollment Management is rated at Level 2 or 3. *Forms and Reporting* is rated level 2 or 3 by most systems. The exception is MMIS, which does not accept claim attachments, and requires manual entry for provider data. *Performance Measurement* was rated at level 2 or 3, except for SAMS, CDM, and CSM ancillary systems, as well as MMIS, which relies on some ad-hoc reports, and is unable to report uptime, response time, or number of inquiries without custom coding or manual queries. Similar ranges exist for other TSCs for systems that support Eligibility and Enrollment Management.

One way in which Eligibility and Enrollment Management systems are projected to advance in maturity to Level 3 or 4 is to enhance *Business Intelligence* capabilities by assimilating data marts and the HSDW to provide full, usable access to the HSDW for queries by all business users. In addition, MMIS is expected to implement single sign-on, assimilate functionality more fully with systems belonging to other agencies, and adopt intrastate Basic Business Relationship Management (BRM) to enhance analytic capabilities.

Financial Management

Taken as a whole, the Technical Architecture for the Financial Management business area is assessed at Level 1 currently, and in the five-year time frame.

For the MMIS and HSDW systems, which support Financial Management, most Technical Service Classifications TSCs are at Level 2, indicating a mix of manual and automatic business processes, and

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mixture of federal and state-specific standards for service support. Most MMIS and HSDW TSCs are expected to increase to Level 3 or 4, with the implementation of national standards, single sign-on, and a separate rules engine, as well as greater coordination between intrastate agencies and some external entities.

For other systems that support Financial Management, the TSCs are rated at Level 2 or 3, and are expected to achieve Level 3 or 4 through the full implementation of MITA principles, enterprise-wide performance standards and metrics for business analysis, national, industry data standards, canonical data models to communicate between different data formats, and the creation of a strategic business intelligence environment with defined governance policies and enforcement.

Member Management and Provider Management

The Technical Architecture for both the Member Management and Provider Management business areas is assessed at Level 1, with the expectation that Member Management systems will remain at that level overall.

However, the low Level 1 is a result of the CMS rule that the assessment for the business area as a whole takes on the lowest number of any TSCs. For the MMIS and HSDW systems, which support Member and Provider Management, most TSCs are at Level 2, indicating a mix of manual and automatic business processes, and mixture of federal and state-specific standards for service support. Most MMIS and HSDW TSCs are expected to increase to Level 3 or 4, with the implementation of national standards, single sign-on, and a separate rules engine, as well as greater coordination between intrastate agencies and some external entities.

For the MAPIR application, which supports some Member and Provider functionality, most TSCs components are rated at levels 2 or 3. MAPIR is not expected to change over the next five years, since the federal program behind it is scheduled to be sunsetted before that time.

Operations Management and Performance Management

Taken as a whole, the Technical Architecture for the Operations Management and Performance Management business areas is assessed at Level 1 currently, and is not expected to advance overall in the five-year time frame; however individual systems were assessed higher, and are expected to achieve some advancements in the next five years.

For the MMIS and HSDW systems, which support Operations and Performance Management, most TSCs are at Level 2, indicating a mix of manual and automatic business processes, and mixture of federal and state-specific standards for service support. Most MMIS and HSDW TSCs are expected to increase to Level 3 or 4, with the implementation of national standards, single sign-on, and a separate rules engine, as well as greater coordination between intrastate agencies and some external entities.

For RI Bridges reporting functionality, which supports Operations and Performance Management, six of the 15 TSCs were determined to be “not applicable” to RI Bridges reporting, and were not assessed. Most of the remaining TSCs were assessed at Level 2 or 3. The expectation in the next five years is that most of the assessed TSCs will reach Level 3 or 4 through several system changes. The SMEs recommended enhancement of business intelligence capabilities by assimilating data marts and the HSDW to provide full, usable access to the HSDW for queries by all business users. In addition, MMIS is expected to begin accepting claim attachments, implement a separate rules engine, single sign-on, and national industry standards, and use Software Configuration Management to reproduce solutions in a controlled, incremental fashion. Generally, the SMEs recommended assimilating functionality more fully with systems

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belonging to other agencies, and adopt intrastate Basic Business Relationship Management (BRM) to enhance analytic capabilities.

5.3.2 Capability Scores for Each Technical Service Area

Table 8 shows that all three TSAs are rated currently at Level 1 and are projected to remain there for the next five years. These scores result from the CMS rule that the lowest rating for any TSC for any business area is applicable to the entire TSA. As the section below elaborates, a view at the level of the TSC provides a fuller picture.

Table 8: Information Architecture Capability by Technical Service Area

Technical Service Area	As-Is Level	To-Be Level
Access and Delivery	1	1
Intermediary and Interface	1	1
Integration and Utility	1	1

5.3.2.1 Key Findings

Access and Delivery

The *Access and Delivery* score of 1 is a composite number based on 50 individual scores from the assessment of five TSCs over ten systems or functional groups. In twelve of the 50, the particular TSC was found to be "not applicable" to a particular system. More than half were assessed at Level 2 or 3, and only five out the 50 were actually assessed at Level 1. No TSC was rated at Level 1 across all systems.

Advances in all *Access and Delivery* TSCs are expected for some systems. The greatest advances are projected in three TSCs. *Business Intelligence* will be advanced by assimilating data marts and the HSDW to provide full, usable access to the HSDW for queries by all business users. *Forms and Reporting* is expected to make gains, when MMIS begins to accept claim attachments and automates existing direct data entry from paper forms. For the MMIS and the SAMS system, *Performance Measurement* is expected to advance to Level 2 by defining enterprise performance standards supported by predefined formats and reporting methods. MMIS and RI Bridges Reporting functionality can achieve Level 5 with the adoption of national performance standards and automated system alerts when performance metrics are not met.

Intermediary and Interface

Of the 50 TSC evaluations for Intermediary and Integration across ten systems or functions, more than half were assessed at Level 2 or 3, with only 15 actually being rated at Level 1.

Service Oriented Architecture within MMIS and RI Bridges is expected rise from Level 2 to 3 by assimilating functionality more fully with systems belonging to other agencies, including greater coordination in data exchange between intrastate agencies and other external entities.

Relationship Management is expected to be advanced to Level 3 with the full implementation of Ecosystem.

The RICHIST and MMIS reporting functions are expected to raise their *Business Process Management* score from Level 2 to 3, by adopting nationally recognized BPM standards (e.g., Business Process Execution Language); SMEs expect the *Data connectivity* score for those two systems to increase from Level 2 to 3, with the exchange of electronic information with multiple intrastate agencies via an information hub.

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SMEs expect MMIS and RI Bridges to advance from Level 2 to 3 in *System Extensibility* by enabling web services for seamless coordination and integration with federal and intrastate agencies including the Health Insurance Exchange (HIX).

Integration and Utility

Of the 50 TSC evaluations for *Integration and Utility* across ten systems or functions, seven were considered "not applicable," 22 were assessed at Level 2 or 3, and one was Level 4. Twenty were actually rated at Level 1.

Twelve of the 50 are expected to advance one or more levels within five years. *Configuration Management* will advance to Level 2 for MMIS and the RICHIST with the introduction of technology-neutral interfaces to minimize the impact of new technology. Financial Management is expected to advance from Level 2 to 3 in *Configuration Management* by implementing controlled, incremental change control practices.

RI Bridges is expected to improve its *Data Access and Management* from Level 1 to Level 2 by reinstating the web service functionality that was previously available with InRhodes.

Decision Management is expected to advance from Level 2 to 3 for MMIS and RI Bridges with the full implementation of Ecosystem Extract, Transform and Load (ETL) functionality. A rules engine separate from, but intended to manage all configurable rules for the MMIS will also support the advancement to level 3.

SMEs expect the MMIS and RI Bridges to advance in *Logging* from Level 1 to 3, with the introduction of universal role based authorization to system resources.

Utility for MMIS and RI Bridges is projected to advance from Level 1 to 2, based on the use of simple architected software services based on application and database integration and reliable messaging, following industry standards in requirements, development, and testing phases of projects.

5.3.3 Individual Technical Service Classification Scores by Business Area

Tables 9 and 10 provide an additional view of the TA assessment scores, showing the capability level for each TSC within each business area. These numbers are a consolidation of the TA scores for all systems that support the business area.

Table 9: TA Capability Scores by Technical Service Area and Classification - Part 1

Technical Service Area and Classification	Business Relationship Management		Care Management		Contractor Management		Eligibility & Enrollment Management		Financial Management	
	As-Is	To-Be	As-Is	To-Be	As-Is	To-Be	As-Is	To-Be	As-Is	To-Be
Access and Delivery										
Client Support	1	1	2	2	1	1	1	2	3	3
Business Intelligence	1	1	1	3	1	1	1	1	3	3
Forms and Reporting	1	1	1	2	1	1	1	2	1	3
Performance Measurement	1	1	1	1	1	1	1	1	1	2
Security and Privacy	1	1	1	2	1	1	1	2	2	2
Intermediary and Interface										

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Technical Service Area and Classification	Business Relationship Management		Care Management		Contractor Management		Eligibility & Enrollment Management		Financial Management	
Business Process Management	1	1	2	2	1	1	1	2	2	2
Relationship Management	1	1	2	2	1	1	1	2	2	2
Data Connectivity	1	1	1	1	1	1	1	1	1	2
Service Oriented Architecture	1	1	1	1	1	1	1	1	1	1
System Extensibility	1	1	1	1	1	1	1	1	2	2
Integration and Utility										
Configuration Management	1	1	1	1	1	1	1	1	1	2
Data Access and Management	1	1	2	2	1	1	1	2	2	2
Decision Management	1	1	2	2	1	1	1	2	2	2
Logging	1	1	1	1	1	1	1	1	1	1
Utility	1	1	1	1	1	1	1	1	2	2

5.3.3.1 Key Findings – Part 1

SMEs provided general direction related to these key findings. Where they provided accompanying detail, it is provided in this section. In cases where no detail was provided, information from the ICM or TCM is provided to flesh out the To-Be level.

Care Management

Care Management can increase from Level 1 to 2 in *Forms and Reporting*, by enabling data entry using electronic forms, even if reports are produced manually.

Eligibility and Enrollment Management

Eligibility and Enrollment Management is expected to raise its capability in the areas of *Business Intelligence*, *Forms and Reporting*, and *Data Access and Management*.

Financial Management

SMEs projected that the maturity level of Financial Management will increase with improvements in *Forms and Reporting*, *Performance Measurement*, and *Data Connectivity*.

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Table 10: TA Capability Scores by Technical Service Area and Classification - Part 2

Technical Service Area and Classification	Member Management		Operations Management		Performance Management		Plan Management		Provider Management	
	As-Is	To-Be	As-Is	To-Be	As-Is	To-Be	As-Is	To-Be	As-Is	To-Be
Access and Delivery										
Client Support	3	3	3	3	3	3	1	1	3	3
Business Intelligence	1	3	2	4	2	4	1	1	3	3
Forms and Reporting	1	3	1	3	1	3	1	1	1	3
Performance Measurement	1	2	1	2	1	2	1	1	1	2
Security and Privacy	2	2	2	3	2	3	1	1	2	2
Intermediary and Interface										
Business Process Management	2	2	2	2	2	2	1	1	2	2
Relationship Management	2	2	2	3	2	3	1	1	2	2
Data Connectivity	1	2	1	2	1	2	1	1	1	2
Service Oriented Architecture	2	2	1	1	2	3	1	1	2	2
System Extensibility	2	2	2	2	2	3	1	1	2	2
Integration and Utility										
Configuration Management	1	2	1	2	1	2	1	1	1	2
Data Access and Management	2	2	1	2	1	2	1	1	2	2
Decision Management	2	2	2	3	2	3	1	1	2	2
Logging	1	1	1	1	1	1	1	1	1	1
Utility	2	2	2	2	2	2	1	1	2	2

5.3.3.2 Key Findings – Part 2

Member and Provider Management

Member Management has projected advances in *Business Intelligence*, and both Member and Provider Management are expected to advance in the areas of *Forms and Reporting*, *Performance Measurement*, *Data Connectivity*, and *Configuration Management*.

Operations and Performance Management

Operations Management and Performance Management have opportunities to:

- Move the Access and Delivery area forward with enhancements to Business Intelligence, Forms and Reporting, and Performance Measurement
- Advance the Intermediary and Interface with improvements in Relationship Management and Data Connectivity

For Performance Management:

- Advances are expected in Service-Oriented Architecture and System Extensibility.

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- Capability for Integration and Utility will increase with enhancement of systems' Configuration Management, Data Access and Management, and Decision Management.

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6. Gap Analysis (As-Is to To-Be)

The purpose of this section is to identify and analyze gaps between the As-Is and To-Be MITA Maturity levels identified in Sections 4 and 5, and develop a list of preliminary recommendations, laying the groundwork for **Section 8 MITA Roadmap and Documentation of Activities**. This gap analysis is based on SMEs' general direction. Where they provided accompanying detail, it is provided in this section. In cases where no detail was provided, information from the ICM or TCM is provided to flesh out the To-Be level.

6.1 Preliminary IA Gap Analysis

This section provides a preliminary analysis of the Information Architecture gaps identified between the As-Is and To-Be MITA Maturity Levels for each MITA business area as well as agency initiatives designed to move from the As-Is to the To-Be level.

6.1.1 IA Gaps for Each Business Area

As shown in Table 11, gaps exist between the IA As-Is and To-Be for five business areas, when scores for all of the systems that support each business area are a consolidated. The affected business areas are discussed separately after the table.

Table 11: IA As-is and To-Be Capability Scores by Business Area

Business Area	As-Is	To-Be
Business Relationship Management	1	1
Care Management	1	1
Contractor Management	1	1
Eligibility and Enrollment Management	1	1
Financial Management	1	2
Member Management	1	2
Operations Management	1	2
Performance Management	1	2
Plan Management	1	1
Provider Management	1	2

Financial Management

Although the consolidated IA scores for Financial Management are expected to increase from Level 1 to 2 in the next five years, greater improvements are projected for individual IA components. In the five-year time frame, SMEs expect that Financial Management systems could rise to Level 3 in many IA components, with the adoption of enterprise-wide data governance, conceptual and logical data models, and data standards, assuming that the EOHHS Division of Information Technology (DoIT) is able to take on that role. The SMEs would like to see more automation of the 64 reports, with less reliance on manual intervention. Subsequent meetings with EOHHS staff uncovered a need for end to end tracking of Internal Advance Planning Documents (IAPDs), Cost Allocations, and other Medicaid-related financial processes. This would require substantial investment in resources and time; programming in RIFANS would be complex; in addition, RIFANS serves multiple agencies so change is not at sole discretion of EOHHS.

Improvements in Common Data Architecture and Enterprise Modeling are expected to result from the adoption of internal policies, procedures, enterprise modeling, and data documentation, as well as the development and management of Agency-defined data entities, attributes, data models, and relationships.

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Member Management and Provider Management

For Member and Provider Management systems, SMEs project a five-year capability of Level 3 for all IA components except for enterprise modeling and the use of data sharing architectures, which are expected to maintain or achieve level 2. SMEs suggested that the Agency could establish a governance leadership, committee to determine data stewards, assign data owners, help eliminate redundancy of data streams, and establish a single source of truth. SMEs also proposed that DoIT could take over the creation of statewide CDMs and LDMs.

Operations Management and Performance Management

As a whole, the IA for Operations and Performance Management are expected to increase from Level 1 to 2 in the next five years. However, most IA components individually are currently assessed at Level 2 or higher, and are expected to achieve Level 3 in the next five years.

Operations and Performance Management IA will benefit from the same proposed changes as Member and Provider, including the establishment of enterprise governance and modeling. In addition, the IA for the entire enterprise will benefit from the ongoing development of the Integrated Data Ecosystem, which will enhance Agency and interagency access to data, enabling self-service analytics for operations and performance management.

6.1.2 Preliminary Agency IA initiatives

SMEs identified a number of initiatives that will help advance the maturity of the enterprise Information Architecture over the next five years. These initiatives will be described in further detail in **Section 8 MITA Roadmap and Documentation of Activities**. The initiatives are;

- Continued development the Integrated Data Ecosystem
- Establishing statewide, interagency data governance, possibly under the administration of DoIT:
  - ✓ Creation of statewide CDMs and LDMs
  - ✓ Adoption of enterprise-wide data standards and data stewards

6.2 Preliminary TA Gap Analysis

This section provides a preliminary analysis of the Technical Architecture gaps identified between the As-Is and To-Be MITA Maturity Levels for each MITA business area as well as agency initiatives designed to move from the As-Is to the To-Be level

6.2.1 TA Gaps for Each Business Area

Table 12 shows one side-effect of the CMS rule that the assessment for a business area as a whole takes on the lowest number of any TSC. For that reason, no gaps appear to exist between the TA As-Is and To-Be for any business area, when scores for all of the systems that support each business area are consolidated. Variations within each business area are discussed separately after the table.

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Table 12: TA As-is and To-Be Capability Scores by Business Area

Business Area	As-Is	To-Be
Business Relationship Management	1	1
Care Management	1	1
Contractor Management	1	1
Eligibility and Enrollment Management	1	1
Financial Management	1	1
Member Management	1	1
Operations Management	1	1
Performance Management	1	1
Plan Management	1	1
Provider Management	1	1

Financial Management

Taken as a whole, the Technical Architecture for the Financial Management business area is assessed at Level 1, with the expectation that those systems will achieve Level 2 in the next five years.

However, for the MMIS and HSDW systems, which support Financial Management, most TSCs are at Level 2, and are expected to increase to Level 3 or 4, with the implementation of national standards, single sign-on, and a separate rules engine, as well as greater coordination between intrastate agencies and some external entities. In addition, Financial Management systems will advance through the full implementation of MITA principles, enterprise-wide performance standards and metrics for business analysis, national, industry data standards, canonical data models to bridge between different data formats, and the creation of a strategic business intelligence environment with defined governance policies and enforcement.

The SMEs would like to see more automation of the 64 reports, but recognize that RIFANS programming would be complex.

Member Management and Provider Management

The relatively low Level 1 As-Is capability for Member and Provider Management is a result of the CMS rule that the assessment for the business area as a whole takes on the lowest number of any TSC. The TA capability for Member and Provider Management is expected to advance from Level 2 to 3 in relation to the MMIS and HSDW systems, as the Agency implements national standards, single sign-on, and a separate rules engine with API and rules editing capability.

Operations Management and Performance Management

Taken as a whole, the Technical Architecture for the Operations Management and Performance Management business areas is assessed at Level 1, with the expectation that Operations Management systems will achieve Level 2 in the next five years.

For the MMIS, which supports Operations and Performance Management, most TSCs are expected to rise from Level 2 to Level 3 or 4, with the implementation of national standards, single sign-on, and a separate rules engine, as well as greater coordination between intrastate agencies and some external entities.

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For RI Bridges reporting functionality, which supports Operations and Performance Management, most of the TSCs were assessed at Level 2 or 3 with the expectation of reaching Level 3 or 4 within five years. The SMEs recommended enhancement of business intelligence capabilities by assimilating data marts and the HSDW to provide full, usable access to the HSDW for queries by all business users. In addition, MMIS is expected to begin accepting claim attachments, implement a separate rules engine, single sign-on, and national industry standards, and use enhanced software configuration management.

Additionally the Data Ecosystem that is being developed will increase the Technical Architecture capability by promoting the *Performance Measurement*, *Data Connectivity*, *Data Access and Management*, and *Decision Management* TSCs.

6.2.2 Preliminary Agency TA initiatives

SMEs identified a number of initiatives that will help advance the maturity of the enterprise Technical Architecture over the next five years. These initiatives will be described in further detail in **Section 8 MITA Roadmap and Documentation of Activities**. The initiatives are:

- Fixes to Bridges issues to bring Maturity Levels back to their previous state
- Continued development on the Integrated Data Ecosystem
- Implementation of three BHDDH systems that are currently under planning or development:
  - ✓ Behavioral Health data collection application (expected to go live in June 2018)
  - ✓ Developmental Disabilities SaaS implementation (phased implementation beginning June 2018, with final implementation after 18 months)
  - ✓ Slater Hospital Information System (phased implementation projected to begin approximately June 2019
- Implementation of national standards, single sign-on, and a separate rules engine
- Enterprise-wide performance standards and metrics for business analysis
- Adoption of national, industry data standards, canonical data models to bridge between different data formats, and definition of governance policies and enforcement
- Some automation of the CMS 64 reports

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7. Complete Assessment of Compliance with the CMS Seven Conditions and Standards

This section presents the findings of the Business, Information, and Technical Architecture workshop sessions and analysis in the context of CMS's Seven Conditions and Standards. Each Advance Planning Document (APD) submitted to CMS for approval and federal financial participation (FFP) is expected to show that the described initiative will support advancement in the State's maturity within the Seven Conditions and Standards. Each of Sections 7.1, 7.2, and 7.3 provides a different focus for the analysis of Rhode Island Medicaid's compliance with the Seven Conditions and Standards for the purpose of State strategic planning.

For submission to CMS as part of an APD, the most common documentation is **Appendix F - Seven Conditions and Standards Profile**. However, the aggregate numbers shown in the Profile may be supplemented or supported by referencing the information in **Appendix E - Seven Conditions and Standards Scorecard** or **Sections 7.1**, **7.2**, or **7.3** of this document, as desired by the State.

7.1 Alignment of EOHHS Goals to the CMS Seven Conditions and Standards

This SS-A was performed against the background of Rhode Island EOHHS's strategic goals, which were determined with EOHHS leadership as described in **Section 2**. The EOHHS Goals and their alignment with the CMS Seven Conditions and Standards will serve as a guide to the Agency in their future strategic planning, solicitations, and APDs. Table 13 shows where each of EOHHS's Goals contributes to the advancement of one or more of CMS's Seven Conditions and Standards.

Table 13: EOHHS Goals and the Seven Conditions and Standards

EOHHS Goal	Business Results Condition	Industry Standards Condition	Interoperability Condition	Leverage Condition	MITA Condition	Modularity Standard	Reporting Condition
Strengthen the publicly-funded health care system			✓				
Increase efficiency, transparency and accountability of the EOHHS and its departments	✓		✓	✓		✓	
Promote data-driven and evidence-based strategic decision making, analytical orientation, and EOHHS-wide training in data analysis							✓
Improve the customer experience					✓		
Integrate budget and finance			✓				

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7.2 Seven Conditions and Standards Assessment by Architecture

This section provides analysis of Rhode Island Medicaid's current and projected maturity at the highest level. For Information and Technical Architectures, this section examines the As-Is and To-Be maturity levels for each of the seven Conditions and Standards, as indicated by SMEs for each architectural component:

- For Information Architecture, As-Is and To-Be assessments are shown for each Information Architecture Component and Question
- For Business Architecture, As-Is and To-Be assessments are shown for each Technical Service Area (TSA) and Technical Service Classification (TSC)

Note that three business areas (Business Relationship, Contractor, and Plan Management) do not have a significant IA component and are not included in the calculations for the IA or TA components of the Seven Conditions and Standards and Conditions.

7.2.1 Business Architecture

The alignment of the Business Architecture with the Seven Conditions and Standards is described in **Deliverable C Business Process Review**.

7.2.2 Information Architecture

For all conditions or standards to which the IA Question applies, Table 14 shows the As-Is and To-Be assessments that were made by SMEs in the IA sessions.

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Table 14: Information Architecture and the Seven Conditions and Standards

Information Architecture Component	Information Architecture Question	Modularity Standard		MITA Condition		Industry Standards Condition		Leverage Condition		Business Results Condition		Reporting Condition		Interoperability Condition	
		As-Is	To-Be	As-Is	To-Be	As-Is	To-Be	As-Is	To-Be	As-Is	To-Be	As-Is	To-Be	As-Is	To-Be
Data Management Strategy	Does business area have governance of data management?			1	1	1	1					1	1	1	1
Data Management Strategy	Does business area have common data architecture?	1	1	1	1			1	1					1	1
Data Management Strategy	Does each business area use Enterprise Modeling?	1	1	1	1			1	1	1	1				
Data Management Strategy	Does business area utilize data sharing architectures?	1	1	1	1	1	1							1	1
Conceptual Data Model	Does business area have CDMs?	1	1	1	1									1	1
Logical Data Model	Does business area have LDMs?	1	1	2	2									2	2
Data Standards	Does business area use structure and vocabulary data standards?	1	1	1	1	1	1					1	1		

Although the aggregate numbers in Table 14 indicate that as a whole the Seven Conditions and Standards are projected to remain at their current Levels 1 or 2 for each of the IA Questions, the discussion below shows that considerable progress is expected at a more granular level.

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Modularity Standard

For the Modularity Standard, the concatenated responses to the relevant questions were at Level 1 overall, and are expected to remain at that Level. While approximately half of the systems are assessed currently at Level 1, only two systems, CDM and MART, are expected to remain at that level over the next five years.

Most systems are expected to be at Level 3 in five years. MMIS and RI Bridges are expected to perform the greatest advancement, from Level 1 to Level 3. SMEs expected that MAPIR and the financial systems would reach at least Level 3 in most areas. Per CMS, Level 3 indicates that "The SMA uses intrastate standardized business rule definitions separate from core programming. The SMA adopts SDLC methodology. The SMA documents and inventories open interfaces within intrastate agencies and stakeholders."

Table 15 provides the Information Architecture guidelines as defined by CMS in assessing and evaluating each business area for compliance with the Modularity Standard.

Table 15: Modularity Standard – IA Capability Levels

Modularity Standard - Capability Levels	
Level 1	The SMA does not use an SDLC, reusable interfaces, and has no inventory or interface details documented.
Level 2	The SMA adopts data standards, and documents some interfaces. The SMA has an interface inventory.
Level 3	The SMA uses intrastate standardized business rule definitions separate from core programming. The SMA adopts SDLC methodology. The SMA documents and inventories open interfaces within intrastate agencies and stakeholders.
Level 4	The SMA uses regionally standardized business rule definitions separate from core programming in both human and machine-readable formats. The SMA uses documented and inventoried open interfaces across state and regional agencies and stakeholders.
Level 5	The SMA uses nationally standardized business rule definitions submitted to the HHS design repository. The SMA uses documented and inventoried open interfaces across state, regional and national agencies and stakeholders.

Table 16 provides an assessment of compliance with the Modularity Standard for each of the 10 MITA defined business areas. Maturity levels were assigned based on the guidelines provided in the table above, and in coordination with information gathered through the workshops conducted with EOHHS SMEs.

Table 16: IA Modularity Standard Maturity Levels by Business Area

IA Modularity Standard by Business Area	As-Is	To-Be
Business Relationship Management	1	1
Care Management	1	1
Contractor Management	1	1
Eligibility and Enrollment Management	1	1
Financial Management	1	3
Member Management	1	3
Operations Management	1	3
Performance Management	1	3
Plan Management	1	1
Provider Management	1	3

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MITA Condition

All IA questions pertain to the MITA Condition. Assessed globally, the enterprise MITA condition was assessed at Level 1 currently, except for the *Logical Data Model*, which is assessed at Level 2. The projected five-year expectation is that the enterprise will remain at its current level for all IA questions.

However, when the assessments are analyzed at a lower level, a greater variety of assessments appears.

Care Management and Eligibility and Enrollment Management are the least active, in the SMEs' assessment. They are both expected to remain at their current level across nearly all IA questions, at Level 1 for all questions except *Logical Data Model*, which will increase from Level 1 to 2. The only instance in which Care Management is expected to increase its IA level for the Seven Conditions and Standards is that the Care Management *Conceptual Data Model* is projected to raise from Level 1 to Level 3, with advancements to the RI Bridges, BHDDH, and CDM to depict full interagency data exchange.

The remaining business areas (Financial, Member, Operations, Performance, and Provider Management) are projected to increase their IA maturity by at least one level for all IA questions. The most significant increases are expected to be in the development of enterprise wide data governance and strategy as well conceptual and logical data models.

Table 17 provides the Information Architecture guidelines as defined by CMS in assessing and evaluating each business area for compliance with the MITA Condition.

Table 17: MITA Condition - IA Capability Levels

MITA Condition - Capability Levels	
Level 1	The SMA does not align to or advance increasingly in MITA maturity for Information Architecture (IA).
Level 2	The SMA begins to use MITA SS-A for evaluation of it's As-Is and identification of its To-Be capabilities for IA.
Level 3	The SMA updates or completes its SS-A for BA and the Seven Standards and Conditions IA portion.
Level 4	The SMA develops its MITA Roadmap for IA.
Level 5	The SMA updates the MITA Roadmap for IA annually. The SMA develops a COO, *Conceptual Data Model* (CDM), and *Logical Data Model* (LDM) using Unified Modeling Language (UML).

Table 18 provides an assessment of compliance with the MITA Condition for each of the 10 MITA defined business areas. Maturity levels were assigned based on the guidelines provided in the table above, and in coordination with information gathered through the workshops conducted with EOHHS SMEs.

Table 18: IA MITA Condition Maturity Levels by Business Area

IA MITA Condition by Business Area	As-Is	To-Be
Business Relationship Management	1	1
Care Management	1	1
Contractor Management	1	1
Eligibility and Enrollment Management	1	1
Financial Management	1	2
Member Management	1	2
Operations Management	1	2
Performance Management	1	2

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IA MITA Condition by Business Area	As-Is	To-Be
Plan Management	1	1
Provider Management	1	2

Industry Standards Condition

The Industry Standards Condition is demonstrated through the IA questions about data governance, data sharing architecture, and the use of data standards.

Care Management and Eligibility and Enrollment Management are both expected to remain at a basic Level 1 in relation to those questions. The remaining business areas (Financial, Member, Operations, Performance, and Provider Management) are projected to be at Level 2 or 3 in five years, as a result of the implementation of enterprise data governance, and improvements in data sharing architecture and data standards.

Table 19 provides the Information Architecture guidelines as defined by CMS in assessing and evaluating each business area for compliance with the Industry Standards Condition.

Table 19: Industry Standards Condition - IA Capability Levels

Industry Standards Condition - Capability Levels	
Level 1	The SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific data standards.
Level 2	The SMA applies a mixture of HIPAA and state-specific data standards.
Level 3	The SMA uses MITA Framework, industry standards, and other nationally recognized standards for intrastate exchange of information within the intrastate agencies and stakeholders. The SMA incorporates industry standards such as Section 508(c) compliance for all interfaces in requirements, development, and testing phases. The SMA incorporates industry standards in data modeling techniques (e.g., UML).
Level 4	The SMA uses MITA Framework, industry standards, and other nationally recognized standards for interstate exchange of health care and clinical information across state and regional agencies and stakeholders. The SMA complies with Affordable Care Act Section 1104 Administrative Simplification, and Section 1561 Health IT Enrollment Standards and Protocols.
Level 5	The SMA uses MITA Framework, industry standards, and other nationally recognized standards for national exchange of health care information.

Table 20 provides an assessment of compliance with the Industry Standards Condition for each of the 10 MITA defined business areas. Maturity levels were assigned based on the guidelines provided in the table above, and in coordination with information gathered through the workshops conducted with EOHHS SMEs.

Table 20: IA Industry Standards Condition Maturity Levels by Business Area

IA Industry Standards Condition by Business Area	As-Is	To-Be
Business Relationship Management	1	1
Care Management	1	1
Contractor Management	1	1
Eligibility and Enrollment Management	1	1
Financial Management	1	2

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IA Industry Standards Condition by Business Area	As-Is	To-Be
Member Management	1	2
Operations Management	1	2
Performance Management	1	2
Plan Management	1	1
Provider Management	1	2

Leverage Condition

The Leverage Condition is supported by the assessment determined for the IA questions about common data architecture and enterprise Modeling.

For both of those questions, all systems were assessed at Level 1 currently, for the IA component of the Seven Conditions and Standards. Care Management and Eligibility and Enrollment Management are not expected to advance in their alignment with the Leverage Condition, remaining at Level 1 over the next five years.

Those systems that primarily support the financial management, claims, and reporting are expected to increase their compliance with the Leverage Condition, as emphasis is placed on interagency collaboration to establish common data architecture and enterprise modeling, through the release of a system request for proposal (RFP).

Table 21 provides the Information Architecture guidelines as defined by CMS in assessing and evaluating each business area for compliance with the Leverage Condition.

Table 21: Leverage Condition - IA Capability Levels

Leverage Condition - Capability Levels	
Level 1	Very little collaboration occurs with other agencies and entities to leverage or reuse data standards or information. The SMA has no system transition or retirement plans.
Level 2	The SMA identifies and demonstrates consideration of existing agency data management and standardization solutions. The SMA identifies existing duplicative information components within the agency.
Level 3	The SMA collaborates and identifies existing intrastate data management and standardization of data solutions. The SMA identifies existing intrastate duplicative system and technical components.
Level 4	The SMA collaborates with other interstate agencies and entities and identifies data management and data standards. The SMA identifies existing `interstate duplicative information capabilities. The SMA identifies a system retirement plan.
Level 5	The SMA collaborates with other state, regional and national agencies and entities and identifies national data management and data standards. The SMA identifies existing state, regional or national duplicative information. The SMA adopts nationally standardized system transition and retirement plans.

Table 22 provides an assessment of compliance with the Leverage Condition for each of the 10 MITA defined business areas. Maturity levels were assigned based on the guidelines provided in the table above, and in coordination with information gathered through the workshops conducted with EOHHS SMEs.

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Table 22: IA Leverage Condition Maturity Levels by Business Area

IA Leverage Condition by Business Area	As-Is	To-Be
Business Relationship Management	1	1
Care Management	1	1
Contractor Management	1	1
Eligibility and Enrollment Management	1	1
Financial Management	1	2
Member Management	1	2
Operations Management	1	2
Performance Management	1	2
Plan Management	1	1
Provider Management	1	2

Business Results Condition

The Business Results Condition is related to the IA question "Does each business area use Enterprise Modeling?" Like the Leverage Condition, the enterprise is assessed at Level 1 for all systems and business areas, and the Care Management and Eligibility and Enrollment Management are projected to remain at Level 1 over the next five years.

However, the areas of financial management, claims, and reporting are expected to increase the Agency's maturity in Business Results, as they implement more integrated enterprise modeling as they acquire a new MMIS system through the RFP process.

Table 23 provides the Information Architecture guidelines as defined by CMS in assessing and evaluating each business area for compliance with the Business Results Condition.

Table 23: Business Results Condition - IA Capability Levels

Business Results Condition - Capability Levels	
Level 1	The SMA does not have SLA or KPI for data standards.
Level 2	The SMA establishes SLA and some KPI for collection and monitoring of data standards.
Level 3	The SMA uses information and data standards for automating messages in the highly automated processing of health care and eligibility claims. The SMA identifies information performance standards within state.
Level 4	The SMA uses information and data standards for automated messages in the highly automated processing of healthcare and eligibility claims across the interstate. The SMA increases the use of state, regional, and any CMS-defined information performance standards.
Level 5	The SMA uses national information and data standards for automated messages in the highly automated processing of healthcare and eligibility claims across the nation. The SMA adopts national performance standards. The SMA creates and executes a POAM for SLA and KPI resolution.

Table 24 provides an assessment of compliance with the Business Results Condition for each of the 10 MITA defined business areas. Maturity levels were assigned based on the guidelines provided in the table above, and in coordination with information gathered through the workshops conducted with EOHHS SMEs.

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Table 24: IA Business Results Condition Maturity Levels by Business Area

IA Business Results Condition by Business Area	As-Is	To-Be
Business Relationship Management	1	1
Care Management	1	1
Contractor Management	1	1
Eligibility and Enrollment Management	1	1
Financial Management	1	2
Member Management	1	2
Operations Management	1	2
Performance Management	1	2
Plan Management	1	1
Provider Management	1	2

Reporting Condition

The scores for the Reporting Condition are based on SMEs' assessments of the enterprise data governance and standards as they currently exist, and are expected to be modified over the next five years.

Care Management and Eligibility and Enrollment Management are both assessed at Level 1 in those areas, and are expected to remain at that level over the next five years. Following CMS scoring methodology, this overall number for Reporting reflects the fact that CDM and CSM are not expected to advance over the next five years. However in a more granular level, Eligibility and Enrollment Management will be brought to Level 3, with the addition of the reporting capability represented by the Data Ecosystem, currently under development. The remaining business areas are projected to advance in maturity, as the Agency takes steps to establish enterprise-wide data governance and standards.

Table 25 provides the Information Architecture guidelines as defined by CMS in assessing and evaluating each business area for compliance with the Reporting Condition.

Table 25: Reporting Condition - IA Capability Levels

Reporting Condition - Capability Levels	
Level 1	The SMA has very little transaction data, reports, or performance information available for program management.
Level 2	The SMA produces HIPAA-compliant transaction data, some reports, and some performance information. The SMA has some information for identifying and correcting adjudication errors.
Level 3	The SMA has intrastate transaction data and reports with performance information available for program management. The SMA provides eligibility data to the public for intrastate agencies. The SMA produces audit trails for information within the system and shares it within the state.
Level 4	The SMA has transaction data and reports with performance information available for program management and provides it to other agencies and stakeholders within the region. The SMA provides eligibility data to the public for interstate agencies and stakeholders. The SMA produces audit trails for information within the system and shares it with state and regional agencies and stakeholders.

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Reporting Condition - Capability Levels	
Level 5	The SMA has transaction data and reports with performance information available for program management and provides it to state, regional, and national agencies and stakeholders. The SMA provides eligibility data to the public across state, regional and national agencies and stakeholders. The SMA produces audit trails for information within the system and shares it with state, regional and national agencies and stakeholders.

Table 26 provides an assessment of compliance with the Reporting Condition for each of the 10 MITA defined business areas. Maturity levels were assigned based on the guidelines provided in the table above, and in coordination with information gathered through the workshops conducted with EOHHS SMEs.

Table 26: IA Reporting Condition Maturity Levels by Business Area

IA Reporting Condition by Business Area	As-Is	To-Be
Business Relationship Management	1	1
Care Management	1	1
Contractor Management	1	1
Eligibility and Enrollment Management	1	1
Financial Management	1	2
Member Management	1	2
Operations Management	1	3
Performance Management	1	3
Plan Management	1	1
Provider Management	1	2

Interoperability Condition

The Interoperability Condition is supported by enterprise data governance, data architecture, and data sharing architecture, as well as the use of CDMs and LDMs.

For Care Management and Eligibility and Enrollment Management, those aspects of the IA are expected to remain at their current Level 1 or 2.

For the systems that support Financial, Member, Operations, Performance, and Provider Management, Interoperability is expected to advance to Level 3. Interoperability will be increased with the development and use of enterprise CDMs and LDMs, and the full implementation of data governance and architecture.

Table 27 provides the Information Architecture guidelines as defined by CMS in assessing and evaluating each business area for compliance with the Interoperability Condition.

Table 27: Interoperability Condition - IA Capability Levels

Interoperability Condition - Capability Levels	
Level 1	The SMA uses state-specific data standards and is not coordinating with the Exchange, Health Information Exchanges (HIE), or any other agencies to allow interoperability with other agencies.
Level 2	The SMA identifies information and data standards for interaction with the Exchange, or Health Information Exchanges (HIE), or any other agencies to allow interoperability. The SMA begins to convert to national data standards, such as HIPAA transactions, International Classification of Diseases 10th Edition (ICD-10) and Healthcare Common Procedure Coding System (HCPCS).

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Interoperability Condition - Capability Levels	
Level 3	The SMA adopts MITA Framework, industry standards, and other nationally recognized standards and information for interaction with the Exchange, or state Health Information Exchanges (HIE), or any other state agencies to allow intrastate agency interoperability.
Level 4	The SMA adopts MITA Framework, industry standards, and other nationally recognized standards and information with the Exchange, or regional Health Information Exchanges (HIE), or any other regional agencies to allow interstate agency interoperability.
Level 5	The SMA adopts MITA Framework, industry standards, and other nationally recognized standards and information for interaction with the Exchange, or state, regional, and national Health Information Exchanges (HIE), or any other state, regional, or national agencies to allow national interoperability.

Table 28 provides an assessment of compliance with the Interoperability Condition for each of the 10 MITA defined business areas. Maturity levels were assigned based on the guidelines provided in the table above, and in coordination with information gathered through the workshops conducted with EOHHS SMEs.

Table 28: IA Interoperability Condition Maturity Levels by Business Area

IA Interoperability Condition by Business Area	As-Is	To-Be
Business Relationship Management	1	1
Care Management	1	1
Contractor Management	1	1
Eligibility and Enrollment Management	1	1
Financial Management	1	2
Member Management	1	2
Operations Management	1	2
Performance Management	1	2
Plan Management	1	1
Provider Management	1	2

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7.2.3 Technical Architecture

For all conditions or standards to which the TSC applies, Table 29 shows the As-Is and To-Be assessments that were determined by SMEs in the TA sessions.

Table 29: Technical Architecture and the Seven Conditions and Standards

Technical Service Area	Technical Service Classification	Modularity Standard		MITA Condition		Industry Standards Condition		Leverage Condition		Business Results Condition		Reporting Condition		Interoperability Condition	
		As-Is	To-Be	As-Is	To-Be	As-Is	To-Be	As-Is	To-Be	As-Is	To-Be	As-Is	To-Be	As-Is	To-Be
Access and Delivery	Client Support									2	2				
Access and Delivery	Business Intelligence									1	3	1	3		
Access and Delivery	Forms and Reporting									1	2	1	2		
Access and Delivery	Performance Measurement											1	1		
Access and Delivery	Security and Privacy					2	2								
Intermediary and Interface	Business Process Management			2	2										
Intermediary and Interface	Relationship Management	2	2			2	2								
Intermediary and Interface	Data Connectivity							1	1						
Intermediary and Interface	Service Oriented Architecture	1	1											1	1
Intermediary and Interface	System Extensibility									1	1			1	1
Integration and Utility	Configuration Management	1	1					1	1						

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Technical Service Area	Technical Service Classification	Modularity Standard		MITA Condition		Industry Standards Condition		Leverage Condition		Business Results Condition		Reporting Condition		Interoperability Condition	
Integration and Utility	Data Access and Management													1	2
Integration and Utility	Decision Management							2	2						
Integration and Utility	Logging					1	1								
Integration and Utility	Utility			1	1										

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The aggregate numbers in Table 29 show expected progress for only a few TSAs, within three of the CMS Conditions and Standards. However, when the results of the MITA workshops are analyzed at a more detailed level, projections for progress in numerous specific areas within each condition or standard were suggested, as shown below.

Modularity Standard

The Modularity Standard is supported by SMEs' assessment of the *Intermediary and Interface* and *Integration and Utility* TSAs, particularly the *Relationship Management*, *Service Oriented Architecture*, and *Configuration Management* TSCs.

For Care Management and Eligibility and Enrollment Management, those aspects of the TA are expected to remain at their current Level 1 or 2.

The systems that support Member, Management are expected to increase their Modularity through advancement in *Configuration Management*, *Relationship Management,* and *Service Oriented Architecture*.

Table 30 provides the Technical Architecture guidelines as defined by CMS in assessing and evaluating each business area for compliance with the Modularity Standard.

Table 30: Modularity Standard – TA Capability Levels

Modularity Standard - Capability Levels	
Level 1	The SMA embeds standardized business rule definitions into core code, and has multiple interfaces using a variety of transmission modes. The SMA does not use an SDLC, reusable messages or system architecture.
Level 2	The SMA converts some interfaces to open interfaces and documents and inventories them. The SMA defines agency standardized business rules definitions, but has no business rules engine.
Level 3	The SMA uses open interfaces and has them documented and inventoried within the intrastate agencies. The SMA develops extremely complex systems as part of a SOA with modularity methodology. The SMA uses intrastate standardized business rules definitions via business rules engine.
Level 4	The SMA develops and maintains an exposed API to any regional data services hub available. The SMA develops Cloud Computing functions. The SMA uses interstate standardized business rules definitions via business rules engine.
Level 5	The SMA interfaces with other federal or interstate agencies' cloud services and repositories. The SMA uses national standardized business rules definitions via business rules engine.

Table 31 provides an assessment of compliance with the Modularity Standard for each of the 10 MITA defined business areas. Maturity levels were assigned based on the guidelines provided in the table above, and in coordination with information gathered through the workshops conducted with EOHHS SMEs.

Table 31: TA Modularity Standard Maturity Levels by Business Area

TA Modularity Standard by Business Area	As-Is	To-Be
Business Relationship Management	1	1
Care Management	1	1
Contractor Management	1	1
Eligibility and Enrollment Management	1	1

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TA Modularity Standard by Business Area	As-Is	To-Be
Financial Management	1	1
Member Management	1	2
Operations Management	1	1
Performance Management	1	1
Plan Management	1	1
Provider Management	1	1

MITA Condition

The enterprise capability for the MITA Condition is derived from the SMEs' evaluation of the *Business Process Management* TSC. For all business areas, the *Business Process Management* capability is projected to remain at its current level, indicating a mix manual processes and locally installed programs in the management of business processes with an expectation of a full integration of the MITA initiative with among other State agencies in the future.

Table 32 provides the Technical Architecture guidelines as defined by CMS in assessing and evaluating each business area for compliance with the MITA Condition.

Table 32: MITA Condition - TA Capability Levels

MITA Condition - Capability Levels	
Level 1	The SMA does not align to or advance increasingly in MITA maturity for Technical Architecture (TA).
Level 2	The SMA begins to use MITA SS-A for evaluation of it's As-Is and identification of its To-Be capabilities for TA.
Level 3	The SMA updates or completes its SS-A for BA and the Seven Standards and Conditions TA portion.
Level 4	The SMA develops its MITA Roadmap for TA.
Level 5	The SMA updates the MITA Roadmap for TA annually. The SMA develops a COO and Technical Process Models using BPMN and UML.

Table 33 provides an assessment of compliance with the MITA Condition for each of the 10 MITA defined business areas. Maturity levels were assigned based on the guidelines provided in the table above, and in coordination with information gathered through the workshops conducted with EOHHS SMEs.

Table 33: TA MITA Condition Maturity Levels by Business Area

TA MITA Condition by Business Area	As-Is	To-Be
Business Relationship Management	1	1
Care Management	1	1
Contractor Management	1	1
Eligibility and Enrollment Management	1	2
Financial Management	2	2
Member Management	2	2
Operations Management	2	2
Performance Management	2	2
Plan Management	1	1
Provider Management	2	2

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Industry Standards Condition

The Industry Standards Condition is supported by the SMEs' assessment of the *Security and Privacy*, *Relationship Management*, and *Utility* TSCs.

The enterprise is expected to remain much as it is currently, over the next five years, at Levels 1 or 2. The one TSC in which advancement is expected is in the *Relationship Management* TSC, where the Operations and Performance Management business areas are expected to increase from Level 2 to 3, indicating the adoption of business analytics for the Agency's business relationship management, with personalization capabilities to beneficiaries, providers, and business partners, and a cross-enterprise services registry.

Table 34 provides the Technical Architecture guidelines as defined by CMS in assessing and evaluating each business area for compliance with the Industry Standards Condition.

Table 34: Industry Standards Condition - TA Capability Levels

Industry Standards Condition - Capability Levels	
Level 1	The SMA focuses on meeting compliance thresholds for state and federal regulations using state-specific technology standards.
Level 2	The SMA applies a mixture of HIPAA and state-specific messaging and technology standards.
Level 3	The SMA uses MITA Framework, industry standards, and other nationally recognized messaging and technology standards within the intrastate agencies and stakeholders. The SMA incorporates industry standards such as Section 508(c) of the SDLC for software and interfaces in technical modeling techniques (e.g., UML or BPMN).
Level 4	The SMA uses MITA Framework, industry standards, and other nationally recognized technology standards for interstate exchange of healthcare and clinical information across state and regional agencies and stakeholders. The SMA complies with Affordable Care Act Section 1104 Administrative Simplification, and Section 1561 Health IT Enrollment Standards and Protocols.
Level 5	The SMA uses MITA Framework, industry standards, and other nationally recognized technology standards and guidelines (e.g., National Information Exchange Model (NIEM)) for national exchange of healthcare information.

Table 35 provides an assessment of compliance with the Industry Standards Condition for each of the 10 MITA defined business areas. Maturity levels were assigned based on the guidelines provided in the table above, and in coordination with information gathered through the workshops conducted with EOHHS SMEs.

Table 35: TA Industry Standards Condition Maturity Levels by Business Area

TA Industry Standards Condition by Business Area	As-Is	To-Be
Business Relationship Management	1	1
Care Management	1	1
Contractor Management	1	1
Eligibility and Enrollment Management	1	1
Financial Management	2	2
Member Management	2	2
Operations Management	2	2
Performance Management	2	2
Plan Management	1	1

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TA Industry Standards Condition by Business Area	As-Is	To-Be
Provider Management	2	2

Leverage Condition

The Medicaid alignment with the Leverage Condition is demonstrated through the SMEs' evaluation of the *Intermediary and Interface* and *Integration and Utility* TSAs, in their assessment of the *Data Connectivity*, *Configuration Management*, *Decision Management*, and *Utility* TSCs.

Care Management and Eligibility and Enrollment Management business areas are expected to remain at their basic Levels 1 and 2. The systems that support Financial, Member, Operations, Performance, and Provider Management are expected to increase their alignment with the Leverage condition by advancing in most areas of the *Data Connectivity*, *Configuration Management*, *Decision Management*, and *Utility* TSCs.

Table 36 provides the Technical Architecture guidelines as defined by CMS in assessing and evaluating each business area for compliance with the Leverage Condition.

Table 36: Leverage Condition - TA Capability Levels

Leverage Condition - Capability Levels	
Level 1	Very little collaboration occurs with other agencies and entities to leverage or reuse messages and technical solutions. The SMA has not adopted a SOA from public, commercial modules or cloud technologies. The SMA has no system transition or retirement plans.
Level 2	The SMA collaborates with within its agency to identify message, technical components, and technology solutions with high applicability for reuse. The SMA identifies existing duplicative system components within the agency. The SMA has adopted SOA. The SMA identifies the type of system plan, and development, enhancement and implementation.
Level 3	The SMA collaborates and identifies existing intrastate message, technical components, and technology solutions, before embarking on ground-up custom development. The SMA identifies existing duplicative system components within the state. The SMA minimizes ground-up or customized solutions. The SMA implements its system transition plan that includes cost-allocation information across the intrastate.
Level 4	The SMA collaborates with other interstate agencies and entities and identifies message, technical components, and technology solutions. The SMA pursues a cloud-first strategy for systems development. The SMA identifies existing regional agency duplicative system components.
Level 5	The SMA collaborates with other state, regional and national agencies and entities and identifies national message standards, technical components, and technology solutions. The SMA identifies existing national duplicative systems, technical components, and technology. The SMA adopts nationally standardized system transition and retirement plans.

Table 37 provides an assessment of compliance with the Leverage Condition for each of the 10 MITA defined business areas. Maturity levels were assigned based on the guidelines provided in the table above, and in coordination with information gathered through the workshops conducted with EOHHS SMEs.

Table 37: TA Leverage Condition Maturity Levels by Business Area

TA Leverage Condition by Business Area	As-Is	To-Be
Business Relationship Management	1	1

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TA Leverage Condition by Business Area	As-Is	To-Be
Care Management	1	1
Contractor Management	1	1
Eligibility and Enrollment Management	1	1
Financial Management	1	2
Member Management	1	2
Operations Management	1	2
Performance Management	1	2
Plan Management	1	1
Provider Management	1	2

Business Results Condition

The Business Results Condition reflects the SMEs' assessments of the *Client Support*, *Business Intelligence*, *Forms and Reporting*, *System Extensibility*, and *Logging* TSCs.

The SMEs do not expect changes to the Business Results Condition in the areas of *Client Support*, *System Extensibility*, and *Logging*. For *Client Support*, the SMEs assessed the current and five-year maturity of Care Management are Levels 1 and 2, and Eligibility and Enrollment Management at Levels 2 and 2, and the maturity for Financial, Member, Operations, Performance, and Provider Management at Level 3. *System Extensibility* is projected to remain at Level 1 for Care Management and Eligibility and Enrollment Management, and at Level 2 for the remaining business areas. *Logging* will remain at the basic Level 1 for all business areas.

In the *Business Intelligence* TSC, SMEs determined that Eligibility and Enrollment Management would advance from Level 1 to 3; Operations Management and Performance Management would raise from Level 2 to 4; and Care, Financial, and Member Management business areas would remain at their current Level 3.

For the *Forms and Reporting* TSC, all business areas are assessed at Level 1 currently, with the expectation that Care Management and Eligibility and Enrollment Management will increase to Level 2, and the remaining business areas will mature even farther, to Level 3.

Table 38 provides the Technical Architecture guidelines as defined by CMS in assessing and evaluating each business area for compliance with the Business Results Condition.

Table 38: Business Results Condition - TA Capability Levels

Business Results Condition - Capability Levels	
Level 1	The SMA does not have SLA or KPI for system performance.
Level 2	The SMA establishes SLA and some KPI for collection and monitoring of system performance.
Level 3	The SMA uses automated services and messages in the highly automated processing of health care and eligibility claims. The SMA adopts system performance standards within state.
Level 4	The SMA uses automated services and messages in the highly automated processing of health care and eligibility claims across the interstate. The SMA adopts interstate system performance standards.

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Business Results Condition - Capability Levels	
Level 5	The SMA uses nationally defined automated services and messages in the highly automated processing of health care and eligibility claims across the nation. The SMA adopts national system performance standards. The SMA creates and executes a POAM for SLA and KPI resolution.

Table 39 provides an assessment of compliance with the Business Results Condition for each of the 10 MITA defined business areas. Maturity levels were assigned based on the guidelines provided in the table above, and in coordination with information gathered through the workshops conducted with EOHHS SMEs.

Table 39: TA Business Results Condition Maturity Levels by Business Area

TA Business Results Condition by Business Area	As-Is	To-Be
Business Relationship Management	1	1
Care Management	1	1
Contractor Management	1	1
Eligibility and Enrollment Management	1	1
Financial Management	1	1
Member Management	1	1
Operations Management	1	1
Performance Management	1	1
Plan Management	1	1
Provider Management	1	1

Reporting Condition

The Reporting Condition is supported by the SMEs' assessments for the *Business Intelligence*, *Forms and Reporting*, *Performance Measurement*, and *Logging* TSCs.

For *Business Intelligence*, SMEs projected that Eligibility and Enrollment Management would advance from Level 1 to 3; Operations Management and Performance Management would raise from Level 2 to 4; and Care, Financial, and Member Management business areas would remain at their current Level 3.

For *Forms and Reporting*, all business areas are assessed at Level 1 currently; SMEs determined that Care Management and Eligibility and Enrollment Management will increase to Level 2, and that the remaining business areas will advance to Level 3.

The *Logging* TSC is expected to remain at the basic Level 1 for all business areas.

Performance Measurement is currently assessed at Level 1; Care Management and Eligibility and Enrollment Management are expected to remain at that level, and the remaining business areas are expected to advance to Level 2.

Table 40 provides the Technical Architecture guidelines as defined by CMS in assessing and evaluating each business area for compliance with the Reporting Condition.

Table 40: Reporting Condition - TA Capability Levels

Reporting Condition - Capability Levels	
Level 1	The SMA produces very little message data, services, or performance information.

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Reporting Condition - Capability Levels	
Level 2	The SMA generates services to produce reports through open messages within the agency.
Level 3	The SMA uses services that automatically generate reports through open interface messages, to designated intrastate agencies and entities repositories or data hubs, with appropriate audit trails.
Level 4	The SMA uses services that automatically generate reports through open interface messages to designated interstate agencies and entities, repositories or data hubs, with appropriate audit trails.
Level 5	The SMA uses automatic services to generate reports through open interface messages to designated federal repositories or data hubs, with appropriate audit trails.

Table 41 provides an assessment of compliance with the Reporting Condition for each of the 10 MITA defined business areas. Maturity levels were assigned based on the guidelines provided in the table above, and in coordination with information gathered through the workshops conducted with EOHHS SMEs.

Table 41: TA Reporting Condition Maturity Levels by Business Area

TA Reporting Condition by Business Area	As-Is	To-Be
Business Relationship Management	1	1
Care Management	1	1
Contractor Management	1	1
Eligibility and Enrollment Management	1	1
Financial Management	1	1
Member Management	1	1
Operations Management	1	1
Performance Management	1	1
Plan Management	1	1
Provider Management	1	1

Interoperability Condition

The Interoperability Condition is supported by the *Service Oriented Architecture*, *System Extensibility*, and *Data Access and Management* TSCs.

For individual systems, SMEs expect that Member Management, Provider Management, Operations Management, and Performance Management will increase their Interoperability with advances in *Relationship Management* and *Service Oriented Architecture*.

System Extensibility is projected to remain at Level 1 for Care Management and Eligibility and Enrollment Management, and at Level 2 for the remaining business areas. All business areas are expected to maintain or reach Level 2 for *Data Access and Management* within five years.

Table 42 provides the Technical Architecture guidelines as defined by CMS in assessing and evaluating each business area for compliance with the Interoperability Condition.

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Table 42: Interoperability Condition - TA Capability Levels

Interoperability Condition - Capability Levels	
Level 1	The SMA uses state-specific messages and technology standards and is not coordinating with the Exchange, Health Information Exchanges (HIE), or any other agencies to allow interoperability with other agencies.
Level 2	The SMA identifies messages and technology standards for interaction with the Exchange, or Health Information Exchanges (HIE), or any other agencies to allow interoperability.
Level 3	The SMA adopts MITA Framework, industry standards, and other nationally recognized messaging and technology standards for interaction with the Exchange, or state Health Information Exchanges (HIE), or any other state agencies to allow intrastate agency interoperability.
Level 4	The SMA adopts MITA Framework, industry standards, and other nationally recognized messaging and technology standards with the Exchange, or regional Health Information Exchanges (HIE), or any other regional agencies to allow interstate agency interoperability.
Level 5	The SMA adopts MITA Framework, industry standards, and other nationally recognized messaging and technology standards for interaction with the Exchange, or state, regional, and national Health Information Exchanges (HIE), or any other state, regional, or national agencies to allow national interoperability.

Table 43 provides an assessment of compliance with the Interoperability Condition for each of the 10 MITA defined business areas. Maturity levels were assigned based on the guidelines provided in the table above, and in coordination with information gathered through the workshops conducted with EOHHS SMEs.

Table 43: TA Interoperability Condition Maturity Levels by Business Area

TA Interoperability Condition by Business Area	As-Is	To-Be
Business Relationship Management	1	1
Care Management	1	1
Contractor Management	1	1
Eligibility and Enrollment Management	1	1
Financial Management	1	1
Member Management	2	2
Operations Management	1	1
Performance Management	1	2
Plan Management	1	1
Provider Management	2	2

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7.3 Seven Conditions and Standards Assessment by Business Area, then Architecture

This section provides analysis of Rhode Island Medicaid's alignment with the Seven Conditions and Standards for each Business Area, with the discussion divided between Information and Technical Architectures. Business Architecture is described in **Deliverable C Business Process Review**. As shown in Table 44, the assessments for the Seven Conditions and Standards are divided into business areas first, and then divided into the 2 architectures for each business area.

Table 44: Seven Conditions and Standards, As-Is - To-Be Scores by Business Area then Architecture

	Modularity Standard		MITA Condition		Industry Standards Condition		Leverage Condition		Business Results Condition		Reporting Condition		Interoperability Condition	
	As-Is	To-Be	As-Is	To-Be	As-Is	To-Be	As-Is	To-Be	As-Is	To-Be	As-Is	To-Be	As-Is	To-Be
Business Relationship Management														
Information Architecture	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Technical Architecture	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Care Management														
Information Architecture	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Technical Architecture	1	1	1	2	1	1	1	1	1	1	1	1	1	1
Contractor Management														
Information Architecture	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Technical Architecture	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Eligibility and Enrollment Management														
Information Architecture	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Technical Architecture	1	1	2	2	1	1	1	1	1	1	1	1	1	1
Financial Management														
Information Architecture	1	3	1	2	1	2	1	2	1	2	1	2	1	2
Technical Architecture	1	1	2	2	2	2	1	2	1	1	1	1	1	1

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	Modularity Standard		MITA Condition		Industry Standards Condition		Leverage Condition		Business Results Condition		Reporting Condition		Interoperability Condition	
Member Management														
Information Architecture	1	3	1	2	1	2	1	2	1	2	1	2	1	2
Technical Architecture	1	2	2	2	2	2	1	2	1	1	1	1	2	2
Operations Management														
Information Architecture	1	3	1	2	1	2	1	2	1	2	1	3	1	2
Technical Architecture	1	1	2	2	2	2	1	2	1	1	1	1	1	1
Performance Management														
Information Architecture	1	3	1	2	1	2	1	2	1	2	1	3	1	2
Technical Architecture	1	1	2	2	2	2	1	2	1	1	1	1	1	1
Plan Management														
Information Architecture	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Technical Architecture	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Provider Management														
Information Architecture	1	3	1	2	1	2	1	2	1	2	1	2	1	2
Technical Architecture	1	2	1	2	2	2	1	2	1	1	1	1	2	2

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7.3.1 Key Findings

Key findings in this section reflect the information brought out by SMEs in the sessions. Where specific recommendations were detailed, they are presented here. The full roadmap is in Deliverable G.

Business Relationship, Contractor, and Plan Management

Information and Technical Architectures

These three business areas are determined to have no significant reliance on technical systems, and data is handled largely through manual processes, so their assessments do not affect the Information or Technical aspects of the Seven Conditions and Standards Subsequent to the MITA 3.0 assessment, a Workflow Management System (WMS) was identified as a roadmap item that could significantly impact the MITA maturity levels for these three areas. Details of this system may be found in **Deliverable G, Overall MITA Roadmap**.

Care Management

Information Architecture

No change is expected from the current levels of alignment with the Seven Conditions and Standards for Care Management.

Technical Architecture

The only change expected from the current levels of alignment with the Seven Conditions and Standards for Care Management is that the MITA Condition is expected to rise from Level 1 to 2. Per the CMS MITA 3.0 Companion Guide, this will be achieved as the MITA SS-A is fully incorporated within the Agency's strategic planning, which is being accomplished with this project, and with the production of the next APD which will include the MITA Roadmap and Concept of Operations, currently under development.

Eligibility and Enrollment Management

Information Architecture

When the scores for all systems that support Eligibility and Enrollment are consolidated, no change is expected from the current levels of alignment with the Seven Conditions and Standards for Eligibility and Enrollment Management. However, the extensive repairs being made to Bridges will enhance the ability to process eligibility and enrollment for many beneficiaries.

Technical Architecture

When the scores for all systems that support Eligibility and Enrollment are consolidated, no change is expected from the current levels of alignment with the Seven Conditions and Standards for Eligibility and Enrollment Management. However, the extensive repairs being made to Bridges will enhance the ability to process eligibility and enrollment for many beneficiaries.

Financial Management

Information Architecture

The Financial Management Information Architecture is expected to advance in all of the Seven Conditions and Standards. Currently The Financial Management IA is assessed at Level 1. The Modularity Standard is projected to move to Level 3, and all other MITA Conditions are to move to Level 2. Advances are expected

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through automation of the 64 report to reduce the manual steps in creation of the report. SMEs identified RI Data Management Plan.docx as a source of information on these advances.

Technical Architecture

For Financial Management, the TA Leverage Condition is expected to advance from Level 1 to Level 2, as business rules are fully documented, and manual processes including the 64 report are automated to a greater degree.

Member Management and Provider Management

Information Architecture

Member Management and Provider Management are expected to advance in all of the Seven Conditions and Standards. Currently the IA for those two business areas is assessed at Level 1. The Modularity Standard is projected to move to Level 3, which CMS describes as incorporating "fully documented open interfaces with intrastate agencies and stakeholders," and all other MITA Conditions are to move to Level 2, which will be accomplished through efforts such as the completion of the SS-A, adoption of industry standards, and "elimination of duplicative system components within intrastate agencies.".

Technical Architecture

For Operations Management and Performance Management, the TA Modularity Standard and Leverage Condition are expected to advance from Level 1 to Level 2, which could entail, according to CMS, the implementation of an external rules engine API, and consideration of single sign on, although SMEs are not certain single sign on is the optimal solution.

Operations Management and Performance Management

Information Architecture

Operations Management and Performance Management are expected to advance in all of the Seven Conditions and Standards. Currently the IA for those two business areas is assessed at Level 1. The Modularity Standard and Reporting Condition are projected to move to Level 3, which CMS describes as incorporating "fully documented open interfaces with intrastate agencies and stakeholders," and all other MITA Conditions are to move to Level 2, which will CMS defines the completion of the SS-A, adoption of industry standards, and "elimination of duplicative system components within intrastate agencies."..

Technical Architecture

For Operations Management and Performance Management, the TA Leverage Condition is expected to advance from Level 1 to Level 2, as business rules are fully documented, and manual processes including the 64 report are automated to a greater degree.

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8. ACTIVITIES

The MITA Roadmap in this deliverable describes activities proposed by Agency SMEs throughout the MITA State Self-Assessment process. These recommendations suggest ways to move EOHHS Medicaid from its current As-Is state to the desired To-Be level of MITA maturity. During the IA and TA workshops, recommendations were developed for particular systems, functions or business areas, and CSG has organized them below for ease of interpretation. The IA and TA recommendations in this deliverable will be combined with the BA Roadmap recommendations in **Deliverable C Business Process Review**, and expanded in the development of **Deliverable G Overall MITA Roadmap**.

RI Bridges

In sessions, SMEs made note of limitations within the Eligibility and Enrollment system, RI Bridges.

- The primary way in which the MITA Information Architecture related to Eligibility and Enrollment can advance is through improvements in enterprise **Data Governance** that would help in the difficulty SMEs observed in successfully pulling financial, claims, and eligibility data from RI Bridges. In addition to enforcing enterprise data models to facilitate queries by multiple users against eligibility data, effective data governance decreases data duplication, and increases data quality.
- In addition, it was a widespread observation among several areas of Information Architecture that they would benefit from a functioning direct interface with RI Bridges.

In the Technical Architecture, SMEs noted deficiencies in the Forms and Reporting, Data Connectivity, Data Access and Management, and Utility TSCs, as well as several ways the MITA Technical Architecture can improve.

- In the **Forms and Reporting** TSC, SMEs noted the need for real-time responses to the SAMS application from MMIS; real-time response capability is under development but is currently on hold because of problems with the RI Bridges application.
- An improvement could be accomplished in **Data Connectivity**, SMEs suggested, if an approach to combining the MMIS and RI Bridges ESBs were determined.
- SMEs noted that Enterprise **Data Access and Management** is limited due to inaccessibility of data on children. Although InRhodes is retired, old InRhodes data is still utilized for Kids Bridge because more current data is not available through RI Bridges. In addition, SMEs recommended that RI Bridges be updated to enable unspecified web service functionality that was previously available in InRhodes.

SMEs discussed the Electronic Document Management process as having **Utility** issues related to scanning images and logging them through RI Bridges, as well as the use of a separate database to track images. SMEs proposed the implementation of tracking software that can interface with EDM and RI Bridges to access the electronic documents that are needed for the case. Currently, users must enter multiple cases for an individual since docs are tied to the case, rather than the individual. Users need to click on a document to know what is in it. The Agency needs to determine whether this is a design flaw in Bridges, or a missing component.

MMIS

In sessions, SMEs made note of limitations within the MMIS, including:

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- At present, there are 23 Access databases, known to EOHHS, currently in use to serve the needs of EOHHS. The Access databases are typically designed by a consultant from the contract management vendor. This presents a risk, since all rely on a single vendor. A listing of these databases and their uses is provided in **Deliverable F Interfaces and Integrations with BI Systems**.
- SMEs suggested that some of the multiple Access databases used throughout the enterprise could be assimilated into MMIS or RI Bridges functionality.
- The CMS 64 report requires significant manual intervention; where possible, the report should be automated.

8.1 Information Architecture Roadmap and Activities

SMEs proposed several to EOHHS's Information Architecture including the following IA components:

- Data Governance
- Common Data Architecture
- Data Modeling
- Data Standards
- Continued development the Integrated Data Ecosystem

Data Governance

One major area where numerous SMEs felt the Medicaid enterprise could be advanced is in the development of enterprise-wide data governance. Specifically, SMEs noted a lack of coherent strategy for data from two of their largest analytic data producers, RI Bridges data marts and the Human Services Data Warehouse (HSDW). In particular, SMEs noted difficulty in successfully pulling financial, claims, and eligibility data from the RI Bridges data marts. SMEs from most areas of Information Architecture felt they would benefit from a functioning direct interface with RI Bridges. As detailed further in **Deliverable F Interfaces and Integrations with BI Systems** and the **RI Data Management Plan**, the intent of enhanced data governance is to require standards for new systems, whether they be transactional or aggregate data set implementations. Modifications to existing transactional data structures will likely be more complex than modifications to existing aggregate data structures.

SMEs projected that Data Governance can advance from Level 1 to 3, by taking a number of steps to implement stronger data governance, to be led by DoIT, in order to extend governance across the Medicaid enterprise, and all State agencies:

- Establish a governance leadership committee.

  Data system development should be based on specific policy objectives posed by Policy Leadership based on the pressing business needs of EOHHS and its four agencies.

- Assign Data Stewards and data owners

  EOHHS should establish data source owners who have responsibilities to structure data in a standardized way, provide documentation for state users, and to oversee the maintenance and operational details to keep the data in good working order.

  Data Stewards of transactional and aggregate systems should be given the responsibility for documenting data rules and definitions to enable data extraction, transformation, loading, and

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storage accurately and efficiently, including data from existing and new sources, both internal and external to the Medicaid enterprise.

- Eliminate redundancy of data streams, in order to assemble data collection into a single hub, and determine a single source of truth
- Integrate data sources. Eligibility, for example, should include QHP and other enterprise wide data sources, and incorporate death records
- Promote wider sharing of intrastate, interstate, and national data. This will require devotion of sufficient time and skill sets. Intrastate data exchanges are the first priority for Rhode Island, since data silos are still quite common, but the data governance management should work to enable interstate and national exchanges of data.

Common Data Architecture

The Data Governance enhancements listed above would increase the Common Data Architecture from Level 1 to 3. To promote the exchange of data, SMEs recommended that data should be structured in a common way across the enterprise, whether reports are generated directly from production databases or from a reporting database for speedier access to data, or from data supplied by some other system or agency. As an example, SMEs reported that RI Bridges is not intuitive for users from other systems, and should be enhanced so that all Medicaid eligibility data can be managed through RI Bridges.

According to CSG's definition, common data architecture enables the realization of data governance through efforts such as:

- Definition of data entities, attributes, data models, and relationships to convey the overall meaning and use of the data.
- Synchronization of data structures across structures such as eventual intrastate Reference, Master Data Management, and Metadata Repositories
- Facilitation of effective database design

Data Modeling

SMEs identified the need for clear, understandable, enterprise-wide conceptual, physical, and logical data models. Under the umbrella of the Data Governance enhancements listed above, Data Modeling would increase from Level 1 to 3. The ability of the enterprise to reach the goal of developing enterprise CDMs and LDMs may depend on the ability of a statewide entity to take over this initiative, ensuring that enterprise models for transactional and analytical databases are adhered to statewide. This will enable wider sharing of data among Rhode Island agencies, and will enhance data accuracy and usability across the enterprise.

Individual agencies may choose to buy rather than build their data applications. In those cases, the vendor's models would be created or modified to align with the enterprise models. This approach has recently been taken by BHDDH to replace in-house legacy case management systems with cloud-based Software-As-A-Service (SAAS) apps.

Data Standards

Data standards are an essential component of data sharing, and can be increased from Level 1 to 3 by means of the Data Governance enhancements listed above. EOHHS data standards include demographic,

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eligibility, and enrollment data, and EOHHS is in the process of creating data standards to promote the sharing of data with in-state partners, as documented in the ***RI Data Management Plan***. Data standards should adhere to the following requirements.

- Facilitation of interagency, statewide sharing of data
- Sharing of clinical data
- Employment of common data standards for reporting and performance monitoring
- Adherence to national standards including HIPAA and other applicable data standards

Integrated Data Ecosystem

The Integrated Data Ecosystem, currently under development, will increase the Enterprise IA from Level 1 to 3, as it brings large areas of Medicaid data under the Ecosystem umbrella. The Ecosystem project is a response to the Agency's need to understand people in a comprehensive way that requires integrated data from a variety of sources. The Ecosystem will provide user-friendly access to data, enabling self-service analytics for performance management, continuous quality improvement, and evidence-based decision making.

8.2 Technical Architecture Roadmap and Activities

SMEs identified a number of initiatives that will help advance the maturity of the enterprise Technical Architecture over the next five years. These initiatives are described below under the topic of the Technical Classification they support:

- Business Intelligence
- Forms and Reporting
- Performance Measurement
- Security and Privacy
- Data Connectivity
- Service Oriented Architecture
- Data Access and Management
- Decision Management
- Logging
- Utility

Business Intelligence

SMEs recommended that existing data marts and data warehouses be coordinated to establish a single source of truth, in order to resolve current issues in analysis of data originating in the MMIS, RI Bridges, and their associated data warehouses and data marts. This effort will be facilitated by developing enterprise data governance as described in the IA portion of the Roadmap.

Business intelligence will be further enabled through the enterprise-wide performance standards and metrics for business analysis, and continued development the Integrated Data Ecosystem, which may lay the groundwork for a data warehouse to be considered within the next system procurement.

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Forms and reporting

SMEs noted the need for real-time response to the SAMS application from MMIS; the real-time response is under development but is currently on hold because of problems with the RI Bridges application.

Performance Measurement

The SMEs indicated an interest in receiving automatic alerts when performance metrics are not met. Within the Electronic Document Management system, a new reporting tool from Business Insights will enable improved performance measurement for the EDM.

Security and Privacy

SMEs proposed that the next system RFP should specify the ability for single sign-on across all Agency systems.

In addition, an inventory should be conducted of all data that require protection. An up-to-date inventory will enable the organization to target it security efforts. Security is required in databases as well as within enterprise systems.

Data Connectivity

SMEs recommended the adoption of governance policies enforcing national, industry data standards and canonical data models to provide a bridge between different data formats.

SMEs also pointed out that the Agency could improve its compliance with the CMS Leverage Condition if an approach to combining the MMIS and RI Bridges ESBs were determined.

Three systems that are currently under planning or development by BHDDH, will contribute to the enterprise's overall *Data Connectivity*:

- Behavioral Health data collection application (expected to go live in June 2018)
- Developmental Disabilities SaaS implementation (phased implementation beginning June 2018, with final implementation after 18 months)
- Slater Hospital Information System (phased implementation projected to begin approximately June 2019.

Service Oriented Architecture

SMEs suggested that a service bus made available enterprise-wide would allow data exchange with more intrastate agencies. As part of any new procurement regarding a primary or ancillary system for the MMIS, vendors should be asked to explain their process for implementing a service-oriented architecture including open APIs and unencumbered messaging using web-services. Further, a clear description of how a particular vendor tracks, reports upon, and resolves errors in messaging should be included. Ultimately, the vendor should clearly explain how they will openly communicate and manage communications with systems that may not be a part of their own technology offerings. An Enterprise Service Bus is one method they may wish to consider in achieving the aforementioned functionality.

Data Access and Management

Although InRhodes is retired, old InRhodes data is still utilized for Kids Bridge because more current data is not available through RI Bridges. A version of frozen InRhodes (as of 9-2016) is still used by Bridges users

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to have access to a more expansive set of historical data. In addition, SMEs recommended that RI Bridges be updated to enable unspecified web service functionality that was previously available in InRhodes.

Decision Management

To enhance the Agency's decision management, SMEs suggested a To-Be Level 3, for which CMS requires the implementation of an external rules engine API, with standard rules editor features such as traceability. The concept of user-configurable rules can be included in the upcoming MMIS RFP. Vendors may choose to respond with a separate rules engine, or a more modern MMIS system that has a self-contained, user-configurable rules component as part of their base offering. However, rules functionality could probably be better addressed in MMIS requirements within the upcoming RFP.

Utility

The Electronic Document Management process has issues related to scanning images and logging them through RI Bridges, as well as the use of a separate database to track images. An ideal solution would be tracking software that can interface with EDM and RI Bridges to access the electronic documents that are needed for the case. Currently, users must enter multiple cases for an individual since docs are tied to the case, rather than the individual. Users need to click on a document to know what is in it. The Agency needs to determine whether this is a design flaw in Bridges, or a missing component.

The Hotline group in DHS uses ImageNow software within the image tracking process. There are issues with that software or process. The Agency needs to determine whether the issue is configuration, training, or limitations of the software.

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APPENDIX A - INFORMATION ARCHITECTURE SCORECARDS

Information Architecture Scorecard		
Information Area	**As-Is Level of Component Capability**	**To-Be Level of Component Capability**
Business Relationship Management Overall Assessment Level		
Data Management Strategy (DMS)	**Level 1**	**Level 1**
Supporting Evidence Reference		
Conceptual Data Model (CDM)	**Level 1**	**Level 1**
Supporting Evidence Reference		
Logical Data Model (LDM)	**Level 1**	**Level 1**
Supporting Evidence Reference		
Data Standards	**Level 1**	**Level 1**
Supporting Evidence Reference		

Information Architecture Scorecard		
Information Area	**As-Is Level of Component Capability**	**To-Be Level of Component Capability**
Care Management Overall Assessment Level		
Data Management Strategy (DMS)	**Level 1**	**Level 1**
Supporting Evidence Reference		
Conceptual Data Model (CDM)	**Level 1**	**Level 2**
Supporting Evidence Reference	4.3MMIS Data Base Schema, CSM Phys, EOHHS Data Management Plan, Rhode Island Unified Health Infrastructure Project (UHIP) Database Development Plan (Plan 05), RI Data Management Plan	
Logical Data Model (LDM)	**Level 2**	**Level 2**
Supporting Evidence Reference	Rhode Island Unified Health Infrastructure Project (UHIP) Database Development Plan (Plan 05), RI Data Management Plan	
Data Standards	**Level 1**	**Level 1**
Supporting Evidence Reference		

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Information Architecture Scorecard		
Information Area	**As-Is Level of Component Capability**	**To-Be Level of Component Capability**
Contractor Management Overall Assessment Level		
Data Management Strategy (DMS)	**Level 1**	**Level 1**
Supporting Evidence Reference		
Conceptual Data Model (CDM)	**Level 1**	**Level 1**
Supporting Evidence Reference		
Logical Data Model (LDM)	**Level 1**	**Level 1**
Supporting Evidence Reference		
Data Standards	**Level 1**	**Level 1**
Supporting Evidence Reference		

Information Architecture Scorecard		
Information Area	**As-Is Level of Component Capability**	**To-Be Level of Component Capability**
Eligibility and Enrollment Management Overall Assessment Level		
Data Management Strategy (DMS)	**Level 1**	**Level 1**
Supporting Evidence Reference		
Conceptual Data Model (CDM)	**Level 1**	**Level 1**
Supporting Evidence Reference		
Logical Data Model (LDM)	**Level 1**	**Level 2**
Supporting Evidence Reference	Rhode Island Unified Health Infrastructure Project (UHIP) Database Development Plan (Plan 05), RI Data Management Plan	
Data Standards	**Level 1**	**Level 1**
Supporting Evidence Reference		

Information Architecture Scorecard		
Information Area	**As-Is Level of Component Capability**	**To-Be Level of Component Capability**
Financial Management Overall Assessment Level		
Data Management Strategy (DMS)	**Level 1**	**Level 2**

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Information Architecture Scorecard		
Information Area	**As-Is Level of Component Capability**	**To-Be Level of Component Capability**
Supporting Evidence Reference	Better Service Through Better Data - Data Ecosystem Proposed vision and development, EOHHS Data Management Plan, MMIS Data Overview, RI Data Management Plan	
Conceptual Data Model (CDM)	**Level 1**	**Level 3**
Supporting Evidence Reference	4.3MMIS Data Base Schema, CSM Phys, EOHHS Data Management Plan, Rhode Island Unified Health Infrastructure Project (UHIP) Database Development Plan (Plan 05), RI Data Management Plan	
Logical Data Model (LDM)	**Level 2**	**Level 3**
Supporting Evidence Reference	Rhode Island Unified Health Infrastructure Project (UHIP) Database Development Plan (Plan 05), RI Data Management Plan	
Data Standards	**Level 1**	**Level 2**
Supporting Evidence Reference	4.3MMIS Data Base Schema, EOHHS Data Management Plan, MMIS Data Overview, RI Data Management Plan	

Information Architecture Scorecard		
Information Area	**As-Is Level of Component Capability**	**To-Be Level of Component Capability**
Member Management Overall Assessment Level		
Data Management Strategy (DMS)	**Level 1**	**Level 2**
Supporting Evidence Reference	Better Service Through Better Data - Data Ecosystem Proposed vision and development, EOHHS Data Management Plan, MMIS Data Overview, RI Data Management Plan	
Conceptual Data Model (CDM)	**Level 1**	**Level 3**
Supporting Evidence Reference	4.3MMIS Data Base Schema, CSM Phys, EOHHS Data Management Plan, Rhode Island Unified Health Infrastructure Project (UHIP) Database Development Plan (Plan 05), RI Data Management Plan	
Logical Data Model (LDM)	**Level 2**	**Level 3**
Supporting Evidence Reference	Rhode Island Unified Health Infrastructure Project (UHIP) Database Development Plan (Plan 05), RI Data Management Plan	
Data Standards	**Level 1**	**Level 2**

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Information Architecture Scorecard		
Information Area	**As-Is Level of Component Capability**	**To-Be Level of Component Capability**
Supporting Evidence Reference	4.3MMIS Data Base Schema, EOHHS Data Management Plan, MMIS Data Overview, RI Data Management Plan	

Information Architecture Scorecard		
Information Area	**As-Is Level of Component Capability**	**To-Be Level of Component Capability**
Operations Management Overall Assessment Level		
Data Management Strategy (DMS)	**Level 1**	**Level 2**
Supporting Evidence Reference	Better Service Through Better Data - Data Ecosystem Proposed vision and development, EOHHS Data Management Plan, MMIS Data Overview, RI Data Management Plan	
Conceptual Data Model (CDM)	**Level 1**	**Level 3**
Supporting Evidence Reference	4.3MMIS Data Base Schema, CSM Phys, EOHHS Data Management Plan, Rhode Island Unified Health Infrastructure Project (UHIP) Database Development Plan (Plan 05), RI Data Management Plan	
Logical Data Model (LDM)	**Level 2**	**Level 3**
Supporting Evidence Reference	Rhode Island Unified Health Infrastructure Project (UHIP) Database Development Plan (Plan 05), RI Data Management Plan	
Data Standards	**Level 1**	**Level 3**
Supporting Evidence Reference	4.3MMIS Data Base Schema, EOHHS Data Management Plan, MMIS Data Overview, RI Data Management Plan	

Information Architecture Scorecard		
Information Area	**As-Is Level of Component Capability**	**To-Be Level of Component Capability**
Performance Management Overall Assessment Level		
Data Management Strategy (DMS)	**Level 1**	**Level 2**
Supporting Evidence Reference	Better Service Through Better Data - Data Ecosystem Proposed vision and development, EOHHS Data Management Plan, MMIS Data Overview, RI Data Management Plan	
Conceptual Data Model (CDM)	**Level 1**	**Level 3**

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Information Architecture Scorecard		
Information Area	**As-Is Level of Component Capability**	**To-Be Level of Component Capability**
Supporting Evidence Reference	4.3MMIS Data Base Schema, CSM Phys, EOHHS Data Management Plan, Rhode Island Unified Health Infrastructure Project (UHIP) Database Development Plan (Plan 05), RI Data Management Plan	
Logical Data Model (LDM)	**Level 2**	**Level 3**
Supporting Evidence Reference	Rhode Island Unified Health Infrastructure Project (UHIP) Database Development Plan (Plan 05), RI Data Management Plan	
Data Standards	**Level 1**	**Level 3**
Supporting Evidence Reference	4.3MMIS Data Base Schema, EOHHS Data Management Plan, MMIS Data Overview, RI Data Management Plan	

Information Architecture Scorecard		
Information Area	**As-Is Level of Component Capability**	**To-Be Level of Component Capability**
Plan Management Overall Assessment Level		
Data Management Strategy (DMS)	**Level 1**	**Level 1**
Supporting Evidence Reference		
Conceptual Data Model (CDM)	**Level 1**	**Level 1**
Supporting Evidence Reference		
Logical Data Model (LDM)	**Level 1**	**Level 1**
Supporting Evidence Reference		
Data Standards	**Level 1**	**Level 1**
Supporting Evidence Reference		

Information Architecture Scorecard		
Information Area	**As-Is Level of Component Capability**	**To-Be Level of Component Capability**
Provider Management Overall Assessment Level		
Data Management Strategy (DMS)	**Level 1**	**Level 2**
Supporting Evidence Reference	Better Service Through Better Data - Data Ecosystem Proposed vision and development, EOHHS Data Management Plan, MMIS Data Overview, RI Data Management Plan	

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Information Architecture Scorecard		
Information Area	**As-Is Level of Component Capability**	**To-Be Level of Component Capability**
Conceptual Data Model (CDM)	**Level 1**	**Level 3**
Supporting Evidence Reference	4.3MMIS Data Base Schema, CSM Phys, EOHHS Data Management Plan, Rhode Island Unified Health Infrastructure Project (UHIP) Database Development Plan (Plan 05), RI Data Management Plan	
Logical Data Model (LDM)	**Level 2**	**Level 3**
Supporting Evidence Reference	Rhode Island Unified Health Infrastructure Project (UHIP) Database Development Plan (Plan 05), RI Data Management Plan	
Data Standards	**Level 1**	**Level 2**
Supporting Evidence Reference	4.3MMIS Data Base Schema, EOHHS Data Management Plan, MMIS Data Overview, RI Data Management Plan	

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APPENDIX B - INFORMATION ARCHITECTURE PROFILES

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

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APPENDIX C - TECHNICAL ARCHITECTURE SCORECARDS

Technical Architecture Scorecard		
Technical Service Area	**As-Is Level of Component Capability**	**To-Be Level of Component Capability**
Business Relationship Management - Overall Level		
Access and Delivery		
Client Support	**Level 1**	**Level 1**
Supporting Evidence Reference		
Business Intelligence	**Level 1**	**Level 1**
Supporting Evidence Reference		
Forms and Reporting	**Level 1**	**Level 1**
Supporting Evidence Reference		
Performance Measurement	**Level 1**	**Level 1**
Supporting Evidence Reference		
Security and Privacy	**Level 1**	**Level 1**
Supporting Evidence Reference		
Intermediary and Interface		
Business Process Management	**Level 1**	**Level 1**
Supporting Evidence Reference		
Relationship Management	**Level 1**	**Level 1**
Supporting Evidence Reference		
Data Connectivity	**Level 1**	**Level 1**
Supporting Evidence Reference		
Service Oriented Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
System Extensibility	**Level 1**	**Level 1**
Supporting Evidence Reference		
Integration and Utility		
Configuration Management	**Level 1**	**Level 1**
Supporting Evidence Reference		
Data Access and Management	**Level 1**	**Level 1**
Supporting Evidence Reference		
Decision Management	**Level 1**	**Level 1**

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Technical Architecture Scorecard		
Technical Service Area	**As-Is Level of Component Capability**	**To-Be Level of Component Capability**
Supporting Evidence Reference		
Logging	**Level 1**	**Level 1**
Supporting Evidence Reference		
Utility	**Level 1**	**Level 1**
Supporting Evidence Reference		

Technical Architecture Scorecard		
Technical Service Area	**As-Is Level of Component Capability**	**To-Be Level of Component Capability**
Care Management - Overall Level		
Access and Delivery		
Client Support	**Level 2**	**Level 2**
Supporting Evidence Reference	EOHHS Data Management Plan, EOHHS Technical Management Plan (title subject to change), RI Data Management Plan, RI Technical Management Plan (draft)	
Business Intelligence	**Level 1**	**Level 3**
Supporting Evidence Reference	Accessing Data and Data Analysis, Better Service Through Better Data - Data Ecosystem Proposed vision and development, Business Objects Documentation Roadmap	
Forms and Reporting	**Level 1**	**Level 2**
Supporting Evidence Reference	Accessing Data and Data Analysis, Business Objects Documentation Roadmap, RI Data Management Plan, RI Technical Management Plan (draft)	
Performance Measurement	**Level 1**	**Level 1**
Supporting Evidence Reference		
Security and Privacy	**Level 2**	**Level 2**
Supporting Evidence Reference	Excerpt from RI Systems Security Plan, Herndon Data Center (RI Hardware), RI Data Management Plan, RI Technical Management Plan (draft)	
Intermediary and Interface		
Business Process Management	**Level 2**	**Level 2**
Supporting Evidence Reference	RI Data Management Plan, RI MITA 2.0 SS-A, RI Technical Management Plan (draft)	
Relationship Management	**Level 2**	**Level 2**

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Technical Architecture Scorecard		
Technical Service Area	**As-Is Level of Component Capability**	**To-Be Level of Component Capability**
Care Management - Overall Level		
Supporting Evidence Reference	RI Data Management Plan, RI Technical Management Plan (draft)	
Data Connectivity	**Level 1**	**Level 1**
Supporting Evidence Reference		
Service Oriented Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
System Extensibility	**Level 1**	**Level 1**
Supporting Evidence Reference		
Integration and Utility		
Configuration Management	**Level 1**	**Level 1**
Supporting Evidence Reference		
Data Access and Management	**Level 2**	**Level 2**
Supporting Evidence Reference	4.3MMIS Data Base Schema, Better Service Through Better Data - Data Ecosystem Proposed vision and development, RI Data Management Plan, RI Technical Management Plan (draft)	
Decision Management	**Level 2**	**Level 2**
Supporting Evidence Reference	Better Service Through Better Data - Data Ecosystem Proposed vision and development, RI Data Management Plan, RI Technical Management Plan (draft)	
Logging	**Level 1**	**Level 1**
Supporting Evidence Reference		
Utility	**Level 1**	**Level 1**
Supporting Evidence Reference		

Technical Architecture Scorecard		
Technical Service Area	**As-Is Level of Component Capability**	**To-Be Level of Component Capability**
Contractor Management - Overall Level		
Access and Delivery		
Client Support	**Level 1**	**Level 1**
Supporting Evidence Reference		

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Technical Architecture Scorecard		
Technical Service Area	**As-Is Level of Component Capability**	**To-Be Level of Component Capability**
Contractor Management - Overall Level		
Business Intelligence	**Level 1**	**Level 1**
Supporting Evidence Reference		
Forms and Reporting	**Level 1**	**Level 1**
Supporting Evidence Reference		
Performance Measurement	**Level 1**	**Level 1**
Supporting Evidence Reference		
Security and Privacy	**Level 1**	**Level 1**
Supporting Evidence Reference		
Intermediary and Interface		
Business Process Management	**Level 1**	**Level 1**
Supporting Evidence Reference		
Relationship Management	**Level 1**	**Level 1**
Supporting Evidence Reference		
Data Connectivity	**Level 1**	**Level 1**
Supporting Evidence Reference		
Service Oriented Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
System Extensibility	**Level 1**	**Level 1**
Supporting Evidence Reference		
Integration and Utility		
Configuration Management	**Level 1**	**Level 1**
Supporting Evidence Reference		
Data Access and Management	**Level 1**	**Level 1**
Supporting Evidence Reference		
Decision Management	**Level 1**	**Level 1**
Supporting Evidence Reference		
Logging	**Level 1**	**Level 1**
Supporting Evidence Reference		
Utility	**Level 1**	**Level 1**

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Technical Architecture Scorecard		
Technical Service Area	**As-Is Level of Component Capability**	**To-Be Level of Component Capability**
Eligibility and Enrollment Management - Overall Level		
Access and Delivery		
Client Support	**Level 1**	**Level 2**
Supporting Evidence Reference	EOHHS Data Management Plan, EOHHS Technical Management Plan (title subject to change), RI Data Management Plan, RI Technical Management Plan (draft)	
Business Intelligence	**Level 1**	**Level 3**
Supporting Evidence Reference	Accessing Data and Data Analysis, Better Service Through Better Data - Data Ecosystem Proposed vision and development, Business Objects Documentation Roadmap	
Forms and Reporting	**Level 1**	**Level 2**
Supporting Evidence Reference	Accessing Data and Data Analysis, Business Objects Documentation Roadmap, RI Data Management Plan, RI Technical Management Plan (draft)	
Performance Measurement	**Level 1**	**Level 1**
Supporting Evidence Reference		
Security and Privacy	**Level 1**	**Level 2**
Supporting Evidence Reference	Excerpt from RI Systems Security Plan, Herndon Data Center (RI Hardware), RI Data Management Plan, RI Technical Management Plan (draft)	
Intermediary and Interface		
Business Process Management	**Level 1**	**Level 2**
Supporting Evidence Reference	Excerpt from RI Systems Security Plan, Herndon Data Center (RI Hardware), RI Data Management Plan, RI Technical Management Plan (draft)	
Relationship Management	**Level 1**	**Level 2**
Supporting Evidence Reference	RI Data Management Plan, RI Technical Management Plan (draft)	
Data Connectivity	**Level 1**	**Level 1**
Supporting Evidence Reference		
Service Oriented Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
System Extensibility	**Level 1**	**Level 1**
Supporting Evidence Reference		
Integration and Utility		

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Technical Architecture Scorecard		
Technical Service Area	**As-Is Level of Component Capability**	**To-Be Level of Component Capability**
Eligibility and Enrollment Management - Overall Level		
Configuration Management	**Level 1**	**Level 1**
Supporting Evidence Reference		
Data Access and Management	**Level 1**	**Level 2**
Supporting Evidence Reference	4.3MMIS Data Base Schema, Better Service Through Better Data - Data Ecosystem Proposed vision and development, RI Data Management Plan, RI Technical Management Plan (draft)	
Decision Management	**Level 1**	**Level 2**
Supporting Evidence Reference	Excerpt from RI Systems Security Plan, Herndon Data Center (RI Hardware), RI Data Management Plan, RI Technical Management Plan (draft)	
Logging	**Level 1**	**Level 1**
Supporting Evidence Reference		
Utility	**Level 1**	**Level 1**
Supporting Evidence Reference		

Technical Architecture Scorecard		
Technical Service Area	**As-Is Level of Component Capability**	**To-Be Level of Component Capability**
Financial Management - Overall Level		
Access and Delivery		
Client Support	**Level 3**	**Level 3**
Supporting Evidence Reference	EOHHS Data Management Plan, EOHHS Technical Management Plan (title subject to change), RI Data Management Plan, RI Technical Management Plan (draft)	
Business Intelligence	**Level 3**	**Level 3**
Supporting Evidence Reference	Accessing Data and Data Analysis, Better Service Through Better Data - Data Ecosystem Proposed vision and development, Business Objects Documentation Roadmap	
Forms and Reporting	**Level 1**	**Level 3**
Supporting Evidence Reference	Accessing Data and Data Analysis, Business Objects Documentation Roadmap, RI Data Management Plan, RI Technical Management Plan (draft)	
Performance Measurement	**Level 1**	**Level 2**

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Technical Architecture Scorecard		
Technical Service Area	**As-Is Level of Component Capability**	**To-Be Level of Component Capability**
Financial Management - Overall Level		
Supporting Evidence Reference	Business Design Document SUR Profiler, RI Data Management Plan, RI Technical Management Plan (draft)	
Security and Privacy	**Level 2**	**Level 2**
Supporting Evidence Reference	Excerpt from RI Systems Security Plan, Herndon Data Center (RI Hardware), RI Data Management Plan, RI Technical Management Plan (draft)	
Intermediary and Interface		
Business Process Management	**Level 2**	**Level 2**
Supporting Evidence Reference	Excerpt from RI Systems Security Plan, Herndon Data Center (RI Hardware), RI Data Management Plan, RI Technical Management Plan (draft)	
Relationship Management	**Level 2**	**Level 2**
Supporting Evidence Reference	RI Data Management Plan, RI Technical Management Plan (draft)	
Data Connectivity	**Level 1**	**Level 2**
Supporting Evidence Reference	Better Service Through Better Data - Data Ecosystem Proposed vision and development, RI Data Management Plan, RI Technical Management Plan (draft)	
Service Oriented Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
System Extensibility	**Level 2**	**Level 2**
Supporting Evidence Reference	Rhode Island Tables Manual - Enhancement Project, Rhode Island UHIP Conceptual Architecture, Rhode Island Unified Health Infrastructure Project (UHIP) System Architecture Design (Plan 10), RI Data Management Plan, RI Technical Management Plan (draft), RI_System_Architecture _10	
Integration and Utility		
Configuration Management	**Level 1**	**Level 2**
Supporting Evidence Reference	10-14 Configuration Management Policy, Better Service Through Better Data - Data Ecosystem Proposed vision and development, RI Data Management Plan, RI Technical Management Plan (draft)	
Data Access and Management	**Level 2**	**Level 2**
Supporting Evidence Reference	4.3MMIS Data Base Schema, Better Service Through Better Data - Data Ecosystem Proposed vision and development, RI Data Management Plan, RI Technical Management Plan (draft)	

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Technical Architecture Scorecard		
Technical Service Area	**As-Is Level of Component Capability**	**To-Be Level of Component Capability**
Financial Management - Overall Level		
Decision Management	**Level 2**	**Level 2**
Supporting Evidence Reference	Excerpt from RI Systems Security Plan, Herndon Data Center (RI Hardware), RI Data Management Plan, RI Technical Management Plan (draft)	
Logging	**Level 1**	**Level 1**
Supporting Evidence Reference		
Utility	**Level 2**	**Level 2**
Supporting Evidence Reference	MMIS Data Overview, RI Bridges Technical Architecture, RI Data Management Plan, RI Technical Management Plan (draft), RI_System_Architecture _10	

Technical Architecture Scorecard		
Technical Service Area	**As-Is Level of Component Capability**	**To-Be Level of Component Capability**
Member Management - Overall Level		
Access and Delivery		
Client Support	**Level 3**	**Level 3**
Supporting Evidence Reference	EOHHS Data Management Plan, EOHHS Technical Management Plan (title subject to change), RI Data Management Plan, RI Technical Management Plan (draft)	
Business Intelligence	**Level 1**	**Level 3**
Supporting Evidence Reference	Accessing Data and Data Analysis, Better Service Through Better Data - Data Ecosystem Proposed vision and development, Business Objects Documentation Roadmap	
Forms and Reporting	**Level 1**	**Level 3**
Supporting Evidence Reference	Accessing Data and Data Analysis, Business Objects Documentation Roadmap, RI Data Management Plan, RI Technical Management Plan (draft)	
Performance Measurement	**Level 1**	**Level 2**
Supporting Evidence Reference	Business Design Document SUR Profiler, RI Data Management Plan, RI Technical Management Plan (draft)	
Security and Privacy	**Level 2**	**Level 2**
Supporting Evidence Reference	Excerpt from RI Systems Security Plan, Herndon Data Center (RI Hardware), RI Data Management Plan, RI Technical Management Plan (draft)	

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Technical Architecture Scorecard		
Technical Service Area	**As-Is Level of Component Capability**	**To-Be Level of Component Capability**
Member Management - Overall Level		
Intermediary and Interface		
Business Process Management	**Level 2**	**Level 2**
Supporting Evidence Reference	Excerpt from RI Systems Security Plan, Herndon Data Center (RI Hardware), RI Data Management Plan, RI Technical Management Plan (draft)	
Relationship Management	**Level 2**	**Level 2**
Supporting Evidence Reference	RI Data Management Plan, RI Technical Management Plan (draft)	
Data Connectivity	**Level 1**	**Level 2**
Supporting Evidence Reference	RI Data Management Plan, RI Technical Management Plan (draft)	
Service Oriented Architecture	**Level 2**	**Level 2**
Supporting Evidence Reference	RI Bridges Technical Architecture, RI Data Management Plan, RI Technical Management Plan (draft), RI_System_Architecture _10	
System Extensibility	**Level 2**	**Level 2**
Supporting Evidence Reference	Rhode Island Tables Manual - Enhancement Project, Rhode Island UHIP Conceptual Architecture, Rhode Island Unified Health Infrastructure Project (UHIP) System Architecture Design (Plan 10), RI Data Management Plan, RI Technical Management Plan (draft), RI_System_Architecture _10	
Integration and Utility		
Configuration Management	**Level 1**	**Level 2**
Supporting Evidence Reference	10-14 Configuration Management Policy, Better Service Through Better Data - Data Ecosystem Proposed vision and development, RI Data Management Plan, RI Technical Management Plan (draft)	
Data Access and Management	**Level 2**	**Level 2**
Supporting Evidence Reference	4.3MMIS Data Base Schema, Better Service Through Better Data - Data Ecosystem Proposed vision and development, RI Data Management Plan, RI Technical Management Plan (draft)	
Decision Management	**Level 2**	**Level 2**
Supporting Evidence Reference	Excerpt from RI Systems Security Plan, Herndon Data Center (RI Hardware), RI Data Management Plan, RI Technical Management Plan (draft)	
Logging	**Level 1**	**Level 1**

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Technical Architecture Scorecard		
Technical Service Area	**As-Is Level of Component Capability**	**To-Be Level of Component Capability**
Member Management - Overall Level		
Supporting Evidence Reference		
Utility	**Level 2**	**Level 2**
Supporting Evidence Reference	MMIS Data Overview, RI Bridges Technical Architecture, RI Data Management Plan, RI Technical Management Plan (draft), RI_System_Architecture _10	

Technical Architecture Scorecard		
Technical Service Area	**As-Is Level of Component Capability**	**To-Be Level of Component Capability**
Operations Management - Overall Level		
Access and Delivery		
Client Support	**Level 3**	**Level 3**
Supporting Evidence Reference	EOHHS Data Management Plan, EOHHS Technical Management Plan (title subject to change), RI Data Management Plan, RI Technical Management Plan (draft)	
Business Intelligence	**Level 2**	**Level 4**
Supporting Evidence Reference	Accessing Data and Data Analysis, Better Service Through Better Data - Data Ecosystem Proposed vision and development, Business Objects Documentation Roadmap	
Forms and Reporting	**Level 1**	**Level 3**
Supporting Evidence Reference	Accessing Data and Data Analysis, Business Objects Documentation Roadmap, RI Data Management Plan, RI Technical Management Plan (draft)	
Performance Measurement	**Level 1**	**Level 2**
Supporting Evidence Reference	Business Design Document SUR Profiler, RI Data Management Plan, RI Technical Management Plan (draft)	
Security and Privacy	**Level 2**	**Level 3**
Supporting Evidence Reference	Excerpt from RI Systems Security Plan, Herndon Data Center (RI Hardware), RI Data Management Plan, RI Technical Management Plan (draft)	
Intermediary and Interface		
Business Process Management	**Level 2**	**Level 2**
Supporting Evidence Reference	Excerpt from RI Systems Security Plan, Herndon Data Center (RI Hardware), RI Data Management Plan, RI Technical Management Plan (draft)	

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Technical Architecture Scorecard		
Technical Service Area	**As-Is Level of Component Capability**	**To-Be Level of Component Capability**
Operations Management - Overall Level		
Relationship Management	**Level 2**	**Level 3**
Supporting Evidence Reference	RI Data Management Plan, RI Technical Management Plan (draft)	
Data Connectivity	**Level 1**	**Level 2**
Supporting Evidence Reference	RI Data Management Plan, RI Technical Management Plan (draft)	
Service Oriented Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
System Extensibility	**Level 2**	**Level 2**
Supporting Evidence Reference	Rhode Island Tables Manual - Enhancement Project, Rhode Island UHIP Conceptual Architecture, Rhode Island Unified Health Infrastructure Project (UHIP) System Architecture Design (Plan 10), RI Data Management Plan, RI Technical Management Plan (draft), RI_System_Architecture _10	
Integration and Utility		
Configuration Management	**Level 1**	**Level 2**
Supporting Evidence Reference	10-14 Configuration Management Policy, Better Service Through Better Data - Data Ecosystem Proposed vision and development, RI Data Management Plan, RI Technical Management Plan (draft)	
Data Access and Management	**Level 1**	**Level 2**
Supporting Evidence Reference	4.3MMIS Data Base Schema, Better Service Through Better Data - Data Ecosystem Proposed vision and development, RI Data Management Plan, RI Technical Management Plan (draft)	
Decision Management	**Level 2**	**Level 3**
Supporting Evidence Reference	Excerpt from RI Systems Security Plan, Herndon Data Center (RI Hardware), RI Data Management Plan, RI Technical Management Plan (draft)	
Logging	**Level 1**	**Level 1**
Supporting Evidence Reference		
Utility	**Level 2**	**Level 2**
Supporting Evidence Reference	MMIS Data Overview, RI Bridges Technical Architecture, RI Data Management Plan, RI Technical Management Plan (draft), RI_System_Architecture _10	

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Technical Architecture Scorecard		
Technical Service Area	**As-Is Level of Component Capability**	**To-Be Level of Component Capability**
Performance Management - Overall Level		
Access and Delivery		
Client Support	**Level 3**	**Level 3**
Supporting Evidence Reference	EOHHS Data Management Plan, EOHHS Technical Management Plan (title subject to change), RI Data Management Plan, RI Technical Management Plan (draft)	
Business Intelligence	**Level 2**	**Level 4**
Supporting Evidence Reference	Accessing Data and Data Analysis, Better Service Through Better Data - Data Ecosystem Proposed vision and development, Business Objects Documentation Roadmap	
Forms and Reporting	**Level 1**	**Level 3**
Supporting Evidence Reference	Accessing Data and Data Analysis, Business Objects Documentation Roadmap, RI Data Management Plan, RI Technical Management Plan (draft)	
Performance Measurement	**Level 1**	**Level 2**
Supporting Evidence Reference	Business Design Document SUR Profiler, RI Data Management Plan, RI Technical Management Plan (draft)	
Security and Privacy	**Level 2**	**Level 3**
Supporting Evidence Reference	Excerpt from RI Systems Security Plan, Herndon Data Center (RI Hardware), RI Data Management Plan, RI Technical Management Plan (draft)	
Intermediary and Interface		
Business Process Management	**Level 2**	**Level 2**
Supporting Evidence Reference	Excerpt from RI Systems Security Plan, Herndon Data Center (RI Hardware), RI Data Management Plan, RI Technical Management Plan (draft)	
Relationship Management	**Level 2**	**Level 3**
Supporting Evidence Reference	RI Data Management Plan, RI Technical Management Plan (draft)	
Data Connectivity	**Level 1**	**Level 2**
Supporting Evidence Reference	RI Data Management Plan, RI Technical Management Plan (draft)	
Service Oriented Architecture	**Level 2**	**Level 3**
Supporting Evidence Reference	RI Bridges Technical Architecture, RI Data Management Plan, RI Technical Management Plan (draft), RI_System_Architecture _10	
System Extensibility	**Level 2**	**Level 3**

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Technical Architecture Scorecard		
Technical Service Area	**As-Is Level of Component Capability**	**To-Be Level of Component Capability**
Performance Management - Overall Level		
Supporting Evidence Reference	Rhode Island Tables Manual - Enhancement Project, Rhode Island UHIP Conceptual Architecture, Rhode Island Unified Health Infrastructure Project (UHIP) System Architecture Design (Plan 10), RI Data Management Plan, RI Technical Management Plan (draft), RI_System_Architecture _10	
Integration and Utility		
Configuration Management	**Level 1**	**Level 2**
Supporting Evidence Reference	10-14 Configuration Management Policy, Better Service Through Better Data - Data Ecosystem Proposed vision and development, RI Data Management Plan, RI Technical Management Plan (draft)	
Data Access and Management	**Level 1**	**Level 2**
Supporting Evidence Reference	4.3MMIS Data Base Schema, Better Service Through Better Data - Data Ecosystem Proposed vision and development, RI Data Management Plan, RI Technical Management Plan (draft)	
Decision Management	**Level 2**	**Level 3**
Supporting Evidence Reference	Excerpt from RI Systems Security Plan, Herndon Data Center (RI Hardware), RI Data Management Plan, RI Technical Management Plan (draft)	
Logging	**Level 1**	**Level 1**
Supporting Evidence Reference		
Utility	**Level 2**	**Level 2**
Supporting Evidence Reference	MMIS Data Overview, RI Bridges Technical Architecture, RI Data Management Plan, RI Technical Management Plan (draft), RI_System_Architecture _10	

Technical Architecture Scorecard		
Technical Service Area	**As-Is Level of Component Capability**	**To-Be Level of Component Capability**
Plan Management - Overall Level		
Access and Delivery		
Client Support	**Level 1**	**Level 1**
Supporting Evidence Reference		
Business Intelligence	**Level 1**	**Level 1**

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Technical Architecture Scorecard		
Technical Service Area	**As-Is Level of Component Capability**	**To-Be Level of Component Capability**
Plan Management - Overall Level		
Supporting Evidence Reference		
Forms and Reporting	**Level 1**	**Level 1**
Supporting Evidence Reference		
Performance Measurement	**Level 1**	**Level 1**
Supporting Evidence Reference		
Security and Privacy	**Level 1**	**Level 1**
Supporting Evidence Reference		
Intermediary and Interface		
Business Process Management	**Level 1**	**Level 1**
Supporting Evidence Reference		
Relationship Management	**Level 1**	**Level 1**
Supporting Evidence Reference		
Data Connectivity	**Level 1**	**Level 1**
Supporting Evidence Reference		
Service Oriented Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
System Extensibility	**Level 1**	**Level 1**
Supporting Evidence Reference		
Integration and Utility		
Configuration Management	**Level 1**	**Level 1**
Supporting Evidence Reference		
Data Access and Management	**Level 1**	**Level 1**
Supporting Evidence Reference		
Decision Management	**Level 1**	**Level 1**
Supporting Evidence Reference		
Logging	**Level 1**	**Level 1**
Supporting Evidence Reference		
Utility	**Level 1**	**Level 1**
Supporting Evidence Reference		

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Technical Architecture Scorecard		
Technical Service Area	**As-Is Level of Component Capability**	**To-Be Level of Component Capability**
Provider Management - Overall Level		
Access and Delivery		
Client Support	**Level 3**	**Level 3**
Supporting Evidence Reference	EOHHS Data Management Plan, EOHHS Technical Management Plan (title subject to change), RI Data Management Plan, RI Technical Management Plan (draft)	
Business Intelligence	**Level 3**	**Level 3**
Supporting Evidence Reference	Accessing Data and Data Analysis, Better Service Through Better Data - Data Ecosystem Proposed vision and development, Business Objects Documentation Roadmap	
Forms and Reporting	**Level 1**	**Level 3**
Supporting Evidence Reference	Accessing Data and Data Analysis, Business Objects Documentation Roadmap, RI Data Management Plan, RI Technical Management Plan (draft)	
Performance Measurement	**Level 1**	**Level 2**
Supporting Evidence Reference	Business Design Document SUR Profiler, RI Data Management Plan, RI Technical Management Plan (draft)	
Security and Privacy	**Level 2**	**Level 2**
Supporting Evidence Reference	Excerpt from RI Systems Security Plan, Herndon Data Center (RI Hardware), RI Data Management Plan, RI Technical Management Plan (draft)	
Intermediary and Interface		
Business Process Management	**Level 2**	**Level 2**
Supporting Evidence Reference	Excerpt from RI Systems Security Plan, Herndon Data Center (RI Hardware), RI Data Management Plan, RI Technical Management Plan (draft)	
Relationship Management	**Level 2**	**Level 2**
Supporting Evidence Reference	RI Data Management Plan, RI Technical Management Plan (draft)	
Data Connectivity	**Level 1**	**Level 2**
Supporting Evidence Reference	RI Data Management Plan, RI Technical Management Plan (draft)	
Service Oriented Architecture	**Level 2**	**Level 2**
Supporting Evidence Reference	RI Bridges Technical Architecture, RI Data Management Plan, RI Technical Management Plan (draft), RI_System_Architecture _10	
System Extensibility	**Level 2**	**Level 2**

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Technical Architecture Scorecard		
Technical Service Area	**As-Is Level of Component Capability**	**To-Be Level of Component Capability**
Provider Management - Overall Level		
Supporting Evidence Reference	Rhode Island Tables Manual - Enhancement Project, Rhode Island UHIP Conceptual Architecture, Rhode Island Unified Health Infrastructure Project (UHIP) System Architecture Design (Plan 10), RI Data Management Plan, RI Technical Management Plan (draft), RI_System_Architecture _10	
Integration and Utility		
Configuration Management	**Level 1**	**Level 2**
Supporting Evidence Reference	10-14 Configuration Management Policy, Better Service Through Better Data - Data Ecosystem Proposed vision and development, RI Data Management Plan, RI Technical Management Plan (draft)	
Data Access and Management	**Level 2**	**Level 2**
Supporting Evidence Reference	4.3MMIS Data Base Schema, Better Service Through Better Data - Data Ecosystem Proposed vision and development, RI Data Management Plan, RI Technical Management Plan (draft)	
Decision Management	**Level 2**	**Level 2**
Supporting Evidence Reference	Excerpt from RI Systems Security Plan, Herndon Data Center (RI Hardware), RI Data Management Plan, RI Technical Management Plan (draft)	
Logging	**Level 1**	**Level 1**
Supporting Evidence Reference		
Utility	**Level 2**	**Level 2**
Supporting Evidence Reference	MMIS Data Overview, RI Bridges Technical Architecture, RI Data Management Plan, RI Technical Management Plan (draft), RI_System_Architecture _10	

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APPENDIX D - TECHNICAL ARCHITECTURE PROFILES

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

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APPENDIX E - SEVEN CONDITIONS AND STANDARDS SCORECARDS

Seven Conditions and Standards Scorecard		
MITA Business Area	**As-Is Level of Business Capability**	**To-Be Level of Business Capability**
BR - Business Relationship Management		
Modularity Standard		
Business Architecture	**Level 2**	**Level 2**
Supporting Evidence Reference	CFR 45, RI State Plan	
Information Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Technical Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
MITA Condition		
Business Architecture	**Level 4**	**Level 5**
Supporting Evidence Reference	RI MITA 2.0 SS-A	
Information Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Technical Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Industry Standards Condition		
Business Architecture	**Level 2**	**Level 3**
Supporting Evidence Reference	CFR 45, RI State Plan	
Information Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Technical Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Leverage Condition		
Business Architecture	**Level 2**	**Level 3**
Supporting Evidence Reference	CFR 45, RI State Plan	
Information Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		

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Seven Conditions and Standards Scorecard		
MITA Business Area	**As-Is Level of Business Capability**	**To-Be Level of Business Capability**
BR - Business Relationship Management		
Technical Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Business Results Condition		
Business Architecture	**Level 1**	**Level 2**
Supporting Evidence Reference	CFR 45, RI State Plan	
Information Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Technical Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Reporting Condition		
Business Architecture	**Level 2**	**Level 2**
Supporting Evidence Reference	CFR 45, RI State Plan	
Information Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Technical Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Interoperability Condition		
Business Architecture	**Level 2**	**Level 3**
Supporting Evidence Reference	CFR 45, RI State Plan	
Information Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Technical Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		

Seven Conditions and Standards Scorecard		
MITA Business Area	**As-Is Level of Business Capability**	**To-Be Level of Business Capability**
CM - Care Management		
Modularity Standard		
Business Architecture	**Level 2**	**Level 3**

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Seven Conditions and Standards Scorecard		
MITA Business Area	**As-Is Level of Business Capability**	**To-Be Level of Business Capability**
CM - Care Management		
Supporting Evidence Reference	CFR 45, EOHHS Website, Provider Manual, RI State	
Information Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Technical Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
MITA Condition		
Business Architecture	**Level 4**	**Level 5**
Supporting Evidence Reference	RI MITA 2.0 SS-A	
Information Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Technical Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Industry Standards Condition		
Business Architecture	**Level 2**	**Level 3**
Supporting Evidence Reference	CFR 45, EOHHS Website, Provider Manual, RI State	
Information Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Technical Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Leverage Condition		
Business Architecture	**Level 2**	**Level 3**
Supporting Evidence Reference	CFR 45, EOHHS Website, Provider Manual, RI State	
Information Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Technical Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Business Results Condition		
Business Architecture	**Level 1**	**Level 3**
Supporting Evidence Reference	CFR 45, EOHHS Website, Provider Manual, RI State	
Information Architecture	**Level 1**	**Level 1**

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Seven Conditions and Standards Scorecard		
MITA Business Area	**As-Is Level of Business Capability**	**To-Be Level of Business Capability**
CM - Care Management		
Supporting Evidence Reference		
Technical Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Reporting Condition		
Business Architecture	**Level 2**	**Level 3**
Supporting Evidence Reference	CFR 45, EOHHS Website, Provider Manual, RI State	
Information Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Technical Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Interoperability Condition		
Business Architecture	**Level 2**	**Level 3**
Supporting Evidence Reference	CFR 45, EOHHS Website, Provider Manual, RI State	
Information Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Technical Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		

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Seven Conditions and Standards Scorecard		
MITA Business Area	**As-Is Level of Business Capability**	**To-Be Level of Business Capability**
CO - Contractor Management		
Modularity Standard		
Business Architecture	**Level 1**	**Level 3**
Supporting Evidence Reference	Contractor Credentialing - Cedar Family Centers Practice Standards, Contracts - Division of Purchasing, Secretary of State Website	
Information Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Technical Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
MITA Condition		
Business Architecture	**Level 4**	**Level 5**
Supporting Evidence Reference	RI MITA 2.0 SS-A	
Information Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Technical Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Industry Standards Condition		
Business Architecture	**Level 2**	**Level 3**
Supporting Evidence Reference	Contractor Credentialing - Cedar Family Centers Practice Standards, Contracts - Division of Purchasing, Secretary of State Website	
Information Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Technical Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Leverage Condition		
Business Architecture	**Level 1**	**Level 3**
Supporting Evidence Reference	Contractor Credentialing - Cedar Family Centers Practice Standards, Contracts - Division of Purchasing, Secretary of State Website	
Information Architecture	**Level 1**	**Level 1**

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Supporting Evidence Reference		
Technical Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Business Results Condition		
Business Architecture	**Level 1**	**Level 3**
Supporting Evidence Reference	Contractor Credentialing - Cedar Family Centers Practice Standards, Contracts - Division of Purchasing, Secretary of State Website	
Information Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Technical Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Reporting Condition		
Business Architecture	**Level 2**	**Level 3**
Supporting Evidence Reference	Contractor Credentialing - Cedar Family Centers Practice Standards, Contracts - Division of Purchasing, Secretary of State Website	
Information Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Technical Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Interoperability Condition		
Business Architecture	**Level 2**	**Level 3**
Supporting Evidence Reference	Contractor Credentialing - Cedar Family Centers Practice Standards, Contracts - Division of Purchasing, Secretary of State Website	
Information Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Technical Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		

Seven Conditions and Standards Scorecard		
MITA Business Area	**As-Is Level of Business Capability**	**To-Be Level of Business Capability**
EE - Eligibility and Enrollment Management		
Modularity Standard		

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Seven Conditions and Standards Scorecard		
MITA Business Area	**As-Is Level of Business Capability**	**To-Be Level of Business Capability**
EE - Eligibility and Enrollment Management		
Business Architecture	**Level 2**	**Level 3**
Supporting Evidence Reference	Case Management Mandates, Contracts - Division of Purchasing, EOHHS Website, Provider Manual, Quarterly Contract Monitoring Operations Dashboard	
Information Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Technical Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
MITA Condition		
Business Architecture	**Level 4**	**Level 5**
Supporting Evidence Reference	RI MITA 2.0 SS-A	
Information Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Technical Architecture	**Level 1**	**Level 2**
Supporting Evidence Reference	RI MITA 2.0 SS-A	
Industry Standards Condition		
Business Architecture	**Level 2**	**Level 3**
Supporting Evidence Reference	Case Management Mandates, Contracts - Division of Purchasing, EOHHS Website, Provider Manual, Quarterly Contract Monitoring Operations Dashboard Case Management Mandates, Contracts - Division of Purchasing, EOHHS Website, Provider Manual, Quarterly Contract Monitoring Operations Dashboard	
Information Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Technical Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Leverage Condition		
Business Architecture	**Level 1**	**Level 3**
Supporting Evidence Reference	Case Management Mandates, Contracts - Division of Purchasing, EOHHS Website, Provider Manual, Quarterly Contract Monitoring Operations Dashboard	

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Seven Conditions and Standards Scorecard		
MITA Business Area	**As-Is Level of Business Capability**	**To-Be Level of Business Capability**
EE - Eligibility and Enrollment Management		
Information Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Technical Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Business Results Condition		
Business Architecture	**Level 1**	**Level 3**
Supporting Evidence Reference	Case Management Mandates, Contracts - Division of Purchasing, EOHHS Website, Provider Manual, Quarterly Contract Monitoring Operations Dashboard	
Information Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Technical Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Reporting Condition		
Business Architecture	**Level 2**	**Level 3**
Supporting Evidence Reference	Case Management Mandates, Contracts - Division of Purchasing, EOHHS Website, Provider Manual, Quarterly Contract Monitoring Operations Dashboard	
Information Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Technical Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Interoperability Condition		
Business Architecture	**Level 2**	**Level 3**
Supporting Evidence Reference	Case Management Mandates, Contracts - Division of Purchasing, EOHHS Website, Provider Manual, Quarterly Contract Monitoring Operations Dashboard	
Information Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Technical Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		

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Seven Conditions and Standards Scorecard		
MITA Business Area	**As-Is Level of Business Capability**	**To-Be Level of Business Capability**
FM - Financial Management		
Modularity Standard		
Business Architecture	**Level 2**	**Level 3**
Supporting Evidence Reference	CFR 45, Contracts - Division of Purchasing, Quarterly Contract Monitoring Operations Dashboard, RI State Plan	
Information Architecture	**Level 1**	**Level 3**
Supporting Evidence Reference	EOHHS Data Management Plan, RI Data Management Plan	
Technical Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
MITA Condition		
Business Architecture	**Level 4**	**Level 5**
Supporting Evidence Reference	RI MITA 2.0 SS-A	
Information Architecture	**Level 1**	**Level 2**
Supporting Evidence Reference	EOHHS Data Management Plan, RI Data Management Plan	
Technical Architecture	**Level 2**	**Level 2**
Supporting Evidence Reference	RI MITA 2.0 SS-A	
Industry Standards Condition		
Business Architecture	**Level 2**	**Level 3**
Supporting Evidence Reference	CFR 45, Contracts - Division of Purchasing, Quarterly Contract Monitoring Operations Dashboard, RI State Plan	
Information Architecture	**Level 1**	**Level 2**
Supporting Evidence Reference	EOHHS Data Management Plan, RI Data Management Plan	
Technical Architecture	**Level 2**	**Level 2**
Supporting Evidence Reference	EOHHS Technical Management Plan (title subject to change), RI Technical Management Plan (draft)	
Leverage Condition		
Business Architecture	**Level 2**	**Level 3**
Supporting Evidence Reference	CFR 45, Contracts - Division of Purchasing, Quarterly Contract Monitoring Operations Dashboard, RI State Plan	
Information Architecture	**Level 1**	**Level 2**

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Seven Conditions and Standards Scorecard		
MITA Business Area	**As-Is Level of Business Capability**	**To-Be Level of Business Capability**
FM - Financial Management		
Supporting Evidence Reference	EOHHS Data Management Plan, RI Data Management Plan	
Technical Architecture	**Level 1**	**Level 2**
Supporting Evidence Reference	EOHHS Technical Management Plan (title subject to change), RI Technical Management Plan (draft)	
Business Results Condition		
Business Architecture	**Level 2**	**Level 2**
Supporting Evidence Reference	CFR 45, Contracts - Division of Purchasing, Quarterly Contract Monitoring Operations Dashboard, RI State Plan	
Information Architecture	**Level 1**	**Level 2**
Supporting Evidence Reference	EOHHS Data Management Plan, RI Data Management Plan	
Technical Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference	EOHHS Technical Management Plan (title subject to change), RI Technical Management Plan (draft)	
Reporting Condition		
Business Architecture	**Level 2**	**Level 3**
Supporting Evidence Reference	CFR 45, Contracts - Division of Purchasing, Quarterly Contract Monitoring Operations Dashboard, RI State Plan	
Information Architecture	**Level 1**	**Level 2**
Supporting Evidence Reference	EOHHS Data Management Plan, RI Data Management Plan	
Technical Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Interoperability Condition		
Business Architecture	**Level 2**	**Level 3**
Supporting Evidence Reference	CFR 45, Contracts - Division of Purchasing, Quarterly Contract Monitoring Operations Dashboard, RI State Plan	
Information Architecture	**Level 1**	**Level 2**
Supporting Evidence Reference	EOHHS Data Management Plan, RI Data Management Plan	
Technical Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		

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Seven Conditions and Standards Scorecard		
MITA Business Area	**As-Is Level of Business Capability**	**To-Be Level of Business Capability**
ME - Member Management		
Modularity Standard		
Business Architecture	**Level 2**	**Level 3**
Supporting Evidence Reference	Contracts - Division of Purchasing, EOHHS Website, RI State Plan	
Information Architecture	**Level 1**	**Level 3**
Supporting Evidence Reference	EOHHS Data Management Plan, RI Data Management Plan	
Technical Architecture	**Level 1**	**Level 2**
Supporting Evidence Reference	EOHHS Technical Management Plan (title subject to change), RI Technical Management Plan (draft)	
MITA Condition		
Business Architecture	**Level 4**	**Level 5**
Supporting Evidence Reference	RI MITA 2.0 SS-A	
Information Architecture	**Level 1**	**Level 2**
Supporting Evidence Reference	EOHHS Data Management Plan, RI Data Management Plan	
Technical Architecture	**Level 2**	**Level 2**
Supporting Evidence Reference	RI MITA 2.0 SS-A	
Industry Standards Condition		
Business Architecture	**Level 2**	**Level 3**
Supporting Evidence Reference	Contracts - Division of Purchasing, EOHHS Website, RI State Plan	
Information Architecture	**Level 1**	**Level 2**
Supporting Evidence Reference	EOHHS Data Management Plan, RI Data Management Plan	
Technical Architecture	**Level 2**	**Level 2**
Supporting Evidence Reference	EOHHS Technical Management Plan (title subject to change), RI Technical Management Plan (draft)	
Leverage Condition		
Business Architecture	**Level 2**	**Level 2**
Supporting Evidence Reference	Contracts - Division of Purchasing, EOHHS Website, RI State Plan	
Information Architecture	**Level 1**	**Level 2**
Supporting Evidence Reference	EOHHS Data Management Plan, RI Data Management Plan	
Technical Architecture	**Level 1**	**Level 2**

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Seven Conditions and Standards Scorecard		
MITA Business Area	**As-Is Level of Business Capability**	**To-Be Level of Business Capability**
ME - Member Management		
Supporting Evidence Reference	EOHHS Technical Management Plan (title subject to change), RI Technical Management Plan (draft)	
Business Results Condition		
Business Architecture	**Level 1**	**Level 3**
Supporting Evidence Reference	Contracts - Division of Purchasing, EOHHS Website, RI State Plan	
Information Architecture	**Level 1**	**Level 2**
Supporting Evidence Reference	EOHHS Data Management Plan, RI Data Management Plan	
Technical Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Reporting Condition		
Business Architecture	**Level 2**	**Level 3**
Supporting Evidence Reference	Contracts - Division of Purchasing, EOHHS Website, RI State Plan	
Information Architecture	**Level 1**	**Level 2**
Supporting Evidence Reference	EOHHS Data Management Plan, RI Data Management Plan	
Technical Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Interoperability Condition		
Business Architecture	**Level 2**	**Level 3**
Supporting Evidence Reference	Contracts - Division of Purchasing, EOHHS Website, RI State Plan	
Information Architecture	**Level 1**	**Level 2**
Supporting Evidence Reference	EOHHS Data Management Plan, RI Data Management Plan	
Technical Architecture	**Level 2**	**Level 2**
Supporting Evidence Reference	EOHHS Technical Management Plan (title subject to change), RI Technical Management Plan (draft)	

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Seven Conditions and Standards Scorecard		
MITA Business Area	**As-Is Level of Business Capability**	**To-Be Level of Business Capability**
OM - Operations Management		
Modularity Standard		
Business Architecture	**Level 3**	**Level 3**
Supporting Evidence Reference	CFR 45, Contracts - Division of Purchasing, RI State Plan	
Information Architecture	**Level 1**	**Level 3**
Supporting Evidence Reference	EOHHS Data Management Plan, RI Data Management Plan	
Technical Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
MITA Condition		
Business Architecture	**Level 4**	**Level 5**
Supporting Evidence Reference	RI MITA 2.0 SS-A	
Information Architecture	**Level 1**	**Level 2**
Supporting Evidence Reference	EOHHS Data Management Plan, RI Data Management Plan	
Technical Architecture	**Level 2**	**Level 2**
Supporting Evidence Reference	RI MITA 2.0 SS-A	
Industry Standards Condition		
Business Architecture	**Level 3**	**Level 3**
Supporting Evidence Reference	Contracts - Division of Purchasing, EOHHS Website, RI State Plan	
Information Architecture	**Level 1**	**Level 2**
Supporting Evidence Reference	EOHHS Data Management Plan, RI Data Management Plan	
Technical Architecture	**Level 2**	**Level 2**
Supporting Evidence Reference	EOHHS Technical Management Plan (title subject to change), RI Technical Management Plan (draft)	
Leverage Condition		
Business Architecture	**Level 3**	**Level 3**
Supporting Evidence Reference	Contracts - Division of Purchasing	
Information Architecture	**Level 1**	**Level 2**
Supporting Evidence Reference	EOHHS Data Management Plan, RI Data Management Plan	
Technical Architecture	**Level 1**	**Level 2**
Supporting Evidence Reference	EOHHS Technical Management Plan (title subject to change), RI Technical Management Plan (draft)	

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Seven Conditions and Standards Scorecard		
MITA Business Area	**As-Is Level of Business Capability**	**To-Be Level of Business Capability**
OM - Operations Management		
Business Results Condition		
Business Architecture	**Level 3**	**Level 3**
Supporting Evidence Reference	Quarterly Contract Monitoring Operations	
Information Architecture	**Level 1**	**Level 2**
Supporting Evidence Reference	EOHHS Data Management Plan, RI Data Management Plan	
Technical Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Reporting Condition		
Business Architecture	**Level 2**	**Level 3**
Supporting Evidence Reference	Quarterly Contract Monitoring Operations	
Information Architecture	**Level 1**	**Level 3**
Supporting Evidence Reference	EOHHS Data Management Plan, RI Data Management Plan	
Technical Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Interoperability Condition		
Business Architecture	**Level 2**	**Level 3**
Supporting Evidence Reference	Contracts - Division of Purchasing, EOHHS Website, RI State Plan	
Information Architecture	**Level 1**	**Level 2**
Supporting Evidence Reference	EOHHS Data Management Plan, RI Data Management Plan	
Technical Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		

Seven Conditions and Standards Scorecard		
MITA Business Area	**As-Is Level of Business Capability**	**To-Be Level of Business Capability**
PE - Performance Management		
Modularity Standard		
Business Architecture	**Level 2**	**Level 3**
Supporting Evidence Reference	EOHHS Website	

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Seven Conditions and Standards Scorecard		
MITA Business Area	**As-Is Level of Business Capability**	**To-Be Level of Business Capability**
PE - Performance Management		
Information Architecture	**Level 1**	**Level 3**
Supporting Evidence Reference	EOHHS Data Management Plan, RI Data Management Plan	
Technical Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
MITA Condition		
Business Architecture	**Level 4**	**Level 5**
Supporting Evidence Reference	RI MITA 2.0 SS-A	
Information Architecture	**Level 1**	**Level 2**
Supporting Evidence Reference	EOHHS Data Management Plan, RI Data Management Plan	
Technical Architecture	**Level 2**	**Level 2**
Supporting Evidence Reference	RI MITA 2.0 SS-A	
Industry Standards Condition		
Business Architecture	**Level 3**	**Level 3**
Supporting Evidence Reference	EOHHS Website	
Information Architecture	**Level 1**	**Level 2**
Supporting Evidence Reference	EOHHS Data Management Plan, RI Data Management Plan	
Technical Architecture	**Level 2**	**Level 2**
Supporting Evidence Reference	EOHHS Technical Management Plan (title subject to change), RI Technical Management Plan (draft)	
Leverage Condition		
Business Architecture	**Level 3**	**Level 4**
Supporting Evidence Reference	Contracts - Division of Purchasing	
Information Architecture	**Level 1**	**Level 2**
Supporting Evidence Reference	EOHHS Data Management Plan, RI Data Management Plan	
Technical Architecture	**Level 1**	**Level 2**
Supporting Evidence Reference	EOHHS Technical Management Plan (title subject to change), RI Technical Management Plan (draft)	
Business Results Condition		
Business Architecture	**Level 2**	**Level 3**
Supporting Evidence Reference	CFR 42 - Public Health, Quarterly Contract Monitoring Operations Dashboard	

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Seven Conditions and Standards Scorecard		
MITA Business Area	**As-Is Level of Business Capability**	**To-Be Level of Business Capability**
PE - Performance Management		
Information Architecture	**Level 1**	**Level 2**
Supporting Evidence Reference	EOHHS Data Management Plan, RI Data Management Plan	
Technical Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Reporting Condition		
Business Architecture	**Level 3**	**Level 4**
Supporting Evidence Reference	Quarterly Contract Monitoring Operations Dashboard	
Information Architecture	**Level 1**	**Level 3**
Supporting Evidence Reference	EOHHS Data Management Plan, RI Data Management Plan	
Technical Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Interoperability Condition		
Business Architecture	**Level 2**	**Level 3**
Supporting Evidence Reference	EOHHS Website	
Information Architecture	**Level 1**	**Level 2**
Supporting Evidence Reference	EOHHS Data Management Plan, RI Data Management Plan	
Technical Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		

Seven Conditions and Standards Scorecard		
MITA Business Area	**As-Is Level of Business Capability**	**To-Be Level of Business Capability**
PL - Plan Management		
Modularity Standard		
Business Architecture	**Level 1**	**Level 2**
Supporting Evidence Reference	CFR 45, RI State Plan	
Information Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Technical Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		

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Seven Conditions and Standards Scorecard		
MITA Business Area	**As-Is Level of Business Capability**	**To-Be Level of Business Capability**
PL - Plan Management		
MITA Condition		
Business Architecture	**Level 4**	**Level 5**
Supporting Evidence Reference	RI MITA 2.0 SS-A	
Information Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Technical Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Industry Standards Condition		
Business Architecture	**Level 2**	**Level 3**
Supporting Evidence Reference	RI State Plan	
Information Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Technical Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Leverage Condition		
Business Architecture	**Level 2**	**Level 2**
Supporting Evidence Reference	CFR 45, RI State Plan	
Information Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Technical Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Business Results Condition		
Business Architecture	**Level 2**	**Level 2**
Supporting Evidence Reference	CFR 45, RI State Plan	
Information Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Technical Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Reporting Condition		
Business Architecture	**Level 2**	**Level 3**

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Seven Conditions and Standards Scorecard		
MITA Business Area	**As-Is Level of Business Capability**	**To-Be Level of Business Capability**
PL - Plan Management		
Supporting Evidence Reference	CFR 45, RI State Plan	
Information Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Technical Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Interoperability Condition		
Business Architecture	**Level 2**	**Level 3**
Supporting Evidence Reference	CFR 45, RI State Plan	
Information Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Technical Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		

Seven Conditions and Standards Scorecard		
MITA Business Area	**As-Is Level of Business Capability**	**To-Be Level of Business Capability**
PM - Provider Management		
Modularity Standard		
Business Architecture	**Level 3**	**Level 3**
Supporting Evidence Reference	Contracts - Division of Purchasing, EOHHS Website, Provider Manual, RI State Plan	
Information Architecture	**Level 1**	**Level 3**
Supporting Evidence Reference	EOHHS Data Management Plan, RI Data Management Plan	
Technical Architecture	**Level 1**	**Level 2**
Supporting Evidence Reference	EOHHS Technical Management Plan (title subject to change), RI Technical Management Plan (draft)	
MITA Condition		
Business Architecture	**Level 4**	**Level 5**
Supporting Evidence Reference	RI MITA 2.0 SS-A	
Information Architecture	**Level 1**	**Level 2**
Supporting Evidence Reference	EOHHS Data Management Plan, RI Data Management Plan	

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Seven Conditions and Standards Scorecard		
MITA Business Area	**As-Is Level of Business Capability**	**To-Be Level of Business Capability**
PM - Provider Management		
Technical Architecture	**Level 2**	**Level 2**
Supporting Evidence Reference	RI MITA 2.0 SS-A	
Industry Standards Condition		
Business Architecture	**Level 2**	**Level 3**
Supporting Evidence Reference	Contracts - Division of Purchasing, EOHHS Website, Provider Manual, RI State Plan	
Information Architecture	**Level 1**	**Level 2**
Supporting Evidence Reference	EOHHS Data Management Plan, RI Data Management Plan	
Technical Architecture	**Level 2**	**Level 2**
Supporting Evidence Reference	EOHHS Technical Management Plan (title subject to change), RI Technical Management Plan (draft)	
Leverage Condition		
Business Architecture	**Level 3**	**Level 3**
Supporting Evidence Reference	Contracts - Division of Purchasing, EOHHS Website, Provider Manual, RI State Plan	
Information Architecture	**Level 1**	**Level 2**
Supporting Evidence Reference	EOHHS Data Management Plan, RI Data Management Plan	
Technical Architecture	**Level 1**	**Level 2**
Supporting Evidence Reference	EOHHS Technical Management Plan (title subject to change), RI Technical Management Plan (draft)	
Business Results Condition		
Business Architecture	**Level 2**	**Level 3**
Supporting Evidence Reference	Contracts - Division of Purchasing, EOHHS Website, Provider Manual, RI State Plan	
Information Architecture	**Level 1**	**Level 2**
Supporting Evidence Reference	EOHHS Data Management Plan, RI Data Management Plan	
Technical Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Reporting Condition		
Business Architecture	**Level 2**	**Level 3**
Supporting Evidence Reference	Contracts - Division of Purchasing, EOHHS Website, Provider Manual, RI State Plan	

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Seven Conditions and Standards Scorecard		
MITA Business Area	**As-Is Level of Business Capability**	**To-Be Level of Business Capability**
PM - Provider Management		
Information Architecture	**Level 1**	**Level 2**
Supporting Evidence Reference	EOHHS Data Management Plan, RI Data Management Plan	
Technical Architecture	**Level 1**	**Level 1**
Supporting Evidence Reference		
Interoperability Condition		
Business Architecture	**Level 2**	**Level 3**
Supporting Evidence Reference	Contracts - Division of Purchasing, EOHHS Website, Provider Manual, RI State Plan	
Information Architecture	**Level 1**	**Level 2**
Supporting Evidence Reference	EOHHS Data Management Plan, RI Data Management Plan	
Technical Architecture	**Level 2**	**Level 2**
Supporting Evidence Reference	EOHHS Technical Management Plan (title subject to change), RI Technical Management Plan (draft)	

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APPENDIX F - SEVEN CONDITIONS AND STANDARDS PROFILES

Seven Conditions and Standards Profile		
MITA Business Area	***As-Is Level of Business Capability***	***To-Be Level of Business Capability***
Business area: <MITA Business Area Title>		
Condition/Standard	**Level #**	**Level #**
Business Area: Business Relationship Management		
Modularity Standard	Level 1	Level 1
MITA Condition	Level 1	Level 1
Industry Standards Condition	Level 1	Level 1
Leverage Condition	Level 1	Level 1
Business Results Condition	Level 1	Level 1
Reporting Condition	Level 1	Level 1
Interoperability Condition	Level 1	Level 1
Business Area: Care Management		
Modularity Standard	Level 1	Level 1
MITA Condition	Level 1	Level 1
Industry Standards Condition	Level 1	Level 1
Leverage Condition	Level 1	Level 1
Business Results Condition	Level 1	Level 1
Reporting Condition	Level 1	Level 1
Interoperability Condition	Level 1	Level 1
Business Area: Contractor Management		
Modularity Standard	Level 1	Level 1

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MITA Condition	Level 1	Level 1
Industry Standards Condition	Level 1	Level 1
Leverage Condition	Level 1	Level 1
Business Results Condition	Level 1	Level 1
Reporting Condition	Level 1	Level 1
Interoperability Condition	Level 1	Level 1
Business Area: Eligibility and Enrollment Management		
Modularity Standard	Level 1	Level 1
MITA Condition	Level 1	Level 1
Industry Standards Condition	Level 1	Level 1
Leverage Condition	Level 1	Level 1
Business Results Condition	Level 1	Level 1
Reporting Condition	Level 1	Level 1
Interoperability Condition	Level 1	Level 1
Business Area: Financial Management		
Modularity Standard	Level 1	Level 1
MITA Condition	Level 1	Level 2
Industry Standards Condition	Level 1	Level 2
Leverage Condition	Level 1	Level 2
Business Results Condition	Level 1	Level 1
Reporting Condition	Level 1	Level 1
Interoperability Condition	Level 1	Level 1
Business Area: Member Management		
Modularity Standard	Level 1	Level 2

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MITA Condition	Level 1	Level 2
Industry Standards Condition	Level 1	Level 2
Leverage Condition	Level 1	Level 2
Business Results Condition	Level 1	Level 1
Reporting Condition	Level 1	Level 1
Interoperability Condition	Level 1	Level 2
Business Area: Operations Management		
Modularity Standard	Level 1	Level 1
MITA Condition	Level 1	Level 2
Industry Standards Condition	Level 1	Level 2
Leverage Condition	Level 1	Level 2
Business Results Condition	Level 1	Level 1
Reporting Condition	Level 1	Level 1
Interoperability Condition	Level 1	Level 1
Business Area: Performance Management		
Modularity Standard	Level 1	Level 1
MITA Condition	Level 1	Level 2
Industry Standards Condition	Level 1	Level 2
Leverage Condition	Level 1	Level 2
Business Results Condition	Level 1	Level 1
Reporting Condition	Level 1	Level 1
Interoperability Condition	Level 1	Level 1
Business Area: Plan Management		
Modularity Standard	Level 1	Level 1

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MITA Condition	Level 1	Level 1
Industry Standards Condition	Level 1	Level 1
Leverage Condition	Level 1	Level 1
Business Results Condition	Level 1	Level 1
Reporting Condition	Level 1	Level 1
Interoperability Condition	Level 1	Level 1
Business Area: Provider Management		
Modularity Standard	Level 1	Level 2
MITA Condition	Level 1	Level 2
Industry Standards Condition	Level 1	Level 2
Leverage Condition	Level 1	Level 2
Business Results Condition	Level 1	Level 1
Reporting Condition	Level 1	Level 1
Interoperability Condition	Level 1	Level 2

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APPENDIX G – IA AND TA WORKSHOP ATTENDEES

Workshop Title and Topic	Date	Attendees	Group	Section Assigned for Review
IA_TA Workshop 1a - MMIS Enrollment, Claims, and Pharmacy - As-Is Assessment	**11/14/2017**			
		Nelson, Nicole	EOHHS	
		Schnure, Art	EOHHS	
		Prokop, Stan	Conduent	
		Pacheco, John	DXC	
		Perron, Roberta	DXC	
IA_TA Workshop 1b - MMIS Enrollment, Claims, and Pharmacy - To-Be Assessment	**11/14/2017**			
		Nelson, Nicole	EOHHS	
		Schnure, Art	EOHHS	
		Tingle, Rob	EOHHS	
IA_TA Workshop 3a - Eligibility Management and Reconciliation - As-Is Assessment	**11/28/2017**			
		Cordero, Rafael	EOHHS	
		Nelson, Nicole	EOHHS	
		Schnure, Art	EOHHS	
		Haydt, Theresa	DoIT	
		Ford, Cheryl	DXC	
		Pacheco, John	DXC	
IA_TA Workshop 3b - Eligibility Management and Reconciliation - To-Be Assessment	**11/28/2017**			
		DeQuattro, Tom	EOHHS	
		Nelson, Nicole	EOHHS	
		Schnure, Art	EOHHS	
		Haydt, Theresa	DoIT	
		Allenson, David	DCYF	
IA_TA Workshop 4 - Ancillary System Eligibility	**11/29/2017**			
		Schnure, Art	EOHHS	
		Pacheco, John	DXC	
		Perron, Roberta	DXC	
IA_TA Workshop 5 - MAPIR and BIC	**11/30/2017**			
		Schnure, Art	EOHHS	

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Workshop Title and Topic	Date	Attendees	Group	Section Assigned for Review
		Prokop, Stan	Conduent	
		Ford, Cheryl	DXC	
		Husain, Zishan	DXC	
IA_TA Workshop 2a - MMIS and Bridges Reporting - As-Is Assessment	**12/06/2017**			
		DeQuattro, Tom	EOHHS	
		Lucht, Jim	EOHHS	
		Paull, Kim	EOHHS	
		Schnure, Art	EOHHS	
		Gaudreau, Marylin	BHDDH	
		Bazinet, Valerie	DXC	
		Fugate, Stephen	DXC	
		Gellar, Scott	DXC	
		Leveille, Chris	DXC	
		Pacheco, John	DXC	
IA_TA Workshop 2b - MMIS and Bridges Reporting - To-Be Assessment	**12/07/2017**			
		Cordero, Rafael	EOHHS	
		Lucht, Jim	EOHHS	
		Schnure, Art	EOHHS	
		Gaudreau, Marylin	BHDDH	
IA_TA Workshop 6 - RICHIST	**12/07/2017**			
		Rivera, Hector	EOHHS	
		Schnure, Art	EOHHS	
		Allenson, David	DCYF	
		McInnis, Lisa	DCYF	
IA_TA Workshop 12 - Financial Management Systems	**12/12/2017**			
		Delgado, Corsino	EOHHS	
		Olivieri, Mario	EOHHS	
		Piscopielo, Richard	EOHHS	
		Schnure, Art	EOHHS	
IA_TA Workshop 8 - MART	**12/12/2017**			
		Duhamel, Jennifer	EOHHS	
		Etchingham, Robin	EOHHS	
		Hopkins, Julie	EOHHS	
		Schnure, Art	EOHHS	
IA_TA Workshop 9 - SAMS	**12/13/2017**			
		Schnure, Art	EOHHS	
		Szylin, Michelle	DHS	

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Workshop Title and Topic	Date	Attendees	Group	Section Assigned for Review
		Haydt, Theresa	DoIT	
IA_TA Workshop 10 - BHDDH Systems	**01/03/2018**			
		Schnure, Art	EOHHS	
		LeCampion, Alain	DoIT	
		Mahoney, Brendan	DoIT	
IA_TA Workshop 13 - Electronic Document Management	**1/9/2018**			
		Schnure, Art	EOHHS	
		Rivera, Hector	EOHHS	
		Bowen, George	DHS	

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DELIVERABLE SIGNOFF AND APPROVAL

The signatures following indicate that ***Deliverable D: MMIS System Assessment*** has been reviewed by the EOHHS MITA 3.0 SS-A Project Manager and that the authorized signers below acknowledge the content has been reviewed.

IN WITNESS WHEREOF, the parties hereto have caused this agreement to be executed by their duly authorized representatives.

CSG Project Manager	**MITA 3.0 SS-A Project Manager**
Renea Steele	
AUTHORIZED SIGNATURE	AUTHORIZED SIGNATURE
Renea Steele	
NAME	NAME
Project Manager	
TITLE	TITLE
March 7, 2018	
DATE	DATE

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RHODE ISLAND MITA 3.0 STATE SELF-ASSESSMENT

OVERALL MITA ROADMAP

CONSULTING SERVICES FOR MITA 3.0 STATE SELF – ASSESSMENT & RELATED ACTIVITIES PROJECT

STATUS:FINAL

DATE: MARCH 27, 2018

Document Information

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Version	Initial Submission
Author	CSG Team
Owner (if different from Author)	Renea Steele, CSG Project Manager

The controlled master of this document is available online in the Project Library. Hard copies of this document are for information only and are not subject to document control.

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1. DOCUMENT OVERVIEW

This document serves as a collaborative effort in conjunction with State staff and contractors, the MMIS system contractor, Business Intelligence (BI) contractors, and others associated with ancillary applications, and CSG to develop a unified and comprehensive document with the goal of improving MITA maturity. This document contains both current and planned, as well as recommended projects for advancing the Rhode Island Medicaid Enterprise in MITA maturity. The Planned projects included in this document in **Section 2.2 Recommended Projects** have been identified by EOHHS as projects that are currently underway with varied timeframes for completion. The Recommended projects outlined in Section 2.2 were identified based upon information gathered through workshops that evaluated the business, information, and technical architectures of the Rhode Island Medicaid Enterprise, as defined by the MITA Framework.

This document has been structured as follows to encapsulate the required tasks related to completing the MMIS System Assessment:

- **Section 1** – Provides an overview of the purpose of the project and this document
- **Section 2** – Provides Overall MITA Roadmap (Five-Year Strategic Plan) (Task 37)
  Current and planned projects and CSG recommended projects
- **Section 3** – A summary of the assessment of Compliance with the Seven Conditions and Standards
- **Appendices** – Provide supporting documentation utilized for this deliverable
  - ✓ Appendix A: Gantt Chart
  - ✓ Appendix B: Crosswalk between MITA 2.01 and MITA 3.0
  - ✓ Appendix C: Project Template
  - ✓ Appendix D: Glossary/Acronyms

The Overall MITA Roadmap provides current and planned projects and other recommended projects for advancing the Rhode Island Medicaid program in MITA maturity. This roadmap includes current and planned projects that are targeted to be initiated in the next 5 years and are not listed in any order of either priority or sequential timeframe. EOHHS provided a list of current and planned projects for inclusion in this roadmap. Recommended projects incorporate business, information, and technical recommendations derived from the MITA SS-A workshops. A Project Template (**Appendix C**) is designed as a companion document for EOHHS to complete when submitting an Advanced Planning Document (APD) for enhanced federal financial consideration.

In an effort to provide EOHHS with the information needed, each recommended project identified contains the following information:

- **Project Description** – Describes the project
- **Reason for Project** – Demonstrates the reason for the project
- **Timeframe** – Provides an approximate timeframe for initiating the project, and project duration
- **MITA Impact** – Demonstrates the processes of MITA that can be improved via the project
- **Resource and Fiscal Impact** – An estimated resource and fiscal impact of the project

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- **Project Outline** – Outlines the steps and/or phases needed to complete the project

1.1 Changes from MITA 2.01 to MITA 3.0

The MITA 3.0 SS-A is the second SS-A undertaken by Rhode Island. Rhode Island completed a MITA 2.01 SS-A in July of 2011. MITA 3.0 SS-A expanded Business Process Models from eight business areas to ten business areas and added technical and information architectures along with business architecture. Some of the business processes from MITA 2.01 do not map exactly to the business process in MITA 3.0 SS-A. **Appendix B** contains the detailed cross walk between the MITA 3.0 business processes and the MITA 2.01 business processes with the as-is and to-be levels.

The table below lists business processes that were carried over from MITA 2.01 SS-A to MITA 3.0 SS-A for Business Architecture. MITA 2.01 did not include Information Architecture (IA) and Technical Architecture (TA) assessments.

Table 1: Progression from MITA 2.01 SS-A to MITA 3.0 SS-A

	MITA 2.01		MITA 3.0	
Business Process	**As-Is**	**To-Be**	**As-Is**	**To-Be**
BR01 – Establish Business Relationship	1	1	2	2
BR02 – Manage Business Relationship Communications	Process was not assessed		2	2
CM04 – Manage Registry	Process was not assessed		2	3
CM07 – Authorize Referral	Process was not assessed		2	2
CO04 – Inquire Contractor Information	1	1	2	2
EE04 – Inquire Member Eligibility	1	3	3	3
EE06 – Enroll Provider	1	2	2	2
EE08 – Inquire Provider Information	2	2	2	3
FM04 – Manage Drug Rebate	1	2	2	2
FM16 – Formulate Budget	1	2	2	2
FM18 – Manage Fund	1	2	2	2
OM07 – Process Claim	1	2	2	2
PL01 – Develop Agency Goals and Objectives	1	2	2	2
PL06 – Manage Health Benefit Information	1	2	2	2
PL08 – Manage Rate Setting	1	2	2	2

There were four business processes, listed below, that were not assessed during the MITA 2.01 SS-A but were assessed during MITA 3.0 SS-A.

Table 2: Business Processes Not Assessed for MITA 2.01

	MITA 2.01		MITA 3.0	
Business Process	**As-Is**	**To-Be**	**As-Is**	**To-Be**
BR02 – Manage Business Relationship Communications	Process was not assessed		2	2
BR04 – Terminate Business Relationship	Process was not assessed		1	2
CM04 – Manage Registry	Process was not assessed		2	3
CO02 – Manage Contractor Communication	Process was not assessed		1	1

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Table below lists business processes that either regressed or did not progress to the indicated To-Be levels for Business Architecture.

Table 3: Business Processes that Did Not Progress

Business Process	MITA 2.01		MITA 3.0	
	As-Is	To-Be	As-Is	To-Be
CM02 – Manage Case Information	1	2	1	2
CM03 – Manage Population Health Outreach	1	2	1	2
CM08 – Authorize Service	1	2	1	2
CM09 – Authorize Treatment Plan	1	2	1	2
CO03 – Perform Contractor Outreach	1	2	1	1
CO06 – Award Contract	1	2	1	2
CO07 – Manage Contract	1	2	1	2
CO09 – Manage Contractor Grievance and Appeal	1	2	1	1
EE01 – Determine Member Eligibility	1	3	1	2
EE02 – Enroll Member	1	3	1	2
EE03 – Disenroll Member	1	3	1	2
EE07 – Disenroll Provider	1	2	1	2
FM01 – Manage Provider Recoupment	1	3	1	1
FM02 – Manage TPL Recovery	1	2	1	1
FM03 – Manage Estate Recovery	1	2	1	2
FM05 – Manage Cost Settlement	1	2	1	1
FM10 – Manage Member Premium Payment	3	3	1	3
ME03 – Perform Population and member Outreach	1	3	1	2
ME08 – Manage Member Grievance and Appeal	1	2	1	2
OM04 – Submit Electronic Attachment	1	2	1	1
OM05 – Apply Mass Adjustment	2	2	1	1
OM14 – Generate Remittance Advice	3	3	2	2
OM18 – Inquire Payment Status	2	3	2	2
PE01 – Identify Utilization Anomalies	2	3	1	2
PE04 – Determine Adverse Action Incident	1	3	1	1
PE05 – Prepare REOMB	1	3	1	2
PL02 – Maintain Program Policy	1	2	1	2
PM01 – Manage Provider Information	1	2	1	2
PM02 – Manage Provider Communication	2	2	1	2

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2. Current, Planned, and Recommended Roadmap Projects

2.1 Current and Planned Projects

The following list of projects was provided by EOHHS to be included in the MITA Overall Roadmap. These projects were not assessed by CSG for the MITA 3.0 SS-A, although they are relevant to the overall modernization of the Rhode Island Medicaid Enterprise.

2.1.1 RI Bridges Project Runway

Initiative Description

The RI Bridges Project Runway is a matrix of change requests and system updates for the RI Bridges Eligibility and Enrollment system. The items on the Runway document are scheduled to be completed over a six-month period. The Runway document is a list of priority defect repairs, change requests, and upgrades and does not represent a complete view of all change requests for RI Bridges.

Reason for Project

The Runway exists to highlight and maintain focus on the imminent defect repairs, change requests, and upgrades to ensure execution of the priority items.

Timeframe for Completion

Not every item on the change request list is on the Runway list. The timeframe for the Runway items is typically a six-month forward view; therefore for the purposes of this SS-A, the current Runway list goes until July 14, 2018.

Impact on MITA Maturity

The processes in Table 4 below represent the workshops where SMEs mentioned RI Bridges defects or issues, and indicated that at least one business capability would be improved for that process if the Bridges issues were fixed. These items were on the Project Runway, or would be expected to be on the Project Runway soon.

Table 4: MITA Maturity Business Process Impact

Processes Impacted	As-Is MITA Maturity Level	To-Be MITA Maturity Level
Business Process: CM01 – Establish Case	1	2
Business Process: CM03 – Manage Population Health Outreach	1	2
Business Process: CM05 – Perform Screening and Assessment	1	2
Business Process: CM06 – Manage Treatment Plan and Outcomes	1	2
Business Process: CM09 – Authorize Treatment Plan	1	2
Business Process: EE01 – Determine Member Eligibility	1	2
Business Process: EE02 – Enroll Member	1	2

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Processes Impacted	As-Is MITA Maturity Level	To-Be MITA Maturity Level
Business Process: EE03 – Disenroll Member	1	2
Business Process: FM01 – Manage Provider Recoupment	1	1
Business Process: FM02 – Manage TPL Recovery	1	1
Business Process: FM03 – Manage Estates Recovery	1	2
Business Process: FM06 – Manage Accounts Receivable	2	2
Business Process: FM08 – Prepare Member Premium Invoice	1	2
Business Process: FM10 – Manage Member Financial Participation	1	3
Business Process: ME01 – Manage Member Information	1	2
Business Process: ME02 – Manage Applicant and Member Communication	1	2
Business Process: ME03 – Perform Population and Member Outreach	1	2
Business Process: ME08 – Manage Member Grievance and Appeals	1	2

In addition to the MITA business processes in the table above, the Information and Technical Architectures will be positively impacted, specifically with regard to RI Bridges and the systems that interact with RI Bridges.

There might be business processes that do not see changes in overall MITA Maturity Level but there will be capability questions in the Business Capability Matrix that will be advanced, improving the overall business process.

Project outline

- Resolve issues with incarceration data to verify status prior to eligibility determination by turning on the verification check in RI Bridges
- Resolve RI Bridges issues with receipt and loading of the MMIS Dashboard File to view current enrollment information in RI Bridges
- Resolve issues with member notices to reduce the manual review for quality control
- Operationalize Rite Share in RI Bridges
- Automated RI Bridges reports for RIte Share and Sherlock programs for use by MMIS to generate invoices

2.1.2 MMIS Procurement

Project Description

EOHHS plans to procure an MMIS that will align with its goals of maintining a modern, modular Medicaid Enterprise System to support data management for processing for fee for service and managed care encounter claims, while meeting the Seven Conditions and Standards of CMS's Enhanced Funding Requirements.

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Reason for Project

The current MMIS, while successfully processing claims, has limitations with regard to the ability to share its transactional data. Procurement of a MMIS module replacement or MMIS module takeover with enhancements will enable EOHHS to implement new technologies, add new requirements, and obtain a functionality that is greater than what is offered by the current MMIS, as well as improving the state's Business Intelligence module. In addition the needs from Rhode Island Health System Transformation Program (HSTP) will support and sustain this initiative.

Timeframe for Completion

This project is expected to span the five-year Roadmap, with the groundwork for requirements gathering already in place. Implementation of the new MMIS is anticipated to begin in year three of the five-year Roadmap.

MITA Impact

The following table indicates the MITA areas impacted by this project.

Table 5: Procurement of MMIS MITA Impact

Area Impacted
Business Area: **All**
Information Architecture: **All** capabilities
Technical Architecture: **All** capabilities
Seven Conditions and Standards: **All**

Resource Impact

- Staffing – This will have a significant impact on EOHHS staff
- Fiscal – The procurement of a MMIS module replacement or MMIS module takeover with enhancements is a major funding initiative for EOHHS to undertake

Project outline

- Gather and develop new requirements
- Develop and issue a Request for Information (RFI) and a Request for Proposals (RFP)
- Select and implement MMIS module replacement or MMIS module takeover with enhancements

2.1.3 Transformed Medicaid Statistical Information System (T-MSIS)

In anticipation of health marketplace reforms, CMS has been working with states to transform their MSIS system, which was used to collect utilization and claims data as well as other key Medicaid and Children's Health Insurance Program (CHIP) program information, to keep pace with the data needed to improve beneficiary quality of care, assess beneficiary access to care and enrollment, improve program integrity, and support states, the private market, and stakeholders with key information.

The T-MSIS data set contains:

- Enhanced information about beneficiary eligibility

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- Beneficiary and provider enrollment
- Service utilization
- Claims and managed care data
- Expenditure data for Medicaid and CHIP

CMS has established two phases of data quality review of T-MSIS production data. The first phase will focus on 12 high priority, cross-cutting data quality indicators that are critical to support data analytics. The second phase of data quality review will be a more comprehensive review of the State's data quality items. During both of these phases, CMS will work with the EOHHS team to address State's data quality issues.

2.1.4 Affordable Care Act (ACA) Phase III

The goal of the ACA III is to adopt the Phase III Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE) Operating Rules for the Electronic Claims, Funds Transfer and Remittance Advice Transactions.

- **Project Status**
  - ✓ Carcs & RARCs
    - Multiple streams of work are underway with a substantial amount of work hours identified for project completion. There are discussions ongoing to assess and validate any concerns about possible variance in effort and schedule. Unit testing for multiple modules has been completed.
  - ✓ EFT/ERA
    - Vulnerability scan is scheduled to run twice with fixes. EOHHS aim is to complete the scan by end of November 2018, then start implementation process
  - ✓ 835 TXN infrastructure
    - System testing began in December 2017

2.1.5 Integrated Care Initiative Phase II (HSDW)

The project's goal is to implement changes required in support of the Medicare Integrated Care Initiative Demonstration (ICI Phase 2) project in the ICI-2 PAPD approved by CMS on September 7, 2017. The need is to enhance the infrastructure and build new processes for the RI Human Services Data Warehouse (RI HSDW). This would enable the HSDW to receive and load data in support of the ICI Phase II project to meet the requirements outlined in the CMS documentation for the Integrated Care Initiative.

Consistent with the goals of the State's Comprehensive Section 1115(a) demonstration and the Integrated Care Initiative, key goals of the ICI Demonstration include:

- Enhancing person-centered care
- Improving and maintaining Enrollee quality of life and care
- Developing an integrated system of care and coordination of services
- Increasing the proportion of individuals successfully residing in a community setting

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- Reducing long-term care costs by providing person-centered care in the most appropriate and cost-effective setting
- Decreasing avoidable hospitalizations, emergency room utilization and reducing nursing facility admissions and length of stay
- Evaluating the effect of an integrated care and payment model on Medicare-Medicaid Beneficiaries who receive care and supports in the community and in institutions
- Promoting Alternative Payment Arrangements to transform the delivery of high quality and cost-effective care within CMS requirements

2.1.6 Rhode Island New Medicare ID Initiative (formerly known as SSNRI)

Planning for the assessment, business and technical design efforts associated with the CMS initiative to implement the Medicare Beneficiary Identifier (MBI) as the primary identifier for Medicare-enrolled recipients.

This initiative involves the execution of modifications to existing RI EOHHS data exchanges that utilize the Health Insurance Claim Number (HICN) as the primary identifier for Medicare recipients, including (but not limited to) the following:

- **Data received from the Benefits Coordination & Recovery Center**
- **Historic Medicare data received from the Chronic Condition Data Warehouse**
- **Data received from the Integrated Data Repository**
- **Data received from the MMP (Neighborhood Health Plan of Rhode Island)**

2.1.7 EOHHS Data Ecosystem

This project will empower program leaders and analysts to infuse operations and decisions with strategic, integrated, visual data. The EOHHS data ecosystem project was initiated under a State Innovation Model (SIM) grant. EOHHS serves on the Executive Board for the Rhode Island Data Ecosystem project, which will enhance the State's data analysis for all agencies, and is the owner of core systems including:

- MMIS
- RI Bridges
- Human Services Data Warehouse (HSDW)
- Electronic Document Management (EDM)
- Health Insurance Exchange Eligibility (HIX)

The EOHHS data ecosystem will provide:

- An integrated data environment for HHS
- A curated data warehouse with
  - ✓ Intuitive structure and efficient data model
  - ✓ User-friendly and customizable interfaces
- Sufficient technical and analytic staff to support adoption and use

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2.1.8 Rate Setting Schedule

The Rate Setting calendar is currently not in line with the State Fiscal Year. This schedule is currently under review, as EOHHS leadership is considering the best process for changing the Rate-Setting calendar to align with the State fiscal year to improve the timeliness of the process. This change will advance the MITA Maturity level with regard to timeliness for the Manage Rate Setting process.

2.2 Recommended Projects

The following are CSG Government Solutions recommended projects that were developed as a result of the MITA 3.0 State Self-Assessment of the Rhode Island Medicaid Enterprise. **Appendix A** includes the Gantt chart showing the visual representation of the timeline for the recommend projects.

2.2.1 MMIS Enhancements

Project Description

Expand the current capabilities of the MMIS or include these recommended enhancements in the procurement of the MMIS.

Reason for Project

To utilize the MMIS to improve the performance and efficiency of related business processes.

Timeframe for Completion

This project will begin in year three of the five-year Roadmap, lasting about three years.

MITA Impact

The following table indicates the MITA business processes impacted by this project.

Table 6: MMIS Enhancements MITA Business Process Impact

Processes Impacted	As-Is MITA Maturity Level	To-Be MITA Maturity Level
Business Process: EE02 – Enroll Member	1	2
Business Process: EE03 – Disenroll Member	1	2
Business Process: FM01 – Manage Provider Recoupment	1	1
Business Process: FM11 – Manage Capitation Payment	2	2
Business Process: FM13 – Manage Accounts Payable Information	2	2
Business Process: OM04 – Submit Electronic Attachment	1	1
Business Process: OM05 - Apply Mass Adjustment	1	1
Business Process: OM07 – Process Claims	2	2
Business Process: OM14 – Generate Remittance Advice	2	2

While the overall MITA maturity level may remain the same for some business processes, implementing this initiative will advance some capability questions in the Business Capability Matrix which will improve the overall business process.

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Resource Impact

- Staffing – Utilize state and existing vendor(s) staff to implement changes
- Fiscal – The planned procurement of the MMIS will have an impact on enhancements to the current MMIS

Project outline

- Fully automate the enrollment process in MMIS, including Rhody Health Partners and Rhody Health Options (both currently require manual enrollment)
- Require data to be stored in one system and available via reports in graphical format
- Allow Long Term Care Facility staff to enter recoupment dates in their systems that feed into the MMIS
- Integrate entry of accounts payable directly from MMIS to RIFANS
- Implement an automated process for identifying claims that require mass adjustment to improve efficiency and timeliness of the process
- Separate business rules from hard coding in the MMIS, per the CMS Modularity Standard, to improve timeliness in processing claims as business rules change.
- Implement electronic attachments including 275 transactions in the MMIS system to improve timeliness, efficiency, and accuracy by reducing manual intervention
- Implement an external rules engine application programing interface (API), with standard rules editor features in the upcoming MMIS procurement RFP
- Implement single sign-on functionality

2.2.2 Provider Enhancements

Project Description

Develop and implement enhancements, including expanding the use of the Provider Portal to improve services and satisfaction to providers.

Reason for Project

Expanding and enhancing capabilities for providers, (e.g., allow providers to add new group members via the portal and electronic submissions for grievances and appeals), will serve to increase provider satisfaction and assist in attracting and retaining providers to service Rhode Island Medicaid beneficiaries.

Timeframe for Completion

Begin in year three of the five-year Roadmap, lasting about three years.

MITA Impact

The following table indicates the MITA business processes impacted by this project.

Table 7: Provider Enhancements MITA Business Process Impact

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Processes Impacted	As-Is MITA Maturity Level	To-Be MITA Maturity Level
Business Process: EE05 – Determine Provider Eligibility	1	2
Business Process: EE06 - Enroll Provider	2	2
Business Process: EE07 – Disenroll Provider	1	2
Business Process: PM01 – Manage Provider Information	1	2
Business Process: PM02 – Manage Provider Communication	1	2
Business Process: PM07 – Manage Provider Grievance and Appeals	1	2
Business Process: PM08 – Terminate Provider	2	3

Resource Impact

- Staffing – MMIS staff needed to make changes to the MMIS
- Fiscal – May require an enhancement to the MMIS and a procurement to implement a provider enrollment dashboard

Project outline

- **Enhance the RI Medicaid Health Care Provider Portal to:**
  - ✓ Require providers to submit applications for enrollment through the Provider Portal to eliminate the use of paper applications
  - ✓ Implement Social Security Number (SSN) checks on electronic enrollment applications to support batch and automatic validation and verification
  - ✓ Allow Medicaid provider groups to add new group members electronically (currently done via paper application)
  - ✓ Implement notification method (i.e., letter generation, email, etc.) for providers when their information is changed or updated by EOHHS
  - ✓ Allow providers to submit electronic attachment for grievance and appeal process
  - ✓ Allow providers to disenroll through the Provider Portal; capture an audit trail for all disenrollment reasons as it is currently only done for sanctioned providers
- **Enhance communications with providers:**
  - ✓ Implement standard templates and formats to formalize the process for provider outreach across the Medicaid enterprise
  - ✓ Enhance and increase broadcast communications to providers via the provider portal
- **Enhancement of provider services:**
  - ✓ Implement standard tools for the evaluation of members' health information, facilitating evaluations, and recording results
  - ✓ Implement single sign-on functionality
  - ✓ Implement fingerprinting and background checks for all Rhode Island Medicaid providers

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2.2.3 MITA Management Methodology

Project Description

Adopt a methodology to manage the MITA SS-A and MITA Roadmap, and track the integration of the MITA framework into the business processes, business areas, and technical infrastructure.

Reason for Project

To adopt a business process management methodology to:

- Keep the business process information current; such as process description and business process steps
- Assist in the annual update of the MITA Roadmap
- Develop and implement a dashboard to track and have business process information readily available
- Identify MITA framework requirements and make recommendations of how to integrate the MITA framework
- Integrate MITA Impact into the considerations for any proposed new project or change to a project as part of the EOHHS project management governance

Timeframe for Completion

This project will begin in year one of the five-year Roadmap, and continue as an ongoing initiative.

MITA Impact

The following table indicates the MITA areas impacted by this project.

Table 8: MITA Management Methodology MITA Business Area Impact

Area Impacted
Business Area: **All**
Business Processes: **All**
Information Architecture: **All capabilities**
Technology Architecture: **All capabilities**
Seven Conditions and Standards: **All**

Resource Impact

- Staffing – Develop or procure Project Management Office (PMO) services to govern EOHHS projects and identify business process owners or "champions" from current staff for each business process to be consulted for project impact to their MITA business process. A MITA change manager can be identified, and any project manager who proposes a project could be trained on the MITA Framework to identify which business processes would be affected by their project, and how the MITA maturity level would be impacted.
- Fiscal - A procurement is possible if a new platform is needed to develop an event-driven business process dashboard to track changes to business processes or if the decision is made to engage a

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strategic services or PMO services contractor to manage projects and initiatives, and keep the SS-A and MITA Roadmap up to date.

Project outline

- Determine how the MITA SS-A and five-year roadmap will be maintained (ongoing, quarterly or annual update to the MITA SS-A and the Roadmap)
- Establish Project Management Office (either internally or with a PMO services expert contractor)
- Determine who will maintain the MITA SS-A and Roadmap
- Implement the business process management methodology
- Establish the use of an event-driven dashboard to monitor all the activity related to business services

2.2.4 Administration of Contracts and Agreements

Project Description

Centralize the administration of contracts, agreements and contractor information and any related documents such as APD, IAPD, and PAPD.

Reason for Project

While the Division of Purchases releases and publishes solicitations, the administration of contracts and agreements are managed by the individual project managers. A centralized administration, including maintenance and storage of contracts and agreements, would serve to add a level of consistency across all contracts and agreements and improve access to contract and contractor information.

Timeframe for Completion

This project will begin in year one of the five-year Roadmap, lasting for approximately two years.

MITA Impact

The following table indicates the MITA business processes impacted by this project.

Table 9: Administration of Contracts and Agreements MITA Business Process Impact

Processes Impacted	As-Is MITA Maturity Level	To-Be MITA Maturity Level
Business Process: BR01 – Establish Business Relationship	2	2
Business Process: BR03 – Manage Business Relationship Information	1	2
Business Process: BR04 – Terminate Business Relationship	1	2
Business Process: CO01 – Manage Contractor Information	1	2
Business Process: CO02 – Manage Contractor Communication	1	1
Business Process: CO05 – Produce Solicitation	1	1
Business Process: CO06 – Award Contract	1	2
Business Process: CO07 – Manage Contract	1	2
Business Process: CO08 – Close Out Contract	1	2

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Processes Impacted	As-Is MITA Maturity Level	To-Be MITA Maturity Level
Business Process: CO09 – Manage Contractor Grievance and Appeal	1	1
Business Process: ME08 – Manage Member Grievance and Appeal	1	2
Business Process: PM07 – Manage Provider Grievance and Appeals	1	2
Seven Conditions and Standards: Business Results Condition		

While the overall MITA maturity level may remain the same for some business processes, implementing this initiative will advance some capability areas in the Business Capability Matrix, which will improve the overall business process.

Resource Impact

- Staffing – Establish a separate Contract Management Unit to manage, maintain, and track all aspects of contracts, (e.g., award, outreach, inquiries, maintenance, communication, storage, and termination of contracts and financial reporting/tracking of APDs)
- Fiscal – May require the procurement of a centralized platform for the electronic storage, tracking, maintenance, and management of all contract and contractor information

Project outline

- **Centralize Contract Management**
  - ✓ Establish a separate Contract Management Unit within EOHHS to be responsible for creating solicitations, acquiring services, as well as managing the contracts and agreements throughout the lifecycle of the project in collaboration with project managers
    - While the Division of Purchases releases and publishes solicitations, the administration of contracts and agreements are managed by the individual project managers. A separate and single Contract Management Unit will increase consistency in managing the contracts and tracking service-level agreements (SLAs)
  - ✓ Review the process of centralizing all contract and agreement activities within one unit; collaborate with current project managers to receive their agreement and buy-in
  - ✓ Establish standard business process workflow for Contracting Management Unit to eliminate duplication of contracted services and increase collaboration and the use of reusable business services
    - Formalize process for producing solicitation, awarding contracts, and managing contracts
  - ✓ Develop Medicaid-specific policies and procedures to provide accurate information within the solicitation
  - ✓ Develop a process to complete fianancial reporting/tracking pertaining to IAPD's
- **Centralize Platform**
  - ✓ Implement a centralized platform or database for the electronic storage, modifying, tracking, awarding, maintenance, and management of all potential and awarded contracts within EOHHS and for the storage and maintenance of contractor information

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- Enhance the use of a centralized platform or database to accept documents and other required information electronically from all Medicaid related contractors
- Replace FairHear (Access database) with a centralized platform/database for case tracking for grievances and appeals (Contractors, Provider, and Member)

✓ Develop and implement policies and procedures for managing and tracking all contracts/agreements including modifications to required information electronically

✓ Implement a method or procedures for tracking and maintaining business relationship, and a mechanism for notifying partners of agreement changes (e.g. termination)

✓ Implement a process or standard set of business rules for closing of contracts as soon as contract requirements have been met

✓ Develop performance measures, as referred in Active Contract Management, that link to successful service delivery, such as spending per client, to collect and use meaningful data to actively assess program success instead of only retrospectiveltly to validate contract compliance

- Ensure providers delivering similar programs report on similar data measures

✓ Develop regular, collaborative meetings (monthly and/or quarterly) between service providers and agencies

- Collaborate with Department of Children, Youth, and Families (DCFY) on Active Contract Management (ACM) pilot to discuss any lessons learned and typical agenda items for collaborative meetings

➢ Develop process to review real-time performance data atleast monthly to rapidly identify and address service delivery problems before they become issues**Centralize Contract Communication**

✓ Integrate surveys into contract monitoring activities to evaluate satisfaction

✓ Implement notification system for EOHHS staff when a contract is near the close date

✓ Implement a contract/agreement communication plan

✓ Centralize all means of communication with business partners (e.g. web portal)

✓ Implement electronic verification of business partner information

2.2.5 Communication Plan

Project Description

Develop and implement an enterprise-wide Communication Plan

Reason for Project

Communication is a critical component of all parts of business. As there are many moving parts in the Medicaid Enterprise, and many relationships and contracts for EOHHS to manage, there are several lines of communication in place. A consistent message with regard to policy and agreements is crucial to maintaining stability in the business relationships established with and within EOHHS. Some external communication is developed by the Health Plans and is approved by EOHHHS. Other communications are

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developed in-house. In addition to complying with Department of Health and Human Services, 45 CFR Parts 160 and 164, Breach Notification for Unsecured Protected Health Information; Interim Final Rule, a communication plan will help EOHHS to standardize and better control communication within and outside the agency.

Timeframe for Completion

Begin in year one of the five-year Roadmap, lasting about two years.

MITA Impact

The following table indicates the MITA business processes impacted by this project.

Table 10: Communication Plan MITA Business Process Impact

Processes Impacted	As-Is MITA Maturity Level	To-Be MITA Maturity Level
Business Process: BR02 – Manage Business Relationship	2	2
Business Process: CO03 – Perform Contractor Outreach	1	1
Business Process: CO09 – Manage Contractor Grievance and Appeal	1	1
Business Process: EE05 – Determine Provider Eligibility	1	2
Business Process: ME02 – Manage Applicant and Member Communication	1	2
Business Process: ME03 – Perform Population and Member Outreach	1	2
Business Process: PL02 – Maintain Program Policy	1	2
Business Process: PM02 – Manage Provider Communication	1	2
Business Process: PM03 – Perform Provider Outreach	1	2
Business Process: PM07 – Manage Provider Grievance and Appeals	1	2
Seven Conditions and Standards: Business Results Condition		
Seven Conditions and Standards: Industry Standards Condition		

While the overall MITA maturity level may remain the same for some business processes, implementing this initiative will advance some capability areas in the Business Capability Matrix, which will improve the overall business process.

Resource Impact

- Staffing – Identify internal staff or procure the services of a contractor to develop a communication plan
- Fiscal – Contractor may be needed to develop and assist in implementing the Communication Plan

Project outline

- **Develop a Communication Plan**
  - ✓ Establish a Communication Plan that outlines standardized processes for logging and tracking all external communication, as well as dissemination of information
  - ✓ Establish standards for communicating with providers and members, including how, when, and the medium(s) to be used to deliver the information

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- ✓ Develop a process and centralized platform to log and track all communications with business partners (e.g., vendors and providers) and members consistently
- ✓ Minimize or eliminate any non-electronic forms of communication
- ✓ Formalize the process to ensure accuracy of outreach communications and documentation of all outreach initiatives
- ✓ Standardize and automate disbursement of outreach materials
- ✓ Develop outreach materials at 6th grade reading level, instead of the current 10th grade reading level
- ✓ Update communications to be available in English, Spanish and Portuguese
- ✓ Develop a formalized grievance and appeals process/plan
- ✓ Develop a formalized plan for communicating performance measures across the Medicaid enterprise and to contractors, providers, and vendors
- ✓ Develop a plan for communicating security breaches to the impacted parties and appropriate oversight agencies. This plan will be guided by the Department of Health and Human Services, 45 CFR Parts 160 and 16, Breach Notification for Unsecured Protected Health Information; Interim Final Rule

➢ **Implement Communication Plan**

- ✓ Review business processes that will be impacted
- ✓ Establish training to appropriately implement the Communication Plan enterprise-wide
- ✓ Implement internal deadlines for review and production of solicitation components
- ✓ Implement internal deadlines for review and approval of contracts pending award
- ✓ Implement electronic generation of notices of contract expiration

2.2.6 Data Management Plan

Project Description

The project outlines the high-level steps that are drafted in detail in the ***RI Data Management Plan***. Refer to the ***RI Data Management Plan*** to further define the requirements for this project.

Reason for Project

To effectively manage and control information assets for transactional and analytical databases across the Medicaid Enterprise, including data from federal agencies, in an integrated and coordinated service system.

Timeframe for Completion

Begin in year one of the five-year Roadmap, lasting about two years.

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MITA Impact

The following table indicates the MITA business processes impacted by this project.

Table 11: Data Management Plan MITA Business Process Impact

Processes Impacted	As-Is MITA Maturity Level	To-Be MITA Maturity Level
Business Area: All – Architecture: Information	1	1
Business Area: All – Architecture: Technical	1	1
Seven Conditions and Standards: Industry Standards Condition		

While the overall MITA maturity level may remain the same for some business processes, implementing this initiative will advance some capability questions in the Business Capability Matrix which will improve the overall business process.

Resource Impact

- Staffing – Identify State staff to establish and maintain Executive Board, Interagency Project Team, and Data Governance Security Committee which would impact current staffing
- Fiscal – Procurement of contractor is not anticipated if State staff are utilized to complete this project

Project outline

- Establish a Medicaid Enterprise-wide Executive Board, Interagency Project Team, and Data Governance Security Committee comprised of Medicaid Enterprise stakeholders
  - ✓ Executive Board - strategic program guidance, project review, and project approval
  - ✓ Interagency Project Team - tactical program and project guidance, and interface with aggregators
  - ✓ Data Governance and Security - enhancement review, change request review, and data security and use oversight
    - Data Governance and the included functions should be conducted by the Division of Information Technology (DoIT) of the Rhode Island
    - Department of Admininstration should enable enterprise-wide governance
- Develop and adopt a data governance strategic vision and roadmap for the Medicaid enterprise
- Develop Enterprise Data Management Plan
  - ✓ Develop data policies, definitions, and architecture, and define a set of structural and vocabulary data standards (MITA framework and industry recommended standards) for Medicaid enterprise data access and sharing
  - ✓ Develop a comprehensive master data dictionary based upon agreed definitions for all of the data elements for the enterprise as well as inventory of all data that require protection
  - ✓ Standardize data structure and vocabulary to increase collaboration with other entities within the intrastate for Medicaid data

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- ✓ Develop data ecosystem governance policies and procedures that are compatible with other state data standards to promote the sharing of data with in-state partners, as documented in the ***RI Data Management Plan***. Data standards should adhere to the following requirements:
  - Facilitation of interagency, statewide sharing of data
  - Sharing of clinical data
  - Employment of common data standards for reporting and performance monitoring
  - Adherence to national standards including HIPAA and other applicable data standards
  - Identification of preferred approaches to data access and sharing using MITA recommended standards, such as the National Information Exchange Model (NIEM)
- ✓ Establish policies and procedures to develop common data architecture standard across the enterprise, whether reports are generated directly from production databases or from a reporting database for speedier access to data, or from data supplied by some other system or agency
- ✓ Develop a Conceptual Data Model (CDM) and Logical Data Model (LDM)
  - Adopt governance policies enforcing national, industry data standards and recognized data models to provide a bridge between different data formats

➢ Collaborate with Rhode Island's Division of Information and Technology (DoIT) to review and finalize the Data Management Plan

➢ Receive approval from the Executive Board on the set data ecosystem governance policies and procedures as well as overall Data Management Plan

➢ Institute Data Owners and Data Stewards

- ✓ Establish data source owners who have responsibilities to structure data in a standardized way, provide documentation for state users, and to oversee the maintenance and operational details to keep the data in good working order
- ✓ Assign Data Stewards of transactional and aggregate systems who are given the responsibility for documenting data rules and definitions to enable data extraction, transformation, loading, and storage accurately and efficiently, including data from existing and new sources, both internal and external to the Medicaid enterprise
- ✓ Assign Data Stewards to maintain up-to-date data inventory of all sensitive records and data systems

➢ Eliminate redundancy of data streams, in order to assemble data collection into a single hub, and determine a single source of truth

➢ Integrate data sources; for example, eligibility should include Qualified Health Plan (QHP) and other enterprise-wide data sources, and incorporate death records

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2.2.7 Enterprise Data Warehouse (EDW)

Project Description

Build or enhance existing EDW to include all data from eligibility vendor now provided in data marts directly from eligibility vendor.

Reason for Project

Placing all EOHHS data, including eligibility data, as well as data from other agencies (as available) into a single repository will help in reducing conflicting data output (i.e., reports and analytics) from data that appears similar, but may have differences due to data definitions, transformations in the Extract Transform Load (ETL) process, or other differences in data lineage.

Timeframe for Completion

Begin in year three and span the five-year Roadmap.

MITA Impact

The following table indicates the MITA business processes impacted by this project.

Table 12: Enterprise Data Warehouse MITA Business Process Impact

Processes Impacted	As-Is MITA Maturity Level	To-Be MITA Maturity Level
Business Process (Technical Architecture): Care Management	1	3
Business Process (Technical Architecture): Eligibility and Enrollment Management	1	3
Business Process (Technical Architecture): Member Management	1	3
Business Process (Technical Architecture): Operations Management	2	4
Business Process (Technical Architecture): Performance Management	2	4

Resource Impact

- Staffing – Building or enhancing a data warehouse is a staff-intensive endeavor involving all areas of EOHHS involved with reporting and analytics. Other agency time and resource constraints also impact this process.
- Fiscal – Significant. Enterprise Data Warehouses require substantial capital output.

Project outline

- Place all EOHHS data, as well as data from other agencies (as available), into a single repository
- Transfer final approval for all production data to the Data Ecosystem team. This will allow a team within EOHHS to evaluate, trace lineage, and validate data before it is used for reporting and analytics.

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2.2.8 Electronic Signatures

Project Description

Implement the use of electronic signatures for internal and external use.

Reason for Project

Reduce time required to obtain "wet" signatures whenever possible and allow contractors and internal approvers to submit agreements and contracts electronically.

Timeframe for Completion

Begin in year three of the five-year Roadmap, lasting about two years.

MITA Impact

The following table indicates the MITA business processes impacted by this project.

Table 13: Electronic Signatures MITA Business Process Impact

Processes Impacted	As-Is MITA Maturity Level	To-Be MITA Maturity Level
Business Process: BR01 – Establish Business Relationship	2	2
Business Process: BR02 – Manage Business Relationship Communication	2	2
Business Process: BR03 – Manage Business Relationship Information	1	2

While the overall MITA maturity level may remain the same for some business processes, implementing this initiative will advance some capability areas in the Business Capability Matrix, which will improve the overall business process.

Resource Impact

- Staffing – EOHHS staff needed to implement any new software
- Fiscal – May require the procurement of software to allow for electronic signatures

Project outline

- Identify when and where electronic signatures can replace wet signatures such as for contracts and agreements
- Implement changes to allow electronic signatures
- Modify business process that will be impacted by the use of electronic signature
- Modify the Communication Plan accordingly

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2.2.9 Financial Management Reporting and RIFANS

Project Description

Modernize and enhance Rhode Island Financial Accounting Network System (RIFANS) to include functionality to fully or partially produce the quarterly CMS-64 Report and increase contractor usage of RIFANS for all invoicing.

Reason for Project

Modernization and enhancement of RIFANS will significantly increase accuracy, efficiency, and cost-savings by reducing current manual processes.

Timeframe for Completion

Begin in year one of the five-year Roadmap, lasting approximately two years.

MITA Impact

The following table indicates the MITA business processes impacted by this project.

Table 14: Financial Management Reporting/RIFANS MITA Business Process Impact

Processes Impacted	As-Is MITA Maturity Level	To-Be MITA Maturity Level
Business Process: FM08 – Prepare Member Premium Invoice	1	2
Business Process: FM09 – Manage Contractor Payment	1	2
Business Process: FM13 – Manage Accounts Payable Information	2	2
Business Process: FM16 – Formulate Budget	2	2
Business Process: FM19 – Generate Financial Report	2	2
Seven Conditions and Standards: Leverage Condition		
Seven Conditions and Standards: Business Results Condition		
Seven Conditions and Standards: Modularity Standard		

While the overall MITA maturity level may remain the same for some business processes, implementing this initiative will advance some capability questions in the Business Capability Matrix which will improve the overall business process.

Resource Impact

- Staffing – Adding CMS-64 Report capabilities to RIFANS would require the need for programmers
- Fiscal – The fiscal impact for data aggregation and calculation and adding CMS-64 Report needs to be assessed by working with internal stakeholders and CMS

Project outline

- Modify current process to produce member premium invoices bi-weekly to align with both financial cycles to improve timeliness
- Standardize process to utilize RIFANS for 100% of contractor invoicing

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- Modernize RIFANS by adding CMS-64 reporting capabilities
  - ✓ Work with CMS to understand how the choice of system(s) to perform CMS-64 data aggregation and calculation may impact federal funding
  - ✓ Coordinate with the fiscal agent, RIFANS administrators, and the author of the spreadsheet currently used to create the CMS-64 report to develop a process and release a schedule
- Consider the funding implications of moving data aggregation and calculation functions to the fiscal agent's systems, such as the Human Services Data Warehouse (HSDW) and financial data mart
- Update the Budget Formulation Module (BFM) database, which is owned by the Office of Management and Budget (OMB) to include an audit trail to identify time and author of any changes to the database

2.2.10 Leverage CurrentCare

Project Description

Enhance the use of Rhode Island's Health Information Exchange (HIE), known as CurrentCare, to improve care management business processes.

Reason for Project

Leveraging CurrentCare for several case management processes will reduce manual processes significantly and allow for better accessibility to case information from multiple internal and authorized stakeholders.

Timeframe for Completion

Begin in year one of the five-year Roadmap, lasting about two years.

MITA Impact

The following table indicates the MITA business processes impacted by this project.

Table 15: Leverage CurrentCare MITA Business Process Impact

Processes Impacted	As-Is MITA Maturity Level	To-Be MITA Maturity Level
Business Process: CM01 – Establish Case	1	2
Business Process: CM02 – Manage Case Information	1	2
Business Process: CM04 – Manage Registry	2	3
Business Process: CM06 – Manage Treatment Plan and Outcomes	1	2
Seven Conditions and Standards: Leverage Condition		
Seven Conditions and Standards: Interoperability Condition		

Resource Impact

- Staffing – Sufficient time and skill sets will be required to promote wider sharing of intrastate, interstate, and national data

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- Fiscal – Utilizing CurrentCare capabilities potentially reduces resource costs throughout EOHHS

Project outline

- Expand the use of Master Client Index to improve reporting capability
- Connect case information to the HIE CurrentCare for establish case business process
- Increase use of CurrentCare by making participation the default decision with option to opt-out
- Allow CurrentCare access for nurses and case managers to assist with care management activities

2.2.11 Shared Services Environment

Project Description

Move to an Outward Facing Shared Sevices Environment

Reason for Project

To facilitate real-time, unencumbered messaging and message management between systems from a variety of vendors.

Timeframe for Completion

Begin in year two of the five-year Roadmap, lasting about two years.

MITA Impact

The following table indicates the MITA business process impacted by this project.

Table 16: Medicaid Enterprise Service Bus MITA Business Process Impact

Process Impacted	As-Is MITA Maturity Level	To-Be MITA Maturity Level
Business Process (Technical Architecture): Performance Management	2	3
Seven Conditions and Standards: Interoperability Condition		

Resource Impact

- Staffing – All vendors will be impacted and require staffing to enable this process. EOHHS technical staff will be impacted greatly as well.
- Fiscal – Cost to acquire the software, services, testing and implementation of the set of products required for implementation.

Project outline

- Expand usage of the MMIS Enterprise Service Bus
- Establish a process as part of any new procurement regarding a primary or ancillary system for the MMIS: vendors would be asked to explain their process for implementing a service-oriented architecture, including open APIs, message management, and unencumbered messaging using web-services

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- Require vendors to provide a clear description of how a particular vendor tracks, reports, and resolves errors in messaging
- Require vendors to clearly explain how they will openly communicate and manage communications with systems that may not be a part of their own technology offerings, including how they will apply:
  - ✓ A service-oriented architecture
  - ✓ Open application programming interfaces (APIs)
  - ✓ Message management including message verification with failure notifications
  - ✓ Unencumbered messaging using web services

2.2.12 Policy and Procedure Initiatives

Project Description

The following group of recommended initiatives are related to policy and procedure changes to support the advancement of the MITA maturity levels for multiple MITA business processes across the Rhode Island Medicaid Enterprise.

2.2.12.1 Procedure Manual Development

Project Description

Develop procedure manuals for all business functions across all business areas in the Rhode Island Medicaid Enterprise. The Business Process Templates (BPTs) that are artifacts of the MITA 3.0 SS-A can be leveraged to create these manuals.

Reason for Project

There is currently not a formal standardized process recorded for most of the business functions at EOHHS, and procedure manuals would help to ensure smooth transitions in the future.

Timeframe for Completion

Begin in year one of the five-year Roadmap, lasting about two years.

MITA Impact

The following table indicates the MITA business processes impacted by this project.

Table 17: Procedure Manual Development MITA Business Process Impact

Processes Impacted	As-Is MITA Maturity Level	To-Be MITA Maturity Level
Business Process: PL02 – Maintain Program Policy	1	1
Seven Conditions and Standards: Leverage Condition		

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While the overall MITA maturity level may remain the same for some business processes, implementing this initiative will advance some capability areas in the Business Capability Matrix, which will improve the overall business process.

Resource Impact

- Staffing – It may not be necessary to hire someone new to guide the development of procedure manuals, however each business function will need to have a steward assigned to guide the development of the manual for that function, and a project manager should be assigned to oversee the development of a template to standardize the look of the procedure manuals across EOHHS. Regular team meetings should be scheduled for each business process to review and develop the manuals.
- Fiscal – The project will require SME participation to record the business process steps and performance measures across the entirety of EOHHS, and therefore some of the staff time and costs associated with that time will need to be allocated to the development of the project. The actual amount of time per SME should be only a few hours per week until the manuals are complete, and then the 'steward' for each manual will be responsible for ensuring the manual is updated when procedure or policy changes.

Project outline

- Identify business process owners who will be responsible for the creation of Standard Operating Procedure Manuals for each business process across EOHHS
- Business process stakeholders collaborate to create Standard Operating Procedure Manuals for each business area, to include references to State policy related to each business process within the business area

2.2.12.2 Coding Structure Updates

Project Description

Implement procedures to update the code sets quarterly and disseminate the information to staff and providers, and update the provider manuals accordingly.

Reason for Project

Currently EOHHS has legacy code sets and also uses the most recent code sets from CMS. As code sets are updated, EOHHS must update the code set list.

Timeframe for Completion

Begin in year one of the five-year Roadmap, lasting about two years.

MITA Impact

The following table indicates the MITA business processes impacted by this project.

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Table 18: Coding Structure Updates MITA Maturity Business Process Impact

Processes Impacted	As-Is MITA Maturity Level	To-Be MITA Maturity Level
Business Process: PL07 – Manage Reference Information	2	2

While the overall MITA maturity level may remain the same, implementing the changes to the code sets will substantially improve the efficiency and timeliness of the Manage Reference Information process.

Resource Impact

- Staffing – A State staff member will be designated to monitor code set updates and ensure the updated information is appropriately recorded and shared.
- Fiscal – Minimal fiscal impact if a dedicated state resource can be identified and designated for this work

Project outline

- Create a foundation of code sets within EOHHS that improve the ability to crosswalk to newer codes
- Implement procedures to update the EOHHS coding structure quarterly
- Update provider manuals that clarify procedures for coding and include code sets

2.2.12.3 Population Health Outreach Standardization and Enhancement

Project Description

Identify under-utilized services and geographic areas of need, and will result in the creation of standardized outreach materials to be distributed by EOHHS and by the Health Plans.

Reason for Project

The materials developed to inform members or potential members of available services and how to obtain them are currently created by the Health Plans and approved by the EOHHS Legal department. The materials are not currently standardized and there are services that are currently under-utilized in some areas. This project will help to streamline the control of the message that is being disseminated, and will help to maximize the effectiveness of treatment for the member population.

Timeframe for Completion

Begin in year three of the five-year Roadmap, lasting about two years.

MITA Impact

The following table indicates the MITA business processes impacted by this project.

Table 19: Population Health Outreach MITA Maturity Level Impact

Area Impacted	As-Is MITA Maturity Level	To-Be MITA Maturity Level
Business Process: CM03 – Manage Population Health Outreach	1	2

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Resource Impact

- Staffing – This project will require a small team made up of EOHHS staff and representation from each of the Health Plans for input
- Fiscal – Minimal to moderate, as research can take a range of time to complete, and materials will require agreement for standardization to ensure a consistent message.

Project outline

- Perform analysis to identify under-utilized services
- Develop standardized communication that is directed toward the appropriate beneficiaries or potential beneficiary populations for outreach

2.2.12.4 Incentive Payment Process Enhancement

Project Description

Review the Incentive Payment process and assign a State resource to oversee the process, working with the contractor who is currently managing the process. Identify an implementation team who will verify that the written disposition in the event of an appeal is properly executed by the affected provider.

Reason for Project

Currently the Incentive Payments are handled exclusively by a contractor, with no dedicated State resource to oversee the process. Also, in the event of an appeal, there is a need for State oversight to ensure the written Appeals Disposition is executed by the Provider in the appeals case.

Timeframe for Completion

Begin in the year two of the five-year outlook, and continue for one year to update the process, with an ongoing new structure for the process (including the Implementation Team).

MITA Impact

The following table indicates the MITA business processes impacted by this project.

Table 20: Incentive Payment Process MITA Business Process Impact

Business Processes Impacted	As-Is MITA Maturity Level	To-Be MITA Maturity Level
Business Process: FM12 – Manage Incentive Payment	1	1
Business Process: ME08 - Manage Member Grievance and Appeal	1	2

Implementing this project will substantially improve several aspects of the Manage Incentive Payment process, raising the MITA maturity level from 1 to 2 in the following capabilities:

- Collaboration with other entities
- Timeliness
- Accuracy of Information
- Accessibility of Information

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- Efficiency
- Utility or Value to Stakeholders

The overall MITA maturity level will remain at a 1 because the process still will be primariy manual, but the benefits to the rest of the business capabilities for this process will be substantial.

Resource Impact

- Staffing – One EOHHS resource will be assigned to manage the Incentive Payment process, with no other major changes with regard to staff. Some technical resources may be required to update how data, calculations, and results are accessed and by whom.
- Fiscal – Minimal fiscal impact to add an Incentive Payment manager from EOHHS to work with the vendor manager for the Incentive Payment process to ensure compliance with State policy.

Project outline

- Assign state resource to oversee incentive payment process
- Ensure data, calculations and results are accessible to authorized individuals for incentive payment process
- Establish implementation team in the field to monitor execution of the written appeals disposition

2.2.12.5 Operational Training

Project Description

Enhance training for operations staff to standardize processes and cross-train to develop a broad understanding of the impact of each business area's work on other business processes. Training complements the development and updating of procedure manuals as well.

Reason for Project

As staff and policy changes occur, often important information is not disseminated to affected staff, as teams are all very busy performing their individual business processes. As one change occurs, it may impact other teams beyond the immediate team where the policy or other change is implemented. Training is an important way to communicate these changes, and training was mentioned several times during the workshops in the MITA 3.0 SS-A. Additions to existing scheduled training, and providing cross-training to various operations teams to help them understand the impact of their work on other areas is very beneficial. Also, providing refresher training and creating or updating procedure manuals accordingly helps with transition of staff as some retire and new staff are hired.

Timeframe for Completion

Begin in year two of the five-year Roadmap, and continue as a permanent part of business operations.

MITA Impact

The following table indicates the MITA business processes impacted by this project.

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Table 21: Operations MITA Business Process Impact

Processes Impacted	As-Is MITA Maturity Level	To-Be MITA Maturity Level
Business Process: FM19 - Generate Financial Report	2	2
Business Process: OM20 - Calculate Spend-down Amount	1	1
Business Process: PL03 - Maintain State Plan	1	2

While the overall MITA maturity level may remain the same for some business processes, implementing this initiative will advance some capability areas in the Business Capability Matrix, which will improve the overall business process.

Resource Impact

- Staffing – Business unit leaders will work with the EOHHS trainers and identify SMEs in each business unit to lead refresher training for the business processes they manage.
- Fiscal – This project will be led by existing staff, but will require some time commitment to develop and deliver training, so the budget will need to identify human resource funds to deliver the training on an on-going basis

Project outline

- Cross-train Operations staff in areas such as budget, State Plan Amendments (SPAs), regulatory oversight, etc. to allow for better understanding of other processes that relate to their own work
- Document processes for the update and completion of financial reports to ensure continuity of knowledge as staff retire or are transitioned out of the department
- Increase training for ABD flex Eligibility Technicians to ensure that accurate information is gathered from the beneficiaries and recorded appropriately in the system

2.2.13 Performance Measures

Project Description

Develop policies and procedures to manage the establishment, implementation and ongoing measurement of MITA-defined performance expectations for system and process activities.

Reason for Project

To determine how effective a process is performing or how well a system is operating.

Timeframe for Completion

Begin in year two of the five-year Roadmap, lasting about two years.

MITA Impact

The following table indicates the MITA processes impacted by this project. This project has the potential to impact many of the business processes as all MITA business processes require performance measures. Those business processes specifically identified in the SS-A are listed in the table.

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Table 22: Performance Measures MITA Business Process Impact

Processes Impacted	As-Is MITA Maturity Level	To-Be MITA Maturity Level
Business Process: CM07 – Authorize Referral	2	2
Business Process: CM08 – Authorize Service	1	2
Business Process: EE06 – Enroll Provider	2	2
Business Process: EE08 – Inquire Provider Information	2	3
Business Process: PM03 – Perform Provider Outreach	1	2
Information and Technical Architectures: **All**		
Seven Conditions and Standards: Business Results Condition		
Seven Conditions and Standards: Reporting Condition		

While the overall MITA maturity level may remain the same for some business processes, implementing this initiative will advance some capability questions in the Business Capability Matrix which will improve the overall business process.

Resource Impact

- Staffing – Requires identification of business process and system "Owners" who can monitor and measure the performance of a business process or the performance of a system.
- Fiscal – This project may require the procurement of a tool to track performance measures.

Project Outline

- **Determine Performance Measures**
  - ✓ Review Medicaid Technology Alliance (MTA) defined performance measures
  - ✓ Review performance measures defined in MITA Business Process Templates for each business process
    - As an example, for business process CM07 Authorize referral, following performance measures could be used
      - Accuracy with which referral authorizations are approved or denied =___%
      - Consistency of decisions in approving or denying referral authorizations = ___%
    - Business process PM03 – Perform Provider Outreach, following performance measures could be used:
      - Time to complete process of developing outreach materials = ___ days
      - Accuracy of outreach material = __ %
  - ✓ Perform analysis to identify under-utilized services and develop standardized communication that is directed toward the appropriate beneficiaries or potential beneficiary populations
  - ✓ Evaluate staffing levels to determine impact on timeliness
  - ✓ Identify a process or system owner (someone that has knowledge of the process or system) who is in charge of determining performance measures for their process or system, and monitoring ones that are in place to ensure compliance

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- **Develop a tool (dashboard) to track performance measures**
  - ✓ Implement an event-driven dashboard to monitor all the activity related to business services for reporting purposes
  - ✓ Implement stakeholder survey to gather data to evaluate effectiveness of business services
    - Expand the annual provider surveys by adding a question related to the referral process to gather data on the timeliness and efficiency of the process
  - ✓ Implement Service Level Agreements (SLAs) with vendors
  - ✓ Implement mechanisms in supporting systems to generate automatic alerts when performance measures or metrics are not met
- Develop formalized policies and procedures for implementing and communicating performance measures across the Medicaid Enterprise and to Enterprise stakeholders (contractors, providers, and vendors)

2.2.14 Program Integrity Module

Project Description

Implement a shared platform to integrate Program Integrity and SURS functionality. The Program Integrity Unit currently performs most of its business processes manually, frequently partnering with the Surveillance and Utilization Review Subsystem (SURS) unit, but using separate systems to handle the same cases.

Reason for Project

Consolidating program integrity with SURS information and accessibility in one system will save time and resources; efficiency, cost savings, collaboration, and accuracy are improved.

Timeframe for Completion

Begin in year three of the five-year Roadmap, lasting about two years.

MITA Impact

The following table indicates the MITA business processes impacted by this project.

Table 23: Program Integrity Module MITA Business Process Impact

Processes Impacted	As-Is MITA Maturity Level	To-Be MITA Maturity Level
Business Process: PE01 – Performance Management	1	2
Business Process: PE02 – Establish Compliance Incident	2	3
Business Process: PE03 – Manage Compliance Incident	2	3
Business Process: PE04 – Determine Adverse Action Incident	1	2
Business Process: PE05 – Prepare REOMB	1	2
Seven Conditions and Standards: Modularity Standard		

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Resource Impact

- Staffing – Changes may require adding programmers for enhancements to consolidate information from SURS and Program Integrity in one system and adding functionality for adding access for authorized internal stakeholders
- Fiscal – Cost Avoidance has the potential for significant savings

Project Outline

- Add centralization and notification functionality between Program Integrity and SURS for increased collaboration
- Use the same system, possibly the PI analytic system known as FADS, between SURS and Program Integrity to research and establish compliance incidents; allow authorized stakeholders access to appropriate level of case information
- Implement single sign-on functionality
- Schedule rotation of provider types in advance and ensure each is included in the REOMB process
- Implement a platform that can be shared by all stakeholders to support the collaboration on closing adverse action cases

2.2.15 Regional Health Information Exchange

Project Description

Work with surrounding states to implement a Regional Health Information Exchange (HIE)

Reason for Project

The Office of the National Coordinator (ONC) is establishing guidelines for a trusted exchange framework to set standards for linking Regional HIEs together to share data between states. Implementation and participation in the Regional HIE will allow Rhode Island to participate in the national initiative and obtain and share data.

Timeframe for Completion

Begin in year three of the five-year Roadmap, lasting about three years.

MITA Impact

The following table indicates the MITA business process impacted by this project.

Table 24: Regional Information Exchange MITA Business Process Impact

Process Impacted	As-Is MITA Maturity Level	To-Be MITA Maturity Level
Business Process: CM01 – Establish Case	1	2
Business Process: CM02 – Manage Case Information	1	2
Business Process: CM04 - Manage Registry	2	3
Business Process: CM05 - Perform Screening and Assessment	1	2
Business Process: CM06 - Manage Treatment Plan and Outcomes	1	2

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Process Impacted	As-Is MITA Maturity Level	To-Be MITA Maturity Level
Business Process: CM07 - Authorize Referral	2	2
Business Process: CM08 – Authorize Service	1	1
Business Process: CM09 – Authorize Treatment Plan	1	2
Business Process: ME01 – Manage Member Information	1	2
Business Process: ME02 – Manage Applicant & Member Communication	1	2
Seven Conditions and Standards: Interoperability Condition		

While the overall MITA maturity level may remain the same for some business processes, implementing this initiative will advance some capability questions in the Business Capability Matrix which will improve the overall business process.

Resource Impact

- Staffing – EOHHS staff will need to be involved with initiating and participation in a Regional HIE
- Fiscal – May require a procurement to interface with the regional HIE; may also require a financial commitment to pay ongoing costs associated with the regional HIE

Project outline

- Develop a workgroup to organize an interstate coalition of regional states desiring to participate in a Regional HIE
  - ✓ Workgroup would discuss the need for regional information hub, such as Provider Registry or FADS for Program Integrity
- Adopt and implement the Regional HIE to improve timeliness of obtaining and sharing data

2.2.16 RI Bridges Issues and Enhancements

Project Description

Enhance the RI Bridges system to improve its performance and implement additional capabilities.

Reason for Project

The following are modifications to RI Bridges identified by SMEs during the SS-A workshops. These modifications may be in addition to the current RI Bridges Project Runway activities listed in Section 2.1.1 of this document. RI Bridges issues and enhancements suggested by the SMEs will save time and reduce costs associated with manual efforts. All proposed changes have been identified as issue or enhancements in this section.

Timeframe for Completion

Begin in year one of the five-year Roadmap, lasting about two years.

MITA Impact

The following table indicates the MITA business processes impacted by this project.

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Table 25: RI Bridges Enhancement MITA Business Process Impacts

Processes Impacted	As-Is MITA Maturity Level	To-Be MITA Maturity Level
Business Process: CM01 – Establish Case	1	2
Business Process: CM03 – Manage Population Health Outreach	1	2
Business Process: CM05 – Perform Screening and Assessment	1	2
Business Process: CM06 – Manage Treatment Plan and Outcomes	1	2
Business Process: CM09 – Authorize Treatment Plan	1	2
Business Process: EE01 – Determine Member Eligibility	1	2
Business Process: EE02 – Enroll Member	1	2
Business Process: EE03 – Disenroll Member	1	2
Business Process: FM01 – Manage Provider Recoupment	1	1
Business Process: FM02 – Manage TPL Recovery	1	1
Business Process: FM03 – Manage Estate Recovery	1	2
Business Process: FM06 – Manage Accounts Receivable	2	2
Business Process: FM08 – Prepare Member Premium Invoice	1	2
Business Process: FM10 – Manage Member Financial Participation	1	3
Business Process: ME01 – Manage Member Information	1	2
Business Process: ME02 – Manage Applicant and Member Communication	1	2
Business Process: ME03 – Perform Population and Member Outreach	1	2
Business Process: ME08 – Manage Member Grievance and Appeal	1	2
Business Process: OM20 – Calculate Spend-Down Amount	1	1
Business Process: OM28 – Manage Data	1	2
Business Process: PL06 – Manage Health Benefit Information	2	2
Business Process: Care Management – IA/TA	1	1

While the overall MITA maturity level may remain the same for some business processes, implementing this initiative will advance some capability questions in the Business Capability Matrix which will improve the overall business process.

Resource Impact

- Staffing – State and existing vendor(s) staff would be needed to test changes
- Fiscal – the fiscal impact is dependent upon the number and complexity of the recommended enhancement that are implemented

Project outline

- Review the RI Bridges Project Runway to determine whether proposed enhancements are already in the scope of work. If not, consider whether these enhancements could be incorporated into the current RI Bridges-defect repairs list.
- **Long Term Services and Supports (LTSS)**
  - ✓ Improve the eligibility determination in RI Bridges for LTSS impacting nursing facilities payments

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- ✓ Resolve RI Bridges issues that are complicating the recoupment process with nursing facilities.

➢ **Interface Improvements:**

- ✓ Improve interfaces and integration between RI Bridges and MMIS for the transference of:
  - Treatment plans and outcomes data
  - Supplemental Security Income (SSI) member information and changes
  - Date of death information for Estate Recovery Unit
- ✓ Improve interfaces between RI Bridges and state and federal agencies to allow transference of Medicare Buy-in data
- ✓ Improve interface between RI Bridges and MMIS to accurately receive information on potential casualty recoveries that Medical Assistance Intercept System (MAIS) electronically identifies
- ✓ Develop interface to allow HealthSource portal to access case note information from RI Bridges

➢ **Community Support Management (CSM)**

- ✓ Incorporate CSM system into RI Bridges, so a single system could be used to determine eligibility and plans of care
- ✓ Work with the Eligibly and Enrollment vendor and users of CSM to create a development and release schedule
- ✓ Incorporate greater use of the data storage capabilities in the CSM by adding unique member identification numbers

➢ **Consumer Direction Model (CDM)**

- ✓ Determine the best long-term strategy for the placement of CDM functionality
- ✓ Implement the functionality in a new software solution, or incorporate the functionality into RI Bridges

➢ **RI Bridges Design Update**

- ✓ Evaluate RI Bridges functionality for members to file an appeal electronically to reduce manual and paper appeals
- ✓ Redevelop screens in RI Bridges to reflect all information needed to complete the Calculate Spend-Down process timely and efficiently
- ✓ Enable the web service functionality in RI Bridges that was previously available in InRhodes to improve accessibility to data on children
- ✓ Add tracking features in RI Bridges to improve accuracy for Aged, Blind and Disabled (ABD) flex population
- ✓ Implement automated address verifications in RI Bridges to eliminate manual verifications after the eligibility determination
- ✓ Develop an automated weekly system report in the RI Bridges system that proactively identifies member cases that are not picked up by a provider

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- ✓ Automate Katie Beckett, ICI, and Sherlock Group letters
- ✓ Implement standard tools to complete screenings and basements
- ✓ Develop requirements or process for RI Bridges to use MMIS daily feed for Third Party Liability (TPL) data that is received daily
- ✓ Process health plan changes via RI Bridges, which will take significant design changes. EOHHS wants to do this within the next five years

➢ RI Bridges needs to interface with the CRM system in contact center and the field offices to allow for documentation of all member phone calls

2.2.17 State Plan and Policy Enhancement

Project Description

Implement a platform to maintain state plan and historical state policy information electronically.

Reason for Project

The State Plan currently is available in hard copy format only and is not accessible to all internal stakeholders for reference.

Timeframe for Completion

Begin in year two of the five-year Roadmap, lasting about two years.

MITA Impact

The following table indicates the MITA business processes impacted by this project.

Table 26: State Plan and Policy Enhancements MITA Business Process Impact

Processes Impacted	As-Is MITA Maturity Level	To-Be MITA Maturity Level
Business Process: PL01 – Develop Agency Goals and Objectives	2	2
Business Process: PL02 – Maintain Program Policy	1	2
Business Process: PL03 – Maintain State Plan	1	2

While the overall MITA maturity level may remain the same for some business processes, implementing this initiative will advance some capability questions in the Business Capability Matrix which will improve the overall business process.

Resource Impact

- ➢ Staffing – Utilize current internal staff to enter the State Plan and policies into the centralized platform.
- ➢ Fiscal – May require the procurement of a platform to store policy and state plan information.

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Project outline

- Utilize a centralized platform to electronically document and maintain policy changes, including a historical record of what was changed, when, and why
- Create the State Plan electronically and make available on the EOHHS website, which would improve efficiency, accuracy, and accessibility for all authorized stakeholders
- Develop a process to ensure that all changes, including rate changes, go through the State Plan Amendment (SPA) process and CMS approval is obtained to update the State Plan

2.2.18 Workflow Management System

Project Description

Implement a workflow management system (WMS).

Reason for Project

A workflow management system supports any set of cross-team / cross-functional processes to be performed sequentially or concurrently. A workflow management system fosters a disciplined approach to the assignment and execution of responsibilities. Specific processes identified by SMEs in the MITA 3.0 SS-A include:

- Automate the review and approval process for outreach materials
- Automate information collection for the terminate provider process to improve cost effectiveness and efficiency

Timeframe for Completion

Begin in year one of the five-year Roadmap, and span the five-year Roadmap.

MITA Impact

This system is a new recommendation subsequent to the completion of the MITA 3.0 workshops, so the impact to To-Be scoring was not assessed. The implementation of this system could provide an increase in MITA maturity.

Resource Impact

- Staffing – Any staff member who receives, sends, or processes work will be impacted from the provision of expertise related to their job functions. At least one staff member identified by EOHHS from each functional area will be involved in end user testing.
- Fiscal – Moderate and dependent on hosting decisions (cloud-based versus on premise)

Project outline

- Use workflow diagrams from MITA 3.0 to support an analysis of workflow management needs
- Identify gaps
  - ✓ Management – assigning and monitoring tasks

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- ✓ Communication – understanding tasks
- ✓ Execution – completing tasks within a step of a workflow
- ✓ Transfer – the "passing on" of a workflow item once execution is complete

- Prepare and issue Requests for Information (RFIs) to the WMS vendor community
- Determine a hosting (cloud versus on premise) strategy
- Follow EOHHS procurement process

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3. A Summary of the Assessment of Compliance with Seven Conditions and Standards

An assessment of the MITA Seven Conditions and Standards was conducted for each of the three architectures: Business, Information and Technical. Each assessment of the seven conditions and standards was done utilizing MITA defined matrices specific to each architecture. Based on the MITA defined guidelines, each architecture was evaluated to determine the As-Is and To-Be MITA maturity levels for each of the seven conditions and standards.

The approach in determining the MITA maturity level for each of the conditions and standards was to evaluate the notes and key findings for each business area, look at the condition or standard description, take into consideration the maturity level guidelines, and determine the As-Is level for the SMA. The same approach was used to determine the To-Be level of MITA maturity for each business area.

3.1 Modularity Standard

The following table provides the As-Is and To-Be assessment levels established for each of the 10 business areas across each of the three architectures making up the Medicaid Enterprise. The assessed levels were assigned according to information derived from the workshops conducted with EOHHS SMEs.

Table 27: Modularity Standard As-Is and To-Be Maturity Levels

	Business Architecture		Information Architecture		Technical Architecture	
Modularity Standard by Business Area	**As-Is**	**To-Be**	**As-Is**	**To-Be**	**As-Is**	**To-Be**
Business Relationship Management	2	2	1	1	1	1
Care Management	2	3	1	1	1	1
Contractor Management	1	3	1	1	1	1
Eligibility and Enrollment Management	2	3	1	1	1	1
Financial Management	2	3	1	3	1	1
Member Management	2	3	1	3	1	2
Operations Management	3	3	1	3	1	1
Performance Management	2	3	1	1	1	1
Plan Management	1	2	1	1	1	1
Provider Management	3	3	1	3	1	2

Modularity Standard Assessment Summary

- The use of separate modules in the next MMIS procurement and centralizing contract management will help increase Modularity Standard
- Implementation of a single system for SURS and Program Integrity will allow for reuse of business rules
- For the Modularity Standard, the concatenated responses to the relevant questions were at Level 1 overall, and are expected to remain at that Level. While approximately half of the systems are

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assessed currently at Level 1, only two systems, CDM and MART, are expected to remain at that level over the next five years.

- Most systems are expected to be at Level 3 in five years. MMIS and RI Bridges are expected to perform the greatest advancement, from Level 1 to Level 3. SMEs expected that MAPIR and the financial systems would reach at least Level 3 in most areas.

3.2 MITA Condition

The following table provides the As-Is and To-Be assessment levels established for each of the 10 business areas across each of the three architectures making up the Medicaid Enterprise. The assessed levels were assigned according to information derived from the workshops conducted with EOHHS SMEs.

Table 28: MITA Condition As-Is and To-Be Maturity Levels

	Business Architecture		Information Architecture		Technical Architecture	
MITA Condition by Business Area	As-Is	To-Be	As-Is	To-Be	As-Is	To-Be
Business Relationship Management	4	5	1	1	1	1
Care Management	4	5	1	1	1	2
Contractor Management	4	5	1	1	1	1
Eligibility and Enrollment Management	4	5	1	1	2	2
Financial Management	4	5	1	2	2	2
Member Management	4	5	1	2	2	2
Operations Management	4	5	1	2	2	2
Performance Management	4	5	1	2	2	2
Plan Management	4	5	1	1	1	1
Provider Management	4	5	1	2	1	2

MITA Condition Assessment Summary

- EOHHS completed MITA 2.01 SS-A in 2011 and is in the process of completing MITA 3.0 SS-A
- EOHHS has developed a Concept of Operations (COO) and five year Roadmap
- EOHHS can achieve its target MITA Maturity capabilities in the next five years by:
  - ✓ Conducting annual State Self-Assessments
  - ✓ Updating the COO, Roadmap, data models, and any architecture documentation for BA, IA and TA on an annual basis

3.3 Industry Standards Condition

The following table provides the As-Is and To-Be assessment levels established for each of the 10 business areas across each of the three architectures making up the Medicaid Enterprise. The assessed levels were assigned according to information derived from the workshops conducted with EOHHS SMEs.

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Table 29: Industry Standards Condition As-Is and To-Be Maturity Levels

Industry Standards Condition by Business Area	Business Architecture		Information Architecture		Technical Architecture	
	As-Is	To-Be	As-Is	To-Be	As-Is	To-Be
Business Relationship Management	2	3	1	1	1	1
Care Management	2	3	1	1	1	1
Contractor Management	2	3	1	1	1	1
Eligibility and Enrollment Management	2	3	1	1	1	1
Financial Management	2	3	1	2	2	2
Member Management	2	3	1	2	2	2
Operations Management	3	3	1	2	2	2
Performance Management	3	3	1	2	2	2
Plan Management	2	3	1	1	1	1
Provider Management	2	3	1	2	2	2

Industry Standards Assessment Summary

- EOHHS incorporates industry standards in business modeling techniques
- Provider Eligibility and Enrollment standards currently utilize a mix of state and federal standards
- The Industry Standards Condition is demonstrated through the IA questions about data governance, data sharing architecture, and the use of data standards
- EOHHS would advance in MITA maturity by fully adopting nationally recognized standards, including those for messaging and technology across the RI Medicaid Enterprise

3.4 Leverage Condition

The following table provides the As-Is and To-Be assessment levels established for each of the 10 business areas across each of the three architectures making up the Medicaid Enterprise. The assessed levels were assigned according to information derived from the workshops conducted with EOHHS SMEs.

Table 30: Leverage Condition As-Is and To-Be Maturity Levels

Leverage Condition by Business Area	Business Architecture		Information Architecture		Technical Architecture	
	As-Is	To-Be	As-Is	To-Be	As-Is	To-Be
Business Relationship Management	2	3	1	1	1	1
Care Management	2	3	1	1	1	1
Contractor Management	1	3	1	1	1	1
Eligibility and Enrollment Management	1	3	1	1	1	1
Financial Management	2	3	1	2	1	2
Member Management	2	2	1	2	1	2
Operations Management	3	3	1	2	1	2
Performance Management	3	4	1	2	1	2
Plan Management	2	2	1	1	1	1
Provider Management	3	3	1	2	1	2

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Leverage Condition Assessment Summary

- Resolving RI Bridges defects and change requests would help the State move to level 3 for Eligibility and Enrollment Management processes
- Centralization of finance and budget information would result in reuse of business services to obtain level 3
- EOHHS utilizes MMIS for Operations Management business processes and shares business services with other RI agencies
- EOHHS should utilize Performance Management processes for identifying utilization anomalies to be shared with other regional SMAs; for example, Program Integrity's current efforts to obtain and possibly reuse Arizona's processes for identifying utilization anomalies and managing compliance incident information
- Those systems that primarily support financial management, claims processing, and reporting are expected to increase their compliance with the Leverage Condition, as emphasis is placed on interagency collaboration to establish common data architecture and enterprise modeling, through the release of a system Request for Proposal (RFP)

3.5 Business Results Condition

The following table provides the As-Is and To-Be assessment levels established for each of the 10 business areas across each of the three architectures making up the Medicaid Enterprise. The assessed levels were assigned according to information derived from the workshops conducted with EOHHS SMEs.

Table 31: Business Results Condition As-Is and To-Be Maturity Levels

	Business Architecture		Information Architecture		Technical Architecture	
Business Results Condition by Business Area	**As-Is**	**To-Be**	**As-Is**	**To-Be**	**As-Is**	**To-Be**
Business Relationship Management	1	2	1	1	1	1
Care Management	1	3	1	1	1	1
Contractor Management	1	3	1	1	1	1
Eligibility and Enrollment Management	1	3	1	1	1	1
Financial Management	2	2	1	2	1	1
Member Management	1	3	1	2	1	1
Operations Management	3	3	1	2	1	1
Performance Management	2	3	1	2	1	1
Plan Management	2	2	1	1	1	1
Provider Management	2	3	1	2	1	1

Business Results Condition Assessment Summary

- Implementing a contractor management system and centralized team would help EOHHS achieve level 3 MITA maturity for Contractor Management
- Issues with RI Bridges increase the level of manual intervention required and decrease the accuracy of information available across several business areas. Resolving these issues will raise the MITA maturity to level 3

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- The areas of financial management, claims, and reporting are expected to increase the Agency's maturity in Business Results, as they implement more integrated enterprise modeling through the acquisition of a new MMIS system through the RFP process

3.6 Reporting Condition

The following table provides the As-Is and To-Be assessment levels established for each of the 10 business areas across each of the three architectures making up the Medicaid Enterprise. The assessed levels were assigned according to information derived from the workshops conducted with EOHHS SMEs.

Table 32: Reporting Condition As-Is and To-Be Maturity Levels

	Business Architecture		Information Architecture		Technical Architecture	
Reporting Condition by Business Area	As-Is	To-Be	As-Is	To-Be	As-Is	To-Be
Business Relationship Management	2	2	1	1	1	1
Care Management	2	3	1	1	1	1
Contractor Management	2	3	1	1	1	1
Eligibility and Enrollment Management	2	3	1	1	1	1
Financial Management	2	3	1	2	1	1
Member Management	2	3	1	2	1	1
Operations Management	2	3	1	3	1	1
Performance Management	3	4	1	3	1	1
Plan Management	2	3	1	1	1	1
Provider Management	2	3	1	2	1	1

Reporting Condition Assessment Summary

- EOHHS noted that it is a goal to be more transparent, which requires accurate reporting
- Accuracy of reporting, including encounter data, impacts MITA maturity level
- The scores for the Reporting Condition are based on SMEs' assessments of the enterprise data governance and standards as they currently exist, and are expected to be modified over the next five years
- Care Management and Eligibility and Enrollment Management are both assessed at Level 1 and are expected to remain at that level over the next five years. However, at a more granular level, Eligibility and Enrollment Management will be brought to Level 3 with the addition of the reporting capability represented by the Data Ecosystem, currently under development. The remaining business areas are projected to advance in maturity, as EOHHS takes steps to establish enterprise-wide data governance and standards.

3.7 Interoperability Condition

The following table provides the As-Is and To-Be assessment levels established for each of the 10 business areas across each of the three architectures making up the Medicaid Enterprise. The assessed levels were assigned according to information derived from the workshops conducted with EOHHS SMEs.

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Table 33: Interoperability Condition As-Is and To-Be Maturity Levels

Interoperability Condition by Business Area	Business Architecture		Information Architecture		Technical Architecture	
	As-Is	To-Be	As-Is	To-Be	As-Is	To-Be
Business Relationship Management	2	3	1	1	1	1
Care Management	2	3	1	1	1	1
Contractor Management	2	3	1	1	1	1
Eligibility and Enrollment Management	2	3	1	1	1	1
Financial Management	2	3	1	2	1	1
Member Management	2	3	1	2	2	2
Operations Management	2	3	1	2	1	1
Performance Management	2	3	1	2	1	1
Plan Management	2	3	1	1	1	1
Provider Management	2	3	1	2	2	2

Interoperability Condition Assessment Summary

- EOHHS has an integrated eligibility system (RI Bridges) and CurrentCare the State Health Information Exchange (HIE)
- The state HIE is not seamlessly integrated with MMIS or RI Bridges
- EOHHS has identified where interactions occur with CurrentCare, the state HIE
- The Interoperability Condition is supported by enterprise data governance, data architecture, and data sharing architecture, as well as the use of CDMs and LDMs
- For the systems that support Financial, Member, Operations, Performance, and Provider Management, Interoperability is expected to advance to Level 3. Interoperability will be increased with the development and use of enterprise CDMs and LDMs, and the full implementation of data governance and architecture.

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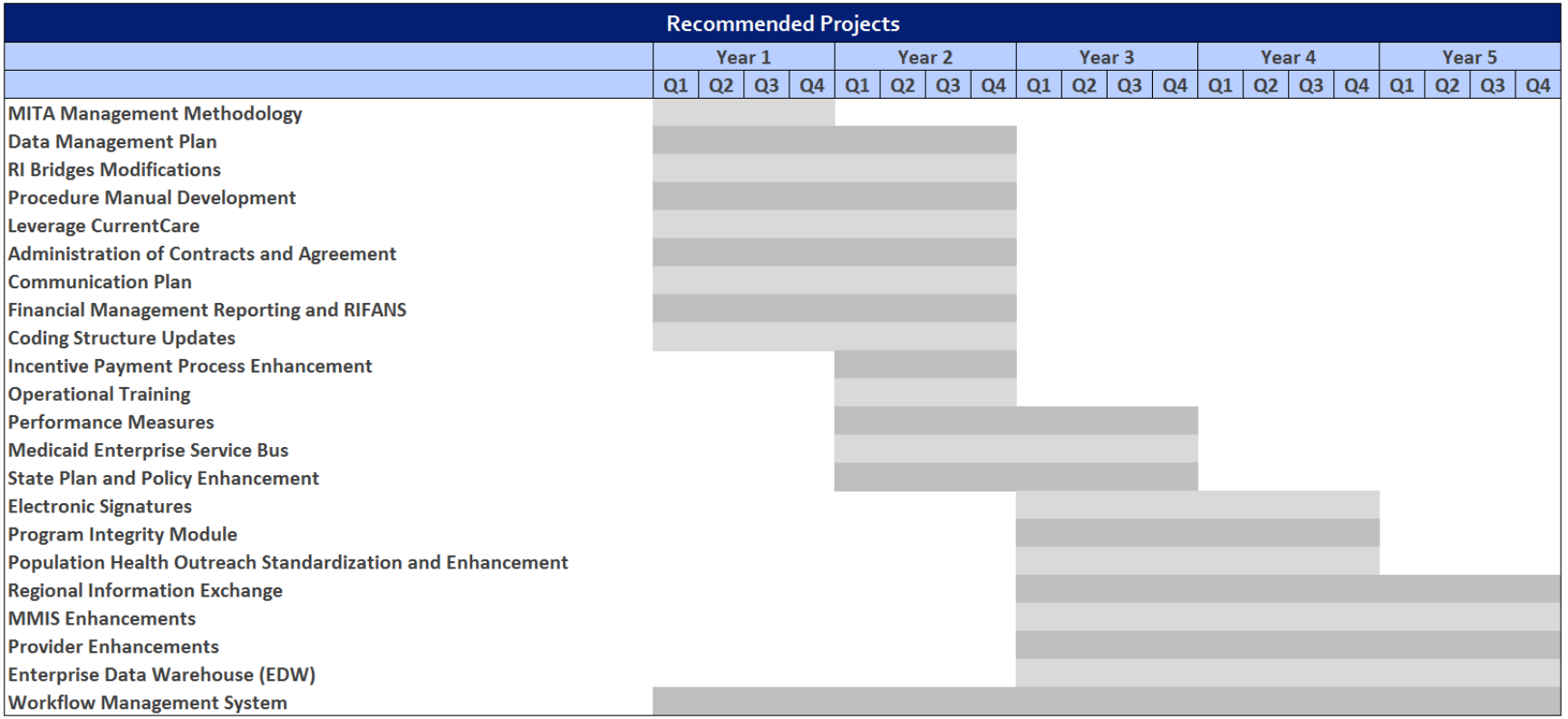
APPENDIX A: GANTT CHART

The following are CSG Government Solutions recommended projects that were developed as a result of the assessment of the Rhode Island Medicaid Enterprise. Timeframes shown are estimates.



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APPENDIX B: CROSSWALK BETWEEN MITA 2.01 AND MITA 3.0

The MITA 3.0 SS-A is the second SS-A undertaken by Rhode Island. The first Rhode Island MITA 2.01 SS-A was completed in July of 2011. The following table provides As-Is and To-Be levels for both SS-A along with any notes from MITA 2.0 for the levels and differences between the MITA 3.0 business processes and the MITA 2.01 business processes. The table below is sorted in the order of MITA 3.0 business processes.

Business Process (2.01)	MITA 2.01 Notes	MITA 3.0 Changes	Business Process (3.0)	MITA 2.01		MITA 3.0	
				As-Is	To-Be	As-Is	To-Be
BR01 Establish Business Relationship	N/A	N/A	BR01 Establish Business Relationship	1	1	2	2
BR02 Manage Business Relationship Communications	Process was not assessed	Retitled to Manage Business Relationship Communication	BR02 Manage Business Relationship Communication	N/A	N/A	2	2
BR03 Manage Business Relationship	Process was not assessed	Retitled Manage Business Relationship Information	BR03 Manage Business Relationship Information	1	1	1	2
BR04 Terminate Business Relationship	Process was not assessed	N/A	BR04 Terminate Business Relationship	N/A	N/A	1	2
CM01 Establish Case	Covered in Establish Care Plan	N/A	CM01 Establish Case	N/A	N/A	1	2
CM02 Manage Case	N/A	Retitled to Manage Case Information	CM02 Manage Case Information	1	2	1	2
CM03 Manage Medicaid Population Health	N/A	Retitled to Manage Population Health Outreach	CM03 Manage Population Health Outreach	1	2	1	2
CM04 Manage Registry	Process was not assessed	N/A	CM04 Manage Registry	N/A	N/A	2	3
N/A	N/A	Created new business process and assigned sequential identification CM05	CM05 Perform Screening and Assessment **(New)**	N/A	N/A	1	2

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Business Process (2.01)	MITA 2.01 Notes	MITA 3.0 Changes	Business Process (3.0)	MITA 2.01		MITA 3.0	
				As-Is	To-Be	As-Is	To-Be
N/A	N/A	Created new business process and assigned sequential identification CM06	CM06 Manage Treatment Plan and Outcomes **(New)**	N/A	N/A	1	2
OM01 Authorize Referral	Not applicable to RI Medicaid	Moved to CM Authorization Determination, retired identification OM01, and assigned sequential identification CM07	CM07 Authorize Referral	N/A	N/A	2	2
OM02 Authorize Service	N/A	Moved to CM Authorization Determination, retired identification OM02, and assigned sequential identification CM08	CM08 Authorize Service	1	2	1	2
OM03 Authorize Treatment Plan	N/A	Moved to CM Authorization Determination, retired identification OM03, and assigned sequential identification CM09	CM09 Authorize Treatment Plan	1	2	1	2
CO01 Manage Contractor Information	N/A	N/A	CO01 Manage Contractor Information	1	1	1	2
CO04 Inquire Contractor Information	N/A	N/A	CO04 Inquire Contractor Information	1	1	2	2
CO02 Manage Contractor Communication	Process was not assessed	N/A	CO02 Manage Contractor Communication	N/A	N/A	1	1
CO03 Perform Contractor Outreach	N/A	N/A	CO03 Perform Contractor Outreach	1	2	1	1
CO09 Support Contractor Grievance and Appeal	N/A	Retitled to Manage Contractor Grievance and Appeal	CO09 Manage Contractor Grievance and Appeal	1	2	1	1
CO05 Produce Administrative or Health Services RFP	N/A	Retitled to Produce Solicitation	CO05 Produce Solicitation	N/A	N/A	1	1

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Business Process (2.01)	MITA 2.01 Notes	MITA 3.0 Changes	Business Process (3.0)	MITA 2.01		MITA 3.0	
				As-Is	To-Be	As-Is	To-Be
CO06 Award Administrative or Health Services Contract	Covered in Award Administrative/Health Services Contract	Retitled to Award Contract	CO06 Award Contract	1	2	1	2
CO07 Manage Administrative or Health Services Contract	Covered in Manage Administrative/Health Services Contract	Retitled to Manage Contract	CO07 Manage Contract	1	2	1	2
CO08 Close Out Administrative or Health Services Contract	Covered in Close-Out Administrative/Health Services Contract	Retitled to Close Out Contract	CO08 Close Out Contract	N/A	N/A	1	2
ME04 Determine Eligibility	N/A	Moved from Member Management, retitled to Determine Member Eligibility, retired identification ME04, and assigned sequential identification EE01	EE01 Determine Member Eligibility (Under Development)	1	3	1	2
ME05 Enroll Member	N/A	Moved from Member Management, retired identification ME05, and assigned sequential identification EE02	EE02 Enroll Member (Under Development)	1	3	1	2
ME07 Disenroll Member	N/A	Moved from Member Management, retired identification ME07, and assigned sequential identification EE03	EE03 Disenroll Member (Under Development)	1	3	1	2
ME06 Inquire Member Eligibility	N/A	Moved to EE Member Enrollment, retired identification ME06, and assigned sequential identification EE04	EE04 Inquire Member Eligibility (Under Development)	1	3	3	3

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Business Process (2.01)	MITA 2.01 Notes	MITA 3.0 Changes	Business Process (3.0)	MITA 2.01		MITA 3.0	
				As-Is	To-Be	As-Is	To-Be
N/A	N/A	Created new business process, and assigned sequential identification EE05	EE05 Determine Provider Eligibility **(New)**	N/A	N/A	1	2
PM04 Enroll Provider	N/A	Moved to EE Provider Enrollment, retired identification PM04, and assigned sequential identification EE06	EE06 Enroll Provider	1	2	2	2
PM06 Disenroll Provider	N/A	Moved to EE Provider Enrollment, retired identification PM06, and assigned sequential identification EE07	EE07 Disenroll Provider	1	2	1	2
PM05 Inquire Provider Information	N/A	Moved to EE Provider Enrollment, retired identification PM05, and assigned sequential identification EE08	EE08 Inquire Provider Information	2	2	2	3
ME01 Manage Member Information	N/A	N/A	ME01 Manage Member Information (Under Development)	N/A	N/A	1	2
ME02 Manage Applicant and Member Communication	N/A	N/A	ME02 Manage Applicant and Member Communication (Under Development)	N/A	N/A	1	2
ME08 Manage Member Grievance and Appeal	N/A	N/A	ME08 Manage Member Grievance and Appeal (Under Development)	1	2	1	2
ME03 Perform Population and Member Outreach	N/A	N/A	ME03 Perform Population and Member Outreach (Under Development)	1	3	1	2
OM14 Prepare Remittance Advice-Encounter Report		N/A	OM14 Generate Remittance Advice	3	3	2	2

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Business Process (2.01)	MITA 2.01 Notes	MITA 3.0 Changes	Business Process (3.0)	MITA 2.01		MITA 3.0	
				As-Is	To-Be	As-Is	To-Be
OM18 Inquire Payment Status	N/A	Moved to OM Payment and Reporting	OM18 Inquire Payment Status	2	3	2	2
OM09 Prepare COB	Not applicable to RI Medicaid	Demoted to use case to use within Process Claim and Process Encounter business processes and retired identification OM09	N/A	N/A	N/A	N/A	N/A
N/A	N/A	Created new business process and assigned sequential identification OM27	OM27 Prepare Provider Payment **(New)**	N/A	N/A	3	3
OM11 Prepare Home and Community Based Services Payment	Covered in Edit and Audit RI Medicaid Claim	Combined activity with Prepare Provider Premium Payment and retired identification OM11	N/A	N/A	N/A	N/A	N/A
OM13 Prepare Provider EFT-check	N/A	Demoted to use case to use within Manage Accounts Payable Disbursement and retired identification OM13	N/A	2	3	N/A	N/A
OM12 Prepare Premium EFT-check	Covered in Prepare RI Medicaid Provider and Premium EFT	Combined activity with Manage Accounts Payable Disbursement and retired identification OM12	N/A	2	3	N/A	N/A
N/A	N/A	Created new business process and assigned sequential identification OM28	OM28 Manage Data **(New)**	N/A	N/A	1	2
OM07 Edit Claim-Encounter	N/A	Retitled to Process Claim	OM07 Process Claim	1	2	2	2
N/A	N/A	Created new business process, and assigned sequential identification OM29	OM29 Process Encounter **(New)**	N/A	N/A	2	2

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Business Process (2.01)	MITA 2.01 Notes	MITA 3.0 Changes	Business Process (3.0)	MITA 2.01		MITA 3.0	
				As-Is	To-Be	As-Is	To-Be
OM06 Audit Claim-Encounter	N/A	Demoted to use case to use within Process Claim and Process Encounter; retired identification OM06	N/A	1	2	N/A	N/A
OM08 Price Claim-Value Encounter	N/A	Demoted to use case to use within Process Claim and Process Encounter; retired identification OM08	N/A	2	2	N/A	N/A
OM20 Calculate Spend-Down Amount	N/A	Moved to OM Claims Adjudication	OM20 Calculate Spend-Down Amount	1	1	1	1
OM04 Apply Attachment	N/A	Retitled to Submit Electronic Attachment	OM04 Submit Electronic Attachment	1	2	1	1
OM05 Apply Mass Adjustment	N/A	N/A	OM05 Apply Mass Adjustment	2	2	1	1
OM15 Prepare Capitation Premium Payment	N/A	Combined activity with Prepare Provider Premium Payment and retired identification OM15	N/A	3	3	N/A	N/A
OM16 Prepare Health Insurance Premium Payment	N/A	Combined activity with Prepare Member Premium Payment and retired identification OM16	N/A	3	3	N/A	N/A

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Business Process (2.01)	MITA 2.01 Notes	MITA 3.0 Changes	Business Process (3.0)	MITA 2.01		MITA 3.0	
				As-Is	To-Be	As-Is	To-Be
OM19 Manage Payment Information	Not applicable to RI Medicaid	Divided into Manage Accounts Receivable Accounts Receivable Information and Manage Accounts Payable Information, moved to FM Accounts Receivable Management and FM Accounts Payable Management, retired identification OM19, and assigned sequential identification FM06 and FM13	N/A	N/A	N/A	N/A	N/A
OM24 Manage Recoupment	N/A	Retitled to Manage Provider Recoupment, moved to FM Accounts Receivable Management, retired identification OM24, and assigned sequential identification FM01	FM01 Manage Provider Recoupment	1	3	1	1
OM26 Manage TPL Recovery	N/A	Moved to FM Accounts Receivable Management, retired identification OM26, and assigned sequential identification FM02	FM02 Manage TPL Recovery	1	2	1	1
OM23 Manage Estate Recovery	N/A	Moved to FM Accounts Receivable Management, retired identification OM23 and assigned sequential identification FM03	FM03 Manage Estate Recovery	1	2	1	2
OM22 Manage Drug Rebate	N/A	Moved to FM Accounts Receivable Management, retired identification OM22, and assigned sequential identification FM04	FM04 Manage Drug Rebate	1	2	2	2

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Business Process (2.01)	MITA 2.01 Notes	MITA 3.0 Changes	Business Process (3.0)	MITA 2.01		MITA 3.0	
				As-Is	To-Be	As-Is	To-Be
OM25 Manage Cost Settlement	N/A	Moved to FM Accounts Receivable Management, retired identification OM25, and assigned sequential identification FM05	FM05 Manage Cost Settlement	1	2	1	1
N/A	N/A	Created new business process and assigned sequential identification FM06	FM06 Manage Accounts Receivable Information **(New)**	N/A	N/A	2	2
N/A	N/A	Created new business process and assigned sequential identification FM07	FM07 Manage Accounts Receivable Collection/Refund **(New)**	N/A	N/A	2	2
OM21 Prepare Member Premium Invoice	Process incorporated into the Prepare Remittance Advice	Moved to FM Accounts Receivable Management, retired identification OM2, and assigned sequential identification FM08	FM08 Prepare Member Premium Invoice	N/A	N/A	1	2
N/A	N/A	Created new business process and assigned sequential identification FM09	FM09 Manage Contractor Payment **(New)**	N/A	N/A	1	2
OM17 Prepare Medicare Premium Payment	N/A	Retitled to Manage Member Premium Payment, moved to FM Accounts Payable Management, assigned sequential identification FM10, and retired identification OM17	FM10 Manage Member Premium Payment	3	3	1	3
N/A	N/A	Created new business process and assigned sequential identification FM11	FM11 Manage Capitation Payment **(New)**	N/A	N/A	2	2
N/A	N/A	Created new business process and assigned sequential identification FM12	FM12 Manage Incentive Payment **(New)**	N/A	N/A	1	1

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Business Process (2.01)	MITA 2.01 Notes	MITA 3.0 Changes	Business Process (3.0)	MITA 2.01		MITA 3.0	
				As-Is	To-Be	As-Is	To-Be
N/A	N/A	Created new business process and assigned sequential identification FM13	FM13 Manage Accounts Payable Information **(New)**	N/A	N/A	2	2
N/A	N/A	Created new business process and assigned sequential identification FM14	FM14 Manage Accounts Payable Disbursement **(New)**	N/A	N/A	2	2
PG13 Manage 1099s	N/A	Moved to FM Accounts Payable Management, retitled to Manage 1099, retired identification PG13, and assigned sequential identification FM15	FM15 Manage 1099	2	2	N/A	N/A
PG07 Formulate Budget	N/A	Moved to FM Fiscal Management, retired identification PG07, and assigned sequential identification FM16	FM16 Formulate Budget	1	2	2	2
N/A	N/A	Created new business process and assigned sequential identification FM17	FM17 Manage Budget Information **(New)**	N/A	N/A	2	2
PG12 Manage State Funds	N/A	Retitled to Manage Fund, moved to FM Fiscal Management, retired identification PG12, and assigned sequential identification FM18	FM18 Manage Fund	1	2	2	2
PG17 Generate Financial and Program Analysis Report	N/A	Retitled to Generate Financial Report, moved to FM Fiscal Management, retired identification PG17, and assigned sequential identification FM19	FM19 Generate Financial Report	2	2	2	2

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Business Process (2.01)	MITA 2.01 Notes	MITA 3.0 Changes	Business Process (3.0)	MITA 2.01		MITA 3.0	
				As-Is	To-Be	As-Is	To-Be
PG04 Develop Agency Goals and Objectives	N/A	Assigned sequential identification PL01 and retired identification PG04	PL01 Develop Agency Goals and Objectives	1	2	2	2
PG05 Develop and Maintain Program Policy	N/A	Retitled to Maintain Program Policy, assigned sequential identification PL012 and retired identification PG05	PL02 Maintain Program Policy	1	2	1	2
PG06 Maintain State Plan	N/A	Assigned sequential identification PL03 and retired identification PG06	PL03 Maintain State Plan	1	1	1	2
PG19 Manage Program Information	N/A	Retitled to Manage Health Plan Information, moved to PL Health Plan Administration, retired identification PG19, and assigned sequential identification PL04	PL04 Manage Health Plan Information	2	2	2	2
N/A	N/A	Created new business process and assigned sequential identification PL05	PL05 Manage Performance Measures **(New)**	N/A	N/A	1	2
PG02 Develop and Maintain Benefit Package	N/A	Retitled to Manage Health Benefit Information; divided into Manage Health Benefit Information and Manage Reference Information, assigned sequential identification PL06 and PL07 and retired identification PG02	PL06 Manage Health Benefit Information	1	2	2	2
N/A	N/A	Created new business process and assigned sequential identification PL07	PL07 Manage Reference Information **(New)**	N/A	N/A	2	2

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Business Process (2.01)	MITA 2.01 Notes	MITA 3.0 Changes	Business Process (3.0)	MITA 2.01		MITA 3.0	
				As-Is	To-Be	As-Is	To-Be
PG03 Manage Rate Setting	N/A	Assigned sequential identification PL08 and retired identification PG03	PL08 Manage Rate Setting	1	2	2	2
PG01 Designate Approved Services and Drug Formulary	N/A	Demoted to use case to use within Manage Reference Information and retired identification PG01	N/A	2	2	N/A	N/A
PG08 Manage FFP for MMIS	N/A	Demoted to use case to be used within Manage Funds, and retired identification PG08	N/A	1	2	N/A	N/A
PG09 Draw and Report FFP	N/A	Demoted to use case to be used within Manage Fund, and retired identification PG09	N/A	N/A	N/A	N/A	N/A
PG10 Manage FFP for Services	N/A	Demoted to use case to be used within Manage Fund, and retired identification PG10	N/A	N/A	N/A	N/A	N/A
PG11 Manage F-MAP	N/A	Demoted to use case to be used within Manage Fund, and retired identification PG11	N/A	1	2	N/A	N/A
PG14 Perform Accounting Functions	N/A	Divided into Accounts Receivable and Accounts Payable business categories, and retired identification PG14	N/A	2	2	N/A	N/A
PG15 Develop and Manage Performance Measures and Reporting	N/A	Combined activity into Manage Performance Measures, and retired identification PG15	N/A	2	3	N/A	N/A
PG16 Monitor Performance and Business Activity	N/A	Combined activity into Manage Performance Measure, and retired identification PG10	N/A	N/A	N/A	N/A	N/A

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Business Process (2.01)	MITA 2.01 Notes	MITA 3.0 Changes	Business Process (3.0)	MITA 2.01		MITA 3.0	
				As-Is	To-Be	As-Is	To-Be
PG18 Maintain Benefits-Reference Information	N/A	Combined activity into Manage Health Benefit Information and Manage Reference Information, moved to PL Health Benefits Administration, retired identification PG18, and assigned sequential identification PL06 and PL07	N/A	2	2	N/A	N/A
PI01 Identify Candidate Case	N/A	Retitled to Identify Utilization Anomalies, retired identification PI01, and assigned sequential identification PE01	PE01 Identify Utilization Anomalies	2	3	1	2
N/A	N/A	Created new business process and assigned sequential identification PE02	PE02 Establish Compliance Incident **(New)**	N/A	N/A	2	3
N/A	N/A	Created new business process and assigned sequential identification PE03	PE03 Manage Compliance Incident Information **(New)**	N/A	N/A	2	3
PI02 Manage Case	N/A	Retitled to Determine Adverse Action Incident, retired identification PI02, and assigned sequential identification PE04	PE04 Determine Adverse Action Incident	1	3	1	1
OM10 Prepare EOB	N/A	Retitled to Prepare REOMB, moved to PE Compliance Management and retired identification OM10, and assigned sequential identification PE05	PE05 Prepare REOMB	1	3	1	2
PM01 Manage Provider Information	N/A	N/A	PM01 Manage Provider Information	1	2	1	2

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Business Process (2.01)	MITA 2.01 Notes	MITA 3.0 Changes	Business Process (3.0)	MITA 2.01		MITA 3.0	
				As-Is	To-Be	As-Is	To-Be
N/A	N/A	Created new business process, and assigned sequential identification PM08	PM08 Terminate Provider **(New)**	N/A	N/A	2	3
PM02 Manage Provider Communication	N/A	N/A	PM02 Manage Provider Communication	2	2	1	2
PM07 Manage Provider Grievance and Appeal	N/A	N/A	PM07 Manage Provider Grievance and Appeal	1	1	1	2
PM03 Perform Provider Outreach	Covered in Manage Standard RI Provider Communication	N/A	PM03 Perform Provider Outreach	N/A	N/A	1	2

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APPENDIX C: PROJECT TEMPLATE

The following template has been designed as a companion document for EOHHS to complete when submitting an Advanced Planning Document (APD) for enhanced federal financial consideration. The template includes the MITA Roadmap defined topics that are required for each project. Completion of the template and an APD will provide CMS the necessary information relating to each project.

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[Insert Project Name]

Project Description

[Provide a detailed description of the project]

Project Scope

[Detail the scope of the project and the method to accomplish the project]

Project Products and Deliverables

[List all products and deliverables to be developed as a result of the project]

Project Risks

[Provide a detailed description of the risks]

Personnel Resources and Responsibilities

Personnel Resources	Responsibilities
State Staff	
Contracted Staff	

Description

[Provide an explanation of the staff and responsibilities listed in the table above here]

MITA Impact

Processes Impacted	As-Is MITA Maturity Level	To-Be MITA Maturity Level
Business Process:		
Business Process:		

Project Activities

[List tasks and subtasks required to be completed, a description of the task or subtask and the planned timeframes to begin and end the task or subtask. Make sure to include any procurement or solicitation activities]

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Task/Subtasks	Description	Begin Date	End Date
Task			
Subtask			

Description

[Provide an explanation of the tasks and subtasks listed in the table above here]

Project Schedule and Milestones

The following is the project schedule. This schedule has been assembled in consideration of cost, benefit, and risk for each activity and includes major milestones, deliverables, and key dates. (Consider developing a Work Breakdown Structure)

Project Schedule		Begin Date	End Date	Milestones
Deliverable				
Task				
Subtask				

Description

[Provide an explanation of the project schedule and milestones listed in the table above here]

Resource Needs

The following are the resource needs are listed by categories, cost elements and amounts, including: State and/or contractor staff costs, facility/equipment, travel, outreach and training, etc.

Resource	Number of FTEs	Facility Equipment	Travel	Outreach	Training	Other
State Staff						
Contractor						

Description

[Provide an explanation of the costs detailed in the table above here]

Estimated Total Budget

The following is the total estimated budget for the project with the budget broken down by total state funds and requested federal funds, and by applicable Federal Financial Participation (FFP) rates.

Funding Source	Funding Amount	Financial Participation %	Total Budget
State			

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Funding Source	Funding Amount	Financial Participation %	Total Budget
Federal			

Description

[Provide an explanation of the amounts detailed in the table above here]

Cost Allocation Plan/Methodology

The following cost allocation plan is as specified in Office of Management and Budget (OMB) Circular A-87. The cost allocation plan identifies all participants and their associated cost allocation to depict non-Medicaid activities and non-Medicaid Full-Time Equivalents (FTEs) participating in this project.

Participant	Medicaid FTE	% Medicaid Activities	% of Non-Medicaid Activities
(State Staff)	(Yes/No)		
(Contractor Staff)			

Description

[Provide an explanation of the information detailed in the table above here]

Estimate of Prospective Cost Distribution

The following estimate provides a prospective cost distribution for the various state and federal funding sources broken down in calendar quarters.

Resource	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Quarter 5	Quarter 6	Quarter 7	Quarter 8
State								
Federal								

Procedures for Distributing Costs

[Provide an explanation of the costs will be distributed here]

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APPENDIX D: GLOSSARY/ACRONYMS

Below is the glossary for the acronyms used throughout this deliverable:

Acronym	Full Form
275 TXN	HIPAA claim attachment
835 TXN	Remittance transaction
ABD	Aged, Blind and Disabled
ACA	Affordable Care Act
APD	Advance Planning Document
API	Application Programming Interface
BFM	Budget Formulation Module
BI	Business intelligence
BPTs	Business Process Templates
BR	Business Relationship Management
CAQH	Council for Affordable Quality Healthcare
CARCS	Claim Adjustment Reason Codes
CDM	Conceptual Data Model
CDM	Consumer Direction Model
CFR	Code of Federal Regulations
CHIP	Children's Health Insurance Program
CM	Care Management
CMS	Centers for Medicare and Medicaid Services
CO	Contractor Management
COO	Concepts of Operation
CORE	Committee on Operating Rules for Information Exchange
CRM	Consumer Relationship Management
CSM	Community Support Management
DoIT	Division of Information and Technology
EDM	Electronic Document Management
EDW	Enterprise Data Warehouse
EE	Eligibility and Enrollment Management
EFT	Electronic Funds Transfer
EOHHS	Executive Office of Health and Human Services
ERA	Electronic Remittance Advice
ETL	Extract Transform Load

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Acronym	Full Form
FADS	Fraud and Abuse Detection System
FM	Financial Management
HICN	Health Insurance Claim Number
HIE	Health Information Exchange
HIPAA	Health Insurance Portability and Accountability Act
HIX	Health Insurance Exchange
HSDW	Human Services Data Warehouse
HSTP	Health System Transformation Project
IA	Informaion Architectures
ICI	Integrated Care Initiative
LDM	Logical Data Model
LTSS	Long Term Services and Supports
MAIS	Medical Assistance Intercept System
MART	Medical Assistance Review Team
MBI	Medicare Beneficiary Identifier
ME	Member Management
MITA	Medicaid Information Technology Architecture
MMIS	Medicaid Management Information System
MMP	Medicare-Medicaid Plan
MTA	Medicaid Technology Alliance
NIEM	National Information Exchange Model
OM	Operations Management
OMB	Office of Management and Budget
ONC	Office of the National Coordinator
PAPD	Planning Advance Planning Documemnt
PE	Performance Management
PI	Program Integrity
PL	Plan Management
PM	Provider Management
PMO	Project Management Office
QHP	Qualified Health Plan
RARCS	Remittance Advice Remark Codes
REOMB	Recipient Explanation of Medical Benefits
RFI	Response for Information

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Acronym	Full Form
RFP	Response for Proposal
RIFANS	Rhode Island Financial Accounting Network System
SIM	State Innovation Model
SLAs	Service Level Agreements
SMAs	State Medicaid Agency
SMEs	Subject Matter Experts
SPAs	State Plan Amendments
SS-A	State Self - Assessment
SSI	Supplemental Security Income
SSN	Social Security Number
SSNRI	Social Security Number Removal Initiative
SURS	Surveillance and Utilization Review Subsystem
TA	Technology Architectures
T-MSIS	Transformed Medicaid Statistical Information System
TPL	Third Party Liability
WMS	Workflow Management System

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DELIVERABLE SIGNOFF AND APPROVAL

The signatures following indicate that this Project Deliverable, ***Overall MITA Roadmap,*** has been reviewed by the EOHHS MITA 3.0 SS-A Project Manager and that the authorized signers below acknowledge the content has been reviewed.

IN WITNESS WHEREOF, the parties hereto have caused this agreement to be executed by their duly authorized representatives.

CSG Project Manager	**MITA 3.0 SS-A Project Manager**
Renea Steele	
AUTHORIZED SIGNATURE	AUTHORIZED SIGNATURE
Renea Steele	
NAME	NAME
Project Manager	
TITLE	TITLE
March 27, 2018	
DATE	DATE

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RHODE ISLAND MITA 3.0 STATE SELF-ASSESSMENT

OVERALL CONCEPT OF OPERATIONS

CONSULTING SERVICES FOR MITA 3.0 STATE SELF – ASSESSMENT & RELATED ACTIVITIES PROJECT

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Owner (if different from Author)	Renea Steele, CSG Project Manager

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EXECUTIVE SUMMARY

The Rhode Island Medicaid program, operated by the Executive Office of Health and Human Services (EOHHS), is a business-driven enterprise designed to meet the needs of its beneficiaries, providers, the Centers for Medicare and Medicaid Services (CMS) and other stakeholders. EOHHS has conducted a MITA State Self-Assessment (SS-A) of their Medicaid enterprise as requested by CMS. In addition to this Concept of Operations, the MITA SS-A included the development of the MITA Roadmap, a five-year strategic plan describing projects for Rhode Island to undertake to improve their Medicaid program and advance in MITA maturity.

This document, the **Overall Concept of Operations (COO)**, describes transformation from the current As-Is RI Medicaid Enterprise to the future To-Be vision for the Enterprise. Transformation includes continued system and process modernization, increased data standardization and sharing, and greater access to information for stakeholders throughout the Enterprise.

In addition to the ancillary systems, EOHHS is supported by five core systems:

EOHHS is supported by five core systems and 11 ancillary systems:

- Core Systems
  - ✓ MMIS
  - ✓ RI Bridges
  - ✓ Human Services Data Warehouse (HSDW)
  - ✓ Electronic Document Management (EDM)
  - ✓ Health Insurance Exchange Eligibility (HIX)
- Ancillary Systems
  - ✓ Consumer Direction Model (CDM)
  - ✓ Community Support Management (CSM)
  - ✓ Medical Assistance Provider Incentive Repository (MAPIR)
  - ✓ Rhode Island Children's Information System (RICHIST)
  - ✓ Medical Assistance Review Team (MART)
  - ✓ Social Assistance Management System (SAMS)
  - ✓ Behavioral Health, Developmental Disabilities and Hospitals Systems (BHDDH)
  - ✓ All-Payer Claims Database (APCD)
  - ✓ CurrentCare
  - ✓ Electronic Document Management (EDM)
  - ✓ Finance-Related Systems

The primary agencies that share Medicaid information with Rhode Island Medicaid, as described in Section 2.3, are:

- Department of Health (DOH)

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- Department of Children, Youth and Families (DCYF)
- Department of Human Services (DHS)
- Department of Behavioral Health, Developmental Disabilities and Hospitals (BHDDH)
- Division of Elderly Affairs (DEA)
- Health Source RI (HSRI)
- Division of Information Technology (DoIT)

This COO, as well as **Deliverable G: Overall MITA Roadmap**, describe EOHHS recommendations that will have impacts across the Medicaid Enterprise. In **Part 1 Preface 3.0 of the MITA 3.0 Framework**, CMS defines the Medicaid Enterprise as:

- The domain where federal matching funds apply
- The interfaces and bridges among Medicaid stakeholders, including providers, beneficiaries, other state and local agencies, other payers, Centers for Medicare & Medicaid Services (CMS), and other federal agencies
- The sphere of influence touched by MITA (e.g., national and federal initiatives such as the Nationwide Health Information Network [NwHIN])

EOHHS is well positioned to lead all enterprise stakeholders through the transformation described in this COO. As Rhode Island continues to care for its most vulnerable population, integration of services and sharing information enables EOHHS to provide comprehensive services while optimizing State resources.

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1. Document Overview and Purpose

Deliverable H: Overall Concept of Operations uses information produced from the following deliverables to form a final document for the MITA State Self-Assessment that is submitted to CMS:

- **Deliverable C: Medicaid Business Process Review**
- **Deliverable D: MMIS System Assessment**
- **Deliverable E: Ancillary Medicaid Systems Assessment**
- **Deliverable F: Interfaces and Interactions with the BI System**
- **Deliverable G: Overall MITA Roadmap**

The Concept of Operations deliverable is structured around two main tasks described in the Scope of Services: 1) Overall Concept of Operations and 2) Business Workflows. This document has been structured, as follows, to encapsulate the tasks related to completing the Overall Concept of Operations.

- **Section 1 –** Provides an overview of this document and its purpose, along with a brief overview of the project
- **Section 2** - Provides the **Overall Concept of Operations (Task 38)**, including:
  - ✓ The Vision for the Rhode Island Medicaid Enterprise, including the drivers and enablers
  - ✓ Drivers, Enablers, and Constraints for the Rhode Island Medicaid Enterprise
  - ✓ The Major Stakeholders of the Enterprise, including their roles and responsibilities
  - ✓ Data Exchange in the Rhode Island Medicaid Enterprise
  - ✓ Descriptions of the Rhode Island As-Is operations and To-Be environment
  - ✓ An outline of the Transformation Plan for advancing the Medicaid Enterprise
- **Section 3** – Provides the **High-Level Business Workflows for the MMIS system, Ancillary Systems, and BI (Task 39)**, which are provided in full in Appendices A through E
  - ✓ Appendix A: Components and Data Flows Comprising the EOHHS BI System
  - ✓ Appendix B: RI Data Ecosystem Overview
  - ✓ Appendix C: Access Databases in use Throughout EOHHSS
  - ✓ Appendix D: Enterprise Business Process Models

1.1 Project Purpose

This MITA 3.0 State Self-Assessment (SS-A) is the second SS-A undertaken by Rhode Island. The first Rhode Island MITA 2.01 SS-A was completed in July of 2011. In order to update their SS-As to MITA version 3.0, the New England MITA Collaborative (Collaborative), a consortium of the New England States Consortium Systems Organization (NESCSO) and the Medicaid agencies in New Hampshire, Massachusetts and Rhode Island, embarked in a joint effort to procure consulting services for the MITA 3.0 SS-A to create three individual MITA 3.0 SS-As including the associated roadmaps and COOs, in a collaborative structure.

The collaborative structure promotes efficiency and consistency through the sharing of resources, an integrated governance structure, and a common approach to work activities and deliverables. Each state

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is conducting a separate MITA 3.0 SS-A, and developing its own individual Five-Year Strategic Plan for improving MITA maturity levels across the Medicaid Enterprise.

Rhode Island EOHHS is completing the MITA SS-A to further adopt the CMS defined Seven Conditions and Standards and to ensure alignment with the MITA principles. CMS requires that both the Roadmap and COO be included as part of the State's request for enhanced federal funding in the procurement of its Medicaid Management Information System (MMIS), to be submitted shortly after the completion of Rhode Island's MITA 3.0 SS-A. In future development, EOHHS will look to establish MITA 3.0 as a planning tool for its developing modular-focused MMIS procurement.

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2. OVERALL CONCEPT OF OPERATIONS

This section includes the Overall Concept of Operations, as described in **Part I Chapter 2 Concept of Operations 3.0** of the CMS MITA Framework. Sections 2.1 through 2.6 fulfil Scope of Services Task 38, as detailed in Section 1.

2.1 Vision for the Medicaid Enterprise

In October 2017, CSG met with EOHHS representatives to confirm the Agency's vision and goals. The goals were displayed at each MITA business architecture workshop session, and served as background for the To-Be determinations and recommendations for the Business, Information, and Technical Architectures, as well as the MITA Seven Conditions and Standards.

EOHHS has outlined five high-level goals, listed below. Each of the goals is supported by all three architectures: business, information, and technical, and is aligned with one or more of MITA's Seven Conditions and Standards. Each goal will be met by the implementation of recommendations included in **Deliverable G Overall MITA Roadmap**, as outlined below.

Strengthen the Publicly-Funded Health Care System

Strengthening the public health care system will most strongly impact the Interoperability Condition, which enables systems to ensure seamless coordination and integration with state and federal exchanges, public health agencies, human services programs, and community organizations providing outreach and enrollment assistance services.

While all components of the business, information, and technical architectures help strengthen the health care system, the Integration and Utility Technical Service Area is particularly significant. The focus of Integration and Utility is to employ configuration and change management, decision management and system security to enable efficient data access and effective decision management.

This broad goal will be supported by virtually all of the changes proposed in the Overall Roadmap. Of particular importance are the establishment of enterprise-wide data governance, modeling, and standards, as well as the proposed State Plan enhancements, and initiatives to more fully leverage the existing CurrentCare functionality.

Increase Efficiency, Transparency and Accountability of the EOHHS and its Departments

Increasing efficiency, transparency, and accountability will impact multiple MITA Conditions and Standards. Compliance with the Modularity Standard advances as the Enterprise implements modular components, relies on use of open interfaces and separates business rules from core programming. The Business Results Condition advances as the Enterprise seeks ways to automate processing to improve customer service.

The Interoperability Condition promotes coordination and integration with state and federal exchanges, public health agencies, human services programs, and community organizations that interact with the Medicaid Enterprise.

The Leverage Condition advances with increased sharing and reuse of Medicaid technologies and systems within and among states.

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Increased efficiency, transparency, and accountability will be one important result of the establishment of clear enterprise-wide data governance, including data models and data standards, as well as initiatives to centralize and coordinate contract information between agencies, and the enhancement of interfaces to share data with EOHHS and other agencies. In addition, significant benefits will be derived from the enhanced use of the Rhode Island Financial Accounting Network System (RIFANS) and the consolidation of program integrity with SURS information in one system to save time and resources..

Promote Data-Driven and Evidence-Based Strategic Decision Making, Analytical Orientation, and EOHHS-Wide Training in Data Analysis

Promoting data-driven, evidence-based decision making and analysis will have a significant impact on the Reporting Condition, which relies on the production of transaction data, reports, and performance information that contribute to program evaluation and continuous improvement.

Advancements in the Operations, Performance, and Plan Management business areas within the Business Architecture will help promote data-driven strategic decision-making. Like the previous goal of increasing efficiency, this goal relies on the entire spectrum of the Information Architecture, as well as all three TSAs.

Data-driven, strategic decision-making and data analysis will be promoted by the enhancement of data warehouse capabilities with business intelligence and data analytics that would also handle processing of encounter data. The EDW would coordinate existing data marts and data warehouses, eliminate redundancy of data streams, and present a single source of truth. This goal will also be supported by the establishment of enterprise data governance and standards, deployment of the Rhode Island Data Ecosystem, enhancement of Program Integrity capabilities, and establishment of regional information exchange hubs to improve timeliness.

Improve the Customer Experience

Improving the customer experience will have a significant impact on the MITA and Business Results Conditions, which require alignment with MITA, advancement in MITA maturity, and automation of processing to improve customer service.

While not always apparent to beneficiaries and providers, enhancements to the Business, Information, and Technical Architectures will inevitably improve the customer experience.

The customer experience will be most strongly impacted by the proposed RI Bridges Enhancements, which will improve and streamline eligibility determination for beneficiaries throughout the Medicaid Enterprise. Providers will benefit from enhancements to the Provider Portal.

Integrate Budget and Finance

Although integrating budget and finance relies heavily on factors external to EOHHS, that effort will be impacted by the Agency's ability to report and receive data, in alignment with MITA's Reporting and Interoperability Conditions, which promote the use of transaction and performance data for continuous improvement, as well as integration with public and private entities that interact with the Medicaid Enterprise.

Budgeting and finance activities will be helped by enhanced use of RIFANS, improvements in financial reporting through an update to the Budget Formulation Module (BFM) database, and formalization of the process for ad hoc financial reports.

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2.2 Drivers, Enablers, and Constraints for the Rhode Island Medicaid Enterprise

There are several factors influencing modernization of the Rhode Island Medicaid Enterprise. Some of these factors drive and enable change, while others constrain the modernization process. The following section describes internal and external factors affecting both business and technical opportunities for modernization.

2.2.1 Factors Driving Modernization

Factors external to EOHHS that are driving the need and/or ability for Medicaid Modernization include:

- **DEPARTMENT OF HEALTH AND HUMAN SERVICES 45 CFR Part 95, Centers for Medicare & Medicaid Services 42 CFR Part 433, "Medicaid Program; Mechanized Claims Processing and Information Retrieval Systems (90/10)", Final Rule**
  - ✓ Extended enhanced funding for Medicaid eligibility systems
  - ✓ Added to and extended MMIS conditions and standards
  - ✓ Allows states to support the dynamic nature of Medicaid systems
- **Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH)**
  - ✓ Created Electronic Health Records (EHR) incentive programs
  - ✓ Designated incentives to be earned by demonstrating "meaningful use" of electronic health records to improve care and lower costs
- **Affordable Care Act of 2010 (ACA)**
  - ✓ Required most US citizens and legal residents to have qualifying health insurance coverage
  - ✓ Established legal requirements for employer-provided health care coverage
  - ✓ Established health care premium credits for certain income groups
  - ✓ Expanded Medicaid Coverage under ACA increased the income eligibility limit to 133% of the federal poverty level
  - ✓ Established state insurance exchanges (marketplaces) from which individuals may select coverage from qualified plans
- **Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) and four subsequent extensions**
  - ✓ Outlined outreach and enrollment strategies
  - ✓ Increased federal funds match rates
  - ✓ Provided automatic eligibility for newborns whose mothers are covered by Medicaid and CHIP
- **Health Insurance Portability and Accountability Act (HIPAA)**
  - ✓ Created national standards for electronic heath care transactions, code sets, and unique identifiers

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- ✓ Established privacy and security requirements for protected health information

➢ **MITA 3.0 Initiative**

- ✓ The MITA initiative defines guiding principles and key technical architecture features to apply to the Medicaid Enterprise
- ✓ EOHHS determined that it is particularly important to adhere to the MITA Modularity Standard, in planning and executing future procurements
- ✓ The MITA Framework is a consolidation of principles, business and technical models, and guidelines that create a template for States to use to develop their individual enterprise architectures
- ✓ The MITA processes provide guidance to the State Medicaid Enterprise on how to adopt the MITA Framework through shared leadership, collaboration, and reuse of solutions
- ✓ The MITA planning guidelines help States prepare the MITA State Self-Assessment (SS-A) and Roadmap to develop enterprise architectures to align to and advance increasingly in MITA maturity for business, architecture, and data. MITA guidelines support states' requests for appropriate Federal Financial Participation (FFP) for their Medicaid Management Information Systems (MMIS) as well as the Medicaid IT system(s) projects related to eligibility determination and enrollment activities

2.2.2 Factors Enabling Modernization

There are numerous factors within EOHHS that enable Medicaid modernization:

➢ **EOHHS Mission, Strategic Vision, Values, Goals and Priorities**

- ✓ **Mission** - Assure access to high quality and cost-effective services that foster the health, safety, and independence of all Rhode Islanders
- ✓ **Strategic Vision** - The EOHHS and its departments are committed to building and maintaining a consumer-based health and human services system that:
  - Meets the diverse and changing needs of the populations served
  - Allocates public resources responsibly to ensure that all Rhode Islanders have the opportunity for a better future
  - Develops supports and services to promote independence and well-being
  - Provides Rhode Islanders with a set of integrated services tailored to meet their unique needs
  - Achieves the best possible outcomes for the consumers EOHHS serves
  - Assures service quality, program integrity and system accountability
- ✓ **Values** - The Executive Office of Health and Human Services:
  - Strives for excellence by sharing and implementing best practices and promoting innovation in service design and delivery
  - Fosters partnerships with providers, between the departments and with the community
  - Maximizes the use of all available financial resources

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- Provides responsible financial stewardship

✓ **Strategic Goals and Priorities**

- Strengthen the publicly-funded health care system
- Increase efficiency, transparency and accountability of the EOHHS and its departments
- Promote data-driven and evidence-based strategic decision making, analytical orientation, and EOHHS-wide training in data analysis
- Improve the customer experience
- Integrate budget and finance

➢ **Experienced, knowledgeable, and professional staff within EOHHS** - A committed staff of experienced professionals as found within EOHHS is central to successful Medicaid modernization. This commitment and professionalism is demonstrated through:

✓ EOHHS Technology Management Plan

- Aligns with and incorporates MITA 3.0 principles, goals, and objectives
- Uses MITA 3.0 Technical Capability Matrix to assess the current and future state of Information Technology within EOHHS

✓ EOHHS Data Management Plan

- Aligns with and incorporates MITA 3.0 principles, goals, and objectives
- Uses MITA 3.0 Information Capability Matrix to assess the current and future state of data architectures, models, and standards

2.2.3 Factors Constraining Modernization

Factors that may constrain modernization of the EOHHS Medicaid Enterprise include:

➢ Limited state resources

✓ Potential State and EOHHS Budget Restrictions

✓ Medicaid modernization requires EOHHS staff and EOHHS vendors that have competing operational commitments

✓ EOHHS will be managing multiple vendors engaged in complex implementations

➢ Limited number of vendors providing MMIS systems and modules may reduce the options available for future procurements, and may restrict some aspects of the modularity that is possible in the current industry environment

➢ Unforeseen changes in the demand for and type of services offered by the EOHHS Medicaid Enterprise

2.3 Major Stakeholders' Roles and Responsibilities

In the Rhode Island Medicaid Enterprise there are a number of key participants who exchange information critical to the operations and success of the program. While the role these stakeholders play will not change substantially as Rhode Island Medicaid is transformed by the various health care and Medicaid

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modernization efforts, those stakeholders will see benefits through changes in systems and data exchange. This section identifies the key Medicaid stakeholders, describes their roles in the current Medicaid enterprise, and highlights the transformational impacts of activities described in this document and **Deliverable G Overall Roadmap**.

2.3.1 EOHHS

The Rhode Island Medicaid Enterprise is managed by the Secretary of the Executive Office of Health and Human Services (EOHHS). EOHHS encompasses all Rhode Island health and human services agencies and bureaus in addition to Medicaid, which is under the charge of the Medicaid Program Director.

Among the departments that report to the Secretary of HHS, principal Medicaid stakeholders include the Department of Health (DOH), the Department of Children, Youth and Families (DCYF), the Department of Human Services (DHS), the Department of Behavioral Health, Developmental Disabilities and Hospitals (BHDDH), and the DHS Division of Elderly Affairs (DEA).

In addition to the Medicaid and other EOHHS programs, the Governor's office manages the Department of Administration, which oversees two significant Medicaid stakeholders, Health Source RI (HSRI), Rhode Island's healthcare portal, and the Division of Information Technology (DoIT), tasked with providing State agencies and employees with innovative IT solutions and tools to facilitate the best possible services to the citizens of Rhode Island.

EOHHS utilizes core systems including:

- MMIS
- RI Bridges
- Human Services Data Warehouse (HSDW) – owned by EOHHS and DHS
- Electronic Document Management (EDM) – owned by EOHHS and DHS
- Health Insurance Exchange Eligibility (HIX)

In addition to approximately 19 Access databases that consume Medicaid data, EOHHS utilizes additional ancillary systems including:

- All-Payer Claims Database (APCD) – statewide system
- Behavioral Health, Developmental Disabilities and Hospitals (BHDDH) Systems
- Consumer Direction Module (CDM)
- Community Support Management (CSM)
- CurrentCare
- Financial Systems including RIFANS, STARR, MAIS, ASERT, Cash Pro, and Business Objects
- Medical Assistance Provider Incentive Repository (MAPIR)
- Medical Assistance Medicaid Review Team (MART)
- Rhode Island Children's Information System (RICHIST)
- Social Assistance Management System (SAMS)

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Transformation Impact

As a result of the actions, changes, and initiatives recommended in this deliverable, EOHHS, as well as the Medicaid Enterprise overall, will see a number of benefits and changes based on the initiatives detailed in **Deliverable G Overall Roadmap**. The Roadmap calls for a wide range of initiatives including the development of data governance to improve data management, creation of enterprise information, technical, and communication plans, improvements in RI Bridges functionality, establishment of performance measures throughout the enterprise, enhancement of Program Integrity and Enterprise Data Warehouse (EDW) capabilities, enhancements to Provider Portal functionality, and operational initiatives related to policy, staffing, training, and enhancement of the State Plan.

2.3.2 Other Agencies

EOHHS works closely with other agencies within the Rhode Island Medicaid Enterprise that administer programs that provide Medicaid services. This section includes a brief description of their collaboration with EOHHS, and a summary of the impacts they will experience as a result of the activities described in this COO.

2.3.2.1 Department of Health (DOH)

The mission of the Rhode Island DOH is to prevent disease and protect and promote the health and safety of the people of Rhode Island. DOH maintains provider licenses and manages immunizations including EPSTD/KidsNet, which houses immunization information in the MMIS. In addition, DOH shares Nursing Home Quality Initiative data with the Human Services Data Warehouse (HSDW.

Transformation Impact

DOH will benefit from the establishment of clear enterprise-wide data governance including data models and data standards, as well as initiatives to centralize and coordinate contract information between agencies, and enhancement of interfaces to share data with EOHHS and other agencies. In addition, enabling RI Bridges to provide timely date-of-death information will relieve DOH of the effort of providing death data for the Estate Recovery process.

2.3.2.2 Department of Children, Youth and Families (DCYF)

DCYF is responsible for overseeing adoptions, child welfare, child care, foster care, licensing of childcare facilities, and juvenile corrections. DCYF provides data to the HSDW via CSM, collaboratively reviews rates with the MMIS fiscal agent, and maintains the Rhode Island Children's Information System (RICHIST), the statewide repository for abuse/neglect complaints. Some information from RICHIST is used to support Medicaid eligibility determination in the RI Bridges system.

Transformation Impact

As RICHIST serves the State of Rhode Island in the Medicaid program well, DCYF intends to maintain RICHIST functionality as it is, with an upgraded web-based front-end, which is in progress at this time.

DCYF will benefit from the establishment of clear enterprise-wide data governance including data models and data standards, as well as initiatives to centralize and coordinate contract information between agencies, and enhancement of interfaces to share data with EOHHS and other agencies. Such development will be based on specific policy objectives and business needs of DCYF and other State

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agencies. In addition, DCYF may benefit from efforts to integrate care management resources, and potential increase in number of beneficiaries served through managed care.

2.3.2.3 Department of Human Services (DHS)

DHS collaborates with other Rhode Island agencies to offer a full continuum of services for families, adults, children, elders, individuals with disabilities, and veterans. DHS is responsible for closing Surveillance and Utilization Review Subsystem (SURS) cases, and uses a FairHear Access database to track fraud and DCYF hearings sent to Legal for scheduling and disposition. DHS has four divisions: Office of Rehabilitation Services (ORS), Division of Elderly Affairs (DEA), Office of Child Support Services (OCS), and the Office of Veterans Affairs.

Transformation Impact

DHS will benefit from enhanced data management that occurs through the initiation of enterprise data governance and enhancement of data interfaces with other agencies, based on the business needs of DCYF and other State agencies. SMEs have also proposed that some Access databases used by DHS and agencies throughout the enterprise should be brought into the core MMIS or RI Bridges systems.

2.3.2.4 Department of Behavioral Health, Developmental Disabilities and Hospitals (BHDDH)

The BHDDH systems include a case management system and a custom-developed debit authorization system. BHDDH uses the Provider Electronic Solution (PES) system provided by the fiscal agent to submit prior authorizations for services to the MMIS system. BHDDH uses RI Bridges to confirm Medicaid eligibility. In addition, BHDDH operates Access databases for HR salary information, ICD-10 codes, and quality withhold data combining Medicaid and provider data for reporting.

Transformation Impact

BHDDH is in the process of modernizing its Case Management system with the implementation of new Behavioral Health, Developmental Disabilities, and Slater Hospital systems over the next 18 months. The Provider Electronic Solutions system is maintained by the fiscal agent and will continue to be maintained as is. The custom-developed debit authorization system will also be maintained as is.

BHDDH will benefit from the development of enterprise-wide data governance and enhancement of data interfaces with other State agencies, based on the business needs of DCYF and the other agencies. Data management will be enhanced where possible, as disparate Access databases used by BHDHH and agencies throughout the enterprise are brought into the core MMIS or RI Bridges systems. Some of the Access databases may be handled in other ways besides assimilation with MMIS and Bridges, depending on the situation.

2.3.2.5 Division of Elderly Affairs (DEA)

DEA helps low income persons 60 and older with assistance in numerous areas including housing, legal aid, eldercare, hot lunches, heating assistance, and the Program for All Inclusive Care for the Elderly (PACE), a program that enables seniors to remain in their own communities for as long as possible. DEA shares Medicaid data with Social Assistance Management System (SAMS) and Community Support Management (CSM).

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Transformation Impact

DEA will benefit from efforts to centralize and coordinate contract information among EOHHS, DEA, and other State agencies. Increased use of managed care may decrease DEA's investment in care management resources. In addition, DEA will benefit from other coordination efforts, such as the development of enterprise-wide data governance and enhancement of data interfaces with other agencies, based on the business needs of DCYF and other State agencies.

2.3.2.6 Health Source RI (HSRI)

HSRI provides data to Rhode Island's healthcare portal, manages the Health Insurance Exchange (HIX) and oversees the eligibility Data Mart vendor. HSRI collaborates with the fiscal agent in budgetary decisions to ensure the Agency is maximizing federal dollars, and sends invoices to the Electronic Document Management (EDM).

Transformation Impact

In their coordination with EDM, HSRI will benefit from the effort to mitigate the issues of EDM's ability to scan and log images with RI Bridges, as well as the centralization of contract information among EOHHS, HSRI, and other State agencies. In addition, HSRI will benefit from other coordination efforts, such as the development of enterprise-wide data governance and enhancement of data interfaces with other agencies.

2.3.2.7 Division of Information Technology (DoIT)

DoIT provides State agencies and employees with innovative IT solutions and tools to facilitate the best possible services to the citizens of Rhode Island. DoIT oversees a broad scope of activities, including financial processing through RIFANS, management of the SAMS application, and publication of the MART Access database to a shared drive.

Transformation Impact

SMEs propose that DoIT should head up an effort to enhance statewide data management that would include the Medicaid Enterprise, as well as other State agencies. The data management initiative would include:

- Establishment of a governance leadership committee
- Assignment of data stewards and data owners
- Elimination of redundancy of data streams, in order to assemble data collection into a single hub, and determine a single source of truth
- Integration of data sources
- Promotion of wider sharing of intrastate, interstate, and national data

2.3.3 Beneficiaries

In Rhode Island Medicaid, beneficiary eligibility determinations are made through RI Bridges; enrollment and disenrollment tasks are completed within the MMIS. The major issues being encountered by beneficiaries currently are related to the eligibility process, which appeared to work more efficiently under

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the previous eligibility system. SMEs noted that there are issues in RI Bridges with date-of-death information, incarceration data, and automatic updates of children's SSI status; in addition, reviews of beneficiary applications must be performed manually. Due to data and reporting issues in RI Bridges, the time for Katie Beckett children's long-term disability determinations has increased from one week to over a year. While Modified Adjusted Gross Income (MAGI) determinations occur automatically and timely, non-MAGI applications have numerous issues in RI Bridges, impacting timeliness, accuracy, cost effectiveness, and stakeholder satisfaction.

Transformation Impact

Beneficiaries' eligibility issues will be mitigated through planned updates to RI Bridges to resolve known defects identified in the Unified Health Infrastructure Project (UHIP) Project Runway. In addition, steps will be taken to correct communication errors and issues with incarceration, death, SSI, and other data, resolve RI Bridges issues with receipt of the MMIS Dashboard File to view current enrollment information in RI Bridges, implement the existing change request for an updated portal in RI Bridges, and further automate the communications between MMIS and RI Bridges. These modifications will result in improved comprehensive care and better health outcomes for Rhode Island beneficiaries.

2.3.4 Providers

Providers who serve Rhode Island Medicaid beneficiaries include doctors, pharmacies, provider groups, managed care plans, nurse practitioners, case managers, hospitals, institutions, nursing facilities, and home and community-based care givers. Provider enrollment occurs concurrently with provider eligibility; most provider applications are received electronically; however, paper applications are also allowed. Once the provider eligibility determination has been made, the provider enrollment process is primarily automated. Currently the Provider Portal allows for providers to update some of their own information.

Transformation Impact

Recommended Portal enhancements will allow providers to apply and enroll online more efficiently through automation, add new doctors electronically, receive notifications when information is changed, and provide documents electronically. In addition, SMEs recommended updates to provider manuals, establishment of performance measure to evaluate timeliness of provider inquiry response, and increased automation in provider enrollment.

Providers will benefit from proposed changes including more efficient and timely validation of applications, full automation of application validation and enrollment, and enhancements to the Provider Portal to notify providers of information changes and allow providers to add new doctors and other information electronically. Overall, the proposed improvements to the enterprise business, information, and technical architectures will allow providers to focus on preventive care and more comprehensive care, leading to better help outcomes.

2.3.5 Legislators and Regulators

Legislative and regulatory stakeholders, including CMS, can access information directly or request data be made available for the purposes of carrying out their functions, subject to access restrictions and authentication. While the roles played by legislators and regulators will not change as a result of any work being undertaken, the potential for increased data availability could lead to better servicing of these stakeholders.

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2.4 Data Exchange in the Rhode Island Medicaid Enterprise

EOHHS employs both operational (transactional) data exchanges as well as business intelligence (analytical) data exchanges. Operational data exchanges today are a mix of real-time messaging and overnight batch processing. Business intelligence data exchanges that provide data to business intelligence data sources include Extract Transform Load (ETL) processes from source systems as well as from file extracts. Business Intelligence data consumption includes front-end business intelligence tools such as Microsoft Power BI, MS Access, and Tableau.

Operational Data Exchanges

Operational databases provide:

- A high-level view of the data exchanges within EOHHS systems
- A high-level view of data exchanges between EOHHS and Provider data stores
- A high-level view of data exchanges between EOHHS and CurrentCare (HIE) and the All Payer Claims Database (APCD)
- A high-level view of exchanges between EOHHS and federal data stores (Hubs)

Business Intelligence Data Exchanges

A business intelligence data exchange diagram may be found in **Appendix A** and includes:

- Data provision and consumption from the Human Services Data Warehouse (HSDW)
- Data provision and consumption from data marts maintained by the fiscal agent
- Data provision and consumption from data marts maintained by the eligibility vendor

Data Ecosystem Data Exchanges

The EOHHS data ecosystem is a consumer of data from the HSDW and several other sources. A complete depiction of data exchanges with the EOHHS data ecosystem may be found in **Appendix B**.

2.5 Description of the As-Is Operations and To-Be Environment

This section provides a high-level description of As-Is operations and the To-Be environment based on the analysis of the MITA workshop sessions with Agency and vendor SMEs. A plan for achieving the To-Be environment is laid out in **Section 2.6: Transformation Plan**, and **Deliverable G: Overall MITA Roadmap**.

2.5.1 Business Relationship Management

The **Business Relationship Management** business area is a collection of business processes that facilitate the coordination of standards of interoperability. This business area defines the exchange of information and Trading Partner Agreements between the EOHHS and its partners, including collaboration among intrastate agencies, interstate agencies, and federal agencies. These agreements contain functionality for interoperability, establishment of inter-agency Service Level Agreements (SLAs), identification of the

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types of information exchanged, and security and privacy requirements. The Business Relationship Management business area has a common focus on data exchange standards and SLAs, and is responsible for the business relationship data store.

2.5.1.1 Business Architecture

As-Is

Overall, SMEs determined that the business architecture for Business Relationship Management is currently at Level 1. The SMEs' key findings for Business Relationship Management are that:

- Electronic signatures are not currently being used for the business processes related to Business Relationship Management, however, electronic signatures are approved by Rhode Island law to be accepted in all business processes; SMEs from various program areas stated the need for a centralized location for contract and agreement data storage
- SMEs indicated that the broad implementation of Electronic Signatures across the SMA would be challenging and would require the support and involvement of the Division of Information Technology (DoIT)
- There is not a centralized place for data storage of contracts and sister agency agreements that are accessible to all authorized personnel
- Currently, there are informal discussions regarding standardizing and centralizing the contract management process

To-Be

Overall, SMEs determined that the business architecture for Business Relationship Management will be at Level 2 in the five-year timeframe. The SMEs' initial roadmap recommendations for Business Relationship Management are to:

- Centralize storage of interagency agreements and contracts by increasing automation and improving processes
- Implement the ability to use electronic signatures on agreements and contracts
- Implement a communication log or repository to formalize documentation and accessibility
- SMEs indicated that provider interactions would be improved by adding one or more languages on the Provider Portal
- The use of electronic signatures for contracts and agreements would expedite the process and improve efficiency
- Implement software to automate the Manage Business Relationship Information process
- Improve accessibility and timeliness with use of electronic signatures

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2.5.1.2 Information Architecture

As-Is

Overall, SMEs determined that the information architecture for Business Relationship Management is currently at Level 1. The processes for Business Relationship are performed by individual groups on a limited basis, and consist almost entirely of manual procedures and ad-hoc data sharing. They are performed with manual or one-off processes, but they perform adequately and development of systems to replace the manual processes would not be cost-effective.

To-Be

Overall, SMEs determined that the information architecture for Business Relationship Management will be at Level 1 in the five-year timeframe. The processes are currently manual or managed by desktop applications by design, and the tasks do not warrant a more expensive system solution. To achieve a level higher than 1 would require more automation than the SMEs believed was desirable within the next five years, so their current Level 1 status is acceptable in the five-year timeframe.

2.5.1.3 Technical Architecture

As-Is

Overall, SMEs determined that the technical architecture for Business Relationship Management is currently at Level 1. The processes for Business Relationship Management are performed by individual groups on a limited basis, and consist almost entirely of manual procedures, ad-hoc data sharing, and manual or one-off processes, but they perform adequately and development of systems to replace the manual processes would not be cost-effective.

To-Be

Overall, SMEs determined that the technical architecture for Business Relationship Management can remain at Level 1 in the five-year timeframe. The processes are currently manual or managed by desktop applications by design. The tasks do not warrant more expensive system solution. The processes perform adequately and development of systems to replace the manual processes would not be cost-effective. To achieve a level higher than 1 would require more automation than the SMEs felt was desirable within the next five years, so their current Level 1 status is acceptable both for the As-Is and To-Be Technical Architecture for Business Relationship Management.

2.5.2 Care Management

The **Care Management** business area illustrates the increasing shift away from the fee-for-service model to managed care. RI has minimal care management within Medicaid, appearing only in the CDM app and CSM app. Care Management collects information about the needs of the individual member, plan of treatment, targeted outcomes, and the individual's health status. It also contains business processes that have a common purpose (e.g., identify members with special needs, assess needs, develop treatment plans, monitor and manage the plans, and report outcomes). This business area includes processes that support individual care management and population management. Population management targets groups of individuals with similar characteristics to promote health education and awareness. The

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Electronic Health Record (EHR), Electronic Medical Record (EMR), and Personal Health Record (PHR) are primary sources of individual health information from the Health Information Exchange (HIE).

2.5.2.1 Business Architecture

As-Is

Overall, SMEs determined that the business architecture for Care Management is currently at Level 1. The SMEs' key findings for Care Management are that:

- The Care Management Business Area has an overall As-Is MITA Maturity Level of 1, and an overall To-Be MITA Maturity Level of 2
- Primary enablers that contribute to the As-Is MITA Maturity Level of 1 are:
  - ✓ Levels of care for nursing home services are determined using multiple paper documents that must be accumulated before being forwarded to a nurse for a determination of level of care.
  - ✓ The plan of care for nursing facilities is determined by a nurse using a spreadsheet. The resulting plan of care is manually entered into another program. This program batch transfers the plans of care to the MMIS vendor overnight. The plans of care are manually entered into the eligibility system.
  - ✓ Data for budget determination of the severely disabled is manually entered into the program that runs the budget determination algorithm.
  - ✓ Lack of connectivity to and participation in the state Health Information Exchange (HIE), known as CurrentCare
- Automating the management of case information, and participation in the state HIE would help advance the MITA Maturity levels of the processes in the Care Management business area

To-Be

Overall, SMEs determined that the business architecture for Care Management will be at Level 2 in the five-year timeframe. The SMEs' initial roadmap recommendations for Care Management are to:

- The Establish Case process is very manual and labor-intensive in the Community Support Management (CSM) system; recommend automating the overall process of establishing cases
- Develop system reports identifying members whose cases are not picked up by a provider
- Increase the use of the Community Support Management (CSM) tool to include, yet not limited to:
  - ✓ Connect to CurrentCare HIE
  - ✓ Add Master Patient Index
  - ✓ Allow for automated level of care entry (currently scanned from manual documentation)
  - ✓ Allow for report generation (e.g., cases not picked up by providers)
- Establish a Master Patient Index
- Increase use of CurrentCare, possibly making participation the default decision, with the option for members to opt-out.

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- Implement Performance Measures for this process in the To-Be environment
- Connect Case Information to the HIE (CurrentCare)
- This process is automated and is functioning well at this time; recommend adding question about the referral process on annual provider surveys

2.5.2.2 Information Architecture

As-Is

Overall, SMEs determined that the information architecture for Care Management is currently at Level 1 when scores from all systems contributing to Care Management are consolidated. The primary reason that Care Management is ranked at Level 1 is that there is no enterprise use of common data and data sharing architectures, and no enterprise-wide conceptual data model.

To-Be

Overall, SMEs determined that the information architecture for Care Management will remain at Level 1 in the five-year timeframe.

While there are plans to bring the care management data for the HSDW / BI systems into a more common data architecture, including conceptual data models, some care management data is handled by the CDM and CSM systems.

2.5.2.3 Technical Architecture

As-Is

Overall, SMEs determined that the technical architecture for Care Management is currently at Level 1, when scores from all systems contributing to Care Management are consolidated, applying the CMS rule of using the lowest component score to produce the overall score.

For the MMIS and HSDW systems that provide the primary support for Care Management, most Technical Service Classifications (TSCs) are at Level 2, indicating a mix of manual and automatic business processes, and mixture of federal and state-specific standards for service support.

The CDM and CSM ancillary systems were generally assessed at a lower MITA maturity level, with most TSCs at Level 1. The TA maturity for the BHDDH systems that support Care Management are currently assessed at Level 1. SMEs recommended that CSM be incorporated into RI Bridges so that a single system could be used to determine eligibility and plans of care. Additionally, SMEs proposed that CDM functionality should be either incorporated into RI Bridges, or implemented via a new software solution.

The following is an approximate list of the systems that support Care Management, based on SMEs input during the technical architecture sessions. It should not be taken as definitive.

- CDM
- CSM
- HSDW
- MMIS

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To-Be

Overall, SMEs determined that the technical architecture for Care Management will be at Level 1 in the five-year timeframe, when scores from all systems contributing to Care Management are consolidated.

For the MMIS and HSDW systems that provide the primary support for Care Management, most TSCs are expected to increase to Level 3 or 4, with the implementation of national standards, single sign-on, and a separate rules engine, as well as greater coordination between intrastate agencies and some external entities.

The CDM and CSM ancillary systems, were generally assessed at a lower MITA maturity level which is not, expected to change in the next five years.

The TA maturity for the BHDDH systems that support Care Management is expected to advance from Level 1 to 3, with updates to Behavioral Health, Developmental Disabilities, and Slater Hospital systems over the next 18 months.

2.5.3 Contractor Management

The **Contractor Management** business area governs managed care or other outsourced contracts. The Contractor Management business area has a common focus on Medicaid contractors (e.g., managed care, at-risk mental health or dental care, primary care physician), and is responsible for contractor data store.

2.5.3.1 Business Architecture

As-Is

Overall, SMEs determined that the business architecture for Contractor Management is currently at Level 1. The SMEs' key findings for Contractor Management are that:

- SMES noted that Manage Contractor Information, Perform Contractor Outreach, Manage Contract, and Close Out Contract business processes are primarily manual
- Contract management activities are decentralized within the SMA, with individual contract managers responsible for the majority of activities without a standard set of protocols or formal management plan
- Web portals are utilized by contractors to communicate with the SMA; they are project-based sites and owned by the individual contractors

To-Be

Overall, SMEs determined that the business architecture for Contractor Management will remain at Level 1 in the five-year timeframe. The SMEs' initial roadmap recommendations for Contractor Management are to:

- Increase collaboration and the use of reusable business services such as contract management, tracking service level agreement, awarding contracts, and producing solicitations, within the legal. purchasing, and other departments,
- Document centralized process for storage and retrieval of contracts
- The SMA should seek to centralize automation and standard business rules definitions

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- Centralize and coordinate contract information within and between agencies
- Develop Medicaid specific policies and procedures for the contract solicitation and award processes to reduce confusion and provide accurate information within the solicitation

2.5.3.2 Information Architecture

As-Is

Overall, SMEs determined that the information architecture for Contractor Management is currently at Level 1. The processes for Contractor Management are performed by individual groups on a limited basis, and consist almost entirely of manual procedures and ad-hoc data sharing. SMEs believed that Contractor Management functionality is performing adequately as it is.

To-Be

Overall, SMEs determined that the information architecture for Contractor Management will remain at Level 1 in the five-year timeframe. To achieve a level higher than 1 would require more automation than the SMEs believed was desirable within the next five years, so their current Level 1 status is acceptable in the five-year timeframe.

2.5.3.3 Technical Architecture

As-Is

Overall, SMEs determined that the technical architecture for Contractor Management is currently at Level 1. The processes for Contractor Management are performed by individual groups on a limited basis, and consist almost entirely of manual procedures, ad-hoc data sharing, and manual or one-off processes, but they perform adequately and development of systems to replace the manual processes would not be cost-effective.

To-Be

Overall, SMEs determined that the technical architecture for Contractor Management can remain at Level 1 in the five-year timeframe. The processes perform adequately and development of systems to replace the manual processes would not be cost-effective. To achieve a level higher than 1 would require more automation than the SMEs felt was desirable within the next five years, so their current Level 1 status is acceptable both for the As-Is and To-Be Technical Architecture for Contractor Management.

2.5.4 Eligibility and Enrollment Management

The **Eligibility and Enrollment Management** business area is a collection of business processes involved in the activity for eligibility determination and enrollment for new applicants, redetermination of existing members' eligibility, enrolling new providers, and revalidation of existing providers. The Provider Enrollment business category and related business processes focus on patient safety and fraud prevention through functions such as determining screening level (i.e., limited, moderate or high) for provider verifications. These processes share a common set of provider-related data for determination of eligibility, enrollment, and inquiry to provide services. The Eligibility and Enrollment Management business area is responsible for the eligibility and enrollment information in the member data store and provider data store. Most Member Eligibility functionality is performed through RI Bridges, which has a number of

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issues. When RI Bridges went live to replace InRhodes as the Eligibility and Enrollment system, several business processes in the Care, Eligibility and Enrollment, Financial, Member, and Operations Management areas were negatively impacted due to the system limitations that were discovered in RI Bridges.

2.5.4.1 Business Architecture

As-Is

Overall, SMEs determined that the business architecture for Eligibility and Enrollment Management is currently at Level 1. The SMEs' key findings for Eligibility and Enrollment Management are that:

- There are many beneficiary-related change requests in effect for the RI Bridges system, which were developed in response to deficiencies in the system.
- In many cases, the RI Bridges system limitations caused beneficiary-related processes that were once mostly automated to revert back to manual processing.
- The initiative to implement background checks and fingerprinting for providers is currently on the Legislative agenda for the future state
- The SMA would like to automate enrollment of any provider joining an existing provider group; regional requirements for automation will be incorporated in MMIS re-procurement RFP
- Change enrollment requirements to include social security number (SSN) for each individual provider to support batch and automatic validation

To-Be

Overall, SMEs determined that the business architecture for Eligibility and Enrollment Management will be at Level 2 in the five-year timeframe. The SMEs' initial roadmap recommendations for Eligibility and Enrollment Management are to:

- Change requests identified in the RI Bridges Project Runway should be completed; this will increase the overall Enterprise maturity level.
- SMEs supporting other systems reported the need for a functioning direct interface with RI Bridges, to support their business processes.
- There is a need for RI Bridges data on children. Although InRhodes is retired, old InRhodes data is still utilized for Kids Bridge because more current data is not available through RI Bridges. In addition,
- Change enrollment requirements to include SSN for each individual provider to support batch/automatic validation
- Utilize MMIS procurement to require automation in the provider enrollment and revalidation process
- Requirements for data to be stored in one system and available via reports in graphical format will be included in the MMIS procurement
- Eliminate paper applications through the requirement for all providers to apply through the portal
- Implement planned dashboard reporting metrics

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- Repair multiple issues in RI Bridges system to at least equal the legacy system or exceed it

2.5.4.2 Information Architecture

As-Is

As a whole, the IA for Eligibility and Enrollment Management was assessed at Level 1. However, Eligibility and Enrollment is supported by numerous systems, many of which are individually assessed at higher levels. MAPIR, for instance, is rated mostly at Level 3 and above for IA. The MMIS, RI Bridges, and HSDW, as well as most ancillary systems including MART, SAMS, and CSM, are rated at level 2 for data governance. Most Systems were rated at Level 2 for the use of conceptual and logical data models. For the use of *Data Standards*, most systems were rated Level 2.

To-Be

Overall, SMEs determined that the information architecture for Eligibility and Enrollment Management will be at Level 1 in the five-year timeframe. However, Eligibility and Enrollment is supported by numerous systems, many of which are expected to increase in maturity over the next five years.

RI Bridges will improve in information architecture when the change requests identified in the RI Bridges Project Runway are completed, as direct interfaces between RI Bridges and other systems become functional, and as RI Bridges data on children becomes available to DCYF. In addition, Eligibility and Enrollment functionality can advance is through improvements in enterprise Data Governance that would help in the difficulty SMEs observed in successfully pulling financial, claims, and eligibility data from RI Bridges.

MAPIR, for instance, is expected to maintain its relatively high levels of 3 and above for IA. Most other systems expect to reach Level 3 for conceptual and logical data models within five years. Exceptions include CDM and CSM, which are both expected to remain at Level 2. For the use of *Data Standards*, most systems were projected to achieve Level 3 within five years, as data standards for interagency data sharing are established.

2.5.4.3 Technical Architecture

As-Is

Overall, SMEs determined that the technical architecture for Eligibility and Enrollment Management is currently at Level 1.

The relatively low Level 1, however, is partly a result of the consolidation of scores from the large number of systems that support Eligibility and Enrollment. For example, with the exception of the RICHIST system's Level 1, *Business Intelligence* for the systems that support Eligibility and Enrollment Management is rated at Level 2 or 3. *Forms and Reporting* is rated level 2 or 3 by most systems. The exception is MMIS, which does not accept claim attachments, and requires manual entry for provider data, and is therefore assessed at Level 1. *Performance Measurement* was rated at level 2 or 3, except for SAMS, CDM, and CSM ancillary systems, as well as MMIS. The MMIS relies on some ad-hoc reports, and is unable to report uptime, response time, or number of inquiries without custom coding or manual queries. Similar ranges exist for other TSCs for systems that support Eligibility and Enrollment Management.

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The following is an approximate list of the systems that support Eligibility and Enrollment Management, based on SMEs input during the technical architecture sessions. It should not be taken as definitive.

- BHDDH systems
- CDM
- CSM
- EDM
- HSDW
- MAPIR
- MART
- MMIS
- RI Bridges
- RICHIST
- SAMS

To-Be

Overall, SMEs determined that the technical architecture for Eligibility and Enrollment Management will remain at Level 1 in the five-year timeframe.

The Level 1, however, is again a result of the consolidation of scores from the large number of systems that support Eligibility and Enrollment. One way in which Eligibility and Enrollment Management systems are projected to advance in maturity to Level 3 or 4 is to enhance *Business Intelligence* capabilities by assimilating data marts and the HSDW to provide full, usable access to the HSDW for queries by all business users. In addition, MMIS is expected to implement single sign-on, assimilate functionality more fully with systems belonging to other agencies, and adopt intrastate basic Business Relationship Management (BRM) to enhance analytic capabilities. SMEs recommended that CSM be incorporated into RI Bridges so that a single system could be used to determine eligibility and plans of care. Additionally, SMEs proposed that CDM functionality should be either incorporated into RI Bridges, or implemented via a new software solution.

Eligibility and Enrollment will improve in technical architecture when RI Bridges is updated to enable unspecified web service functionality that was previously available in InRhodes. The, RI Bridges technical capability will be improved by the numerous change requests specified in the RI Bridges Project Runway. In addition, RI Bridges enhancements could include initiatives to:

- Implement Long Term Services and Supports (LTSS) to improve eligibility determination in RI Bridges related to nursing facilities payments, and resolve recoupment issues
- Improve interfaces and integration between RI Bridges and MMIS and state and federal agencies
- Incorporate Community Support Management (CSM) into RI Bridges
- Potentially incorporate CDM functionality into RI Bridges
- Evaluate RI Bridges Design for updates to automate letters and reports such as Katie Beckett and Rite Share

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2.5.5 Financial Management

The **Financial Management** business area is a collection of business processes that support payments to providers, managed care organizations, other agencies, insurers, as well as the receipt of payments from insurers and providers, premium payments from members, and financial participation payments from the federal government. These processes share a common set of payment- and receivables-related data. The Financial Management business area is responsible for the financial data store.

2.5.5.1 Business Architecture

As-Is

Overall, SMEs determined that the business architecture for Financial Management is currently at Level 1. The SMEs' key findings for Financial Management are that:

- The Financial Management business area has the largest number of business processes of any of the business areas. All are performed by the SMA, except for FM15: Manage 1099.
- The overall As-Is MITA maturity level for the Financial Management business area is level 1. Though nine of the nineteen processes have an As-Is level of 2, the SS-A Companion Guide dictates that the lowest level response dictates the overall MITA maturity level for that business area.
- The Formulate Budget business process is supported by the data collected during the Caseload Estimating Conference, performed by the Plan Assistance vendor in conjunction with EOHHS Financial staff. The Caseload Estimating Conference involves analysis of enrollment numbers, cost, trends, etc. over the previous two years, and projects estimated outlook over the next two years, and this information is referenced during budget forecasting.
- Most of the Financial Management business processes are a mix of manual and automatic tasks
- The most impactful changes that could raise the MITA maturity level of the business processes would be to resolve the issues with RI Bridges that are preventing substantial advances in the overall MITA maturity levels of several of the Financial Management business processes

To-be

Overall, SMEs determined that the business architecture for Financial Management will remain at Level 1 in the five-year timeframe, based on the CMS rule that the lowest level response dictates the overall MITA maturity level. The SMEs' initial roadmap recommendations for Financial Management are to:

- Ensure MMIS obtains date of death in all relevant feeds
- Ensure that Bridges provides feed of deaths, including date of death
- Expand the use of tools such as Asset Verification Systems

2.5.5.2 Information Architecture

As-Is

Overall, SMEs determined that the information architecture for Financial Management is currently at Level 1. However, most IA components are rated at Level 2 or higher, with the exceptions being Level 1 for Common Data Architecture, Enterprise Modeling, and the use of a conceptual data model.

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To-be

Overall, SMEs determined that the information architecture for Financial Management will be at Level 2 in the five-year timeframe.

However, individual Financial Management systems are generally expected to rise to a level 3 with the adoption of enterprise-wide data governance, conceptual and logical data models, and data standards. Common Data Architecture and Enterprise Modeling are expected to increase from Level 1 to 2 as Medicaid internal policy and procedures are adopted to promote enterprise modeling with data documentation, development, and management of Agency-defined data entities, attributes, data models, and relationships. Improvements in data standards. Common Data Architecture and Enterprise Modeling will need to encompass the numerous systems that support Financial Management, including MMIS, RIFANS, STARR, MAIS, ASERT, Cash Pro, Business Objects, and RI Bridges.

2.5.5.3 Technical Architecture

As-Is

Overall, SMEs determined that the technical architecture for Financial Management is currently at Level 1. For the MMIS and HSDW systems, which support Financial Management, most TSCs are at Level 2, indicating a mix of manual and automatic business processes, and mixture of federal and state-specific standards for service support. For other systems that support Financial Management, the TSCs are rated at Level 2 or 3.

The following is an approximate list of the systems that support Financial Management, based on SMEs input during the technical architecture sessions. It should not be taken as definitive.

- ASERT
- Business Objects
- Cash Pro
- HSDW
- MAIS
- MAPIR
- MMIS
- RIFANS
- STARR

To-be

Overall, SMEs determined that the technical architecture for Financial Management will remain at Level 1 in the five-year timeframe.

For the MMIS and HSDW systems, which support Financial Management, most TSCs are expected to increase to Level 3 or 4, with the implementation of national standards, single sign-on, and a separate rules engine, as well as greater coordination between intrastate agencies and some external entities.

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For other systems that support Financial Management including the eligibility system, eligibility data marts, MAPIR, RICHIST, MART, SAMS, BHDDH, CDM, and RIFANS, the TSCs are expected to achieve Level 3 or 4 through the full implementation of MITA principles, enterprise-wide performance standards and metrics for business analysis, national, industry data standards, canonical data models to communicate between different data formats, and the creation of a strategic business intelligence environment with defined governance policies and enforcement.

2.5.6 Member Management

The **Member Management** business area is a collection of business processes involved in communications between the Agency and the prospective or enrolled member and actions that the Agency takes on behalf of the member. This business area is responsible for managing the member data store, coordinating communications with both prospective and current members, outreach to current and potential members, and dealing with member grievance and appeals issues.

2.5.6.1 Business Architecture

As-Is

Overall, SMEs determined that the business architecture for Member Management is currently at Level 1. The SMEs' key finding for Member Management is that:

- The relatively low Level 1 is largely due to deficiencies in the RI Bridges system, including the inability to share member data effectively, particularly eligibility data.

To-Be

Overall, SMEs determined that the business architecture for Member Management will achieve Level 2 in the next five years, as the RI Bridges system becomes stabilized. The SMEs' initial roadmap recommendations for Member Management are:

- Systematic enhancements to increase the level of automation or accessibility would likely be cost prohibitive
- Stakeholder surveys are not expected to be implemented; program effectiveness is regarded highly

In addition, current or proposed RI Bridges enhancements or fixes related to Member Management include:

- Resolution of issues with member notices to reduce the manual review for quality control
- Evaluation of RI Bridges functionality for members to file an appeal electronically to reduce manual and paper appeals
- Development of an automated weekly system report in the RI Bridges system that proactively identifies member cases that are not picked up by a provider
- Development of an interface with the CRM system in contact center and the field offices to allow for documentation of all member phone calls

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2.5.6.2 Information Architecture

As-Is

Overall, SMEs determined that the information architecture for Member Management is currently at Level 1. However when assessed individually, most IA components are rated at Level 2 or higher. The systems assessed included: MMIS, eligibility, and MAPIR. Lower assessments include Common Data Architecture, Enterprise Modeling, and the use of a conceptual data model, which are rated at Level 1. For the MAPIR application, which supports some member functionality, most IA components are rated at levels 3, 4, or 5.

To-Be

Overall, SMEs determined that the information architecture for Member Management will be at Level 2 in the five-year timeframe. Individual applications vary in their current capability and five-year projections.

For the MAPIR application, IA components are not expected to change above their current levels, since the federal program behind it is scheduled to be sunsetted before five years. For other Member Management systems, SMEs project a five-year capability of Level 3 for all IA components except for enterprise modeling and the use of data sharing architectures, which are expected to maintain or achieve level 2.

2.5.6.3 Technical Architecture

As-Is

Overall, SMEs determined that the technical architecture for Member Management is currently at Level 1 as a result of the CMS rule that the assessment for the business area as a whole takes on the lowest number of any TSCs. The systems assessed included: MMIS, eligibility, and MAPIR. For these systems, which support Member Management, most TSCs are at Level 2, indicating a mix of manual and automatic business processes, and mixture of federal and state-specific standards for service support. For the MAPIR application, which supports some Member functionality, most TSCs components are rated at levels 2 or 3.

The following is an approximate list of the systems that support Member Management, based on SMEs input during the technical architecture sessions. It should not be taken as definitive.

- EDM
- HIX
- HSDW
- MAPIR
- MMIS

To-Be

Overall, SMEs determined that the technical architecture for Member Management will be at Level 1 in the next five years. For the MMIS and HSDW systems, most TSCs are expected to increase to Level 3 or 4,

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with the implementation of national standards, single sign-on, and a separate rules engine, as well as greater coordination between intrastate agencies and some external entities. The TA for the MAPIR application is not expected to change over the next five years, since the federal program behind it is scheduled to be sunsetted before that time.

2.5.7 Operations Management

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

2.5.7.1 Business Architecture

As-Is

Overall, SMEs determined that the business architecture for Operations Management is currently at Level 1. The SMEs' key findings for Operations Management are that:

- Claims processing through the MMIS fiscal agent does not receive electronic attachments
- Prior Authorizations (PAs) are received electronically from out-of-state vendors, sent to Customer Support Management (CSM), then forwarded to MMIS via 837 transactions
- PAs are scanned by MMIS fiscal agent staff and manually attached to the appropriate claims
- Clinical information such as prior authorization submitted by 837 is received electronically by the SMA
- The MMIS fiscal agent receives a request electronically for mass adjustment process via a Fiscal Agent Control Number (FACN), (a communications document), from Rate Setting and processes the adjustments
- Performance measures, such as SLAs and KPIs, are found in the contracts. Currently, these are being reported in Contract Monitoring
- The MMIS fiscal agent performs annual provider surveys
- 95 percent of the claims are adjudicated in 30 days or less
- Accuracy for Inquire Payment Status is at 99 percent or greater
- Rhode Island does not use regional information exchange hubs
- All of the Remittance Advices (RAs) are generated with each financial cycle
- RAs are in electronic format and available nationally via the Provider Portal

To-Be

Overall, SMEs determined that the business architecture for Operations Management will be at Level 1 in the five-year timeframe. The business processes that are projected to remain at their current Level 1 are

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OM05 – Apply Mass Adjustment, and OM20 – Calculate Spend-Down Amount. The SMEs' initial roadmap recommendations for Operations Management are to:

- Implement electronic attachments in the MMIS system to improve timeliness, efficiency and accuracy by reducing manual intervention
- Implement an automatic process for identifying claims that require mass adjustment; this is currently a manual process done by the MMIS fiscal agent
- Increased automation for changing business rules in the MMIS could improve timeliness in completing this task

2.5.7.2 Information Architecture

As-Is

Overall, SMEs determined that the information architecture for Operations Management is currently at Level 1. When viewed individually, the majority of Operations Management IA components are assessed at Level 2 or higher, with the exceptions of Common Data Architecture, Enterprise Modeling, and the use of a conceptual data model, which are rated at Level 1. Because they are concerned with enterprise-level data governance, the assessment of Common Data Architecture, Enterprise Modeling, and the use of a conceptual data model comprises all databases and systems used within the enterprise.

To-Be

Overall, SMEs determined that the information architecture for Operations Management will be at Level 2 in the five-year timeframe. When viewed individually, the majority of Operations Management IA components are expected to achieve Level 3 in the next five years. Exceptions include the IA components Common Data Architecture and the use of a Conceptual Data Model, which are expected to remain at Level 1. Enterprise Modeling and data sharing architecture are expected to increase from Level 1 to Level 2.

2.5.7.3 Technical Architecture

As-Is

Overall, SMEs determined that the technical architecture for Operations Management is currently at Level 1. However individual systems were assessed higher. For the MMIS and HSDW systems, which support Operations Management, most TSCs are at Level 2, indicating a mix of manual and automatic business processes, and mixture of federal and state-specific standards for service support.

For RI Bridges reporting functionality, which supports Operations Management, six of the 15 TSCs were determined to be "not applicable" to RI Bridges reporting, and were not assessed. Most of the remaining TSCs were assessed at Level 2 or 3.

The following is an approximate list of the systems that support Operations Management, based on SMEs input during the technical architecture sessions. It should not be taken as definitive.

- HSDW
- MMIS

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To-Be

Overall, SMEs determined that the technical architecture for Operations Management will be at Level 1 in the five-year timeframe.

For the MMIS and HSDW systems, which support Operations Management, most TSCs are expected to increase to Level 3 or 4, with the implementation of national standards, single sign-on, and a separate rules engine, as well as greater coordination between intrastate agencies and some external entities.

For RI Bridges reporting functionality, which supports Operations Management, six of the 15 TSCs were determined to be "not applicable" to RI Bridges reporting, and were not assessed. Most of the remaining TSCs were expected to reach Level 3 or 4 through several system changes. The SMEs recommended enhancement of business intelligence capabilities by assimilating data marts and the HSDW to provide full, usable access to the HSDW for queries by all business users. In addition, MMIS is expected to begin accepting claim attachments, implement a separate rules engine, single sign-on, and national industry standards, and use Software Configuration Management to reproduce solutions in a controlled, incremental fashion. Generally, the SMEs recommended adopting intrastate Basic Business Relationship Management (BRM) to enhance analytic capabilities, and assimilating functionality more fully with systems belonging to other agencies, particularly in sharing data, such as data on children with DCYF and date-of-death information with DOH.

2.5.8 Performance Management

The **Performance Management** business area is a collection of business processes involved in the assessment of program compliance (e.g., auditing and tracking medical necessity and appropriateness of care, quality of care, patient safety, fraud and abuse, erroneous payments, and administrative anomalies). This business area uses information about an individual provider or member (e.g., demographics, information about the case itself such as case manager ID, dates, actions, and status, and information about parties associated with the case) to perform functions related to utilization and performance for Fee-for-Service claims. The Performance Management business area is responsible for the compliance data stores.

2.5.8.1 Business Architecture

As-Is

Overall, SMEs determined that the business architecture for Performance Management is currently at Level 1. The SMEs' key finding for Performance Management is that:

- The overall MITA maturity Level of 1 results from the fact that these processes require substantial manual review because of the nature of the decisions that are made

To-Be

Overall, SMEs determined that the business architecture for Performance Management will remain at Level 1 over the next five years. The SMEs recommended that the enterprise should:

- Combine data from Program Integrity, currently saved on a share drive, with data from SURS, currently stored in CaseTracker, into one system of record and give authorized stakeholders access to appropriate level of case information instead of using separate systems

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2.5.8.2 Information Architecture

As-Is

Overall, SMEs determined that the information architecture for Performance Management is currently at Level 1. The systems assessed included: MMIS, HSDW, fiscal agent data marts, eligibility vendor data marts, and eligibility. When viewed individually, the majority of Performance Management IA components are assessed at Level 2 or higher, with the exceptions of Common Data Architecture, Enterprise Modeling, and the use of a conceptual data model, which are rated at Level 1.

To-Be

Overall, SMEs determined that the information architecture for Performance Management will be at Level 2 in the five-year timeframe. However, when viewed individually, the majority of Performance Management IA components are expected to achieve Level 3 in the next five years. Exceptions include the IA components Common Data Architecture, Enterprise Modeling, and the use of a Conceptual Data Model, which are expected to remain at Level 1. Enterprise Modeling and data sharing architecture are expected to increase from Level 1 to Level 2.

2.5.8.3 Technical Architecture

As-Is

Overall, SMEs determined that the technical architecture for Performance Management is currently at Level 1. However individual systems were assessed higher. The systems assessed included: MMIS, HSDW, fiscal agent data marts, eligibility vendor data marts, and eligibility.

For the MMIS and HSDW systems, which support Performance Management, most TSCs are at Level 2, indicating a mix of manual and automatic business processes, and mixture of federal and state-specific standards for service support.

For RI Bridges reporting functionality, which supports Performance Management, six of the 15 TSCs were determined to be “not applicable” to RI Bridges reporting, and were not assessed. Most of the remaining TSCs were assessed at Level 2 or 3.

The following is an approximate list of the systems that support Performance Management, based on SMEs input during the technical architecture sessions. It should not be taken as definitive.

- HSDW
- MMIS

To-Be

Overall, SMEs determined that the technical architecture for Performance Management will be at Level 1 in the five-year timeframe.

For the MMIS and HSDW systems, which support Performance Management, most TSCs are expected to increase to Level 3 or 4, with the implementation of national standards, single sign-on, and a separate rules engine, as well as greater coordination between intrastate agencies and some external entities.

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For RI Bridges reporting functionality, six of the 15 TSCs were determined to be "not applicable"; most of the remaining TSCs were expected to reach Level 3 or 4 through several system changes. The SMEs recommended enhancement of business intelligence capabilities by assimilating data marts and the HSDW to provide full, usable access to the HSDW for queries by all business users. In addition, MMIS is expected to begin accepting claim attachments, implement a separate rules engine, single sign-on, and national industry standards, and use Software Configuration Management to reproduce solutions in a controlled, incremental fashion. Generally, the SMEs recommended assimilating functionality more fully with systems belonging to other agencies, and adoption of intrastate basic Business Relationship Management (BRM) to enhance analytic capabilities.

2.5.9 Plan Management

The **Plan Management** business area includes the strategic planning, policymaking, monitoring, and oversight business processes of the Agency. This business area is responsible for the primary data stores (e.g., Medicaid State Plan, health plans and health benefits) as well as performance measures, reference information, and rate setting data stores. The business processes include a wide range of planning, analysis, and decision-making activities. These activities include oversight of service needs and goals, health care outcome targets, quality assessment, performance and outcome analysis, and information management.

2.5.9.1 Business Architecture

As-Is

Overall, SMEs determined that the business architecture for Plan Management is currently at Level 1. Most processes are manual by design, and perform adequately in most respects. One area that is cumbersome is that the State Plan exists only in the form of a hard copy, which can be scanned and shared as a pdf file, but is not easily searched or modified.

To-Be

Overall, SMEs determined that the business architecture for Plan Management will reach Level 2 within five years. The SMEs' initial roadmap recommendations for Plan Management are to:

- Develop an electronic medium for storing, updating, and sharing the State Plan
- Streamline the policy-making process to include creating operational manuals
- Record and centralize rules so that stakeholders needing to see them can have improved accessibility
- Continue the current efforts to streamline and standardize policy, which will improve communication and consistency

2.5.9.2 Information Architecture

As-Is

Overall, SMEs determined that the information architecture for Plan Management is currently at Level 1. The processes for Plan Management are performed by individual groups on a limited basis, and consist

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almost entirely of manual procedures and ad-hoc data sharing. Plan Management is performing adequately.

To-Be

Overall, SMEs determined that the information architecture for Plan Management will remain at Level 1 over the next five years. To achieve a level higher than 1 would require more automation than the SMEs believed was desirable within the next five years, so their current Level 1 status is acceptable in the five-year timeframe.

2.5.9.3 Technical Architecture

As-Is

Overall, SMEs determined that the technical architecture for Plan Management is currently at Level 1. The processes for Plan Management are performed by individual groups on a limited basis, and consist almost entirely of manual procedures, ad-hoc data sharing, and manual or one-off processes, but they perform adequately and development of systems to replace the manual processes would not be cost-effective.

To-Be

Overall, SMEs determined that the technical architecture for Plan Management can remain at Level 1 in the five-year timeframe. The processes perform adequately and development of systems to replace the manual processes would not be cost-effective. To achieve a level higher than 1 would require more automation than the SMEs felt was desirable within the next five years, so their current Level 1 status is acceptable both for the As-Is and To-Be Technical Architecture for Plan Management.

2.5.10 Provider Management

The **Provider Management** business area is a collection of business processes involved in communications between the Agency and the prospective or enrolled provider and actions that the agency takes on behalf of the provider. Business processes focus on performing outreach services to providers, terminating providers, communications with providers, and dealing with provider grievances and appeals issues. The Provider Management business area is responsible for the provider data store.

2.5.10.1 Business Architecture

As-Is

Overall, SMEs determined that the business architecture for Provider Management is currently at Level 1. The SMEs' key findings for Provider Management are that:

- All providers across the State working with the SMA utilize the same process for enrollment
- The SMA utilizes a mix of manual and automated processes
- The SMA does not have a formal Communication Plan in place for providers. Communications to provider are only available in English only
- Provider notifications are available electronically via provider portal
- Provider communications and terminations are not 100 percent available for audit

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- Annual provider surveys have returned a satisfaction rate of 92 percent
- There are few performance measures in place to monitor Provider Management business processes
- The Provider Appeals process is hindered by system issues within Legal
- The administrative appeals rules as currently written are confusing for providers

To-Be

Overall, SMEs determined that the business architecture for Provider Management will reach Level 2 in the five-year timeframe. The SMEs' initial roadmap recommendations for Provider Management are to:

- Update requirements for providers to include SSN data to allow for automated verifications
- Modify system requirements (for existing Provider Portal or through the upcoming MMIS procurement) to allow providers to add new doctors electronically
- Update Provider Portal functionality to include notification to providers when information is changed
- Create a formal Communication Plan
- Log 100 percent of communications with providers
- Increase automation and electronic postings for communications through the Provider Portal or MMIS procurement
- Standardize and automate steps where possible for creation of outreach materials
- Update communications to be available in Spanish as well as English
- Utilize surveys or other methods of information gathering to evaluate effectiveness
- Update systems to allow for 100% audit of terminated providers with termination reason
- Automate information collection to improve cost effectiveness

2.5.10.2 Information Architecture

As-Is

Overall, SMEs determined that the information architecture for Provider Management is currently at Level 1. However when assessed individually, most IA components are rated at Level 2 or higher. The systems assessed included: Claims, eligibility, and MAPIR. Lower assessments include Common Data Architecture, Enterprise Modeling, and the use of a conceptual data model, which are rated at Level 1. For the MAPIR application, which supports some Member and Provider functionality, most IA components are rated at levels 3, 4, or 5.

To-Be

Overall, SMEs determined that the information architecture for Provider Management will be at Level 2 in the five-year timeframe. Individual applications vary in their current capability and five-year projections.

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MAPIR is not expected to change in maturity over the next five years, since the federal program behind it is scheduled to be sunsetted before that time. For other Provider Management systems, SMEs project a five-year capability of Level 3 for all IA components except for enterprise modeling and the use of data sharing architectures, which are expected to maintain or achieve level 2.

2.5.10.3 Technical Architecture

As-Is

Overall, SMEs determined that the technical architecture for Provider Management is currently at Level 1 as a result of the CMS rule that the assessment for the business area as a whole takes on the lowest number of any TSCs. For the MMIS, eligibility, and MAPIR systems, which support Provider Management, most TSCs are at Level 2, indicating a mix of manual and automatic business processes, and mixture of federal and state-specific standards for service support. For the MAPIR application, which supports some Provider functionality, most TSCs components are rated at levels 2 or 3.

The following is an approximate list of the systems that support Provider Management, based on SMEs input during the technical architecture sessions. It should not be taken as definitive.

- HSDW
- MAPIR
- MMIS

To-Be

Overall, SMEs determined that the technical architecture for Provider Management will be at Level 2 in the five-year timeframe. For the MMIS and HSDW systems, most TSCs are expected to increase to Level 3 or 4, with the implementation of national standards, single sign-on, and a separate rules engine, as well as greater coordination between intrastate agencies and some external entities. The TA for the MAPIR application is not expected to change over the next five years, since the federal program behind it is scheduled to be sunsetted before that time.

2.6 Transformation Plan

The **Concept of Operations** and **MITA Roadmap** together detail the transformation plan for achieving the EOHHS Medicaid vision, goals and objectives. This section provides an overview of the approach to managing the transformation plan.

In the COO and Roadmap, EOHHS has identified a target To-Be landscape, consisting of modified business, information, and technical environments, with enhanced collaborative planning and oversight involving the Rhode Island Medicaid Enterprise stakeholders. This To-Be landscape is based on the current operational and technical environment, modified through a series of coordinated initiatives over the next five years.

2.6.1 Transformation Plan Management

EOHHS will manage the transformation from the As-Is to To-Be operations through careful oversight of the necessary initiatives and related activities. Transformation will occur in a series of progressive steps, and will be monitored on an ongoing basis.

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EOHHS is committed to the MITA Framework, and will observe CMS guidelines in updating the COO and Roadmap on an annual basis to ensure the data remains current.

2.6.2 Primary Transformation Objectives

EOHHS's approach to the transformations described in the COO and Roadmap is summarized in Section 2.6.3. These initiatives support the following MITA objectives laid out in the MITA Framework 3.0 Framework:

- Enhancing collaborative enterprise governance
- Utilizing innovative approaches to service delivery
- Improving performance management and stakeholder accountability
- Striving for continuous quality improvement in operations and health outcomes
- Consolidating information for enterprise reporting and analytical purposes
- Improving the technical platforms utilized by systems supporting the Medicaid operation
- Remaining current with applicable industry standards and best practices

2.6.3 Transformation Plan Outline

The process EOHHS will follow in executing the changes described in this document and **Deliverable G: Overall MITA Roadmap** are outlined below.

1. Complete Current SS-A
   - This is being performed currently, and will be completed with the finalization of this document and **Deliverable G: Overall MITA Roadmap**.
2. Create a Data Management Strategy and Technical Management Strategy
   - These have been drafted by the EOHHS Project manager, and are being continually updated throughout the processes of the MITA 3.0 State-Self Assessment and the continuing development of an RFP for the procurement of a MMIS.
3. Execute MMIS Procurement Project, including:
   - Solicitation Development
   - Procurement
4. Execute MMIS System Development Project, including:
   - Project Initiation
     - ✓ CMS Certification - Project Initiation Review
   - Design, Development, and Implementation of MMIS System
     - ✓ CMS Certification - Operational Milestone Review(s)
   - Operations and Maintenance of MMIS System
     - ✓ CMS Certification - MMIS Certification Review

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5. Execution of UHIP stabilization and other current and planned projects according to the Roadmap, Data Management Strategy and Technical Management Strategy
6. Continuous Ongoing Annual SS-As
7. Continuous Strategic Planning, including a formal, enterprise-wide communication plan

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3. BUSINESS WORKFLOWS

CSG worked with EOHHS SMEs and Project Managers to develop workflow diagrams that detail business processes and data flows throughout EOHHS. The diagrams are presented in following appendices:

- **Appendix A: Components and Data Flows Comprising the EOHHS BI System** – Developed through workshops with EOHHS SMEs
- **Appendix B: RI Data Ecosystem Overview** – Provided by the EOHHS Project Manager
- **Appendix C: Access Databases in use Throughout EOHHS** – Developed through workshops with EOHHS SMEs
- **Appendix D: Enterprise Business Process Models** – Developed through the Business Architecture workshops with EOHHS SMEs

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APPENDIX A: COMPONENTS AND DATA FLOWS COMPRISING THE EOHHS BI SYSTEM

The following diagrams depict the components and data flows that comprise the EOHHS BI system.

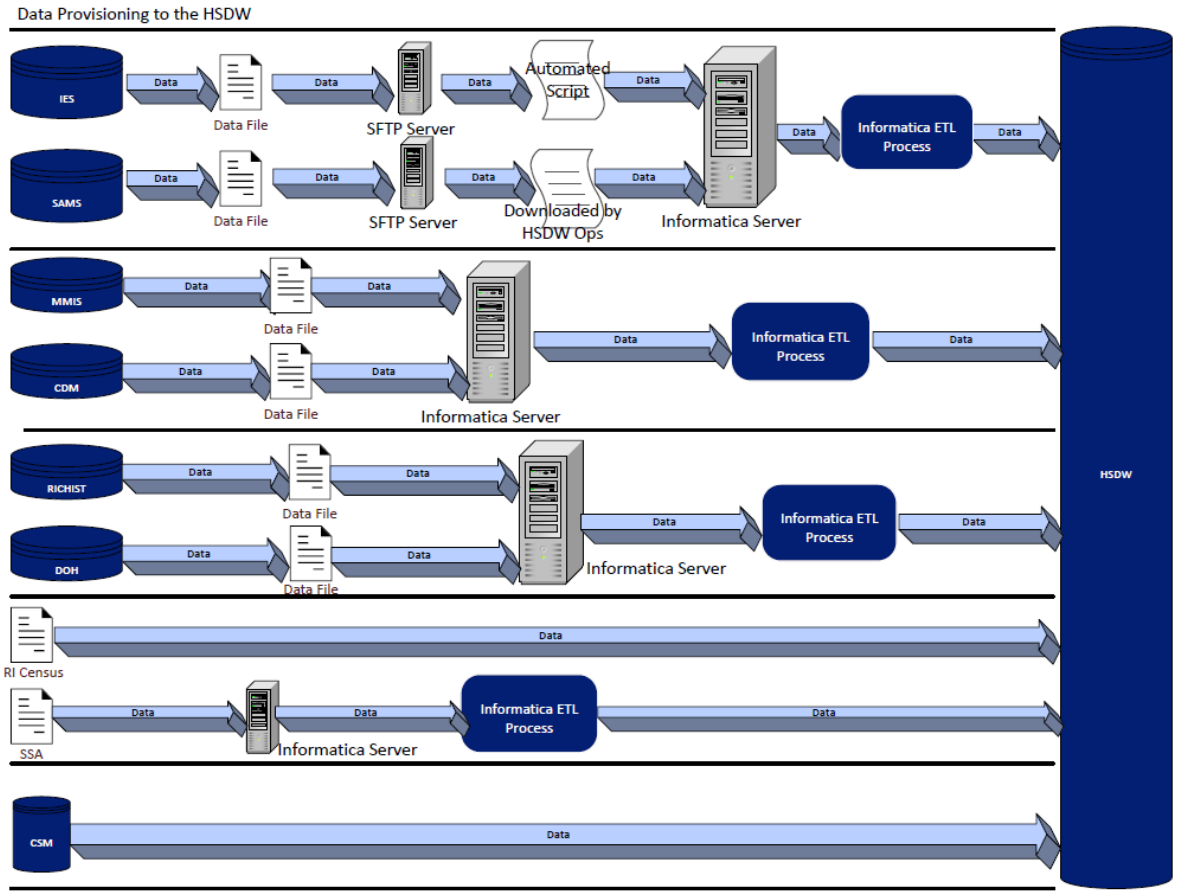

Figure 1: Data Provisioning to the HSDW

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Data Consumption from the HSDW

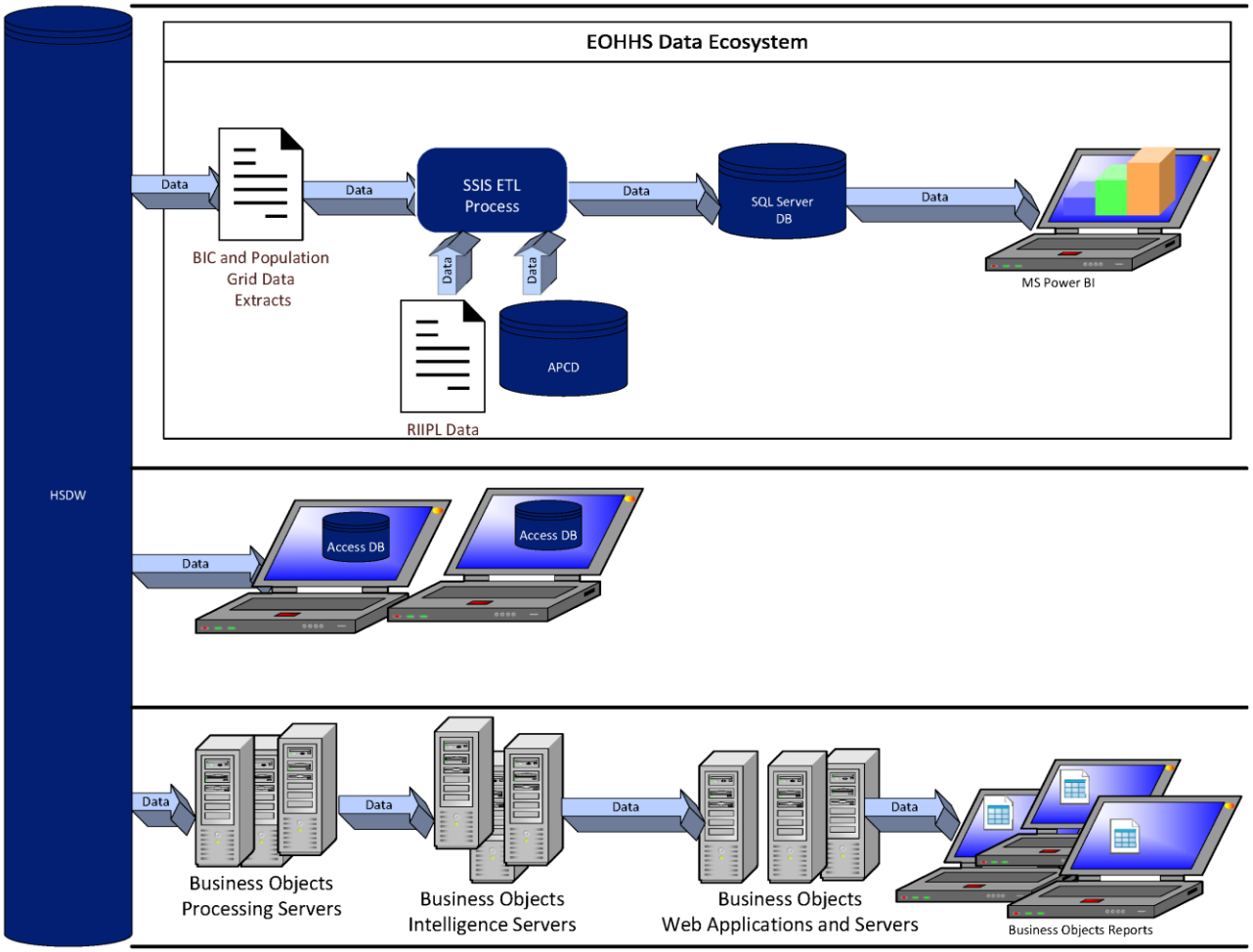

Figure 2: Data Consumption from the HSDW

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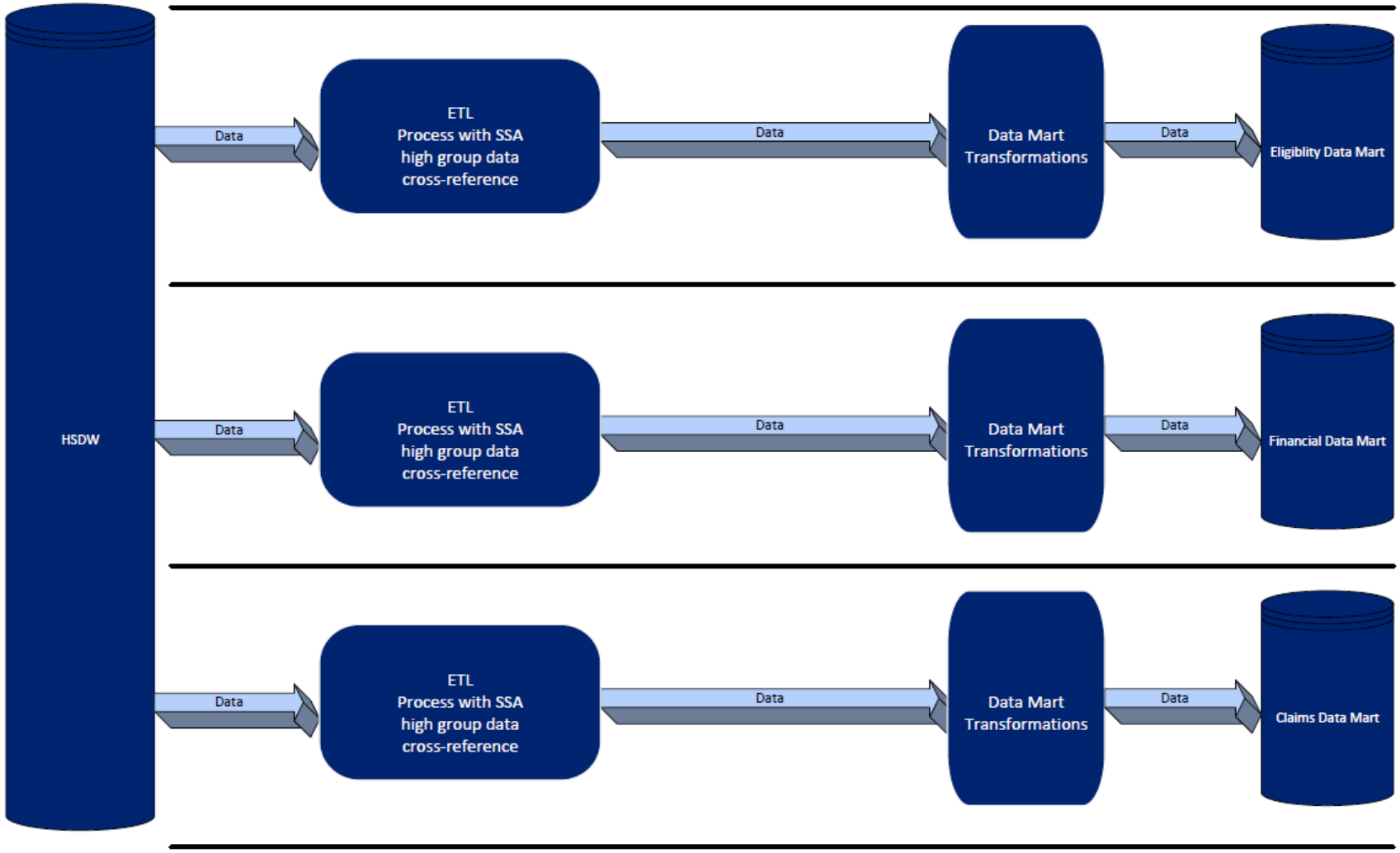

Figure 3: Data Provisioning to the Data Marts Maintained by the Fiscal Agent

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Figure 4: Data Consumption from the Data Marts Maintained by the Fiscal Agent

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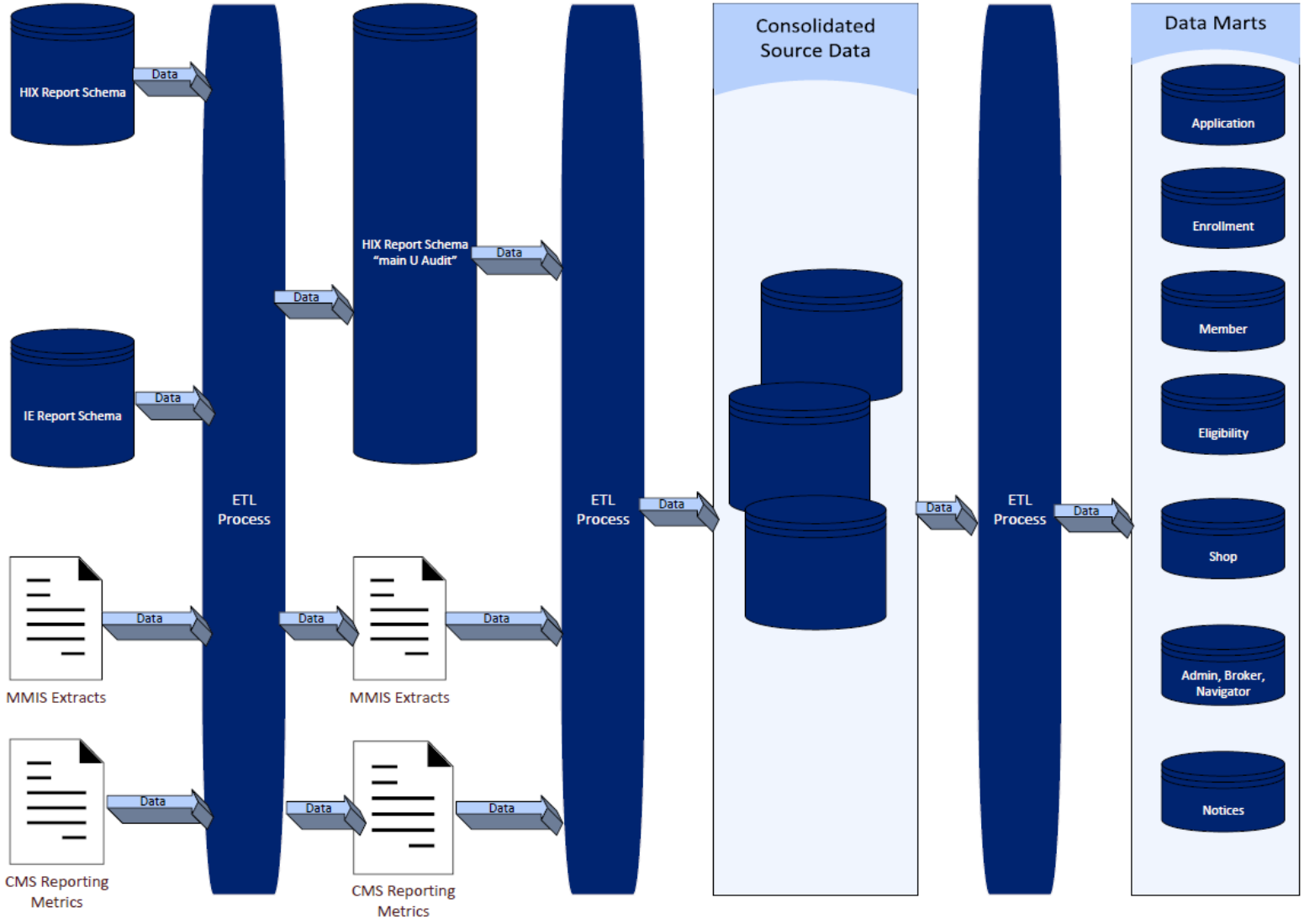

Figure 5: Data Provisioning to Data Marts Maintained by the Eligibility Vendor

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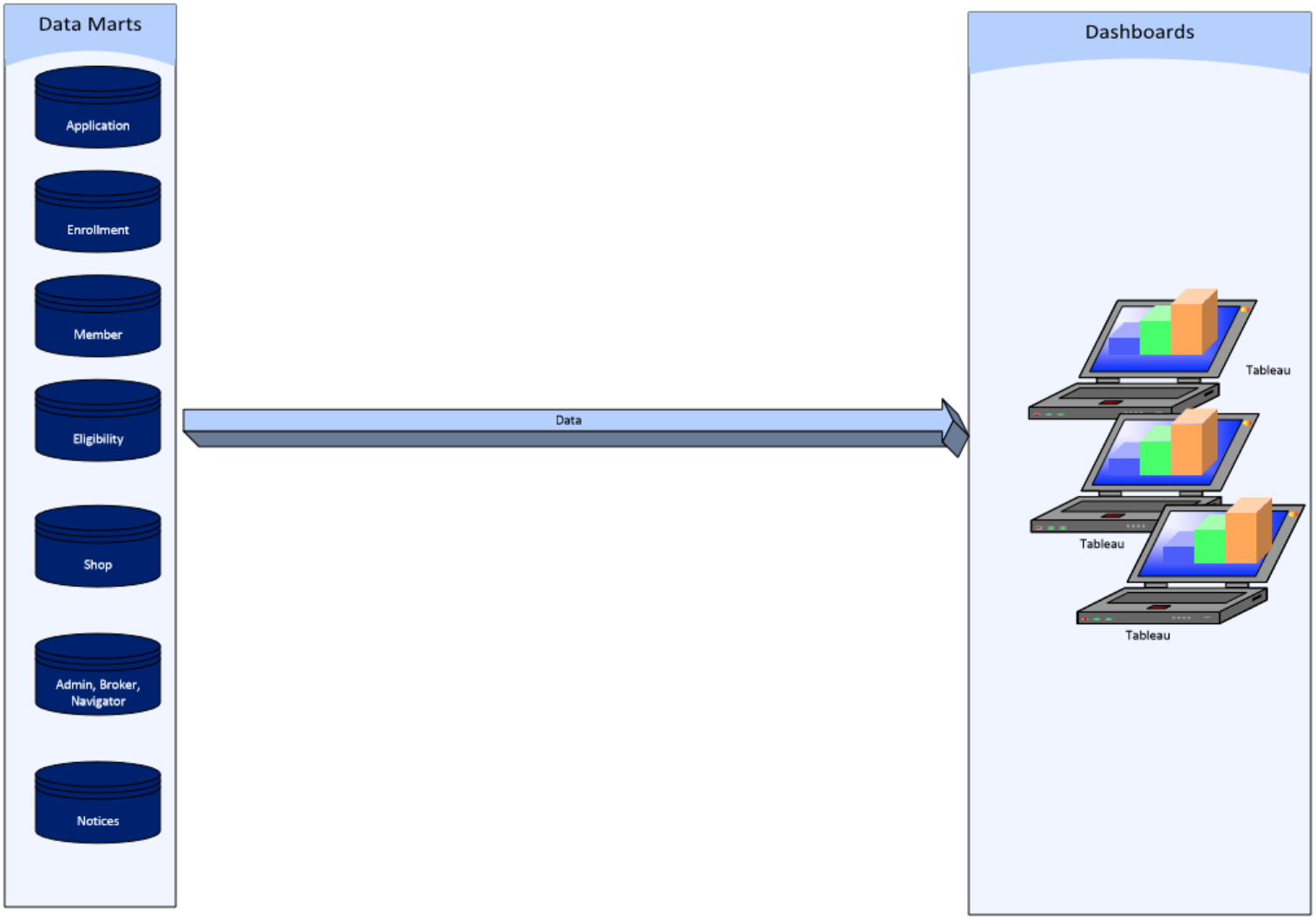

Figure 6: Data Consumption from Data Marts Maintained by the Eligibility Vendor

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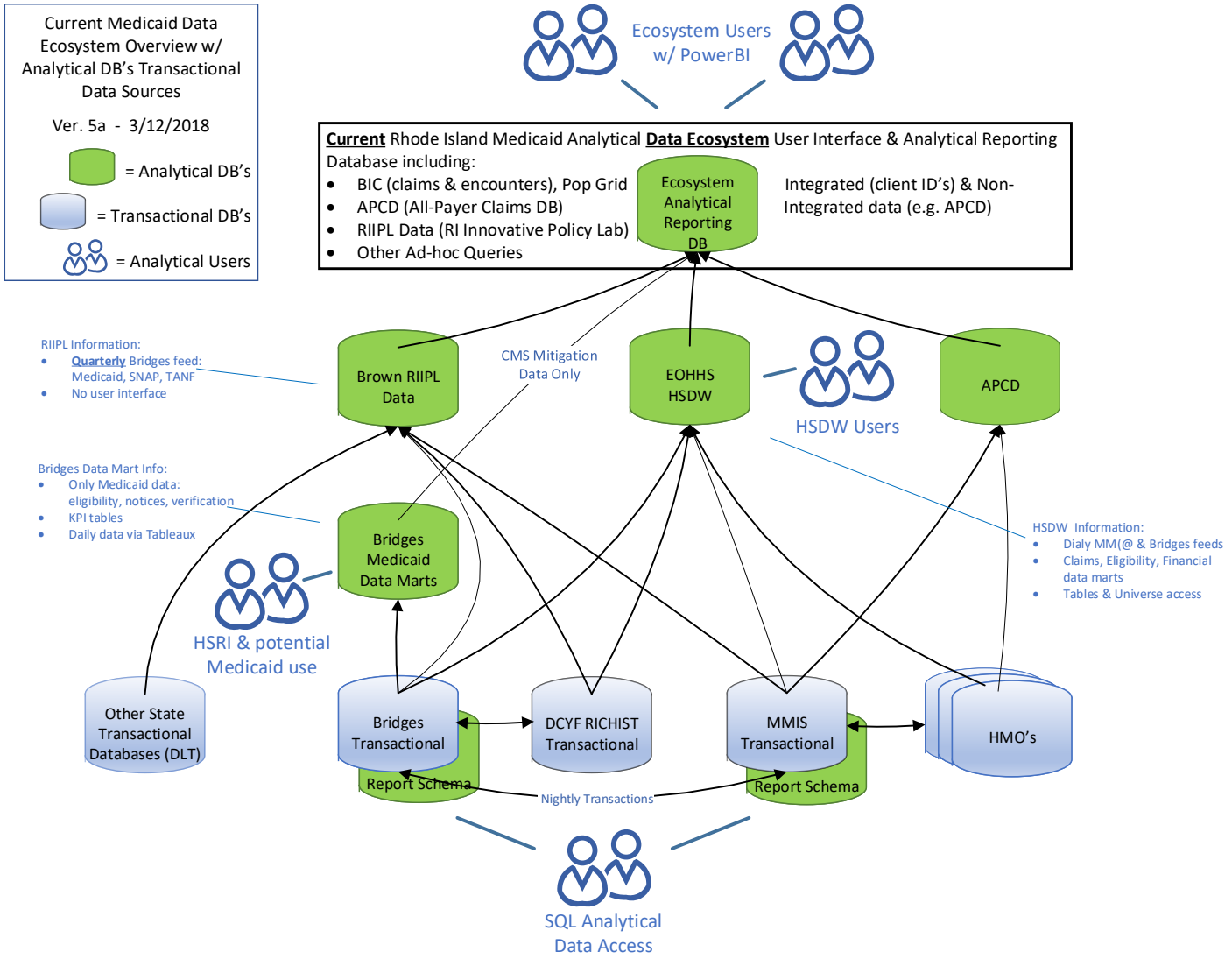
APPENDIX B: RI DATA ECOSYSTEM OVERVIEW



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APPENDIX C: ACCESS DATABASES IN USE THROUGHOUT EOHHS (AS OF 12/29/2017)

#	Database Description	Agency	Medicaid?	Database Usage	Comments
1	Adult Day Care	EOHHS	Y	Primary	Assessment app tracks several hundred Medicaid clients enrolled in Adult Day Care. **Other different (but potentially combinable) assessment Access apps: Home Stabilization & Shared Living.** Several hundred clients.
2	BHDDH HR Database	BHDDH	Y	Primary	Gathers salary information on BHDDH providers - used to calculate rates for Medicaid- funded BH programs.
3	BHDDH ICD 10 Database	BHDDH	Y, though Indirectly	To be phased out over time.	**New BHDDH data tracking BHOLD "enrollment" system will eventually make this database obsolete**, since BHOLD will now track this data.
4	BHDDH Quality Withhold Database	BHDDH	Y	Reports	Combines Medicaid data and provider data to do reports on Medicaid clients.
5	CEDARR Enrollees Exports to Excel	EOHHS	Y	Reports	Current CEDARR census – reports client counts. The 3 CEDARR databases have similar report functionality.
6	CEDARR Invoices by CEDARR Center	EOHHS	Y	Reports	Spend by CEDARR centers
7	CEDARR Invoices by CEDARR Enrolled	EOHHS	Y	Reports	Spend by CEDARR enrolled clients
8	CSHCN (Children with Special Health Care Needs) Mandatory Enrollment to MC	EOHHS	Y	Not currently in use.	Generates and tracks letters to parents of Children with Special Health Care Needs who are Fee For Service and must enroll in Medicaid. Receives imported data from Bridges. **Now being analyzed to determine appropriate action to get clients appropriate care.**
9	CHT CareLink Monitoring	EOHHS	Y	Primary	Tracks those enrolled in the Community Health Teams CareLink Project

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#	Database Description	Agency	Medicaid?	Database Usage	Comments
10	CSN (Children with Special Health Care Needs) in RiteCare turning 21 Database	EOHHS	Y	Reports	Generates a list of Children with Special Health Care Needs who will be turning 21 in the next 6 months for mailing. **Could be an appropriate MMIS function.**
11	Fair Hearing (Dept. of Human Svcs.)	DHS	Y	Primary	DHS databases only – no Medicaid. Tracks fraud hearings and DCYF hearings sent to legal for scheduling and disposition. Database has not been updated in years. All legal databases appear to be on their last legs.
12	Foster Care Report Enrollment Status	EOHHS	Y	Reports	Children in DCYF that need to be terminated or have their health plan changed. Uses MMIS data. 20 to 50 per month.
13	Home Stabilization Database	EOHHS	Y	Primary	Track clients at risk of being homeless who are enrolled in Home Stabilization. **Other different (but potentially combinable) assessment Access apps**: Adult Day Care & Shared Living. 100+ clients.
14	ICI Letter Tracking Database & CMS Demonstration Project	EOHHS	Y	Primary It's not certain if ICI grant will be extended beyond 2020.	Generates letters for those eligible for "Integrity" for those who cannot be automatically generated because they are not in MMIS.
		EOHHS	Y	Primary	ICI - Generates name and address information for those enrolled in "Integrity" for mailing
15	Katie Beckett Database	EOHHS	Y	Primary	Tracks eligibility and letters for those enrolled in the Katie Beckett program, with all functionality due to be transitioned to Bridges. Also tracks eligibility for those enrolled in Respite.
16	LTSS Quarterly Audit Application	EOHHS	Y	Reports	Generates a list of those receiving Long Term Support and Services for quarterly review. All are reviewed in a 12 month period

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#	Database Description	Agency	Medicaid?	Database Usage	Comments
17	Medical Review Team (MART)	EOHHS	Y	Primary	Tracks disability eligibility process for adults. **No current plans to incorporate this into Bridges.**
18	Medicare Buy-In CMS Invoices	EOHHS	Y	Personal	This functionality exists within Bridges but has not been used until the MPP Bridges app is fixed.
19	MFP (Money Follows the Person – Nursing Home Transition) NHP Data Import & Data Entry	EOHHS	Y	Primary A good chance MFP will sunset when MFP federal funds ends in 2020.	Provided for monthly import of data from Neighborhood Health Plan for MFP Participants under RHO. Enter FFS data to system, NHP comes in via an Access import. A nursing home transition program (MFP) also uses the CSM (CSM does prior auth.) Tracks Money Follows the Person and Nursing Home Transition Program participants
20	Reporting Dashboard from HMO's	EOHHS	Y	Reports	Imports data from health providers and sorts/filters for analysis. Stats from all 3 HMO's with some client data but mostly stats.
21	Rite Share Database	EOHHS	Y	Primary Access app being resuscitated until Bridges app works.	Determines Rite Share eligibility. **The Rite Share app was to have been incorporated in Bridges, but is not yet working.**
22	Rite Share Tax Intercept	EOHHS	Y	Primary	Generated export and letters for tax intercept for those owing repayments. **MMIS may well be a better place to do these reports**. Accounts Receivable database shows who owes what from the tax intercept. Data is imported from MMIS

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#	Database Description	Agency	Medicaid?	Database Usage	Comments
23	Shared Living Database	EOHHS	Y	Primary	Tracks Individuals with home health nurse services – with the EOHHS OCP nurses verifying assessments done by providers. **Other assessment Access apps: Adult Day Care and & Home Stabilization.** About 100 clients.

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APPENDIX D: ENTERPRISE BUSINESS PROCESS MODELS

This section contains the Business Process Models (BPM) for each of the MITA business processes covered during the BA workshops under the following MITA business areas.

- Business Relationship Management (4 processes)
- Care Management (9 processes)
- Contractor Management (9 process)
- Eligibility and Enrollment Management (8 processes)
- Financial Management (18 processes)
- Member Management (4 processes)
- Operations Management (9 processes)
- Performance Management (5 processes)
- Plan Management (8 processes)
- Provider Management (5 processes)

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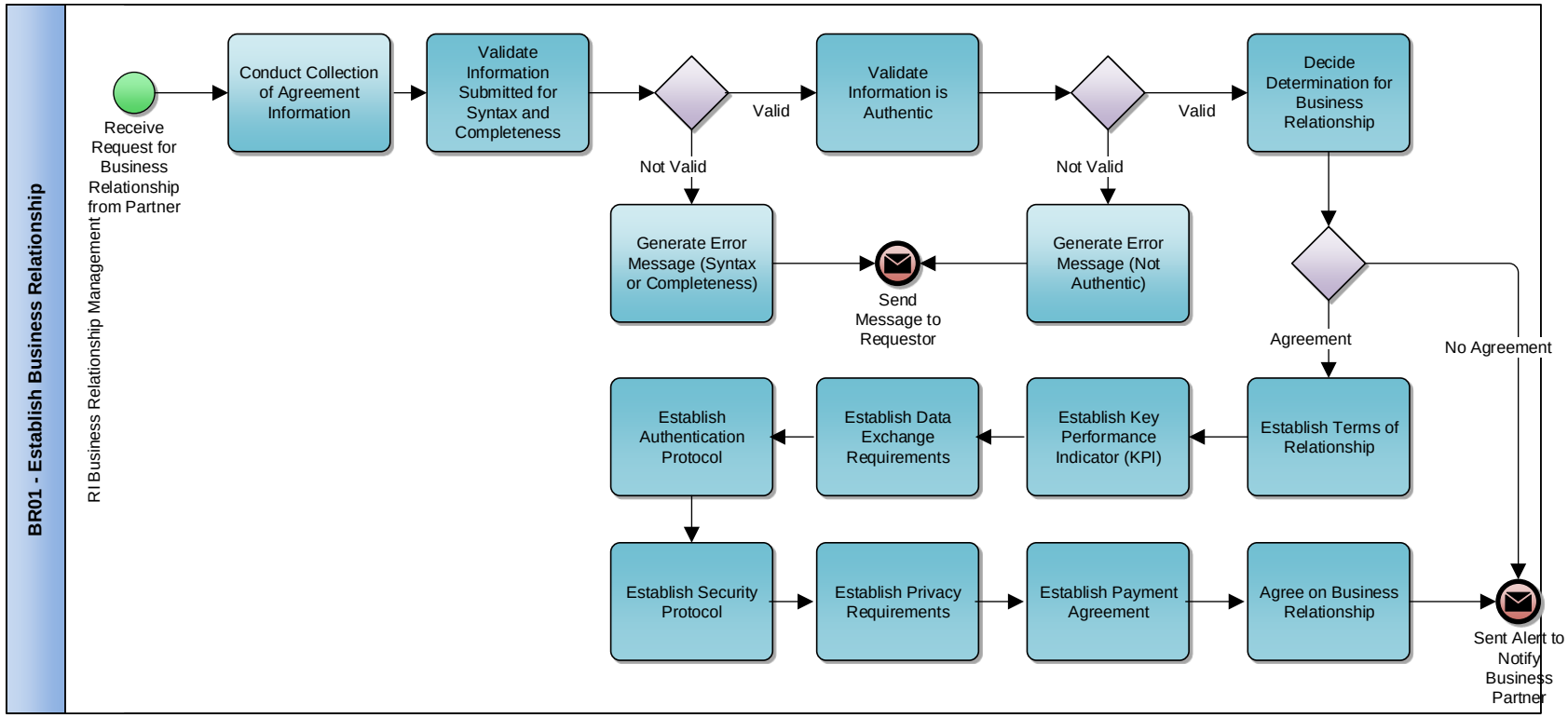
BR01 Establish Business Relationship

BR01 Establish Business Relationship						
Business Process Model	**Level:**	**1**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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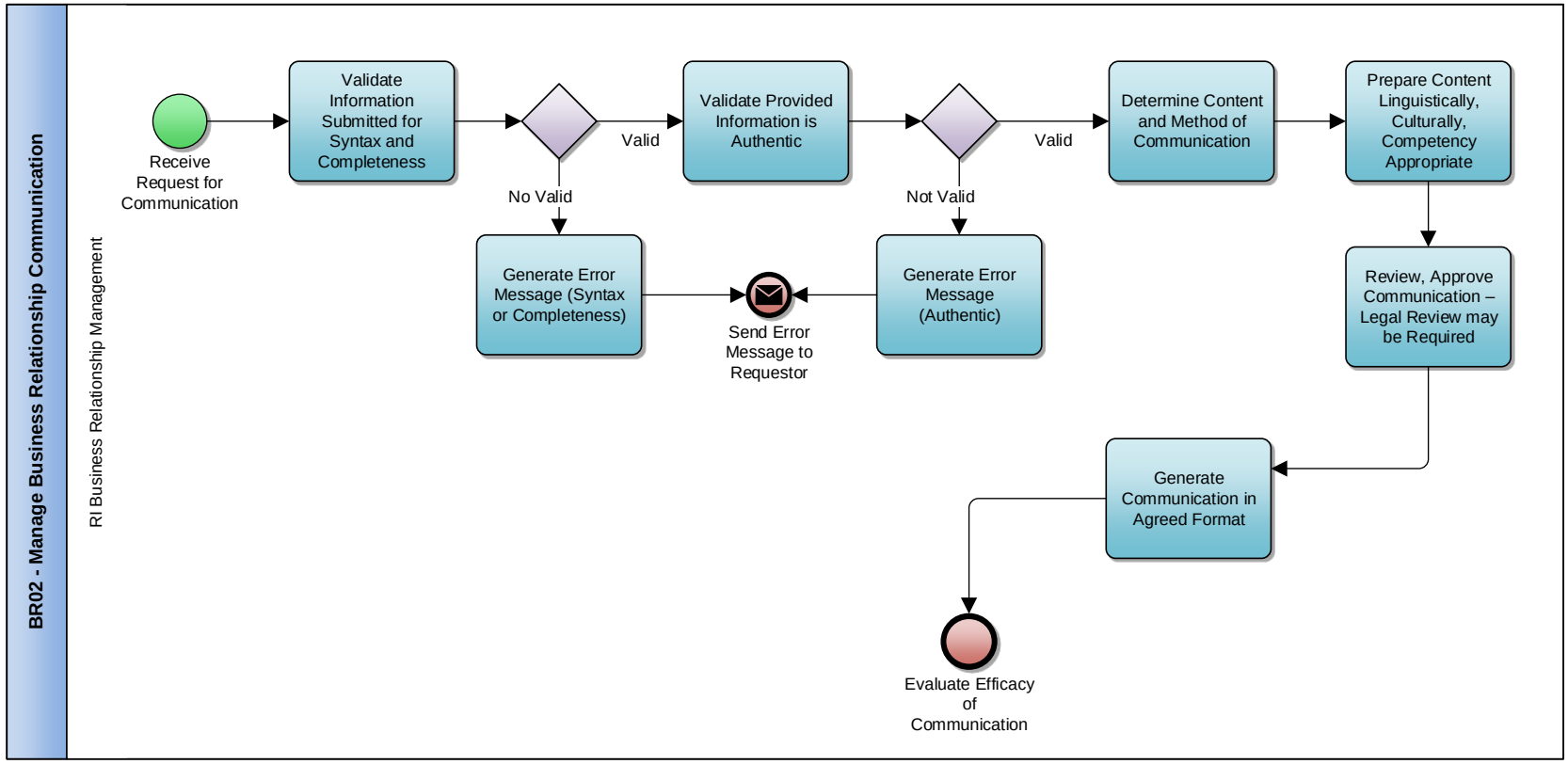
BR02 Manage Business Relationship Communication

BR02 Manage Business Relationship Communication						
Business Process Model	**Level:**	**2**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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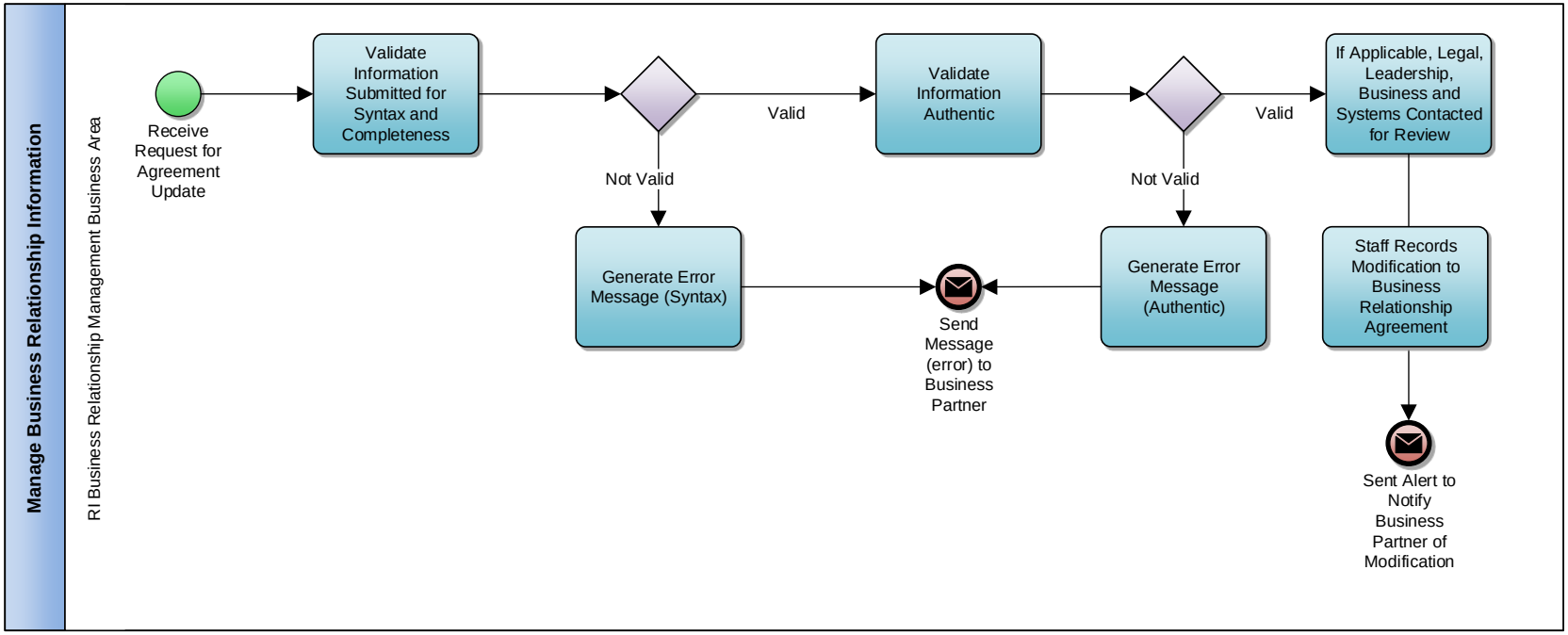
BR03 Manage Business Relationship Information

Description						
Business Process Model	**Level:**	**1**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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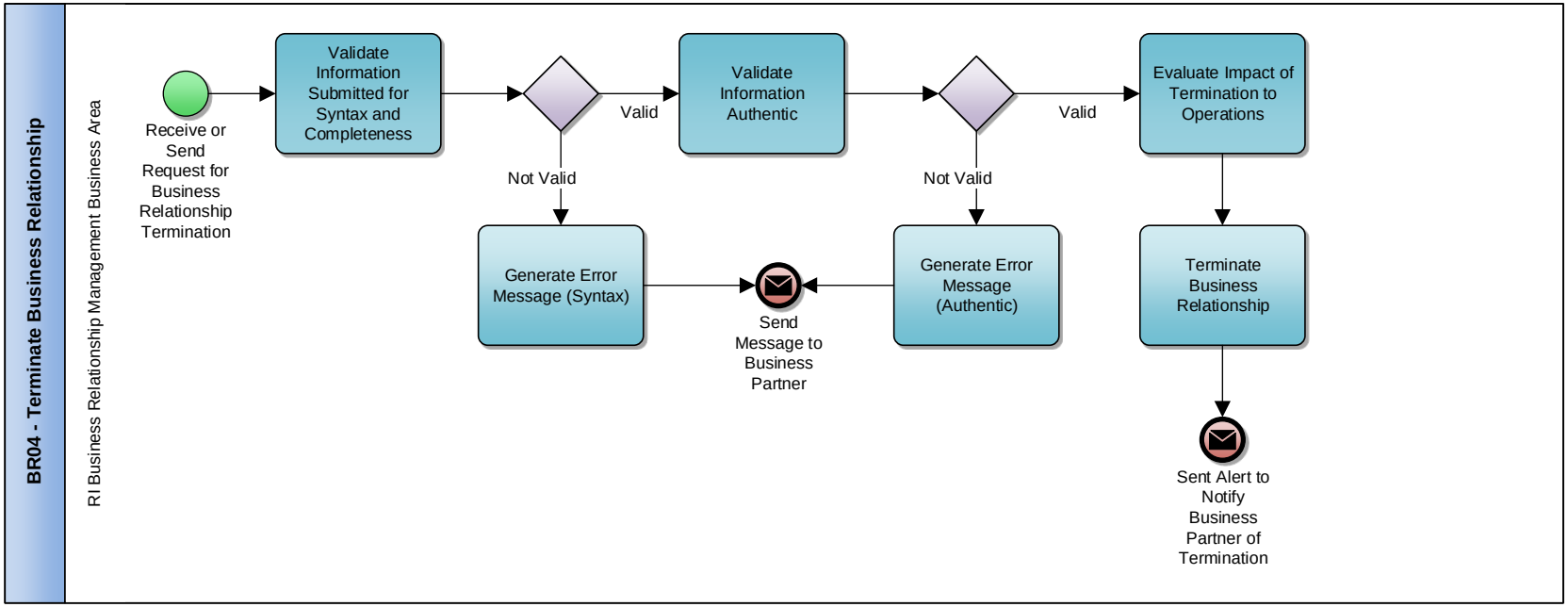
BR04 Terminate Business Relationship

BR04 Terminate Business Relationship						
Business Process Model	**Level**	**1**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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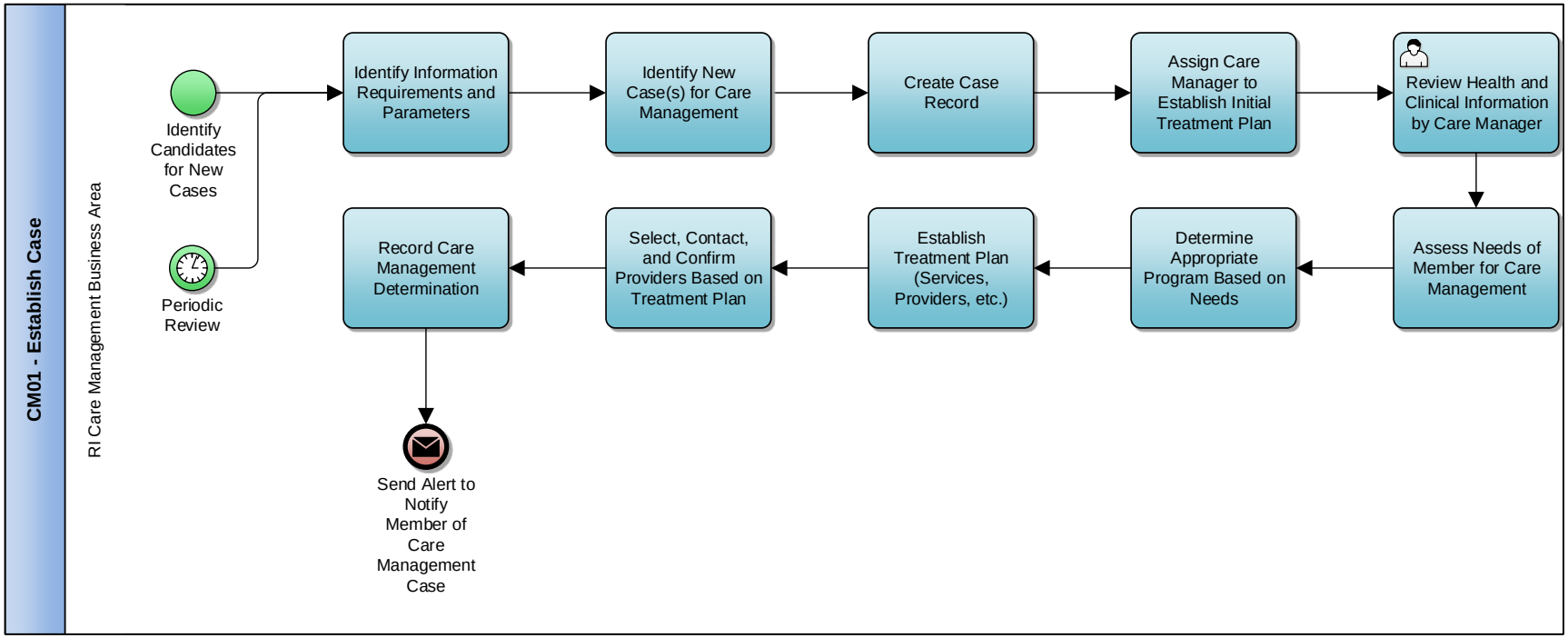
CM01 Establish Case

CM01 Establish Case

Business Process Model	Lievel	1	Author:	CSG Government Solutions	Last Modified:	2/21/2018



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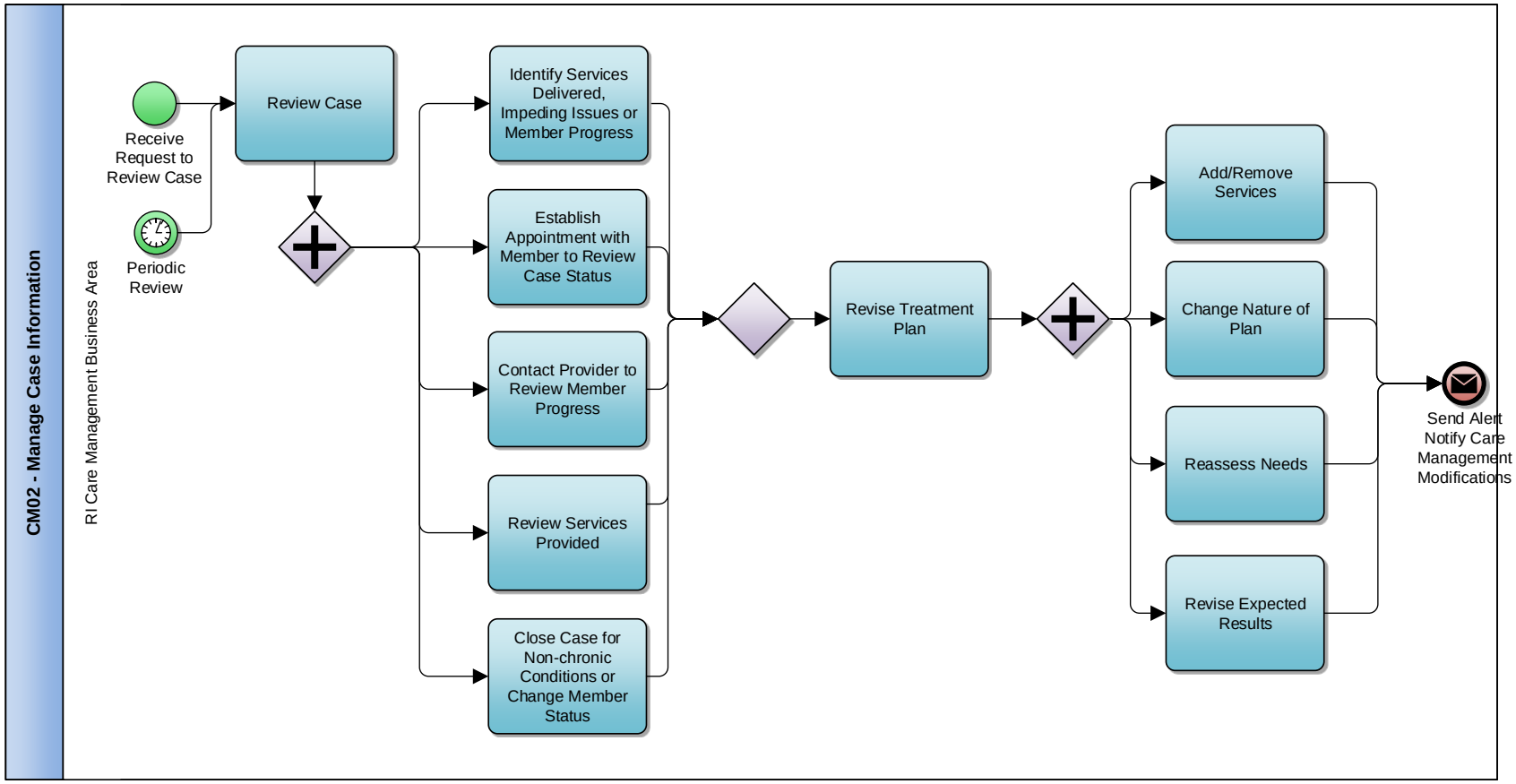
CM02 Manage Case Information

CM02 Manage Case Information						
Business Process Model	**Level:**	**1**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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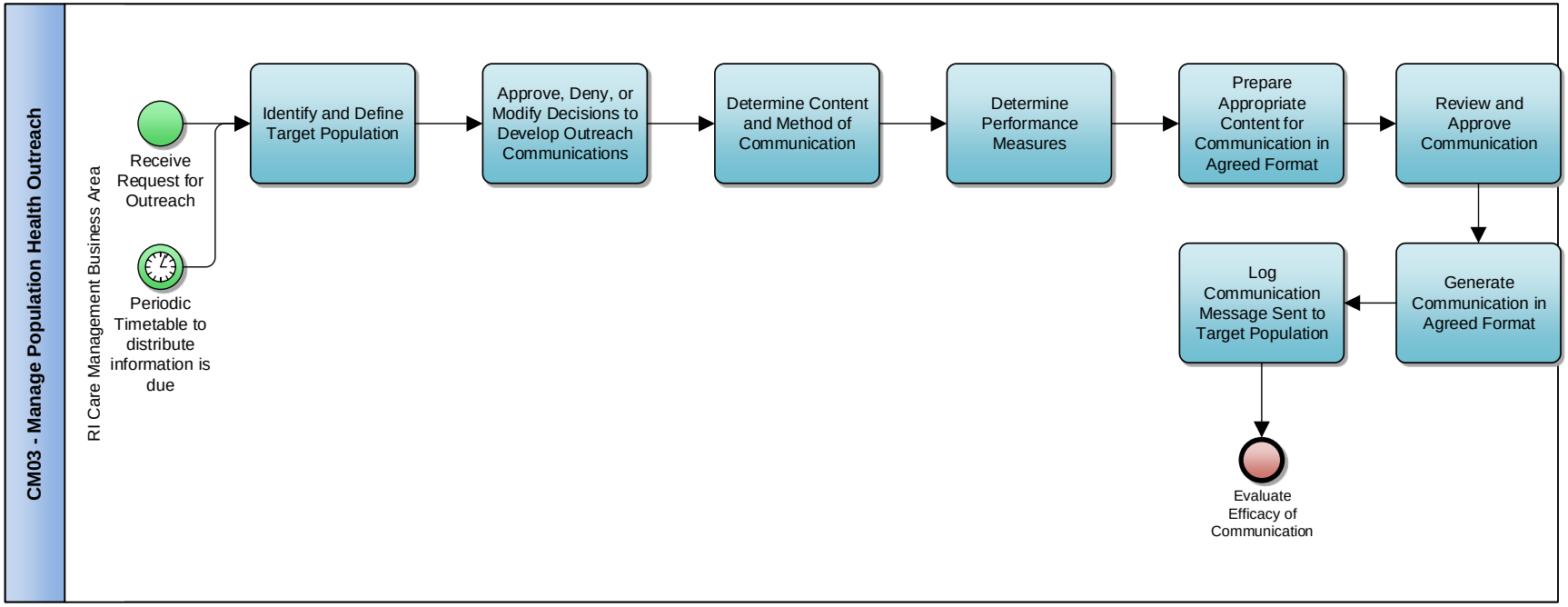
CM03 Manage Population Health Outreach

CM03 Manage Population Health Outreach						
BPMN Process Model - Level 3: Common Executable	**Level**	**1**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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CM04 Manage Registry

CM04 Manage Registry						
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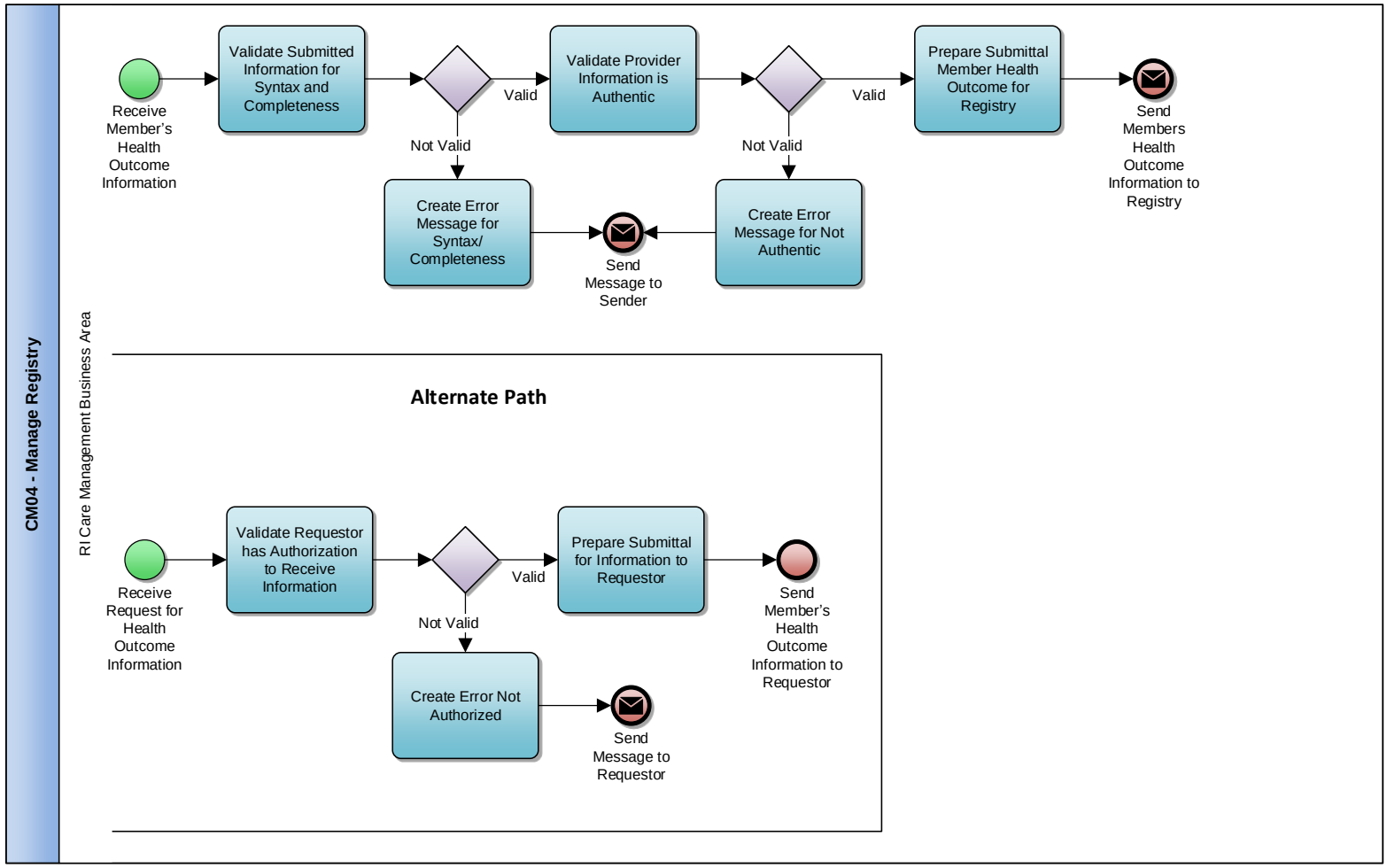

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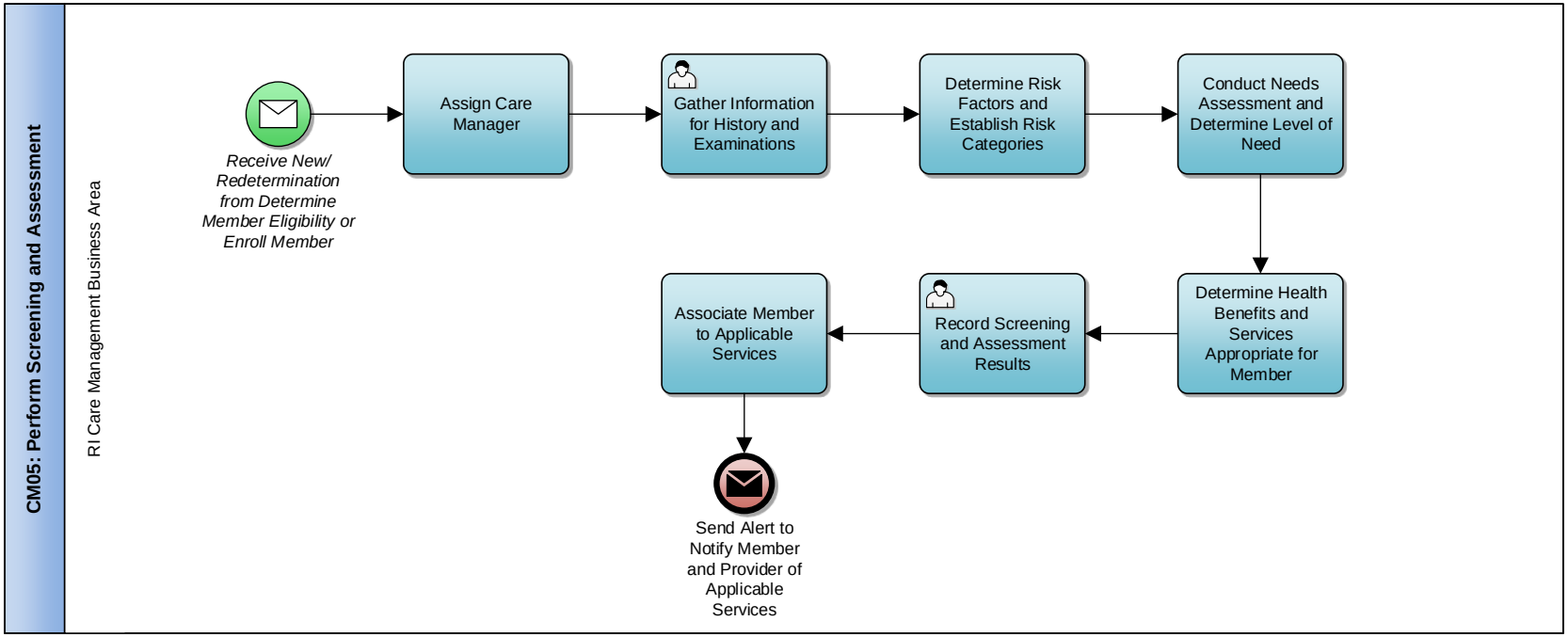
CM05 Perform Screening and Assessment

CM05 Perform Screening and Assesssment

Business Process Model	Level:	1	Author:	CSG Government Solutions	Last Modified:	02/21/2018



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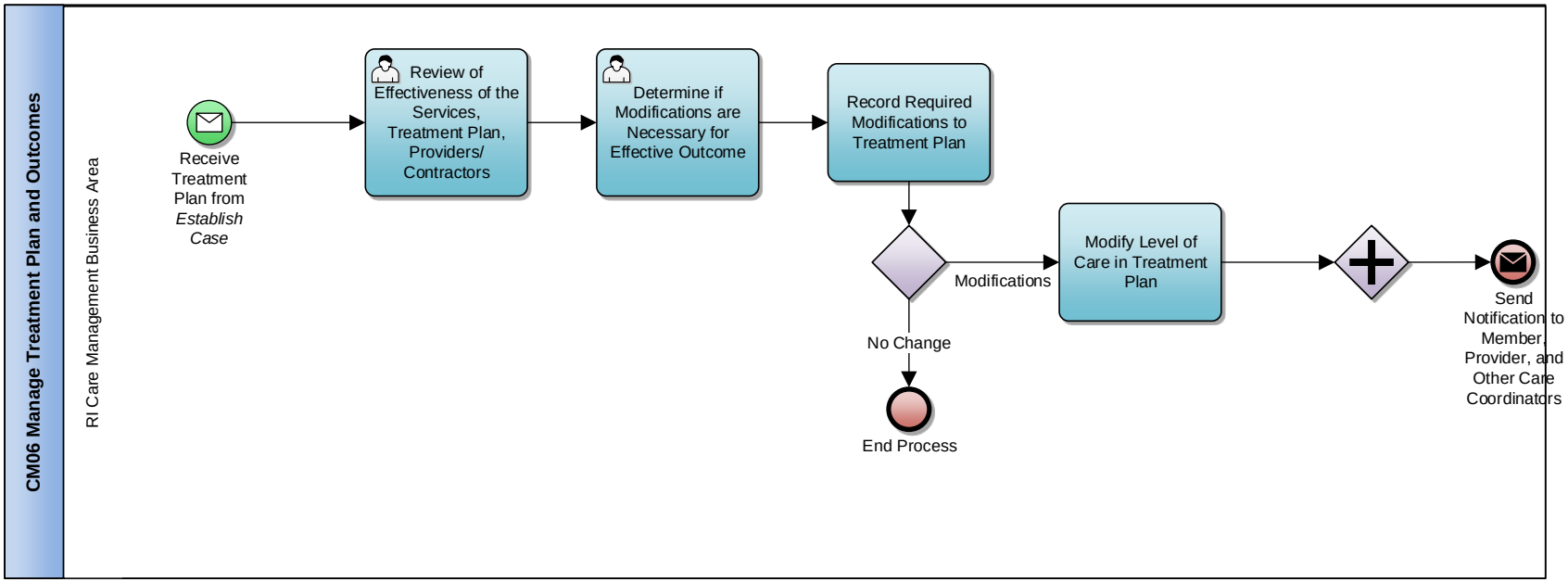
CM06 Manage Treatment Plan and Outcomes

CM06 Manage Treatment Plan and Outcomes						
Business Process Model	**Level:**	**1**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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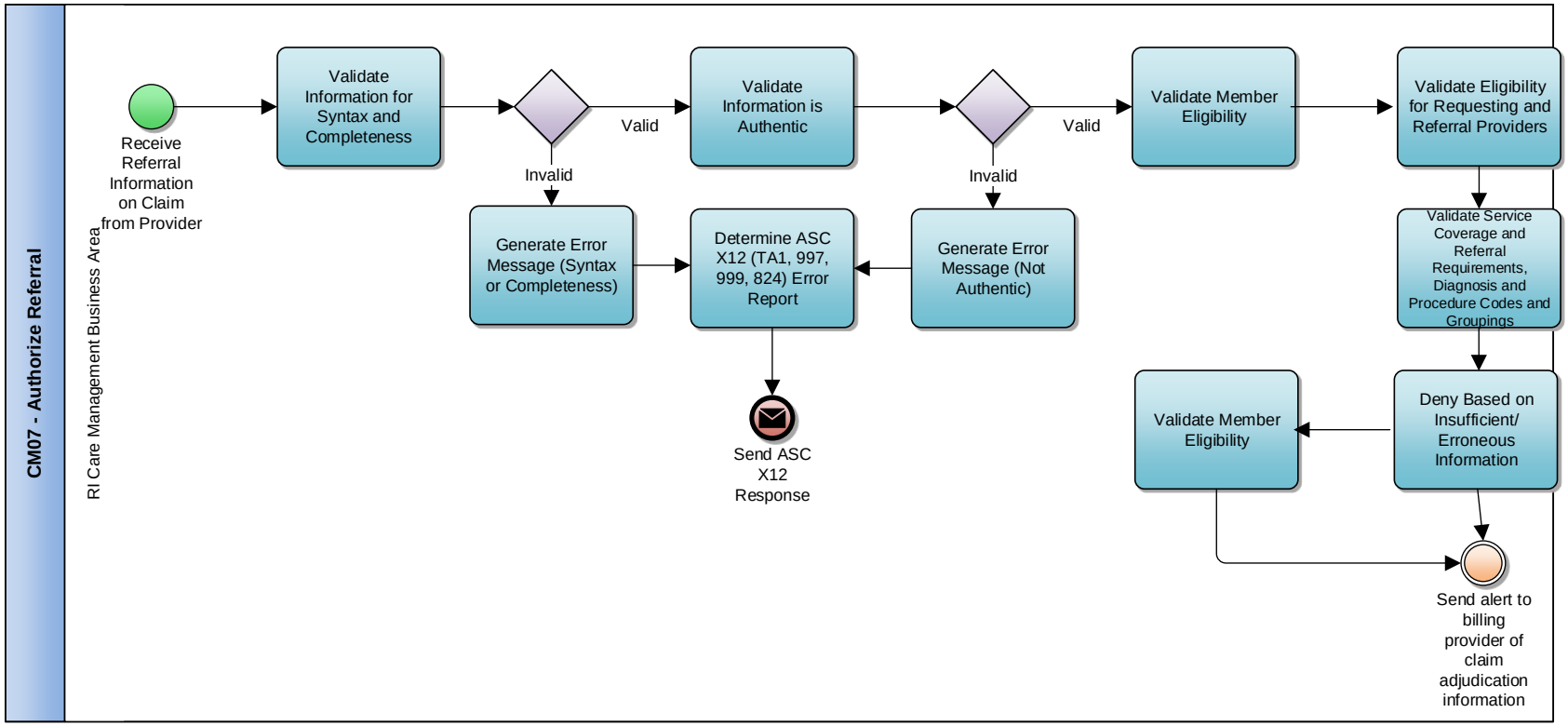
CM07 Authorize Referral

Care Management: CM07 Authorize Referral

Business Process Model	Level:	2	Author:	CSG Government Solutions	Last Modified:	2/21/2018



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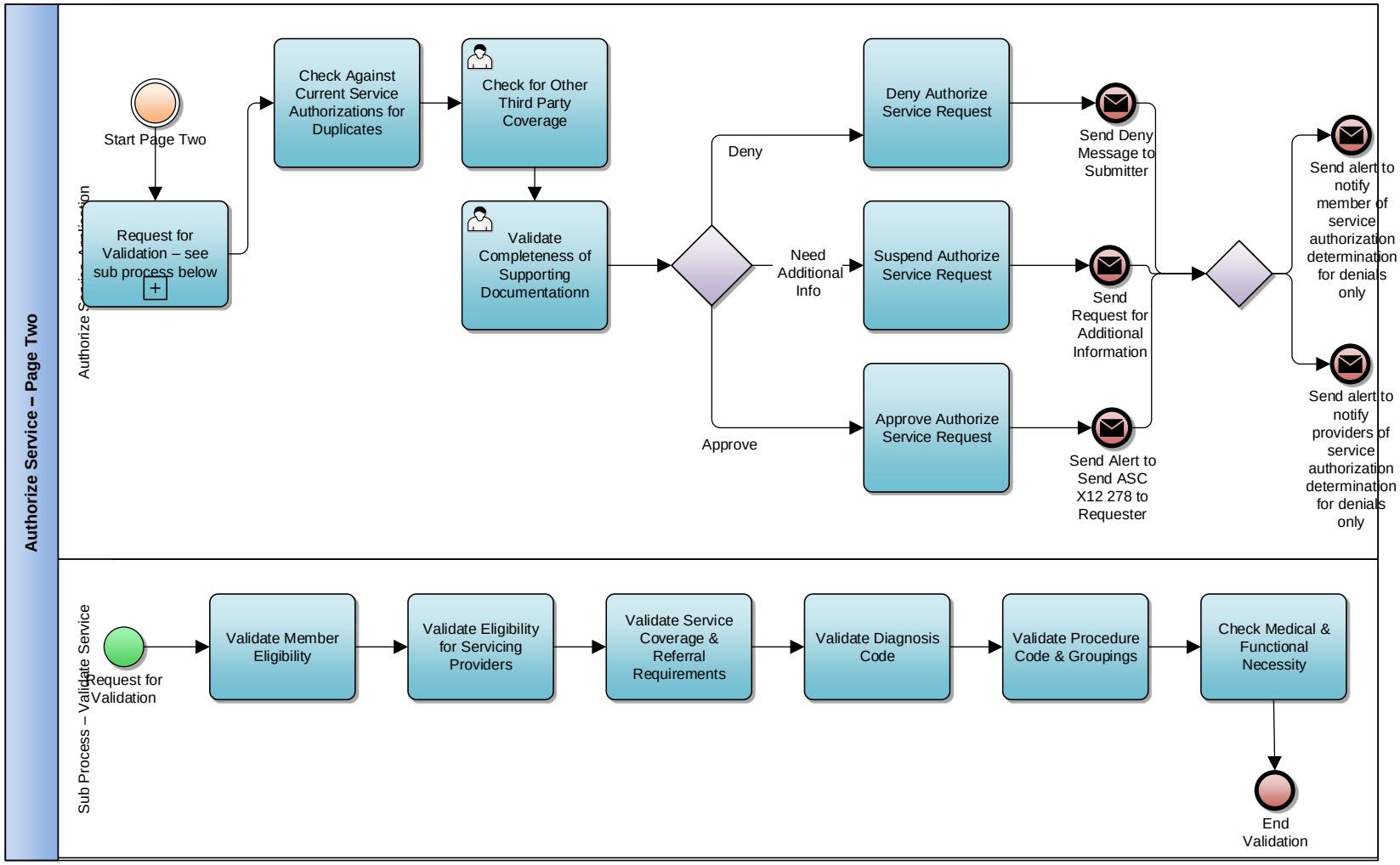
CM08 Authorize Service

CM08 Authorize Service						
Business Process Model	**Level:**	**3**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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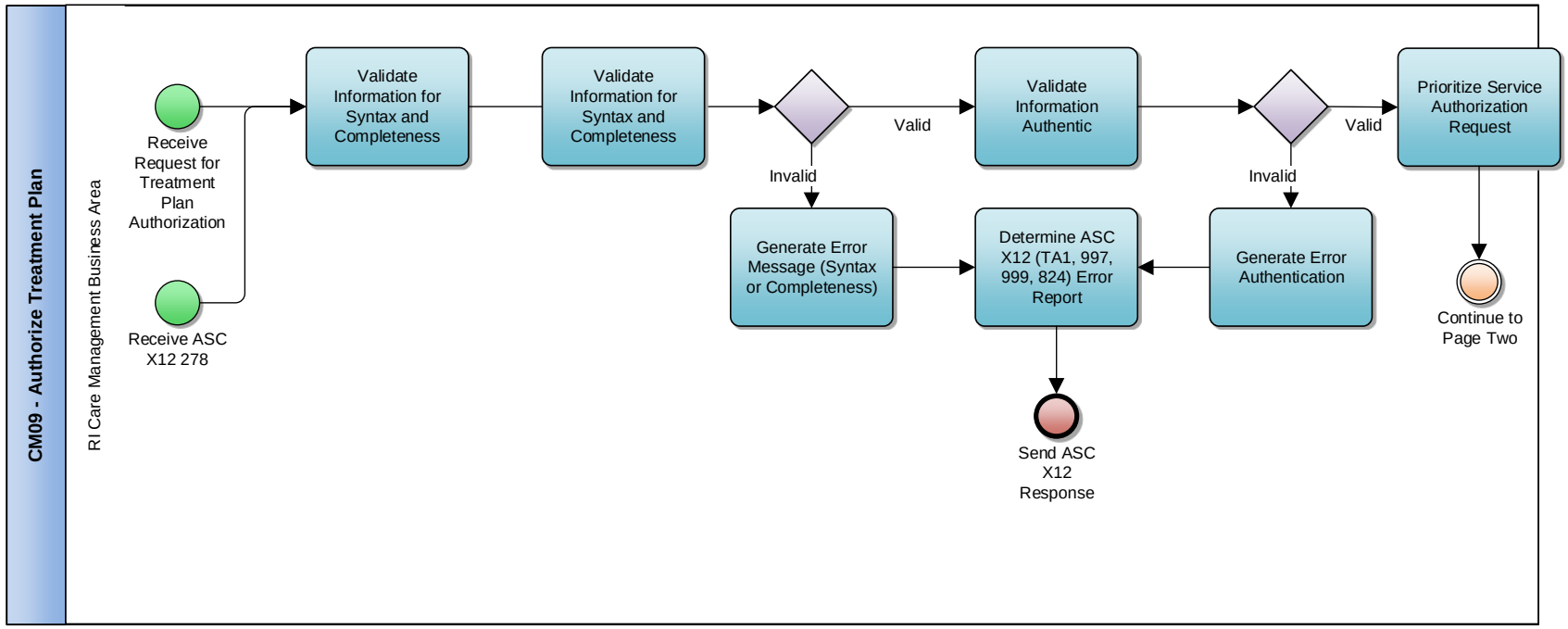
CM09 Authorize Treatment Plan

CM09 Authorize Treatment Plan						
Business Process Model	**Level:**	**1**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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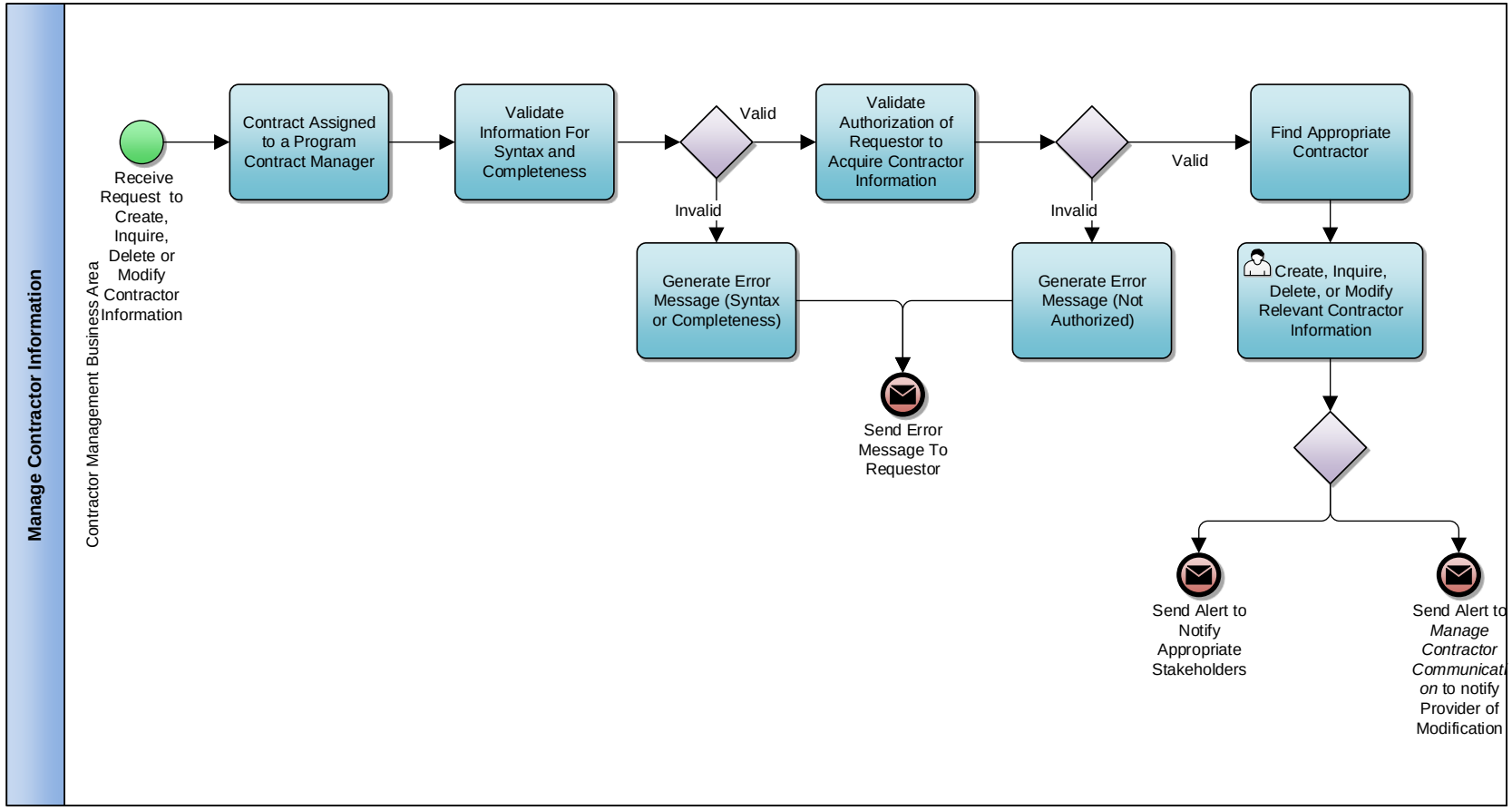
CO01 Manage Contractor Information

CO01 Manage Contractor Information						
Business Process Model	**Level:**	**1**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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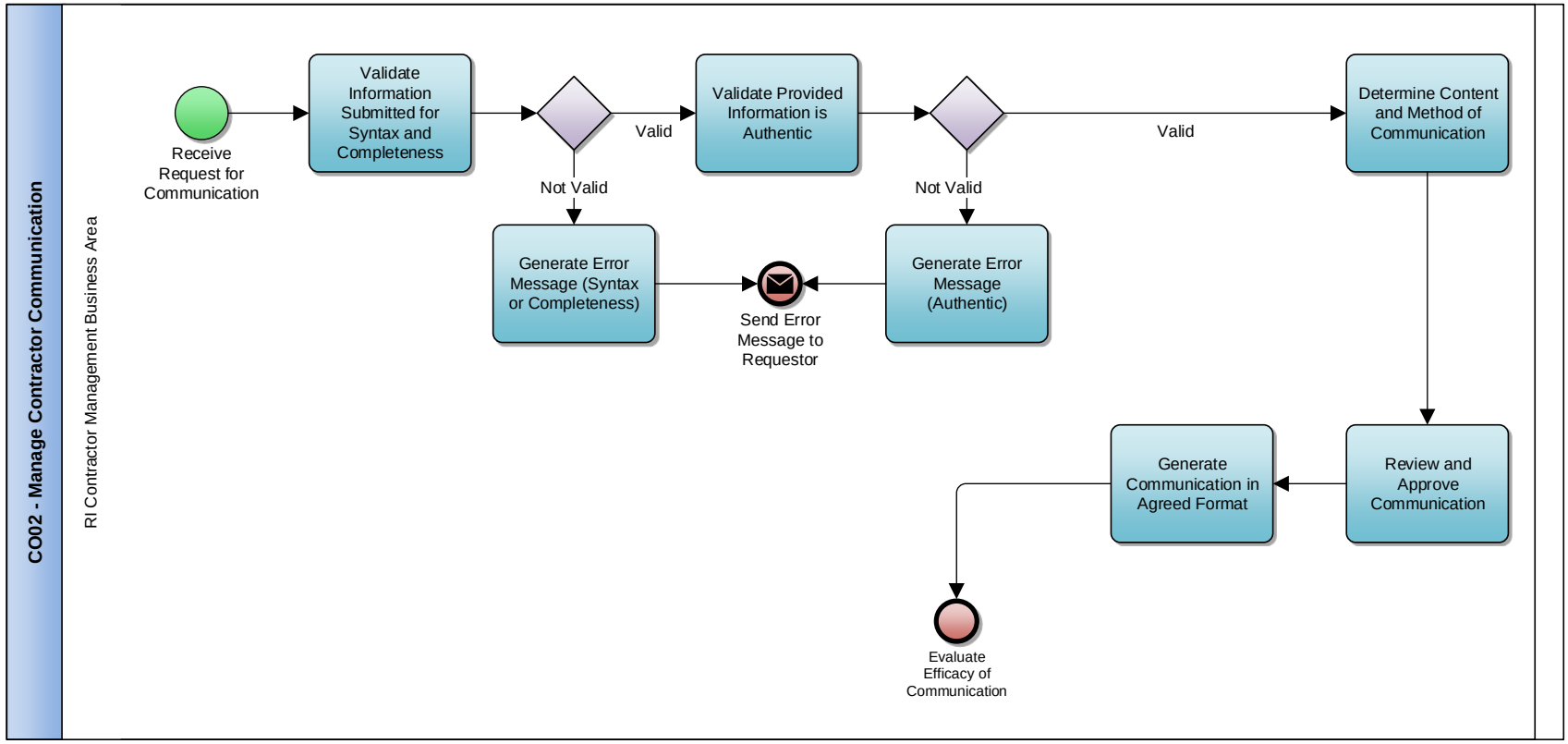
CO02 Manage Contractor Communication

CO02 Manage Contractor Communication						
Business Process Model	**Level:**	**1**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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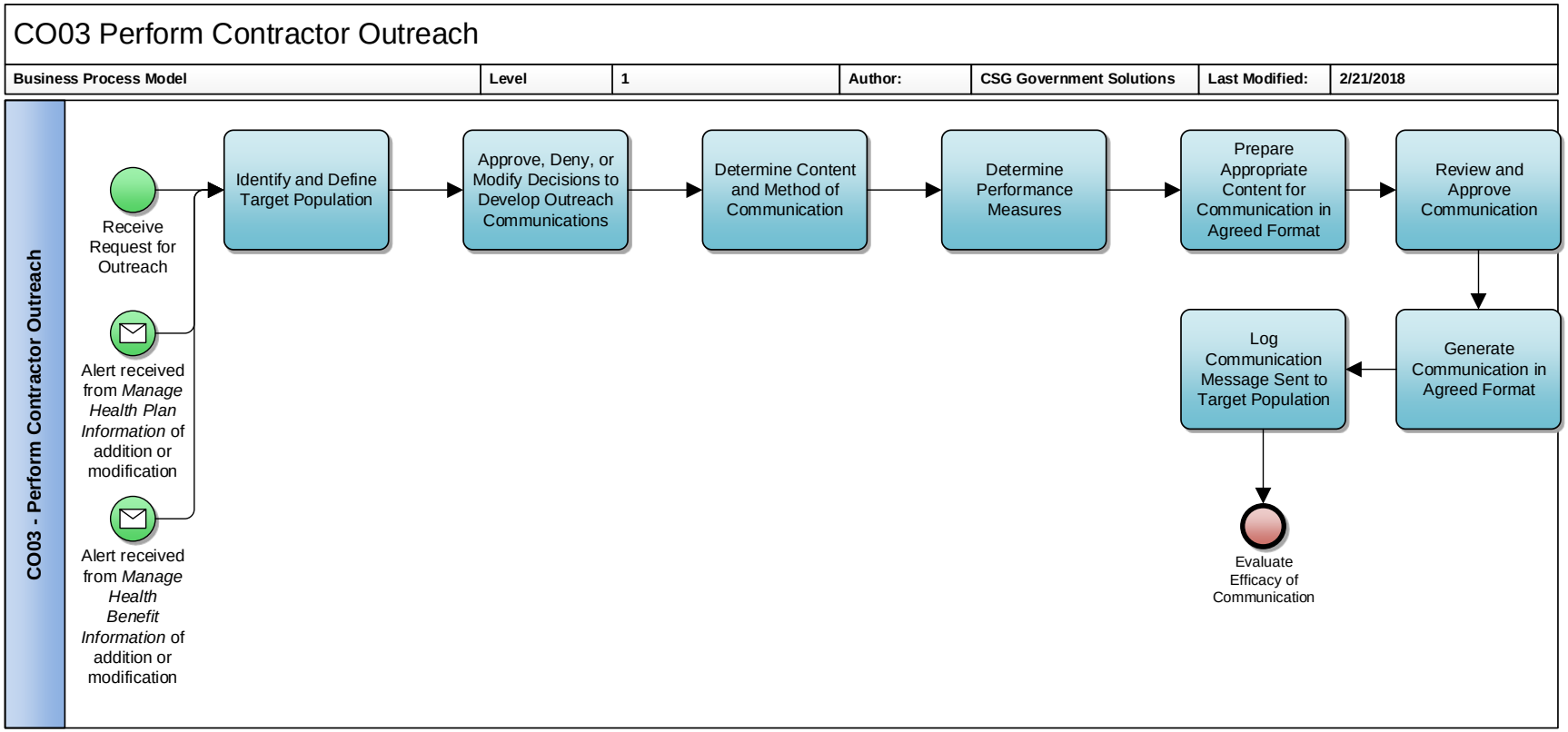
CO03 Perform Contractor Outreach



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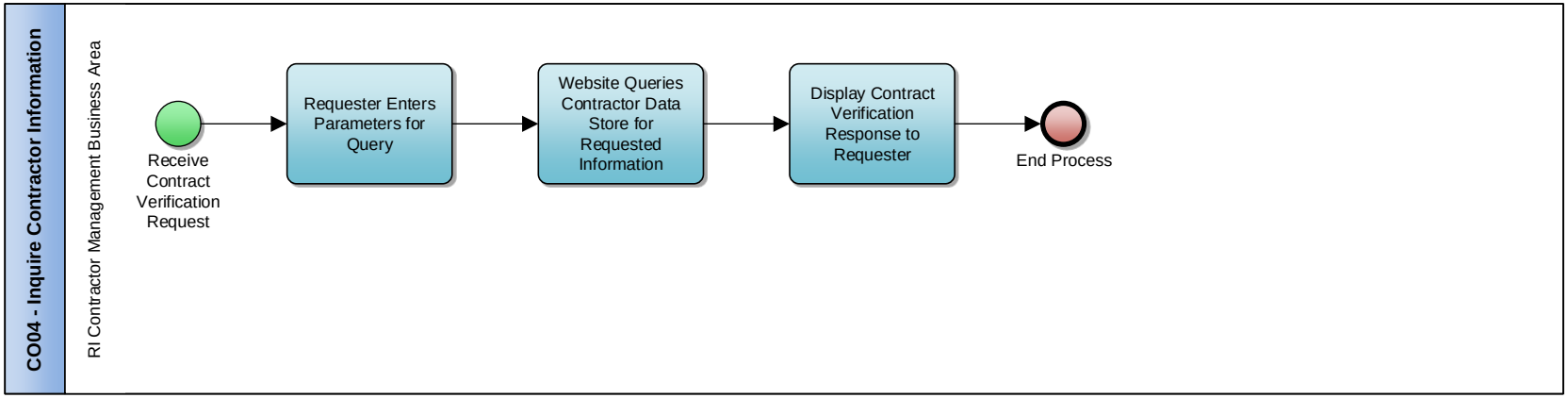
CO04 Inquire Contractor Information

CO04 Inquire Contractor Information						
Business Process Model	**Level:**	**2**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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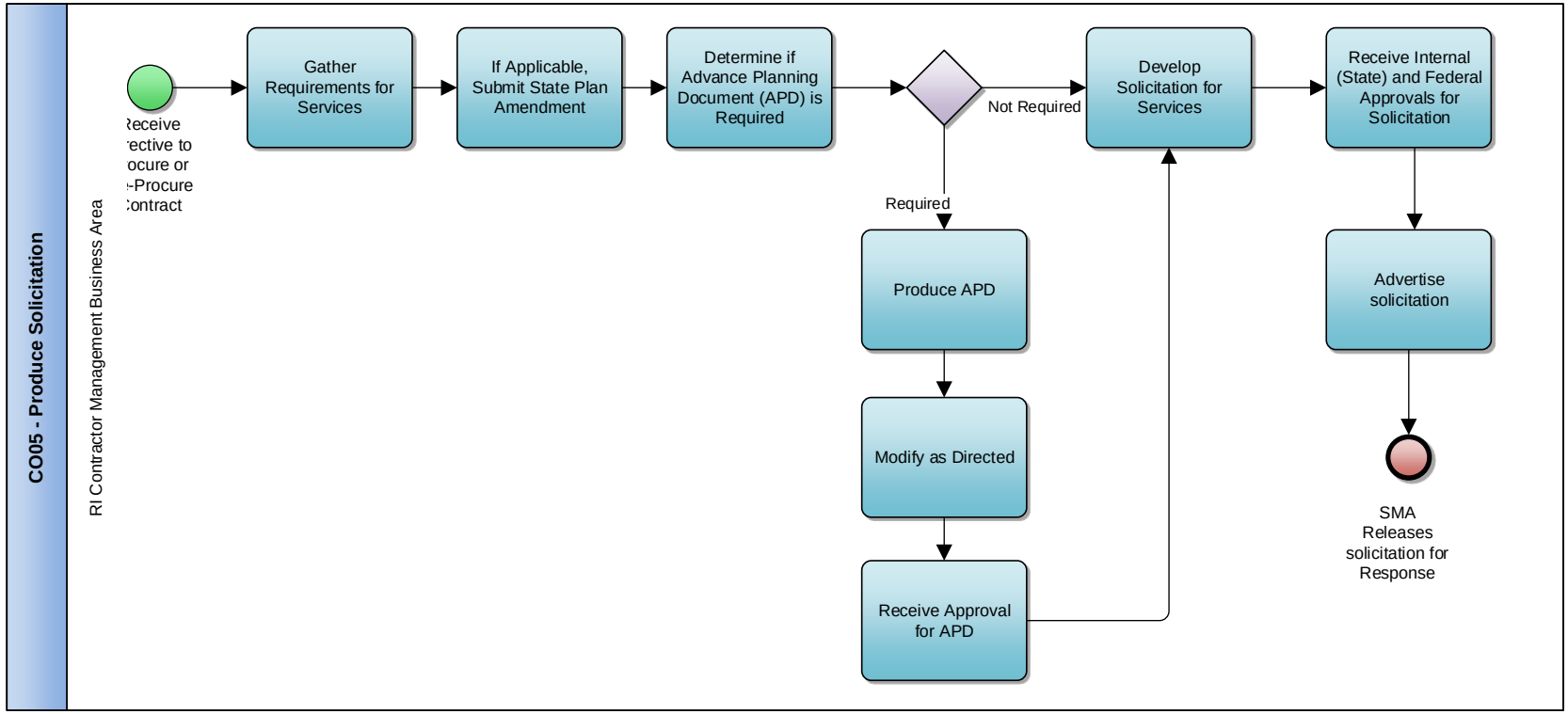
CO05 Produce Solicitation

CO05 Produce Solicitation						
Business Process Model	**Level:**	**3**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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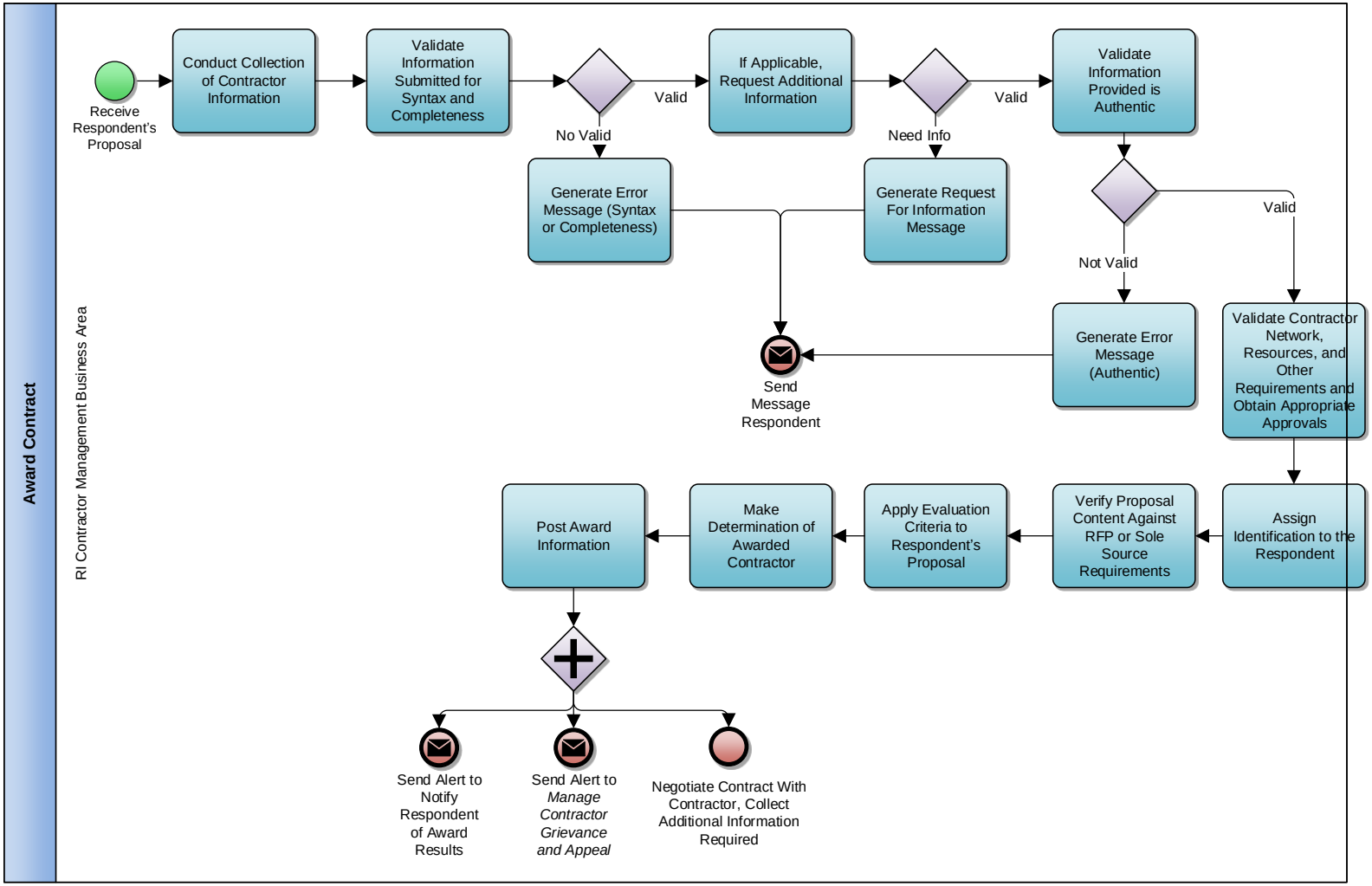
CO06 Award Contract

CO06 Award Contract						
Business Process Model	**Level:**	**1**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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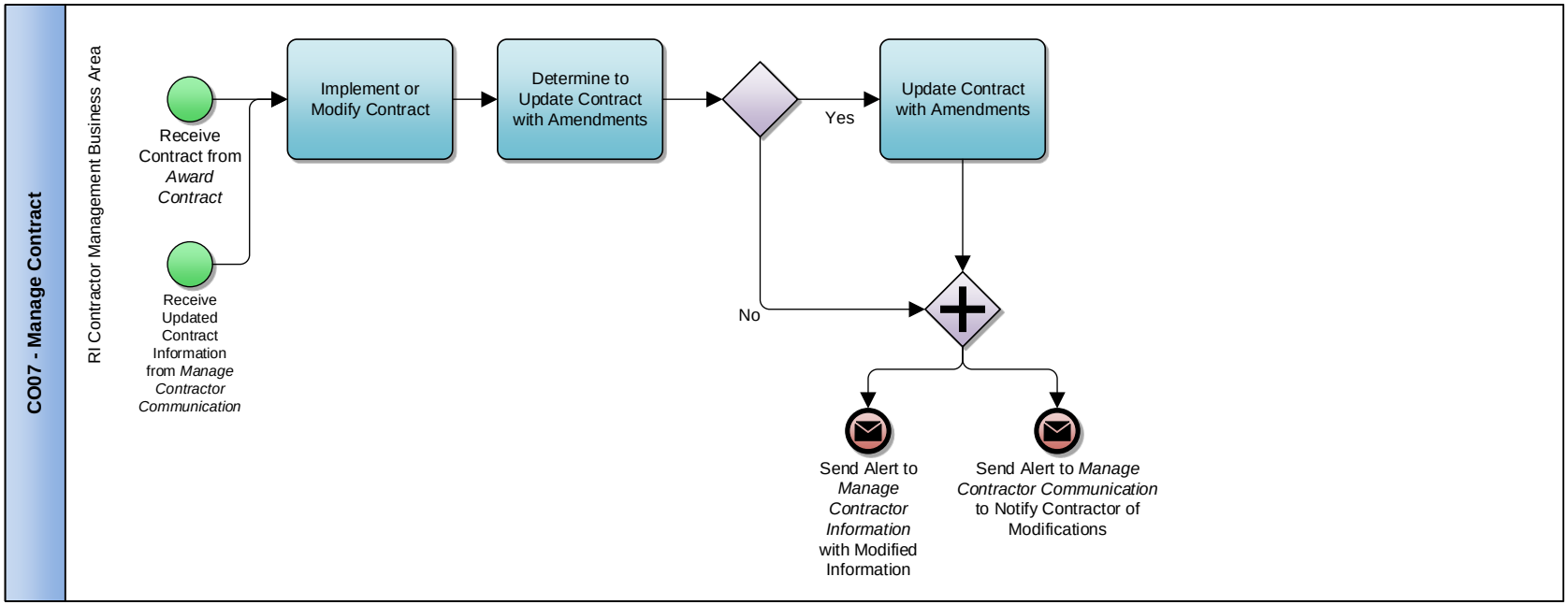
CO07 Manage Contract

CO07 Manage Contract						
Business Process Model	**Level:**	**1**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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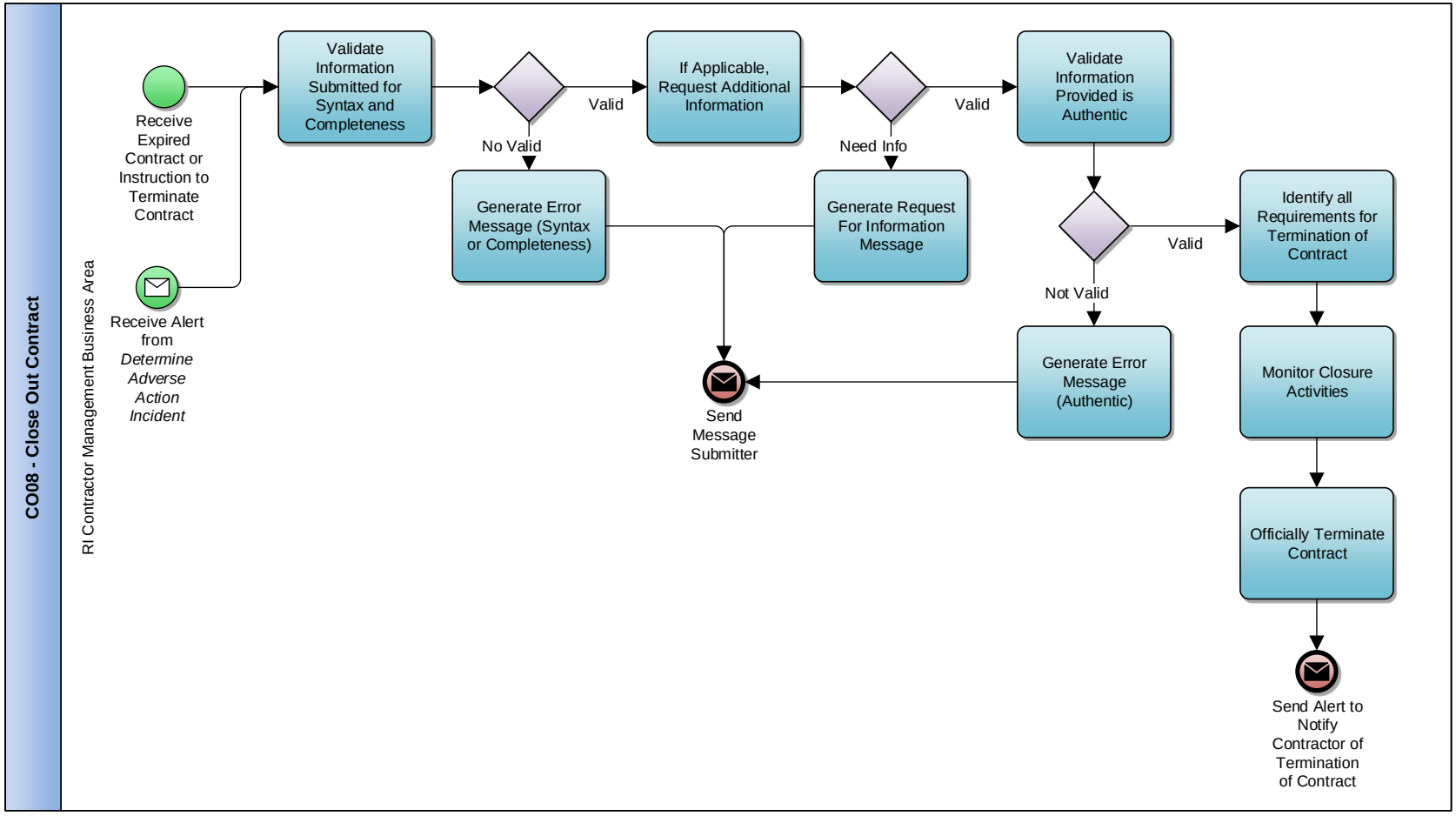
CO08 Close Out Contract

CO08 Close Out Contract						
Business Process Model	**Level:**	**1**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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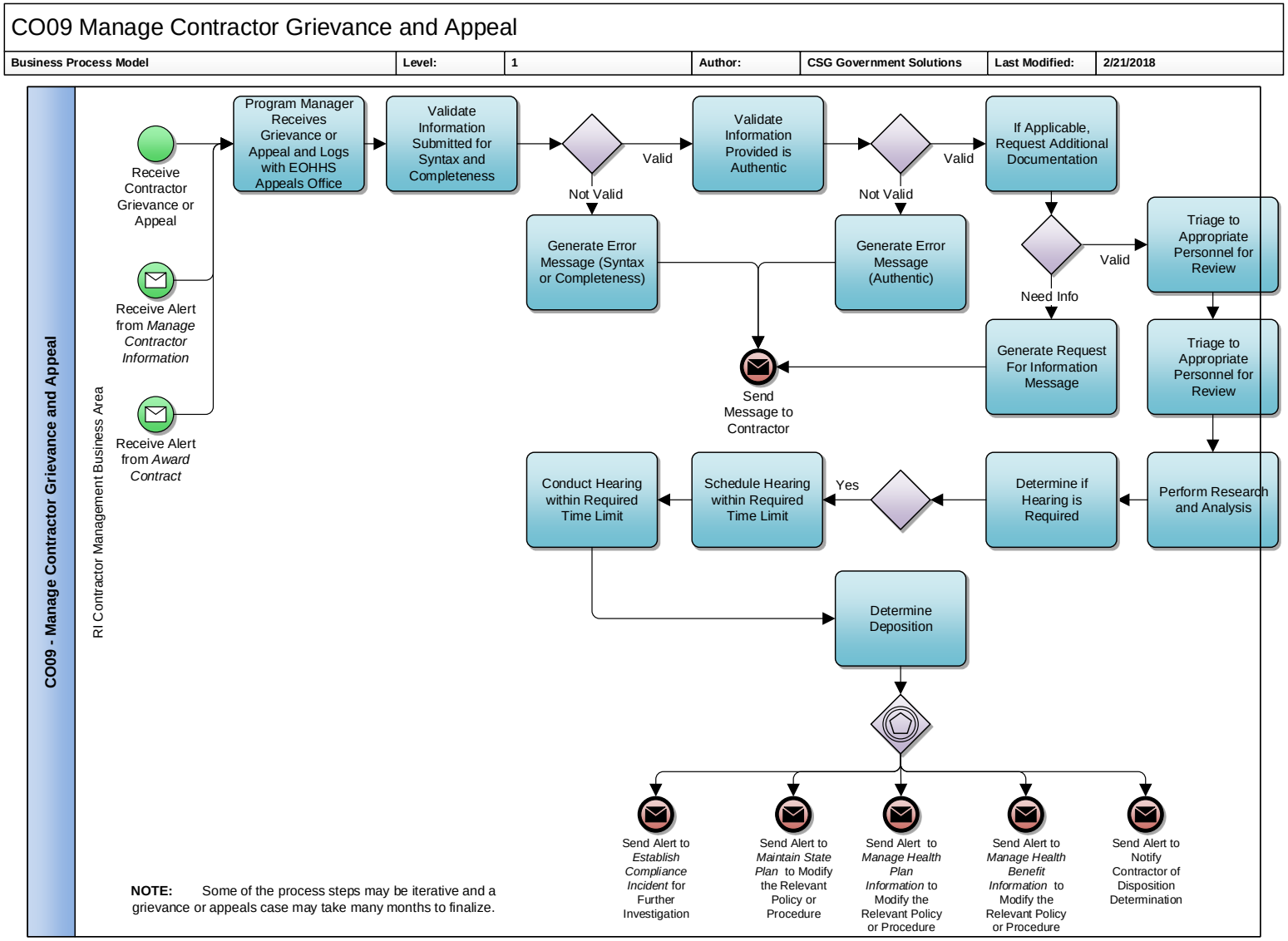
CO09 Manage Contractor Grievance and Appeal



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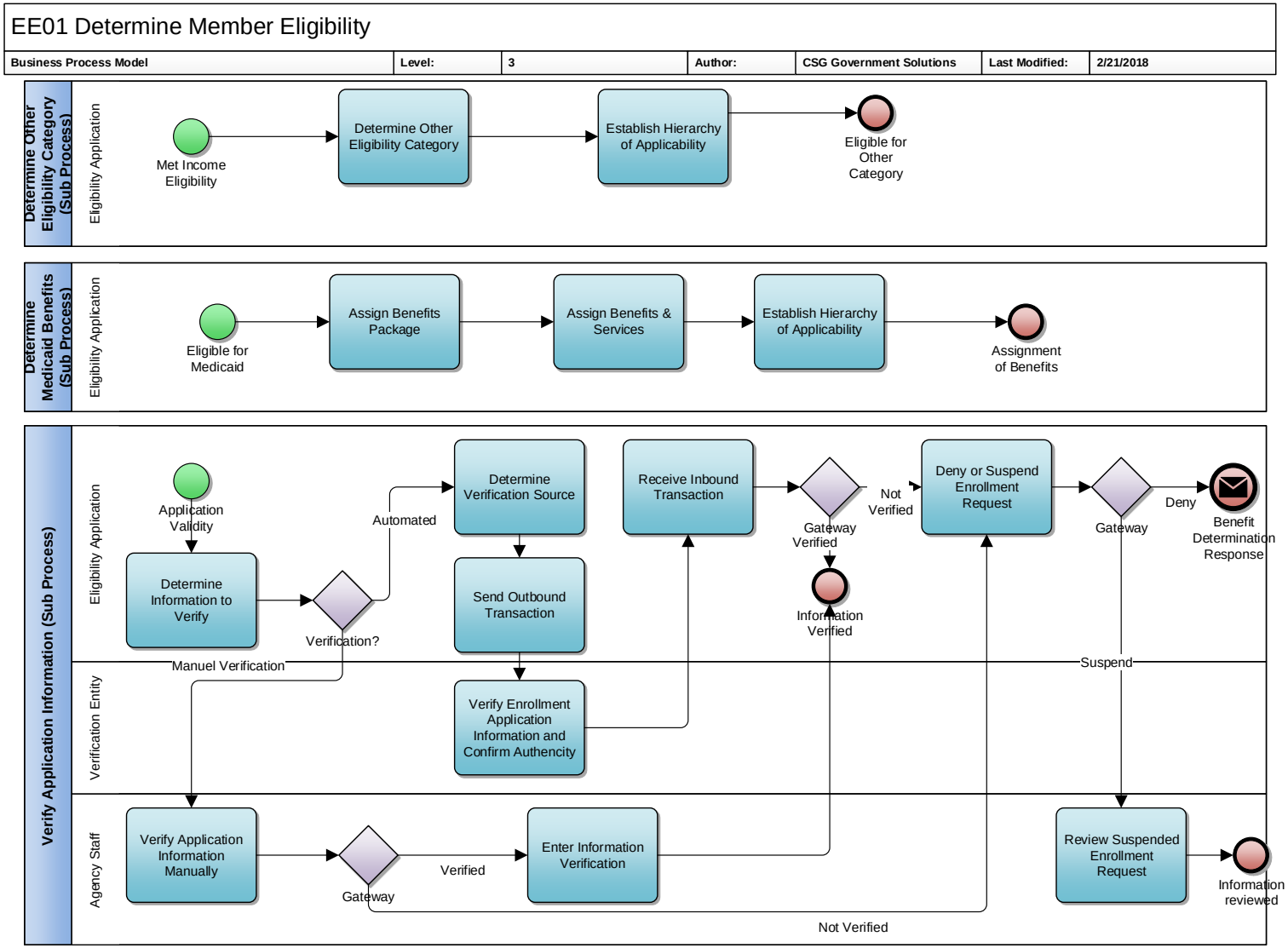
EE01 Determine Member Eligibility



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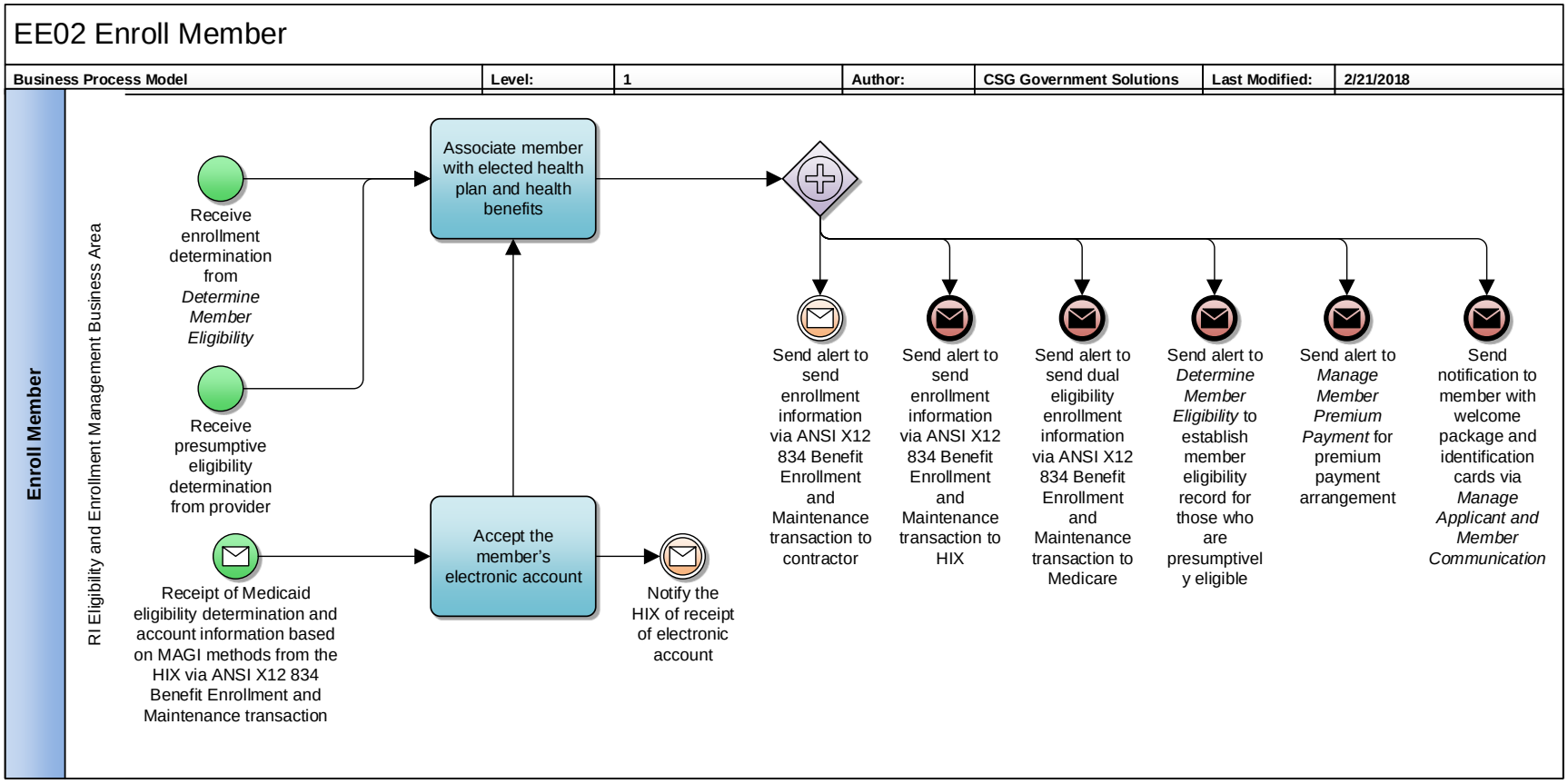
EE02 Enroll Member



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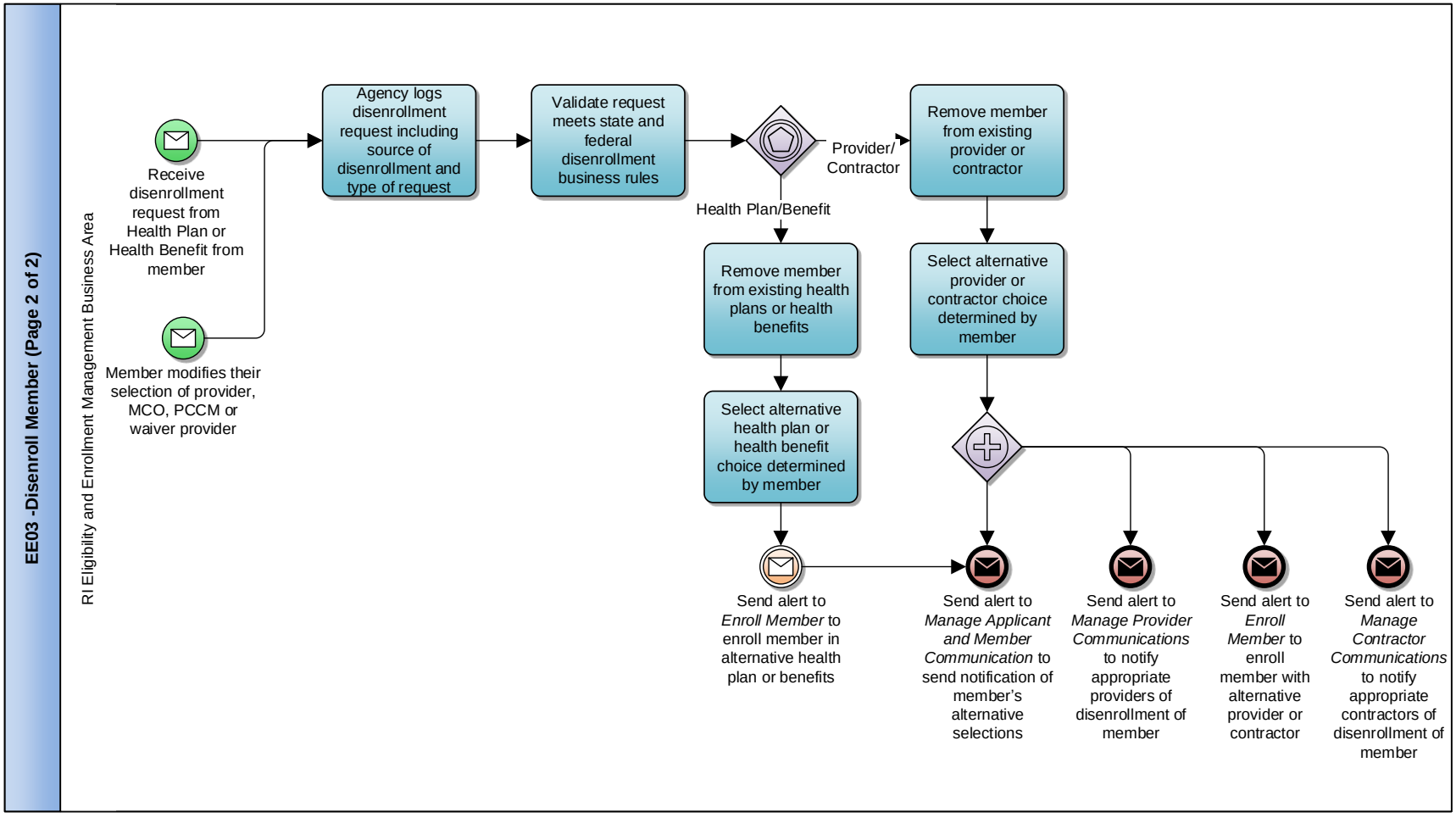
EE03 Disenroll Member

EE03 Disenroll Member						
Business Process Model	**Level:**	**3**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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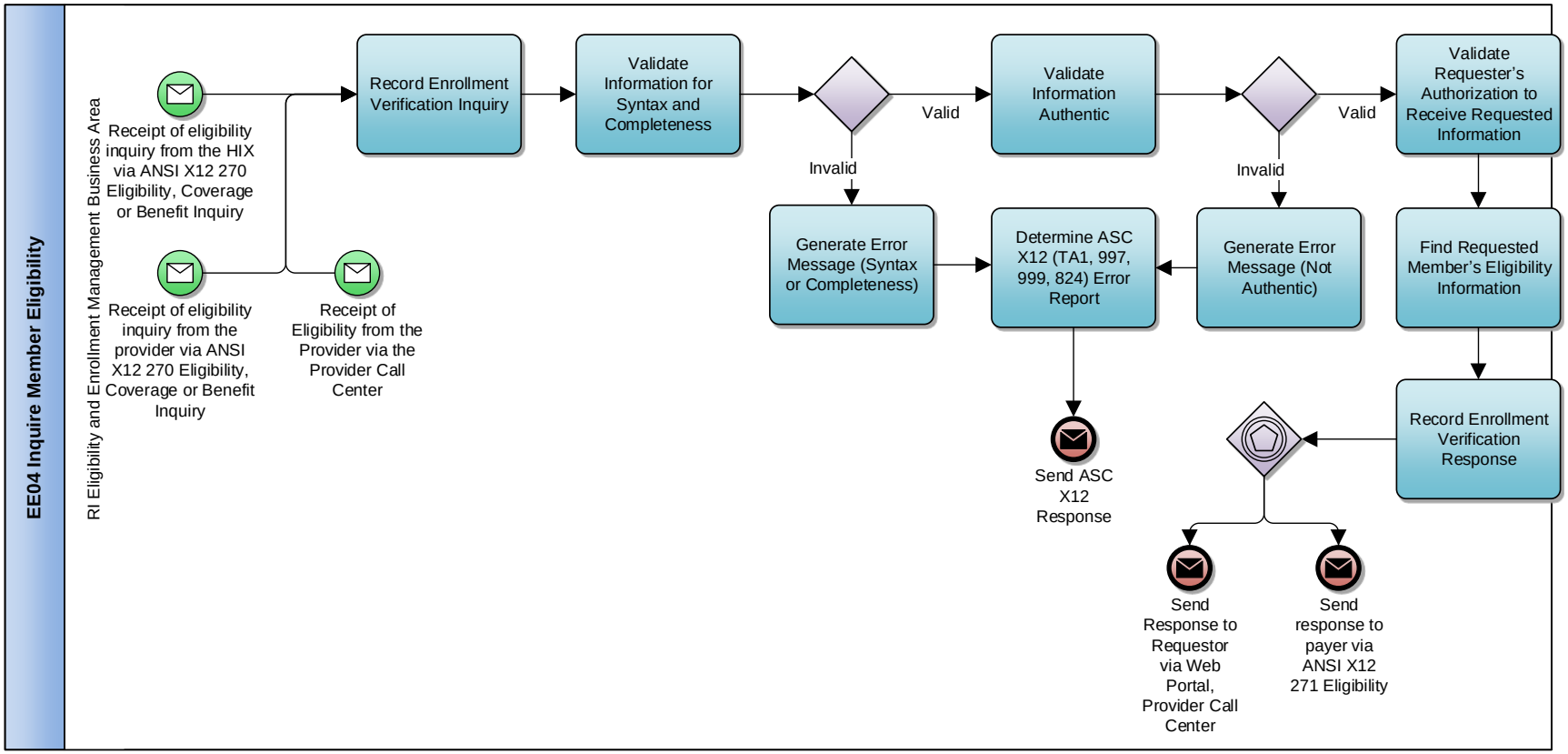
EE04 Inquire Member Eligibility

EE04 Inquire Member Eligibility						
Business Process Model	**Level:**	**3**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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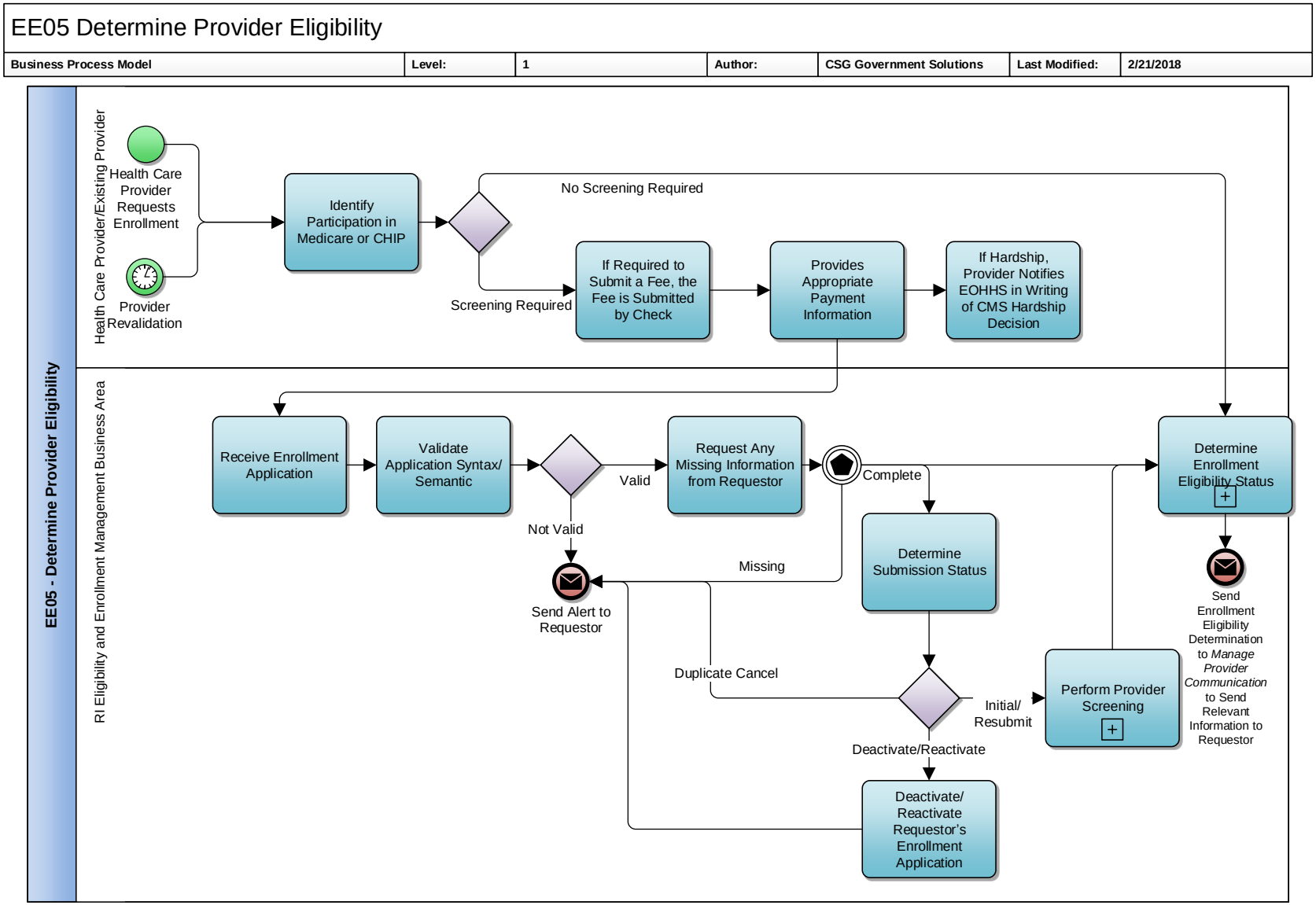
EE05 Determine Provider Eligibility



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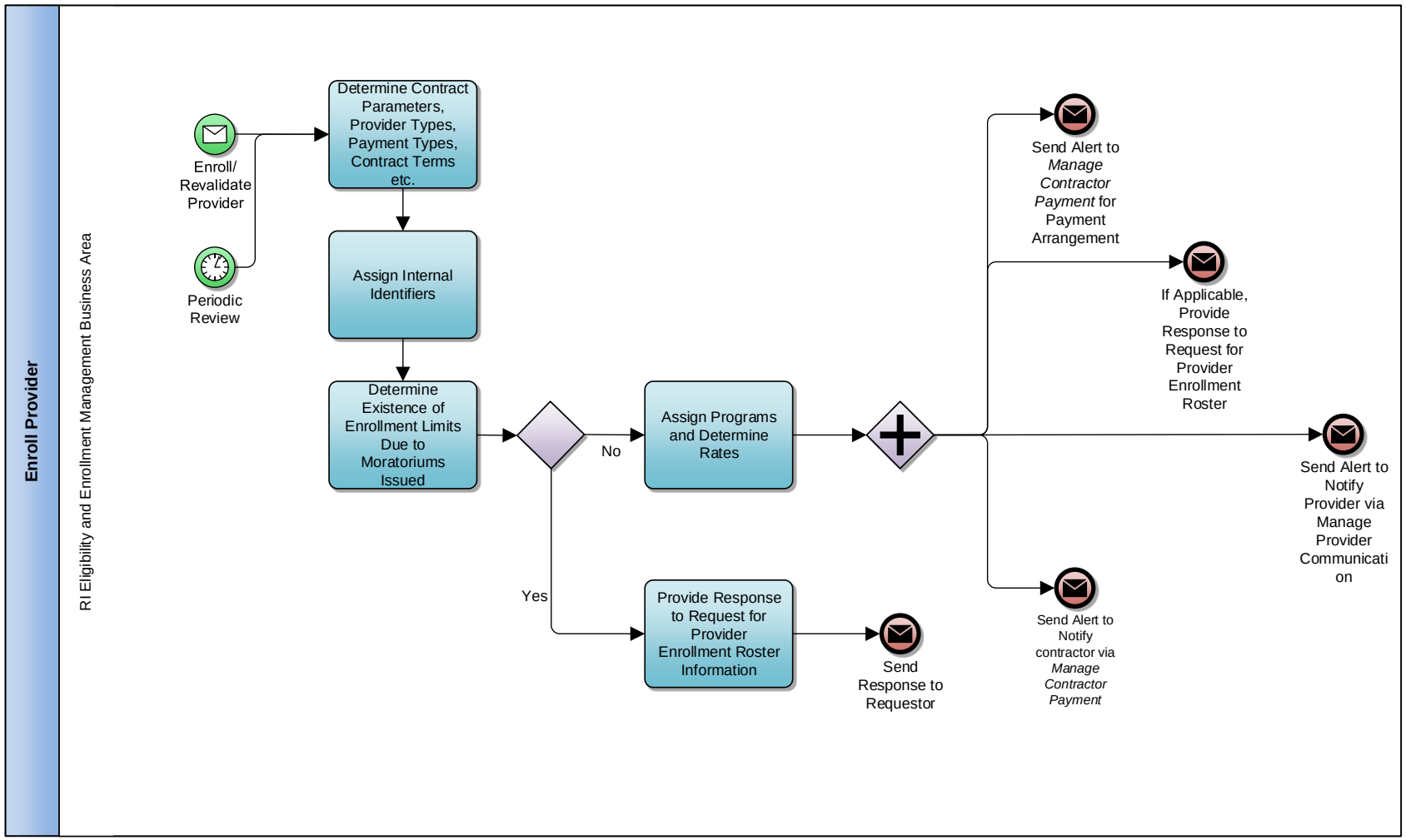
EE06 Enroll Provider

EE06 Enroll Provider						
Business Process Model	**Level:**	**3**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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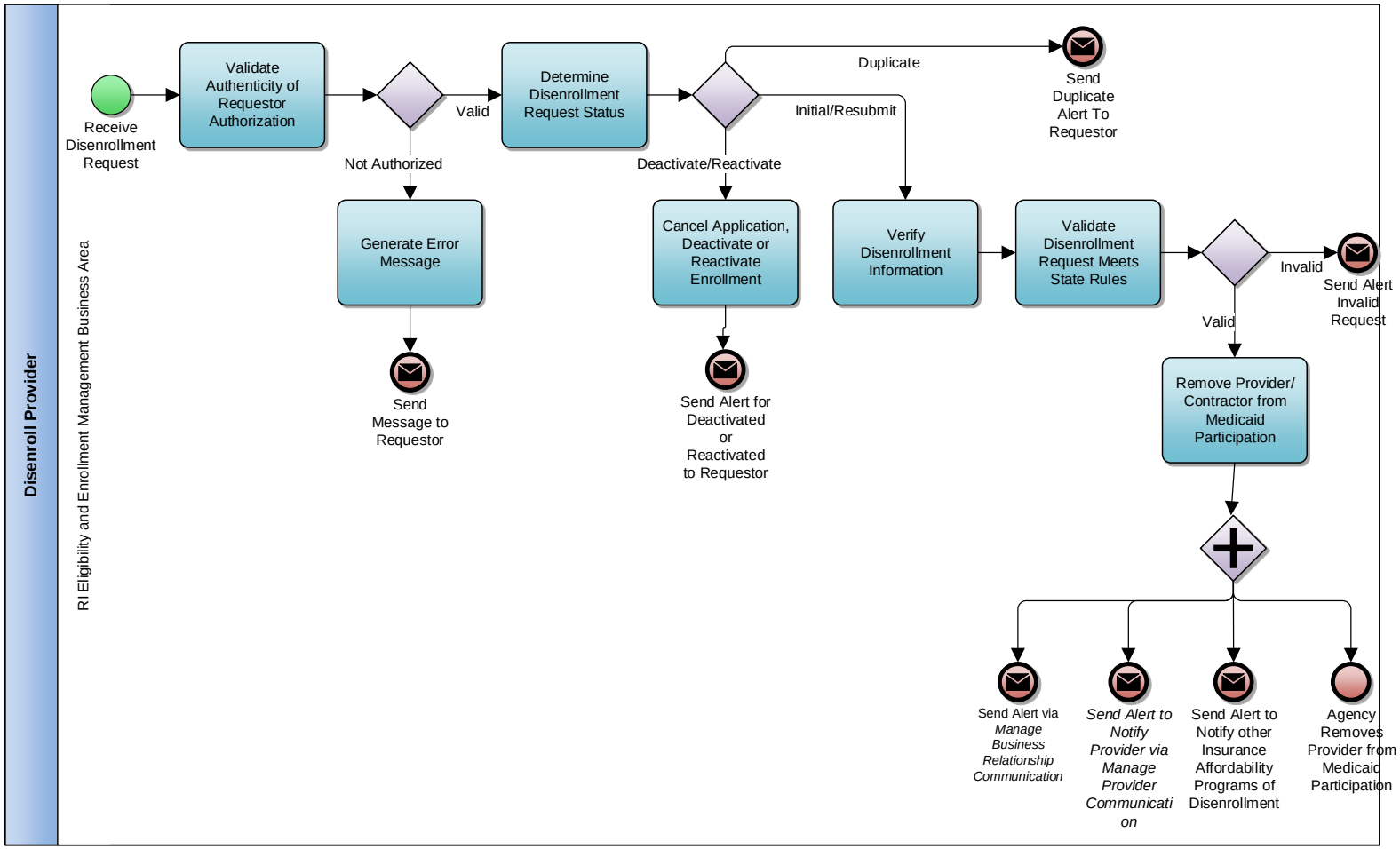
EE07 Disenroll Provider

EE07 Disenroll Provider						
Business Process Model	**Level:**	**1**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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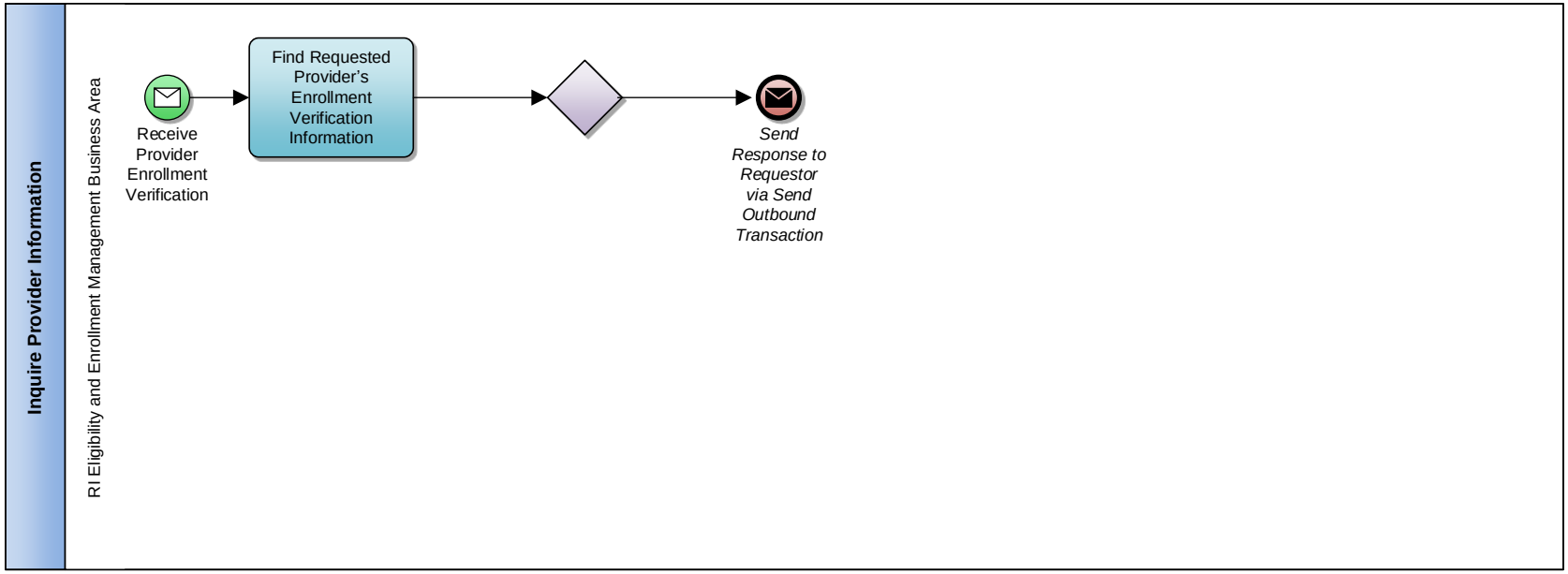
EE08 Inquire Provider Eligibility

EE08 Inquire Provider Information						
Business Process Model	**Level:**	**2**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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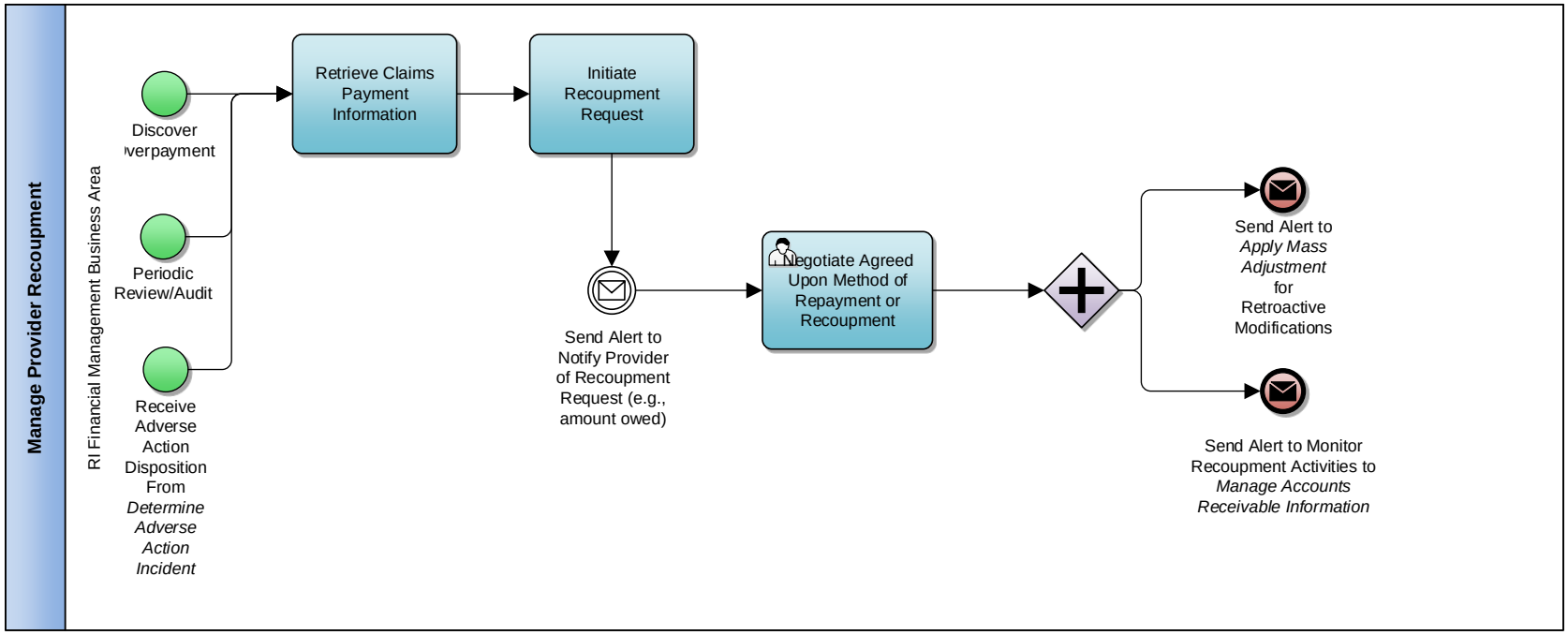
FM01 Manage Provider Recoupment

FM01 Manage Provider Recoupment						
Business Process Model	**Level:**	**1**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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FM02 Manage TPL Recovery

FM02 Manage TPL Recovery						
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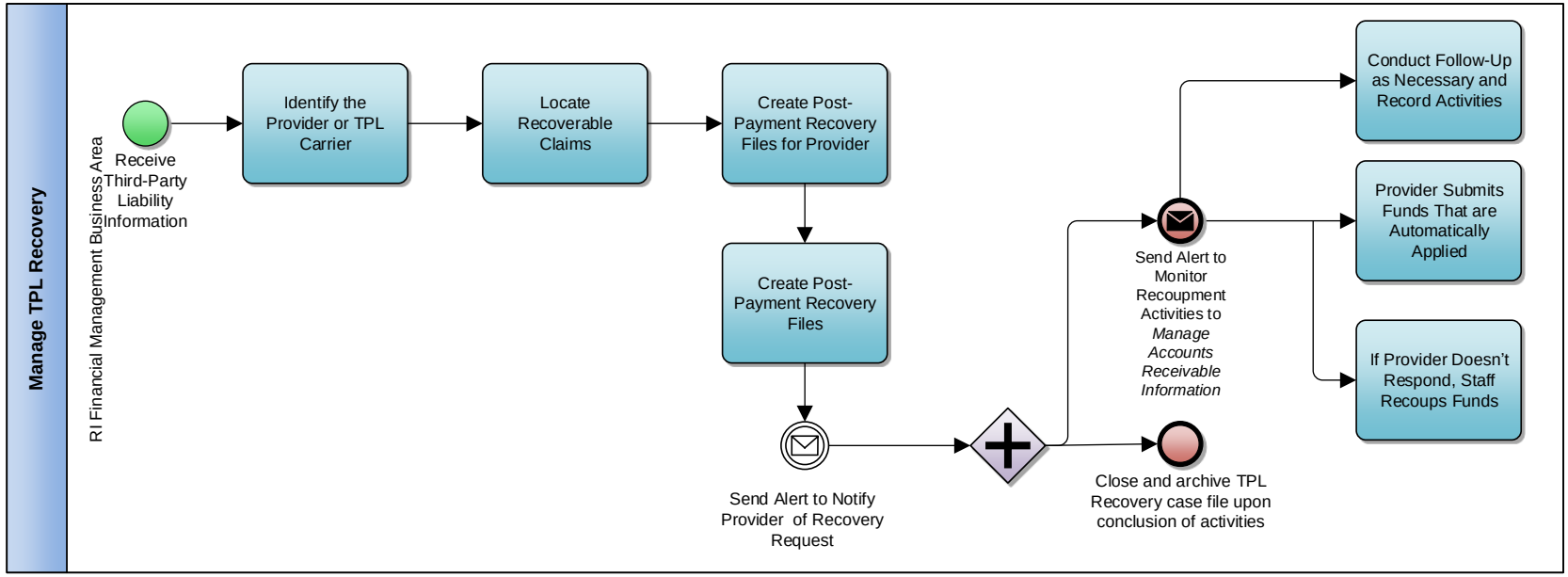

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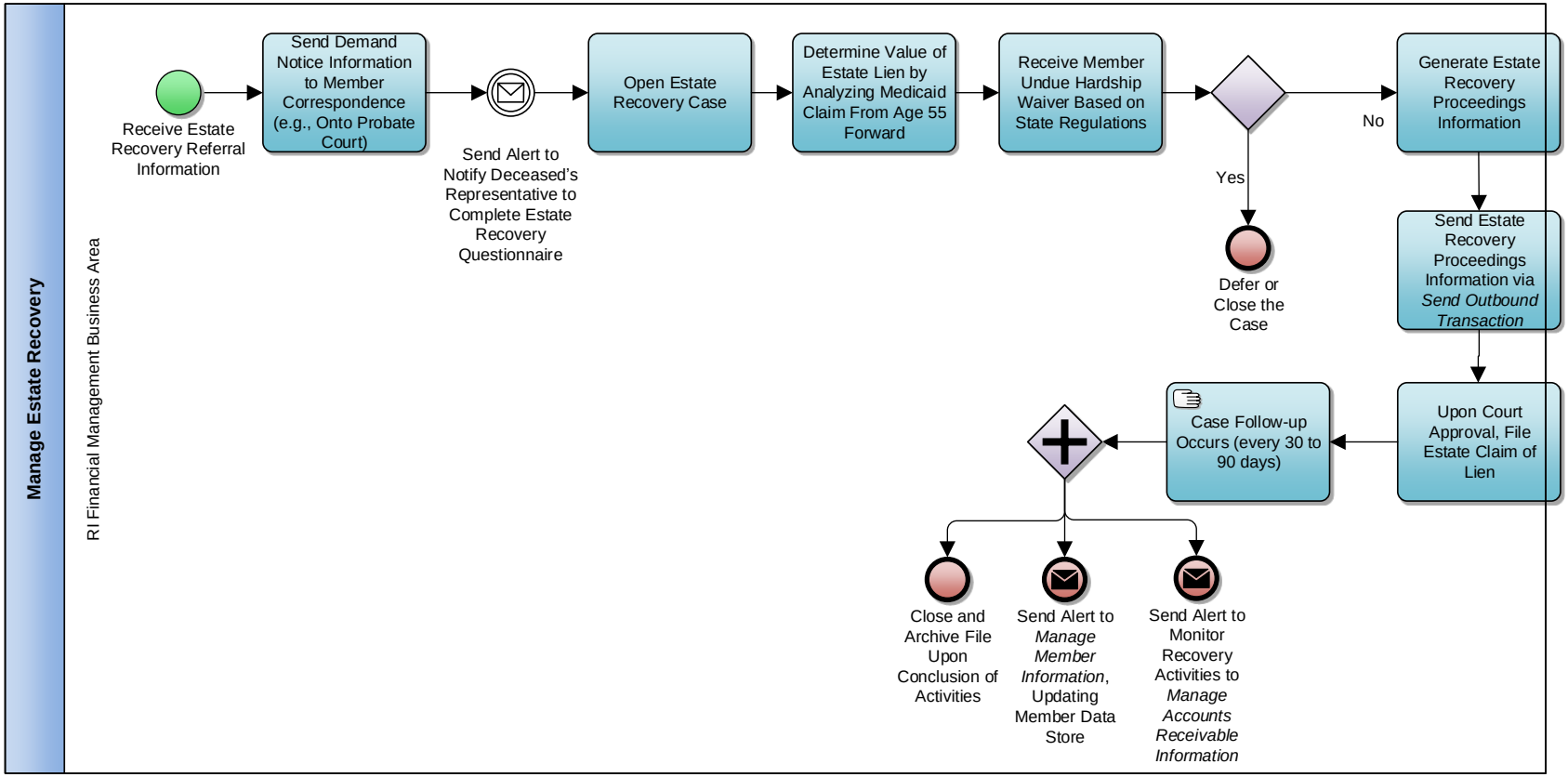
FM03 Manage Estate Recovery

FM03 Manage Estate Recovery						
Business Process Model	**Level:**	**1**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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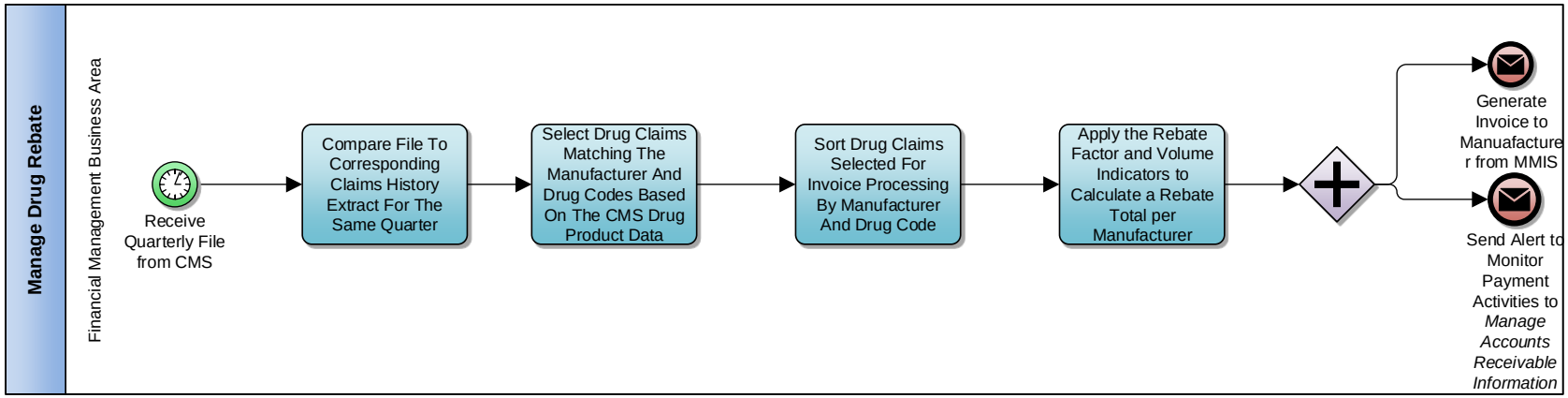
FM04 Manage Drug Rebate

FM04 Manage Drug Rebate						
Business Process Model	**Level:**	**2**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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FM05 Manage Cost Settlement

FM05 Manage Cost Settlement						
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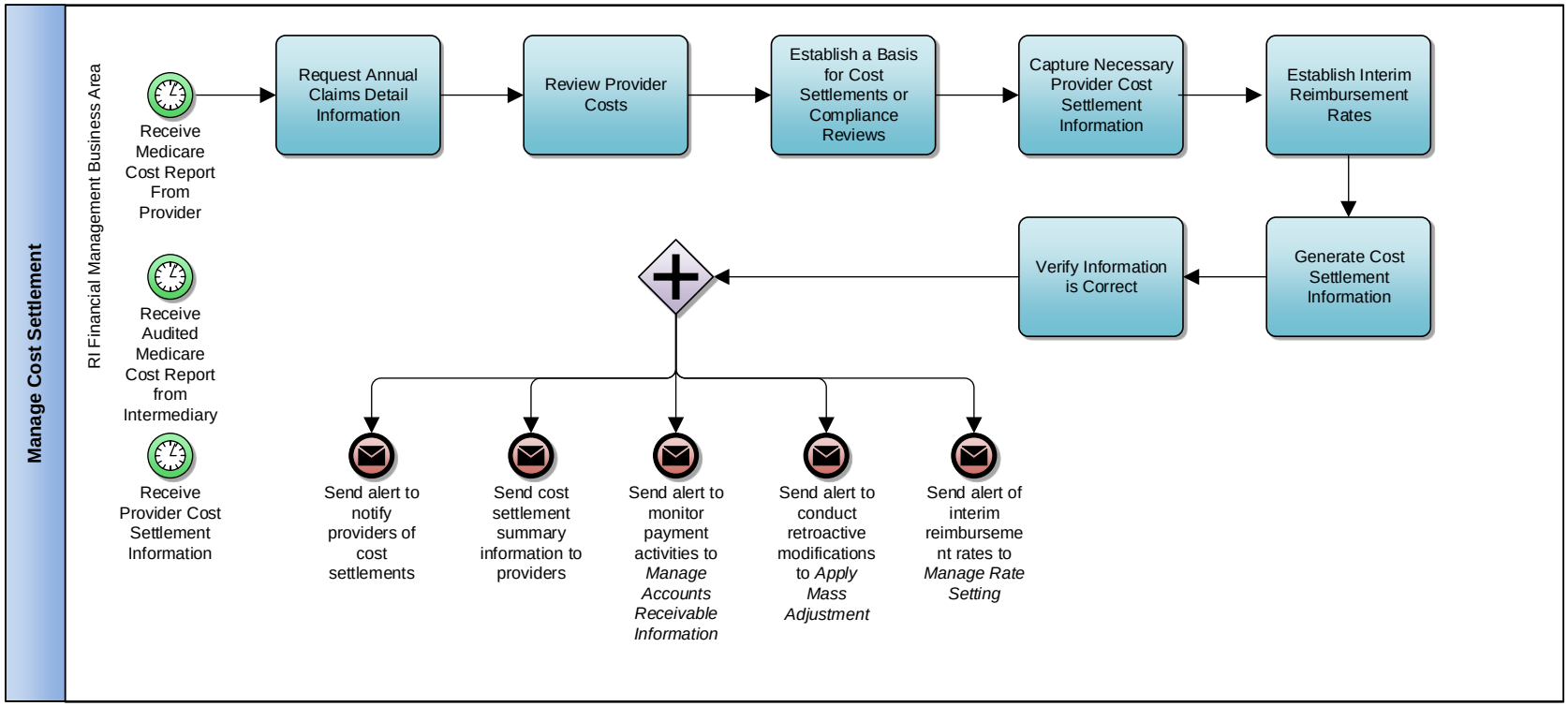

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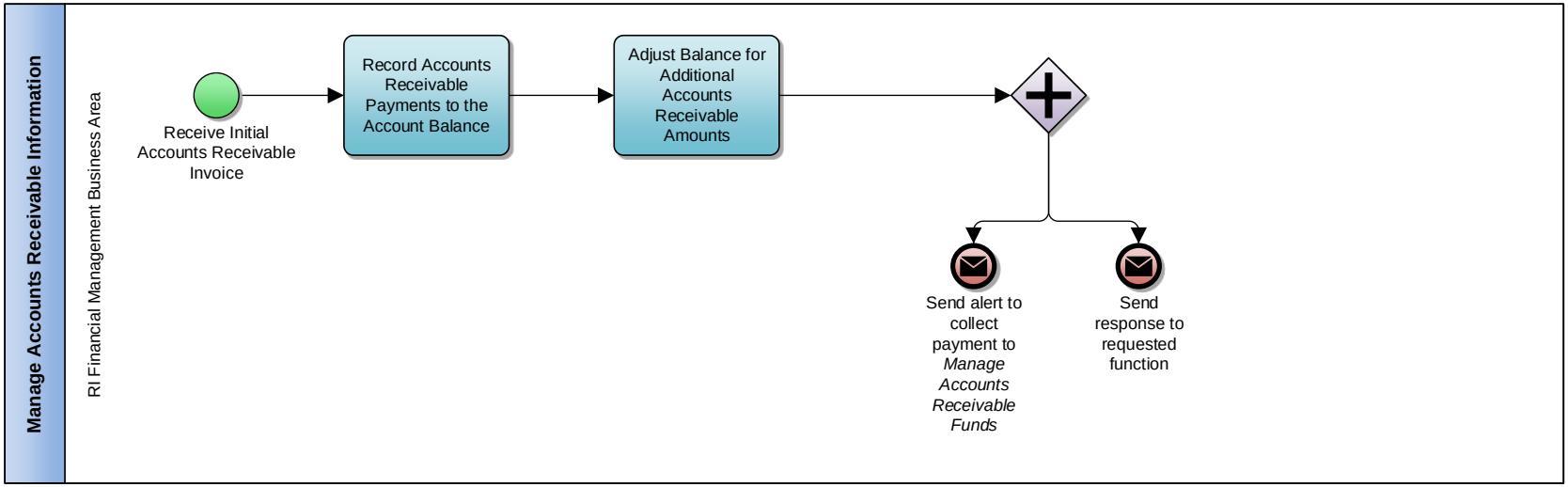
FM06 Manage Accounts Receivable Information

FM06 Manage Accounts Receivable Information						
Business Process Model	**Level:**	**2**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**10/21/2013**



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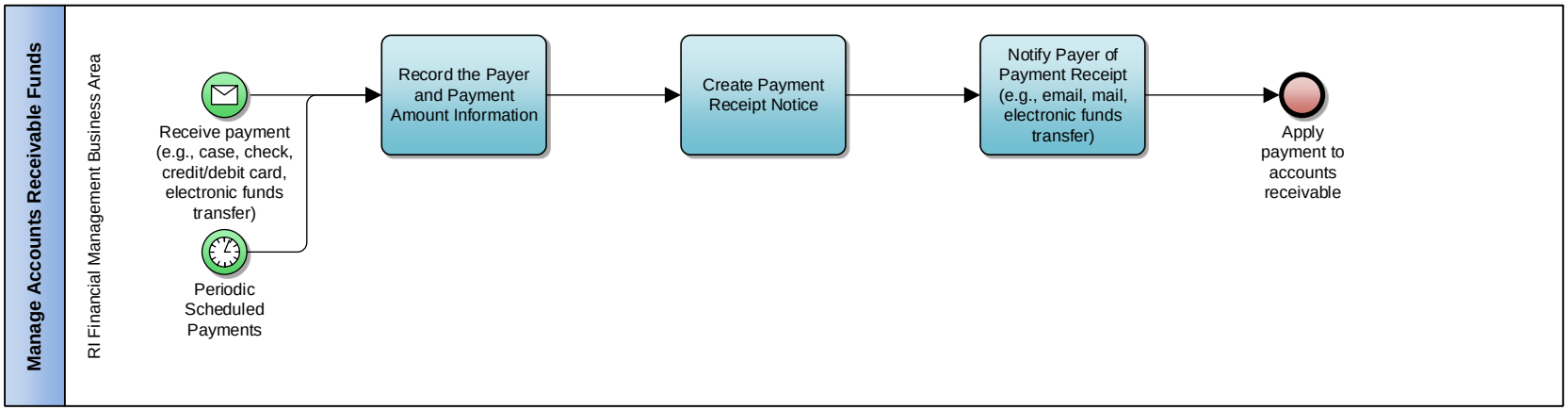
FM07 Manage Accounts Receivable Funds

FM07 Manage Accounts Receivable Funds						
Business Process Model	**Level:**	**2**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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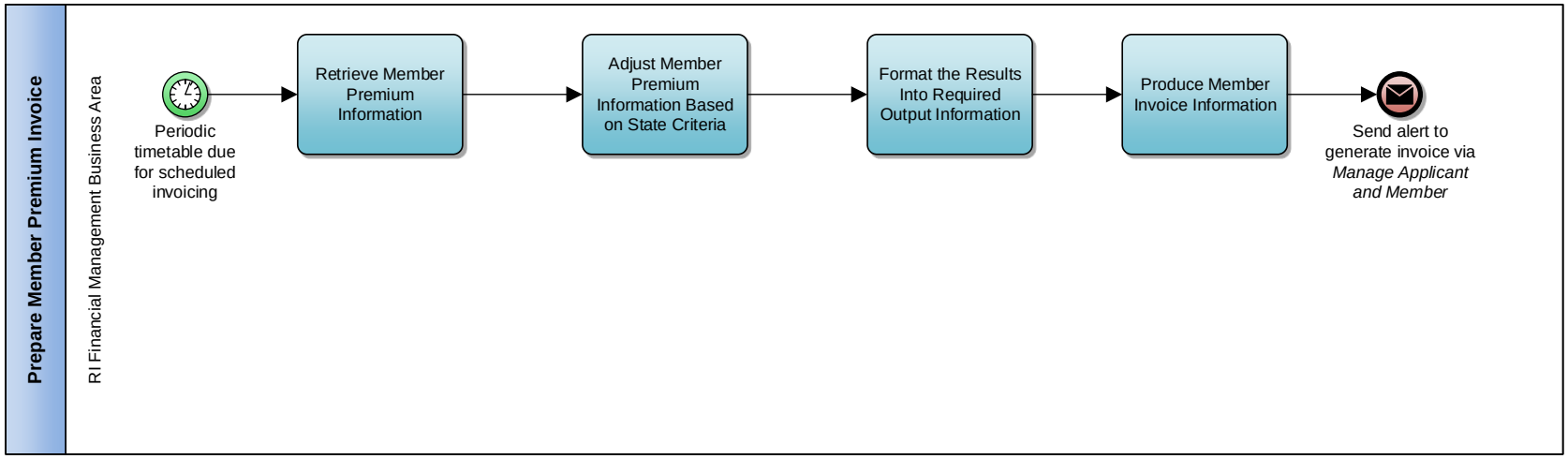
FM08 Prepare Member Premium Invoice

FM08 Prepare Member Premium Invoice						
Business Process Model	**As-Is Level:**	**1**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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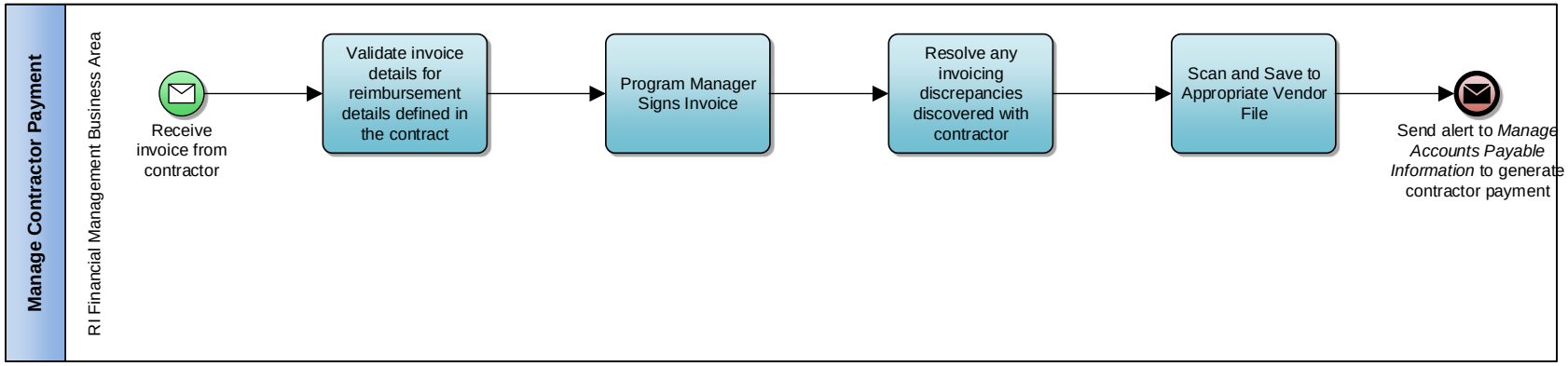
FM09 Manage Contractor Payment

FM09 Manage Contractor Payment						
Business Process Model	**Level**	**1**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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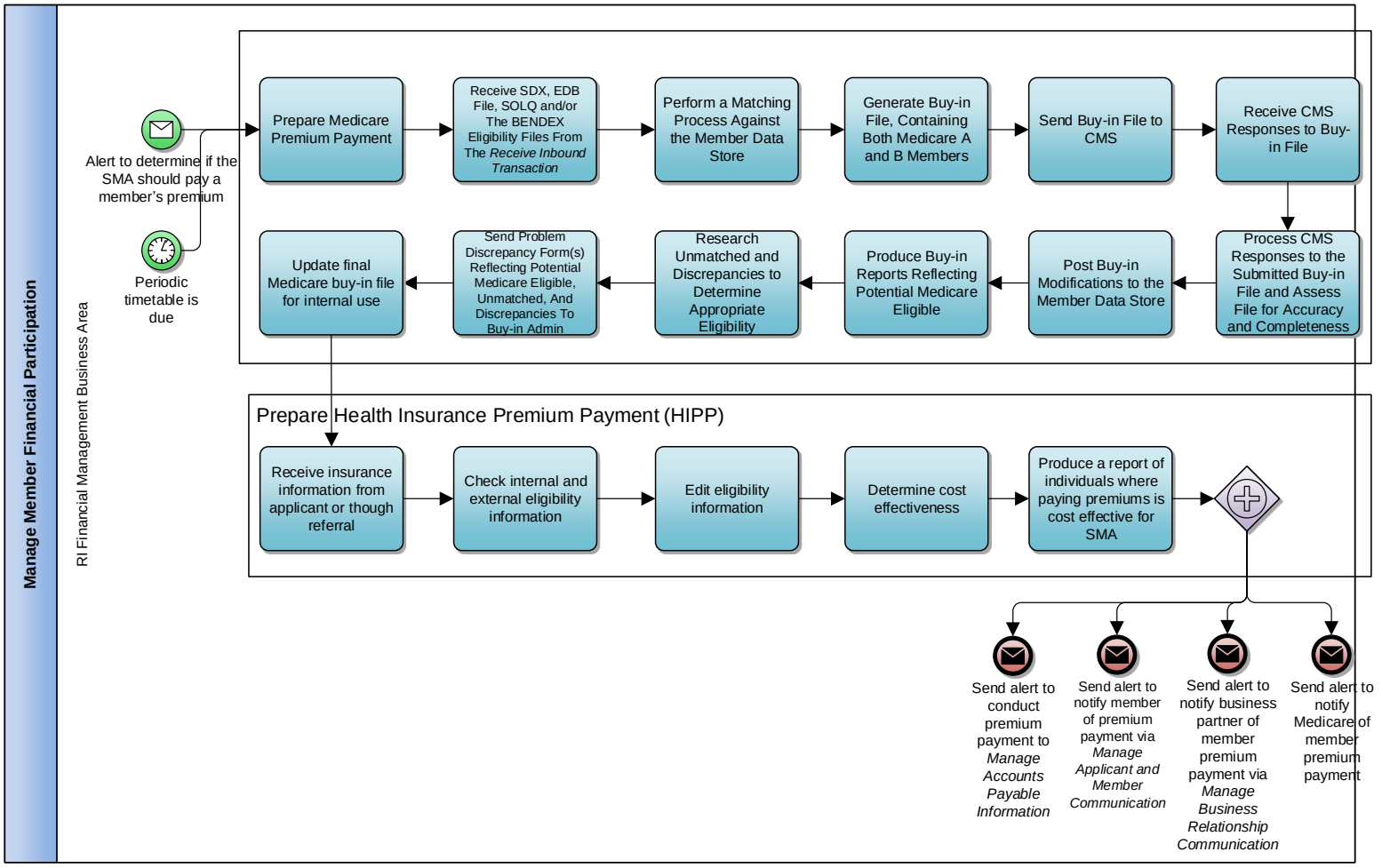
FM10 Manage Member Financial Participation

FM10 Manage Member Financial Participation						
Business Process Model	**Level**	**1**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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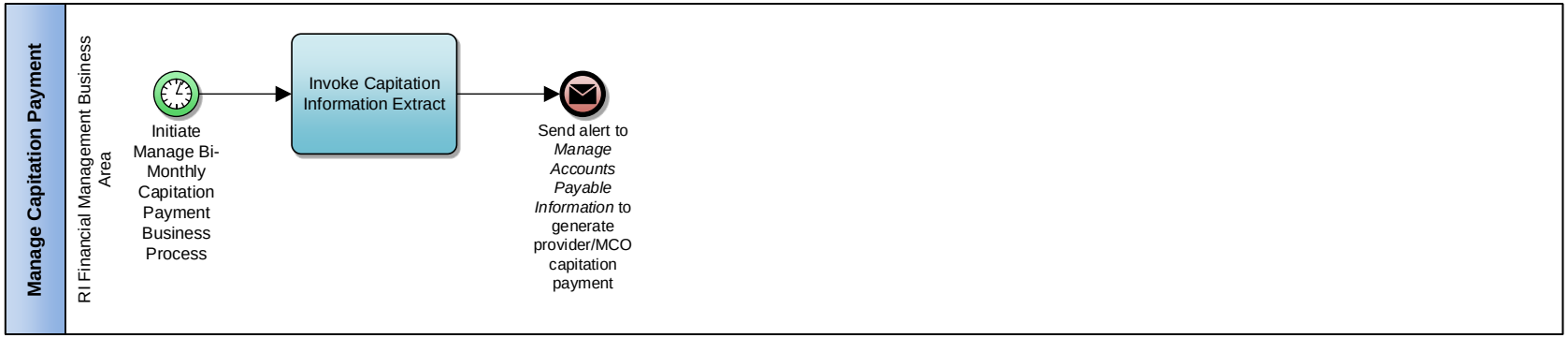
FM11 Manage Capitation Payment

FM11 Manage Capitation Payment						
Business Process Model	**Level:**	**2**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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FM12 Manage Incentive Payment

FM12 Manage Incentive Payment						
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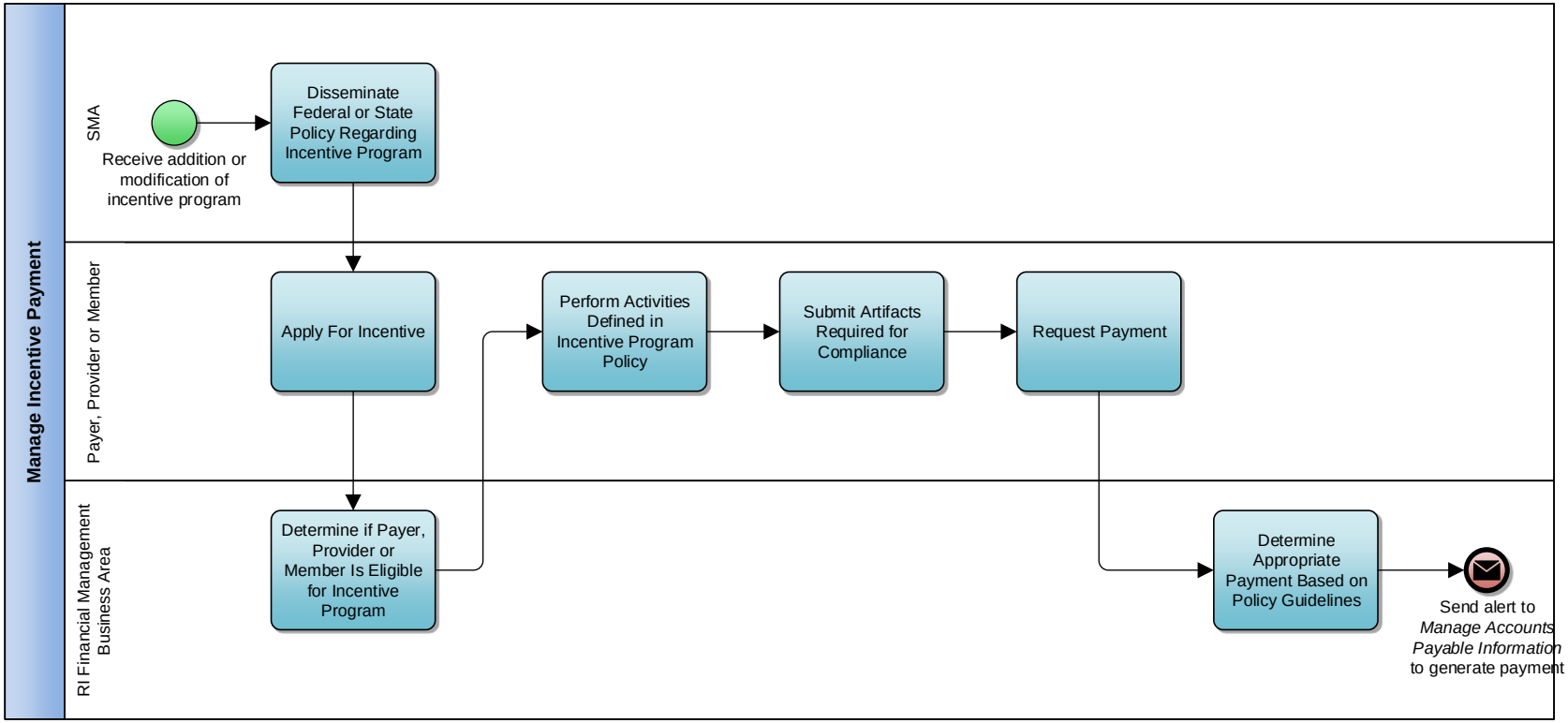

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FM13 Manage Accounts Payable Information

FM13 Manage Accounts Payable Information						
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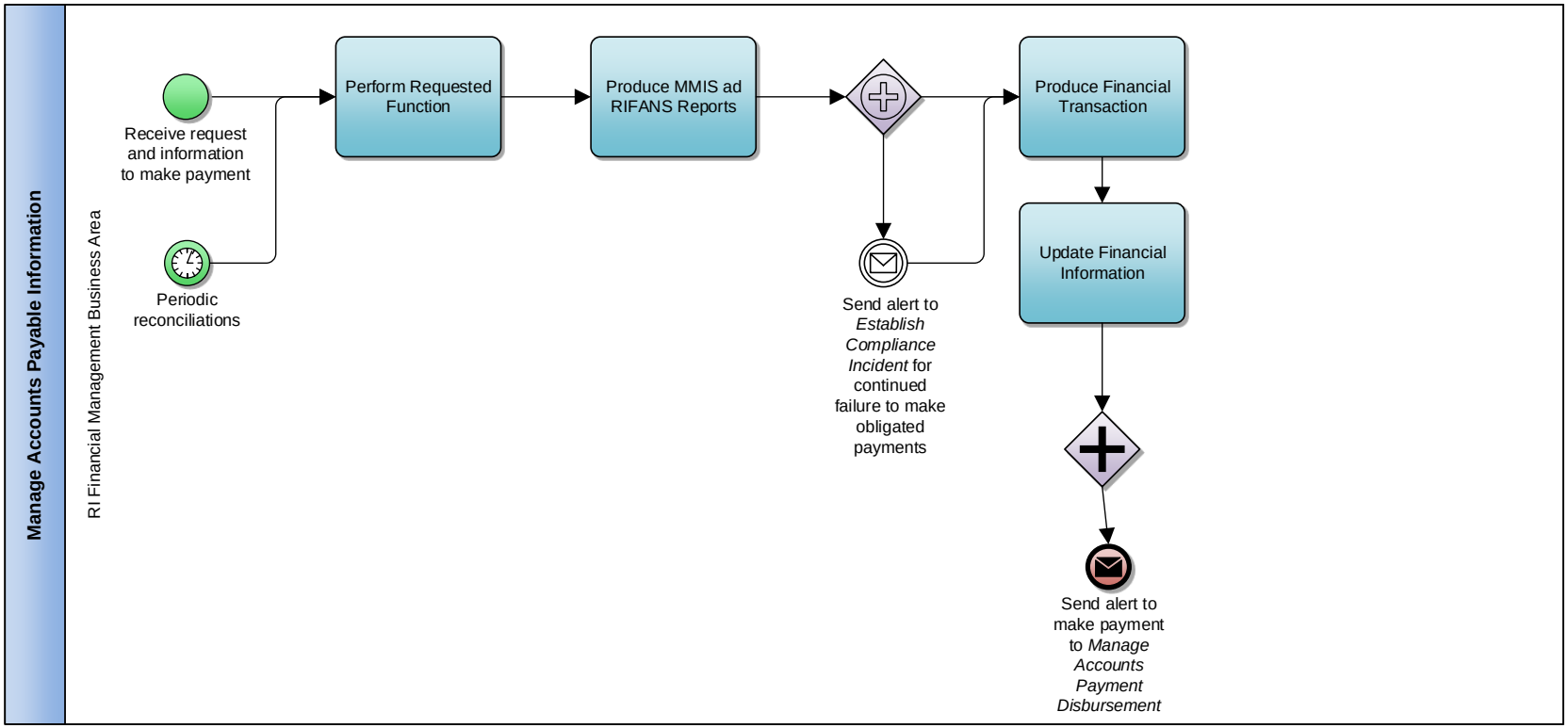

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FM14 Manage Accounts Payable Disbursement

FM14 Manage Accounts Payable Disbursement						
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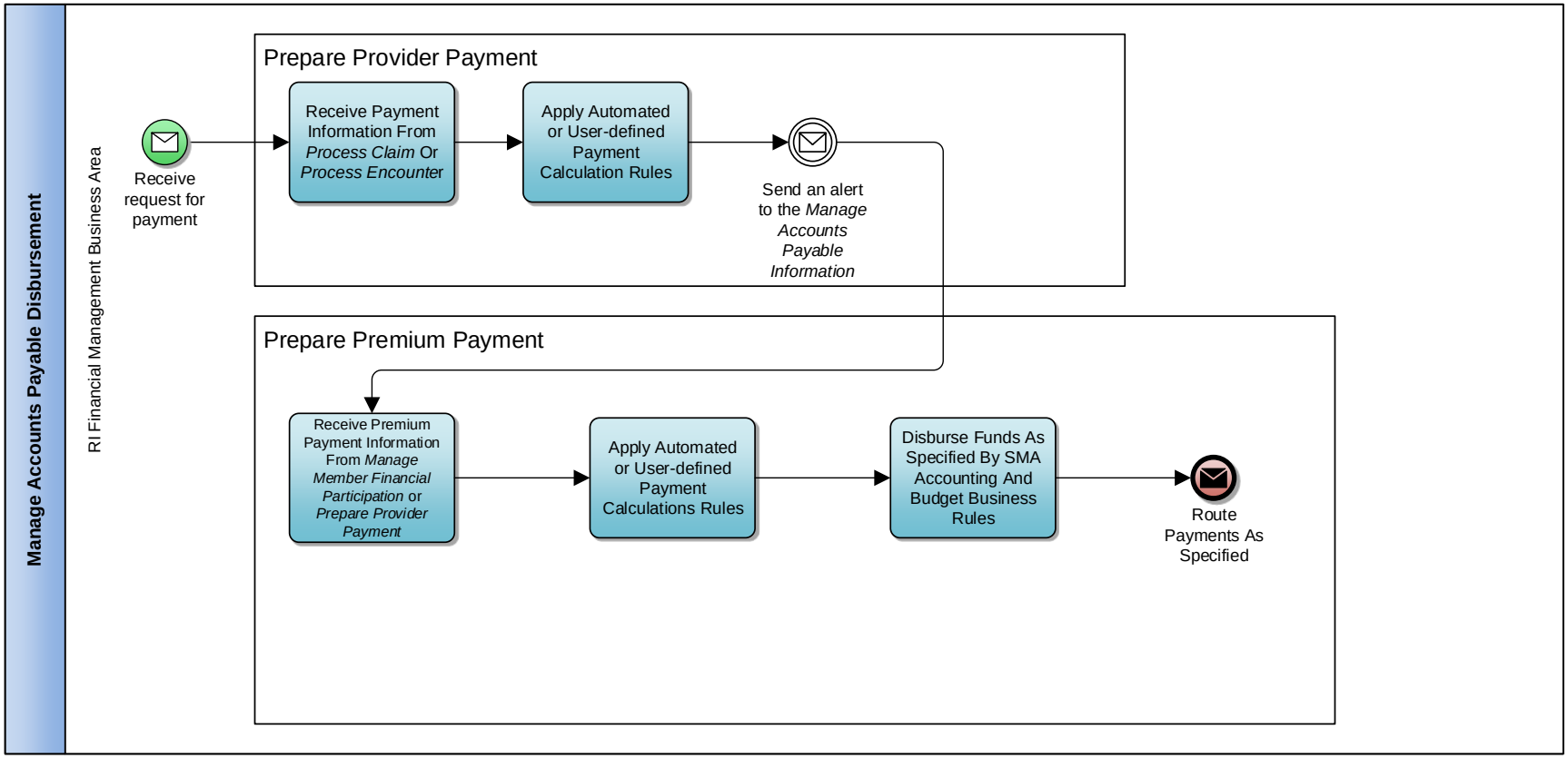

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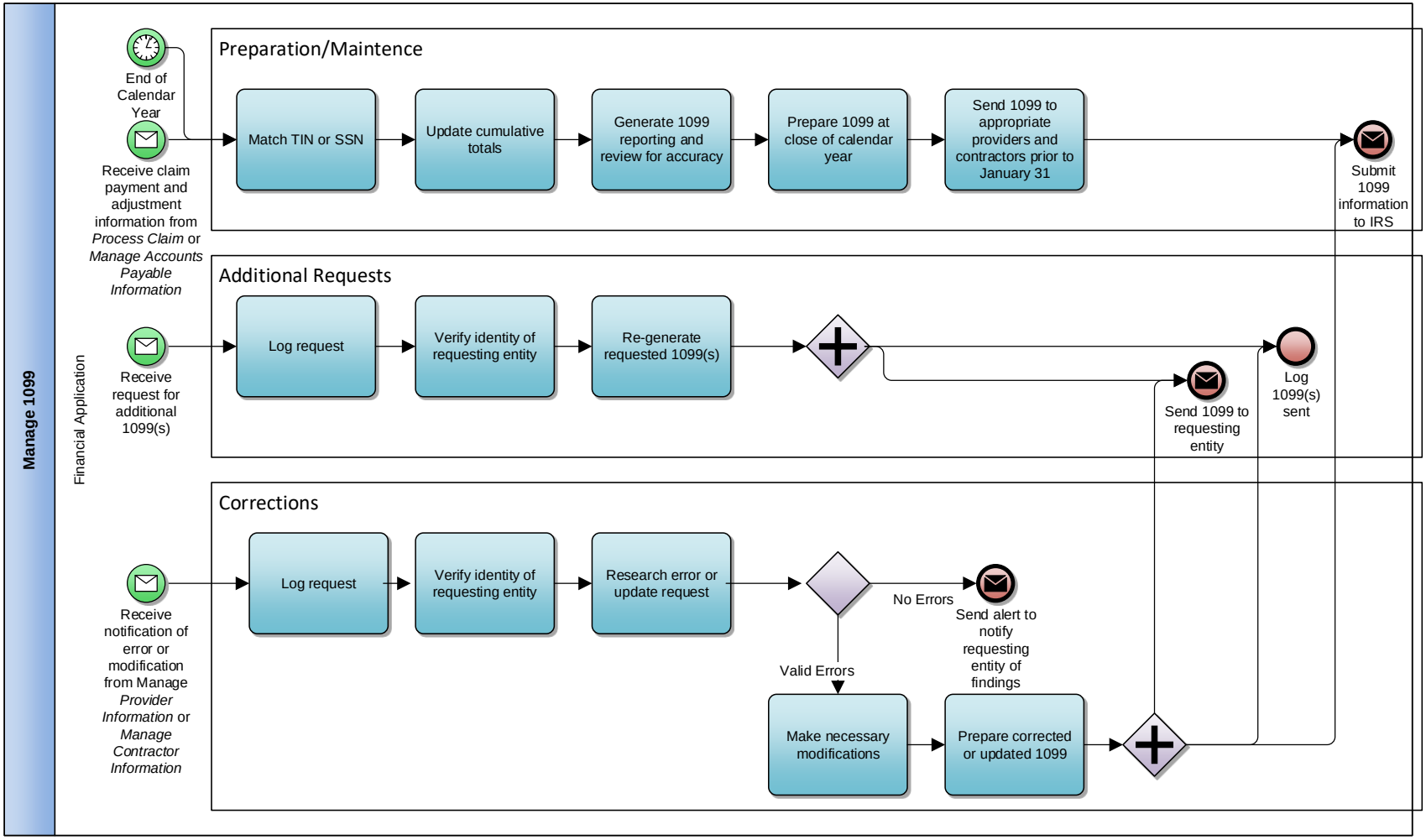
FM15 Manage 1099

FM15 Manage 1099						
Business Process Model	**Level:**	**3**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**10/21/2013**



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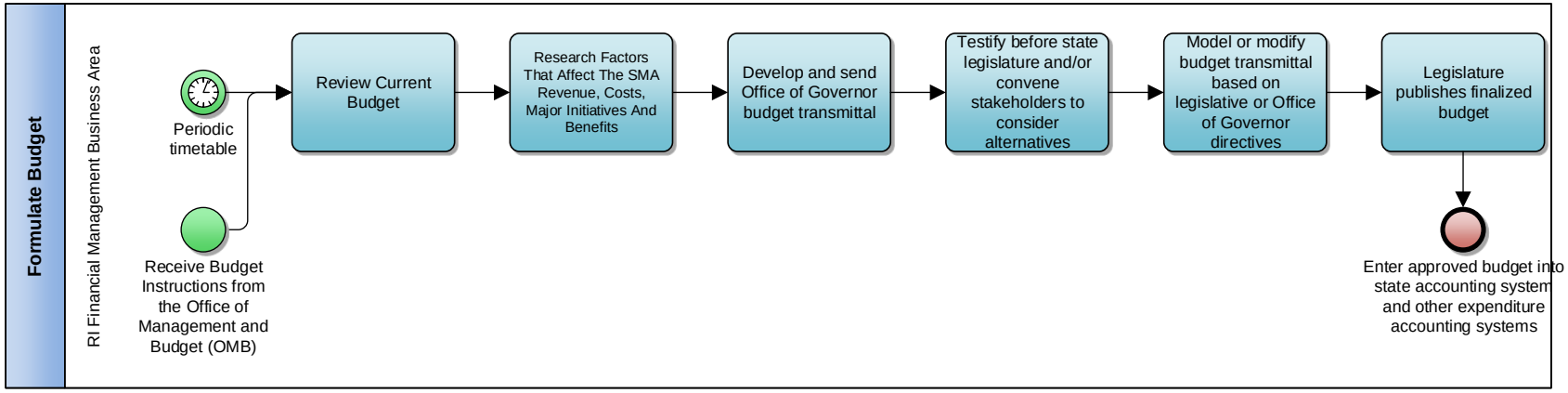
FM16 Formulate Budget

FM16 Formulate Budget						
Business Process Model	**Level:**	**2**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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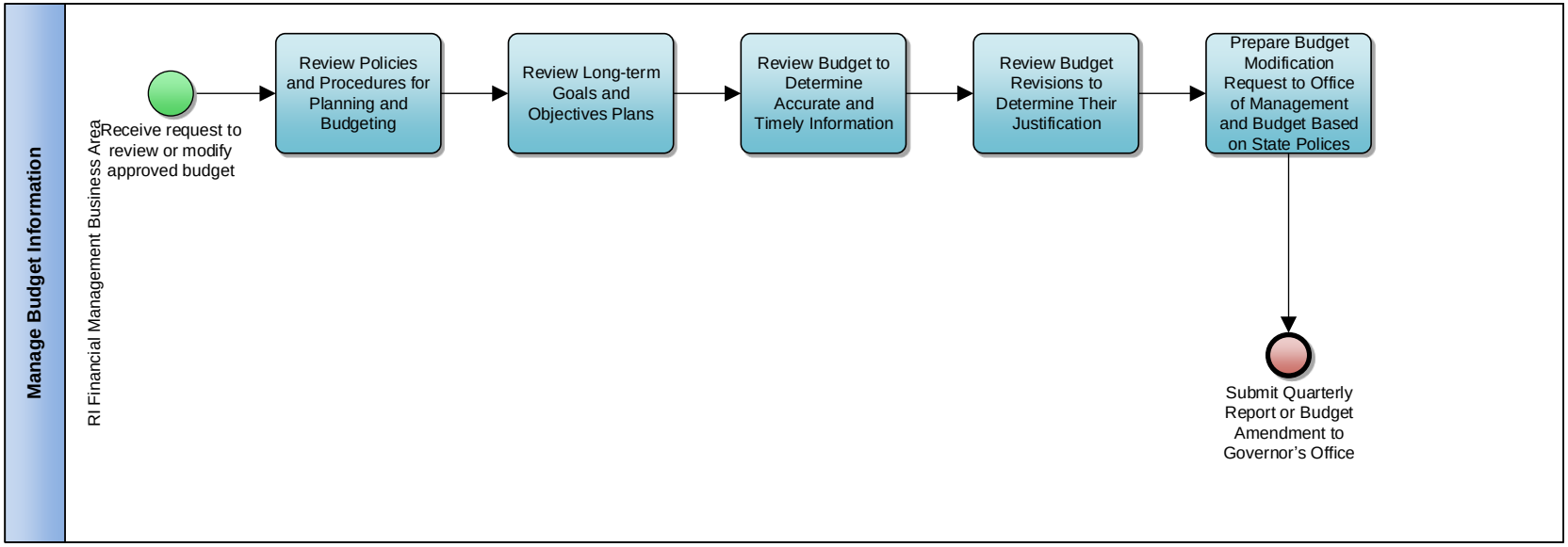
FM17 Manage Budget Information

FM17 Manage Budget Information						
Business Process Model	**Level:**	**2**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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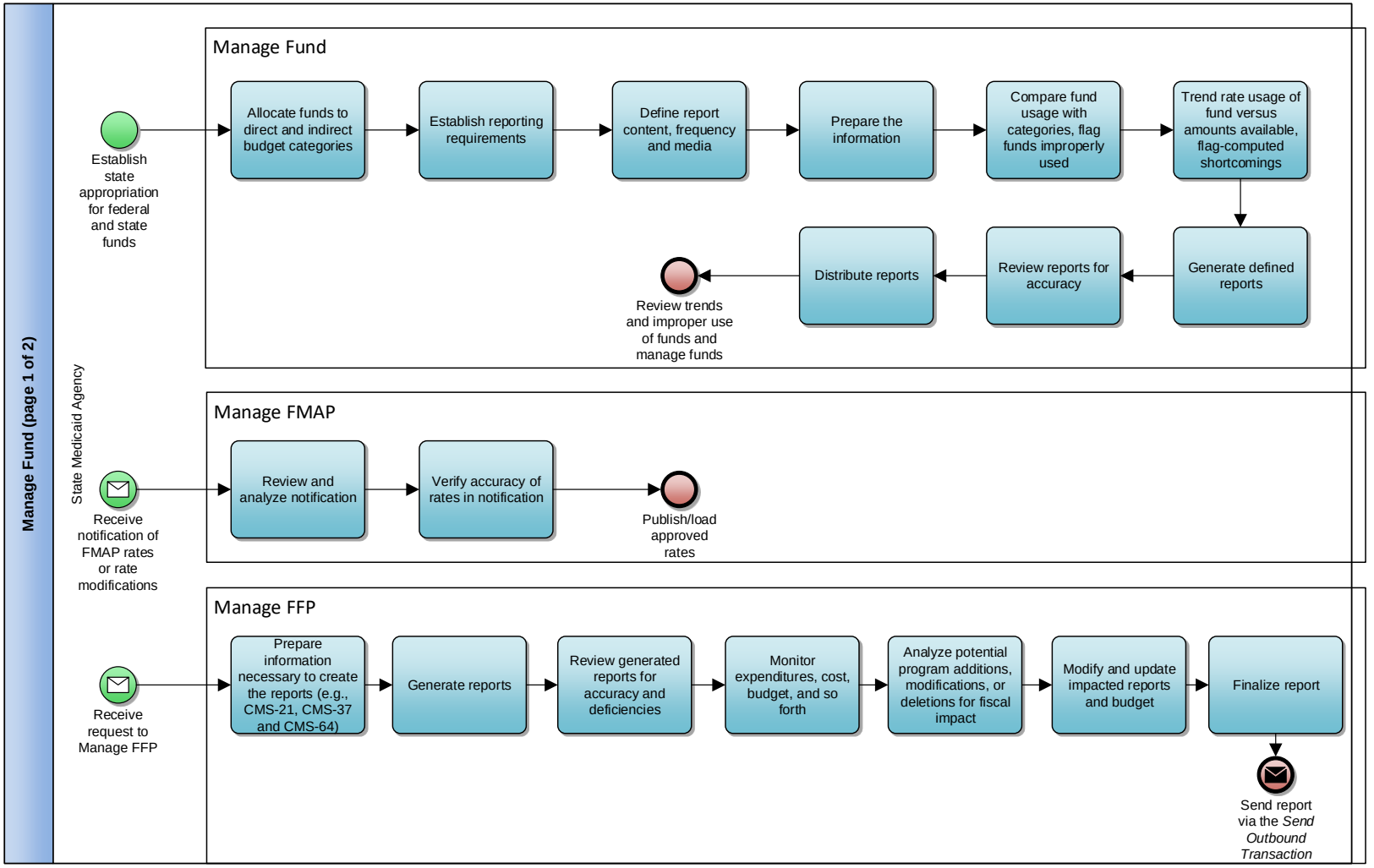
FM18 Manage Fund

FM18 Manage Fund						
Business Process Model	**Level:**	**2**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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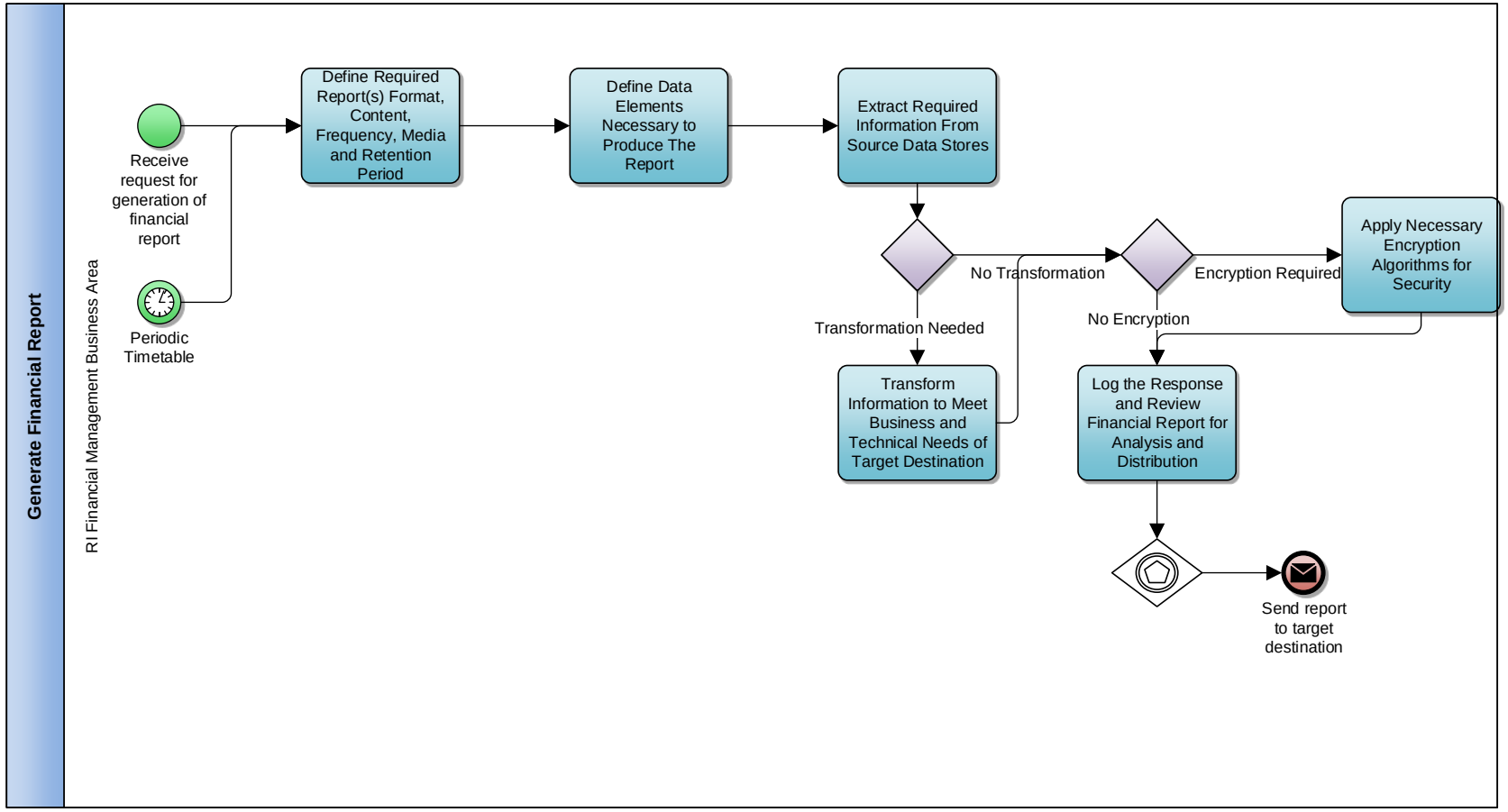
FM19 Generate Financial Report

FM19 Generate Financial Report						
Business Process Model	**Level:**	**2**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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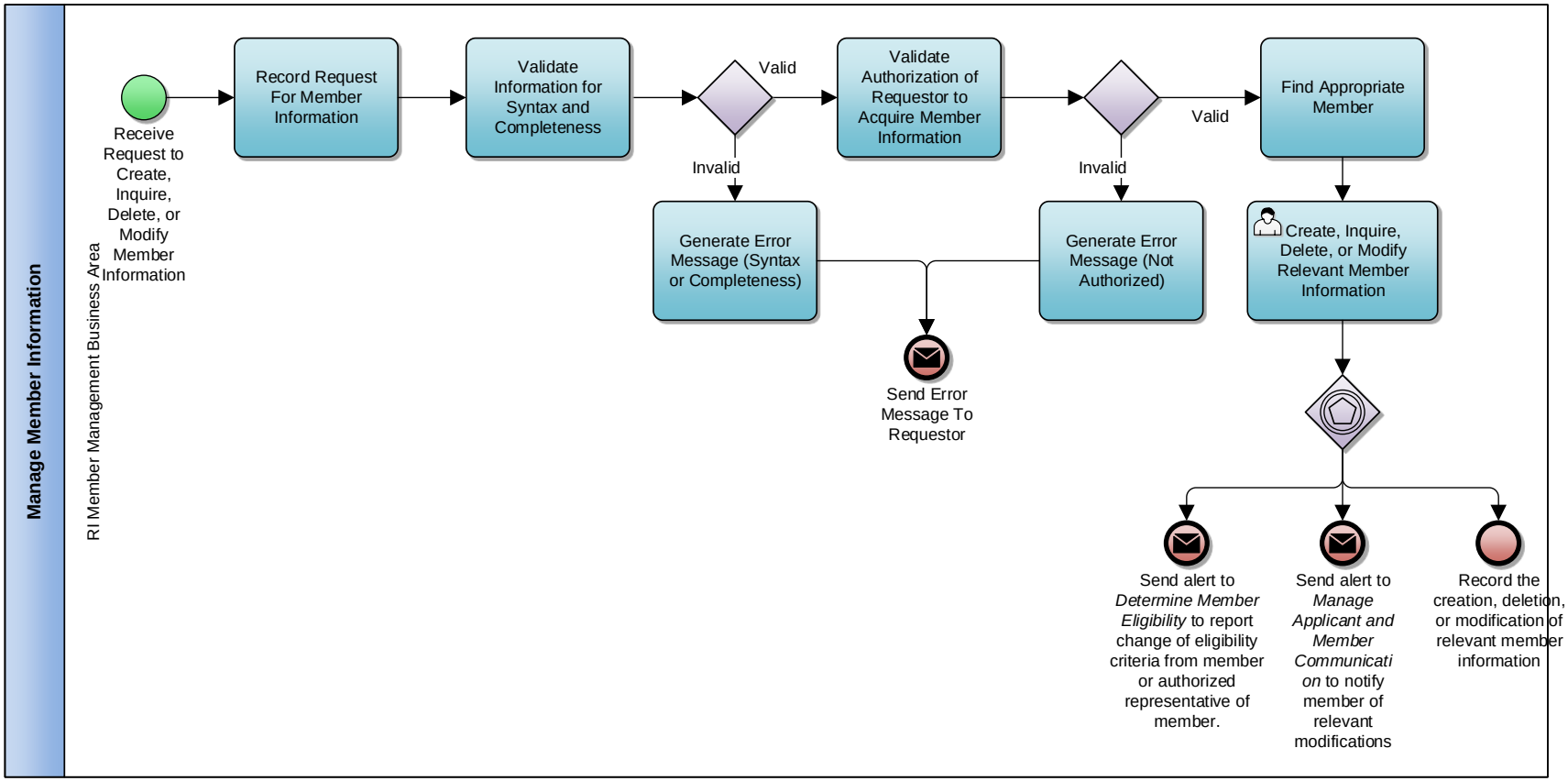
ME01 Manage Member Information

ME01 Manage Member Information						
Business Process Model	**Level:**	**1**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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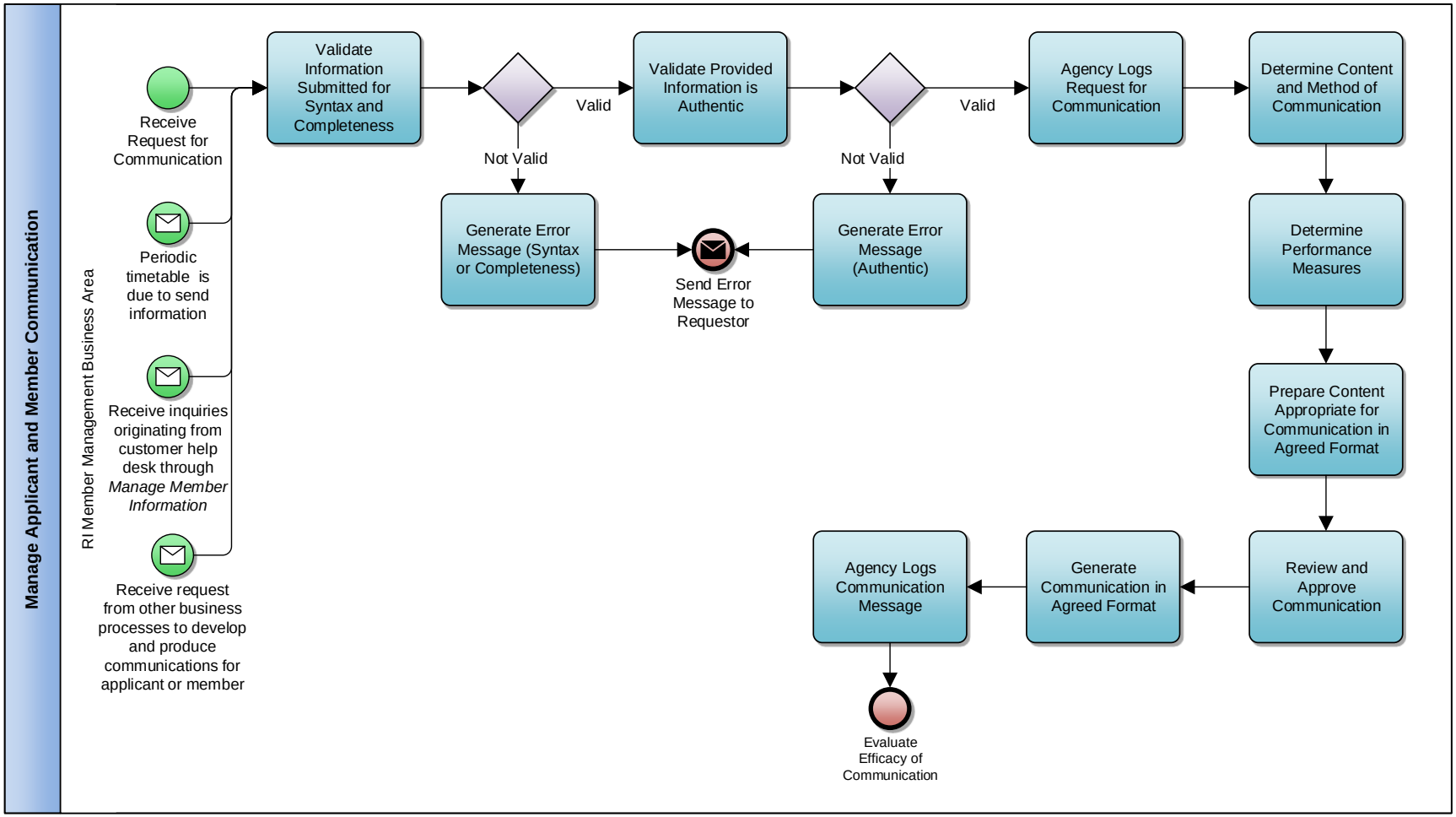
ME02 Manage Applicant and Member Communication

ME02 Manage Applicant and Member Communication						
Business Process Model	**Level:**	**1**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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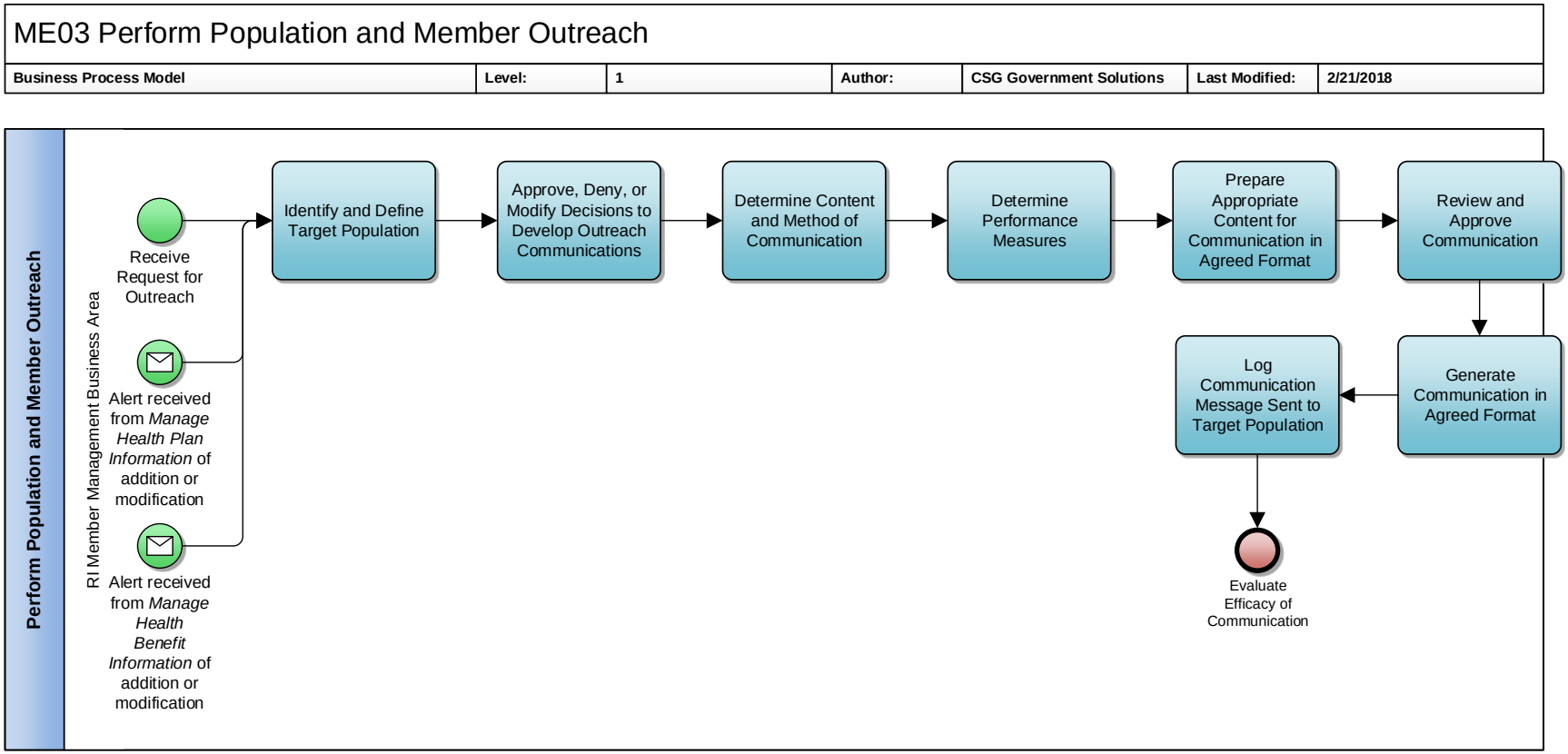
ME03 Perform Population and Member Outreach



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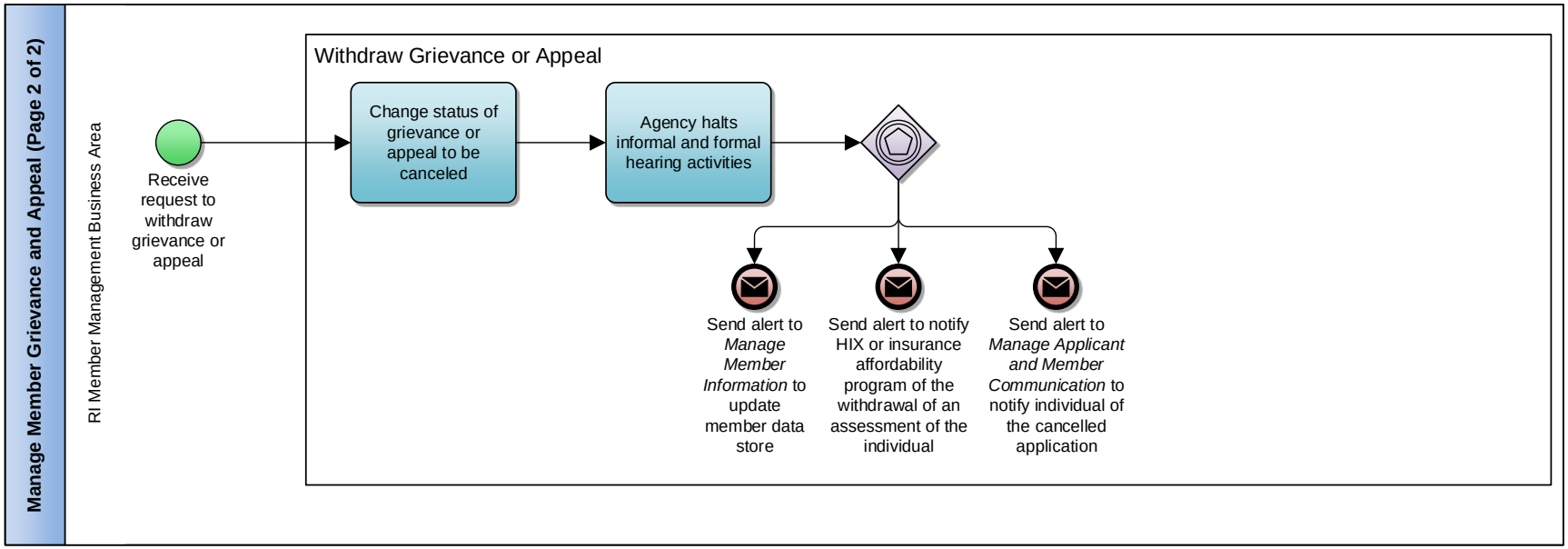
ME08 Manage Member Grievance and Appeal

ME08 Manage Member Grievance and Appeal						
Business Process Model	**Level:**	**1**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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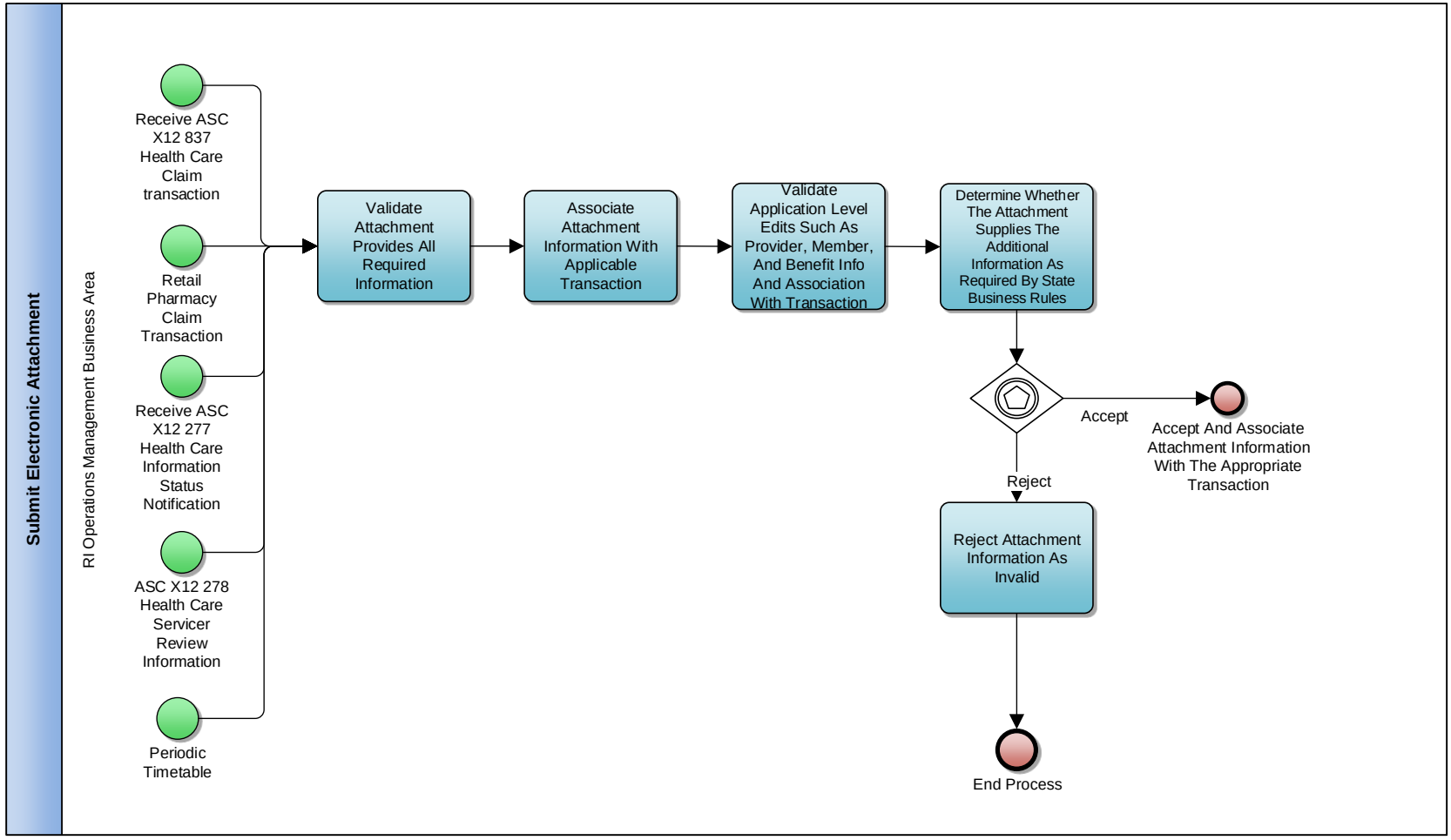
OM04 Submit Electronic Attachment

OM04 Submit Electronic Attachment						
Business Process Model	**Level:**	**1**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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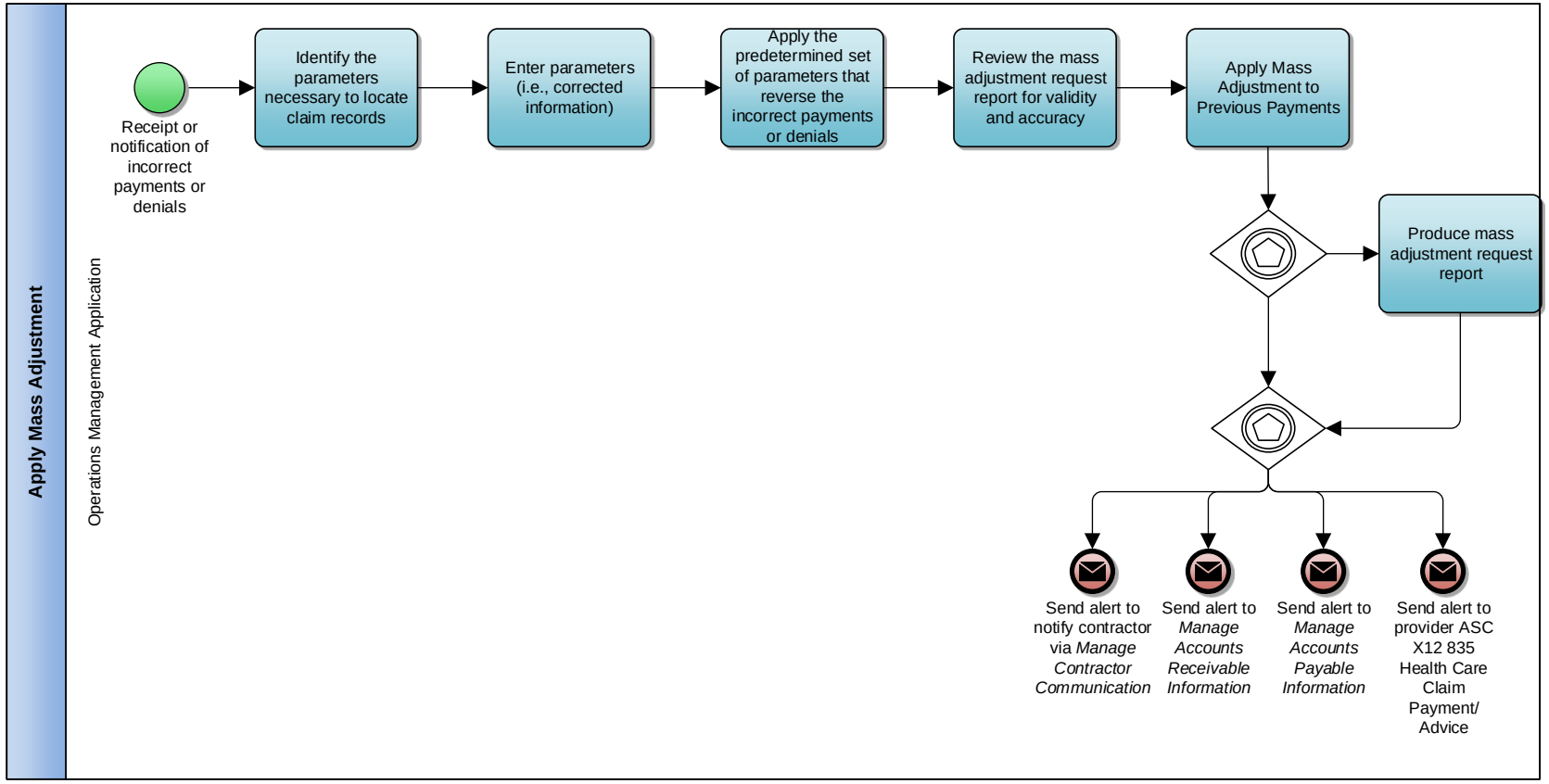
OM05 Apply Mass Adjustment

OM05 Apply Mass Adjustment						
Business Process Model	**Level:**	**1**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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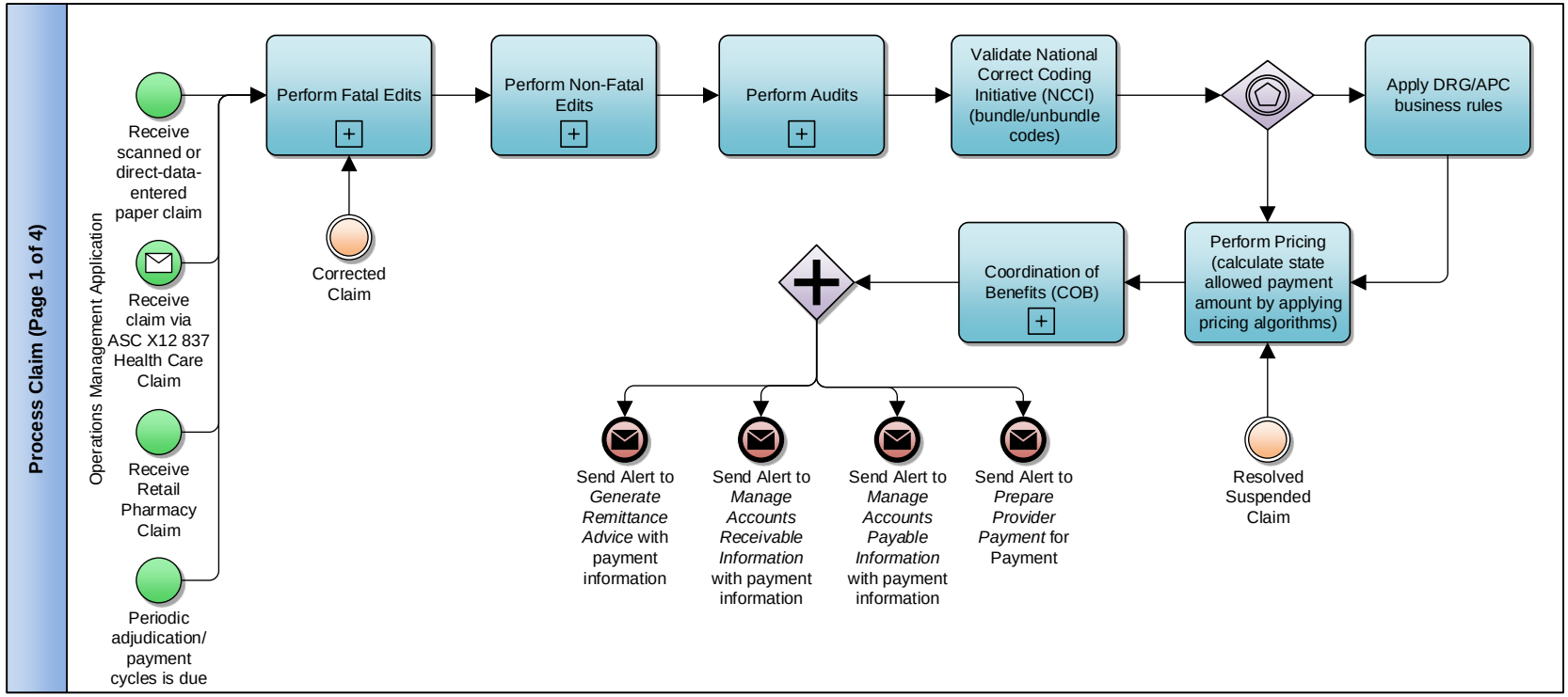
OM07 Process Claim

OM07 Process Claim						
Business Process Model	**Level:**	**2**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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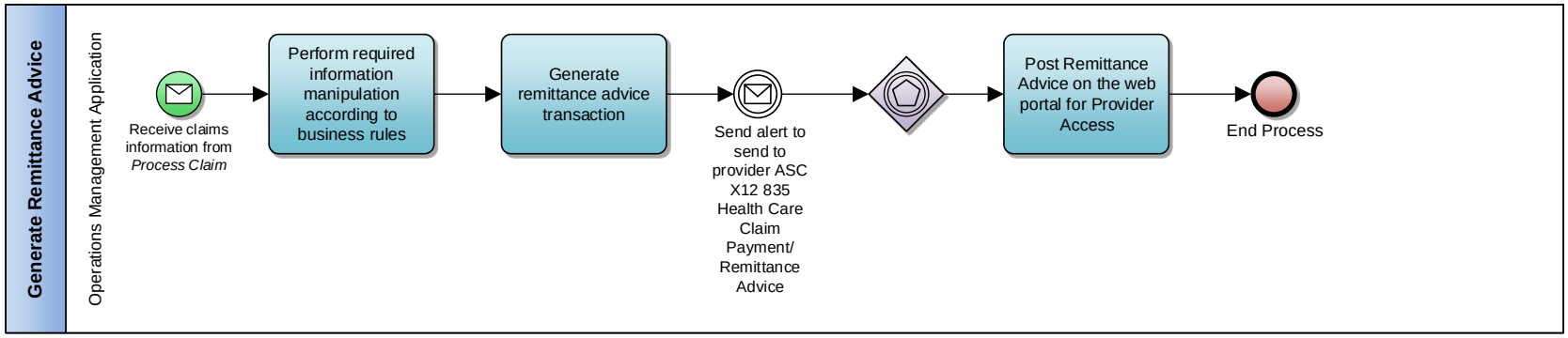
OM14 Generate Remittance Advice

OM14 Generate Remittance Advice						
Business Process Model	**Level:**	**2**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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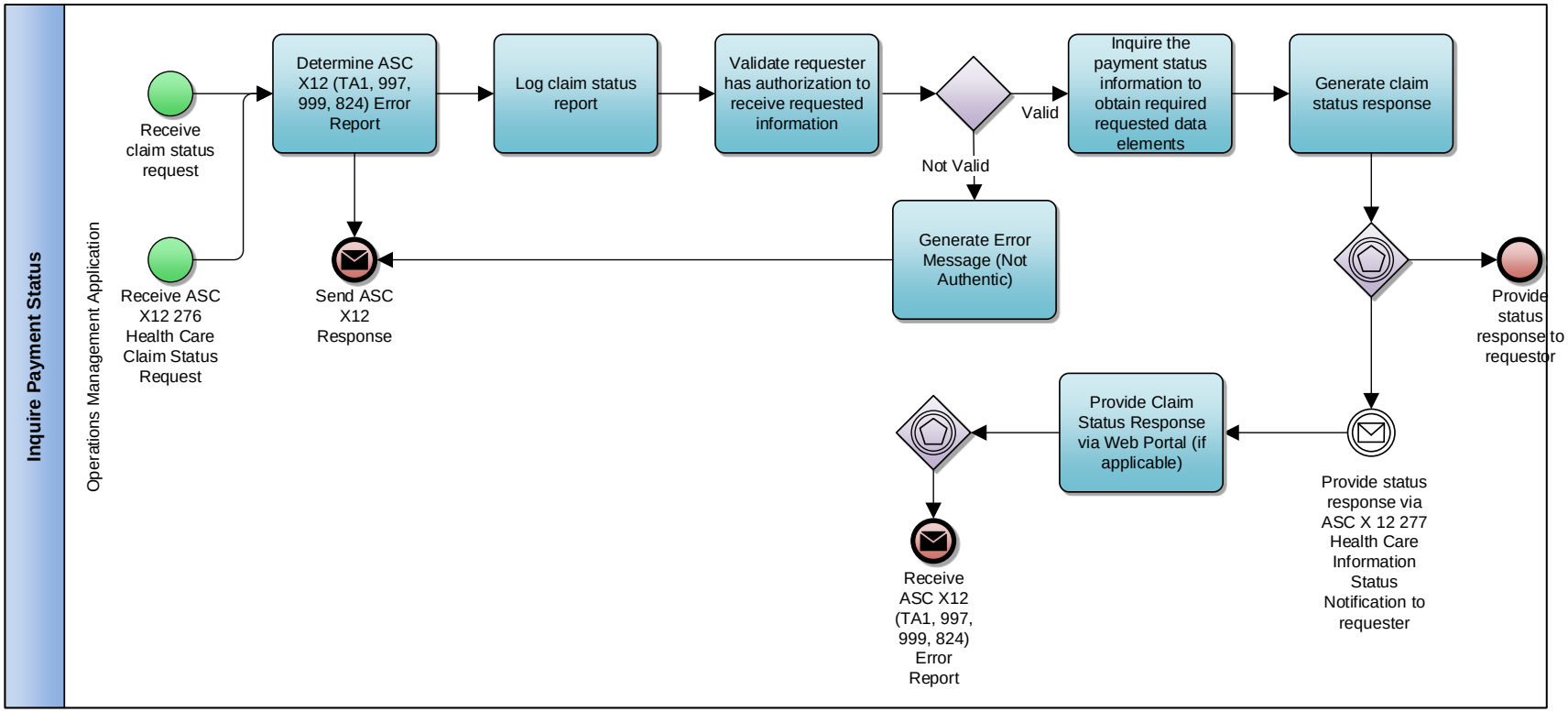
OM18 Inquire Payment Status

OM18 Inquire Payment Status						
Business Process Modeal	**Level**	**2**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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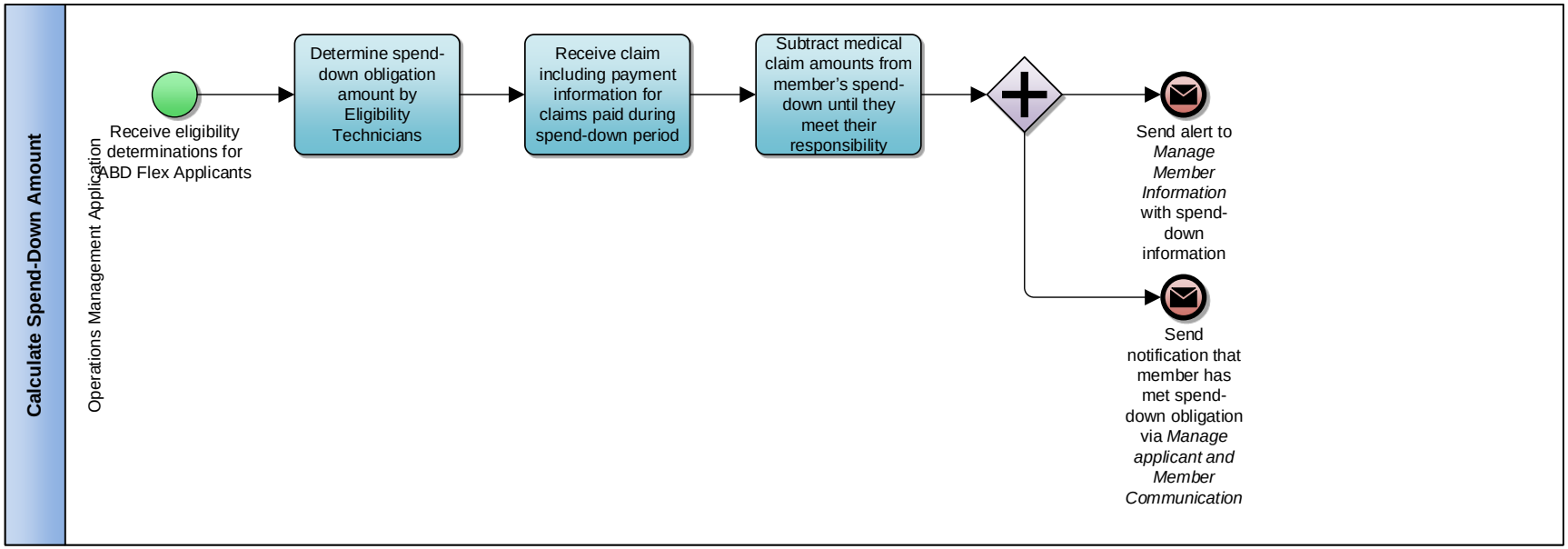
OM20 Calculate Spend-Down Amount

OM20 Calculate Spend-Down Amount						
Business Process Model	**Level**	**1**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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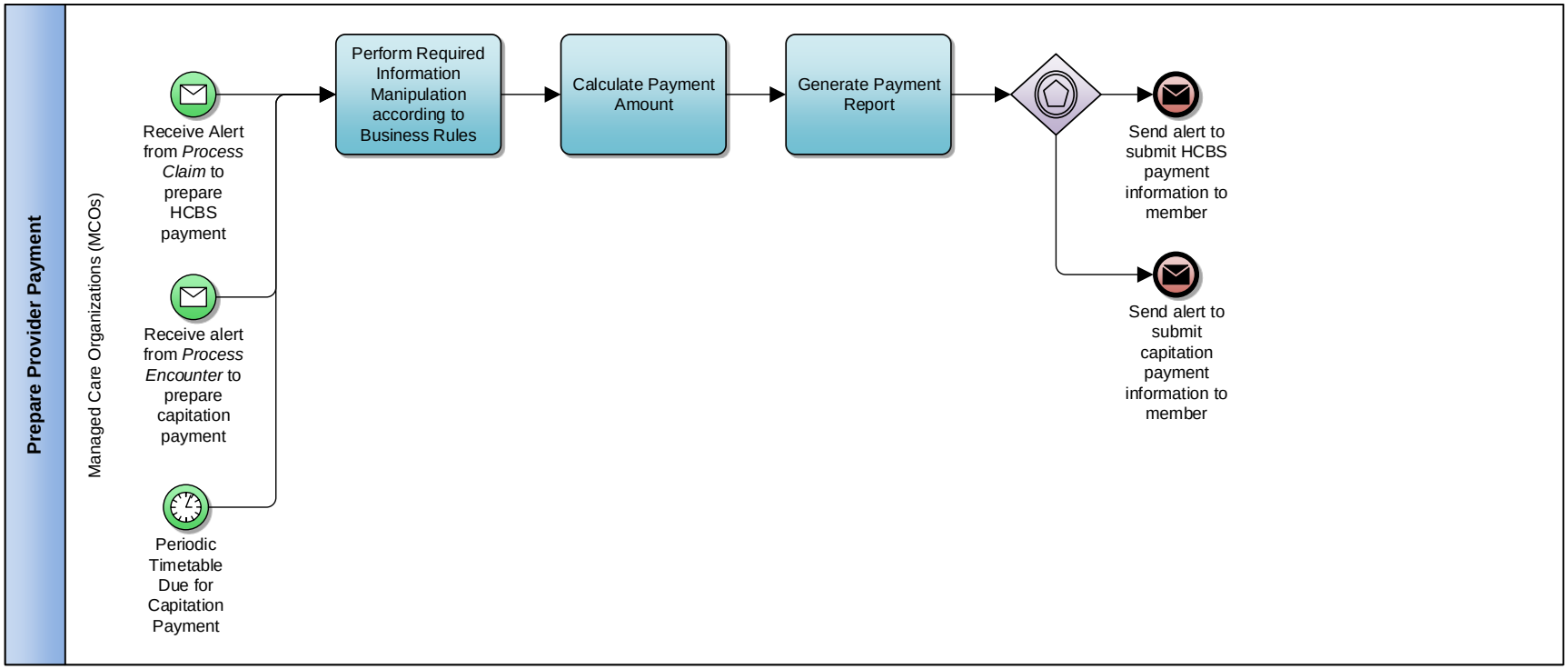
OM27 Prepare Provider Payment

OM27 Prepare Provider Payment						
Business Process Model	**Level**	**3**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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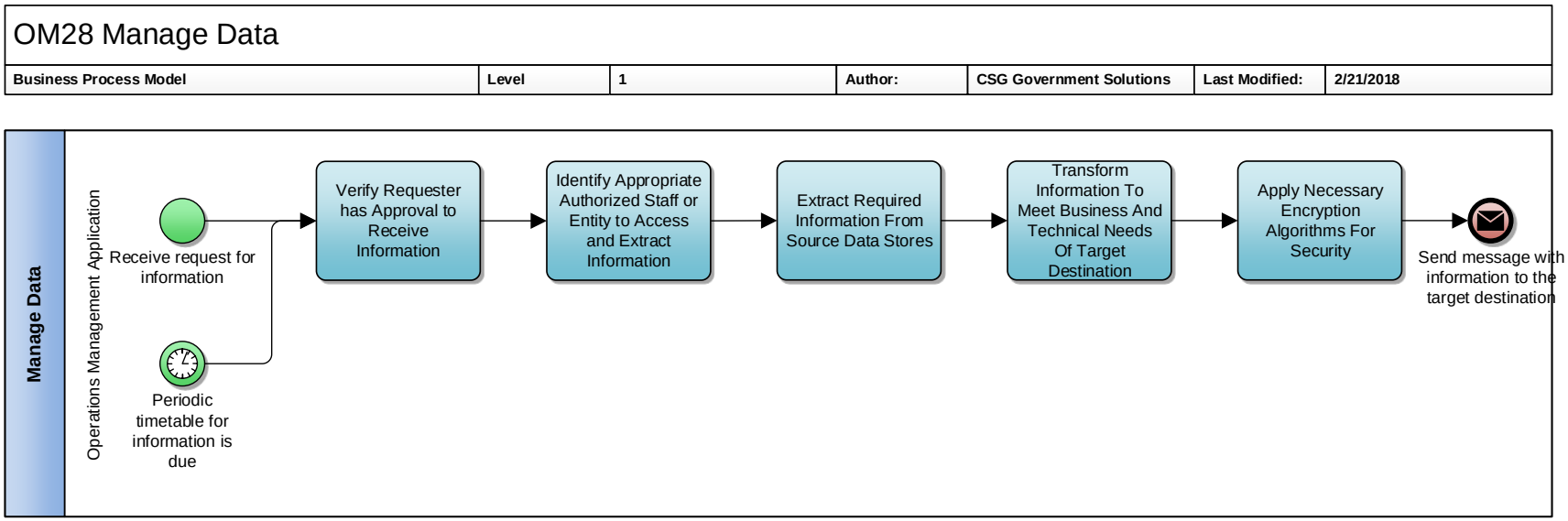
OM28 Manage Data



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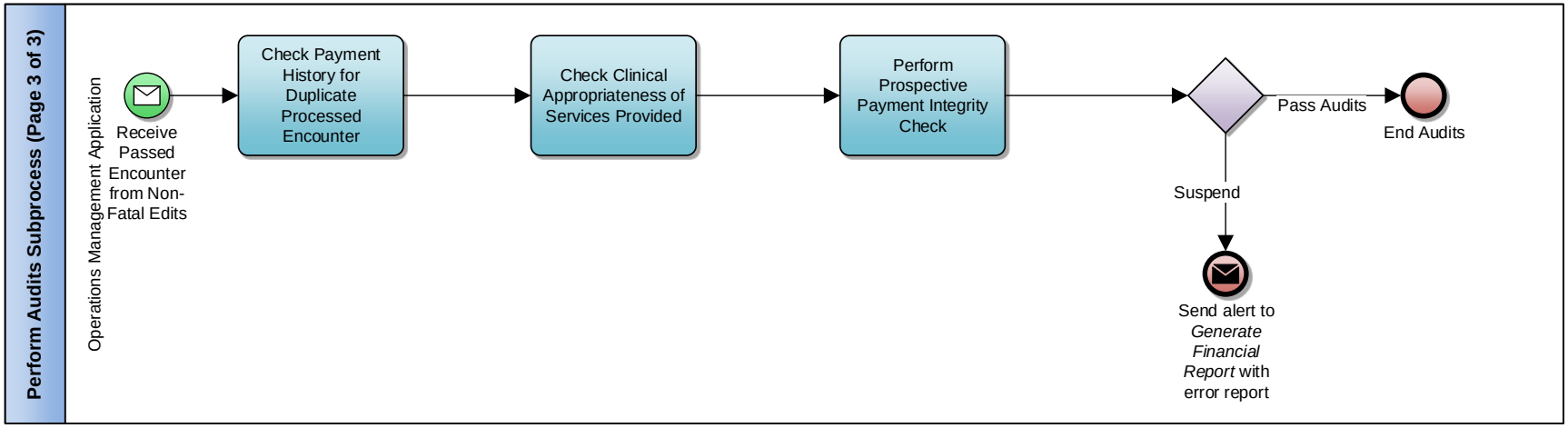
OM29 Process Encounters

OM29 Process Encounters						
Business Process Model	**Level**	**2**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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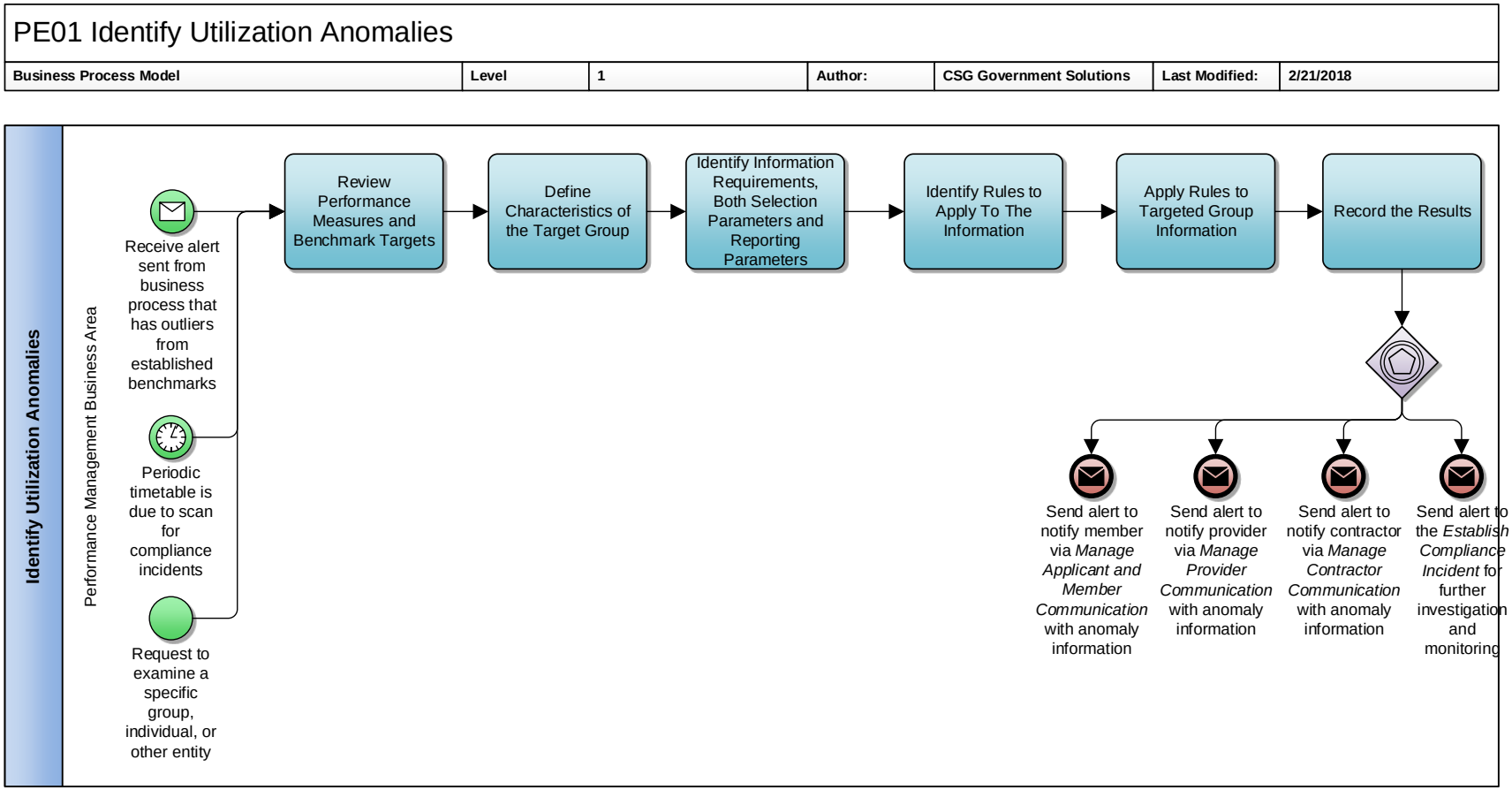
PE01 Identify Utilization Anomalies



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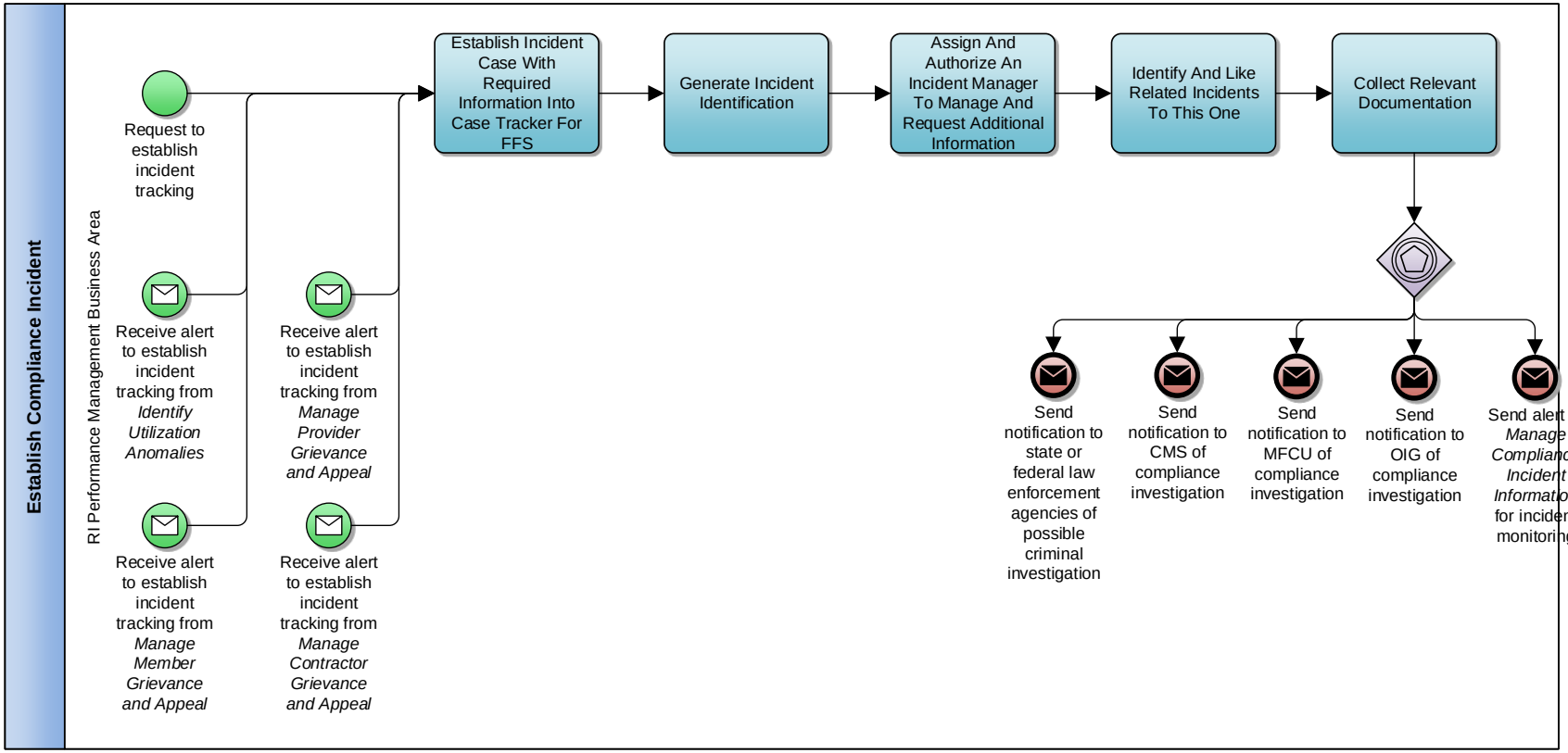
PE02 Establish Compliance Incident

PE02 Establish Compliance Incident

Business Process Model	Level	2	Author:	CSG Government Solutions	Last Modified:	2/21/2018



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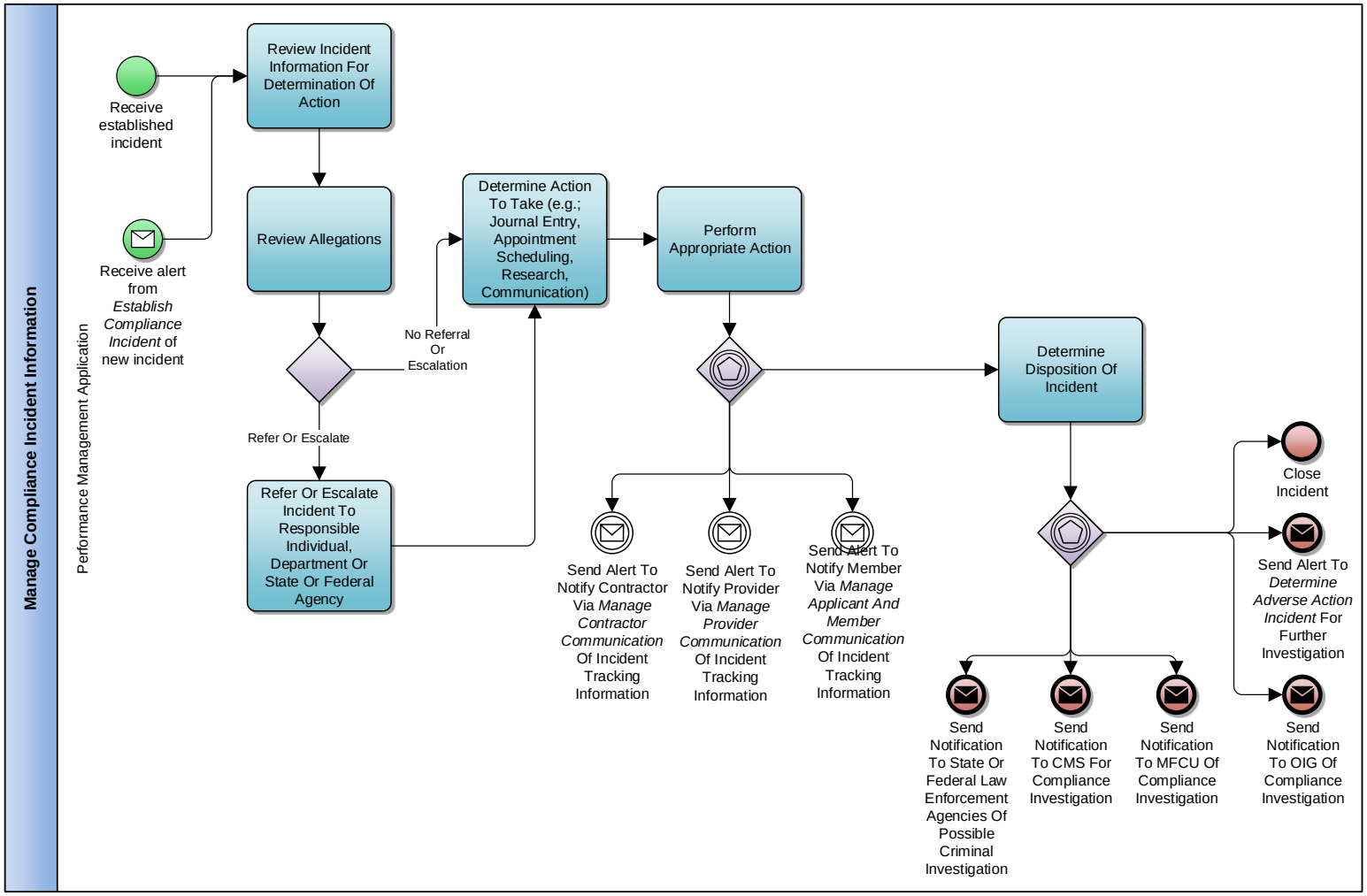
PE03 Manage Compliance Incident Information

PE03 Manage Compliance Incident Information						
Business Process Model	**Level**	**2**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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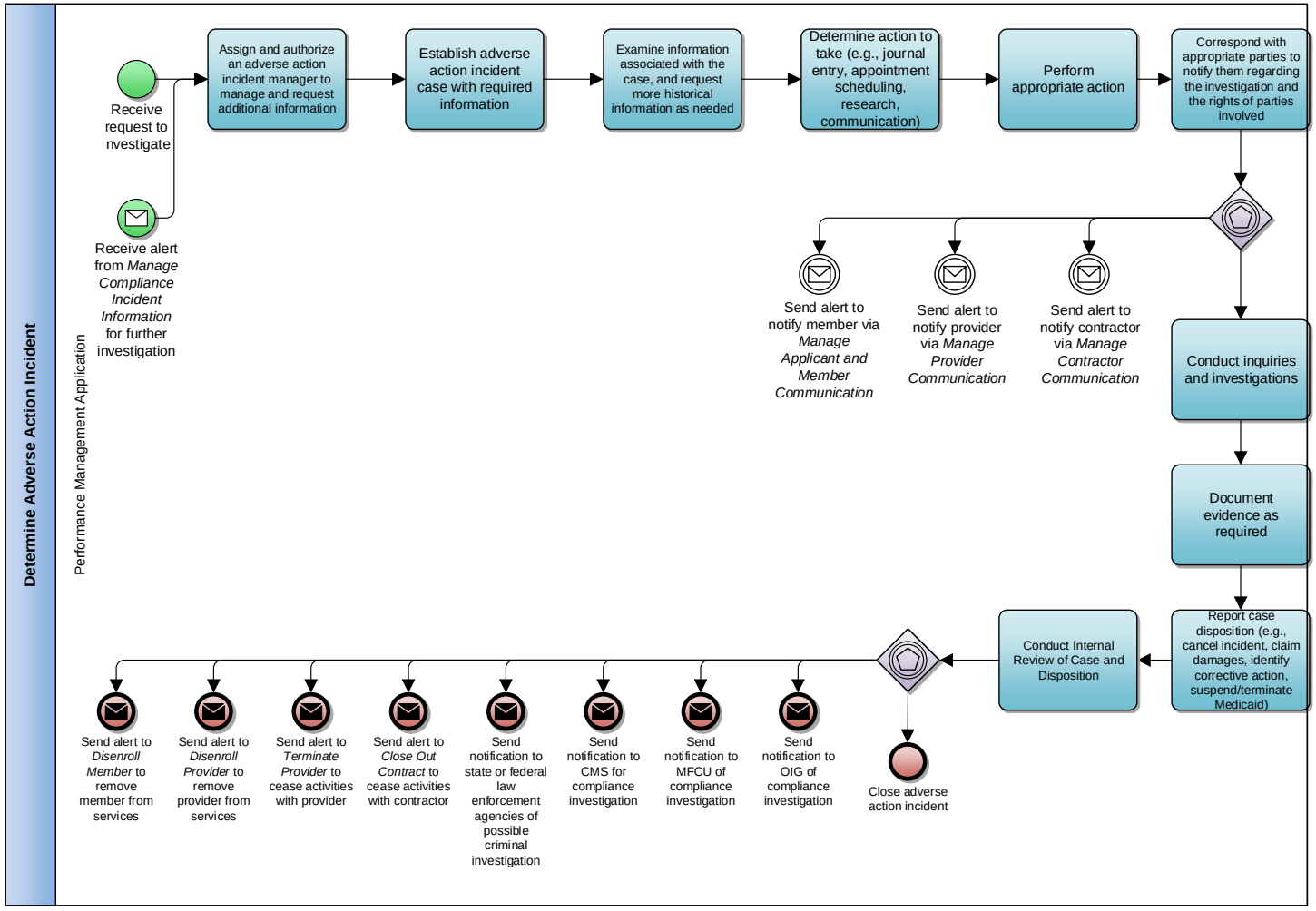
PE04 Determine Adverse Action Incident

PE04 Determine Adverse Action Incident

Business Process Model	Level	1	Author:	CSG Government Solutions	Last Modified:	2/21/2018



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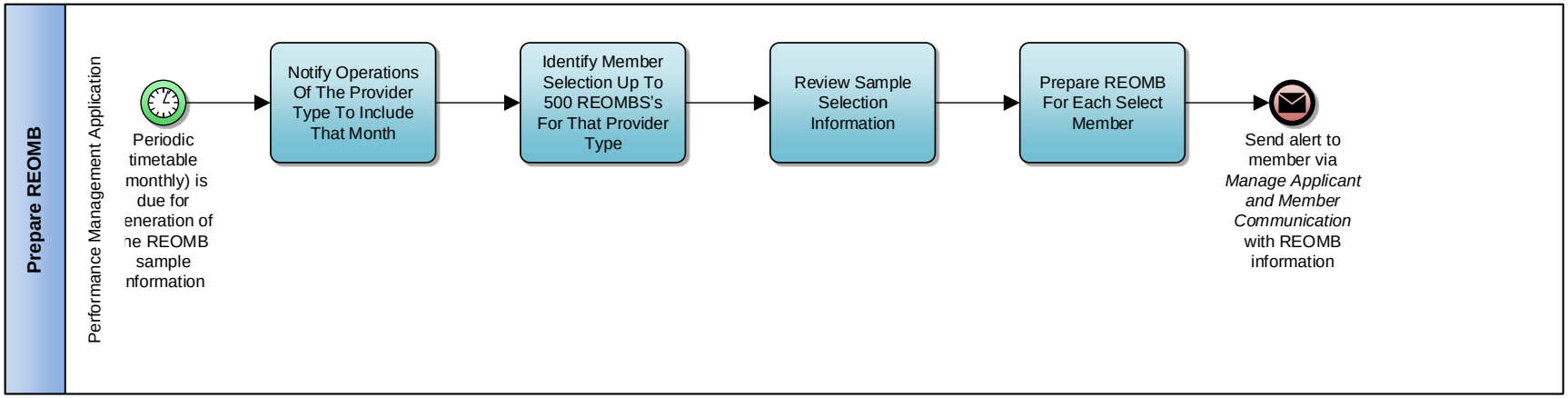
PE05 Prepare REOMB

PE05 Prepare REOMB						
Business Process Model	**Level**	**1**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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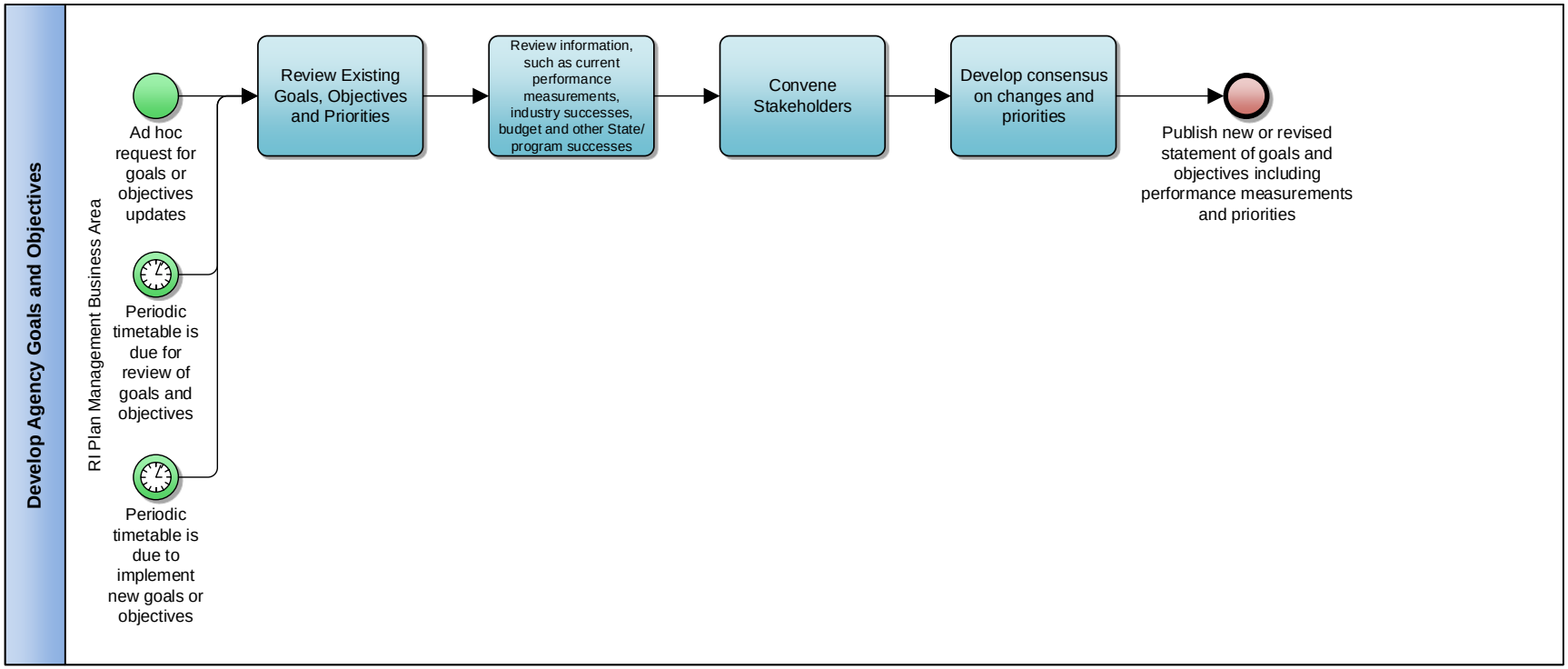
PL01 Develop Agency Goals and Objectives

PL01 Develop Agency Goals and Objectives						
Business Process Model	**Level**	**2**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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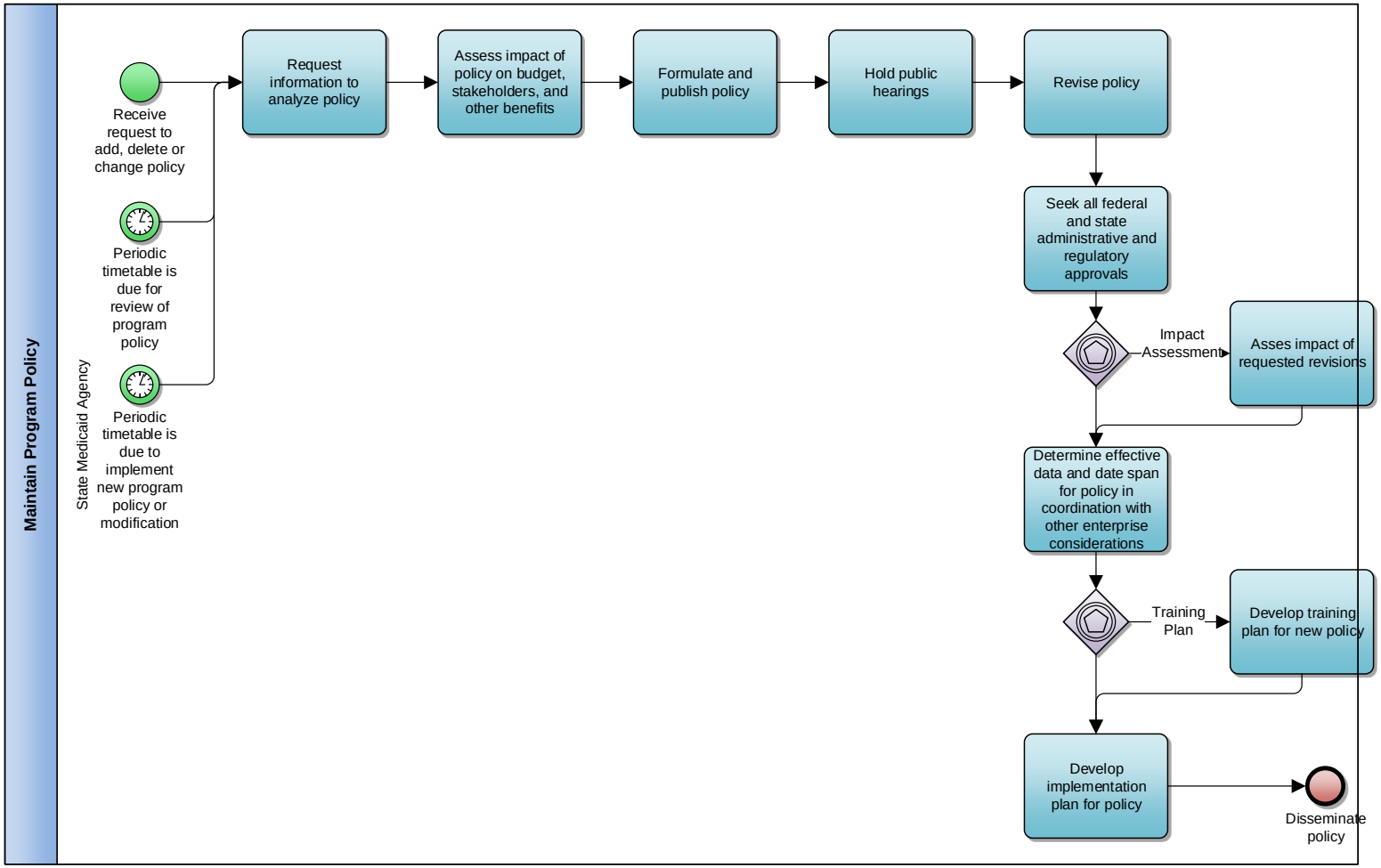
PL02 Maintain Program Policy

PL02 Maintain Program Policy

Business Process Model	Level	1	Author:	CSG Government Solutions	Last Modified:	2/21/2018



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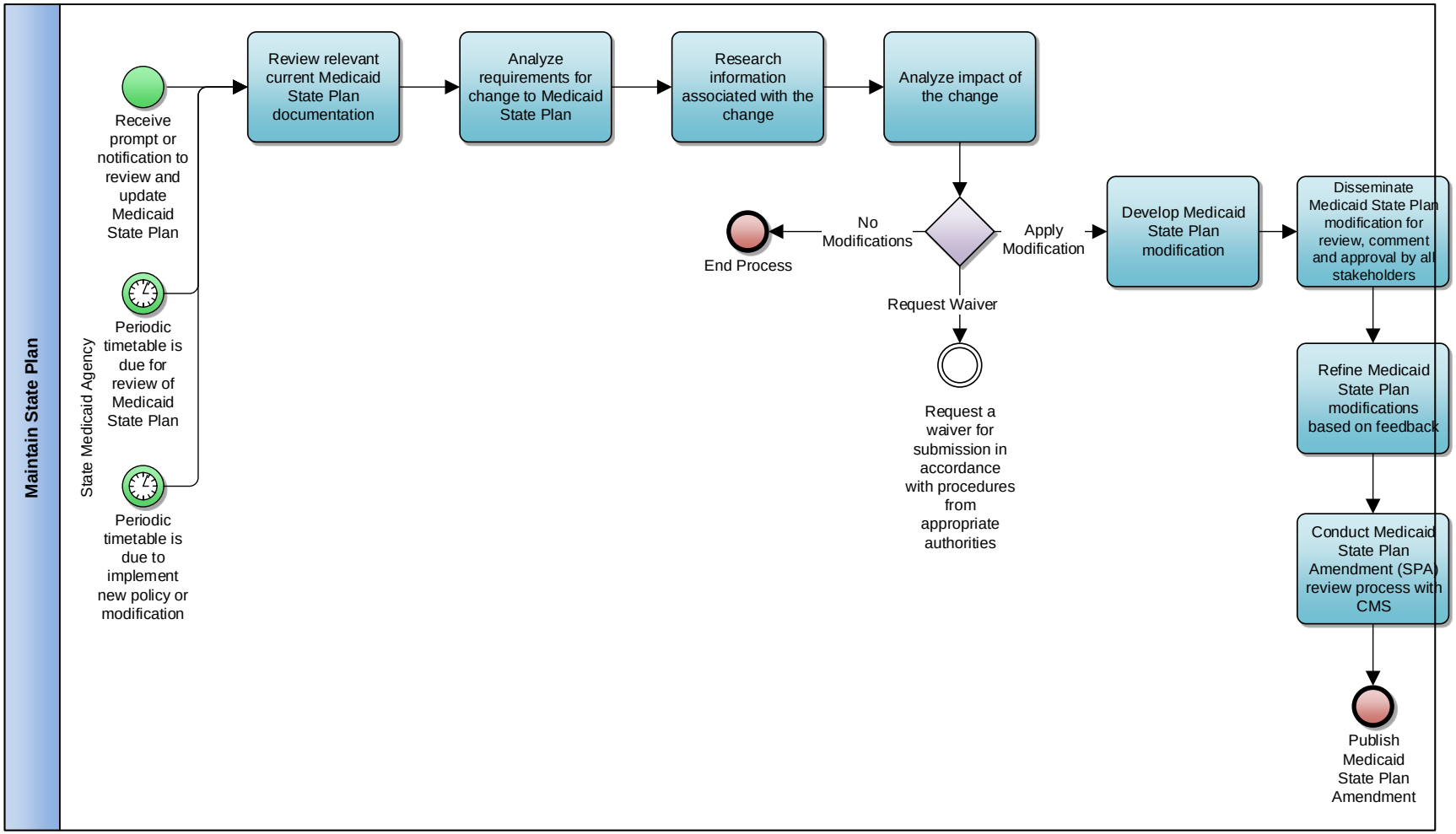
PL03 Maintain State Plan

PL03 Maintain State Plan						
Business Process Model	**Level**	**1**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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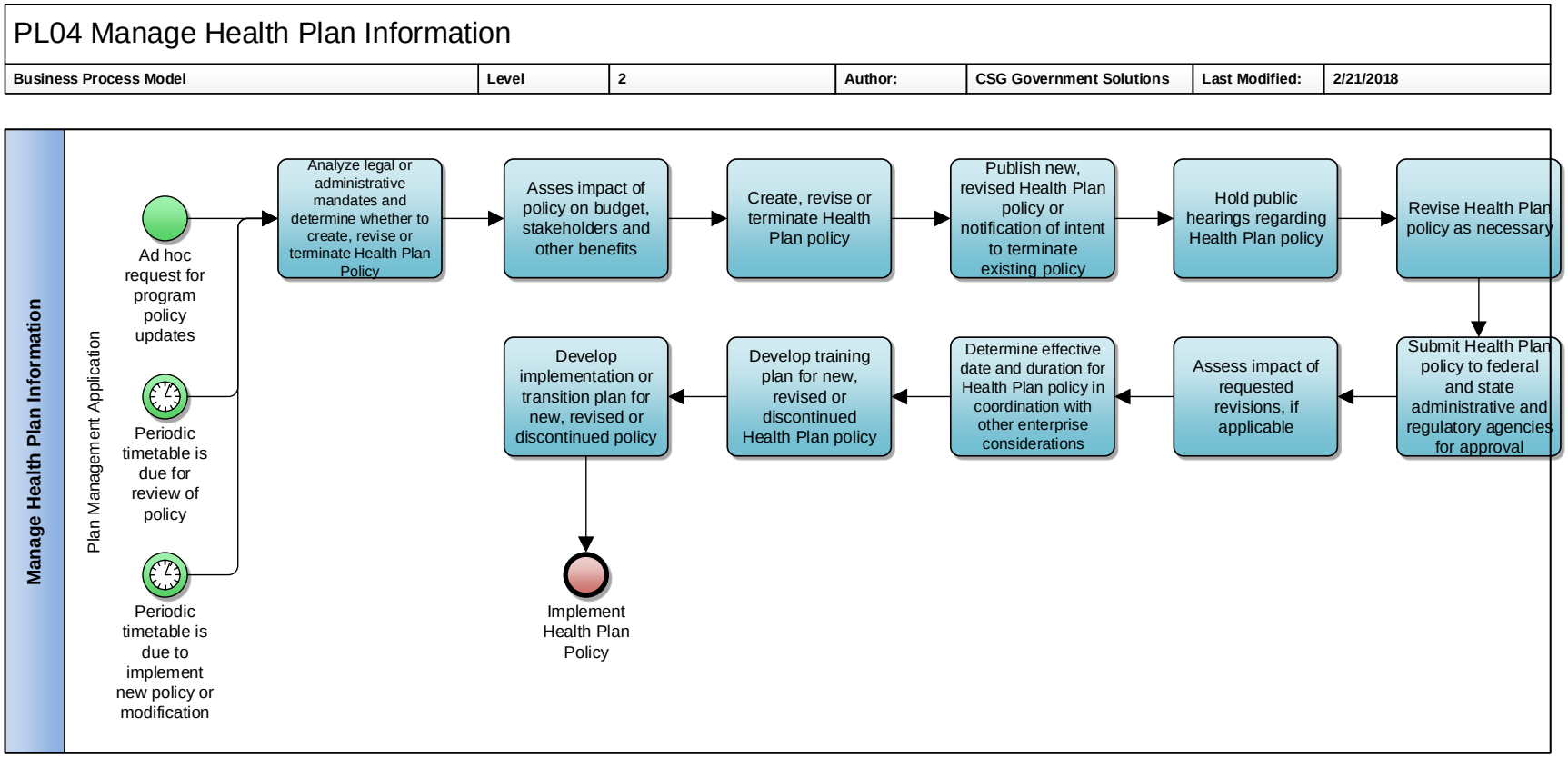
PL04 Manage Health Plan Information



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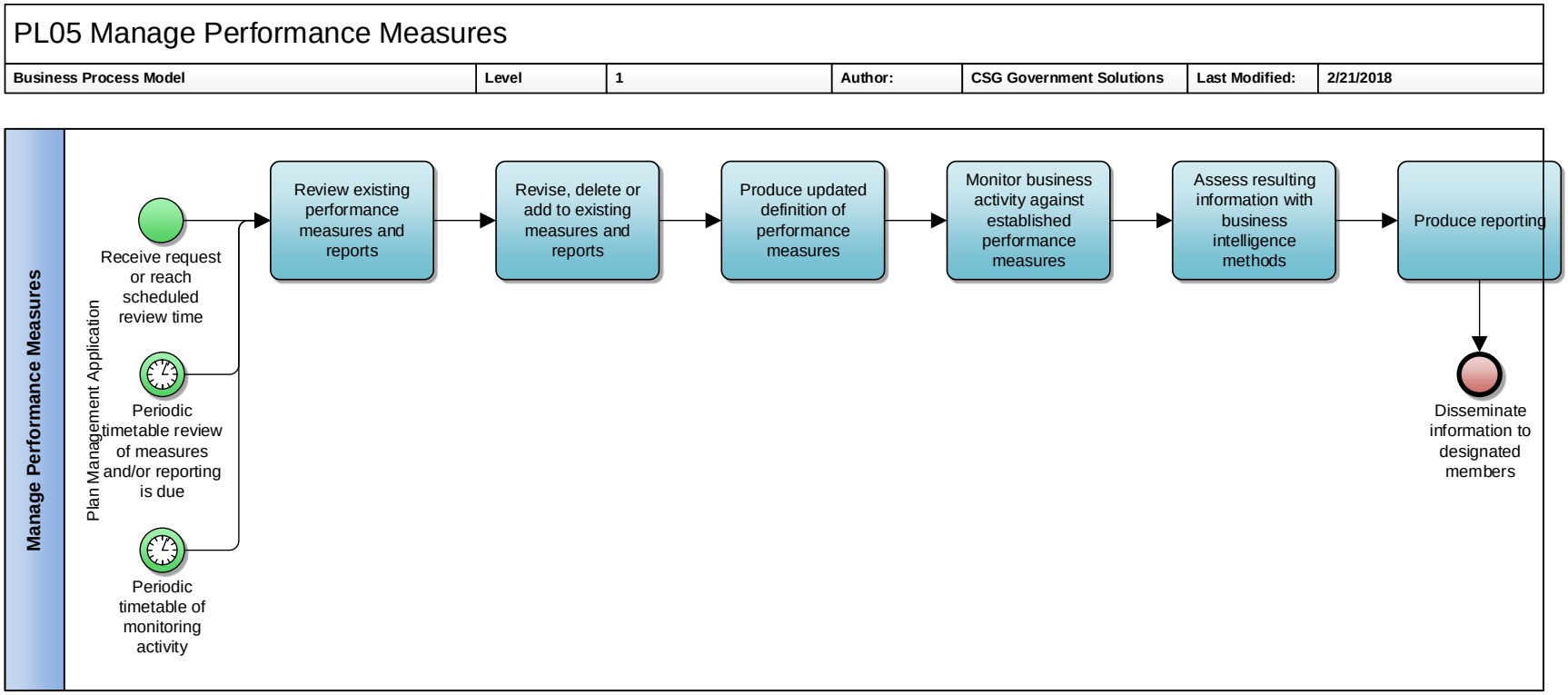
PL05 Manage Performance Measures



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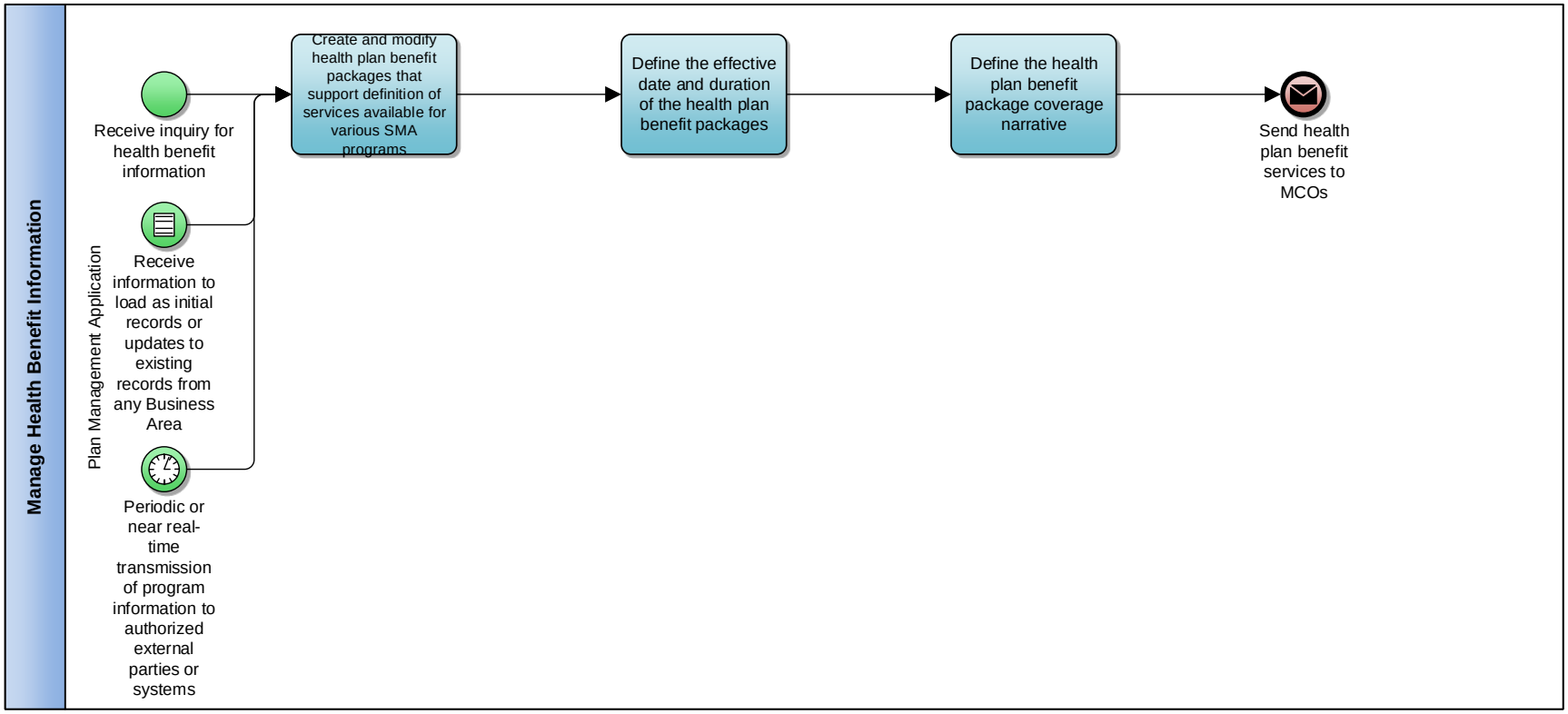
PL06 Manage Health Benefit Information

PL06 Manage Health Benefit Information						
Business Process Model	**Level**	**2**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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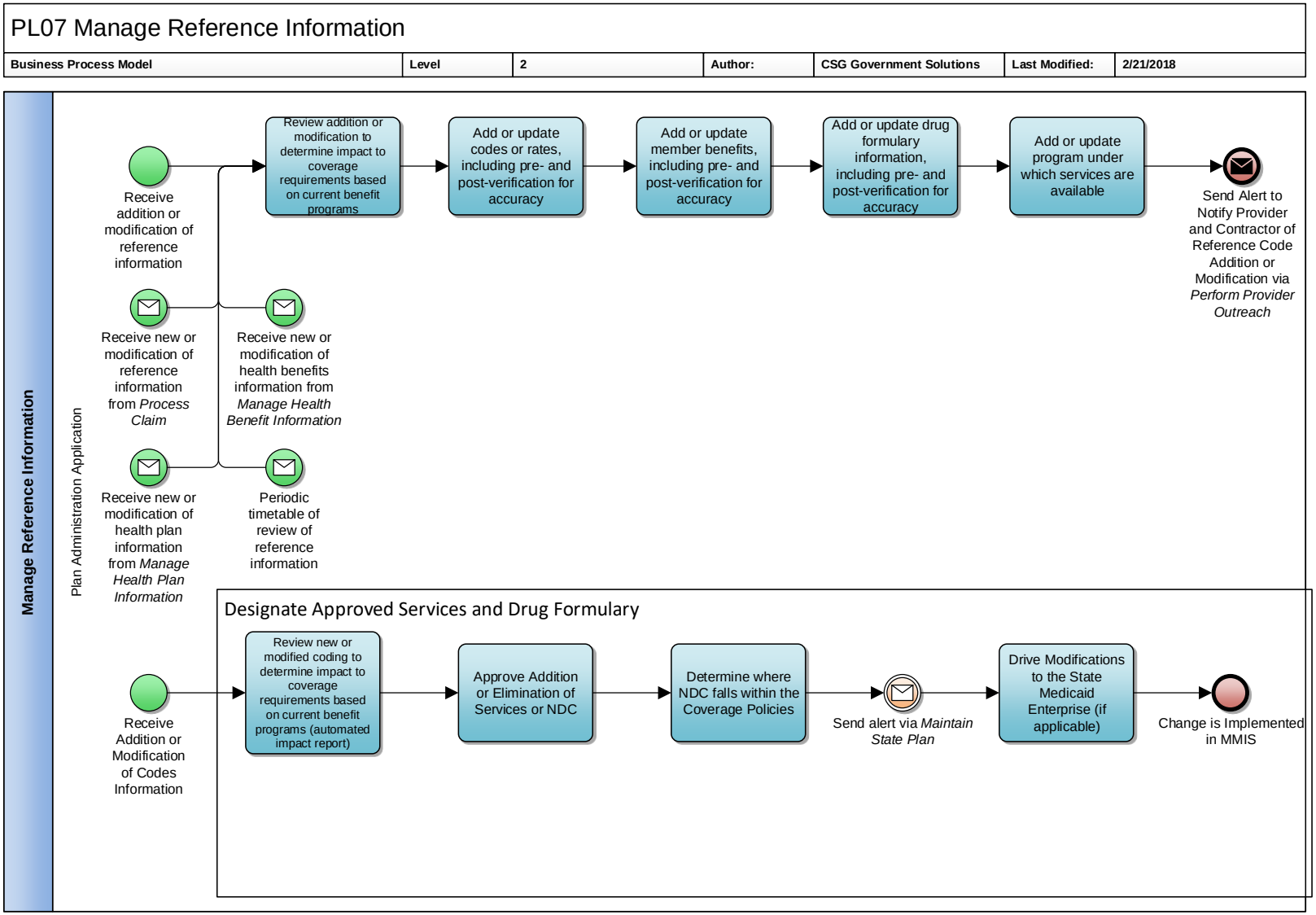
PL07 Maintain Reference Information



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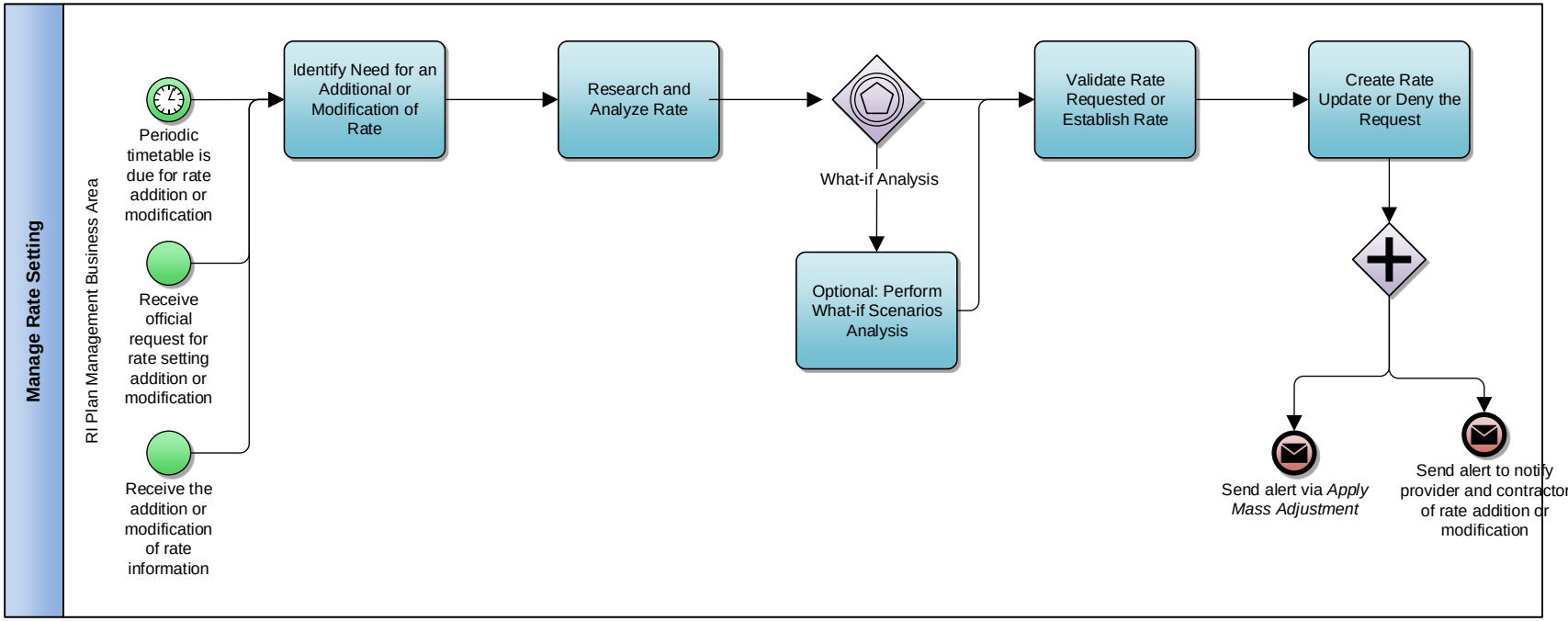
PL08 Manage Rate Setting

PL08 Manage Rate Setting						
Business Process Model	**Level**	**2**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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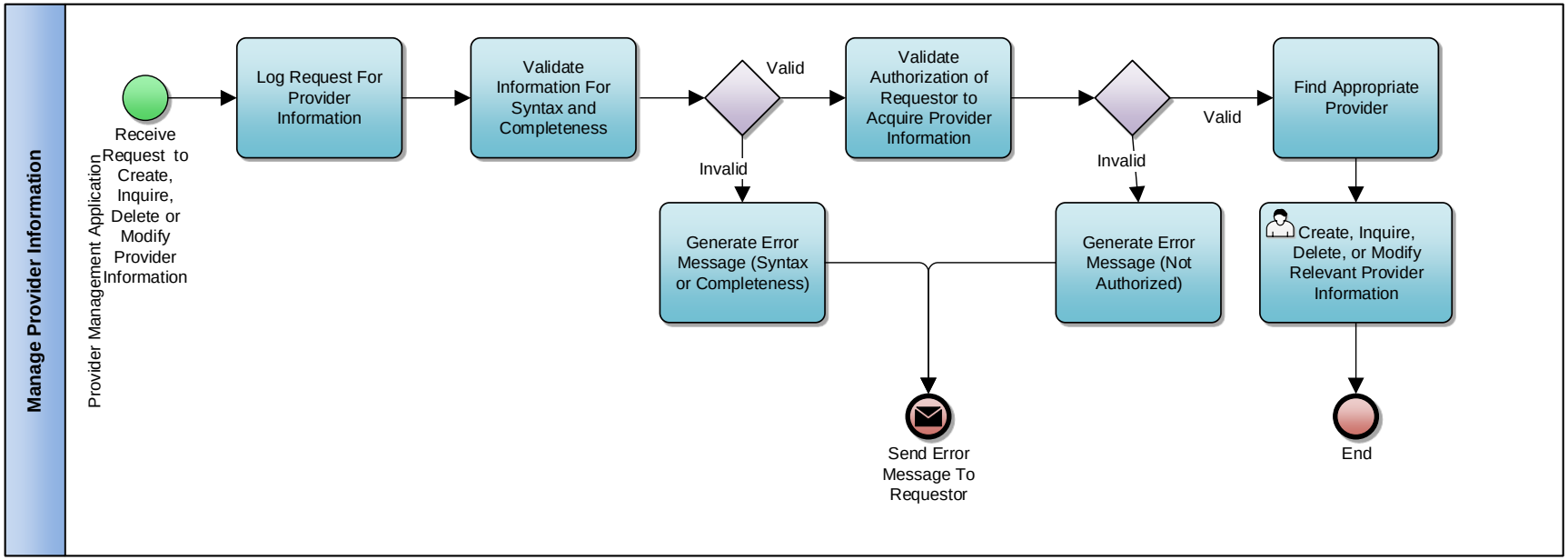
PM01 Manage Provider Information

PM01 Manage Provider Information						
Business Process Model	**Level**	**1**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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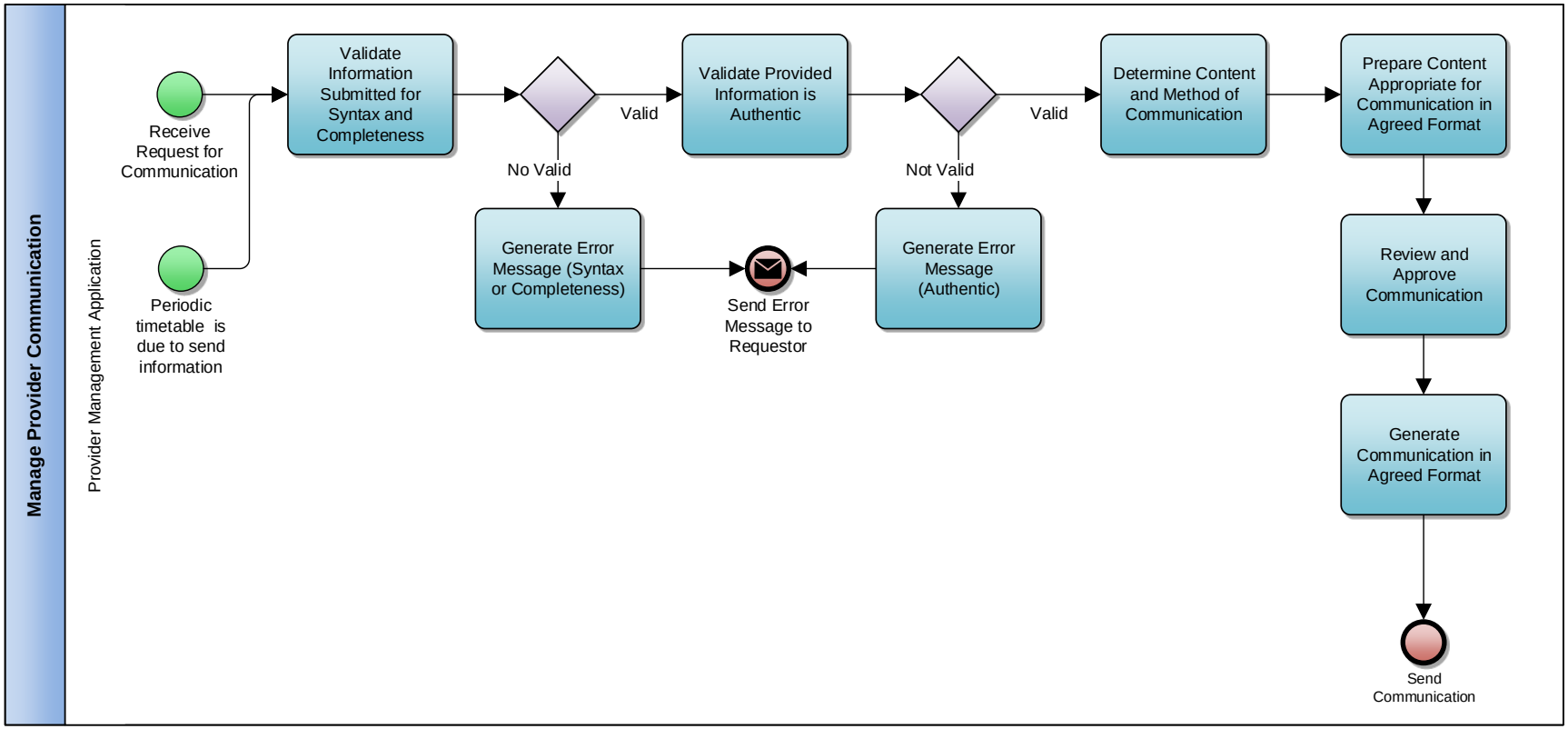
PM02 Manage Provider Communication

PM02 Manage Provider Communication

Business Process Model	Level	1	Author:	CSG Government Solutions	Last Modified:	2/21/2018



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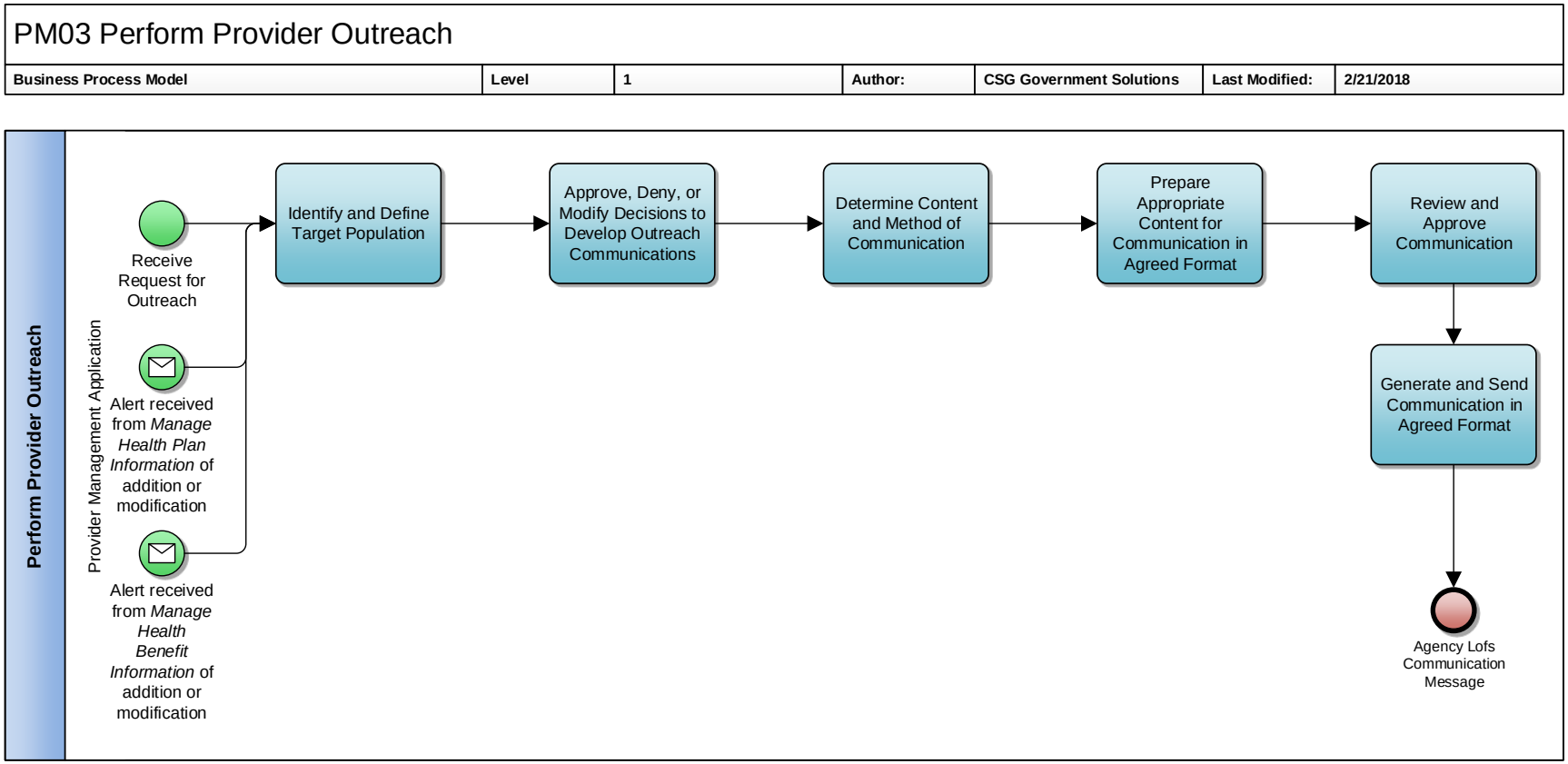
PM03 Perform Provider Outreach



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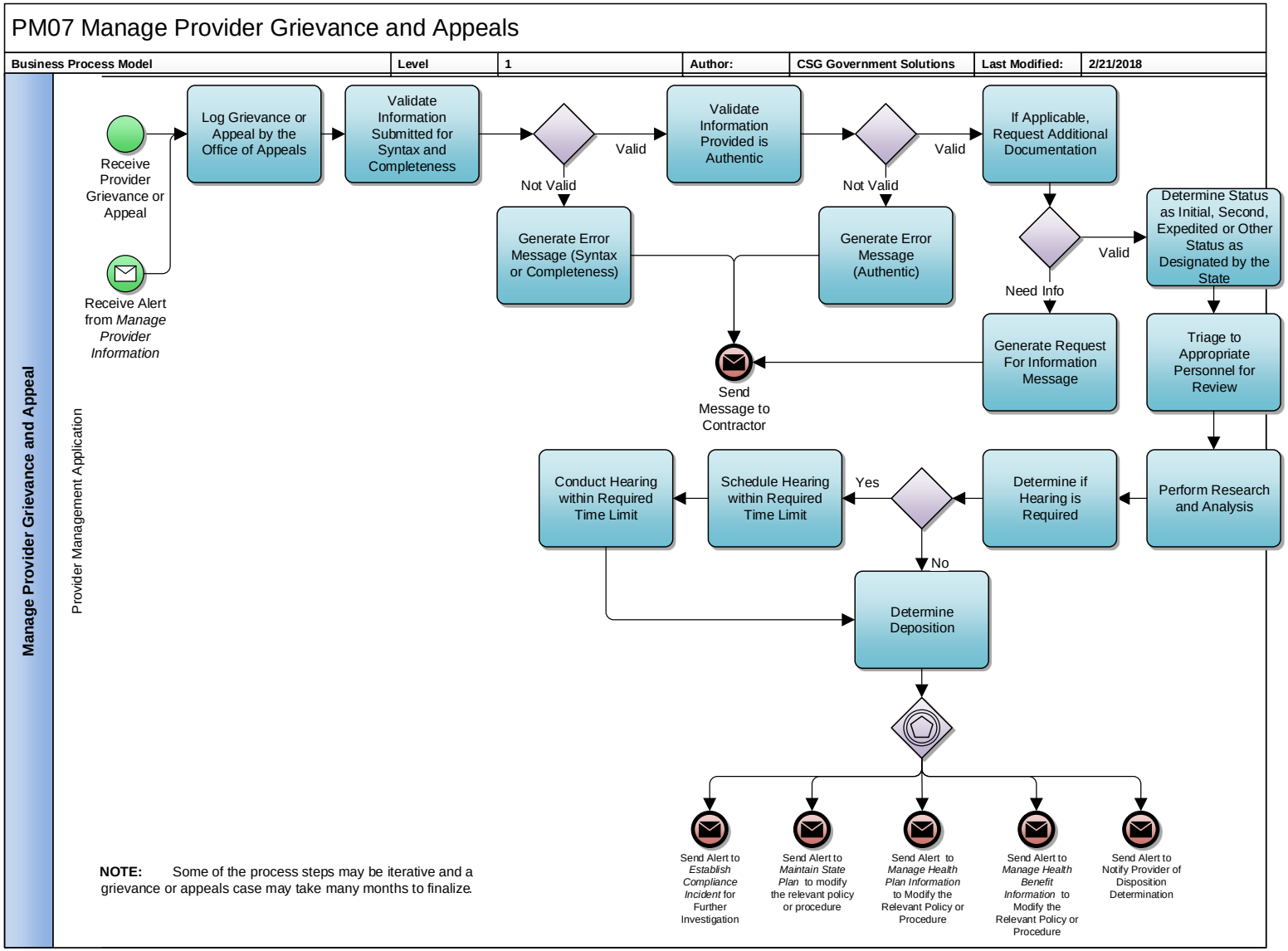
PM07 Manage Provider Grievance and Appeals



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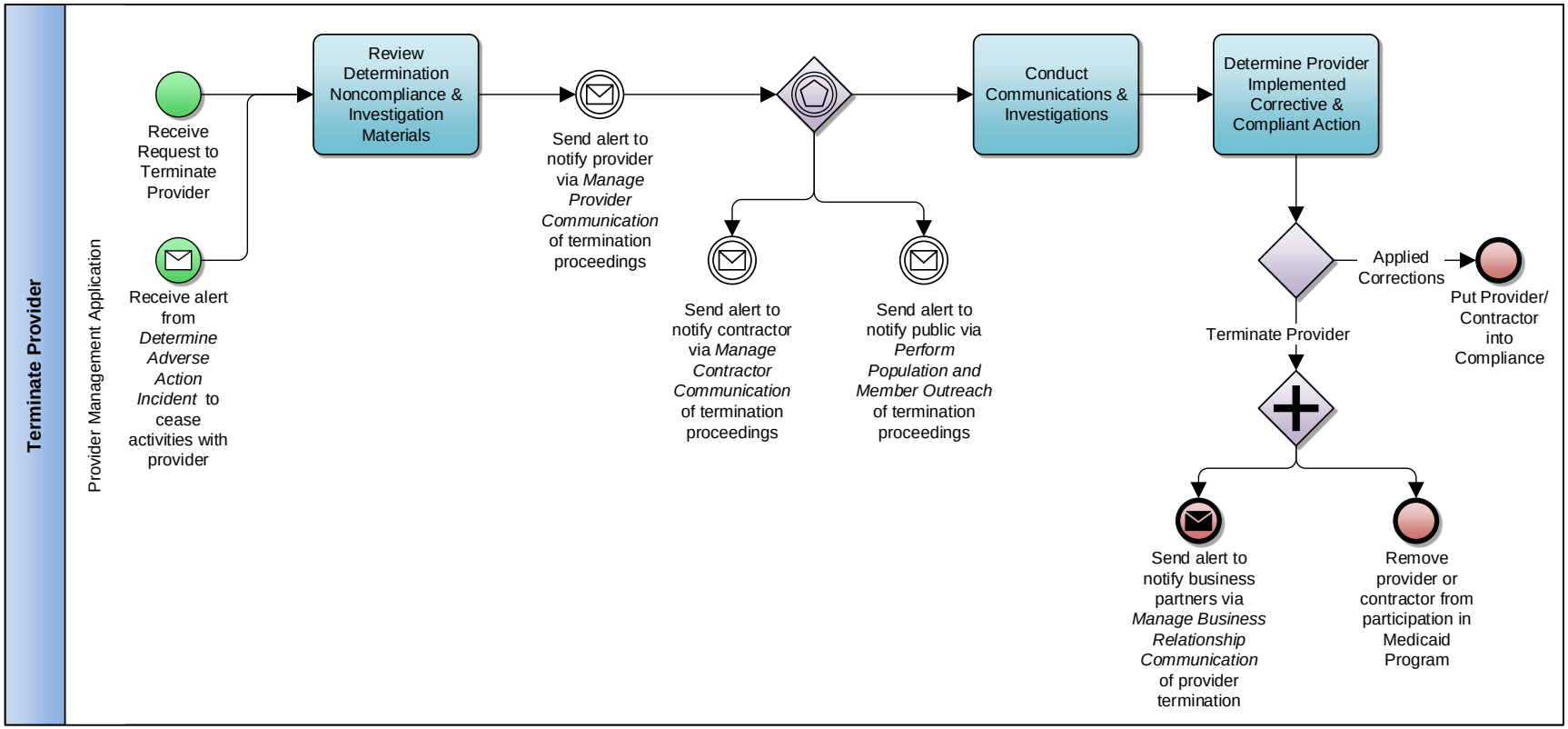
PM08 Terminate Provider

PM08 Terminate Provider						
Business Process Model	**Level**	**2**	**Author:**	**CSG Government Solutions**	**Last Modified:**	**2/21/2018**



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DELIVERABLE SIGNOFF AND APPROVAL

The signatures following indicate that this ***Deliverable H: Overall Concept of Operations*** has been reviewed by the EOHHS MITA 3.0 SS-A Project Manager and that the authorized signers below acknowledge the content has been reviewed.

IN WITNESS WHEREOF, the parties hereto have caused this agreement to be executed by their duly authorized representatives.

CSG Project Manager	**MITA 3.0 SS-A Project Manager**
AUTHORIZED SIGNATURE	AUTHORIZED SIGNATURE
NAME	NAME
TITLE	TITLE
DATE	DATE

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